

STRATEGIES FOR MSD PREVENTION - A NEW MODEL PROPOSED BY A BELGIAN TASK FORCE

SOMVILLE P.R., MAIRIAUX P.

CBMT, Occupational Health Services and Department of Public Health, University of Liège, Liège, Belgium

Aims:

Recent literature reviews suggest that training in handling or ergonomics interventions have a weak impact, if any, on the incidence of musculoskeletal diseases, particularly for early prevention of back problems. In practice, a large variety of training programs and interventions are proposed to enterprises by occupational health services (OHS) without any standardization nor evaluation of those programs. In view of both the scientific evidence and the enterprises needs, the Belgian Public Federal Service of Employment and Labour (PFSEL) decided to set up a task force aiming at the definition of "good practice guidelines". These guidelines were meant to establish a bridge between evidence-based statements and prevention practitioners, and to raise the quality of the interventions at the workplace.

Methods:

To achieve this objective, the PFSEL invited as members of the task force not only recognised experts but also experienced trainers, ergonomists, and specialists in rehabilitation medicine. Three round tables took place in 2007 and 2008, at 3 months interval, in order to reach a consensus on the present scientific evidence, and the nature and content of the interventions that should be part of early prevention strategies for both back pain and upper limb disorders.

Results:

The proposed practice guidelines involve the following steps: (a) an ergonomic analysis to identify the workers at risk and the intervention needs, (b) the definition of homogeneous groups in terms of exposure (no matter past pain history) as target for the intervention and the selection in each group of a "referent" worker (not to be confused with a coach), (c) the preparation of the intervention by the ergonomist with the referent worker help, (d) an intervention module of 8h duration divided in 3 phases (4+2+2) over a one-month period and combining training and participatory ergonomics for groups of 6 to 12 workers and their supervisor, (e) follow-up performed by the workers supervisor and the referent worker and involving "refresher sessions" by the ergonomist. This intervention model is thus multidimensional, associating training in working techniques and stimulating ergonomic changes at the initiative of the workers and their supervisor.

Conclusion:

Based on this intervention model, the good practice guidelines will soon be published by the Belgian government and circulated among companies, trade unions, OHS and ergonomists. Feasibility in applying such guidelines will have to be tested as well as the actual impact on MSDs.

Keywords: Early prevention, Intervention methods.

