

AUSTRIA: AUVA SUPPORT SCHEMES — AUVASICHER AND AUVAFIT AND OTHER INITIATIVES TACKLING MSDs

1 Summary

Eurostat data from the EU Labour Force Survey (EU LFS) ad hoc modules show that, although the percentage of workers in Austria reporting some form of musculoskeletal disorder (MSD) remained essentially unchanged between 2007 and 2013 (66.3 % in 2007 to 66.6 % in 2013), it is higher than the EU average over the same period. The concern about the high prevalence of MSDs is reflected in the national occupational safety and health (OSH) strategies: tackling MSDs was identified as a priority in two consecutive strategies.

Following its national strategy, several programmes and initiatives on the prevention of MSDs have been launched in Austria, some of them strategically focused on the most affected sectors. These include initiatives such as targeted inspections in the hotel, restaurant and catering (Horeca) sector (a sector with a high proportion of small and medium-sized enterprises, SMEs), as well as the AUVAsicher and AUVAFit programmes of the Austrian Workers' Compensation Board (Allgemeine Unfallversicherungsanstalt — AUVA).

AUVA is the largest statutory accident insurance provider in Austria, providing social insurance for occupational risks for more than 3.1 million employees and 1.4 million pupils and students. It is financed mainly by contributions paid by employers. Its legal duties include financial compensation, prevention of occupational accidents and diseases, occupational medical care, rehabilitation and research. The Workers Protection Act (ASchG), which came into force on 1 January 1995, provided for safety-related and occupational medical care for almost all employees. From 1 January 1999, this preventive care became mandatory for companies with 1-50 employees. As a result of this legal requirement, AUVA received the legal mandate to provide SMEs with a maximum of 50 employees with safety-related and occupational medical advice free of charge. AUVA provides this assistance to SMEs through its AUVAsicher Prevention Centres located in each of the nine federal states. In 2009-10, the regular preventive services provided through AUVAsicher adopted a particular focus on MSD prevention. The success of the initiative was undoubtedly facilitated by the fact that it was integrated into the regular OSH services provided by AUVAsicher and that the services were free of charge.

It is widely recognised across the EU that SMEs present particular challenges for many reasons, not least of which is the lack of OSH understanding and knowledge in house. Initiatives such as AUVAsicher therefore provide a valuable avenue through which assistance can be provided.

In addition to AUVAsicher, AUVA provides support to companies through AUVAFit and BAUfit schemes. The AUVAFit programme has a specific focus on mental and physical workload. Through this programme, AUVA offers training and consultancy free of charge, including ergonomics consultations and the organisation of workshops. The AUVAFit programme consists of ergonomics and occupational psychology modules, which can be combined or requested separately. The AUVAFit team analyses physical and psychological workload at work and develops adequate measures.

The BAUfit programme is targeted specifically at the construction industry. The programme was developed by an interdisciplinary team with the aim of reducing the number of accidents, workload and wear and tear of the musculoskeletal system and improving cooperation. The programme includes occupational, psychological and ergonomic advice and support, as well as measurements and evaluation of workload.

Tackling MSDs also features in the Austrian Labour Inspectorate's activities, including a targeted inspection campaign in HORECA sector and modules on ergonomics and manual handling integrated in the gender and diversity campaign.

In 2009-10 the scheme had a specific focus on MSDs prevention.

In addition to AUVAsicher, AUVA provides support to companies through AUVAFit and BAUfit schemes. The AUVAFit programme has a specific focus on mental and physical workload while the BAUfit is targeted at the construction industry.

2 National background

2.1 Relevant statistics and trends

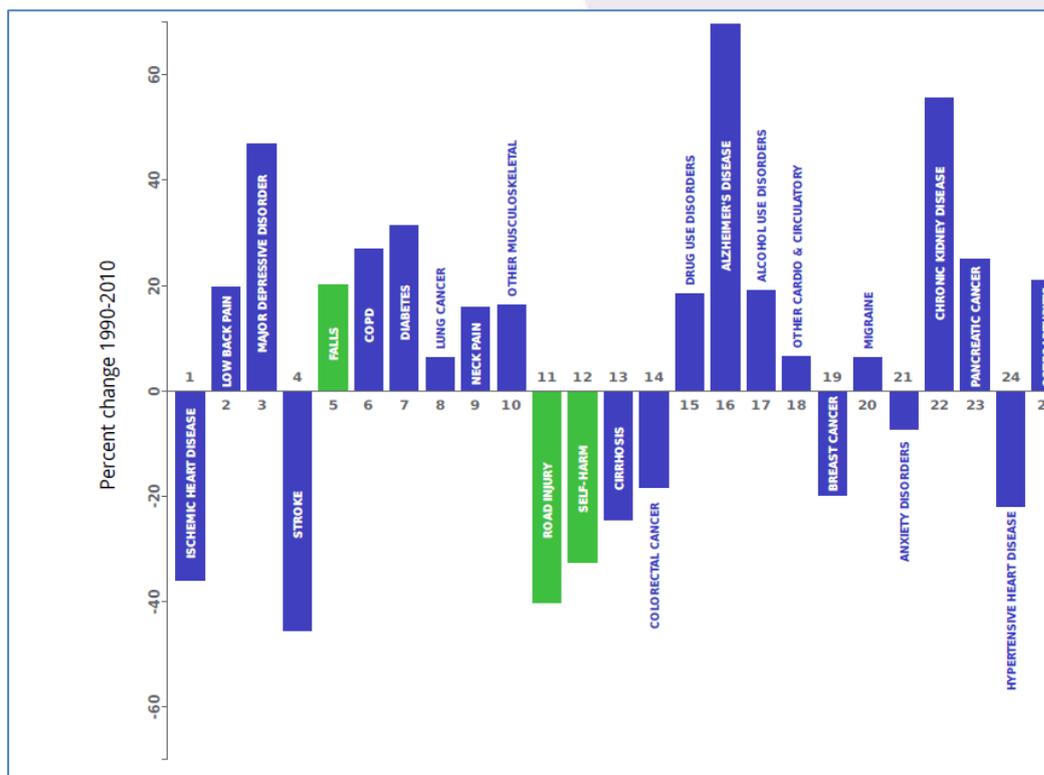
According to Eurostat, data from the LFS show that, in the five years from 2007 to 2013, the percentage of workers in Austria reporting some form of MSD remained essentially unchanged (66.3 % in 2007 to 66.6 % in 2013). This can be compared with the increasing trend in the EU from 54.2 % to 60.1 % over the same period, with the national prevalence, however, remaining above the EU average. National data (other than LFS data) on the overall prevalence of MSDs in Austria, and any trends in that prevalence among the working population, are not readily available. Ladurner *et al.* (2011: 116) comment on this in respect of public health statistics in general, stating that 'Few institutions in Austria undertake data analysis or perform assessments of health data'.

However, some sources do provide a degree of insight. Thus, statistics show that, in Austria, 21.4 % of sick leave for employees of all age groups resulted from MSDs. This percentage increases to around 33 % for those aged between 50 and 64 years old (AUVafit, 2018, retrieved from WIFO Österreichisches Institut für Wirtschaftsforschung).

Data for 2007 and 2017 show low back pain to be the health problem causing the most disability (increasing by 12.1 % over the decade; Institute for Health Metrics and Evaluation, n.d.). MSDs are also the biggest cause of years lived with disability (YLDs) for those aged over 35 years (Institute for Health Metrics and Evaluation, accessed 28/06/2019).

Figure 1 shows the trends for disability-adjusted life-years (DALYs) for the 20 years from 1990 to 2010. DALYs include both premature mortality and disability. The figure shows that low back pain (~20 %), neck pain (~15 %), osteoarthritis (~20 %) and other MSDs (~15 %) have each increased in terms of their impact on DALYs over the period in question.

Figure 1: Leading causes of DALYs and percentage change from 1990 to 2010



Source: Institute of health Metrics Evaluation, GBD Austria.

2.2 Legislation

In Austria, the legal provisions applicable to safety and health at work are included in the Federal Law on Safety and Health Protection at Work (Workers Protection Act, ArbeitnehmerInnenschutzgesetz — ASchG) ⁽¹⁾ and its associated implementing regulations. They define the duties — i.e. dos and don'ts — of employers, and to some extent also of employees, to protect (physical and psychological) safety and health in the workplace. The ASchG seeks to continuously improve working conditions, ensure safety at work, protect health, promote health based on appropriate working conditions and ensure that jobs are designed in compliance with workers' needs.

The legislative act envisages an advisory board, which advises the Federal Ministry of Labour, Social Affairs, Health and Consumer Protection on all matters related to OSH. Members of the board comprise two representatives from each of the social partners, together with experts from the Chamber of Engineers, the Chamber of Medical Doctors and AUVA (Holan and Danaj, 2018).

Specific Austrian legislation incorporates the provisions of the EU Manual Handling ⁽²⁾ and Display Screen Equipment ⁽³⁾ (DSE) Directives and includes additional measures to protect young workers, pregnant workers and women in the first 12 weeks after childbirth. Other than this, there are no substantial additional requirements under Austrian law in respect of either directive.

In 2013, an amendment to the ASchG came into force in Austria. The amendment specifically stipulates that enterprises have to evaluate psychological stress in the workplace, develop and implement measures for the permanent reduction of psychosocial risks, and evaluate their effectiveness. Psychosocial hazards are now defined in the law as those aspects of work design and work organisation, task design and job content, social climate, work schedule and work environment that have the potential to cause psychological harm. Experts such as occupational psychologists should be involved in the risk assessment process and the development of appropriate measures to address any risks. Psychosocial risks are increasingly recognised as a causal or contributory factor in workplace MSDs, although the 2013 legislation does not specifically reflect that link. However, the interaction between MSD risk factors and mental stress is mentioned in the national strategy under the working group objectives.

2.3 Previous and current national OSH strategies and MSD prevention

The current Austrian OSH strategy covers the period from 2013 to 2020 and follows the former OSH strategy for the period from 2007 to 2012.

The strategy stresses that good cooperation of all stakeholders involved in the field of safety and health at work is crucial for the success of the strategy and involves national and regional stakeholders in the field of OSH, such as ministries, accident insurance companies, social partners and labour inspectorates, as well as OSH representatives, in the implementation of the strategy. A common resolution was set to define the goals to reduce workplace accidents and occupational diseases.

The objectives set out in the strategy are:

- reducing work-related health risks, particularly from strains on the musculoskeletal system and mental stress factors, and reducing accidents at work;
- improving risk assessment and support via prevention specialists;
- strengthening mainstreaming of OSH in initial and further education and training (both at school and in universities).

The strategy also envisages setting up an evaluation team, creating a strategic platform and setting up four working groups. The thematic area of working group 1, 'Improvement of risk assessment and risk awareness', covers topics such as 'Special focus on micro and SME — developing guidance documents' and 'Risk assessment of psychosocial risks and stress at work'. The primary goals of working group 3 are the prevention of work-related health risks and occupational diseases, with a special focus, among others,

⁽¹⁾ Actually, the Act of 1994 concerning occupational safety and health (Bundesgesetz über Sicherheit und Gesundheitsschutz bei der Arbeit (ArbeitnehmerInnenschutzgesetz — ASchG).

⁽²⁾ Directive 90/269/EEC on the minimum health and safety requirements for the manual handling of loads where there is a risk particularly of back injury to workers (Manual Handling Directive).

⁽³⁾ Directive 90/270/EEC on the minimum safety and health requirements for work with display screen equipment (DSE Directive). <https://www.auva.at/cdscontent/?contentid=10007.671322&viewmode=content>

on mental stress and strains of the musculoskeletal system, and age- and ageing-appropriate work. This includes consolidating the results and lessons learned from fit2work company consulting projects, the AUVAsicher scheme and the experiences of the Labour Inspectorate in the field of ageing-appropriate work design. There is a renewed focus on gender and diversity aspects in ergonomics and manual handling of loads and on the interactions of risks, e.g. MSDs and mental stress.

These priority areas are reflected in the goals and objectives set by AUVA and the Labour Inspectorate.

2.4 Austrian Workers' Compensation Board

AUVA is the largest statutory accident insurance provider in Austria, providing social insurance for occupational risks for more than 3.1 million employees and 1.4 million pupils and students. It is financed mainly by contributions paid by employers (1.2 % of the basic salary of each employee). Its legal duties include financial compensation, prevention of occupational accidents and diseases, occupational medical care, rehabilitation and research. It owns and runs six highly specialised accident hospitals and four rehabilitation centres across Austria.

The prevention of occupational accidents and diseases is the most important task of AUVA. The statutory prevention tasks of AUVA include awareness raising on prevention, providing advice, training and support, cooperation with companies, schools and authorities, analysis and research into causes of accidents and diseases, and support for small businesses. Insured workers at risk of occupational diseases are given preventive care. AUVA covers the costs for regular health surveillance examinations.

3 The AUVAsicher support scheme

The Workers Protection Act (ASchG), which came into force on 1 January 1995, provided for safety-related and occupational medical care for almost all employees. From 1 January 1999, this preventive care became mandatory for companies with 1-50 employees. As a result of this legal requirement, AUVA received the legal mandate to provide SMEs with a maximum of 50 employees with safety-related and occupational medical advice free of charge. AUVAsicher was initiated in 1999 by AUVA as a long-term assistance programme for SMEs. AUVA provides this assistance to SMEs through its AUVAsicher Prevention Centres located in each of the nine federal states.

More than 280 preventive specialists (occupational physicians and safety specialists) are assisting companies to develop preventive measures. More than 110,000 consultations are carried out yearly across Austria. AUVAsicher's strategic goals currently include a reduction in occupational and work-related diseases and awareness raising about workplace health promotion, with a focus on older employees (aged 45+ years). The aim is also to increase the number of consultations carried out.

The frequency of company visits by prevention specialists depends on the size of the company: companies with up to 10 employees are visited every two or three years whereas companies with 11-50 employees are visited annually. Companies are divided into categories depending on the level of accident and health risk. The more dangerous the industry, the more time is allocated for consultations for companies and workplaces.

In 2009-10 the AUVAsicher programme addressed the prevention of MSDs within the regular preventive services provided through the programme. The consultations included various elements such as introducing preventive concepts, workshops and presentations.

The aim was to:

- reduce the incidence of MSDs;
- increase awareness among employers and employees about MSD prevention;
- present, discuss and implement measures to protect against MSDs in enterprises;
- provide information on MSDs and MSD prevention.

The information on MSDs and their prevention was added to the standard topics and activities addressed during consultations (standard topics and activities typically include legal changes, information on work-related accidents/illnesses, workplace visits and support for general workplace risk assessment). Consultations encompassed a report, with recommendations on suitable MSD prevention measures (such as adaptations to the workplace and/or work processes).

Activities included presentations and the provision of materials and advice, both during visits and made available through the AUVA website. As well as more conventional material, the initiative also distributed an app that produces personalised estimates of the pressures on intervertebral discs experienced during lifting and carrying.

In total, around 50,000 occupational medical consultations were carried out in 2009 and 2010; 90 % of these were carried out by occupational health professionals externally contracted by AUVA. These consultations included both general and case-specific consultations, with enterprises free to undertake several consultations a year.

The success of the initiative was undoubtedly facilitated by the fact that it was integrated into the regular OSH services provided by AUVAsicher and that the services were free of charge to companies. The costs were considerable and, across the two years of the initiative, amounted to ~EUR 25 million in material expenses and a further ~EUR 6.3 million in personnel expenditure. It was expected that the expenditure incurred would be recouped through the resulting reduction in MSDs and their associated costs.

Another key success factor was the cooperation and coordination between AUVAsicher staff and the externally contracted medical health professionals and security advisors. Similarly, the prevention specialists' expertise, reliability and adherence to schedules also facilitated the success of the project. Finally, workplace visits — including analysis and counselling on site — were reported to be a key success factor.

The focus on MSDs in the consultations was monitored in two ways.

1. Follow-up telephone interviews were carried out with companies to establish if they had been consulted on the risks, incidents and prevention of MSDs. The interviews were carried out with a sample of the enterprises involved (around 6,300 in 2009 and 3,300 in 2010). In total, 80 % replied 'yes' in 2009 and 85 % replied 'yes' in 2010, far exceeding the initial target of 50 %.
2. Occupational health professionals were surveyed on whether or not they had recommended measures to prevent MSDs during their consultations. Of the approximately 50,000 occupational health consultations in both 2009 and 2010, 95 % reportedly included recommendations on MSD prevention measures in both years. Again, this exceeded the initial target of 75 %.

Therefore, the majority of companies visited confirmed that they had been consulted on MSDs and the majority of occupational health physicians confirmed that they had made recommendations about preventive measures. Other than the monitoring referred to above, no formal evaluation of the uptake of recommendations (much less the impact that any such implementations might have had on the incidence of MSDs) has been reported.

4 The AUVAFit programme

The AUVAFit programme provides support to companies to improve working conditions, with a specific focus on mental and physical workload. Through this programme, AUVA offers training and consultancy free of charge, including ergonomics consultations and the organisation of workshops. Physical and psychosocial parameters in the workplace are analysed and selected ergonomic and organisational interventions are promoted. The AUVAFit programme consists of ergonomics and occupational psychology modules, which can be combined or requested separately. The AUVAFit team analyses physical and psychological workload at work and develops adequate measures. As part of the programme, AUVA offers various services such as workshops, training courses and advice. The number of roles analysed varies depending on the size of a company; up to eight roles consisting of different tasks can be analysed. Companies receive a tailor-made plan to improve the quality of their work. The project is carried out in six steps: informative preliminary consultation, agreement on the project, setting the main targets for the analysis, job analysis, development and implementation of adequate measures and evaluation of effectiveness.

The programme acknowledges the link between psychological stress and MSDs and the interventions offered within the projects anticipate an improvement in both mental and physical health.

The project costs are covered by the AUVAFit programme; however, the costs of the measures themselves are paid for by the companies. AUVAFit ensures that the changes made are successful and reviews improvements over time, although it is understood that no formal statistics are collated.

5 BAUfit

The BAUfit programme is targeted specifically at the construction industry. The programme was developed by an interdisciplinary team with the aim of reducing the number of accidents, workload and wear and tear of the musculoskeletal system and improving cooperation. The programme includes occupational, psychological and ergonomic advice and support, as well as measurements and evaluation of workload. It primarily focuses on training and education, with a particular focus on physical aspects relating to movement, lifting and posture (focusing especially on the back), but training modules on psychosocial issues and coaching are also included. A free 'taster day' is available that includes a basic AUVA inspection ('security check'), after which a fee is payable based on the size of the company.

In total, 80 % of the costs are covered by AUVA for companies with up to 50 employees and 60 % of the costs are covered for those with more than 50 employees. The trial session is for all companies that adhering for the first time the BAUfit programme is free of charge. According to the BAUfit page on the AUVA website ⁽⁴⁾, participating companies have seen reductions of 50 % in the number of sick days and 25 % in the number of accidents compared with the preceding year.

6 Initiatives by the Labour Inspectorate

6.1 Healthy working in the HORECA sector

In Austria, sick leave and early retirement are particularly common in the hospitality sector, where MSDs and mental health problems are among the main causes. A study based on data from the Working Climate Index (Arbeitsklima Index) and the Health Monitor (Gesundheitsmonitor) of the Upper Austrian Chamber of Labour, identified the following issues (relating to physical and psychosocial risk factors) as being the most commonly reported by workers in this sector: prolonged standing, forced postures, asymmetric (one-sided) physical strain, heavy physical exertion, irregular and excessively long working hours, and constant client contact.

The research found that 62 % of employees suffered from back problems whereas 58 % had muscle tension in the neck and shoulder area. More than half (55 %) experienced headaches and migraines and 40 % reported having pain in the legs. Most of these employees attributed these health conditions to their occupation.

During 2011-12, the Austrian Labour Inspectorate carried out a targeted inspection campaign in the HORECA sector. The aim of the campaign was to promote the prevention of psychosocial and ergonomic risks and the resulting health problems among workers in the hospitality industry and, in the long term, to reduce the prevalence of these health problems in the sector. The inspections also sought to improve the implementation of workplace risk assessment and health and safety documentation and the application of the principles of risk prevention.

The inspection was carried out in two phases, with the second phase focusing on psychosocial risks, assessing whether or not measures were in place to manage work organisation, workload and time pressure, night and shift work, conflict situations and complaints, and a negative work atmosphere.

In total, 40 % of the enterprises visited in the first phase had made considerable improvements by the second phase, in both general and specific measures, such as preventing frequent changes of work organisation and work procedures; addressing high workload and time pressure; managing night and shift work; changing working hours; managing atypical forms of employment; and managing difficult situations. These improvements were attributed to the targeted guidance and information on legal obligations provided by the labour inspectors during their visits. The campaign also resulted in a higher level of awareness among workers, as well as better safety and health management among those enterprises that were inspected twice.

The inspection campaign was part of the Senior Labour Inspectors' Committee (SLIC) European inspection campaign 'Prevention of psychosocial risks' in 2012.

⁽⁴⁾ <https://www.auva.at/cdscontent/?contentid=10007.671322&viewmode=content>

6.2 Humane jobs through the use of gender and diversity in OSH (MEGAP): focus campaign of the Labour Inspectorate from 2016 to 2018

The aim of the MEGAP inspection campaign was to promote the non-discriminatory inclusion of relevant aspects of gender and diversity in OSH management through good examples and adequate communication. The objectives were to develop new approaches for the Labour Inspectorate in their work and practical guidance for successful mainstreaming of diversity and gender aspects in the workplace and in OSH management. The campaign, which was run from 2016 to 2018, therefore had two clear goals: establishment of new gender and diversity approaches to labour inspection in relevant topics and promotion of non-discriminatory and equal opportunities in OSH.

The main focus of company visits by labour inspectors throughout Austria from October 2017 to February 2018 was therefore on gender and diversity.

This new approach was supported by modular implementation. A series of four intervention modules made it possible to select relevant topics for each company. These modules covered:

- Work processes.
- Manual handling of loads: this module focuses on measures to avoid or facilitate manual handling. Target groups include female- or male-dominated jobs, workers with a migrant background and temporary workers. A video from the Swedish Labour Inspectorate on the risks associated with manual load handling, taking aspects of gender into account, is translated and used as part of the module.
- Ergonomics: the focus is on developing ergonomic solutions in companies considering gender and diversity, e.g. adaptation of workplaces to the physical characteristics of workers.
- Monotonous work processes: the focus is on monotonous work processes resulting in psychological stress and the related risk assessment.

6.3 Safe and healthy in mobile health care: targeted campaign of the Labour Inspectorate from 2011 to 2014

This inspection campaign specifically addressed workers in the mobile health-care sector and their employers (e.g. female workers, part-time workers). Topics covered included the provision of training for ergonomic working and the use of lifting aids.

7 National funding programme of the Austrian Health Promotion Foundation (Fonds Gesundes Österreich) for holistic/high-quality health promotion projects

This programme provided funding for holistic/high-quality workplace health promotion pilot projects with a focus on the needs of vulnerable groups in order to promote health equity, psychosocial health, gender balance and diversity. In doing so it reflects the change in balance between preventing ill health in the workplace and promoting good health.

8 National strategy “Health at Work” (Gesundheit im Betrieb)

This strategy, launched in 2019, seeks to promote the concept of ‘workplace health management’ (Betriebliches Gesundheitsmanagement — BGM). BGM is underpinned by the three ‘pillars’ of workplace health promotion, workers’ health protection (OSH) and reintegration management, with the overall objective of improving workers’ health in businesses of all sizes and in all branches. It therefore aims to integrate preventing or reducing the occurrence of illnesses, injuries or undesirable physical or mental conditions with the broader promotion of the health of the population and the return of those with illnesses to the workplace. Therefore, it is a strong example of the increasingly advocated holistic approach.

To support and encourage companies to engage in this process, attention is drawn to the legislative background, demonstrating that, although some elements can be regarded as voluntary (rather than a legal requirement), they do have a legal basis.

9 Conclusions

As summarised above, a variety of initiatives have been undertaken to address the problem of MSDs in the workplace, especially within those sectors in which MSDs are particularly prevalent. Austria recognises the fact that, in the last 10 years, the statistics show that the prevalence of MSDs among Austrian employees has remained relatively high. Efforts are therefore continuing to prevent and minimise the risk of MSDs through specifically targeted initiatives. The AUVAsicher initiative is one of these, providing help and support to SMEs. This is of particular importance in Austria because a very high proportion (97 %) of all Austrian companies are micro and small enterprises.

In other countries it has proved difficult to get SMEs to engage with the risk assessment process. In Austria, this problem is addressed directly by making such engagement a legal requirement, with SMEs required to make use of safety-related and occupational-medical consultation services. A key feature of the AUVAsicher programme is that it provides support to employers that is free at the point of use (although of course it is paid for indirectly through the employers' levy). Coupled with the legal requirement to make use of such advisory services, this undoubtedly facilitates action.

Strong features of the initiative were that, in contrast to the information campaigns often conducted as part of MSD initiatives, it included direct workplace visits by OSH experts. In addition, experts were regionally based (and therefore possibly were seen as more accessible than national figures would be). Both of these features are likely to encourage involvement and participation.

Although the 'standard' AUVAsicher (and AUVAFit) services continue to operate, the specific initiative focusing on SMEs and paying particular attention to MSD risks operated only for a limited time period. Although statistics suggest that a very high proportion of the SME contacts (95 %) resulted in recommendations being made on MSD prevention measures, no formal evaluation of the uptake of these recommendations was carried out. However, there were some indications that SMEs found that their ability to adopt the recommended measures was limited because of financial and human resource constraints. It is suggested that information on the cost-benefits of such measures might help justify the necessary expenditure and help to overcome this issue.

Despite these shortcomings, the AUVAsicher initiative demonstrates how access to affordable support, reinforced by legal measures to 'encourage' use of that support, can help to address the challenges presented by SMEs in actions to prevent work-related MSDs.

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