



Back Care:

awareness and prevention of back pain and other musculoskeletal disorders in primary and early years staff

Primary and early years teachers and support staff are at risk of injury and ill health from musculoskeletal disorders (MSDs). Health and safety laws apply to protect workers, yet 82 per cent of UK early years and primary practitioners experience work-related MSDs (which include back, knee, hip and shoulder pain) at least once a week.¹

This guidance sets out on how to spot hazards in low/“child” height working environments, and includes simple practical measures to prevent and reduce, pain, strain and injury.

What are MSDs?

MSDs are any injury, strain or disorder of the body’s joints, muscles, bones and soft tissues. Back and other MSD pain caused by work-related activities (for example, bending over low tables, sitting on children’s chairs, awkwardly lifting equipment) can develop quickly or build slowly over time.

Once developed, MSDs can adversely affect many aspects of life, including work and leisure activities, ability to take care of our mental and physical health, and can lead to absence from work.

Symptoms can include back ache, sciatica, knee pain, shoulder discomfort, hip stiffness, and painful toe joints.

Effective awareness and management of MSDs helps reduce risk and improve wellbeing, no matter what size an organisation is.

Potential benefits include:

- Fewer injuries to practitioners.
- Reduced risk of work-related ill health and sickness absence.
- Reduced stress and improved morale.
- Improved staffing levels/attendance.
- Improved professional care to children.

The good news is that the majority of MSDs can be prevented, and symptoms can be eased and fully recovered from with early intervention, suitable treatment and musculoskeletal health management.

¹ *Back Health in Education: risks in schools: Occupational Health Physiotherapy Journal: Volume 18.3 (2014)*

What causes MSDs?

Examples of working practices which can increase MSD risk in primary and early years settings include:

- Repetitive bending and twisting (e.g. over low tables and child-height sinks).
- Uncomfortable working position, including unsuitable furniture (eg sitting on children's chairs, kneeling at child-height desks).
- Repetitive or awkward lifting of children and heavy equipment (eg when using nappy changing units, at mealtimes, moving sand/water trays and outdoor equipment).
- Not receiving and acting upon notification of symptoms quickly enough (eg niggling pain leading to longer term injury. Prevention of injury is most effective).
- Psychosocial factors (eg high job demands leading to increased anxiety and associated MSD risk).
- Working too long without a break (eg not allowing body to rest and recover).
- Time pressures (eg inadequate time to move and change postures, or to correctly set up and to use equipment appropriately).

Managing MSD risks in the primary and early years workforce

Working with young children is a physically demanding role.

Risk assessment is about identifying and taking sensible measures to control the risks in your workplace, not about creating huge amounts of paperwork.

You may already be taking steps, but your risk assessment will help you decide whether you should be doing more.

The aim is to make the risk of someone being injured (employee, visitor or child) as low as possible. See the [HSE website](#) for more information.

A hazard is something in your setting that can cause harm. A risk is the chance, however large or small, that a hazard could cause harm.

You can delegate the task of risk assessment, but you will need to make sure it is carried out by someone who:

- is competent to do so (has the right skills, knowledge and experience)
- involves your workers and their representative in the process
- understands when specialist help/advice may be needed.

Identify the hazards

Look for hazards that may result in harm when working with children. Employees, or their representatives, can give first-hand experience of what happens in practice; so can those who only work with children occasionally. The main areas to think about are the working environment and the practitioner. See "[Guidance on preventative measures for MSDs](#)" for further advice.

Who might be harmed?

Decide who might be harmed and how. This will usually be the practitioner, but it might also include children or visitors. Consideration should be given to any groups who may be particularly at risk, such as: new starters, pregnant workers, employees returning to work, those with pre-existing medical conditions or those working long hours.

Evaluate the risks

Having identified the hazards, decide how likely it is that harm will occur. You are not expected to eliminate all risks, but you must make sure you know about the main risks and how to manage them responsibly. You need to do everything reasonably practicable to protect people from harm. A risk assessment must be carried out to ensure the health and safety of employees, while they are at work, and to other people who may be affected by your organisation's work activities. The risk assessment should include any specific risks to females of childbearing age who could become pregnant, and any risks to new and expectant mothers. It is important to evaluate the risk collectively in consultation with union reps and staff.

Record your findings

Record your significant findings – make it simple and focus on preventative control measures you can put in place. See [“Guidance on preventative measures for MSDs”](#) for further help.

If you have five or more employees, you are required by law to write it down. If you have fewer than five employees you do not have to write anything down, but it is good practice to keep a record.

An easy way to record your findings is to use [HSE's risk assessment template](#). This also includes a section for your health and safety policy.

Any record produced should be simple and focused on controls.

Use the findings of risk assessments, accident investigations and consultation with workers to identify what changes to working practice, control measures and changes to the built environment can be made to mitigate the risk of MSDs amongst employees.

Regularly review your risk assessment

You should review your MSD risk assessment on a regular basis, in consultation with union reps and staff at risk of developing MSDs.

There is no set frequency for carrying out a review, but you need to ensure that the risks to those who work with children, and others, are suitably controlled.

For this to be effective you need to know about any MSD cumulative strain and incidents, and your practitioners and their working environments.

Changing circumstances may also prompt a review, for example: an increasing number of children on role; changing ratios or a reduced number of employees; children with specific moving and handling needs; the acquiring of new equipment; or buildings expansion or redesign. If anything significant changes, check your risk assessment and update it.

Guidance on preventative measures for MSDs

The following measures can help effectively manage MSDs. It's useful to think "Healthier working environment" and "Safer practitioner" as you consider each measure for your setting.

Healthier working environment

Seating, Furniture and Equipment

- A range of safe, appropriate seating is offered to meet the needs of our workforce.
- When choosing new seating, furniture and equipment, practitioner health and safety (ergonomics) are considered.
- Seating, furniture and equipment is in good working order and meets health and safety requirements.
- Seating, furniture and equipment is inspected and maintained at regular intervals, in line with manufacturer's recommendations and our maintenance schedules.
- Manual handling equipment is provided and used appropriately by our employees.
- Unsafe equipment is removed immediately from service and reported to a named contact.

Storage

- Furniture and equipment are safely stored to minimise practitioner lifting, carrying and awkward postures.
- Mobile storage solutions are considered and used where possible.

Workplace Design Considerations

- Employees have access to adult height sinks (or can use a washing up bowl in standing), plus access to an adult height desk and chair for written/computer work.
- Consideration is given to practitioners' working postures with equipment provided to support low, "child height" working.
- Nappy changing units have unrestricted access to at least two sides and are set at correct standing height or have steps so children can position themselves with assistance and less lifting.
- Floors are even, unobstructed, and well-lit, and doorways (including of storage areas) are accessible.
- Learning resources, artwork and decorations are hung to ensure clear, unobstructed walkways for workers to move freely, without the need to stoop.
- Children's independence is encouraged to access their own resources and equipment, especially at mealtimes and sleep times to reduce lifting.
- Movement, rest breaks and hydration are encouraged throughout the day.
- Timetabling allows as much time as possible for children to be independent and for practitioners to safely assist children.
- Employees are asked about their seating requirements and workstation/classroom set up.
- New design and build consultations include workplace health and safety needs of practitioners.

Safer practitioner

Training

- Our workforce has regular, setting-specific manual handling training, which includes lifting and moving children in a range of situations and postural awareness for employees.
- Employees and volunteers working regularly on a computer/mobile device (more than an hour a day, most weekdays) complete Display Screen Equipment (DSE) training and assessment. Home working advice is also given. ([hse.gov.uk/toolbox/workers/home.htm](https://www.hse.gov.uk/toolbox/workers/home.htm)).

Knowledge

- Practitioners are aware of MSD risks in our setting and how to reduce their risks (in the classroom, outdoor learning and at a computer).
- Practitioners know how to carry out routine safety checks on mobile and safety equipment and report any faults.
- Practitioners are competent and capable of doing their work in a way that is safe for them and other people.
- Practitioners know how to recognise and report early symptoms of MSD ill health and there is a clear reporting structure for doing so.

For MSD measures to be most effective, good leadership is necessary with collaborative working within settings. Health and safety and occupational health providers should also be contacted for additional early intervention and return to work advice as required.

References and Further Reading

[Awareness and Prevention of Back Pain and other Musculoskeletal Disorders in the Early Years Workforce](#) (NEU collaboration with Early Years Alliance, Jolly Back and University of Derby)

[Physiotherapist advice for primary and early years staff](#)

[Manual Handling Training Providers \(specific to primary and early years\)](#)

[Yoga for Teachers – Strengthen and De-Stress](#) (Tabitha Yoga and Jolly Back)

[Classroom ergonomics](#)

[Who is responsible for Health and Safety?](#)

[Health and Safety Legal Framework](#)

[Workload - a health and safety issue](#)

[Preventing work related mental health conditions](#)