• annual prevalence of back pain in nursing is 50-55%
• 369,500 German nurses have back pain every 12 months at least one episode
• 1012 nurses per 24 hours
• 140 nurses this afternoon :(
Increasing care load

% clients with mobility level C, D en E

<table>
<thead>
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<th>Year</th>
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<th>Level D</th>
<th>Level E</th>
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<tr>
<td>2015</td>
<td>77</td>
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Guidelines for transfers in bed:

The main goals are to improve caregivers’ working conditions by decreasing biomechanical overload risks, thus limiting work-related illness and injury, as well as the consequent costs and absenteeism, and to account for patients’ needs, privacy and dignity as regards their needs, including specific personal care and hygiene.

It is intended for all users (for caregivers and otherwise) working in healthcare manual handling and, in particular, healthcare managers, and workers, occupational safety and health professionals, directors of extended services and equipment, education and training supervisors, and designers or healthcare facilities.

Its recommendations are primarily applicable to the movement of people (adults and children) in the provision of healthcare services in purposely built or adapted buildings and environments. Some recommendations can also be applied to wider areas (e.g., home care, emergency care, voluntary care, delivery handling).

The recommendations for patient handling take into consideration work organization, type and number of patients to be handled, the places where patients are handled, as well as caregivers’ education and professional presence, but do not apply to object handling, handling, pushing and pulling of items or animal handling. Tool use analysis in a duty shift evening both patient handling, pulling and pushing or object handling and transport is not considered.

Guidelines for bed-bed-chair transfers:

Do we comply to these guidelines (sliding sheets)?

Results TilThermometer (n=12,544).

![Image](image-url)
Do we comply to the guidelines (lifters)?

Results TilThermometer (n=12.544).

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<table>
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Take-home messages

‘Draw a joint proposal’ as European social partners to highlight the importance of the prevention and reduction of musculoskeletal disorders which could be transposed into tangible EU ACTION (e.g. in form of a framework of action on health and safety at the workplace to hold organisations accountable.’

‘... encourages the Member States to engage fully in the forthcoming 2020-2022 EU-wide campaign on the prevention of work-related musculoskeletal disorders (MSDs), to find innovative non-legislative solutions and to exchange information and good practices with social partners’… ‘reiterates its call on the Commission to submit, without delay, a legal act on MSDs; calls on the Member States to conduct studies’… ‘into the incidence of MSDs, with a view to preventing and combating the emergence of such disorders and to developing a comprehensive EU chronic-disease strategy for prevention and early intervention;’

Is PSRS@W an issue in Europe? Yes:

- stress is the biggest reason behind sickness absence in the UK, that over 40% of the UK organizations saw an increase in mental health problems, that 30% of NHS staff suffer from stress every year and that the cost of stress in the UK is annually €1.67 billion, resulting in loss of 105 million days. (James Tracey and Kim Sunley).

- 51% of all workers report that work-related stress is common in their workplace and around four in ten workers think that stress is not handled well in their workplace (pan-European opinion poll, European Agency for Safety and Health at Work)

- mental illnesses diminish the performance of the employees concerned, are responsible for about 13% of the days off work and will become the most frequent cause of early retirement in the near future (Margret Steffen)
Prevention!

“We have hundreds of studies, but only a few effective strategies for solving the problems of PSRS@W. So the focus should be on prevention and on necessary measures, developed by the social partners” (Herbert Beck)

Worker participation!

- ‘participation’ and ‘being kept informed’ have a positive effect on workers’ health (James Tracey, Kim Sunley)
- ‘Employees need to be able to influence their work, otherwise stress increases’ (Kirsi Sillanpää)
- worker participation trough discussion groups at work floor level (Saija Koskensalmi and Albert Nienhaus).
- Useful material on how to involve workers in decision making EU-OSHA 2014–2015 Campaign

Lessons learned in Amsterdam

- ‘on the job’: learning happens for 70% at the workplace, for 20% when exchanging information with colleagues and for 10% in formal, explicit learning contexts.
- invest in horizontal careers (wound care nurse, ErgoCoach, etc.),
- experiment with new, creative ways of learning (escape room, online learning, etc.)
- about 40 modules about sliding sheets, lifters, infection control, obesity, pushing and pulling, etc.
- it’s free
- no pass words
- it’s accredited
- it’s popular (30,000 courses per month)
- supported by social partners
- IZZ launched a Free Learning module ‘static load’
- it’s only in Dutch :( 

Vilnius: MSD’s And PSRS@W

Juvenal (poet, ancient Rome):

‘Mens sana in corpore sano’
(a sound mind in a sound body)

Link!

‘if a nurse needs a lifting device in order to reduce the risk of getting back pain [MSD], she needs to be well trained [CPD/LLL] and also, she needs to have (or needs to feel that she has) enough time [PSRS@W] for the transfer with the device (Brigitte Schero, Germany).”
- "... so, 'everything is connected to everything'?
- yes
- well, the good news is that presenters argued that it is not necessary to deal with all the issues simultaneously to stop the downwards spiral.
- plus discussions during SSDC (12-11-18) underlined that single-track solutions help to give health care organizations a first relief ('oxygen') but secondly the sources of the OSH issues must be taken away.
'In Europe, we have great ideas, great projects, but we need to implement them more effectively.'