

## BELGIUM: PREVENTION OF MUSCULOSKELETAL DISORDERS AS A PRIORITY IN THE NATIONAL STRATEGY AND CAMPAIGNING ON MSDS PREVENTION

### 1 Summary

EUROSTAT Labour Force Survey data indicate that, in Belgium, musculoskeletal disorders (MSDs) affect more than half of workers. This incidence is comparable to that in the rest of the EU.

The provisions of the Manual Handling Directive <sup>(1)</sup> and the Display Screen Equipment (DSE) Directive <sup>(2)</sup> have been transposed into national legislation with few changes. Other MSD risks are considered to be addressed by legislation adopting the provisions of the Framework Directive <sup>(3)</sup>. Legislation on psychosocial risks provides a new definition of psychosocial risks at work and a better definition of stakeholders' roles in the prevention of those risks. However, it does not include any reference to the role of psychosocial risks in the causation of MSDs.

Prompted by the first European strategy on health and safety at work (2007-2012)<sup>4</sup>, Belgium introduced a parallel strategy (2008-2012) with an overall objective of 'a continuous and homogeneous reduction of the number of occupational accidents and diseases'. In drawing up the strategy, the National Labour Inspectorate noted that, to prevent MSDs, it was necessary to take measures that address the organisation of work, mechanical and biomechanical factors, as well as psychosocial aspects. Improvements in the prevention of MSD risks were identified as a priority within this strategy. However, an evaluation <sup>(5)</sup> concluded that the situation in terms of MSD risks was unchanged.

Following on from this, the Belgian National Strategy for Wellbeing at Work 2016-2020 was introduced, aligned with the EU Strategic Framework on Health and Safety at Work 2014 – 2020 and the particular challenges that it identified. The national strategy acknowledges that musculoskeletal problems continue to be the most frequently reported adverse health effects at work. It recognises that they are a growing cause of absence at work and of long-term disability. The strategy also underlines the need to explore the possibilities of new legislation on MSDs.

The Belgian Federal Public Service Employment, Labour and Social Dialogue (FPS Employment) launched its campaign on the prevention of MSDs in November 2015. In a concerted campaign, a wide variety of materials was used, some of which were developed specifically for the campaign, with other material adopted from previous work. The campaign slogan was, 'When a worker suffers, the whole business is affected! Musculoskeletal disorders (MSDs) are everyone's business! Learn how to avoid them'. The subtitle clearly reflected the 'prevention' strand in the national strategy. The campaign encompassed a website, brochures and outreach activities.

In 2015-16, in parallel with this campaign, the 'federal truck' was used to campaign on MSDs. The 'federal truck' is a truck of the federal government equipped to carry out awareness campaigns on a wide range of topics. The target group of this campaign was students and teachers in the third cycle of secondary education. The truck reached 72 groups during the campaign; this included 55 classrooms of students, with 17 sessions arranged for teachers. Material included 'The Flexaminator' game, devised especially for the campaign.

Clearly, national occupational safety and health (OSH) policy and accompanying strategies recognise the importance of MSDs and their prevention. This recognition has driven the introduction of a series of campaigns and initiatives over many years, often building on EU-level initiatives. There has therefore been a sustained

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<sup>(1)</sup> Council Directive 90/269/EC 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).

<sup>(2)</sup> Council Directive 90/270/EEC on the minimum safety and health requirements for work with display screen equipment (DSE Directive).

<sup>(3)</sup> Directive 89/391/EEC on the introduction of measures to encourage improvements in the safety and health of workers at work (Framework Directive).

<sup>(4)</sup> EU Strategic Framework on Health and Safety at Work 2014-2020. Available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=COM:2014:332:FIN>

<sup>(5)</sup> Stratégie nationale en matière de bien-être au travail 2008-2012. Evaluation: Final synthesis report (Rapport final — Synthèse).

approach over almost 20 years, which has provided valuable continuity, with material developed as part of earlier activities being promoted in later campaigns.

Another important feature of the activities over this time has been collaboration, with experts providing an evidence-based approach to the development of the material used in the various campaigns.

In addressing the health of the workforce, the strategic approach adopted takes a broader, more holistic, 'wellbeing' viewpoint. It emphasises the benefits of MSD prevention not just from the perspective of the worker but also for the employer and for society.

## 2 National background

### 2.1 Relevant statistics and trends

Data from the EUROSTAT Labour Force Survey ad hoc modules show that, in the five years from 2007 to 2013, the percentage of workers in Belgium reporting some form of musculoskeletal disorder (MSD) remained essentially unchanged (from 57.5 % to 56.7 %). This can be compared with the overall trend in the whole EU of an increase from 54.2 % to 60.1 % over the same period.

In contrast, according to the 2010 and 2015 European Working Conditions Surveys Belgian figures for the incidence of MSDs are slightly lower than the average for the EU.

**Table 1: Percentages of the workforce reporting musculoskeletal problems: Belgium and EU**

Percentage of workforce reporting problems			
Musculoskeletal problem	Belgium 2010	EU27+7 (2010)	Belgium 2015
Back problems	44	45.9	46%
Upper limb problems (including shoulders)	39.7	44.5	44%
Lower limb problems	27.4	33.8	30%

Source: EUROSTAT Labour Force Survey

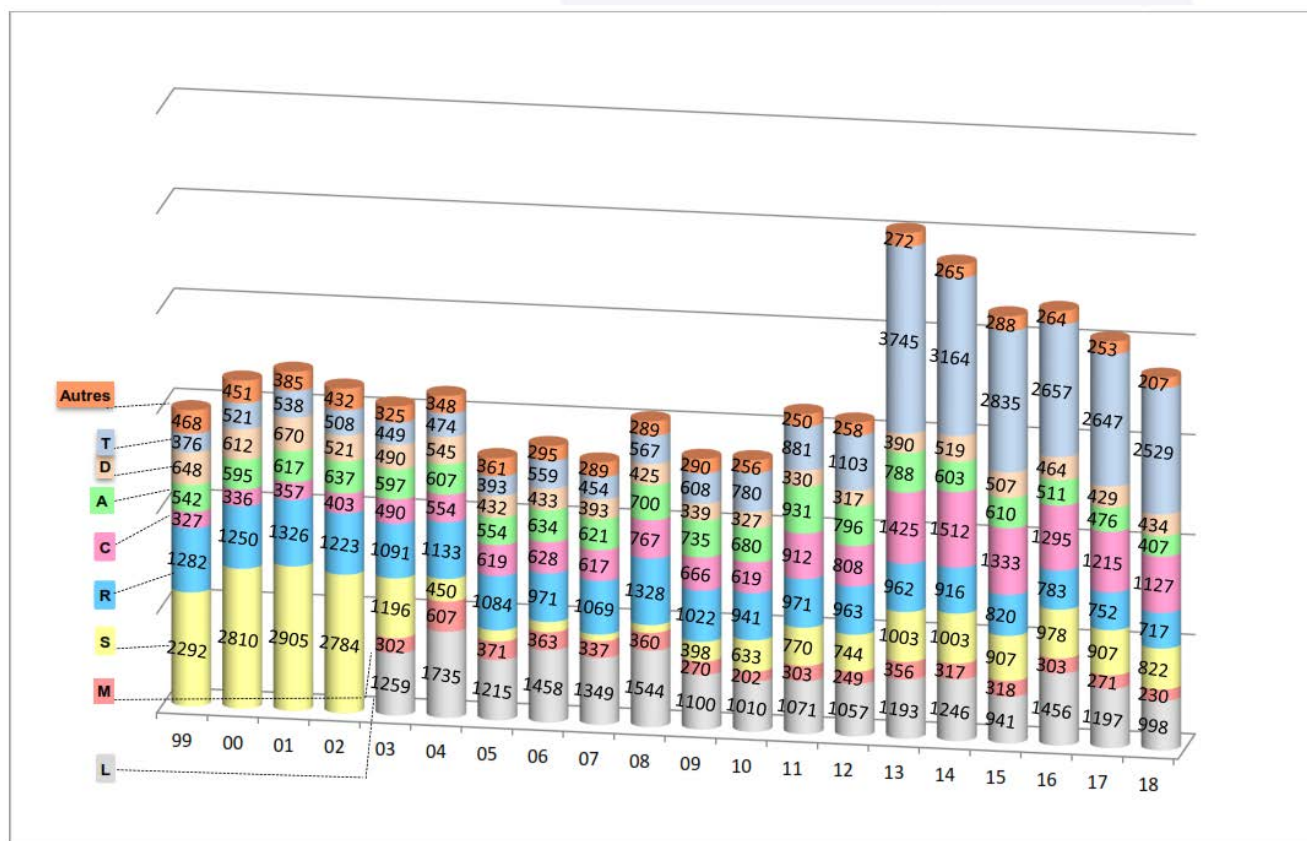
In Belgium, any worker from the private sector (plus some other specified occupational groups, but not those in the public service) who is affected by an occupational disease as a result of his or her working duties is entitled to compensation paid by the Federal Agency for Occupational Risks (FEDRIS). FEDRIS is a Belgian public social security institution formed by the merger of the Occupational Diseases Fund and the Accidents at Work Fund that ensures that the rights of victims of occupational accidents and diseases are respected. It therefore serves as an alternative source for statistics on MSDs, although only for those MSDs declared to be an occupational disease (and obviously those sufficiently severe to warrant a claim).

In 2016, 7,329 people claimed invalidity as a result of MSDs (actually, 'Diseases of the musculoskeletal system and connective tissue') through FEDRIS and, of these, 18.53 % ( $n = 1,358$ ) were considered to have a valid claim and to be entitled to benefits. This can be compared with the previous year (2015) in which 7,093 people claimed for an MSD and 16.13 % ( $n = 1,144$ ) were successful <sup>(6)</sup>. This was by far the largest of any of the compensation categories. As an indication, the overall level of successful claims for any occupational disease almost doubled in the period 2013-2016 and, as statistics suggest that almost one third of the total number of claims are attributable to MSDs, it seems likely that the incidence of MSD claims will mirror this trend.

<sup>(6)</sup> [https://www.inami.fgov.be/SiteCollectionDocuments/etude\\_si\\_reprise\\_travail\\_partiel\\_independants2015\\_2016.pdf](https://www.inami.fgov.be/SiteCollectionDocuments/etude_si_reprise_travail_partiel_independants2015_2016.pdf) (Table 9).

Further detail on these trends in occupational disease claims in Belgium is provided in Figure 1. This shows the numbers of claims for recognised occupational diseases in the period 1999-2018. Various types of MSD are included in these statistics but not all. For example, as is commonly the case, back problems are included only when they can be related to an identifiable physical cause, such as a bulging or prolapsed disc compromising a nerve root. Particular attention should be paid to 'T' — tendon-related disorders such as tenosynovitis and tendonosis; 'L' — 'radicular syndrome', that is, discogenic symptoms in the lumbar region; and 'C' — nerve compression syndromes; however, 'U' — bursitis (not shown on the graph) and 'S' — bone and joint (arthritic) problems might also be of relevance given that they are classified as occupational diseases. It is assumed that the sudden large increase in tendon disorders in 2013 reflects the addition of new diseases to the recognised list. A similar increase can be seen earlier (2003) when radicular syndrome was added. It can be seen that, although numbers of claims fluctuate on an annual basis, these three classes (T, L and C) form the three largest groups. Although the overall level of claims seems to have declined since 2013, this remains the case.

Figure 1: Trends in occupational disease claims from 1999 to 2018. T, tendon-related disorders such as tenosynovitis and tendonosis; L, 'radicular syndrome', i.e. discogenic symptoms in the lumbar region; C, nerve compression syndromes



Source: FEDRIS rapport statistique 2018 maladies professionnelles.

Although data such as these provide some insight, the rationale for the current occupational strategy acknowledges that the data available on the prevalence of occupational illnesses are substandard. The data available from prevention services are not efficiently collected, nor are they processed in a systematic manner. The text calls for clear improvements to allow better informed policy choices to be made.

## 2.2 Legislation

The provisions of the Manual Handling Directive (7) were transposed into Belgian national law by the Royal Decree of 12 August 1993 on the manual handling of loads. Those relating to the DSE Directive (8) were implemented about the same time by the Royal Decree of 27 August 1993 on work on display screen equipment. The national legislation implementing the provisions of the Manual Handling Directive has no more stringent or detailed requirements than the directive. However, Belgian legislation adopts a slightly wider definition of DSE than that in the DSE Directive, and the requirements for health surveillance are more extensive, covering MSDs as well as visual problems. These laws make no provisions for other MSD risks. These can be considered to be addressed by the national legislation adopting the provision of the Framework Directive (9) and the laws do not therefore include any specific or prescriptive requirements relating to such risks.

New legislation on the prevention of psychosocial risks came into force on 1 September 2014. The new law updates previous legislation enacted in 1996 on the wellbeing of employees at work, addressing the prevention of psychosocial risks, including issues of violence, harassment and sexual harassment at work. The new legislation provides a new definition of psychosocial risks at work and a better definition of stakeholders' roles in the prevention of those risks. These stakeholders include employers, line managers, workplace prevention and protection committees, prevention advisors psychosocial risks and confidential counsellors.

In framing the operational objectives for the new national strategy for 2016-2020 (see below), consideration had been given to a new legislation to address MSD risks in a more comprehensive way. It is understood that preparation of this legislation was being carried out in parallel with considerations of a new Directive at EU level and that national plans were shelved following the shelving of discussions on similar legislation at EU level. The EU-level discussions were placed on hold pending the completion of evaluations of the existing legislative milieu (24 OSH Directives).

## 3 National strategy and rationale behind the MSD initiatives

The organisation with the main responsibility for OSH is the Belgian Federal Public Service Employment, Labour and Social Dialogue, FPS Employment. The mission and tasks of the ministry include preparing, promoting and implementing policies on wellbeing at work, supporting social dialogue and ensuring compliance with law through the inspection services, whose role comprises advice, prevention and enforcement.

Prompted by the first European strategy on health and safety at work (2007-2012), Belgium introduced a parallel national strategy (2008-2012) with an overall objective of 'a continuous and homogeneous reduction of the number of occupational accidents and diseases'. Against this, three further objectives could be identified: to stimulate a culture of risk prevention; to improve the functioning of the preventive services; and to increase enforcement of compliance with legislation.

Improvements in the prevention of MSD risks, either by regulation or by the revision of existing risk assessment methods to reflect ergonomics principles, were a specific action within the 2008-2012 strategy. However, an evaluation of this strategy (10) concluded that the situation was unchanged, that there was insufficient data to measure the effect of actions on the intended goal, and that further assessment was required. Thus, despite the initiatives associated with this strategy, workplace accidents and ill health remained at what were regarded as unacceptably high levels in Belgium.

In drawing up the new strategy, the National Labour Council noted that, to prevent MSDs, it was necessary to take measures that relate to the organisation of work, mechanical and biomechanical factors, as well as

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- (7) Council Directive 90/269/EC 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).
- (8) Council Directive 90/270/EEC on the minimum safety and health requirements for work with display screen equipment (DSE Directive).
- (9) Directive 89/391/EEC on the introduction of measures to encourage improvements in the safety and health of workers at work (Framework Directive).
- (10) Stratégie nationale en matière de bien-être au travail 2008-2012. Evaluation: Final synthesis report (Rapport final — Synthèse).

psychosocial aspects. As a consequence, it stated that the National Strategy for Well-being at Work must contain actions to translate these measures into practice.

The new EU strategic framework, established for 2014-2020, focuses on three challenges: micro and small enterprises; disability; and ageing. It called on Member States to develop national strategies to mirror these and, following on from the previous national strategy, the Belgian National Strategy for Wellbeing at Work 2016-2020 is the response to this. The fundamental axiom of the Strategy is that work is the right of everyone and work must not make workers ill. Furthermore, it recognises the value of the promotion of wellbeing at work in contributing to public health, with benefits to the community as a whole.

The national strategy defines four strategic objectives:

- safe and healthy work;
- strengthening participation in the labour market;
- strengthening prevention;
- strengthening the prevention culture.

The strategy further outlines a series of 13 'operational objectives' linked to these four areas:

- safe and healthy work:
  - continuous prevention of occupational accidents;
  - continuous prevention of health problems caused by work;
  - preventing or minimising new and emerging risks;
- strengthening participation in the labour market:
  - sustainable work for all workers;
  - re-integration of disabled workers;
- strengthening prevention:
  - stressing the employer's responsibility for prevention policy, especially in small and medium-sized enterprises;
  - integration of wellbeing at work in the company's management;
  - optimising the functioning of prevention services;
  - optimisation of social dialogue;
  - optimising the functioning of the labour inspection services;
  - access to the available data on exposure;
  - qualitative regulations;
- strengthening the prevention culture:
  - integration of wellbeing at work in all government domains.

The strategy acknowledges that musculoskeletal problems (e.g. low back pain and neck muscle problems) continue to be the most frequently reported adverse health effects. It recognises that they are a growing cause of absence at work and long-term disability. The strategy document cites statistics from the National Institute for Health and Disability Insurance (RIZIV/INAMI) (31 December 2014). These show that there was an increase of almost 25 % in the number of people receiving an allowance for permanent disability under this scheme from 2010 to 2014. This increase cannot be solely attributed to the ageing population and the increased participation of women in the labour market but must also be attributed to the increase in musculoskeletal, cardiovascular and mental illnesses. The strategy acknowledges that poor ergonomic conditions can have a negative impact on the musculoskeletal system and, alongside psychosocial aspects, such conditions are acknowledged as the basic causal factors for MSDs.

The Strategy emphasises the importance of shared ownership to all stakeholders; it presents cooperation as the basis for executing specific actions, although it is acknowledged that the management of the strategy requires political commitment.

Within the operational objective of ‘continuous prevention of health problems caused by work’, preventing MSDs by making available good practices and raising the awareness of all stakeholders became a key element. The strategy also underlines the need to explore the possibilities of new legislation in this context.

MSDs also feature under the operational objective of ‘optimising the functioning of prevention services’. The strategy states that ‘the scope of an effective policy for wellbeing extends well beyond health surveillance. In view of the current evolutions of stress and burnout and the growing number of musculoskeletal disorders, attention must be paid to other aspects of wellbeing such as psychosocial aspects and ergonomics.’

With regard to actions commenced in 2016 and proposed for 2017, the strategy emphasises that psychosocial risks and MSDs continue to be an important focus. In terms of MSDs, the administration undertook to take further action to disseminate the available tools and raise awareness of all stakeholders, and it refers to practical brochures on MSD prevention in various industries. It will also check with social partners what additional action is necessary. These actions are seen as contributing to achieving operational objectives 2 (‘continuous prevention of health problems caused by work’) and 4 (‘sustainable work for all workers’).

## 4 Campaigning on musculoskeletal health

Reflecting the objectives of the latest national strategy, a number of campaigns and initiatives were launched relating to MSDs, building on the work from previous initiatives. FPS Employment launched its campaign on the prevention of MSDs. This campaign ran from 2015 to 2016. At the same time, the federal truck (a truck of the federal government equipped to carry out awareness campaigns) was also campaigning on MSDs, targeting schools and teachers using materials tailored for the various target groups.

### 4.1 ‘When a worker suffers, the whole business is affected!’

The aim of the campaign, ‘When a worker suffers, the whole business is affected!’ was to raise awareness about MSDs, their prevention and the tools available.

The campaign had the full slogan, ‘When a worker suffers, the whole business is affected! Musculoskeletal disorders (MSDs) are everyone’s business! Learn how to avoid them’. The subtitle clearly reflected the ‘prevention’ strand in the national strategy.

The campaign encompassed a website, brochures, a deck of 1 playing cards, development of a video, and outreach activities. The Ministry commissioned a communications company to develop this material and the website itself (<https://www.preventiondestms.be/fr>). The website design concept was conceived in the form of a set of cards organised in four colours corresponding to the four main themes: causes, consequences, solutions and tools. The cards present some key messages and some include hyperlinks to additional information. The communications company designed the messages to be easily understood by the general public.

As part of the campaign, informational inserts were published in widely read print media: *ZO Magazine* (17 March 2016), *Union & Actions* (4 March 2016) and *Métro* (five times between 7 March and 11 March 2016).

The website, ‘When a worker suffers, the whole business is affected!’ is part of an extensive web portal of BeSWIC, a section of which is dedicated to the topic of MSDs. The web portal provides information on and links to relevant regulations, research and risk assessment tools. It also includes several videos on the prevention of MSDs in different sectors and jobs (e.g. agriculture and horticulture, construction, home care). This website provides a broad range of information regarding MSDs, from understanding the human body and joints to analysing the causal factors, explaining what prevention is and how to implement it, and how ergonomics can help in the reduction of MSDs.

The campaign website links to publications and information materials on the ministry’s website. Prior to this campaign (between 2010 and 2015), as part of work under the previous national strategy, a series of brochures focusing on the prevention of MSDs was developed by the Directorate-General for Humanisation of Labour of FPS Employment (with the support of the European Social Fund — ESF). This includes practical manuals for prevention advisors for the prevention of MSDs in various sectors and professions (hotel, restaurant and

catering trade, construction, waste treatment, home care, transport and logistics, and so on), with recommendations also provided for employers and occupational physicians. In the sub-series 'Musculoskeletal disorders in the trades', each brochure is dedicated to a specific occupation (bakers, butchers, shoemakers, homecare workers, truck drivers, bar tenders, kitchen staff, and so on) and these brochures are specifically intended for the workers concerned. The brochures were promoted during the campaign; Appendix 1 provides a list of these publications.

Among the material made available for employers is a guide on preventing MSDs, developed as part of a research study undertaken in 2012-13 to investigate the use of prevention services in companies to prevent MSDs. This research was carried out with ESF support. Following this, the guide 'Main recommendations to implement an efficient MSD prevention strategy in a company', was developed and released in 2015. The guide provides evidence-based information on MSDs, describes the factors that contribute to their development, and explains the consequences, direct and indirect, for the wellbeing of workers and the performance of businesses. It describes the basic steps in the development and implementation of a sustainable and effective MSD prevention programme, as well as extensive practical real-life examples.

No information is available on any evaluation of the impact of the campaigns. The campaign had the potential to reach a wide audience through the printed media. Although 'reach' was not formally evaluated, it is known that the *Méto* newspaper is read by approximately 827,500 people every day, the *ZO magazine* has a circulation of approximately 53,000 and *Union & Actions* has a circulation of about 45,000.

## 4.2 'Wellbeing at work in the federal truck'

In 2015-16, the focus of the campaign, 'Wellbeing at work in the federal truck', was on MSDs, and it specifically targeted students and teachers in secondary education. The aim was to provide information about MSDs and their causes and how they can be prevented.

The federal truck is a truck of the federal government that is fully equipped (huge flat screen, interactive motion capture game, photo booth, leaflet and poster displays) to carry out awareness campaigns. It travels around Belgium and provides the federal government with an opportunity to meet citizens. The truck is served by a campaign team providing support for the preparation and implementation of campaigns. This support is available to other federal government services free of charge. The campaigns cover a wide range of topics in different years.

In 2015-16, FPS Employment used the federal truck to raise awareness of MSD prevention in schools and among teachers. In November 2015 and during March and April 2016, the FPS Employment animators offered the game 'The Flexaminator' to students and teachers in the third cycle of secondary education through the truck. The game was developed to introduce young people to MSDs to inform them about the origin of MSDs and their prevention, for example using appropriate tools and good techniques and by adopting good posture. It is available free of charge from the Ministry's website: (<http://www.emploi.belgique.be/publicationDefault.aspx?id=43597>).

The game can be used by schoolteachers and also by individuals. The truck and the game provided an innovative way of educating future workers about the risks of MSDs at an early age, an approach often advocated to promote musculoskeletal health and health behaviour. Using the truck for the information campaign was an innovative way to raise awareness on MSDs among students and teachers.

The federal truck reached 72 groups during the campaign: 55 classrooms of students and 17 sessions arranged for teachers.

The MSD campaign with the federal truck was followed by a campaign on psychosocial risks targeted at managers and those with human resources responsibilities and in May 2018 its use continued, with the truck disseminating knowledge about the labelling of dangerous products.

The total budget dedicated to this campaign was EUR 72,000, excluding ESF funding. Of this amount, EUR 25,000 was dedicated to the slogan and website, EUR 25,000 to the print media publications and EUR 22,000 to the use of the federal truck.

## 5 Targeted inspection campaigns on MSDs

At the same time as the 'When a worker suffers' campaign, the labour inspectorate carried out a series of inspection campaigns targeting particular sectors and MSD issues within those sectors. Labour inspectors were trained in the topic of MSDs to better understand and identify MSD risks during their inspections. The targeted inspections included:

- 2014: inspections coupled to training inspectors on low-back load, prolonged standing and repetitive work in the retail sector;
- 2015: national inspection campaign in the cleaning sector, focusing on low-back load and repetitive work;
- 2016: regional inspection campaign on elderly and family care in East Flanders;
- 2017: regional inspection campaign on MSDs for hotel cleaning staff in Brussels.

## 6 National policy and strategy issues

Clearly, national OSH policy and accompanying strategies recognise the importance of MSDs and their prevention. This is reflected in MSD prevention being identified as a priority in three consecutive strategies. This recognition has driven the introduction of a series of campaigns and initiatives over many years, often building on EU-level initiatives (such as the EU-OSHA 2000 campaign on lower back disorders). There has therefore been a sustained approach over almost 20 years. This has provided valuable continuity, with material developed as part of earlier activities being adopted for later campaigns, such as much of the information material promoted during the campaign, 'When a worker suffers, the whole business is affected!'. The EU contribution to the funding of the development of materials through the ESF has also been valuable.

Another important feature of the development of information and guidance over this time has been collaboration with experts in universities and research institutes. This has provided a sound evidence-based approach to the development of the material used in the various campaigns.

In addressing the health of the workforce, the strategic approach adopted is broader than just safety and health. The policy and strategies look towards a more holistic 'wellbeing' viewpoint. The benefits of MSD prevention are emphasised, not just from the perspective of the worker but also for the employer and for society in general.

The new legislation on the prevention of psychosocial risks entered into force on 1 September 2014 provides a new definition of psychosocial risks at work and a better definition of stakeholders' roles in the prevention of those risks. These stakeholders include employers, line managers, workplace prevention and protection committees, prevention advisors on psychosocial risks and confidential counsellors. This new legislation appears to be having some impact in the workplace, not least because of broad media coverage and attention, raising public awareness of psychosocial risks and related problems. The lack of equivalent legislation on MSDs was highlighted in the focus groups discussions. This lack of comprehensive legislation on MSDs and a lack of clarity on ergonomists' and other stakeholders' role seems to be a barrier for an effective prevention of MSDs.

Currently, MSD prevention in workplaces is primarily targeted at manual handling and office work (DSE), reflecting the requirements MSDs specific legislation. National discussions on new more comprehensive legislation on MSDs had been under way in parallel with equivalent discussions at EU level; however, these discussions ceased when those at EU level were suspended.

Evaluation of the impact of legislation and other policy initiatives and measures appears to be difficult because of widely recognised inadequacies in the available national data, relying on information from EU sources. National data are available on recognised occupational diseases, but these do not cover all MSDs (e.g. non-specific back pain).



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## 8 Appendix 1: Publications on the prevention and management of MSDs

This series of guides focuses on the prevention of MSDs. It includes practical manuals for the prevention of back pain in various sectors and professions aimed at those with a particular expertise in prevention. It also contains recommendations for employers and occupational physicians. These publications are available in Dutch and French.

- Help the backs of caregivers.
- Guide for the prevention of musculoskeletal disorders at work.
- Low back pain at work. A guide for the employer and the social partners.
- Prevention of musculoskeletal disorders in the home care sector.
- Prevention of musculoskeletal disorders in the catering sector.
- Prevention of musculoskeletal disorders (MSD) general information brochure.
- Prevention of musculoskeletal disorders (MSDs) in the construction sector.
- Prevention of musculoskeletal disorders (MSDs) in the distribution sector.
- Prevention of musculoskeletal disorders (MSDs) in the early childhood care sector.
- Prevention of musculoskeletal disorders (MSDs) in the waste treatment sector.
- Prevention of musculoskeletal disorders (MSDs) in the transport and logistics sector.
- Prevention of musculoskeletal disorders in the hospital sector.
- Management of low back pain in occupational medicine: recommendations for good practice.

In addition, the sub-series 'Musculoskeletal disorders in the trades' provides brochures dedicated to specific occupations. These brochures are specifically intended for the workers concerned and cover the prevention of MSDs. The specific occupations covered are:

- waste sorting agents (recycling);
- refuse collectors;
- agricultural workers;
- butchers;
- bakers;
- bartenders;
- truck drivers;
- delivery drivers;
- hairdressers;
- farmers;
- removals workers;
- airport handlers;
- administrative staff;
- checkout staff;
- kitchen staff;
- home care workers;
- hospital logistics staff;
- call centre staff;
- cleaning staff;
- health-care workers in hospitals;
- order pickers;
- servers;
- landscaping sector technicians;
- construction equipment operators;
- roofers;
- pickers;
- maids;
- scrap dealers and formers;
- masons and labourers;
- fitters of sanitary and air conditioning services;
- plasterers;
- nursery nurses in the early childhood sector;
- shelf stackers;
- industrial store workers.

<http://www.hse.gov.uk/research/rrpdf/rr583.pdf>