Situation analysis of existing occupational health service systems in NDPHS countries

Lithuania, Latvia, Estonia, Poland, Finland, Norway, Russia, Germany
Situation analysis of existing occupational health service systems in NDPHS countries:

Lithuania, Latvia, Estonia, Poland, Finland, Norway, Russia and Germany

The Report has been compiled by
Remigijus Jankauskas
Raimonda Eičnaitė-Lingienė
Jolita Kartunavičiūtė

Institute of Hygiene
Lithuania
The authors and contributors alone are responsible for the views expressed in the signed articles of this publication. The Northern Dimension Partnership in Public Health and Social Well-being (NDPHS) is not liable for any use that may be made of the information contained in this publication.

Cover design: Tuula Solasaari
Technical editor: Mirkka Salmensaari
Unigrafia Oy Yliopistopaino, Helsinki

ISBN 978-952-261-244-1 (pdf)

Helsinki 2012
Contents

Preface 4
Objective 5
Basic information 6
Organization of occupational health services 12
  Is the organization of OHS in your country mandatory? 12
  Existing models on provision of OHS in countries participating in the survey 13
  Funding of OHS in the countries participating in the survey. 15
  Requirements and procedures for the accreditation of OHS in countries participating in the survey 17
  Enforcement and control of implementation of OHS in countries participating in the survey 18
Coverage of occupational health services in 2010 20
  The number of OH professionals required according to the national legislation 29
Content of occupational health services 34
  Hazard identification 36
  Health risk assessment 37
  Pre-employment and periodic health examinations 38
  Informing and educating workers and employers 39
  Work ability assessment and promotion 40
  Rehabilitation 41
  First aid 41
  Curative services 42
  Record keeping 42
  Control of the content of OHS 43
  Health promotion 44
Occupational health (OH) professionals 46
  Definition of an OH professional 46
  Qualifications of OH professionals 48
  Duties of OH professionals 53
  Rights of OH professionals 54
  Confidentiality of OH professionals 55
  Training and certification of OH professionals 56
Liaisons with other stakeholders 58
Disputes and Penalties 70

Contact information of the participants in the project
“Situation analysis of existing OHS systems in NDPHS countries” 73
Preface

The Northern Dimension Partnership in Public Health and Social Well-being (NDPHS) countries, when drafting national occupational health strategies, must accept challenges imposed on them by the WHO Global Plan of Action on Workers' Health 2008–2017. One of those challenges is that a national network of occupational health services (OHS) should be established.

Lithuania is one of the EU countries that currently does not take leadership position in provision of OHS. Therefore a need was recognized to make a comparative analysis of existing policy documents, infrastructures and human resources in OHS in the NDPHS countries. For this reason the following survey was planned.

Objective: The aim of the survey was to analyse the practical set-up of OHS, describing their structure, content and professionals engaged, in selected NDPHS countries.

Type of the research: descriptive – comparative analysis, where appropriate.

Methodology of the survey: The survey was based on a questionnaire elaborated at the Institute of Hygiene in Lithuania, and all the NDPHS countries were requested to reply to it. The questionnaire (Model-I) was prepared after analyses of the international and national occupational safety and health (OSH) legislations, OHS establishment policy and main functions of OHS specialists. The survey started in June 2011 and the feedback reports from the countries (Model-II) were collected at the end of 2011. The following countries responded: Estonia, Finland, Germany, Latvia, Lithuania, Norway, Poland and the Russian Federation.

Results of the survey: It was of utmost importance to gather information from the countries, although it was clear that not much comparative analysis can be done because the OHS structures in the countries are so different and based on the historical and cultural differences. The main activities, listed in the ILO Convention No. 161 on Occupational Health Services, such as identification and assessment of the risks from health hazards in the workplace, surveillance of workers' health in relation to work, organization of the first aid and emergency treatment, participation in analysis of occupational accidents and occupational diseases, etc. were provided by OHS in the NDPHS countries. Taking into account the recommendations of International standards (BOHS, Occupational Medicine in Europe: Scope and Competencies; The Role of the Occupational Health Nurse in Workplace Health Management), the team of OHS should be multidisciplinary. But the survey results showed that a monodisciplinary team is still dominant in such NDPHS countries as Lithuania, Latvia, Estonia and Russia where occupational health physician is seen as the main OHS specialist.

The result of this survey is a thematic report, based on a document-based survey, describing the organization, coverage, content and resources of OHS in NDPHS countries in 2011. It is published as a separate publication and presented at national and international conferences.
Objective

This Questionnaire based study aimed at comparative analysis of the practical set-up of occupational health services (OHS), their structure, content and professionals engaged, in selected NDPHS countries (Estonia, Finland, Germany, Latvia, Lithuania, Norway, Poland and the Russian Federation). The expected result is this thematic report, based on a document-based survey, describing the organization, coverage, content and resources of OHS in selected NDPHS countries in 2011. The study results are published as a separate publication and presented in national and international conferences.

The following aspects of OHS were analysed:

Basic information:
1. Framework and specific legislation, concerning occupational safety and health (OSH) and occupational health services (OHS). Please describe the main ideas of the main legal acts concerning OSH and OHS.
2. Organization of OSH system and supporting services (institutional bodies responsible for organizing OSH system; please provide the scheme and describe it).
3. What are the definition/qualifications of OH professionals?
4. What are the requirements for training and certification of OH professionals based on existing legal provisions?
5. Main statistical data on population, labour force, key public health and OS&H indicators.

Organization of OHS
1. Voluntary or mandatory? Who is responsible for organizing of OHS at national, regional, enterprise levels?
2. Existing models for providing OHS in the country: internal (in-plant) and external (please describe the models).
3. Funding of OHS: state budget, employers' organizations, social security, trade unions, etc.?
4. Are there requirements and procedures for the accreditation of OHS?
5. Enforcement and control of implementation of OHS.

Content of OHS
1. Hazard identification: are these activities performed by OHS?
2. Health risk assessment: are these activities performed by OHS?
3. Pre-employment and periodic health examinations: are these activities performed by OHS?
4. Informing and educating workers and employers: are these activities performed by OHS?
5. Work ability assessment and promotion: are these activities performed by OHS?
6. Rehabilitation: are these activities performed by OHS?
7. First aid: are these activities performed by OHS?
8. Curative services: are these activities performed by OHS?
9. Record keeping: are these activities performed by OHS?
10. Control of the content of OHS

Disputes and Penalties
1. Type of penalties, who can imply them, which instance handles the disputes?
Basic information

I. Framework and specific legislation, concerning occupational safety and health (OS&H) and occupational health services (OHS)

Table 1. Legislation adopted in the countries participating in the survey.

<table>
<thead>
<tr>
<th>Legislation</th>
<th>Lithuania</th>
<th>Latvia</th>
<th>Estonia</th>
<th>Poland</th>
<th>Finland</th>
<th>Norway</th>
<th>Russia</th>
<th>Germany</th>
</tr>
</thead>
<tbody>
<tr>
<td>ILO C161 Occupational Health Services Convention, 1985</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>ILO C187 on Promotional Framework for Occupational Safety and Health, 2006</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>National Strategy on Occupational Safety and Health</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>(comment)</td>
</tr>
<tr>
<td>National Law on Safety and Health</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>National Regulation on Safety and Health Services</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>National Regulation on Professional/Qualification Requirements for OHS specialists</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Regulation on Professional Development / Training Programme Requirements for OHS Specialists</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Labour/OSH Inspectorate Law</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other legislations that were specified by countries are listed below:

Estonia

National regulation on Training programme requirements for OSH specialist – the curricula for OH physicians, ergonomists, occupational hygienists are in use.
**Norway**

A National Regulation stating that personnel in the OHS-Provider enterprises should have ongoing Professional Development. The professional training courses are not nationally regulated, but are run by the professional associations themselves.

No labour Inspectorate law, but the Labour Inspection recommendations by ILO have been ratified.

*Norway* clarified on 2012-07-02 regarding National strategy. There is no specific national strategy document on how the Norwegian OHS should systematically be developed. However, Norway has planning documents – and action on these – which could have been parts of a National strategy. And in 2011 a larger white paper on the work environment situation was debated in the Parliament. Out of this will come action on some points over the years – but on which is naturally not yet known.

**Norway** clarified on 2012-07-02 regarding Training programmes for OHS specialists. There is one official programme for the doctors to become specialists in occupational medicine. There is one unofficial programme to become certified occupational hygienists. The physiotherapists and the nurses have some programmes to become qualified as occupational physiotherapist and nurse, but these are not fully developed.

**Russia**

There are more than 400 laws and regulations on Safety and Health beginning with the Constitution of the Russian Federation.
Table 2. Organization of occupational safety and health (OSH) system and supporting services (institutional bodies responsible for organizing the OSH system)

<table>
<thead>
<tr>
<th></th>
<th>Lithuania</th>
<th>Latvia</th>
<th>Estonia</th>
<th>Poland</th>
<th>Finland</th>
<th>Norway</th>
<th>Russia</th>
<th>Germany</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Policy maker / Government / Ministry level</strong></td>
<td>Ministry of Social Security and Labour, Ministry of Health; Lithuanian Safety at Work (tripartite) Council and Commission</td>
<td>Ministry of Welfare, Department of Labour</td>
<td>Ministry of Social Affairs, Health Department</td>
<td>Ministry of Health</td>
<td>Ministry of Social Affairs and Health</td>
<td>Norwegian government Ministry of Health; Ministry of Labour</td>
<td>Ministry of Health and Social Development</td>
<td>Ministry of Health and Social Affairs, German Social Accident Insurance*</td>
</tr>
<tr>
<td><strong>Subordinate / policy implementation institution</strong></td>
<td>State Labour Inspectorate, Institute of Hygiene, Occupational Health Centre</td>
<td>State Labour Inspection, Institute of Occupational Safety and Environmental Health</td>
<td>Health Board (Occupational Health Department) (Occupational health services)</td>
<td>Institute of Occupational Medicine</td>
<td>OSH administration, DOSH; Health administration, DHPW</td>
<td>Departments of Occupational Medicine at 5 major hospitals; Labour Inspection Agency, National Institute of Occupational Health, (Authorised Independent OHS Providers)</td>
<td>Regional Health and Labour Departments, Federal Service on the Consumers' Rights Surveillance, Institutes of Occupational Medicine, Occupational Health Centres</td>
<td>Ministry of Health and Social Affairs, German Social Accident Insurance*</td>
</tr>
</tbody>
</table>

* Germany's comment on 2012-06-21

In Germany, the system of OSH is dual. On the legislation OSH is organized by the Ministry of Labour and Social Affairs (not by the Ministry of Health). On the executing OSH is organized by the German Social Accident Insurance. Both are on an equal footing for handling on their own field.
<table>
<thead>
<tr>
<th></th>
<th>Lithuania</th>
<th>Latvia</th>
<th>Estonia</th>
<th>Poland</th>
<th>Finland</th>
<th>Norway</th>
<th>Russia</th>
<th>Germany</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institute of</td>
<td>Occupational Health Centre, Institute of Occupational Health and Environmental Safety of Riga Stradins University</td>
<td>Institute of Occupational Health Centre, Institute of Hygiene</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>National Institute of Occupational Health</td>
<td>Research Institute of Occupational Medicine of Academy of Medical Sciences, Moscow; Research Institutes belonging to Federal Service for Defending Consumers Rights and Sanitary Wellbeing of Population (Rospotrebnadzor) (23 institutes), Institutes of Federal Medical Biological Agency</td>
<td>The Federal Institute for Occupational Safety and Health (BAuA): aims are policy advice, sovereign duties, research, development and knowledge transfer in all matters on safety and health at work</td>
</tr>
<tr>
<td>University departments</td>
<td>Public health departments at Vilnius, Kaunas and Klaipeda universities</td>
<td>Department of Occupational and Environmental Medicine and Faculty of Public Health at Riga Stradins University. There are also departments that provide OSH training in Latvian University, Riga Technical University, Latvian Agriculture University</td>
<td>--</td>
<td>--</td>
<td>Several universities and polytechnics</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Private consultancies</td>
<td>--</td>
<td>--</td>
<td>+</td>
<td>+ possibly, no specific data</td>
<td>--</td>
<td>Research institutes</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Hospital occupational medicine</td>
<td>Occupational medicine physician staff in university and regional clinics</td>
<td>Centre of Occupational Medicine and Radiological Medicine at P. Stradins clinical university hospital</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>Occupational health departments</td>
<td>71 Occupational Pathology Centres</td>
<td>--</td>
</tr>
<tr>
<td>Other</td>
<td>--</td>
<td>Centre for Ergonomic studies at Latvian University</td>
<td>--</td>
<td>--</td>
<td>Central Institute of Labour Protection, State Sanitary Inspection, State Labour Inspection</td>
<td>Some medical departments with interest also in occupational aspects in their fields (lung, skin, etc.)</td>
<td>--</td>
<td>Institutions of the German Social Accident Insurance (Deutsche Gesetzliche Unfallversicherung, DGUV)</td>
</tr>
<tr>
<td></td>
<td>Lithuania</td>
<td>Latvia</td>
<td>Estonia</td>
<td>Poland</td>
<td>Finland</td>
<td>Norway</td>
<td>Russia</td>
<td>Germany</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-----------</td>
<td>--------</td>
<td>---------</td>
<td>--------</td>
<td>---------</td>
<td>--------</td>
<td>--------</td>
<td>---------</td>
</tr>
<tr>
<td>Life expectancy (years) at birth (Men)</td>
<td>68.47</td>
<td>69.8</td>
<td>71.5</td>
<td>77</td>
<td>78.6</td>
<td>—</td>
<td>77.6</td>
<td></td>
</tr>
<tr>
<td>Life expectancy (years) at birth (Women)</td>
<td>79.13</td>
<td>80.1</td>
<td>80.1</td>
<td>81</td>
<td>83.1</td>
<td>—</td>
<td>82.7</td>
<td></td>
</tr>
<tr>
<td>Standardised death rate per 100.000 population</td>
<td>913.7</td>
<td>1178</td>
<td>995.4</td>
<td>574</td>
<td>1550</td>
<td>410</td>
<td>1432.3</td>
<td>1050</td>
</tr>
<tr>
<td>Standardised death rate per 100.000 population (Diseases of the circulatory system)</td>
<td>473.05</td>
<td>653.6</td>
<td>453.7</td>
<td>214</td>
<td>410</td>
<td>804.2</td>
<td>men/woman 263.6/186.4</td>
<td></td>
</tr>
<tr>
<td>Standardised death rate per 100.000 population (Malignant neoplasms)</td>
<td>186.4</td>
<td>269.3</td>
<td>250.6</td>
<td>139</td>
<td>404</td>
<td>206.9</td>
<td>men/woman 210.9/134.0</td>
<td></td>
</tr>
<tr>
<td>Standardised death rate per 100.000 population (All of the external causes)</td>
<td>103.9</td>
<td>83.9</td>
<td>66.5</td>
<td>61</td>
<td>66</td>
<td>145.5</td>
<td>men/woman 40.7/16.4</td>
<td></td>
</tr>
<tr>
<td>Standardised death rate per 100.000 population (Transport accident)</td>
<td>10.3</td>
<td>7.2</td>
<td>15.8</td>
<td>5.9</td>
<td>16</td>
<td>20.1</td>
<td>men/woman 21.2 / 9.6</td>
<td></td>
</tr>
<tr>
<td>Standardised death rate per 100.000 population (Accidental poisoning)</td>
<td>16.5*</td>
<td>15.9</td>
<td>66.5***</td>
<td>—</td>
<td>10</td>
<td>23.3</td>
<td>men/woman 21.2 / 9.6</td>
<td></td>
</tr>
<tr>
<td>Standardised death rate per 100.000 population (suicide and self-inflicted injury)</td>
<td>28.9</td>
<td>16.5</td>
<td>14.9</td>
<td>16.8</td>
<td>22</td>
<td>23.5</td>
<td>men/woman 21.2 / 9.6</td>
<td></td>
</tr>
<tr>
<td>Total health expenditure (% of gross domestic product)</td>
<td>7.0**</td>
<td>6.1</td>
<td>7.4</td>
<td>8.9</td>
<td>8</td>
<td>—</td>
<td>11.6</td>
<td></td>
</tr>
<tr>
<td>Physicians per 1.000 population</td>
<td>4.17</td>
<td>3.3</td>
<td>3.48*2.07**</td>
<td>3.3</td>
<td>4.4</td>
<td>(n=20 000)</td>
<td>—</td>
<td>3.5</td>
</tr>
<tr>
<td>Occupational health (medicine) physicians per 1.000 population</td>
<td>0.005</td>
<td>0.07</td>
<td>0.23</td>
<td>0.14</td>
<td>0.04</td>
<td>(n=200)</td>
<td>—</td>
<td>0.15</td>
</tr>
<tr>
<td>Nurses per 1.000 population</td>
<td>7.45</td>
<td>8.6</td>
<td>7.29*4.87**</td>
<td>9.6</td>
<td>18.5</td>
<td>(n=650)</td>
<td>—</td>
<td>9.5</td>
</tr>
<tr>
<td>Occupational health nurses per 1.000 population</td>
<td>—***</td>
<td>—</td>
<td>0.02</td>
<td>No data</td>
<td>0.4</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Public health specialists per 1.000 population</td>
<td>294*****</td>
<td>~200*</td>
<td>—</td>
<td>No data</td>
<td>0.12</td>
<td>(n=574)</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Labour force</td>
<td>1 619 700</td>
<td>668 290</td>
<td>24 624 400</td>
<td>2 600 000</td>
<td>2 500 000</td>
<td>67 300 000</td>
<td>40 370 000</td>
<td></td>
</tr>
<tr>
<td>Total population in the country</td>
<td>3 244 601</td>
<td>1 340 127</td>
<td>38 167 300</td>
<td>5 300 000</td>
<td>4 500 000</td>
<td>142 900 000</td>
<td>81 802 300</td>
<td></td>
</tr>
</tbody>
</table>

Lithuania - data of 2011
Except: * Data of 2009 ** Data of 2010 *** Data not available **** Number of the graduates in 2010 (not necessarily working in this sector)

Latvia
* Based on number of graduates until 2010

Poland
* Entitled to practice as medical professional
** Medical personnel (actually working)
*** No differentiation in national statistics between two categories
Figure 1. Occupational health (medicine) physicians per 1,000 employees in the countries (according labour force data) (Lithuanian number from 2011, others from 2010)

Figure 2. Physicians (grey) and occupational (medicine) physicians (black) per 1,000 population in the countries participating the survey. (Lithuanian numbers from 2011, others from 2010)
### Organization of occupational health services

**Is the organization of OHS in your country mandatory?**

The countries participating in the survey replied that the organisation of OHS is mandatory and provided the following comments, presented below.

Table 5. Comments and answers to question if the organization of OHS is mandatory in the countries.

<table>
<thead>
<tr>
<th>Country</th>
<th>Yes</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lithuania</td>
<td>X</td>
<td>In Lithuania OHS do not operate as specified in the ILO Convention No. 161. There are Occupational safety and health service units in enterprises, which perform part of OHS functions. Enterprises with more than 100 or 200 employees, depending on the activity of the enterprise, must have one or more OH specialists in the Occupational safety and health service team.</td>
</tr>
<tr>
<td>Latvia</td>
<td>X</td>
<td>Organization of OHS is mandatory for all companies irrespective of their size or organizational structure. There are however differences between requirements for SME (employing fewer than 10 persons) and companies working in dangerous/less dangerous industries (as defined by special regulations).</td>
</tr>
<tr>
<td>Estonia</td>
<td>X</td>
<td>The organization of OHS is mandatory for employers if there are occupational risk factors impacting their workers’ health.</td>
</tr>
<tr>
<td>Poland</td>
<td>X</td>
<td>In Poland no OHS (as per the meaning of ILO Convention No. 161) is in operation; instead the occupational health service is divided into two separate services: 1) Work Safety and Hygiene Service – the responsibility for its creation lies on the employer; 2) Occupational Medicine Service – the responsibility for its creation lies on the Minister of Health, which operate independently and are together responsible for ensuring the safety, hygiene and healthiness of employees’ work and their work environments. Creation of the WS&amp;HS is the responsibility of the employer, as is his duty to ensure that the employees work in a safe and healthy environment and that they undergo prophylactic examinations carried out by the OMS. These activities are mandatory and regulated by the respective Acts.</td>
</tr>
<tr>
<td>Finland</td>
<td>X</td>
<td>The organization of occupational health services is based on the Act on Occupational Health Services (1383 / 2001). It is in line with the ILO Convention No. 161.</td>
</tr>
<tr>
<td>Norway</td>
<td>X</td>
<td>All enterprises in many of the private and public sectors are legally required to employ the service of an occupational health service provider. The OHS Providers are legally required to be authorised by the Labour Inspection. Enterprises not required to employ an OHS Provider, can hire any kind of health service if they choose to.</td>
</tr>
<tr>
<td>Russia</td>
<td>X</td>
<td>Organizations employing more than 500 employees according to the national legislation are required to have 2 OH professionals (1 physician, 1 nurse).</td>
</tr>
<tr>
<td>Germany</td>
<td>X</td>
<td>Safety and health at work is administered under the Ministries of Labour and Social Affairs at Federal and at State level thus reflecting the federal structure of Germany. This favours the treatment of OSH issues in labour context, but also creates difficulties in bridging health at work and general (non-work-related) health issues which are supervised by the Ministry of Health and regional health offices.</td>
</tr>
</tbody>
</table>
Existing models on provision of OHS in countries participating in the survey

Table 6. Existing models on provision of occupational health services

<table>
<thead>
<tr>
<th>Model Description</th>
<th>Lithuania</th>
<th>Latvia</th>
<th>Estonia</th>
<th>Poland</th>
<th>Finland</th>
<th>Norway</th>
<th>Russia</th>
<th>Germany</th>
</tr>
</thead>
<tbody>
<tr>
<td>Big industry in-plant service</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>External service</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Private health care centre either providing occupational health services only or occupational health as a part of its services</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Private physician with special competence in occupational health</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Internal (in-plant) service</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Primary health care institutions or other public health service</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Group service owned or organised by several companies jointly</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Hospital polyclinics</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

The following comments were provided by the countries:

**Lithuania**

There are no internal (in-plant) OHS (Occupational health services) in Lithuania. In Lithuania there are Occupational safety and health service units, which perform part of OHS functions. Enterprises with more than 100 or 200 employees, depending on the activity of the enterprise, must have one or more OH specialists in the Occupational safety and health service team. In some internal Occupational safety and health service units occupational physicians work together with general practice nurses. Occupational medicine doctors working in public or private health institutions can provide external OHS services. Also there are several big industry in-plant service providers.

**Latvia**

No reliable data available, according to survey made in 2010: around 20% of companies use individual external experts, 20% external OSH services, 2% in-plant service, rest – internal experts or employer (in case of small companies).

**Estonia**

There are mainly only external occupational health services. Internal services in some big enterprises are rather exceptional.

**Poland**

Overall, there are 7029 primary occupational medicine units and 20 Regional Centres that provide OHS activities in the country. Of the former, some are located directly within the bigger industrial plants but the exact number remains unknown (possibly hundreds of such units). Employers are obliged by law to ensure that employees undergo pre-employment and periodical prophylactic examinations. The latter are a subject of contract between the employers and their chosen occupational medicine units.
**Norway**

About 65% is the total. We have no data on the specific OHS-Provider models.

**Russia**

According to the Directive of the Ministry of Public Health and Social Development N 233 “On adoption of the order of medical aid for the patient with acute and chronic occupational diseases” the medical service at the enterprise should (or can) be inside the enterprise if it has more than 500 employees working during the day shift but it belongs to the municipal or other external medical organization. For the last 15 years Russia didn't have any regulation on this topic and it is too early to assess any results of the new regulation.

There are various OHS models, such as “AUTOVASE”, “Salavatnefteorgsyntes”, “Jamburggasdobjycha”, “Magnitogorsk Metallurgic Combine”, etc.

**Germany**

The model “Pool-Service” is a pooled OH and Safety Surveillance System for very small enterprises of similar character. For the occupational physician as well as the health & safety engineer it would be possible to meet the required standard with relatively few resources, for a lot of handcrafts this service is like an “OHS-Sharing” according to theirs needs. The model is based on the Regulation No. 2 of the “German Social Accident Insurance on accident prevention for occupational physicians, and for health and safety officers” in its current form.

The question as to what the coverage of OSH is in Germany is very difficult as no data are collected on the subject. There are no public data showing “if”, “when” or “how often” employers call on occupational physicians - especially when it comes to small companies with fewer than 10 employees.

The German Statutory Accident Insurance investigated (2004 up until 2009) the quality in prevention for health care by occupational physicians and safety engineers. One of the results collected from an adequate sample of companies revealed that about 60% of the employees know their company physician or how to get in contact with him or her. Most of the employees have had a mandatory (by Law) medical examination in order to assess the fit for their job before starting the job.

The form of organization of occupational safety and health bases on the terms and conditions of the Regulation No. 2 of the “German Social Accident Insurance on accident prevention for occupational physicians, and for health and safety officers”.

There are 3 models for organising Occupational Health and Safety:

- **The regular model** – for enterprises with more than 10 employees and for lines which have less potential of hazards. Here OHS surveillance time for basic support is added to surveillance time for company specific support.

- **The basic support model** – for enterprises with fewer than 10 employees and for all industry lines: This model includes risk assessments every 5 years at the latest, and – for example – when parts of the company are being reconstructed, and when there are specific hazards at the workplaces, or when employees request for it.

- **The so-called “Employer Model”** – only an option for small enterprises – is offered by several accident insurance institutions. Employer models make use of the opening clause of Article 7.7 of the Framework Directive where it states: "Member states may define, in the light of the nature of the activities and the size of the undertakings, the categories of undertakings in which the employer, provided he is competent, may himself take responsibility for the measures referred to in paragraph 1". This includes the provision to provide access to occupational medical service as needed. BGs* offering the employer model alternative provide intensive training on risk assessment and management for these employers, consult and support them on request, and also supervise their responsible OSH conduct more closely. Needs in/ for occupational health is an aid of a physician the employer will turn to.

*) The Berufsgenossenschaften (BGs) are statutory accident insurance institutions for industry and trade with health and safety inspection services of their own.

**Service models and quality assurance**

Most of OHS units work as external service points and the staff deals with numerous small or middle-sized companies. The staff often consists of several professions, most of them physicians, but also safety engineers, psychologists, physiotherapists, or medical assistance personnel. Such service points of OHS units are able to transfer different activities matched on the demands of occupational safety and health of the enterprises.

Outside service providers can be physicians or safety engineers in private practice or (supra-) regional multidisciplinary OHS in private or BG* ownership.
The Federal Ministry of Labour has initiated the development of quality insurance measures for OHS: In 1995, the Federal Ministry for Labour and Social Order opened the discussion on quality assurance of OHS under inclusion of and with broad support from all sectors of the German OSH community. The initiative led to the development of quality criteria, quality assurance audit instruments, the training of auditors, and the foundation of two audit associations, the Association for Quality Assurance in Occupational Health Care (Gesellschaft zur Qualitätssicherung in der betriebsärztlichen Betreuung mbH, GQB) and the Association for Quality in Occupational Safety (Gesellschaft für Qualität im Arbeitsschutz mbH, GQA). The GQB was founded in 1999 by the professional association of company physicians VDBW. But the audit for a quality assessment of an OHS unit is optional.

Funding of OHS in the countries participating in the survey.

It has been noticed that OHS is funded mainly by employers. The percentage as per countries’ information is presented below.

Table 7. Funding of occupational health services

<table>
<thead>
<tr>
<th>Source of Funding</th>
<th>Lithuania</th>
<th>Latvia</th>
<th>Estonia</th>
<th>Poland</th>
<th>Finland</th>
<th>Norway</th>
<th>Russia</th>
<th>Germany</th>
</tr>
</thead>
<tbody>
<tr>
<td>employers</td>
<td>X (95 %), the rest together 5%</td>
<td>X (95 %), the rest together 5%</td>
<td>X (100 %)</td>
<td>X</td>
<td>X (87 %)*</td>
<td>X</td>
<td>X</td>
<td>X (100 %)</td>
</tr>
<tr>
<td>state budget (Government’s special agencies in OSH and in the health sector)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>associations of agricultural producers and small enterprises</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>provincial and local municipal authorities</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>social insurance</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>social partners, employers organizations and trade unions</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>branch organizations and chambers of commerce</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>associations of occupational health professionals</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>other: please specify</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

* Social Insurance Institution 2012
Additional comments provided:

**Finland**

Employers pay for the preventive services for all their employees. According to the Sickness Insurance Act, the employer is entitled to get reimbursement for the costs of occupational health services according to stipulated compensation criteria. The compensation is generally 60% of the costs of preventive activities that have been stipulated by legislation, and the costs of curative activities will be compensated (50%) according to a special scheme requiring that the costs are “necessary and reasonable”. This, in practice implies the services of a general practitioner, and standardized per capita compensation at the level of about 50%.

**Latvia**

Employer generally pays for almost all services but during last years some funding was available through various projects. This has been used and managed by several actors including trade unions, employer’s associations and some other professional bodies. Some funding is available through social insurance against accidents and occupational diseases.

**Poland**

The Occupational Medicine Service Act specifies three funding sources:

- services financed by the employers (i.e. obligatory prophylactic examinations),
- self-funded services (i.e. by self-employed people who may/may not consult the OMS. In practice though, this is rarely the case),
- services financed from the public resources. There are actually two public funding sources that support the OMS: a) budgets of the regional authorities (directly fund the activities of the Regional (Voivodship) Centres of Occupational Medicine) and b) additional public resources provided at the discretion of 1) Ministry of Health and 2) Ministry of Labour and Social Affairs (e.g. for various OSH prophylactic programmes).

The WS&HS service is funded by the employer, while the control bodies (e.g. the National Labour Inspectorate and the National Sanitary Inspectorate) are financed from the state budget.

**Norway**

The state is running the OHS departments at 5 major hospitals – and the Institute of Occupational Health and one small occupational health unit at the University in Bergen. Besides they put out tenders for research on occupational health topics. The State also carries the expenses for occupational injuries and occupational diseases through the Social Insurance.

The occupational health care providers are 1) organized as internal department in larger enterprises, 2) organized in cooperation between enterprises, or 3) private enterprises. In all cases it is the employer who carries the expenses for them.

**Russia**

State and municipal budget is financing the federal and territorial occupational pathology centres and the Rospotrebnadzor centres;

Social insurance is financing treatment and rehabilitation of the patients with occupational diseases, their pensions and compensations.

**Lithuania**

Employer generally pays for almost all services but during the last years there was some funding available through various projects. Some funding (reimbursement) is available through social insurance against accidents and occupational diseases.
Requirements and procedures for the accreditation of OHS in countries participating in the survey

Table 8. Requirements and procedures for the accreditation of occupational health services

<table>
<thead>
<tr>
<th></th>
<th>4. Are there requirements and procedures for the accreditation of OHS in your country?</th>
<th>a. Are there requirements and procedures for the accreditation of external OHS?</th>
<th>b. Are there requirements and procedures for the accreditation of internal (in-plant) OHS specialists?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>yes</td>
<td>no</td>
<td>yes</td>
</tr>
<tr>
<td>Lithuania</td>
<td>no</td>
<td>no</td>
<td>no</td>
</tr>
<tr>
<td>Latvia</td>
<td>yes</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>Estonia</td>
<td>yes</td>
<td>no</td>
<td>no</td>
</tr>
<tr>
<td>Poland</td>
<td>no</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finland</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
</tr>
<tr>
<td>Norway</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
</tr>
<tr>
<td>Russia</td>
<td>yes</td>
<td>yes</td>
<td></td>
</tr>
<tr>
<td>Germany</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
</tr>
</tbody>
</table>

Additional comments provided:

**Latvia**

There are requirements that external services must be certified by requirements of ISO 9001 requirements; this is evaluated together with insurance policy and competent staff by special commission at the Ministry of Welfare. Experts providing external services are also specially certified.

**Estonia**

We do not have internal OHS specialists.

**Norway**

All OHS Providers who will deliver services to the enterprises legally obliged to acquire the service of an OHS Provider, must be authorized by the Labour Inspection according to legally specified demands. Some internal OHS Providers who do not meet the requirements, might still be allowed to serve their company on allowance from the Labour Inspection.

**Russia**

All the medical organizations carrying out medical examinations of employees, workplace measurements, workplace certification, establishing of the occupational origin of disease, etc. have to have license for these activities.

**Germany**

Regulation No. 2 of the German Social Accident Insurance on accident prevention for occupational physicians, and for health and safety officers (DGUV-Vorschrift 2 “Betriebsärzte und Fachkräfte für Arbeitssicherheit”), valid up to 2011, relieving the previous one from 1975.

**Lithuania**

Physicians performing worker’s health examinations must have a valid family doctor’s license and have completed 36 hours course on the diagnosis of occupational diseases. Occupational medicine physicians who also perform worker’s health examinations must have a valid license for this activity.
### Enforcement and control of implementation of OHS in countries participating in the survey

#### Table 9. Enforcement and control of implementation of occupational health services

<table>
<thead>
<tr>
<th>Enforcement and control of implementation of OHS:</th>
<th>Reports to responsible state institutions?</th>
<th>Regular visits of state institutions responsible for the health sector?</th>
<th>Regular visits of Labour Inspection?</th>
<th>Other: please specify</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Lithuania</td>
<td>no</td>
<td>yes</td>
<td>no</td>
<td>no</td>
</tr>
<tr>
<td>Latvia</td>
<td>no</td>
<td>no</td>
<td>yes</td>
<td>yes</td>
</tr>
<tr>
<td>Estonia</td>
<td>yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Poland</td>
<td>yes(^1)</td>
<td>Yes(^2)</td>
<td>Yes(^3)</td>
<td>Yes(^4)</td>
</tr>
<tr>
<td>Finland</td>
<td>Yes</td>
<td>Yes</td>
<td>(not regular)</td>
<td></td>
</tr>
<tr>
<td>Norway</td>
<td>No(^5)</td>
<td>No(^6)</td>
<td>Partly(^7)</td>
<td></td>
</tr>
<tr>
<td>Russia</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Germany</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

**Lithuania**

There are no OHS (Occupational health services) in Lithuania. In Lithuania there are occupational safety and health services, which perform part of OHS functions. Therefore, there is no control of implementation of OHS in Lithuania by the Ministry of Health. However, the State Labour Inspectorate is responsible for enforcement and control of implementation of occupational safety and health services.

**Latvia**

The State Labour inspection according to its law has right to ask for information but this has not happened so far. First campaign on control over the system was started in 2012. Also the accreditation bodies awarding the ISO certificate have an obligation to visit external OHS.

**Estonia**

According to the OSH Act the enforcement of OHS is done by the Health Board.

**Poland**

The following comments were provided in addition to the answers in the table above.

1. The Occupational Medicine Service Act specifies the existing control procedures. Based on those regulations:
   - the Regional (Voivodship) Centres of Occupational Medicine are entitled to control the primary occupational medicine units. The precise extent of such control is specified in the Act.
   - the scientific-research institutes working in the field of occupational health are entitled to control 1) the quality of medical services at the Regional (Voivodship) Centres of Occupational Medicine and 2) the way the R(V)CoOMs control the primary occupational medicine units (both upon the order of the Minister of Health).


4. Numerous state agencies, e.g. State Mining Authority, Office of Technical Inspection, etc.
Norway

The following comments were provided in addition to the answers in the table above.

5 There is no report system, but the Labour Inspection Authority controls through inspections in the enterprises obliged to employ an OHS Provider, that they have done so.

There are also legal requirements on how an employer should use the services of an OHS Provider. The Labour Inspection Authority might also check on this regulation.

6 The Healthcare Inspection Authority can check on the 5 Departments of occupational medicine (but has not done so yet). The Labour Inspection is constantly inspecting in the enterprises of the Health Care sector, both in the hospitals and in the municipalities responsible for the Care Giving sector.

7 The Labour Inspection is constantly inspecting in the enterprises of the Health Care sector, both in the hospitals and in the municipalities responsible for the Care Giving sector.

Germany

The implementation and control of compliance with national regulation on OSH are under the individual responsibility of the 16 federal states through their labour inspection authorities (Gewerbeaufsichtsamt or similar). The implementation of accident prevention regulation is duty of the inspection services of the accident insurance institutions. State labour inspection authorities coordinate their independent activities in a common platform, the Länderausschuss für Arbeitsschutz und Sicherheitstechnik (LASI). The individual branch-oriented accident insurance institutions have formed a common umbrella organization, the Deutsche Gesetzliche Unfallversicherung (DGUV; German Social Accident Insurance).

An overall coordination of German OSH strategic approaches and activities is achieved through the Joint German OSH Strategy (Gemeinsame Deutsche Arbeitsschutzstrategie; GDA) a codified alliance of federal government, regional governments and accident insurance institutions, consulted by representatives of social partners, and with a permanent secretariat in the Federal Institute for OSH (BAuA).

The “National Occupational Safety and Health Conference” (Nationale Arbeitsschutz-konferenz - NAK) is established as a central body for planning, coordination, evaluation and decisions in the framework of the Joint German Occupational Safety and Health Strategy. Members are the federal government, the Länder and the accident insurance institutions. The social partners participate in the NAK meetings, acting as advisors in developing occupational safety and health objectives. The NAK guarantees the necessary commitments to jointly implement the objectives and common fields of action of the GDA.
## Coverage of occupational health services in 2010

(covering all the existing models for the service provision)

<table>
<thead>
<tr>
<th>Country</th>
<th>Are OHS registered officially?</th>
<th>Labour Inspection</th>
<th>Ministry of Health</th>
<th>Subordinate institutions under the Ministry of Health</th>
<th>Other authority/state institutions responsible for the health sector</th>
<th>Other (please specify and describe the model)</th>
<th>OHS data collection and reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lithuania</td>
<td>yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Latvia</td>
<td>no</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Estonia</td>
<td>yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poland</td>
<td>yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finland</td>
<td>yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Norway</td>
<td>yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Russia</td>
<td>yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Germany</td>
<td>yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lithuania</td>
<td>no</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Latvia</td>
<td>yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Estonia</td>
<td>no</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poland</td>
<td>yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finland</td>
<td>yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Norway</td>
<td>yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Russia</td>
<td>yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Germany</td>
<td>yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

Table 10. Occupational health services’ registration requirements. OHS are registered officially in most countries participating in the survey.
1. **Latvia**
   In Latvia, the Ministry of Welfare is responsible for OHS registration (not the Ministry of Health). Some data are also collected by the Centre of Occupational and Radiological Medicine of P.Stradins clinical university hospital (data on occupational diseases). The State Agency for Social Insurance is collecting data on costs incurred by occupational diseases patients and persons suffering from occupational accidents.

2. **Estonia**
   The occupational health service providers are registered officially in the Health Board. The Health Board is responsible for data collection and reporting.

3. **Poland**
   Regional Occupational Medicine Centres run a register of OMS units functioning on their territory.
   3a Regional Occupational Medicine Centres
   3b Institutes of Occupational Medicine

4. **Finland**
   - the Finnish Institute of Occupational Health
   - Social Insurance Institution
   - Federation of Accident Insurance Institutions

5. **Norway**
   All authorized OHS Providers are on a published list from the Labour Inspection Authority. A list of internal OHS Provider with exception from the authorization could be organized, but has, so far, not been done.
   5a Norway has a Secretariat for the OHS Providers at the National Institute of Occupational Health since 2002.
   The Secretariat has a helping and service providing task towards the OHS Providers. As part of that work the Secretariat has made some record keeping of the OHS Providers on a voluntary basis up till now. But it had no obligation to do so.
   5b Secretariat for the OHS Providers does research on the conditions for the OHS Providers and publishes their results.

6. **Russia**
   If OHS is the part of activity of some (more often medical organization) it should be licensed.
   6a Local or regional authorities if it is a local or regional organization, or federal authorities if it is a federal organization. The authorities have their medical experts.

Lithuania
There are no OHS (Occupational health services) in Lithuania. In Lithuania there are Occupational safety and health service units, which perform part of OHS functions. The State Labour Inspectorate is responsible for Occupational safety and health service units’ registration or some data collection.

Germany
Federal Ministry of Labour and Social Affairs (BMAS)
- The German Social Accident Insurance (DGUV)
- The Berufsgenossenschaft (BG) for agriculture as the statutory accident insurance institutions for the agricultural sector
- German statutory pension insurance scheme (Deutsche Rentenversicherung)
- The German Social Accident Insurance DGUV is the federation of the statutory accident insurances of the industrial (Berufsgenossenschaften; BGs) and the public (Unfallkassen; UKs) sector. DGUV takes over superior and common tasks and duties for all statutory accident insurance institutions
which are members of the DGUV excluding the agricultural sector.

- **Landwirtschaftliche Berufsgenossenschaften (LBG)**

  The regionally organized agricultural Berufsgenossenschaften and the nationwide Berufsgenossenschaft for horticulture are statutory accident insurance institutions for the agricultural sector with health and safety inspection services of their own. The membership to the statutory accident insurance institutions is compulsory for all enterprises and organizations which are active in German economy. The contributions are paid predominantly by the employers but the agricultural system is subsidized by the state. The LBGs are working under their own umbrella organization Spitzenverband der landwirtschaftlichen Sozialversicherung (LSV).

- **German statutory pension insurance scheme (Deutsche Rentenversicherung)**

  All pension insurance agencies from now on will conduct business under the unified name “Deutsche Rentenversicherung”. The aim behind the new image is to emphasize that pension insurance is administered by a unified and common institution within the social insurance system, for which various agencies are responsible at the federal and regional levels.

  Deutsche Rentenversicherung Bund performs a double function. On the one hand, it is responsible for primary and cross-sectional tasks and matters that are common to all pension insurance agencies and, in this regard, it is the successor to the former Verband Deutscher Rentenversicherungsträger. Deutsche Rentenversicherung Bund also has pension insurance fund obligations to fulfil. With regard to the latter aspect it provides services to customers of the former Bundesversicherungsanstalt für Angestellte - Federal Insurance Institution for Salaried Employees.
Table 11. Figures on capacity of internal and external occupational health services

<table>
<thead>
<tr>
<th></th>
<th>a. How many OHS units have been operating in the country in the year 2010?</th>
<th>b. How many OH professionals have been engaged in the OHS units in 2010?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lithuania</td>
<td>There are no OHS (Occupational health services) units in Lithuania. In Lithuania there are Occupational safety and health services units, which perform part of functions of OHS.</td>
<td>No data are available. Following the requirements of the Regulation on Safety and Health Services enterprises where the number of employees is more than 100 or 200 depending on the activity of the enterprise must have at least 1 OH specialist in the Occupational safety and health service team. There are 13 occupational medicine physicians with the valid licence registered in the database of the State Health Care Accreditation Agency under the Ministry of Health.</td>
</tr>
<tr>
<td>Latvia</td>
<td>34</td>
<td>No data are available but according to law every OSH service must employ at least one occupational safety and health expert and one occupational health physician.</td>
</tr>
<tr>
<td>Estonia</td>
<td>The coverage of working population with occupational health services (health examination) is about 50%. 51 occupational health service providers.</td>
<td>- 100 certificated occupational health physicians (66 of them active in Estonia) - 29 certificated occupational health nurses (since 2007 health nurse) - 27 non-medical service providers included - 1 occupational psychologist - 23 occupational hygienists - 15 ergonomists In Estonia there are only external occupational health service providers. There are 51 OHS units + 27 non medical OHS units. In Estonia there is no separate register for OH professionals so there is no available relevant information.</td>
</tr>
<tr>
<td>Poland</td>
<td>7029 primary occupational medicine units (3,6% less than in 2008) 20 Regional Occupational Medicine Centres</td>
<td>As per 2009, the Occupational Medicine Service comprised: - 7,029 primary occupational medicine units (3,6% less than in 2008), - 4,980 physicians, - 5,408 consultant physicians, - 3,968 occupational health nurses, - 2,627 lab and technical assistants, - 1,113 other professionals educated to a higher level (inc. 550 psychologists), - 123 open specialisations in the field of occupational medicine reported by the Regional Centres. As per 2010, the National Labour Inspectorate employed 2715 people of which: - 24 were in executive positions (aside chief accountants), - 48 were executive labour inspectors, - 43 Senior inspectors, - 1,510 inspectors, - 1,090 other employees. *Majority (2514, ca. 93%) of NLI workers were employed by the regional offices. Figures on human resources of the National Sanitary Inspectorate are not available but it is estimated that the number of NSI employees working in the departments of occupational hygiene only roughly corresponds to the total employed by the NLI.</td>
</tr>
</tbody>
</table>
| Finland          | 904 units                                                                 | As per 2010, the specialists in occupational health services comprised: - 1,600 physicians (approx. 1,300 FTE), incl. 780 occupational health specialists - 2,222 nurses (1788 FTE) - 778 physiotherapists (326 FTE) - 399 psychologists (193 FTE) *FTE = full-time equivalent
<table>
<thead>
<tr>
<th>Figures on capacity of internal and external OHS</th>
<th>a. How many OHS units have been operating in the country in the year 2010?</th>
<th>b. How many OH professionals have been engaged in the OHS units in 2010?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Norway</td>
<td>Roughly 300 OHS Providers. 400 with subdivisions. (There is unfortunately no complete overview)</td>
<td>About 2000 full- and part time professionals (nurses, physiotherapists, workplace hygienists and physicians – and a few with other professional background)</td>
</tr>
<tr>
<td>Russia</td>
<td>No data</td>
<td></td>
</tr>
<tr>
<td>Germany</td>
<td>Figures, how many OHS units have been working in Germany, are not available. The BAuA collected data about OHS units by a current research project, but it is not finished yet.</td>
<td>Number of occupational physicians in Germany 2009: 12,266</td>
</tr>
</tbody>
</table>

Table 12. Main activities of the occupational health (medicine) physician

<table>
<thead>
<tr>
<th>Activity</th>
<th>Lithuania</th>
<th>Estonia</th>
<th>Latvia</th>
<th>Poland</th>
<th>Norway</th>
<th>Finland</th>
<th>Russia</th>
<th>Germany</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. hazards identification and assessment at workplace</td>
<td>x</td>
<td></td>
<td>x</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>b. surveillance of health risk factors</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>c. workplace risk assessment</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>d. improvement of working practices, testing, evaluation of health aspects of new equipment</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>e. advise and support in accident prevention and safety</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>f. surveillance of workers health</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>g. work ability assessment and promotion</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>partly</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>h. contribution to measures of vocational rehabilitation</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>i. informing and educating workers and employers on OH</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>j. organizing of first aid and emergency treatment</td>
<td>x</td>
<td></td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>k. participation in analyses of occup. accidents and diseases</td>
<td>x</td>
<td></td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>l. pre-employment and periodic health exams</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>periodi c</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>m. curative services</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>n. record keeping</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>o. diagnoses of occup. diseases</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>p. diagnoses and treatment of general diseases</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>q. health promotion</td>
<td>partly</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>partly</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>r. disability accommodation</td>
<td>x</td>
<td></td>
<td>x</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>s. sickness absence analyses</td>
<td>x</td>
<td></td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>t. control of the content of OHS</td>
<td>x</td>
<td>x</td>
<td></td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>u. other activities (please specify)</td>
<td>x*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>x</td>
</tr>
</tbody>
</table>

*Poland - vaccinations in specified populations

In Germany, all physicians (and employers) are obliged to report suspected occupational diseases.
<table>
<thead>
<tr>
<th>Main activities of the occupational health nurse</th>
<th>Poland</th>
<th>Norway</th>
<th>Finland</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. hazards identification and assessment at workplace</td>
<td>x</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>b. surveillance of health risk factors</td>
<td></td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>c. workplace risk assessment</td>
<td>x</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>d. improvement of working practices, testing, evaluation of health aspects of new equipment</td>
<td>x</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>e. advise and support in accident prevention and safety</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>f. surveillance of workers health</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>g. work ability assessment and promotion</td>
<td></td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>h. contribution to measures of vocational rehabilitation</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>i. informing and educating workers and employers on OH</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>j. organizing of first aid and emergency treatment</td>
<td>x</td>
<td>partly</td>
<td>x</td>
</tr>
<tr>
<td>k. participation in analyses of occup. accidents and diseases</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>l. pre-employment and periodic health exams</td>
<td></td>
<td>periodic</td>
<td>x</td>
</tr>
<tr>
<td>m. curative services</td>
<td></td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>n. record keeping</td>
<td>x</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>o. diagnoses of occup. diseases</td>
<td></td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>p. diagnoses and treatment of general diseases</td>
<td></td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>q. health promotion</td>
<td>x</td>
<td>partly</td>
<td>x</td>
</tr>
<tr>
<td>r. disability accommodation</td>
<td></td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>s. sickness absence analyses</td>
<td></td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>t. control the content of OHS</td>
<td></td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>u. other activities (please specify) :</td>
<td></td>
<td></td>
<td>x*</td>
</tr>
</tbody>
</table>

* Poland - vaccinations in specified populations

**Additional comments provided:**

**Estonia**

Occupational health nurse is acting together with occupational health physician and does not have independent activities. Since 2007 we do not train occupational health nurses as a speciality, but only health nurse (includes school nursing, family nursing and occupational health nursing).

**Latvia**

There is no occupational health nurses in Latvia officially. There are fewer than 10-20 nurses working in large companies in-plant services but it is more of an exception than a general practice.

**Germany**

Nurses who are part of OHS do not work independently in occupational health activities. Their work is part of the cooperation with the physicians. Thus, the listed activities are tasks of the physician or the safety engineer who are appointed by the company.

**Lithuania**

Nurses usually do not work independently in occupational health activities. Their work is part of the cooperation with the physicians. Usually their education is a general practice nurse, not that of occupational health nurse.
Table 14. Main activities of an occupational hygiene physician or occupational hygienist

<table>
<thead>
<tr>
<th>Activity</th>
<th>Latvia</th>
<th>Estonia occup. hygienist</th>
<th>Poland occup. hygienist</th>
<th>Norway occup. hygienist</th>
<th>Finland</th>
<th>Russia</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. hazards identification and assessment at workplace</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>b. surveillance of health risk factors</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>c. workplace risk assessment</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>d. improvement of working practices, testing, evaluation of health aspects of new equipment</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>e. advise and support in accident prevention and safety</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>f. surveillance of workers health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. work ability assessment and promotion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. contribution to measures of vocational rehabilitation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>sometimes</td>
<td></td>
</tr>
<tr>
<td>i. informing and educating workers and employers on OH</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>j. organizing of first aid and emergency treatment</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. participation in analyses of occup. accidents and diseases</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td>sometimes</td>
<td></td>
</tr>
<tr>
<td>l. pre-employment and periodic health exams</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>m. curative services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>n. record keeping</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>o. diagnoses of occup. diseases</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>p. diagnoses and treatment of general diseases</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>q. health promotion</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>r. disability accommodation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>s. sickness absence analyses</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td>sometimes</td>
<td>x</td>
</tr>
<tr>
<td>t. control the content of OHS</td>
<td>x</td>
<td></td>
<td></td>
<td>x</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>u. other activities (please specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>x*</td>
<td></td>
</tr>
</tbody>
</table>

* Poland - cooperation with various laboratories in relation to assessment and measurement of harmful factors or onerous conditions at work environment.

Additional comments provided:

**Latvia**

These are called occupational safety and health experts in Latvia (official title - labour protection specialists).

**Germany**

The training of hygiene physician or occupational hygienist was part of the training in occupational medicine in the German Democratic Republic. After a period from more than 20 years these professionals ended with their work.

**Lithuania**

There are occupational hygiene physicians in Lithuania (with university biomedical degree till 1996), but usually they are not part of occupational safety and health services units team in enterprises.
Table 15. Main activities of the Occupational health professionals (occupational health psychotherapist, psychologist, ergonomist, public health specialist, general physician and other).

<table>
<thead>
<tr>
<th>Activity</th>
<th>Estonia</th>
<th>Norway</th>
<th>Russia</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. hazards identification and assessment at workplace</td>
<td>x</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>b. surveillance of health risk factors</td>
<td>x</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>c. workplace risk assessment</td>
<td>x</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>d. improvement of working practices, testing, evaluation of health aspects of new equipment</td>
<td>x</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>e. advise and support in accident prevention and safety</td>
<td>x</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>f. surveillance of workers health</td>
<td>x</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>g. work ability assessment and promotion</td>
<td>x</td>
<td>sometimes</td>
<td></td>
</tr>
<tr>
<td>h. contribution to measures of vocational rehabilitation</td>
<td>x</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>i. informing and educating workers and employers on OH</td>
<td>x</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>j. organizing of first aid and emergency treatment</td>
<td></td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>k. participation in analyses of occup. accidents and diseases</td>
<td></td>
<td>sometimes</td>
<td></td>
</tr>
<tr>
<td>l. pre-employment and periodic health exams</td>
<td></td>
<td>sometimes</td>
<td>x</td>
</tr>
<tr>
<td>m. curative services</td>
<td>x</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>n. record keeping</td>
<td>x</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>o. diagnoses of occup. diseases</td>
<td></td>
<td>sometimes</td>
<td></td>
</tr>
<tr>
<td>p. diagnoses and treatment of general diseases</td>
<td>x</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>q. health promotion</td>
<td>x</td>
<td>sometimes</td>
<td></td>
</tr>
<tr>
<td>r. disability accommodation</td>
<td>x</td>
<td>sometimes</td>
<td></td>
</tr>
<tr>
<td>s. sickness absence analyses</td>
<td>x</td>
<td>sometimes</td>
<td></td>
</tr>
<tr>
<td>t. control the content of OHS</td>
<td></td>
<td></td>
<td>x</td>
</tr>
</tbody>
</table>

Additional comments provided:

**Estonia**

Other OH specialists in Estonia are occupational psychologist and ergonomist.

**Latvia**

Other OH professionals are very few at the moment and will be mostly working for institute, universities, labour inspection or other specific institutions. There are around 20 ergonomists and around 30 toxicologists, about 200 public health specialists, 5 psychologists.

Besides that public health specialists who are working in the area of OH would typically undergo training to become occupational safety and health experts.
Poland

No other specialists’ duties specified in the Polish regulations.

Norway

Activities of the physiotherapists are marked by X. By marking X it is naturally meant that nearly all physiotherapists will be involved in this activity. By sometimes we mean that some physiotherapists in some OHS-Providers can be doing this. Other physiotherapists in other OHS-Providers will not be involved in this task.

Germany

In Germany these professionals are not regarded to be an inherent part of OHS.

Most of OHS units work as external service points and the staff deals with numerous small or middle-sized companies. The staff often consists of several professions, most of them physicians, but also safety engineers, psychologists, physiotherapists, or medical assistance personnel. Such service points of OHS units are able to transfer different activities matched on the demands of occupational safety and health of the enterprises.

Lithuania

In Lithuania these professionals are not regarded to be an inherent part of OHS.

The number of OH professionals required according to the national legislation

The interest of this survey was to find out the obligatory number of OHS professionals (i.e. OH physicians and/or OH nurses, etc.) related to the size of enterprise. Employers (or workers assigned by employers) who provide OSH by themselves should not be considered as OHS professionals.

Also it was expected to find out the exact number of employees in enterprises for which OHS professionals are obligatory in an enterprise.

The following results were obtained:
Table 16. The number of occupational health professionals required according to the national legislation

<table>
<thead>
<tr>
<th>Organizations employing fewer than 10 employees (micro)</th>
<th>Lithuania</th>
<th>Latvia</th>
<th>Russia</th>
<th>Estonia</th>
<th>Poland</th>
<th>Finland</th>
<th>Norway</th>
<th>Germany</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>At least one (?) (See comments below)</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organizations employing more than 11 and fewer than 50 employees (small)</td>
<td>0</td>
<td>At least one (?)</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organizations employing more than 51 fewer than 99 employees (medium)</td>
<td>0</td>
<td>At least one (?)</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organizations employing more than 100 and fewer than 250 employees (medium)</td>
<td>1</td>
<td>At least one (?)</td>
<td>0</td>
<td>No requirements (See comments below)</td>
<td>No requirements (See comments below)</td>
<td>No requirements (See comments below)</td>
<td>No requirement (See comments below)</td>
<td>No requirements (See comments below. The criterion is risk assessment)</td>
</tr>
<tr>
<td>Organizations employing more than 251 and fewer than 499 employees (large)</td>
<td>1</td>
<td>At least one (?)</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organizations employing more than 500 and fewer than 999 employees (large)</td>
<td>2</td>
<td>At least one (?)</td>
<td>1 physician, 1 nurse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organizations employing more than 1000 employees (large)</td>
<td>3</td>
<td>At least one (?)</td>
<td>1 physician, 1 nurse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional comments provided:

**Lithuania**

Enterprises where the number of employees is more than 100 or 200 depending on the activity of the enterprise must have at least one OH specialist in the occupational safety and health services team.

**Latvia**

The small companies (fewer than 10 persons in general and fewer than 5 persons if working in dangerous industries) in general have a choice between:

- The employer can provide OSH by himself after special training (160 hours)
- The employer can assign one of the workers and provide him/her with special training (160 hours)
- The employer can subcontract external service.
**Estonia**

There are no requirements in Estonia on OH professionals depending on economic activity branch and size of enterprises. Enterprises are using external services.

**Poland**

No such demands in the Polish legislation.

**Finland**

Occupational health services must be provided to all employees. In Finland there are no requirements on the number of OH professionals related to the number of employees.

**Norway**

There are no requirements for the number of personnel depending on the number of employees. The number of personnel is assumed to be designed so it is “sufficient” to the tasks.

**Germany**

In Germany a criterion regarding the requirement of OHS professionals is the risk assessment of the workplaces, but not the size of the enterprise. According to law, every company has to check its workplaces with risk assessment. Regarding to the hazards the company deals with an OHS unit whose scope of work for advising and supporting in accident prevention, safety pre-employment and periodic health exams, or health promotion is appropriate.

Safety and health at work is ensured by adequate legislation, by the responsible employer who acts in accordance with the appropriate regulation, by external inspection services who supervise the implementation of applicable law at the enterprise level and provide preventive counsel, and by preventive occupational health services who assess workplace safety and workers’ health and provide proactive or corrective counsel to individual employee and employer.

---

**Table 17. The following figures show the ratio of professionals according to enterprises and employees in 2009.**

<table>
<thead>
<tr>
<th></th>
<th>Ratio per employees</th>
<th>Ratio per enterprises</th>
<th>Total number</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Enterprises</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt; 250</td>
<td>n.a.</td>
<td>n.a.</td>
<td>16,332</td>
</tr>
<tr>
<td>50 – 249</td>
<td>n.a.</td>
<td>n.a.</td>
<td>67,013</td>
</tr>
<tr>
<td>10 – 49</td>
<td>n.a.</td>
<td>n.a.</td>
<td>310,598</td>
</tr>
<tr>
<td>0 - 9</td>
<td>n.a.</td>
<td>n.a.</td>
<td>2,816,729</td>
</tr>
<tr>
<td><strong>Workforce</strong></td>
<td></td>
<td></td>
<td>36,462,823</td>
</tr>
<tr>
<td>Occupational physicians</td>
<td>1 / 2,970</td>
<td>1 / 299</td>
<td>12,280</td>
</tr>
<tr>
<td>Safety professionals**</td>
<td>1 / 334</td>
<td>1 / 34</td>
<td>109,248</td>
</tr>
<tr>
<td>Safety officers***</td>
<td>1 / 70</td>
<td>1 / 7</td>
<td>521,092</td>
</tr>
<tr>
<td>Labour inspectors (State)</td>
<td>1 / 10,356</td>
<td>1 / 1,042</td>
<td>3,521</td>
</tr>
<tr>
<td>Technical inspectors (BG/UK)</td>
<td>1 / 13,010</td>
<td>1 / 1,285</td>
<td>2,649</td>
</tr>
<tr>
<td>OSH inspectors (State and BG/UK combined)</td>
<td>1 / 5,910</td>
<td>1 / 595</td>
<td>6,170</td>
</tr>
</tbody>
</table>

* Full time equivalent employees;  
** In DGUV diction = OSH professionals = Fachkräfte für Arbeitssicherheit,  
*** Employees with limited OSH capabilities = Sicherheitsbeauftragte

Table 18. Occupational health service organization for SMEs (also micro enterprises), the self-employed, and agricultural and informal sectors.

<table>
<thead>
<tr>
<th>OHS organization for SMEs (also micro enterprises) the self-employed, and agricultural and informal sectors</th>
<th>Lithuania</th>
<th>Latvia</th>
<th>Estonia</th>
<th>Poland</th>
<th>Finland</th>
<th>Norway</th>
<th>Russia</th>
<th>Germany</th>
</tr>
</thead>
<tbody>
<tr>
<td>state budget (Government’s special agencies in OS&amp;H and in the health sector)</td>
<td>yes</td>
<td>no</td>
<td>yes</td>
<td>no</td>
<td>yes</td>
<td>no</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>provincial and local municipal authorities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>social partners, employers’ organizations and trade unions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>branch organizations and chambers of commerce</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>associations of agricultural producers and small enterprises</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>associations of occupational health professionals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>employers</td>
<td>only employers are responsible for covering the workforce with OS&amp;H services</td>
<td>+</td>
<td>100%</td>
<td></td>
<td>+</td>
<td>100%</td>
<td></td>
<td>+</td>
</tr>
<tr>
<td>employees</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>social insurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>private insurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>other: please specify</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Latvia**

The small companies (fewer than 10 persons in general and fewer than 5 persons if working in dangerous industries) in general have a choice between:
- The employer can provide OS&H by himself after special training (160 hours).
- The employer can assign one of the workers and provide him/her with special training (160 hours).
- The employer can subcontract external service.
No reliable data exist but for those SME that have OS&H coverage at all (probably around 25% of all SME according to survey of 2010) around 60% are provided by employer, 20% internal specialists and rest by external experts.

The self-employed are responsible for their OHS organisation.

**Estonia**

The organization of occupational health services is only the employers’ responsibility.

**Poland**

Prophylactic medical examinations are available, upon their request and paid via their own pockets, to the following groups of people: the self-employed, other-than paid employees, individual farmers.

**Finland**

SMEs can obtain their OHS from municipal health centres.

**Norway**

The SMEs have no specific OHS Provider organization. They join on to an authorized OHS Provider. A voluntary Health and Safety Association among farmers provides OHS services to the members who join. A specified workplace hygienist visits the farms and they get health controls at an ordinary OHS Provider under contract with the voluntary Health and Safety Association. The employer carries the expenses.

**Russia**

There is no special regulations for small enterprises. A person with occupational disease or trauma gets rehabilitation, pension and compensations from the Federal Social Insurance Fund. The diagnosis of occupational disease is established in regional occupational pathology centre financed by state. All other aspects are covered by employer.

**Germany**

Small enterprises can organize the duties for OHS by the model of “Pool Service”. The model “Pool-Service” is a pooled OH and Safety Surveillance System for very small enterprises of similar character. For the occupational physician as well as the health & safety engineer it would be possible to meet the required standard with relatively few resources, for a lot of handcrafts this service is like an “OHS-Sharing” according to their needs. The model is based on the Regulation No. 2 of the “German Social Accident Insurance on accident prevention for occupational physicians, and for health and safety officers” in its current form.

**Lithuania**

Obligatory periodical health examinations are financed by employers, pre-employment is financed by Social Insurance Fund.
### Content of occupational health services

Table 19. Functions performed by occupational health services

<table>
<thead>
<tr>
<th>Function</th>
<th>Lithuania 1</th>
<th>Latvia 4</th>
<th>Estonia</th>
<th>Poland 3</th>
<th>Finland</th>
<th>Norway</th>
<th>Russia 2</th>
<th>Germany</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Hazard identification: are these activities performed by OHS?</td>
<td>–</td>
<td>+</td>
<td>+</td>
<td>–</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>2. Health risk assessment: are these activities performed by OHS?</td>
<td>+ (partly)</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>3. Pre-employment and periodic health examination: are these activities performed by OHS?</td>
<td>+ (partly)</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>4. Informing and educating workers and employers: are these activities performed by OHS?</td>
<td>+ (partly)</td>
<td>+ (partly)</td>
<td>–</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>5. Work ability assessment and promotion: are these activities performed by OHS?</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>+</td>
<td>+</td>
<td>partly</td>
<td>+</td>
</tr>
<tr>
<td>6. Rehabilitation: are these activities performed by OHS?</td>
<td>–</td>
<td>–</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>–</td>
</tr>
<tr>
<td>7. First aid: are these activities performed by OHS?</td>
<td>+</td>
<td>–</td>
<td>–</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
</tbody>
</table>
8. Curative services: are these activities performed by OHS?

<table>
<thead>
<tr>
<th>Country</th>
<th>yes</th>
<th>no</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lithuania</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Latvia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Estonia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poland</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finland</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Norway</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Russia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Germany</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9. Record keeping: are these activities performed by OHS?

<table>
<thead>
<tr>
<th>Country</th>
<th>yes</th>
<th>no</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lithuania</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Latvia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Estonia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poland</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finland</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Norway</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Russia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Germany</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. Control of the content of OHS: are these activities performed by OHS?

<table>
<thead>
<tr>
<th>Country</th>
<th>yes</th>
<th>no</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lithuania</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Latvia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Estonia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poland</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finland</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Norway</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Russia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Germany</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11. Health promotion: are these activities performed by OHS?

<table>
<thead>
<tr>
<th>Country</th>
<th>yes</th>
<th>partly</th>
<th>Limited amount</th>
<th>Limited amount</th>
<th>sometimes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lithuania</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Latvia</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Estonia</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poland</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finland</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Norway</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Russia</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Germany</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12. Other activities: what other activities are performed by OHS?

<table>
<thead>
<tr>
<th>Country</th>
<th>yes</th>
<th>no</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lithuania</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Latvia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Estonia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poland</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finland</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Norway</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Russia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Germany</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments provided:

1 Lithuania

There is no OHS (Occupational health services) in Lithuania. In Lithuania we have occupational safety and health services, which perform part of OHS functions. Enterprises where the number of employees is more than 100 or 200 depending on the activity of the enterprise must have an OH specialist in the Occupational safety and health service team.

2 Russia

All those types of activities are performed by different OHS specialists working in close connection but not as a one team. The term “OSH” is not officially adopted in Russia.

3 Poland

The Occupational Medicine Service Act of Poland also regulates the following activities of the OHS:

- cooperation with the employers, especially in cases of:
  - recognition and assessment of (detrimental) factors and exposures existing in the work environment,
  - co-initiate actions directed at guarding employees’ health
- analyses of employees’ health statuses (particularly cases of occupational diseases and the causes of accidents at work)
- consultancy.

4 Latvia

OHS are not typically performing any “health care” activities as these are done only (with very few exceptions when OHS experts are also doctors) by occupational health physicians.
**Lithuania**

In Lithuania hazard identification as part of the risk assessment is an activity of enterprise Occupational safety and health service (but not Occupational health service) and managed by Regulation on Occupational Risk Assessment (Order Minister of Social Security and Labour and Minister of Health). There are no OHS (occupational health services) in Lithuania.

**Latvia**

In Latvia hazard identification is one of OHS service tasks (as part of the risk assessment).

**Estonia**

In Estonia hazard identification is one of OH specialist’s tasks is offering OH services. According to the OHS Act of Estonia, an occupational health service provider may provide the following occupational health services:

1. conduct of risk assessments of the work environment, including the measurement of the parameters of risk factors;
2. medical examination of employees and evaluation of their state of health;
3. organization of medical rehabilitation for employees;
4. provision of advice to employers on the adaptation of work to the abilities and state of health of employees;
5. provision of advice to employers on selection and use of work equipment and personal protective equipment, and on improvement of working conditions;
6. psychological counselling of employers and employees.

**Poland**

In Poland hazard identification is not performed by OHS. Based on the provisions of the Occupational Medicine Service (OMS) Act of Poland, in identifying hazards, the employer may also seek assistance from the OMS units.

Hazard identification in Poland is regulated by: The Labour Code Act; Ordinance of the Prime Minister of 2008 on the inception of the Intradepartmental Commission for the Highest Possible Concentrations and Intensities of Harmful Factors in the Working Environment; Ordinance of the Minister of Labour and Social Affairs of 2002 on the highest possible concentrations and intensities of harmful factors in the working environment; and Ordinance of the Minister of Health of 2011 on the examinations and measurements of harmful factors in the working environment.

**Finland**

In Finland – hazard identification, namely Initiatives and advice on the control of hazards at work, is one of the core activities stipulated by the Finnish Act on OHS.

The Finnish occupational health service legislation includes the following core activities:

- Surveillance of the work environment
- Initiatives and advice on the control of hazards at work
- Surveillance of the health of employees
- Follow-up of the health of vulnerable groups
- Adaptation of work and the work environment to the worker
- Organization of first aid and emergency response
- Health education and health promotion
- Collection of information on workers’ health
- Provision of curative services for occupational diseases
- Provision of general health care services

Also:

- Analysis of working conditions by regular access to places of work
- Assessing and monitoring work-related health hazards and surveillance of the health of employees through medical examinations
- Drawing up of proposals for the improvement of health conditions in the workplace or on an employee’s needs for adjusting the work to the worker
- Monitoring and providing rehabilitation advice for handicapped workers
- Planning and follow-up of measures for maintaining employees' work ability.

**Norway**
In Norway, hazard identification activity is performed by OHS (no comments provided).

**Germany**
In Germany, hazard identification activity is performed by OHS (no comments provided).

**Russia**
In Russia, hazard identification activity is performed. It is regulated by the following legal acts:

- Federal law "About bases of health protection of citizens" №181-cd approved on 17 July 1999
- The Order of Ministry of Health and the Medical Industry of the Russian Federation from March, 14th, 1996 N 90 “About the order of carrying out of preliminary and periodic medical surveys of workers and medical rules of the admission to a trade “
- The Order № 83 of Ministry of Health and Social Development the Russian Federation from September, 10th, 2004 « About the statement harmful and (or) dangerous production factors and works at which performance preliminary and periodic medical surveys (inspections) are spent, and the order of carrying out of these surveys (inspections).
- The Order of Ministry of Health and Social Development “About the statement of the schedule of medical aid at acute and chronic occupational diseases” (approved on 23 Mach 2011 No. 233-M)
- Guideline on professional risk for health of workers. Organizational-methodical aspects, principles and criteria of evaluation. P. 2.2.1766-03.
- Bases of the legislation of the Russian Federation about health protection of citizens approved on 22.07.93 № 5487-1.

**Health risk assessment**

**Lithuania**
In Lithuania, risk assessment is regulated by the Regulation on Occupational Risk Assessment (the Order of the Minister of Social Security and Labour and the Minister of Health, approved on 16 October 2003). Risk assessment and health risk assessment (as part of risk assessment) in an enterprise is organized by the employer (company manager) or on behalf of the employer by a person authorized for the occupational safety and health function.

Assessment of chemical, biological and physical risk factors at work is conducted by laboratories which are qualified (should be accredited in future) by the Ministry of Social Security and Labour or the Ministry of Health in accordance with the regulations.

Assessment of ergonomic and psychosocial risk factors is performed by either internal (in-plant) or external Occupational safety and health service but not by Occupational health service (or specialist).

**Latvia**
In Latvia, health risk assessment is part of the general workplace risk assessment and is part of the services.

**Estonia**
In Estonia, health risk assessment activity is one of OH specialist’s tasks in offering OH services.
Poland
In Poland, according to the Polish Norm of 2000 on the guidelines for work safety and health management including occupational (i.e. not health) risk assessment, this activity is rather a part of a GP’s job, while performing the prophylactic examinations of the employee. Health risk assessment is also regulated by the Labour Code Act.

Finland
In Finland, health risk assessment activity, namely Assessing and monitoring work-related health hazards and surveillance of the health of employees through medical examinations, is defined as one of the core activities stipulated by the Finnish Act on OHS.

Norway
In Norway, health risk assessment activity is performed by OHS (no comments provided).

Germany
In Germany, health risk assessment activity is performed by OHS (no comments provided).

Russia
In Russia, health risk assessment activity is performed. It is regulated by:
- Guideline on professional risk for health of workers. Organisational-methodical aspects, principles and criteria of evaluation. P. 2.2.1766-03.
- The Order of Ministry of Health and Social Development “About the statement of the schedule of medical aid at acute and chronic occupational diseases” (approved on 23 March 2011 No. 233-M).

Pre-employment and periodic health examinations

Lithuania
In Lithuania, pre-employment and periodic health examinations are regulated by the procedure of medical examination of workers and are done only by family doctors or occupational medicine (health) physicians.

The Law on Safety and Health at Work defines the compulsory health surveillance to workers specified in the Labour Code. The employer shall approve the list of workers to whom the health surveillance is compulsory as well as the health surveillance procedure/schedule and control of its implementation.

The Regulation of the Ministry of Health determined procedures for health examination of employees working under exposure of occupational risk factors.

The Regulation provides a table listing occupational risk factors and scope of compulsory medical check-ups as well as frequency and scope of inspections.

Mandatory health check-ups and preventive medical services can be provided by either family doctors who have completed at least 36 hours of medical training (updating the knowledge of at least every five years), whose programme is in line with the Lithuanian Ministry of Health, or occupational medicine physicians, if necessary, in consultation with other professional doctors or using other medical examinations required.

Family doctor with required professional qualifications or occupational medicine physician, after assessing the results of medical examination makes the decision whether the person fits for the specific work.

Latvia
In Latvia, pre-employment and periodic health examinations are regulated by the procedure of medical examination of workers and are done only by occupational medicine (health) doctors. Very few of OHS also employ a doctor that also offers health examinations (it is very rare because OHS service must register as health care institution that involves very complicated certification). There are also special regulations for special occupations (police officer, sailor, etc).
**Estonia**

In Estonia, pre-employment and periodic health examinations are regulated by the procedure of medical examination of workers. There are also special regulations for special occupations (police officer, sailor, etc).

**Poland**

In Poland, pre-employment and periodic health examinations are regulated by the Ordinance of the Minister of Health and Social Care of 1996 on the conduction of employees’ prophylactic examinations. The extent of employees’ prophylactic care and medical certifications issued in accordance with the tenets of The Labour Code Act.

There are also several more detailed Ordinances, depending on employees’ exposure to either 1) particular types of risks (i.e. biological, carcinogenic and mutagenic factors, etc.) and 2) particular occupations (i.e. drivers, professions that require handling small arms, etc.).

**Finland**

In Finland, pre-employment and periodic health examinations activity, namely Assessing and monitoring work-related health hazards and surveillance of the health of employees through medical examinations, is defined as one of the core activities stipulated by the Finnish Act on OHS.

**Norway**

In Norway, periodic health examination activity is performed by OHS. Pre-employment health examinations would be done if required by law or similar regulations.

**Germany**

In Germany, pre-employment and periodic health examinations activity is performed by OHS (no comments provided).

---

**Informing and educating workers and employers**

**Lithuania**

In Lithuania, the Law on Safety and Health at Work defines the requirements for training and instruction for workers. The employer cannot demand that a worker should begin work in an undertaking if the worker has not been instructed to work safely. When a worker has insufficient professional skills or knowledge obtained during the instructing to be able to work safely and avoid harm to his health, the employer shall organize the training of the worker at the workstation, an enterprise or an educational institution which carry out the specific training.

The procedure for the preparation of instructions on safety and health at work to be used for instruction of workers working in an undertaking of any economic activity, and the procedure for the instructing of workers is established by the State Labour Inspectorate.

Informing and worker safety training about the dangers and safety measures at work is carried out by Occupational safety and health services. Compulsory first aid training and hygienic skills training is carried out by occupational health specialists or medical nurses in accordance with the Regulation of the Ministry of Health.

**Latvia**

In Latvia, informing and educating workers and employers could be one of the OHS activities although primary it is task of the employer.

**Estonia**

In Estonia, informing and educating workers and employers is not performed by OHS. It is regulated by the Procedure for training and in-service training regarding occupational health and safety.

**Poland**

In Poland, informing and educating workers and employers activity is regulated by: The Labour Code Act; The Occupational Medicine Service Act; and The National Labour Inspectorate Act.

**Finland**

In Finland, informing and educating workers and employers, namely Health education and health promotion AND Collection of information on workers’ health, are defined as one of the core activities stipulated by the Finnish Act on OHS.
Norway
In Norway, informing and educating workers and employers is performed by OHS (no comments provided).

Germany
In Germany, informing and educating workers and employers is performed by OHS (no comments provided).

Work ability assessment and promotion

Lithuania
In Lithuania, according to the Labour Code, an employer is obliged to transfer an employee to another job for medical reasons.

The employee, who according to a conclusion about his status of health done by the Disability and Working Capacity Assessment Office under the Ministry of Social Security and Labour or a health care institution may not perform the agreed work (hold position) as it poses danger to his health or his work may be dangerous to others, must be transferred, with his consent, to another job suitable to his health and, if possible, his qualification.

If the employee does not agree to be transferred to the proposed job or in the absence of a job in the enterprise to which he could be transferred, the employer shall dismiss the employee in accordance with the procedure established by the Labour Code.

Accordingly, the Law on Safety and Health at Work provides a similar requirement for an employer to transfer workers (with their consent) to another job upon the conclusions of the Disability and Working Capacity Assessment Office under the Ministry of the Social Security and Labour or health care institutions which have examined the worker's health.

According to the Regulation on Enterprise Occupational Safety and Health Service, one of the functions of occupational health specialists is to monitor the health status of the employees, taking into account the work process.

However, it can be considered that this function is more likely to be performed by specific state or private health institutions, but not OHS in Lithuania. Decision about the Disablement lump sum compensation is paid if less than 30 percent of working capacity was attested by service of the disability and ability determination to the Ministry of Social Security and Labour (NDNT).

Latvia
In Latvia, work ability assessment and promotion activity is typically the task of the occupational health doctors during health examinations. Employers and OHS services are normally only informed whether the work ability of the worker is sufficient for certain work tasks.

Estonia
In Estonia, work ability assessment and promotion activity is not performed by OHS. It is considered as general practitioner’s task. It is not regulated by specific acts.

Poland
Regarding work ability assessment and promotion activity, the Labour Code Act states that every employment must be preceded by a physician’s medical certificate stating whether or not there are any contraindications for one to perform work at a particular work post.

The Occupational Medicine Service Act states that the Regional (Voivodship) Centres of Occupational Medicine are entitled to initiate and realize health promotion activities (in particular prophylactic programmes that result from employees’ health assessment exercises).

Finland
In Finland, work ability assessment and promotion activity, namely Adaptation of work and the work environment to the worker, is defined as one of the core activities stipulated by the Finnish Act on OHS.

Norway
In Norway, work ability assessment and promotion activity is performed by OHS (comment: partly).

Germany
In Germany, work ability assessment and promotion activity is performed by OHS (no comments provided).
Rehabilitation

Lithuania

In Lithuania, occupational rehabilitation is managed by Disability and Work Assessment Office under the Ministry of Social Security and Labour in accordance with the Regulations on Requirement for Occupational Rehabilitation Services Criteria, as well as the Rules of Delivery and Financing of Occupational Rehabilitation Services.

Therefore, it can be concluded that this function is more likely to be performed by specific health institutions, but not OHS in Lithuania. The employer is obliged to fulfill the recommendations by health care institutions.

Latvia

In Latvia, rehabilitation is considered as an occupational physician’s task. In some very specific cases OHS or employers might assist to doctors (e.g. special arrangements at workplaces or working time, etc.).

Estonia

In Estonia, rehabilitation is considered as an occupational physician’s task. It is not regulated by specific acts.

Poland

In Poland, the Occupational Medicine Service Act of 1997 entitles the service to provide out-patient rehabilitation in cases of justified occupational pathologies. As per 2009 records, 43409 people benefited from rehabilitation services (over 1.1 million interventions). Overall, an upward trend in both the number of people utilizing the services and the number of interventions conducted is being observed since 2007.

Finland

In Finland, rehabilitation, namely Monitoring and providing rehabilitation advice for handicapped workers, is defined as one of the core activities stipulated by the Finnish Act on OHS.

Norway

In Norway, rehabilitation activity is performed by OHS (no comments provided).

Germany

In Germany, rehabilitation activity is not performed by OHS (no comments provided).

First aid

Lithuania

In Lithuania, one of the functions of occupational health specialists according to the Regulation on Enterprise Occupational Safety and Health Services is to organize first aid, if needed.

Following the requirements of the Law on Safety and Health at Work an employer is obliged to organize the provision of the first aid to workers and, if necessary, to call an ambulance in the event of accidents at work or outbreak of acute diseases.

The employer must promptly organize the transportation of workers who fall ill or are injured at the workstation to hospital if their condition does not require calling an ambulance or when an ambulance is not called because of unforeseen reasons or circumstances.

Supplies necessary for the provision of the first aid must be displayed, signs directing to the location of a first-aid room must be placed and a telephone number for calling an ambulance must be indicated in prominent places in the subdivisions of an undertaking.

First-aid rooms of an undertaking shall carry out health surveillance functions provided for in model regulations of safety and health services of undertakings. Collective agreements of undertakings may provide for the rendering of other health surveillance services to workers.

Therefore, first aid activity is considered as a function of OHS. Undertakings either have agreements with the health institutions or in some large enterprises having in-plant services first aid activity can be performed by the occupational health specialists’ team.
Latvia
In Latvia, first aid activity is not performed by OHS. OHS might be involved in some training with regards to preparedness for first aid at companies.

Estonia
In Estonia, first aid activity is not performed by OHS. The first aid activity is defined by the legal act The Provision of the First Aid in Enterprises.

Poland
In Poland, first aid activity is defined by the legal act on The Occupational Medicine Service Act.

Finland
In Finland, first aid activity, namely Organization of first aid and emergency response, is defined as one of the core activities stipulated by the Finnish Act on OHS.

Norway
In Norway, first aid activity is performed by OHS (comment: if appropriate).

Germany
In Germany, first aid activity is performed by OHS (no comments provided).

Curative services

Lithuania
In Lithuania, curative services are provided by certified health institutions and occupational health physicians (diagnosis of occupational diseases).
In some large enterprises having in-plant services the occupational health specialists team may include general physicians, ophthalmologists and the other specialists, whose services are paid by the State Health Insurance Fund. Curative services activity is not regulated by specific acts.
Workers, who are at risk to fall ill with a communicable (infectious) disease, shall be vaccinated at the expense of the employer. The list of occupations and positions of the workers who are vaccinated at the expense of the employer are approved by the Minister of Health.

Latvia
In Latvia, curative services are only provided by certified health institutions and occupational health doctors.

Estonia
In Estonia, curative services activity is not performed by OHS, nor is it regulated by specific acts.

Poland
In Poland, curative services activity is not part of the Polish OHS.

Finland
In Finland, curative services activity, namely Provision of curative services can be included in the activities of OHS stipulated by the Finnish Act on OHS.

Norway
In Norway, curative services activity is not performed by OHS (no comments provided).

Germany
In Germany, curative services activity is not performed by OHS (comment: not allowed).

Record keeping

Lithuania
In Lithuania, record keeping activities are not regulated by specific legal acts. One of the functions of occupational health specialists according to the Regulation on Enterprise Occupational Safety and
Health Services is to monitor health status of the employees, taking into account health hazards at the workplace. The Regulation on Occupational Health Monitoring is under preparation. Records are kept both by employer (limited information due to confidentiality) and by doctors (full medical information).

**Latvia**

In Latvia, records are kept both by employer (limited information due to confidentiality) and by doctors (full medical information).

**Estonia**

In Estonia, record keeping activity is regulated by: "OHS Act"; and "The procedure of medical examination of workers".

**Poland**

In Poland – regarding the record keeping activity the Occupational Medicine Service Act obliges:
1. primary occupational medicine units to store medical documentation of people covered by the unit
2. Regional (Voivodship) Centres of Occupational Medicine to:
   - keep registers of the establishments/terminations of units,
   - gather, store and process information contained in the registers,
   - gather, store and process information on the control of primary units.

**Finland**

In Finland, record keeping is performed by law by all medical units, taking into account confidentiality of data.

**Norway**

In Norway, record keeping activity is performed by OHS (no comments provided).

**Germany**

In Germany, record keeping activity is performed by OHS (no comments provided).

---

**Control of the content of OHS**

**Lithuania**

In Lithuania, there is no specific legislation for the performance of this activity. The State Labour Inspectorate is responsible to control only the establishment of OH&S services, but not the quality of OHS. The State Labour Inspectorate shall exercise control over compliance with the employee safety and health requirements in the enterprises.

**Latvia**

In Latvia, control of the content of OHS activities are generally controlled by the State Labour inspection with limited involvement of other institutions (fire safety, etc.).

**Estonia**

In Estonia, control of the content of OHS activity is not performed by OHS and it is not regulated by specific acts.

**Poland**

In Poland, the actual number of institutions entitled to control the content of the OHS is much larger. Different aspects of the work environment are in fact controlled by several institutions like the fire brigades, the Chief Mining Inspectorate, Trade Inspectorate etc., depending of the subjects of business activity.

Control of content of OHS activity is regulated by: The Occupational Medicine Service Act; The National Labour Inspectorate Act; and The National Sanitary Inspectorate Act.

**Finland**

In Finland, control of the content of OHS activity is shared between OSH Authority (compliance with the legislation) and Health Authority (content of the service provision).
Quality management following the ISO quality standards is widely applied in the Finnish industries, as elsewhere in Europe. Also the health care sector has started to apply quality management systems to ensure quality and improve the effectiveness of services. It was found necessary to develop quality systems also for occupational health services. A joint proposal was made by the Ministry of Social Affairs and Health and the Finnish Institute of Occupational Health to produce quality guidelines together with the practical providers of OHS. The guidebook, called “Good Occupational Health Practice”, was completed in 1997. It was distributed to all OHS units in the country, and is being boosted with an effective training programme by FIOH. It was intended that each OHS staff member be trained on the new legislation and the GOHP. The guideline was supplemented with a high number (40–50) of specific guides providing instructions for dealing with special issues and problems at work, such as chemicals, heavy physical work, occupational stress, measurement of work ability, biological factors, crisis management, workplace surveys, ergonomic planning, risk assessment, etc. The ‘Cochrane collaboration’ was initiated for searching an evidence base for good occupational health practice, and it can be expected to have a further positive impact on the quality of OHS. See www.cohf.fi.


**Norway**

In Norway, control of the content of OHS activity is performed by OHS (no comments provided).

**Germany**

In Germany, control of the content of OHS activity is not performed by OHS. The content of OHS is not controlled. But labour inspection authorities may control the employers and whether they have fulfilled the OHS standards adequately.

**Health promotion**

**Lithuania**

In Lithuania, health promotion activity is not performed by OHS. Legislation is under preparation. There are some companies which have health promotion programmes and seek to implement health promotion measures.

**Latvia**

In Latvia, health promotion activity is performed by OHS at least in theory. In practice such activities are carried out very seldom.

**Estonia**

In Estonia, health promotion activity is performed by OHS (no comments provided).

**Poland**

In Poland, health promotion activity is performed by OHS. It is regulated by the Occupational Medicine Service Act.

**Norway**

In Norway, health promotion activity is performed by OHS (comment: sometimes no).

**Germany**

In Germany, health promotion activity is performed by OHS (no comments provided).

**Finland**

In Finland, health promotion activity, namely Health education and health promotion, is defined as one of the core activities stipulated by the Finnish Act on OHS. Countries have indicated the levels of importance of the activities / content of OHS in the scale from 1 to 5 (1 is the lowest mark). Countries were asked to indicate only five most important (highest priority) activities / content of OHS from the list below. Lithuania, Latvia, Estonia and Finland marked only five in their opinion most important activities in the scale from 1 to 5 (one mark for one indicated activity only). The other countries marked more than five or even all activities indicating the levels of importance. The summary table is given below.
<table>
<thead>
<tr>
<th>Function Description</th>
<th>Lithuania</th>
<th>Latvia</th>
<th>Estonia</th>
<th>Poland</th>
<th>Finland</th>
<th>Norway</th>
<th>Russia</th>
<th>Germany</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. hazards identification and assessment at workplace</td>
<td>5</td>
<td>3</td>
<td></td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. surveillance of health risk factors</td>
<td></td>
<td></td>
<td></td>
<td>5</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. workplace risk assessment</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>1</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>d. improvement of working practices, testing, evaluation of health aspects of new equipment</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. advise and support in accident prevention and safety</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td></td>
<td>3</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. surveillance of workers health</td>
<td>5</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>3</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. work ability assessment and promotion</td>
<td></td>
<td></td>
<td>5</td>
<td>5</td>
<td>1</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. contribution to measures of vocational rehabilitation</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. informing and educating workers and employers on OH</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. organizing of first aid and emergency treatment</td>
<td>1</td>
<td>3</td>
<td></td>
<td>5</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. participation in analyses of occup. accidents and diseases</td>
<td>3</td>
<td>3</td>
<td></td>
<td>4</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>l. pre-employment and periodic health exams</td>
<td></td>
<td></td>
<td></td>
<td>5</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>m. curative services</td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>n. record keeping</td>
<td></td>
<td></td>
<td></td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>o. diagnoses of occup. diseases</td>
<td>2</td>
<td>1</td>
<td>5</td>
<td></td>
<td>4</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>p. diagnoses and treatment of general diseases</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>q. health promotion</td>
<td>1</td>
<td>3</td>
<td></td>
<td>2</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>r. disability accommodation</td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td>3</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>s. sickness absence analyses</td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>t. control the content of OHS</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td>2</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>u. other activities (please specify):</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

Table 20. Importance level of functions in occupational health services

Importance level marks from 1 to 5 (1 is the lowest mark)
Occupational health (OH) professionals

Definition of an OH professional

**Lithuania**

The definition of an occupational health professional is provided in the Regulation on Qualification Requirements for Occupational Health Specialists.

The Regulation on Qualification Requirements for Occupational Health Specialists also defines qualification requirements and professional expertise (competence) of occupational health professionals to be able to take an occupational health specialist position.

Occupational health specialist - a health care professional who has a medical, public health and nursing education and meets the obligatory requirements.

**Latvia**

In Latvia, there is no special definition for OH professionals. However, each group has some specific requirements.

In Latvia there are:

1. Occupational health doctors (also called occupational medicine physicians or occupational diseases doctors) – they generally work in occupational health clinics etc. (also in OHS services as one of the staff);

2. Occupational health and safety experts (official title – “labour protection experts”) – these are persons that typically have no medical background. There are 2 levels of these:
   a. Basic level occupational health and safety experts (160 hours training)
   b. Higher level occupational health and safety experts (university training of 1–2 years after bachelor degree)

3. Some other non-regulated experts such as ergonomists, toxicologists, psychologists, rehabilitation or physiotherapy experts, etc.

**Estonia**

Existing legal provisions for the OH professionals.

There are 5 different types of OH professionals in Estonia:

1. occupational health doctor
2. occupational health nurse
3. occupational hygienist
4. ergonomist
5. occupational psychologist.

There is a regulation called “OH specialists tasks in offering OH services” for the OH professionals.

**Poland**

There is no definition of an OH professional in Poland. As such, OHS professionals in Poland do not exist. Instead, the service comprises different vocations, such as occupational health physician, occupational health nurse, occupational health hygienist, occupational health psychologist, occupational health psychotherapist, ergonomist, public health specialist, general physician, etc.

**Norway**

There is no clear definition. But most professions in the OHS do have their own programmes to become specialists (proficiency) in their fields. The further you are towards becoming a specialist – the more professional you are recognized.

**Russia**

The Directive of Ministry of Health and Social Development of the Russian Federation No.415 approved on 7 July 2009 “About the statement of Qualifying requirements to experts with graduate and postgraduate medical and pharmaceutical education in sphere of public health services”


According to the documents there are two kinds of OH professionals:

1. Occupational physician – a specialist in occupational diseases, having the right to examine and treat patients.
2. Occupational hygienist – a specialist in occupational hazards, evaluates workplaces, makes occupational risk assessment, etc. Does not deal with patients.

Germany

The definition of an occupational health professional is provided in the Regulation No. 2 of the German Social Accident Insurance on accident prevention for occupational physicians, and for health and safety officers (DGUV-Vorschrift 2 “Betriebsärzte und Fachkräfte für Arbeitssicherheit”), – valid up to 2011, relieving the previous one from 1975.

In accordance with international law (ILO Conventions C 155 “Occupational Safety and Health” and C 161 “Occupational Health Services”), relevant EU legislation (“Framework” Directive 89/391/EEC) and with previous German legislation (ASiG) German employers are obliged to contract the counsel of specialists in occupational safety and health. BG legislation (DGUV Vorschrift 2) specifies the amount of specialist time to be provided per employee according to risk category of the enterprise nationwide. Occupational physician and safety professional, though employed or contracted by the company, are independent in their opinion. Their common tasks include the following:

- Advise the employer and any person responsible for OSH as well as accident prevention, especially:
  - When planning, constructing and maintaining company-owned installations and social and sanitary rooms,
  - When procuring technical equipment and introducing new work processes and working materials,
  - When selecting and testing full body protection,
  - When dealing with questions of work physiology, work psychology and further questions of ergonomics and work hygiene, especially working rhythms, working time and breaks, the structuring of work places, the organization of work and the work environment,
  - When organizing first aid in the company,
  - Questions related to change of job as well as the integration and re-integration of handicapped people into work;
  - Inspect plant premises and technical working equipment (especially before first use) and working procedures (especially before their implementation) from the point of view of safety;

- Observe the implementation of OSH and accident prevention regulations and in this context
  - Inspect places of work regularly, report on deficiencies noted to the employer or to the person normally responsible for OSH and accident prevention, propose measures for the elimination of such deficiencies and work towards their implementation,
  - Pay attention to the use of full body protection,
  - Investigate the causes of occupational accidents, collect the results of such investigations and propose to the employer measures for the prevention of such accidents;

- Work towards a situation where every employee conducts himself in accordance with the requirements of OSH and accident prevention, instruct them in particular on accident and health risks to which they are exposed during their working, as well as on installations and measures for the prevention of such risks, and participate in the training of safety commissioners.

- The occupational physicians have the additional task of examining employees, evaluating their health from an occupational medicine point of view of and of giving them advice, collecting and evaluating the results of such examinations, and to participate in the schedule and training both of employees in first aid and of the medical auxiliary staff.
Qualifications of OH professionals (What do the OH professionals graduate from? Any post-graduate / further / continues / on-the-job training required?)

**Lithuania**

Qualifications of occupational health specialists are provided in the Regulation on Qualification Requirements for Occupational Health Specialists.

To qualify for occupational health specialist post/position one must be:

1. occupational physician who graduated from medical studies and practised as occupational medicine specialist at the University or another state recognized educational institution that is authorized to carry out medical practice specialization or medical residency studies AND who has a valid license to practise medicine in accordance with occupational medicine physician professional qualifications;
2. medical doctor who graduated from medical studies, and integral 40 hours term professional health care courses in accordance with specific programmes coordinated by the Ministry of Health AND who has a valid license to practise medicine in accordance with occupational medicine physician professional qualifications;
3. occupational hygiene physician, who has a university degree in the field of biomedical sciences, with specialization in medicine AND who has a professional qualification certificate;
4. public health specialist who graduated from public health studies programme and received a Master degree or a comparable qualification;
5. occupational health nurse, who graduated from nursing studies and integral 120 hours term professional health care courses in accordance with specific programmes coordinated by the Ministry of Health.

**Basic education of OH professionals:**
- Occupational health physician – 6 years university medical studies and 4 years residency of occupational health.
- General physician – 6 years university medical studies plus 4 years of specialisation.
- General practice nurse – 3.5 years medical studies nurse specialty at Health Care College.
- Occupational hygiene physician – (until 1997) 6 years university medical studies.
- Occupational hygienist – (until 1997) 4 years medical studies specialty at Health Care College.
- Public health specialist – 4 years university medical studies plus 2 years master degree.

**Latvia**

Qualifications of OH professionals, based on existing legal provisions are:

1. For occupational health doctors there are traditional requirements as for any other medical profession – 6 years of basic studies followed by 4 years residency. For doctors already working in some areas and having been certified (e.g. general practice, internal medicine, etc.) there is an opportunity to take 500 hours long course (1 year) on occupational medicine and to apply for certification exam.
2. For occupational health and safety experts:
   d. Basic level occupational health and safety experts – 160 hours training offered by specially licensed medical centres. No special requirements for education or experience are set. Training programme includes both occupational safety and health aspects.
   e. Higher level occupational health and safety experts – at least 600 hours training (usually corresponding to master degree studies) over 1–2 years. Persons enrolling must have a bachelor degree in some specific areas (e.g. engineering, law, economics, health sciences, etc.).
3. Other non regulated experts – no special training systems are established at least for those specialising in occupational health (e.g. there are special programs for psychologists but not for occupational psychologists). Typically those working in the area of occupational health are self-trained and trained by experience or specific experience abroad.

**Estonia**

Qualifications of OH professionals, based on existing legal provisions:

1. occupational health doctor – 6 years at University of Tartu GP, after this 4 years occupational health residency
2. occupational health nurse (since 2007 health nurse) – nurse specialty at Tallinn Health Care College or Tartu Health Care College

3. occupational hygienist – MSc occupational hygienist specialty at Technical University of Tallinn, on the assumption of BSc chemistry specialty

4. ergonomist – BSc engineering specialty (specialized on ergonomics), MSc ergonomics specialty at Estonian University of Life Sciences

5. occupational psychologist – MSc at Technical University of Tallinn (under development).

Estonian occupational health and safety experts have also received postgraduate and upgrading training through several bi- and multilateral projects funded by EU, WHO and Finland.

Poland
Qualifications of OH professionals, based on existing legal provisions: Qualifications vary depending on vocations.

Norway
Qualifications of OH professionals, based on existing legal provisions: One must have the basic professional education – this is legally required.

In addition, the more of the post graduate specialist education one has – the better. On the job- training is added to this. None of this is legally required. However, the content (at least for the doctors) of the specialist training is regulated by the health authorities.

Russia
Qualifications of OH professionals, based on existing legal provisions:

- The labour code of the Russian Federation approved 30 December 2001 Nr197-FL,
- The experts with higher education according to RF legislation
- The Directive of Ministry of Health and Social Development of the Russian Federation No.415 approved on 7 July 2009 “About the statement of Qualifying requirements to experts with graduate and postgraduate medical and pharmaceutical education in sphere of public health services”
  1. Occupational physician – a specialist with higher medical education (graduate from medical institute or university) and having two postgraduate educations – in therapy or general practice and in occupational diseases.
  2. Occupational hygienist – after graduating from medical university has to specialize in general hygiene and then in occupational hygiene.

The directive N541 also contains the list of the duties of every medical worker and requirements for their qualification.

Germany
Qualifications of OH professionals, based on existing legal provisions:

Occupational physicians
The education and training of specialists in occupational medicine (Arbeitsmedizin) are regulated by the Federal Chamber of Occupational Physicians (Bundesärztekammer; BÄK) in a guideline for further education (“Musterweiterbildungsordnung”) and in the accordingly adapted guidelines of the 16 Federal States since matters of education are under state sovereignty. The specialization in Occupational Medicine requires five years of training. Requirements for board certification are as follows:

- 24 months training in internal medicine or general medicine
- 36 months training in occupational medicine
- 360 hours of theoretical instruction (as part of the five-year education period) at one of the seven licensed training institutes (Academy for Occupational Medicine).

In addition, a minor qualification model (Company medicine - Betriebsmedizin) is recognized for specialists in other areas of patient care such as Internal or General Medicine. Here only 24 months of training in occupational medicine, including 360 theoretical course hours have to be completed.
The theoretical training provided by the Academies follows the curriculum developed under the auspices of the Federal Chamber of Occupational Physicians.

**Occupational medical assistants**

Prerequisite is the successful graduation in a medical profession (e.g. nurse, medical secretary, technical medical assistant). Specialization requires participation in six weeks of training according to the recommendations of the Bonn study group for the support of the working-medical specialist staff. The training is not regulated.

**Occupational hygienists**

Occupational Hygiene postgraduate education was available in the former German Democratic Republic. It was the equivalent of “Occupational Medicine” and as such available for graduates in physics, chemistry, psychology, sociology and other sciences. The education does no longer exist as an independent qualification. Additional training in occupational hygiene is available for medical specialists, usually occupational health physicians.

**Occupational safety engineers and other safety professionals**

The education of safety professionals (OSH professional) takes in average several months; the absolute minimum is six weeks. For industry and trade the education process takes six weeks of presence in seminars and additionally several weeks of self-training phases including computer-based and web-based training. The education is accompanied by standardized test and a final examination after each phase. The prerequisites for becoming an OSH professional are either a university degree in engineering, a degree of a technician or a degree as a master craftsman including several years of professional experience. Additional key qualifications can be essential for specific branches and economic sectors.

In the public sector the distant learning is possible.

**State labour inspectors**

The education of state labour inspectors is under federal state authority and therefore not entirely uniform. However, there are generally three levels of state inspectors, depending on the level of professional education. Most federal states require a university degree for entrance into public service, a university degree in applied sciences or a master craftsmanship and several years of experience in industry. The newly recruited inspectors then undergo a two-year education programme (preparatory service), including legislation, OSH organization, industrial hazards and prevention, modern inspection techniques and social skills, as well as supervised inspections, in order to become fully qualified inspectors.

**Inspectors of statutory accident insurance institutions**

The education of the inspectors of the BGs* and UKs** is recently based on two models of training rules, one for industry and trade (BG) and the other for the public sector (UK). In consequence of the recent merge of the umbrella organizations to DGUV, there will be only one education and training model left in the near future. The curriculum is approved by the Federal Ministry of Labour (BMAS). The inspectors of the statutory accident insurance institutions have to have a university degree or a degree of a university of applied sciences, mostly in engineering or natural sciences. In some economic sectors such as construction the education as a technician or a master craftsman is also accepted; but these inspectors have less power. During the last century, especially due to the expanded prevention tasks including the prevention of work-related health hazards, inspectors accrue more and more from other disciplines, too, such as biology, psychology and medicine. Before starting active work as an inspector with full powers, the candidate has to undergo a two-year training on the job and to pass a final examination. As a prerequisite for becoming an inspector candidate she or he has to have a professional experience record of several years (3 to 5 in average).

*) The Berufsgenossenschaften (BGs) are statutory accident insurance institutions for industry and trade with health and safety inspection services of their own.

**) The Unfallkassen (UKs) are statutory accident insurance institutions for the public sector (public services such as railways, post and telecommunications, fire brigades) with health and safety inspection services of their own.

**Finland**

Training in occupational safety and health at various levels is organized officially for occupational health physicians, nurses, physiotherapists and psychologists. Also official qualifications, specialties or certain minimum training requirements are set for them. Due to such requirements virtually all experts working in occupational health services have passed a minimum level of training. Most occupational health nurses have special training in occupational health, and a half of the occupational health physicians are specialists in occupational health services.
The specialised training of OHS professionals

Specialized training, consisting of both theory learning and clinical practice, is required for all OHS professionals in Finland.

Table 21. Training of occupational health physicians in Finland

<table>
<thead>
<tr>
<th>Basic qualifications training, two years (24 months)</th>
<th>Theoretical</th>
</tr>
</thead>
<tbody>
<tr>
<td>at least nine months at a municipal health centre and at least six months at a hospital nine months of elective training (of which six months maximum elsewhere, e.g. in occupational health services, rather than a municipal health centre or hospital)</td>
<td></td>
</tr>
<tr>
<td>Specialized qualifications training, four years (48 months)</td>
<td>Occupational health service segment two years (24 months)</td>
</tr>
<tr>
<td>Clinical service in other fields of specialization one year (12 months)</td>
<td>course-type training (120 hours)</td>
</tr>
<tr>
<td>Segment on assessment of work ability and rehabilitation ½ year (six months)</td>
<td></td>
</tr>
<tr>
<td>Segment at the Finnish Institute of Occupational Health ½ year (six months)</td>
<td></td>
</tr>
<tr>
<td>National Specialist Examination</td>
<td>National Certification Board for Specialists</td>
</tr>
<tr>
<td>Deepened specialist studies in Occupational Medicine</td>
<td>Finnish Institute of Occupational Health</td>
</tr>
<tr>
<td>Theoretical training and resident service, two years</td>
<td></td>
</tr>
<tr>
<td>Deepened Specialist Exam</td>
<td>National Certification Board for Specialists</td>
</tr>
</tbody>
</table>


Specialist exam

A Government Ordinance specifies specialist education and provides rules for the specialist exam. The Ministry of Education after consultation with the Ministry of Social Affairs and Health stipulates the curricula allowed for each University. Curricula for Occupational Health are available in all five Medical Faculties. The national specialist exam is required after completing the specialist curriculum. After the exam, the medical authority grants the right to work as specialist. After the specialist exam in occupational health services one can continue studies to further specialize in occupational medicine aiming at competence in senior level (clinical) occupational medicine positions. These further studies require a two-year residence service and theoretical studies at the Finnish Institute of Occupational Health.

Curricula

Above is the 2007–09 version of specialist physicians’ training curricula in occupational health (OH) in the University of Kuopio. In principle, the curricula are the same in all the five Finnish Universities training OH physicians, as agreed upon in a co-ordination group for OH physicians’ training, consisting of professors and clinical lecturers in occupational medicine from all the five Universities.

The scheme above summarizes the six-year training contents. There are some alternative models to completing the segment at the Finnish Institute of Occupational Health or at the University of Kuopio. Such small differing arrangements may also be applied in the other universities, but otherwise the contents are the same.

Log book

Each university has its own log book to be completed by the trainee. The log book is in accordance with the training curricula, but until now has not included any quantitative, specific measures to evaluate the different tasks the trainee has completed during his/her training period (except the theoretical course-type training of 100+20 during the six-year period, in-service training of 160 hours during the occupational health segment of two years and 80 hours during the clinical service of one year).
However, a task force unified the requirements of the log book, and some quantitative measures have been included, e.g. how many worksite assessments with reports or health examinations of different type the trainee should complete under the supervision of the trainer. The co-ordination group for OH specialization training has accepted the new log-book. The task group finalized the book during the spring of 2008 and it came into use in the autumn semester of 2008 in all the five Universities. It was also decided that training in the proper use of log-book be organized for all tutors and physicians in specialist training during the last part of 2008.

Research project or thesis

Usually during the segment of the Finnish Institute of Occupational Heath the trainee has participated in some kind of project work the contents of which can vary a lot (participating in a research project and its reporting; participating to prepare a web-based learning course at the virtual university; literature reviews, etc). Although it has been a recommendation to participate in such activities, it has not been obligatory.

Occupational health nurse

Occupational health nurses have the basic training of a public health nurse. The studies of a public health nurse include theory and practice in occupational health services (approximately 10 ETCH). Complementary studies are needed for working in occupational health services. There are two possibilities to obtain the complementary training: in either a Polytechnic or at the Finnish Institute of Occupational Health. These studies provide the competence to work in occupational health services.

The schematic figure of the education and training of an occupational health nurse in Finland is shown in the figure below.

The main contents of the complementary training cover the OHS system, legislation on occupational health services and occupational safety and health; risk assessment; occupational hygiene (exposure to chemical, physical and biological factors); occupational medicine, psychosocial factors of work; ergonomics; health promotion; national OSH strategies; and planning of occupational health services.

The role of occupational health nurses is prominent. They coordinate the services and work as a core group with occupational health physicians in the Finnish occupational health service system.

Source National Profile on Occupational Health System in Finland, WHO Regional Office for Europe 2012.

---

**Figure 3. Occupational health nurse training scheme in Finland**


Note: One academic year corresponds to 60 ECTS (European Credit Transfer and Accumulation System) credits, equivalent to 1500–1800 hours of study in all countries irrespective of standard or type of qualification, and is used to facilitate transfer and progression throughout the European Union.
Other experts (e.g. psychologists)

For other professionals, such as safety officers and work organization experts, qualification requirements and formal training curricula are not systematically provided. Safety officers, however, have the possibility to take a voluntary safety examination and a higher-level safety examination with diplomas.

Occupational hygienists

Basic education and training at the university (chemistry or physics) which takes on average five years. Complementary training is organized, while working at the Finnish Institute of Occupational Health. The specialist exam is taken after a certain number of years of work experience and organized training.

Physiotherapists

Also physiotherapists may be employed in occupational health services. Sixteen polytechnics provide training in physiotherapy. The curriculum consists of a 140-week programme including 50 weeks for practical training. The Finnish Institute of Occupational Health organizes combined theoretical and practical postgraduate-level training for physiotherapists. This training is strongly ergonomics-oriented, focussing on workplace ergonomics.

Ergonomists

The University of Kuopio provides an extensive curriculum in ergonomics for students with different backgrounds. The degree may be a BSc (180 credits) or a MSc (in addition to the BSc 120 credits) in health research with an ergonomics orientation. There is an option for distant e-learning of ergonomics as well.


Duties of OH professionals (e.g. medical exams)

Lithuania

Functions/duties of occupational safety and health specialists as well as functions of occupational health specialists are defined in the Regulation on Enterprise Occupational Safety and Health Services.

Occupational health specialists perform the following functions/duties:

- monitor health status of employees, taking into account the work process;
- organize first aid, if needed;
- take part in investigation and analyses causes of accidents at work and occupational diseases;
- advise employees on health care issues, provide assistance to employees in adaptation to work processes, suitability for using personal protective equipment;
- organize training on healthy lifestyle, develop health promotion programmes for employees and arrange their implementation.

Latvia

Duties of occupational health professionals are varied:

1. Occupational health doctors’ main duties are pre-employment and employment health examinations. Some of the doctors are also involved in work of external OHS and might be involved in some specific tasks (e.g. working in university hospitals, training of students etc.).

2. Occupational health and safety experts’ main duties are support to companies (either working in companies or external OHS services). Obligatory work tasks include workplace risk assessment, evaluation of companies’ compliance towards occupational health and safety requirements and elaboration of preventive action plans. Any other tasks and duties could vary based on experience and training of experts.

3. For other experts no specific duties are mentioned anywhere in legislation.

Estonia

According to the Estonian OHS Act, the duties of OH professionals are:

In their work, occupational health specialists shall observe the following principles of professional ethics:

1. maintain the confidentiality of production and business secrets which become known to them in the course of their activities, except if departure from this is required in order to protect the health and safety of employees;
2. ensure the confidentiality of information concerning the health and private life of employees;
3. disclose the results of health surveillance to the management of the enterprise only in terms of the restrictions imposed on the performance of duties by employees by reason of contraindications;
4. provide information to employees concerning the risks associated with their professional activities and the working environment.
5. an employer and employees shall provide a work environment specialist with information necessary for the performance of their duties.

According to regulation “The procedure for medical examinations for workers”

During the medical examination the occupational health doctor shall:
1. assess the health status of the employee;
2. assess the suitability of the working environment or the organization of work to the employee;
3. identify any illnesses or occupational diseases caused by the nature of the work.

Poland
Duties of OH professionals vary depending on vocations.

Russia
Duties of OH professionals, based on existing legal provisions:
- The Order of Ministry of Health and the Medical Industry of the Russian Federation from March, 14th, 1996 N 90 “About the order of carrying out of preliminary and periodic medical surveys of workers and medical rules of the admission to a trade”.
- The Order № 83 of Ministry of Health and Social Development of the Russian Federation from September, 10th, 2004 « About the statement harmful and (or) dangerous production factors and works at which performance preliminary and periodic medical surveys (inspections) are spent, and the order of carrying out of these surveys (inspections).
- The Order of Ministry of Health and Social Development “About the statement of the schedule of medical aid at acute and chronic occupational diseases” (approved on 23 Mach 2011 No. 233-M).
- The Order of Ministry of Health and Social Development “About the statement of the schedule of work places certification according to working conditions” (approved on 26 April 2011 No. 342-M).

Rights of OH professionals

Lithuania
Rights of OH professionals are provided in the Regulation on Qualification Requirements for Occupational Health Specialists.
Occupational safety and health specialists have rights to:
- obtain the information necessary to carry out the functions assigned;
- obtain information about the working and potential employees from the company personnel services (in the absence of such a service - from the person representing the employer);
- check the company’s and its units compliance with the occupational safety and health requirements;
- propose to the employer to impose disciplinary penalties on company employees, who by their actions or inaction violate health and safety regulatory requirements;
- participate in work process of commissions, investigating workplace accidents and occupational diseases, as well as the activities of the company safety and health committee meetings;
- propose to the employer to invite experts of occupational safety and health to advise on specific occupational safety and health issues.

Latvia
Rights of OH professionals are mentioned in the Labour Protection Law and also in the Health Care Law (with regards to doctors). Basically the general principles are rather straight forward and well
acknowledged including right to receive information, access to workplaces and guarantees that no influence from employers or anybody also could be applied to professionals and no punishment could be applied because of fulfilment of their work tasks.

**Estonia**

According to the Estonian OHS Act, rights of OH professionals are:

An employer and employees shall provide a working environment specialist with information necessary for the performance of their duties.

**Poland**

Rights of OH professionals. Article 3 of the Occupational Medicine Service Act of Poland reads as follows: Individuals performing the activities of the OMS are, during their work, independent of the employers, the employees and their representatives and any other subjects for which they are conducting their professional work.

**Russia**

Rights of OH professionals, based on existing legal provisions:

- The Order of Ministry of Health and the Medical Industry of the Russian Federation from March, 14th, 1996 N 90 “ About the order of carrying out of preliminary and periodic medical surveys of workers and medical rules of the admission to a trade “;
- The Order № 83 of Ministry of Health and Social Development of the Russian Federation from September, 10th, 2004 « About the statement harmful and (or) dangerous production factors and works at which performance preliminary and periodic medical surveys (inspections) are spent, and the order of carrying out of these surveys (inspections);
- The Order of Ministry of Health and Social Development "About the statement of the schedule of medical aid at acute and chronic occupational diseases" (approved on 23 March 2011 No. 233-M);
- The Order of Ministry of Health and Social Development "About the statement of the schedule of work places certification according to working conditions" (approved on 26 April 2011 No. 342-M).

**Confidentiality of OH professionals**

**Lithuania**

According to the Law on Legal Protection of Personal Data all data including a person’s health data are confidential and should not be given to anybody with exception where the law enforces institutions to get or report the data through procedures defined by laws.

Concerning occupational health doctors there is a requirement that no confidential data about patients’ health could be given to employers.

**Latvia**

Confidentiality of OH professionals is covered in accordance to common practice. For occupational health doctors there are full requirements as for all other medical professionals with additional requirements that no confidential data about patients could be given to employers.

Other OH professionals are covered by general clauses stating that all data obtained are confidential and shall not be given to anybody with exception where law enforcing institutions are requiring it during lawful procedures of investigation.

**Estonia**

According to the Estonian OHS Act, the confidentiality of OH professionals:

1. maintains the confidentiality of production and business secrets which become known to them in the course of their activities, except if departure from this is required in order to protect the health and safety of employees;
2. ensures the confidentiality of information concerning the health and private life of employees.

**Poland**

Confidentiality of OH professionals issues vary depending on vocations. For example, confidentiality issues are regulated by the Act on the medical and dental professionals.
Russia

Confidentiality of OH professionals, based on existing legal provisions:

- Federal law “About bases of health protection of citizens” №181-cd approved on 17 July 1999;
- Federal Law from 27.07.2006 N 152-FL «On personal data»;
- Federal Law from 27.07.2006 N 149-FL «On information, informational technologies and protection of information»;
- The principles of confidentiality for OH professionals are the same as for all medical professionals.

Norway

Concerning the confidentiality of OH professionals, all health information on an individual comes under the general regulation of health information privacy. It cannot be disclosed without permission.

In the cases where legal requirements is set to the health for doing certain jobs, the OHS personnel will be obliged to report back to the employer, on the level that the employee has “passed/not passed” the legal requirements. No medical information should be disclosed.

Germany

Confidentiality of OH professionals. The principles of confidentiality of OH professionals are based on the § 208 of the Criminal Code, and on § 8 of the Management of Health and Safety at Work Regulations (Arbeitssicherheitsgesetz – ASiG), which explicitly mentions the physicians’ confidentiality – also towards the employers.

Training and certification of OH professionals

Lithuania

Occupational health specialists have the following basic education:

- Occupational health physician – 6 years university medical studies and 4 years residency of occupational health.
- General physician – 6 years university medical studies plus 4 years of specialization.
- General practice nurse – 3.5 years medical studies nurse specialty at Health Care College.
- Occupational hygiene physician – (until 1996) 6 years university medical studies.
- Occupational hygienist – (until 1997) 4 years medical studies specialty at Health Care College.
- Public health specialist – 4 years university biomedical studies (Bachelor degree) plus 2 years for Master degree.

The requirements for training and certification of Occupational Health Specialists are defined by the Regulation on Professional Development / Training Programme Content Requirements for Occupational Health Specialists. The Regulation defines requirements for the programme content, professional development courses for occupational health professionals and the duration of the courses to be organized.

The programme consists of separate training modules over different time courses, which are subject to certain groups of occupational health specialists: general physician, family doctors, public health specialists – 40 h, general practice nurses – 120 h. with a repetition rate of every 5 years for all.

Latvia

Qualifications of OH professionals, based on existing legal provisions are:

1. For occupational health doctors there are traditional requirements as for any other medical profession – 6 years of basic studies followed by 4 years residency. For doctors already working in some areas and having been certified (e.g. general practice, internal medicine, etc.) there is an opportunity to take 500 hours long course (1 year) on occupational medicine and to apply for certification exam. In any case special certification examinations shall be taken at the end of training. Certified occupational health doctors shall undergo recertification every 5 years proving their work experience and updating training during this period. If persons have not been working and have no training, recertification examination shall be taken.

2. For occupational health and safety experts:
   a. Basic level occupational health and safety experts – 160 hours training offered by specially licensed medical centres. No special requirements for education or experience are set.
Training programme includes both occupational safety and health aspects. No certification and / or recertification exams are required.

b. Higher level occupational health and safety experts – at least 600 hours training (usually corresponding to master degree studies) over 1–2 years. Persons enrolling must have a bachelor degree in some specific areas (e.g. engineering, law, economics, health sciences, etc.). Recertification is required for those experts that work in external OHS services or provide services to more than one company as external experts. Special exam shall be taken (20 test questions and 3 practical work environment situations).

Other non regulated experts – no special training systems are established at least for those specializing in occupational health (e.g. there are special programmes for psychologists, but not for occupational psychologists). Typically those working in the area of occupational health are self-trained and trained by experience or specific experience abroad. No special certification required for work in the area of occupational health and safety.

**Estonia**

Training and certification of OH professionals based on existing legal provisions.

1. occupational health doctor – 6 years at University of Tartu GP, after this 4 years occupational health residency

2. occupational health nurse – nurse specialty at Tallinn Health Care College or Tartu Health Care College

3. occupational hygienist – MSc occupational hygienist specialty at Technical University of Tallinn, on the assumption of BSc chemistry specialty

4. ergonomist – BSc engineering specialty (specialized on ergonomics), MSc ergonomics specialty at Estonian University of Life Sciences

5. occupational psychologist – MSc at Technical University of Tallinn.

No in-service training at the moment but it is on the planning process. A standard for occupational hygienist is coming out soon.

**Poland**

Training and certification of OH professionals vary depending on vocations. For example, medical doctors take a 5-year specialization course in occupational medicine, which entitles them to perform prophylactic medical examinations. Alternatively, those with sufficient work experience (at least 6 years of work in the former industrial health service) may also exercise such right.

On the other hand, nurses do an up to 2 year course (should last between 18–24 months but in certain instances may be shortened to 12 months) in occupational healthcare.

**Norway**

Training and certification of OH professionals is done by the professional associations who themselves pick colleagues deemed good enough to educate others.

There is no legal provision except for the physicians whose specialist training is governed by the health authorities.

**Russia**

Training and certification of OH professionals, based on existing legal provisions:

- The Labour Code of the Russian Federation approved 30 December 2001 №197-FL,
- The Directive of Ministry of Health and Social Development of the Russian Federation No.415 approved on 7 July 2009 “About the statement of Qualifying requirements to experts with graduate and postgraduate medical and pharmaceutical education in sphere of public health services”.

All the medical professionals have to prove their certificate every 5 years (after at least 144 hours training).
Liaisons with other stakeholders

**Lithuania**

1. Employers, employees, workplace safety committees (specific legislation describing rights and duties)

The OHS specialists work in liaison with stakeholders and provide services to each other.

Safety and health specialists are directly subordinate to the employer or employer representative person. (Regulation on Enterprise Occupational Safety and Health Services, Article 17).

The employer shall provide the safety and health professionals with

- the work facilities that comply with occupational safety and health regulatory requirements,
- the equipment and means necessary to carry out the duties of safety and health specialists, such as devices, medical instruments, literature and other tools necessary to perform the job. (Regulation on Enterprise Occupational Safety and Health Services, Article 16).

**Workplace safety committees (rights and duties)**

Occupational safety and health committees, that should be established in all enterprises having more than 50 employees, analyse and evaluate activities of employer, units of an enterprise, services in the field of occupational safety and health, develop measures to improve safety and health at work, give proposals to collective agreements, analyzes causes and circumstances of accidents at work and occupational diseases, as it is foreseen by the Law On Safety And Health At Work.

2. State authorities (specific legislation describing rights and duties)

The OH&S services are expected to cooperate with the State Labour Inspectorate which is obliged to provide information. In practice it does not happen or happens very seldom.

The Ministry of Social Security and Labour within its competency implements the state policy in the field of occupational safety and health (together with the Ministry of Health), following provisions of the Constitution of the Republic of Lithuania, laws, Governmental resolutions and other standard acts. The Ministry of Social Security and Labour (on its own or together with other Ministries) approves relevant standard acts on occupational safety and health, establishes the procedure of their enforcement and application, represents interests of the Republic of Lithuania in the field of occupational safety and health in other countries and international organizations.

State Labour Inspectorate controls compliance with requirements of standard acts on occupational safety and health, other labour relations legislation in enterprises. It also provides consultations to employees, trade unions, employers, safety services in enterprises on issues of safety, occupational hygiene, and compliance with labour laws, also collective agreements and contracts, as well as labour disputes.

The State Labour Inspectorate investigates accidents at work, occupational diseases, applications and requests of employees, participates in investigation of industrial accidents, attestation of employees on issues of occupational safety and health. It also controls the compliance with procedure and terms of inspection of technical status of potentially dangerous equipment, as well as performance of permanent supervision, organizes drafting of standard acts on supervision of equipment, performs the functions of the institution responsible for maintenance of state register of potentially dangerous equipment. In addition, it also approves OSH rules and standard instructions and provides consultations to employers, employees on issues of application of labour laws and prevention of accidents at work and occupational diseases.

3. Occupational safety services (specific legislation describing rights and duties)

Occupational health specialists are part of OH&S service unit’s team in accordance with the Regulation on Enterprise Occupational Safety and Health Services.

Occupational safety and health services units at enterprises carry out prevention of industrial injuries and occupational diseases, supervision and control of safety and health at work, provide consultations to employees on issues of occupational safety and health following provisions of Regulation On Enterprise Occupational Safety and Health Services.

Functions / duties of occupational safety and health specialists as well as functions of occupational health specialists are defined in the Regulation on Enterprise Occupational Safety and Health Services.

Duties and rights of occupational health specialists and occupational safety and health specialists are defined in the Regulation on Enterprise Occupational Safety and Health Services.
Occupational health specialists have the following duties:

- monitor health status of employees, taking into account the work process;
- organize first aid, if needed;
- take part in investigation and analyse causes of accidents at work and occupational diseases;
- advise employees on health care issues, provide assistance to employees in adaptation to work processes, suitability for using personal protective equipment;
- organize training on healthy lifestyle, develop health promotion programmes for employees and arrange their implementation.

Occupational safety and health specialists have the following duties:

- to inform the employer about possible hazards of occupational safety and health, and propose the preventive measures to be taken;
- to require that the employer or a person authorized by the employer to occupational safety and health or a person representing the employer takes the necessary measures to stop working when:
  1. an employee (staff) is not instructed properly how to operate safely;
  2. break-up of working tools and other emergency situation;
  3. work in violation of the technological regulations;
  4. collective work does not fit the necessary protective measures;
  5. workers are not provided with appropriate personal protective equipment;
  6. work environment endangers the lives of workers and undermines their health;
- to keep industrial and commercial secrets, to ensure that the information about health condition of employees is confidential.

4. Public health services (specific legislation describing rights and duties)

There are no legislation requirements for any relations with public health services. No specific liaison required by legislation.

Liaisons with public health services are mainly assured in research activities on occupational diseases.

5. Health services (specific legislation describing rights and duties)

Liaison of OHS with the health services (clinics) is mainly defined by the Regulation on Preventive Health Checks in Medical Facilities. The Regulation provides a table listing hazardous work and recruitments to compulsory medical check-ups as well as frequency and scope of check-ups.

Pre-employment and periodical health check-ups are provided by family doctors who have completed at least 36 hours of occupational medicine training or occupational medicine physicians, in consultation with other physicians if necessary.

The other important documents to be mentioned in defining the liaison of health services with the OHS:

- List of occupational diseases, approved by the Government of Lithuania (No. 122, 06-02-2006);
- Diagnostic criteria for occupational diseases, approved by the Ministry of Health (No. 1087, 29-12-2007).

Latvia

Liaison with

1. Employers, employees, workplace safety committees (specific legislation describing rights and duties)

The OHS services are liaised between all parties involved and is also providing services to each of them.

2. State authorities (specific legislation describing rights and duties)

The OHS services are expected to cooperate with State Labour inspection as there is general provision in the requirements that OHS services are obliged to provide information. In practice such information has not been asked yet.
3. Occupational safety services (specific legislation describing rights and duties)
Legally there is a requirement to nominate contact person at the company even though this person is not required to have OHS training.

4. Public health services (specific legislation describing rights and duties)
No specific liaison required by legislation.

5. Health services (specific legislation describing rights and duties)
OHS services are expected to work closely with health services including the requirement to provide information on workplace risk assessment, level of risk factors at workplaces and other workplace related information to occupational health doctors.

Estonia

1. Liaison with employers, employees, workplace safety committees (specific legislation describing rights and duties)
According to OHS Act:

Obligations and Rights of Employers and Employees:

1. An employer shall ensure compliance with the occupational health and safety requirements in every aspect related to the work.

2. An employer shall not allow employees to work if they lack necessary professional knowledge and skills, and knowledge about occupational health and safety.

3. If employees of at least two employers work at the workplace at the same time and one employer organizes the work, such employer shall be liable for collective occupational health and safety activities.

4. If employees of at least two employers work at the workplace at the same time and there is no employer who organizes the work, the employers shall enter into a written agreement on collective occupational health and safety activities and on the liability of employers. If no agreement has been concluded, the employers shall be solidarily liable for damage.

5. The collective activities specified in subsection of this section mean that the employers participating therein co-ordinate their activities to prevent dangerous situations and notify of each other and their employees or work environment representatives of risks and safety measures which may arise from working at the common workplace and ensure that their activities do not cause a risk to other employees.

6. Employers and employees are required to co-operate in the creation of a safe work environment. For this purpose, employers shall consult employees, the work environment representative or the employees’ representative in advance in issues relating to the work environment concerning the planning for measures to improve the work environment, designation of employees responsible for performance of rescue work, provision of first aid and evacuation of employees, the planning and organization of the occupational health and safety training and the choice and application of new technology and work equipment. An employer shall, where possible, take into account the proposals and invite the employees to participate in the implementation of such plans.

7. An employer shall inform another employer whose employees perform duties in the enterprise of the employer of the risks related to the operation of such enterprise and the measures to avoid such risks, and who shall in turn inform the employees of the risks present at the workplace and instruct them in ways to avoid such risks before they commence performance of their duties. Also, the measures relating to rescue work and provision of first aid and employees responsible therefore must be made public.

8. A sole proprietor shall ensure the soundness and correct use of the work equipment, personal protective equipment and other equipment belonging to them in any and all work situations.

Advisory Committee on Working Environment:

1. The Advisory Committee on Working Environment is an advisory board within the Ministry of Social Affairs which deals with issues concerning the work environment and comprises occupational health and safety experts of government agencies, central associations of employers and central unions of employees.

2. The main function of the Advisory Committee is to make proposals for and express opinions on the development and implementation of the work environment policy.

3. The Advisory Committee shall perform the following functions:

   a. regularly assesses the condition of work environments in the state;
b. gathers, reviews, and discusses proposals by social partners for improvement of the work environment;
c. analyses the effectiveness of measures for improvement of the work environment;
d. makes proposals and recommendations to the Minister of Social Affairs on work environment issues;
e. discusses draft Acts and regulations submitted to the Riigikogu, the Government of the Republic and the Minister of Social Affairs and provides assessments thereof;
f. makes proposals to amend legislation.

4. The rules of procedure of the Advisory Committee on Working Environment shall be established by its statutes, which shall be approved by the Minister of Social Affairs. The membership of the Advisory Committee shall be approved by the Minister of Social Affairs on the basis of proposals from government agencies, central associations of employers and central unions of employees.

2. Liaison with state authorities (specific legislation describing rights and duties)

According to OHS Act:

Functions of the Health Board in the field of occupational health:
1. participate in the preparation of occupational health programmes and organize their implementation;
2. analyse information concerning occupational illnesses and illness related to work of employees;
3. organize refresher courses to occupational health specialists;
4. register occupational health service providers.

Obligations and rights of labour inspectors:
Labour inspectors shall be independent in performing their duties and impartial in making decisions.

A labour inspector is required:
1. to investigate fatal occupational accidents and, if necessary, cases of occupational disease and other occupational disease;
2. to exercise supervision over investigations of occupational accidents and over the implementation of measures for the prevention of occupational accidents and occupational diseases;
3. to check, as necessary, conformity of the working conditions of a new or reconstructed building to the established requirements if the notice specified in clause 13 (1) 17) of this Act has been received from the employer;
4. to maintain the confidentiality of production or business secrets which become known to them in the course of performing their duties, except if the duty to disclose such information is provided by law;
5. not to disclose information to the employer or others concerning a person who has notified them of deficiencies present in the working environment or of non-compliance with the requirements of legislation regulating occupational health and safety, unless the person wishes such information to be disclosed;
6. to stop work which is dangerous to the life of employees or that of other persons, and to prohibit the use of life-threatening work equipment;
7. to present a certificate of employment when performing their duties.

A labour inspector has the right to:
1. check adherence with the requirements provided by this Act and legislation established on the basis thereof;
2. enter, for exercise of supervision, in coordination with the employer, the workplaces being inspected, including, if necessary, without giving prior notice;
3. obtain information necessary for the exercise of supervision, to examine relevant documents in the process of supervision, to obtain copies of the documents, without charge, or make them on site, and, if a misdemeanour is suspected, to take the documents with them;
4. demand audit measurements of the work environment, take photographs, and take samples from materials or substances for analysis;
5. question, alone or in the presence of witnesses, the employer, work environment representative, work environment specialist and employees;
6. identify persons in the process of supervision;

7. issue a precept to terminate a violation of the requirements provided in this Act or in the legislation established on the basis thereof, to eliminate the consequences of the violation, to make good the damage caused by the violation or breach or to perform other acts.

3. **Liaison with occupational safety services** (specific legislation describing rights and duties)

In their work, an occupational health specialist shall observe the following principles of professional ethics:

- maintains the confidentiality of production and business secrets which become known to them in the course of their activities, except if departure from this is required in order to protect the health and safety of employees;
- ensures the confidentiality of information concerning the health and private life of employees;
- discloses the results of health surveillance to the management of the enterprise only in terms of the restrictions imposed on the performance of duties by employees by reason of contraindications;
- provides information to employees concerning the risks associated with their professional activities and the work environment.

An employer and employees shall provide a work environment specialist with information necessary for the performance of their duties.

4. **Liaison with public health services** (specific legislation describing rights and duties)

In Estonia occupational health services do not have any liaison with public health services.

Public health services are organized by the National Institute for Health Development. The mission of NIHD is the consistent promotion of the health of the Estonian population and the permanent rise of the quality of life through the knowledge-based development and applied research activities.

Workplace health promotion network (organized by the National Institute for Health Development).

5. **Liaison with health services** (specific legislation describing rights and duties)

Occupational health care is not included into “Health Services Organization Act”.

**Poland**

**Liaison with**

The Occupational Medicine Service Act of 1997 obliges the Polish OMS to liaise with several partners including:

1. The employers and their organizations
2. The employees and their representatives (trade unions in particular)
3. Primary care doctors (i.e. family doctors) attending to the workers
4. The Social Insurance Fund, The Agricultural Social Insurance Fund, Governmental Commissioner for the Disabled, disability certification units, the National Health Fund
5. The National Labour Inspectorate, The National Sanitary Inspectorate and other authorities eligible to oversee the working conditions
6. The scientific-research institutes, academic units or any other research entities whose activities serve the working population.

Specific liaison activities between the OMS and the partners listed above comprise the following activities listed below.

OMS liaison with employers and their organizations and employees and their representatives (trade unions in particular), Workplace safety committees:

- ongoing and mutual exchange of information concerning occupational risks found at workplaces and formation of conclusions that would lead to either a minimization of such risks or their complete elimination,
- participation in health-promoting initiatives (especially those concerning health promotion),
- adjustment of health care forms to the types of businesses and the occupational risks functioning therein.
OMS liaison with state authorities:
- provision of contract-based health care services to the aforementioned entities,
- informing due Inspectorates of 1) health risks identified at a given workplace and 2) any violations of employees' health protection-related duties (as per The Occupational Medicine Service Act, The Labour Code Act or any other regulations resulting from these Acts),
- due Inspectorates inform the OMS of the results of employers' controls (in instances where employees' health is at stake).

OMS liaison with health services, eg. primary care doctors (i.e. family doctors) attending to the workers:
- exchange of information between the OMS and the primary care physicians concerning inter alia detrimental health conditions in connection with either occupational risks or the mode of working.

OMS liaison with the Social Insurance Fund, the Agricultural Social Insurance Fund, Governmental Commissioner for the Disabled, disability certification units, the National Health Fund:
- provision of contract-based healthcare services to the aforementioned entities.

OMS liaison with the National Labour Inspectorate, the National Sanitary Inspectorate and other authorities eligible to oversee the working conditions
- informing due Inspectorates of 1) health risks identified at a given workplace and 2) any violations of employees' health protection-related duties (as per The Occupational Medicine Service Act, The Labour Code Act or any other regulations resulting from these Acts),
- due Inspectorates inform the OMS of the results of employers' controls (in instances where employees' health is at stake).

OMS liaison with the scientific-research institutes, academic units or any other research entities whose activities serve the working population:
- participation in 1) research activities and 2) scientific workshops,
- dissemination of scientific information,
- participation in postgraduate training
- consultation with regards to the formulation of 1) academic curricula and 2) vocational improvement courses.

Finland
Liaison with
EMPLOYERS (rights and duties)
General obligations of the employer
General obligation to take care of the employees' safety and health at work, considering all the aspects of work and working conditions, the work environment, as well as personal prerequisites of the employee, including professional skills, experience, age, gender and other relevant aspects.

In the planning of the measures for safety and health, the following principles must be followed as far as possible:
1. Primary prevention
2. Elimination of hazards and, when not possible, substitution with less hazardous alternatives
3. Collective safety and health measures ahead of individually targeted ones
4. The development of technology and other available means must be considered.

Continuous follow-up of the work environment, the state of the work community, and the safety of work practices.
Evaluation of the impact of the implemented measures on safety and health, including physical and mental health and safety, and functioning of the social relations at the workplace, plus aspects of possible harassment as well as inappropriate behaviour at the workplace.
Consideration of safety and health measures at all levels of the organization (integration of safety and health in the overall activities of the enterprise).

The Act obligates the employer to consider some general aspects of work. These are: predictive safety analysis, psychological stress and other psychological and psychosocial aspects, adjustment of the work to the worker’s capacity, paying special attention to young and ageing workers, chronically ill and handicapped persons, pregnant women, and hazards to the reproductive health of the worker. The Act covers also the need for training, information and guidance of workers exposed to special safety and health hazards.

**Specific obligations of the employer**

**Drawing up an occupational safety and health policy**, which includes objectives for the promotion of safety and health, and the maintenance of the employees’ work ability. The need to develop the working conditions, and the safety and health impact of the factors in the work environment are to be considered.

The above objectives of the policy shall be taken into consideration in the planning and development of the workplace and in the drawing up of an **Occupational Safety and Health (OSH) Action Plan**.

The Action Plan may include the following aspects:

- Principle of predictive safety and health
- Evaluation and follow-up of the need to develop the work environment
- Consideration of the development needs in the planning and implementation of the enterprise’s activities
- Description of the arrangement of safety activities and occupational health services
- Description of methods for following up the OSH objectives and organization of the follow-up of working conditions and internal inspections
- Description of the role of OSH authorities and occupational health services as experts in the OSH activities of the enterprise
- Principles for information and training in OSH, and the role of OSH in the guidance and instruction of new employees

**Identification and assessment of hazards and risks**

The following aspects, among others, are considered:

- Risk of accidental injury or other detriment to health
- Registered accidents, occupational and work-related diseases, and hazardous conditions
- Age, gender, professional skills and other personal prerequisites of the employee
- Work load
- Possible risk for reproductive health
- Especially dangerous (high-risk) jobs
- Hazards to pregnant women or to the foetus

The results of the assessment must be documented, updated, and repeated always when the conditions of work are essentially changed.

**Planning of the work environment**

- Planning safe work tasks and work environments
- Consideration of handicapped and otherwise vulnerable employees
- Responsibilities of the planners (internal or external)
- Good planning practice

**Planning of work**

- Considering the physical and psychological capacities of the employees
- Particular attention to physical and mental work load
- Use of external experts

**Training and guidance for employees**

- Sufficient guidance and instruction of new employees
- Training and guidance in the prevention and avoidance of hazards and risks
- Instructions on how to act in exceptional situations, such as maintenance work or disturbances in production processes
• Updating or complementing training and instructions when needed

**Provision of personal protective equipment and work aids**

• A secondary safety measure
• Special requirements for effectiveness, safety and usability
• Purchasing and costs handled by the employer
• Selection and suitability for use
• Protective clothing and work clothing
• Provision of work aids
• Detailed requirements in the Governmental Decree

**Substitute for the employer**

Criteria for the person who can represent and be responsible for the legal obligations of the employer in OSH matters

**Collaboration between the employers and employees**

• Special provisions in the Act on Occupational Safety and Health Enforcement and Cooperation on Workplace Safety and Health
• Provision of information concerning safety and health and other aspects related to working conditions (right to know) at work, assessments, investigations and plans
• Discussion of the above matters with the employees and their representatives
• Duty of employees to collaborate in OSH activities with the employer
• Right of the employee to make initiatives and proposals related to OSH

*Source: Analytical Report 2006*

**EMPLOYEES (rights and duties)**

**Obligations of the employees**

*General obligations*

• Obligation to follow orders and instructions given by the employer within the limits of his/her authority
• Taking care of order and cleanliness at the workplace
• Following the principles of prudent practice and carefulness
• Observing one’s own and others’ safety and health
• Avoidance of activities which may be hazardous to the safety or health of other workers

*Special obligations*

• Elimination and notification of faults and deficiencies (in OSH)
• Immediate notification to the employer or to the safety representative of the employees
• Active elimination of faults
• The employer’s obligation to inform about actions undertaken on the basis of notifications
• Using personal protective devices when appropriate
• Safety in the use of work tools
• Following instructions in the handling of dangerous chemicals
• Obligation to use machine safety equipment and safety structures in buildings

**Employees’ right to refrain from hazardous work**

• Definition of serious hazard or danger
• Assessment of serious hazard or danger
• Notification of the refraining to the employer
• Right of the safety representative and safety inspector to interrupt hazardous work (stipulated in the Act on Occupational Safety and Health Enforcement etc.)
• Freedom from economic liability in cases of refraining from work

*Source: Analytical Report 2006*
Workplace safety committees (rights and duties)

Every workplace with 20 employees or more needs to establish an elected Occupational Safety and Health Committee with representation of workers (usually 50% of members), salaried employees (usually 25%) and employers (usually 25%).

The tasks of the OSH Committee can be listed as follows:

The Committee draws up
- an annual activity programme that takes into consideration the occupational safety programme of the enterprise.

Discusses the following aspects of safety and health
- state of OSH and proposals for improvement
- need for safety investigations, their implementation and follow-up
- organization of monitoring health and safety at work
- need for internal safety inspections
- proposals for OSH policy programme of the enterprise and other programmes and plans for health and safety
- giving statements and following up the implementation
- implementation of occupational health services
- dissemination of OSH information.

Makes initiatives on
- development of occupational health services
- OSH training and introduction of OSH.

Participates in
- activities for the promotion and maintenance of work ability
- occupational safety inspections and investigations.

Authorities (rights and duties)

According to the Act on Occupational Safety and Health Administration (16/1993) the Occupational Safety and Health Authorities shall promote safety and health at work by:

- developing (and promoting) safety and health at work
- supervising through inspections and investigations the compliance of OSH regulations, within the legal mandate stipulated to the OSH Authority
- carrying out planning and development activities for OSH
- carrying out advisory, information, research, and training and education activities for OSH
- providing instructions, advice and statements on the implementation of OSH regulations
- providing instructions, advice and training on OSH for the self-employed and planning and developing OSH for their needs
- collaborating actively with the organizations of employers and workers in the field of OSH
- performing all the other functions and tasks especially stipulated to the OSH Authority.

The OSH Authorities are independent in their supervisory and inspection activities.

The powers given to inspectors are set out in the Act on Occupational Safety and Health Enforcement and Cooperation on Workplace Safety and Health (44/2006) and include the power

- of entry into any place of work at any reasonable time of day or night to carry out inspections and make enquiries
- to question employers and employees about matters of occupational health and safety, and other matters concerned with working conditions. This power does not extend, however, to requiring them to make a written statement
- to call for and examine all registers and other documents required to be kept by law
- to take samples of materials and products for analysis
- to take photographs and measurements
- to issue an inspection protocol or improvement notice. The notice identifies the law that is being broken, describes the nature of the deficiency, may suggest how the deficiency can be rectified, and
stipulates a time limit within which the employer must respond to the inspector on the action he has taken

- to issue a legally binding enforcement notice under the authority of the Head of Inspectorate if the inspection protocol has not had the desired effect. The notice stipulates a time limit within which the required work must be completed and may, though this is not obligatory, set a fine which must be paid if the deadline is not met. The employer has the right of appeal to a regional administration court.
- to issue a prohibition notice in cases where an inspector believes there is an imminent risk to life or health. The notice comes into force immediately.

In cases of wilful intent or negligence, and normally after an accident, an inspector may draw up a report for the public prosecutor who will initiate an investigation by the police. Any prosecution which follows may lead to the offender being fined or sent to prison. The prosecution will be taken against an individual or individuals within the company, since there is no facility in the law for proceedings to be taken against the company itself.

- Occupational safety services. OHS and OSH work closely together at the workplace level.
- Public health services. Municipal health centres comprise one service provision mode of OHS, especially for small enterprises and farmers.
- Health services. This liaison is established through the Advisory Board on OHS.

**Norway**

**Liaison with**

1. **Employers, employees, workplace safety committees (specific legislation describing rights and duties)**

   The OHS Provider is an independent assistance to all the three parties separately if needed.

2. **State authorities (specific legislation describing rights and duties)**

   The OHS Provider is expected to cooperate with government agencies. Legally required to cooperate with the Labour Inspection Authority.

3. **Occupational safety services (specific legislation describing rights and duties)**

   As part of the OHS Provider – there should be the best of cooperation. As independent body it will cooperate on a voluntary basis with the OHS Provider of the enterprise.

4. **Public health services (specific legislation describing rights and duties)**

   There is no liaison. As part of the OHS Provider – there should be the best of cooperation. As independent body it will cooperate on a voluntary basis with the OHS Provider of the enterprise.

5. **Health services (specific legislation describing rights and duties).**

   OHS Providers will use the service of the Department of Occupational Medicine.

**Russia**

**Liaison with**

1. **Employers, employees, workplace safety committees.** Specific legislation describing rights and duties:

   - The local regulations.

   Employer is responsible for providing healthy workplace conditions for employees, organizing of pre-employment and periodical medical examinations, workplace certification, investigation of the cases of workplace accidents and occupational diseases. Employees and safety delegates can participate in investigation of the cases of workplace accidents and occupational diseases.

2. **State authorities.** Specific legislation describing rights and duties:

   - Federal law “About bases of health protection of citizens” №181-cd approved on 17July 1999;
   - Federal law: “Sanitary-epidemiological well being of the population” (b 52-FL, approved on 30 March 1999);
   - Bases of the legislation of the Russian Federation about health protection of citizens approved on 22.07.93 № 5487-1.
The statistical data on OHS are reported to state authorities and then are used in developing of the national and local public health strategies.

3. **Occupational safety services.** Specific legislation describing rights and duties:

- Federal law “About bases of health protection of citizens” №181-cd approved on 17 July 1999;
- Federal law: “Sanitary-epidemiological well being of the population” (b 52-FL, approved on 30 March 1999);
- Bases of the legislation of the Russian Federation about health protection of citizens approved on 22.07.93 № 5487-1.

OHS and occupational safety services are working together in commission investigating of the cases of workplace accidents and occupational diseases. The commission is organized by employer.

4. **Public health services.** Specific legislation describing rights and duties:

- Federal law “About bases of health protection of citizens” №181-cd approved on 17 July 1999;
- Federal law: “Sanitary-epidemiological well being of the population” (b 52-FL, approved on 30 March 1999);
- Bases of the legislation of the Russian Federation about health protection of citizens approved on 22.07.93 № 5487-1.

According to the new Directive of the Ministry of Public Health and Social Development N 233 “On adoption of the order of medical aid for the patient with acute and chronic occupational diseases” issued 23 March 2011 the medical service if it is organized within the enterprise should belong to public health services.

5. **Health services.** Specific legislation describing rights and duties:

- Federal law “About licensing of some types of activities” №128-cd approved on 8 August 2001;

A part of OHS (workplace certification, pre-employment and periodical medical examinations) can be carried out by the private organizations if they have the state licence for the certain kind of work and the contract with employer.

**Germany**

Liaison with

1. **Employers, employees, workplace safety committees**

The German Social Code, volume 7, states in § 20 that the inspection services of the accident insurance institutions have to cooperate with the state labour inspection authorities to coordinate their independent activities for safety and health, mutually informing each other. Their common platform to harmonize their activities as well as their strategies is the Länder committee/ board for occupational safety and safety engineering (Länderausschuss für Arbeitsschutz und Sicherheitstechnik (LASI)).

2. **State authorities**

Liaison of OHS with the state authorities is indirect, because the state labour inspection authorities check safety and health in enterprises, but not the OHS.

3. **Occupational safety services**

OHS and occupational safety services are liable to work together according to Regulation No. 2 of the German Social Accident Insurance on Accident Prevention for occupational physicians, and for health and safety officers explicitly (DGUV-Vorschrift 2 “Betriebsärzte und Fachkräfte für Arbeitssicherheit”).

4. **Public health services**

There is no liaison between OHS and public health services, not engaged.

5. **Health services**

There is no liaison between OHS and health services, not engaged.

Additional information provided:

The federal government, the federal states and the public accident insurance institutions have agreed on the basis of international and European specifications a joint, nationwide occupational safety and health strategy, which was confirmed in November 2007 by the 84th Labour and Social Affairs Ministers’ Conference of the Federal States (ASMK). The central objective of the Joint German Occupational Safety and Health Strategy (GDA) is to preserve, improve and promote the safety and health of workers by means of efficiently and systematically implemented occupational safety and health — supple-
mented by measures of workplace health promotion. For this purpose the safety and health awareness
of employers and workers in particular must be enhanced.

The GDA encompasses the development of joint occupational safety and health objectives, the estab-
lishment of priority fields of action and cornerstones for work programmes, and their implementation
according to uniform principles. All activities and results of the GDA are evaluated using appropriate
key figures. At the same time the GDA is aimed at establishing a harmonised procedure on the part of
the state authorities responsible for occupational safety and health and the accident insurance institu-
tions in the consultancy for and monitoring of companies; it is also aimed at creating a user-friendly,
transparent and harmonized set of rules and regulations.

The GDA is developed, controlled and updated by the National Occupational Safety and
Health Conference (NAK). The NAK is made up of three voting representatives from each of
the federal government, the federal states and the accident insurers as permanent GDA bod-
ies and up to three consultative representatives of the leading associations of the social partners.
The occupational safety and health forum, in the form of an expert conference, serves to provide di-
rect and regular specialist feedback of the strategy’s content and results with occupational safety and
health experts, actors in adjacent policy-making domains, science and the specialist public.

Top-quality work thanks to top-quality workplaces – that is the vision of the Initiative for New Quality
of Work (INQA). This confederation of companies, social partners, social insurance funds, founda-
tions, Federal Government and Federal States was created in 2001. United in the desire to create
more and better workplaces, INQA has since gone for a broad-based debate in society and produc-
tivity-enhancing know-how transfer. The companies involved focus attention not only on the present
and future need for assistance, but also make their experience available to the other members of the
organization, for sustainable corporate cultures, for new approaches in employee orientation and for
greater motivation and competitiveness.

Under the umbrella of INQA a Europe-wide competence and company network has grown. The Federal
Institute for Occupational Safety and Health (BAuA) provides its administrative office. The gain in terms
of interaction is clear: INQA visions for a forward-looking world of work for tomorrow are enhanced by
the BAuA specialists with their state-of-the-art design knowledge in safety and health. With their ex-
pertise in the work sciences, engineering or medicine, BAuA employees act as expert mediators and
process managers.

Public relations and transfer work with the companies on the same level – here again BAuA supports
the confederation with management and organizational resources. The Initiative’s success justifies
the efforts of those involved: While the INQA develops courageous and, at the same time, accessible
visions which are state-of-the-art in corporate health management, BAuA can continue to enhance its
profile as the company’s partner. Through their interplay they make highly acknowledged contributions
to the success of the European Union’s social policy agenda and to the ongoing development of its
industrial capacities.
Disputes and Penalties

Lithuania
Type of penalties, who can imply them, what instance handles the disputes
The enforcement of the occupational health and safety laws and regulations is controlled by the State Labour Inspectorate under the Ministry of Social Security and Labour, whereas the State Labour Inspectorate can apply penalties.

Settlement of disputes:
Disputes related to the application and violations of regulations on safety and health at work shall be settled in accordance with the procedure established by Law of the Republic of Lithuania.
Collective labour disputes related to safety and health at work shall be settled in accordance with the procedure established in the Labour Code.

Estonia
Type of penalties, who can imply them, what instance handles the disputes
Health Board is inspecting occupational health service providers.

In the event of violation of the requirements of OHS Act or legislation established on the basis thereof, a labour inspector has the right to issue a precept. A precept is mandatory for an employer. A labour inspector has the right to inspect compliance with the precept within the term specified therein.

Upon failure to comply with a precept, a labour inspector may impose a penalty payment pursuant to the procedure provided for in the Substitutive Enforcement and Penalty Payment Act.

If an employer does not agree with a precept issued by a labour inspector, the employer has the right to file a challenge with the head of the regional office of the Labour Inspectorate within ten calendar days after receipt of the administrative act. If a precept is issued by the head of the regional office of the Labour Inspectorate, the employer has the right to file a challenge with the Director General of the Labour Inspectorate within ten days after the date of receipt of the administrative act.

Poland
Type of penalties, who can imply them, what instance handles the disputes
All inspection bodies are entitled to impose sanctions (ranging from financial ones to orders of business termination) on the employers that do not obey the law. All interest parties however, are entitled to pursue their rights in court. For example, employees that do not agree with the statements of medical certifications (issued by an authorized OMS physician) concerning work ability and/or occupational diseases may appeal against the decision and ask for additional examinations that are then performed in the higher-ranked OMS units.

Finland
Type of penalties, who can imply them, what instance handles the disputes

Type of penalties
Sanctions cover warnings, requests for correction, conditional imposition of a fine that is proportional to the urgency and severity of the risk, immediate closing of the plant, and lawsuits. Only a very minor part of the inspections lead to a lawsuit.

Section 23 of the OSH Act states that the employee has the right to refuse work that may cause serious danger to the life or health of the employee involved or any other employees.

Who can imply them?
The Occupational Safety and Health Authority oversees compliance with the regulations. Workplaces are ranked in priority order on the basis of risks and inspected according to the ranking order.

According to the Act on Occupational Safety and Health Administration (16/1993) the Occupational Safety and Health Authorities shall promote safety and health at work by:

- developing (and promoting) safety and health at work
- supervising through inspections and investigations the compliance of OSH regulations, within the legal mandate stipulated to the OSH Authority
- carrying out planning and development activities for OSH
carrying out advisory, information, research, and training and education activities for OSH
providing instructions, advice and statements on the implementation of OSH regulations
providing instructions, advice and training on OSH for the self-employed and by planning and developing OSH for their needs
collaborating actively with the organizations of employers and workers in the field of OSH
performing all the other functions and tasks especially stipulated to the OSH Authority.
The inspectors also have a power to inspect the compliance of the employers’ duty to organize occupational health services according to the Act on Occupational Health Services.


Norway

Type of penalties, who can imply them, what instance handles the disputes

The Labour Inspection Authority may penalise the enterprises for not having fulfilled their legal obligation to employ an OHS Provider (has never really been done).

Disputes between an enterprise and an OHS Provider are generally handled as private business matters. Worst case in the general Court system.

The Labour Inspection Authority can withdraw the status of authorized OHS Provider.

The Health Inspection may penalise health personnel also in the OHS for medical wrongdoings.

Russia

Type of penalties, who can imply them, what instance handles the disputes

Types of penalties are determined by the Administrative, Labour, Civil and Criminal Code.

In case of some infringements committed by medical organization its licence can be stopped by state authorities. All other kinds of penalties can be appointed only by court.

Germany

Type of penalties, who can imply them, what instance handles the disputes

The overall responsibility for organizational safety and health on the operational level rests with the employer. Employers may delegate some of these responsibilities to supervisors and safety delegates in terms of operational oversight and application, but all OSH provisions are aimed at the employers themselves, and it is they who are responsible for the health and safety of their employees in the workplace. Even though the German OSH laws, ordinances and regulations are aligned with the German transposition of the European framework directive, the occupational health and safety act (Arbeitsschutzgesetz), and the corresponding transposed single directives, the application and enforcement of this legal base on the workplace level can vary widely, and be dependent on the OSH culture within enterprises and indeed different sectors of industry and trade and especially the size of the enterprises The most advanced safety level in Germany’s industries is achieved in the large-scale chemical industry with an index of less than 15 accidents per 1,000 workers. Most problematic OSH situations generally appear in small and medium-sized enterprises. This is the same for all other European countries. Since 1973, employers have been required by law to take advice on OSH-related matters from company doctors and occupational safety officers. The requirements of company doctors and occupational safety officers, their job descriptions, and their duty to cooperate with various other parties are laid down in the law on occupational physicians, safety engineers and other occupational health and safety specialists (Arbeitssicherheitsgesetz).

The state labour inspectors have to control and consult the enterprises rsp. the employer and/or his representatives. The labour inspector has – derived from several laws - the power to:
• Enter, inspect and examine workplaces and business premises during working hours and to inspect business documents;
• Examine plant, work equipment and personal protective equipment, as well as working procedures and processes;
• Perform measurements and, in particular, identify work-related health risks and investigate the causes of an occupational accident, disease or injury;
• Require the employer or a person designated by the employer to accompany them;
• Issue enforcement notices to have certain measures taken to eliminate or reduce a hazard where employers are not complying with their obligations under the law. The employer is generally given a deadline to comply. These notices are given in writing, and a copy is sent to the work council. The
employer has the right to appeal against a notice, which is then suspended unless it has immediate effect;

- In the event of imminent danger, enforcement notices must be implemented with immediate effect. This may mean ordering work to be stopped, the shutdown of a plant or process, or a ban on the further use of substances; in such cases, employers may apply to the administrative courts to restore the suspensive effect of an appeal;

- Impose fines for administrative offences. The amount of the fine depends on the limits set by the law and on whether the infringement was deliberate or merely negligent. The economic advantage gained by the employer in committing the offence is also taken into account in setting the fine. The employer can appeal against a fine. If the appeal is rejected by the Industrial Inspectorate it will be heard before the competent district court;

- Prohibit manufacturers or importers from selling or displaying equipment or plant which the State inspectors consider to be unsafe (pursuant to the Equipment and Product Safety Act);

- Report to the public prosecutor cases where they suspect a criminal offence has been committed;

- Call in the police if they are hindered in their work.

In case of law infringement labour inspectors have a variety of legal measures at their disposal, ranging from mere counsel and repeat visit to sanctions and fines (up to 25,000 EUR), complete or partial closure of the undertaking and the initiation of prosecution under criminal law. There is no legal provision which relates a certain infringement to a corresponding fine. The labour inspector will evaluate the actual infringement in its context and fine accordingly. The so-called appreciation right is derived from the ILO Convention Nr 81, Art 17-2, stating: “It shall be left to the discretion of labour inspectors to give warning or advice instead of instituting or recommending proceedings”. Accident insurance inspectors have comparable sanction measures at their disposal (fines up to 10,000 EUR); they have in addition the power to raise a firm’s insurance premiums in cases where the OSH performance is constantly bad or even getting worse.

Due to the fact that Germany has an extended, detailed and advanced legislation on occupational safety and health, case law does not play such an important role in the German system as in legal systems of other countries. But there are of course case decisions which could serve as examples of the tendencies in German case law dealing with OSH matters. Remarkable is that both, employers and employees, could be sentenced for the violation of OSH regulations.

What kind of cases have to be taken into account? The following main situations of liability should be considered:

- Criminal liability of responsible persons
- Liability according to civil laws in cases of occupational accidents and diseases including regress of statutory accident insurance against violators of OSH regulations
- Liability of employees to third persons and to employers in cases of damage to property
- Labour legislation liability of employees (dissuasion, cancellation)
- Liability of employers, claims of employees concerning the enforcement of OSH regulations
- Liability in cases of engagement of external companies (service contracts, supply of temporary workers).
Contact information of the participants in the project
“Situation analysis of existing OHS systems in NDPHS countries”

<table>
<thead>
<tr>
<th>Country</th>
<th>Contact information</th>
<th>E-mail address</th>
</tr>
</thead>
</table>
| Latvia  | Ivars Vanadzins  
Institute of Occupational Health and Environmental Safety  
Riga Stradins University  
Dzirciema 16  
Riga LV-1007, Latvia | ivars.vanadzins@rsu.lv |
| Lithuania | Remigijus Jankauskas  
Institute of Hygiene  
Didžioji str. 22, LT-01128,  
Vilnius, Lithuania  
Tel. (+370 5) 262 45 83  
www.hi.lt | jank@dmc.lt |
| || raimonda.eicinaite@dmc.lt |
| Estonia | Kadri Laugen  
Working Life Development Department  
Ministry of Social Affairs of Estonia  
Gonsiori 29, Tallinn 15027, Estonia  
Tel. (+372) 626 9736  
www.sm.ee | kadri.laugen@sm.ee |
| || liisa.pert@sm.ee |
| Finland | Suvi Lehtinen  
Chief, International Affairs  
Finnish Institute of Occupational Health  
Topeliuksenkatu 41 a A  
FI-00250 Helsinki, Finland  
Tel. +358 30 474 2344 | suvi.lehtinen@ttl.fi |
<p>| || <a href="mailto:kari.kurppa@ttl.fi">kari.kurppa@ttl.fi</a> |
| || |</p>
<table>
<thead>
<tr>
<th>Country</th>
<th>Name</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Germany</td>
<td>Hans Martin Hasselhorn</td>
<td>Bundesanstalt für Arbeitsschutz und Arbeitsmedizin, BAuA</td>
</tr>
<tr>
<td></td>
<td>Gerlinde Kaul</td>
<td>Federal Institute for Occupational Safety and Health (BAuA), Division “Work and Health”</td>
</tr>
<tr>
<td>Norway</td>
<td>Yogindra Samant</td>
<td>Norwegian Labour Inspection Authority, Trondheim, Norway</td>
</tr>
<tr>
<td></td>
<td>Axel Wannag</td>
<td>Norwegian Labour Inspection Authority, Trondheim, Norway</td>
</tr>
<tr>
<td>Poland</td>
<td>Piotr Sakowski</td>
<td>Health Policy Department, Health Care Organization and Management Unit, Nofer Institute of Occupational Medicine</td>
</tr>
<tr>
<td>Russia</td>
<td>Elena Milutka</td>
<td>Occupational Health Department, Saint-Petersburg Medical Academy of Postgraduate Studies</td>
</tr>
<tr>
<td></td>
<td>Marat Rudakov</td>
<td></td>
</tr>
</tbody>
</table>
Situation analysis of existing occupational health service systems in NDPHS countries

Lithuania, Latvia, Estonia, Poland, Finland, Norway, Russia, Germany