



## Lighten the Load

European Week for Safety and Health at Work  
22-26 October 2007

### Information Pack

#### Lighten the Load

#### Campaign background information

##### *Reducing the risk of musculoskeletal disorders in the workplace*

*Musculoskeletal disorders (MSDs) are the most common work-related health problem in Europe, affecting millions of European workers in all employment sectors. Across the EU, almost 24% of workers suffer from backache and 22% have muscular pains. Both conditions are more prevalent in the new Member States at 39% and 36% respectively. Employers need to do more to protect their employees, and workers need to be more aware of the risks of MSDs.*

*This information pack summarises the key issues behind the Lighten the Load campaign. More detailed information can be found at the campaign's website (<http://ew2007.osha.europa.eu>).*



## **Contents**

### **Executive summary**

#### **The Problem — why musculoskeletal disorders are a big issue**

- **MSDs — a definition**
- **Specific work-related neck and upper limb disorders**

#### **What can be done: in the workplace**

- **How to tackle MSDs**
- **Risk assessment**
- **Manual handling of loads - reducing the risks**

#### **Examples of good practice**

#### **European legislation**

#### **Lighten the Load**

- **About the campaign**
- **Campaign aims**
- **How to get involved**

#### **About the European Agency for Safety and Health at Work**



## **Executive summary**

Musculoskeletal disorders (MSDs) are the most common work-related health problem in Europe. Across the EU, almost 24% of workers suffer from backache and 22% have muscular pains<sup>1</sup>. In the newest Member States, these conditions are more widespread.

The price of MSDs to workers, employers and governments is huge. For the employee, they cause personal suffering and loss of income; for the employer, they reduce business efficiency; and for government, they increase social security costs.

MSDs do not present insuperable difficulties. Many problems can be prevented or greatly reduced through employers complying with existing safety and health law and following good practice. However, there are specific actions that have to be taken if MSDs are to be tackled effectively.

Lighten the Load is the European Agency for Safety and Health at Work's 2007 campaign to tackle MSDs in the workplace. It is backed by the EU Presidencies of Germany and Portugal in 2007, the European Parliament, the European Commission and the European social partners. The campaign culminates in the European Week of Safety and Health at Work from 22 to 26 October 2007.

The campaign supports an integrated management approach with three key elements. First, employers, employees and government need to work together to tackle MSDs. Secondly, any actions should address the "whole load on the body". This covers all the strains being placed on the body, as well as the load being carried. For example, stress, cold working conditions and the pace of work can all contribute to MSDs. Thirdly, employers should manage the retention, rehabilitation and return to work of employees with MSDs.

Lighten the Load places responsibilities on employers, workers, their safety representatives and external policy-makers. Employers should lead by example, demonstrating a real commitment to health and safety and taking all actions practicable to prevent or minimise the risks of MSDs. This is in employers' own interests: good safety management is good for business and it is a feature of efficient organisations.

Employee involvement is essential when tackling workplace hazards - they know the workplace as well as anyone. Workers should receive information and training on MSDs so they know how to avoid specific hazards and risks. Policy-makers should include MSD-related OSH issues in their policy and legislative documents.

As part of the Lighten the Load campaign, the Agency has established a website - <http://ew2007.osha.europa.eu> - and is making a range of resources available including information on MSDs accessible through a Single Entry Point: <http://osha.europa.eu/topics/msds/>

The good practice awards are an important feature of the campaign. These recognise companies and organisations that have made outstanding contributions to preventing and tackling MSDs, and rehabilitating and reintegrating employees with MSDs into the workplace. Organisations and individuals are encouraged to get involved in the campaign, organise their own events for the European Week, and help ensure that MSDs blight fewer lives.



### **MSDs - some statistics from the EU<sup>ii</sup>**

Almost 24% of the EU-25 workers report suffering from backache and 22% complain about muscular pains. Both conditions are more prevalent in the new Member States, at 39% and 36% respectively.

Some 62% of workers are exposed a quarter of the time or more to repetitive hand and arm movements, 46% to painful or tiring positions and 35% to carrying or moving heavy loads.

Agriculture and construction are the most affected sectors for both exposure to physical risks and musculoskeletal complaints, though MSDs occur in all sectors.

Women are exposed less to physical risk factors, but men and women experience equally work involving hand or arm movements and painful or tiring positions.

### **MSDs - a definition**

MSDs are impairments of the bodily structures such as muscles, joints, tendons, ligaments, nerves or localised blood circulation systems that are caused or aggravated primarily by the performance of work and by the effects of the immediate environment where the work is carried out.

Most work-related MSDs are cumulative disorders, resulting from repeated exposures to high or low intensity loads over a long period of time. However, MSDs can also be acute traumas, such as fractures, that occur during an accident.

These disorders mainly affect the back, neck, shoulders and upper limbs, but also concern lower limbs. Some MSDs, such as carpal tunnel syndrome in the wrist, are given a name because of their well-defined symptoms. Other MSDs are non-specific because pain or discomfort exists without any evidence of a clear disorder.

MSDs that affect the upper body are known as work-related neck and upper limb disorders (WRULDs). Symptoms of WRULDs may take a long period of time to develop and they can manifest as pain, discomfort, numbness and tingling sensations. Sufferers may also experience swelling in the joints, decreased mobility or grip strength, and a change in skin colour in the hands or fingers. WRULDs are sometimes called 'sprains or strains', 'repetitive strain injuries', or 'cumulative trauma disorders'. Specific examples include carpal tunnel syndrome, tendonitis and vibration white finger.

### **Factors that contribute to the development of MSDs and WRULDs**

All of these factors may act separately, but the risk is greater if several risk factors work together.

#### *Physical factors:*

- applying force; for example, lifting, carrying, pulling, pushing and using tools
- repetitive movements
- awkward and static postures; for example, working with hands above shoulder level
- vibration
- cold or excessive heat
- poor lighting that can cause accidents
- noisy workplaces that can cause the body to tense.



*Organisational and psychosocial factors:*

- demanding work, lack of control over the tasks performed and low levels of autonomy
- low job satisfaction
- repetitive, monotonous work, at a high pace
- lack of support from colleagues, supervisors and managers.

*Individual factors:*

- medical history
- physical capacity
- age
- obesity
- smoking.

### **Specific work-related neck and upper limb disorders**

Physical work involves the application of force, either to move objects or to keep them steady. Whenever work is done with the hands, various sets of muscles in the neck, shoulder, arms and hands contract. The greater the forces that are needed to handle objects, the greater the muscle forces in the parts of the body involved.

Some WRULDs are caused by the acute application of extreme force, but most are the result of many repeated, apparently moderate applications of force, sustained over an extended period. These can result in muscle fatigue and microscopic injuries in the soft tissues of the neck and upper limbs.

The main risk factors for WRULDs include:

- the application of force resulting in heavy mechanical loads on the neck, shoulders and upper limbs
- working in awkward positions
- repetitive movements, especially if they involve the same joints and muscle groups, and if there is an interaction between forceful activities and repetitive movements
- prolonged work without the opportunity to rest and recover
- hand and arm vibration, causing numbness, tingling or loss of sensation, and requiring greater force when gripping.

### **How to tackle MSDs**

MSDs (and WRULDs) should be tackled with an integrated management approach that looks at not just the prevention of new disorders, but also the retention, rehabilitation and reintegration of workers who already have MSDs. Usually there is no single factor that causes MSDs; therefore, it is important to assess the full range of risks and to address them in a comprehensive way.

Many problems can be prevented or greatly reduced by complying with existing safety and health law and following guidance on good practice. This includes assessing the work tasks, putting in place preventive measures, and checking that these measures stay effective. But specific action is required to tackle the risk of MSDs.



### **The European approach to tackling MSDs<sup>iii</sup>**

*To prevent MSDs<sup>iv</sup>:*

- avoid MSD risks
- evaluate the risks that cannot be avoided
- tackle the risks at source
- adapt the work to the individual
- adapt to changing technology
- replace what is dangerous with what is safe or less dangerous
- develop a coherent overall prevention policy, addressing the whole load on the body
- give collective protective measures priority over individual protective measures
- give appropriate instruction to workers.

*To retain workers with MSDs:*

- rehabilitate workers who have MSDs
- reintegrate those workers back into work.

### **Risk assessment**

Employers are legally required to evaluate workplace risks, and act to safeguard the safety and health of workers and others who may be harmed. Good risk assessment helps to reduce the costs to businesses from lost output, compensation claims and higher insurance premiums.

A step-by-step risk assessment approach involves:

- identifying all hazards or combinations of hazards that may lead to MSDs
- considering who may be harmed and how this might happen
- evaluating the risks, and deciding on action: Can the hazard be removed completely? Can the risk be controlled? Can protective measures be put in place to protect the whole workforce? Is personal protective equipment required?
- monitoring the risks, and reviewing preventive actions.

After completing the risk assessment, a list of measures should be made in order of priority, and workers and their representatives involved in implementing them. Actions should focus on prevention, but also on measures to minimise the seriousness of any injury. It is important to ensure that all workers receive appropriate information, education and training on health and safety in the workplace so they know how to avoid specific hazards and risks. Worker involvement is essential when tackling workplace hazards. The workforce and their representatives know the workplace as well as anyone.

### **Tackling MSDs can be cost-effective<sup>v</sup>**

Tasks carried out by workers in the laundry of a large general hospital in the UK put them at risk of lower back and shoulders injuries. These tasks involved a combination of excessive forward bending to lift dry and wet linen, forceful exertion, and work in awkward postures. Following an ergonomic assessment involving experts, workers and management, significant changes were introduced including modifications to workstations and laundry equipment and job rotation.



As a result of these changes, there was a 62% cut in staff sickness absence, a 12% increase in productivity, a 20% decrease in overtime payments and improved staff morale. The total cost of the changes came to a little over EUR40,000 which was recouped in less than five months. Over three years, the overall saving was calculated at almost EUR300,000.

### **Manual handling of loads - reducing the risks**

Manual handling of loads (MHL) includes lifting, holding, putting down, pushing, pulling, carrying or moving a load. Although it has been falling in recent years, the rate of workers in the EU- 25 that report carrying or moving heavy loads is still high (34.5%). In the newest Member States, the rate is higher (38.0%)<sup>vi</sup>. The Council Directive 90/269/EEC sets out health and safety requirements for the MHL, particularly where there is a risk of back injury to workers.

Manual handling of loads may cause:

- MSDs due to gradual and cumulative deterioration of the musculoskeletal system through continuous lifting or handling activities; for example, low back pain
- acute trauma such as cuts or fractures due to accidents.

There are several risk factors that increase the possibility of injury. Particularly for backs, injuries can occur if:

- loads are too heavy, too large, difficult to grasp, unbalanced or unstable, difficult to reach or of a shape or size that obscures the worker's view thus increasing the possibility of an accident;
- tasks are too strenuous, involve awkward postures or movements or repetitive handling;
- the environment has insufficient space for MHL, an uneven, unstable or slippery floor, is too hot or too cold, or is poorly lit;
- a worker lacks experience, training and familiarity with the job, is older, has certain physical dimensions and capacity such as height and strength, or has a history of back disorders.

Employers are required to assess the health and safety risks faced by their employees. Simple steps can be followed to carry out an effective risk assessment such as looking out for hazards that could cause accidents and evaluating whether existing precautions are adequate.

Accidents and ill health can be prevented by eliminating, or at least reducing, MHL risks. Employers should consider, for example, whether MHL can be avoided by using powered handling equipment. If it cannot be avoided, they should consider the use of supporting devices such as hoists and trolleys. Organisational measures such as job rotation and longer breaks should only be considered if eliminating or reducing risks is not possible. Providing information on the risks and potential health effects of MHL, as well as training in the use of equipment and correct handling techniques, is also important. The rehabilitation and reintegration of workers with MSDs into work should form an integral part of workplace MSD policy. This will improve workers' health and well-being, and prevent a fall in productivity. Workers and their representatives' involvement are essential when tackling workplace hazards.



### *Correct handling techniques*

Before lifting a load, you need to plan and prepare for the task. Make sure that:

- you know where you are going
- the area where you move is clear of obstacles
- you have a good grip on the load
- your hands, the load and any handles are not slippery
- if you are lifting with someone else, both of you know what you are doing before you start.

When lifting a load:

- put your feet around the load, with your body over it (if this is not feasible, try to get your body as close as possible to the load)
- use the muscles of your legs when lifting
- straighten your back
- pull the load as close as possible to your body
- lift and carry the load with straight downward turned arms.

It is important that:

- pushing and pulling is done using the body's own weight; lean forward when pushing, lean backwards when pulling
- you have enough grip on the floor to be able to lean forward/backwards
- you avoid twisting and bending of back
- handling devices have handles/grips so you can use your hands to exert a force. Handle height should be between the shoulder and waist so you can push/pull in a good, neutral posture
- handling devices are well maintained
- floors are hard, even and clean.



## Examples of good practice

### Physical activity intervention among tax employees

Upper limb and neck disorders are common among female computer operators. Since the use of computers in the workplace is growing this is a growing problem but relatively little is known about prevention and the value of physical exercises to relieve neck and shoulder disorders.

There is a general trend to relate physical activity to improved health outcomes but knowledge about musculoskeletal health is limited. Tax employees in Denmark expressed an interest in participating in a study. Although the company offered facilities for physical activity little was offered by way of training or guidance.

The general approach included awareness building at the top level of the company, communication with the different local work sites and funding external training programmes and instructors. Questionnaires were sent to 2163 workers; 862 expressed an interest to participate; and, 616 workers actually participated in the study.

Professional instructors were allocated to participants in three groups: general physical activities like gymnastics, walking, stretching etc; strength training for the upper limb and neck area; and, information on health promotion. The company sponsored one hour a week for each of the participants to perform physical activity during working hours for one year.

The major problem was that workers did not find time in working hours to participate in the physical activity programmes even though their employer allowed them an hour a week for a full year. Cultural changes are necessary in the workplace before the full benefit of physical exercise programmes can be realised.

There was support from the top of the company and hostility from employees was rare although some individuals initially tried to boycott the project but these objections were overcome through one-to-one discussions.

The results of the project showed that participants were very satisfied especially in the group having the largest number of instructor hours; strength training increased shoulder muscle strength and reduced neck disorders. Goals were achieved in the strength training programme to reduce neck trouble but more general physical activity was less successful. From all perspectives the project was considered successful.

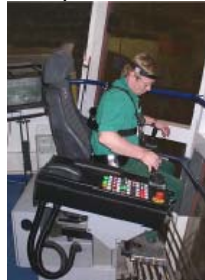
Training for only 20 minutes three days a week is successful in reducing neck trouble among computer workers. This knowledge can be used in all EU Member States.

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## Redesign of a crane operator seat

Crane operators in a waste recycling company in Germany complained about pain in the neck, shoulders and upper limbs. They worked in a cab at the top of an enclosed receiving pit where waste was delivered by trucks, and sat in a simple, rotating seat using joysticks to operate a clamshell crane to mix and transport the waste into the incineration funnel.



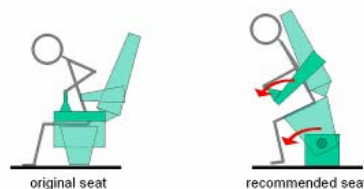
Complaints were reported when the crane operators were moved temporarily to a new facility. BGFW, the statutory accident insurance body for the gas, heating and water industry, was contacted to identify the cause of the musculoskeletal disorders, and they invited the BGIA to investigate.

Workplaces were measured using CUELA, an expert system used successfully in a variety of different workplaces to record and assess the load factors causing MSDs. The measuring system consisted of sensors and a miniature computer attached to the workers' clothing. The different body/joint movements were continuously measured with high time resolution (50 Hz) throughout a shift and stored on a memory card.

Employees wearing the measuring system could go about their work in the usual way. The measurements were additionally documented on video, and posture was displayed with the aid of a three-dimensional computer-animated figure.

The workplaces investigated appeared identical; the work organisation, shift patterns, work environment and tasks were the same. The difference was found in the position of the crane operators' cab and this was the cause of the problem. The non-adjustable seat and its instruments were designed for working in an upright position, so that working in an extreme inclined position led to poor arm postures.

The seat was redesigned to improve posture so that it tilted forward continuously and was adjustable by the crane operator as shown in the figure below.



The impact of the new seat showed significantly improved postures of the crane operators, a real improvement of the work situation, and a sharp decline in MSDs.

MSDs of neck and shoulders are a problem in many different sectors throughout Europe. This method can be transferred to similar workplaces; for example, where the area of vision is underneath the employee, e.g. crane operators in port facilities.

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## Ergo Guide Concept

A bioscience company in Austria was not satisfied with its accident and absence rates and took action to improve the working conditions and behaviour of its employees. A strategy and a programme for safety and health were developed. The Ergo Guide Concept (EGC) gives all employees involved in workplace design, directly or indirectly, a basic knowledge of ergonomics - stress and strain, working conditions, prevention, methods of analysis and assessment, and how to make systematic improvements.

The core of the EGC is a three-step programme: basic workshops, two in-depth workshops and annual follow-up workshops. During all workshops seven issues of ergonomics are dealt with including postures and movements at the workplace, measurements at the workplace and work equipment, working time, work-related psychological stress, climate and indoor air, light and noise. Participants become competent to put their knowledge into practice, particularly in planning new workplaces and modifications.

### EGC project: manipulation of a 23 kg heavy centrifuge rotor

**Before:** the rotor was removed manually by taking the centrifuge and carrying it to a work bench. Fluid in the rotor was drained into a container manually (posture, movements, effort).

**After:** the rotor is lifted by a ceiling mounted lifting tool (fig 1), and placed in a special trolley. Up to eight rotors can be transported and manipulated in this way (fig 2). They are drained by pivoting the upper part of the trolley with the rotors without awkward postures and movements (fig 3) at a fraction of the effort of manual handling.



Fig 1: Pulling out the rotor with a ceiling mounted lifting tool.



Fig 2: Transport of 8 rotors with the trolley



Fig 3: Draining the rotors with the pivoted trolley

In the first three years of the EGC the accident rate decreased by 29% and sick leave days decreased by about 50%. The EGC can be used in an adapted form in all companies. The success was due to the direct access to the company and the integration of the suggestion system. Necessary adaptations for other companies concern the emphasis of the seven ergonomic issues.

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## European legislation

EU legislation puts the onus on employers to minimise risks to workers' health and safety. The main components of MSD prevention are already recognised in European Directives, Member States' regulations and good practice guidelines. The Directives are supplemented by a series of European standards (known as EN standards), which fill out the details or enable the Directives to be implemented.<sup>vii</sup>

The main European Directives relevant to preventing MSDs are:

- 89/391/EEC: covering the measures to encourage improvements in the safety and health of workers
- 89/654/EEC: covering the minimum requirements for the workplace
- 89/655/EEC: covering the suitability of work equipment
- 89/656/EEC: covering the suitability of personal protective equipment
- 90/269/EEC: covering the identification and prevention of manual handling risks
- 90/270/EEC: covering the minimum health and safety requirements for work with display screen equipment
- 93/104/EC: covering the organisation of working time
- 98/37/EC: covering machinery
- 2002/44/EC: covering the identification and prevention of risks arising from vibration
- 2006/42/EC: covering essential health and safety requirements relating to the design and construction of machinery.



## Lighten the Load

### Why MSDs disorders are an issue

Musculoskeletal disorders are a priority for the EU. The EU's Lisbon strategy<sup>viii</sup> objectives provide not only for an employment activity rate of 70% by 2010, but also for the creation of more and better jobs in Europe. Tackling MSDs, the major work-related health problem, would contribute to the achievement of this objective. The Community strategies on occupational safety and health at work also identified MSDs as a priority area.

The cost of MSDs to the EU is enormous, but prevention is possible. For the employee, they cause personal suffering and loss of income; for the employer, they reduce business efficiency; and for government, they increase social security costs. MSDs affect millions of European workers across all employment sectors but they are a particular problem in agriculture, construction, service and retail, transport, healthcare, hotels, restaurants and catering. Across the EU, almost 24% of workers suffer from backache and 22% have muscular pains. Both conditions are more prevalent in the new Member States at 39% and 36% respectively<sup>ix</sup>.

### About the campaign

Lighten the Load seeks to help employers, workers, safety representatives and policy-makers prevent MSDs in the workplace. The campaign supports an integrated management approach to tackling MSDs which includes both prevention of musculoskeletal problems and retention of workers suffering MSDs at work. It emphasises the concept of "managing the load", which covers all the strains being put on the body, as well as the load being carried. Strains can be caused, for example, by stress, cold conditions, work organisation and the pace of work. Therefore, it is important to assess the full range of MSD risks and to address them in a comprehensive way.

The European campaign also aims to support the retention, rehabilitation and reintegration of workers who already suffer from MSDs. Particularly important is the role of social and organisational support in enabling workers both to return to work and subsequently to sustain employment when experiencing MSDs.

This campaign culminates in the European Week of Safety and Health at Work from 22 to 26 October 2007. It is backed by the EU Presidencies of Germany and Portugal in 2007, the European Parliament, the European Commission and the European social partners.

The European Weeks, which have been running since 2000, are an annual series of events, to promote improved safety and health in the workplace. These weeks have five strategic objectives: raising awareness, providing information, developing and providing access to resources, encouraging activities that have an impact on the workplace and identifying and recognising good practice.

### Campaign timetable

June 2007 - media launch with the Commissioner for Employment and Social Affairs in the European Parliament, Brussels.

October 2007 - European Week with a supporting exhibition in the European Parliament.



March 2008 - closing event: the 'MSD Summit' to review the European Week, discuss the key issues, and recognise and reward the Good Practice award winners.

### **Campaign aims**

In general, employers should establish procedures and measures for dealing with health and safety, and respond promptly to any concerns. But they should do more than just meet their legal obligations. Employers should lead by example, and demonstrate a real commitment to health and safety. This is in employers' own interests: good safety management is good for business and it is a feature of efficient organisations.

The Lighten the Load campaign covers all 27 EU Member States and European Free Trade Association (EFTA) countries. The integrated management approach it promotes has three key elements:

- employers, employees and government working together to tackle MSDs
- addressing the whole load on the body leading to MSDs
- managing the retention, rehabilitation and return to work of those who suffer, or have suffered, MSDs.

Many aspects of Lighten the Load are relevant to a wide range of people, but some campaign objectives focus on specific groups.

#### *Employers should:*

- take forward any actions started under the first European Week for Safety and Health at Work in 2000, "Turn your back on MSDs"
- be aware of MSD risks and their impact on health, including lesser known issues such as prolonged standing and sitting, and lower limb disorders
- apply good practice solutions in the workplace to prevent MSDs
- facilitate the comprehensive prevention approach in the workplace through addressing the concept of the "whole load on the body"
- increase awareness of MSD risks and promote good practice solutions in the high-risk sectors and workforce groups; for example, the service and retail and education sectors, and ageing workers
- enhance the application of an integrated management approach through addressing MSD risks
- manage the retention, return to work and rehabilitation of workers suffering from MSDs
- implement the good practice solutions on retention and return to work of those who have suffered MSDs
- promote multidisciplinary approaches where the prevention and rehabilitation sides work together
- promote and facilitate worker involvement in OSH activities.

#### *Workers and their safety representatives should:*

- be aware of MSD risks and their impact on health
- know how to avoid or lessen the risks
- have a knowledge of workplace OSH solutions for those who already suffer from MSDs



- promote good practice solutions to prevent MSDs
- become informed, knowledgeable and active partners in workplace OSH activities.

*Policy-makers should:*

- include MSD-related OSH issues in relevant policy and legislative documents
- involve stakeholders when taking decisions on MSD-related OSH issues.

*Other stakeholders should:*

- increase awareness of MSD risks in the workplace
- promote good practice solutions to prevent MSDs and on the retention, reintegration and rehabilitation of workers with MSDs.

### **Good practice awards**

The Lighten the load campaign includes the annual good practice awards to recognise companies and organisations that have made outstanding and innovative contributions to preventing and tackling MSDs, and rehabilitating and reintegrating into the workplace employees who already have MSDs. The winners will be announced and receive their awards at the MSD Summit in March 2008.

#### **Employer initiatives to preventing MSDs**

- Carry out risk assessments.
- Formulate action programmes to take a comprehensive approach to the risks causing MSDs.
- Modify tasks to eliminate or reduce prolonged standing or sitting.
- Plan procurement to provide user-friendly machines and equipment.
- Promote retention, reintegration and rehabilitation of workers who have suffered MSDs.
- Provide training and information as part of an integrated management approach by using:
  - film, video and multimedia
  - training, seminars and workshops
  - poster competitions and quizzes
  - suggestion schemes
  - exhibitions and open days
  - advertising and promotion campaigns
  - press conferences and media activities.

#### **Who can take part?**

The European campaign on MSDs is an opportunity to reach the extensive OSH community in Europe and their wider networks, and those who are directly and indirectly affected by MSDs. It is open to all organisations and individuals at local, national and European level.

Lighten the load is targeted primarily at the workplace level and at those involved in the implementation of OSH measures. These include: employers, workers, safety



representatives, OSH practitioners, OSH prevention and insurance services, and others providing assistance and information at the workplace level.

The campaign's secondary audience includes: policy-makers, both European and national; social partners such as employer associations and worker or professional federations; focal points (usually the national authority for health and safety at work) and their networks; European institutions and their networks; and non-governmental organisations (NGOs). Some sectors have been given higher priority including agriculture, construction, service and retail, education, healthcare, and hotels, restaurants and catering.

### **How to get involved**

The European Agency for Safety and Health at Work provides information in 22 languages and via its website (<http://ew2007.osha.europa.eu>), offers a funding subsidy to national Focal Points in the Member States to promote, stimulate and organise activities at national level, and organises the good practice awards and a closing event in March 2008, the MSD Summit.

Interested parties can download our campaign support materials from the European Week website and use these materials to raise awareness of the problem of MSDs and develop solutions to tackle them. The website contains:

- examples of tried and tested good practice
- forums for sharing ideas and finding out what others are doing
- multilingual information packs, fact sheets and information sheets with handy tips to help you organise and manage activities
- ideas for activities and actions during the week
- links to related sites.

There are a number of ways for campaign partners to contribute to Lighten the Load and/or to get involved in campaign activities. Through their networks, they can disseminate information and campaign materials and news to their affiliated organisations and partners; and promote the Good Practice Awards and encourage nominations. On their websites, they can promote the campaign and provide a link to the European Week website. At meetings, they can discuss the campaign and perhaps invite an Agency speaker to support it.

Campaign partners can encourage their network members to carry out activities during European Week (22 - 26 October 2007). Everyone who participates in the European Week can tell the Agency about what they have done by completing a simple online questionnaire. In return, they will have their participation recognised through a personalised 'Participation Certificate' downloaded from the website to print and display. Partners can also encourage national network members to promote activities and partnerships in their Member State and to make contact with their national Focal Point.

Campaign materials can be downloaded from <http://ew2007.osha.europa.eu/campaignmaterials>. For organisations planning their own events for the European Week, our website provides examples of good practice, as well as forums for sharing ideas, giving feedback, and finding out what other people are doing.

## About the European Agency for Safety and Health at Work

The European Agency for Safety and Health at Work, based in Bilbao, Spain, was set up by the European Union to provide information on occupational safety and health. The Agency has set up a network of national Focal Points to coordinate and disseminate information within individual countries, and acts as a catalyst for developing and disseminating information that improves Europe's OSH. By bringing together representatives from governments, employers' and workers' organisations, as well as leading OSH experts in each of the EU's 27 Member States and beyond, the Agency provides a reliable, balanced and impartial source of OSH information.

For more information, visit the Agency website at <http://osha.europa.eu>

For more information on MSDs, visit: <http://osha.europa.eu/topics/msds>

## REFERENCES

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<sup>i</sup> European Foundation for the Improvement of Living and Working Conditions. 4th European Working Conditions Survey, 2005.

<sup>ii</sup> [http://osha.europa.eu/topics/msds/facts\\_html](http://osha.europa.eu/topics/msds/facts_html)

<sup>iii</sup> European Agency for Safety and Health at Work. Research on work-related low back disorders, 2000

<sup>iv</sup> Based on Directive 89/391 article 6.2 (5)

<sup>v</sup> Health & Safety Executive, UK. Research report 491: Cost benefit studies that support tackling musculoskeletal disorders

<sup>vi</sup> European Foundation for the Improvement of Living and Working Conditions. 4<sup>th</sup> European Working Conditions Survey, 2005

<sup>vii</sup> Agency website links to European legislation relevant to MSDs,, [http://osha.europa.eu/topics/msds/legislation\\_html](http://osha.europa.eu/topics/msds/legislation_html), EU legislation relating to workers protection, <http://osha.europa.eu/legislation>, and to Member State sites where national legislation and guidelines may be found

<sup>viii</sup> Lisbon Strategy, March 2000: [http://www.consilium.europa.eu/ueDocs/cms\\_Data/docs/pressData/en/ec/00100-r1.en0.htm](http://www.consilium.europa.eu/ueDocs/cms_Data/docs/pressData/en/ec/00100-r1.en0.htm)

<sup>ix</sup> European Foundation for the Improvement of Living and Working Conditions. 4th European Working Conditions Survey, 2005