

FORUM NEWS

Dear Members of the European Forum

16 months and counting. The pandemic has affected virtually every aspect of life – for all of us. There is light at the end of the tunnel, but we will have to live with still extraordinary circumstances for the foreseeable future.



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For some, these months may have felt or still feel as if life itself had come to a halt. Not so for the members of the European Forum. In the course of the pandemic, numerous questions needed to be answered. How can we continue operating in a lockdown? How does the crisis affect medical and rehabilitation services? And how can we ensure that injured workers

get the treatment and therapy they need? How can we offer in-person consultancy and supervision in matters of health and safety without increasing the risk of infection?

The past year has affected accident insurers worldwide tremendously. Not all of these effects were bad. Across Europe, the number of work accidents and commuting

accidents plummeted. Challenges arose in the field of prevention against Covid-19. The requirements to find solutions grew in an unprecedented way and at an unprecedented speed. Operational measures of infection control or customized prevention measures for all branches of industry and for educational institutions were just two additional tasks that had to be mastered.

Digitalization, too, got an enormous boost during the pandemic and the social accident insurance organizations are working on ways to communicate online with employers, the medical community, organizations, insured persons and with sister organizations nationally and on the European level. One way to gain faster and more efficient information exchange between social security institutions in order to accelerate the granting of benefits to mobile citizens is EESSI, or the Electronic Exchange of Social Security Information. The IT system will help social security institutions across the EU to exchange information related to applicable legislation,

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sickness, occupational diseases and accidents at work, pensions, unemployment and family benefits more rapidly and securely, as required by the EU rules on social security coordination.

In other fields, we made progress in spite of the pandemic. Occupational diseases, for instance. In Germany, new legislation on occupational diseases entered into effect at the beginning of this year. The most prominent change was the abolition of “mandatory cessation of work”. This change affected 9 out of the 82 occupational diseases currently recognized by German law, including skin diseases, the most frequent occupational disease. Before, insured persons had to give up their job in order to have their illness recognized as an occupational disease. This requirement is no longer in place. Now, the emphasis is on preventative healthcare, the active involvement of the insured person being a requirement.

On a European level, research and prevention will play a key role when it comes to a changing world of work and the handling of newly developed working materials and substances. The challenge will be to develop an early warning system to detect diseases and their effect on the insured and their workplaces.

This is a challenge that we as insurance institutions against work accidents and occupational diseases must address. This is why I dedicated my term as president of the European Forum to the task of identifying the questions that concern us all and that all of us need to answer. Therefore, this task became the focus of the Forum’s annual conference: “Agenda 2050: The future starts now”. At the end of the conference, I presented the Berlin Agenda, a collection of the most relevant questions and tasks in this area:

How will the world of work change? What effect will the Corona virus pandemic have on the statutory accident insurance systems in particular and social insurance in general? What about automation, AI or robotics? There remains a lot to do and a lot of cooperation is necessary in the coming years in order to prepare Europe for the changes and challenges ahead and to ensure safety, health, and social security for all of us. ■

Edlyn Höller
Deputy Director General (DGUV)
European Forum Presidency 2020-2021
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A future that benefits everyone

120 participants, 24 countries, 3 days, 3 topics, one conference – from 15 – 17 June 2021 the annual conference of the European Forum of the insurance against accidents at work and occupational diseases took place online. Organized by the German Social Accident Insurance (DGUV), the conference's objective was to identify work items for the Forum's agenda and to create a vision for accident insurance in the year 2050.

What will Europe look like in the year 2050? Will the EU still be composed of individual member states? Or will the countries of the 20th century have been replaced by digital nations based on blockchain technology? Which role can the insurance against accidents at work and occupational diseases play in a digital economy? Fascinating questions like these were at the center of the annual conference of the European Forum. Due to the ongoing Sars-COV-2 pandemic, the German presidency had decided to organize the Forum's conference online. This digital solution made a virtue of necessity as it tied in well with the leitmotif that has permeated the agenda of the European Forum for more than a decade: digitalization and its influence on the world of work.



Manfred Wirsch
Chairman of the DGUV

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DGUV chairman Manfred Wirsch welcomed the participants. In his address, Mr. Wirsch alluded to the conference's motto "The Future is now. Advancing Accident Insurance in Europe" by saying that the goal needs to be a future "in which new technologies benefit everyone". Mr. Wirsch pointed out that digital innovations had the potential to create better, healthier, and safer workplaces. However, there were also many examples of digital business models and workplaces that had resulted in precarious employment or unhealthy working conditions. Referring to the excesses of the gig economy and to the need for keeping an eye on occupational safety and health for teleworkers, Mr. Wirsch called on the delegates to keep the needs of working people in mind when discussing a vision for the future.



**Hubertus Heil,
German Federal
Minister for Labor
and Social Affairs**

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Hubertus Heil, German federal minister for labor and social affairs, highlighted the effect of the pandemic on the perception of occupational safety and health and its impact on regulation in this field. Examples ranged from tighter regulation and increased inspection in the meat industry to employers' obligation to enable their employees to work from home. According to Mr Heil, telework would remain on the political agenda as reports of increased psychological stress and excessive working hours underlined the need for regulating mobile work. The minister ended his address by praising the European Forum as an example of stable international cooperation.



**Edlyn Höller
President of the
European Forum
and DGUV Deputy
Director General**

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In her opening address, European Forum president and DGUV deputy director general Dr. Edlyn Höller pointed out that the rapid digital transformation was a challenge for accident insurers across Europe. "The world won't wait for us. We have to keep moving", Ms Höller said. She emphasized that accident insurers would have to be innovative if they wanted to remain competitive and attract new talent. New developments in the field of prevention, new legislation concerning digital services, artificial intelligence, and developments in the economy and in European politics created opportunities but also challenges for insurance institutions. Networks like the European Forum provided an infrastructure to exchange ideas and solutions and to give a voice to accident insurance in Europe.

The following sessions provided more details on the issues raised during the opening of the conference.



Kai Gondlach
Futurologist

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The session “Agenda 2050” featured a fascinating outlook into the future by futurologist Kai Gondlach. Gondlach showed that we need to reskill a considerable part of the working population in order to promote innovation. He also addressed changes in business models, the most striking example being corporations that consist of nothing but algorithms. Live surveys during the session found that the participants supported more regulation on the European and international level for these business models and including platforms in the financing of social security. Dr Gregor Kemper, head of international relations at DGUV, stated that this might also affect the role of the European Forum: “Our forum could formulate positions for the European Commission to consider when implementing policies.”



Chairmen of the Working Groups left to right:

Gregor Kemper
(Legislation)

Amra Causevic
(Communication)

Magdalena
Wachnicka-Witzke
(Digitalisation)

Christine Kieffer
(Occupational Diseases)

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The session on digitalization offered three workshops on the topics of artificial intelligence (AI), digital communication, and digital prevention. One of the key findings of the subsession on artificial intelligence – which featured presentations from Swiss accident insurance institution SUVA on AI in claims management and German insurance institution BG ETEM on the use of AI in recourse management – was that trustworthiness and EU regulation will be the main factors determining AI use.

A key learning from the workshop on digital communication was that standards such as “the once only principle” or “single point of service” require renewed efforts to make information accessible. Apps like the Social Navigator SIF presented by the Russian accident insurance fund could also help to get into contact with hard-to-reach groups.



Tobias Schmitz
Head of IT at DGUV

Edlyn Höller
President of the
European Forum and
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Conny Czymoch
Moderator

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Tobias Schmitz, head of IT at DGUV, reported on the findings of the workshop on digital prevention. Asked by conference moderator Conny Czymoch, if there were any innovations in this area that require little effort, Mr. Schmitz said that the low-hanging fruit identified by the group were “digital twins of workplaces” that could be used to model accident risks.

Psychological diseases, respiratory diseases, and skin diseases were the focus of the session on occupational diseases. Key findings of this session included the need for new forms of prevention (psychological diseases), the need for enforcement of existing air quality regulation and risk assessment for chemicals in the workplace (respiratory diseases), and the need to improve prevention of skin diseases – especially dermatitis – as one of the most frequent occupational diseases in Europe.

The findings from the conference provided valuable input for the agenda of the European Forum, Ms. Höller said. In her closing remarks, she underlined her hope that this input would help the different working groups to develop material that the members could then use to promote innovation. Monitoring developments on the EU level needed to play a big part in this undertaking. “We will have to follow the discussion on the European level on the ‘right to disconnect’ and the expected revision of several EU directives related to occupational safety and health”, Höller said. Other ideas comprised:

- an overview of best practices of how the members of the European Forum that cover solo-entrepreneurs collect contributions from them or the platforms they work for,
- an analysis of European policy and recommendations on strengthening the European Forum’s role as a competent partner for European institutions and stakeholders
- an analysis of legislative developments at EU-level regarding AI and an overview of best digital practices from the members of the EF
- continuous reporting on the activities of the European Commission with regard to the introduction of a European digital identity (EUid) for all citizens, residents and companies in the EU, and
- an analysis and list of priorities in the field of occupational diseases, in order to create a basis for further developing common minimum standards or benchmarks



The closing of the conference

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Ms. Höller closed the conference by thanking the participants and the organizing team. She welcomed interim chairman Alexey Polikashin of the Social Insurance Fund of the Russian Federation. The Fund will take over the presidency from DGUV in January 2022. ■

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Austria: Indoor air and exposure to Covid

The time will come when most employees will return from home office to their usual workplace. Special attention must now be paid to a good indoor climate situation.

In the cold season, maintaining relative humidity of at least RH 40% is often a challenge. To achieve this more easily, the rooms should not be overheated, if possible. Every lowered degree Celsius increases the relative humidity by a few percent. Sufficient humidity protects the mucous membranes from drying out and thus from absorbing viruses and bacteria, and can thus reduce the transmission of diseases.

The CO₂ concentration in the breathing air is also an important parameter for the indoor climate. For example, a CO₂ level of more than 1,000 ppm in the breathing air can lead to fatigue, poor concentration, an increased frequency of errors and even to increased accidents at work.

Natural ventilation and air purifiers

So-called CO₂ traffic lights are a very common measuring instrument for determining the CO₂ value in the room air. Those with an infrared-based measurement sensor usually provide more accurate measurement results. The classification of indoor air quality according to ÖNORM EN 13779 provides further information on CO₂ levels in indoor air.

The CO₂ value in the room air is used as a guiding component for good, fresh room air and from this it is also possible to draw conclusions about a Covid-19 exposure. Aerosols with potential Covid-19 contamination can be reduced by providing sufficient fresh air through natural ventilation – i.e. using windows and door ventilation – or through mechanical ventilation provided by a room ventilation system. An additional possibility for reducing Covid-19 exposure is offered by air purifiers, which are usually designed as recirculating air units in the room. It is essential to observe the manufacturer's instructions. Air purifiers suitable for this purpose also require filter stages of class H13 or H14, known as "HEPA filters", after a pre-filter. To keep the filters function working, they must be dry and changed according to the manufacturer's instructions.

Another way to reduce viruses in indoor air is to use UV-C filters. The use of chemicals in vaporised form is not recommended, as people should not be exposed to unnatural air additives.

With all air purifiers used in recirculation mode, it should be noted that increased CO₂ levels are not eliminated. The adverse effect described above therefore remains and increases continuously with time and the number of people present. ■

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News from Austrian law on occupational diseases

At present, the Austrian list of occupational diseases comprises 53 diseases. However, since there are of course many others work-related diseases and new scientific findings concerning them, there is a constant debate about including some of these diseases in the list of occupational diseases. The inclusion of another disease in the list depends on the risk linked to certain exposures, the frequency of cases and the political will.

In the discussion taking place in Austria, reference is repeatedly made to the situation in Germany. In our neighbouring country, 16 other diseases have already been included in the list of occupational diseases (hereinafter referred to as the OD list), and the accident insurance regulations in Germany and Austria are similar, as both systems are based on the Bismarck system.

In the following, some of the diseases discussed are singled out and the current state in Austria is presented.

1. White skin cancer

White skin cancer, also known as basal cell carcinoma or basalioma, is usually caused by too intensive sun exposure (UV radiation). Fortunately, metastases only occur in extremely rare cases.

White skin cancer mainly affects workers who work outdoors, e.g. construction workers, craftsmen, waiters at huts or open-air restaurants, etc. This group comprises an estimated 400,000 workers in Austria. In comparison to Germany, it is estimated that there are about 400 cases per year in Austria.

Until now, white skin cancer was not included in the Austrian OD list, neither as skin disease nor as skin cancer.

Under skin cancer, it is only that skin cancer meant, which is caused by certain substances (e.g. soot, paraffin, tar), not the skin cancer caused by UV radiation.

Now, it has succeeded to recognise a case of white skin cancer as an occupational disease on the basis of a General Provision anchored in the law.

In Austria, it is possible to recognise a disease that is not included in the list of occupational diseases by its nature as an occupational disease in individual cases if it is confirmed on the basis of sound scientific findings that this disease was caused exclusively or predominantly by the use of harmful substances or radiation in an occupation carried out by the insured person. In this case, the insurer and the Federal Ministry must cooperate in order to lead to such recognition. The General Provision means that diseases not included in the list of occupational diseases can be recognised as occupational diseases in individual cases.

After recognition as a general provision case, it is to be expected that this disease will be included in the Austrian OD list.

2. Skin diseases and diseases caused by allergenic substances and bronchial asthma

The two diseases mentioned are part of the Austrian list of occupational diseases.

Both occupational diseases have in common that they are only recognised as occupational diseases if and as long as the harmful activity has been quit.

In Germany, the obligation to give up the exposed occupation has been dropped for some time now. There is still no recognisable initiative in Austria for the legislator to follow suit. However, it is to be expected that the legislator will follow the example of Germany.

Especially in skin prevention, there are now enough approaches and methods that the obligation to give up the profession can be omitted.

3. Musculoskeletal disorders as occupational diseases?

These diseases have not yet been included in the Austrian OD list, which is why discussions keep flaring up and a certain pressure is put on the legislator to take action.

In addition, Germany already recognises such occupational diseases, e.g. “intervertebral disc diseases” of the lumbar or cervical spine, caused by stressful activities or postures of the affected persons.

In Austria, however, people have been reluctant to include these diseases in the list, precisely because of the experiences in Germany:

In Germany, the recognition rate is very low. The low chance of success for ill people causes incomprehension and frustration among them and the interest groups representing them. It is not understood that even in the case of occupational diseases, a higher probability of the occupational context of the disease is required, which is often not the case for diseases whose causes can be found at least as much in the private sphere.

4. Burnout as occupational disease?

In the World Health Organisation’s updated classification of diseases (ICD-11) from 01.01.2022, the term burnout is now defined for the first time. The criteria are lack of energy and exhaustion, an increasing mental distance, a negative attitude or cynicism towards one’s own job, and reduced professional performance. According to the WHO, burnout is a consequence of chronic work stress and refers exclusively to the professional context.

The Austrian Chamber of Labour and the trade unions have therefore long been calling for burnout to be recognised as an occupational disease. Whether this will happen in Austria in the near future, however, is more than questionable.

5. Passive smoking

According to a report in the Standard magazine, 1029 deaths in Austria in 2018 were due to passive smoking. Of these, 180 people reportedly died due to passive smoking in the workplace. This mainly included employees in the catering industry.

Smoking is now generally prohibited in the catering industry.

Apart from repeated demands by various interest groups such as the Chamber of Labour and trade unions, there is no sign of any activity by the legislator to include diseases caused by passive smoking in the list of occupational diseases.

6. Long-term damage after COVID – Long-COVID syndrome

In Austria, occupational infection due to COVID is recognised as an occupational disease for certain companies – as already reported elsewhere in this medium. These companies are mainly in the health sector, but there are also kindergartens and schools. In all other companies, an infection can only be acquired in the context of an occupational accident (this has an impact on the evidence for the insured person, an occupational accident is much more difficult to prove than an occupational disease).

In Austria, too, the problem is growing that after a COVID infection, there can be prolonged manifestations such as exhaustion, shortness of breath, vascular damage, lung damage, headaches, heart palpitations, balance disorders, etc. The Austrian Health Insurance Fund assumes, with reference to international studies, that every tenth infected person has to struggle with the so-called Long-COVID-Syndrome. The long-term consequences sometimes go so far that those affected are no longer able to work for a long time.

Therefore, the various health care providers are now trying to offer rehabilitation for these so-called long-COVID consequences. Among them is AUVA, which is planning inpatient rehabilitation, especially for its rehabilitation centre in Tobelbad. Targeted therapies are to be used to improve the condition of the patients. Outpatient rehabilitation options are also being considered. ■

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Germany: Targeted preventative healthcare instead of giving up work

Changes resulting from developments in legislation on occupational diseases

On 1 January 2021 several changes came into force in legislation on occupational diseases. The Bundestag, the Lower House of the German Federal Parliament, passed the amendments under the seventh Amendment Act on the German Social Insurance Code IV (SGB IV) in May 2020.

Occupational diseases are diseases mentioned in the List of Occupational Diseases (Berufskrankheitenliste), i.e. diseases caused by specific circumstances, where certain groups of people are subject to a significantly higher level of work-related exposure than the rest of the population. They include occupational skin diseases, noise-induced hearing loss and asbestos-related lung cancer. The costs of treatment, rehabilitation and compensation for an occupational disease are borne by the German social accident insurance institutions for trade and industry and for the public sector as providers of statutory accident cover in Germany.

Abolition of “mandatory cessation of work” (Unterlassungszwang)

Until now, some diseases – including skin, respiratory and intervertebral disc disorders – could only be recognised as occupational diseases if the affected persons gave up the work that had caused those diseases. On 1 January 2021 this “mandatory cessation of work” (Unterlassungszwang) stopped being a requirement for the recognition of a given disease as occupational.

According to the explanatory memorandum, “mandatory cessation of work” was a historically outmoded instrument in occupational disease legislation. It no longer appears to be necessary today; in fact, its impact has been causing unreasonable disadvantages to the insured. It was generally believed that the regulation had two main aims. Firstly, it was to ensure that minor illnesses were excluded from compensation under statutory accident insurance, as they did not justify giving up the harmful work and therefore apparently did not need to be covered by statutory accident insurance. Secondly, the need for preventative healthcare demanded that the insured person should be stopped from further damaging their health at work.

Legislators now believe that both purposes can be served better through different measures. From now on, deterioration is to be prevented through a greater emphasis on preventative healthcare for each person concerned, and they are also required to be more actively involved themselves. Minor illnesses are to be excluded by defining the symptoms of an occupational disease with greater precision. In this way, legislators are responding to the criticism frequently expressed about the “mandatory cessation of work” regulation and are essentially following a proposal made by the German Social Accident Insurance Association (DGUV).

Strengthening personal preventative healthcare

The intended collaboration between the insured, employers and statutory accident insurance institutions is as far as possible to prevent any deterioration and recurrence of occupational diseases once they have occurred.

In addition, the statutory accident insurance institutions are expressly placed under an obligation to provide comprehensive advice on any hazards associated with the continuation of work and on possible precautionary measures.

The insured person, on the other hand, once an occupational disease has been diagnosed, must engage in the personal preventative measures specified by the accident insurance institution as well as cooperate in preventative measures aimed at behavioural changes.

Retroactive regulation

The discontinuation of “mandatory cessation of work” also affects past cases. Accident insurers are currently taking the initiative in retroactively identifying all instances of occupational diseases going back to 1997: cases where, from a medical perspective, it would have been necessary to give up the work that caused the occupational disease but where the insured persons themselves did not do so. If the disease diagnosed at the time has continued beyond 1 January 2021, it can be recognised as an occupational disease from this date onwards. Any resulting benefit claims will need to be checked separately.

Furthermore, insured persons who, in the past, fell under the “mandatory cessation of work” regulation, yet without any medical necessity to stop working, can have their cases reviewed. ■

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France: How to meet the difficult challenge of prevention in the elderly healthcare sector?

This was the key theme of the 2021 EUROGIP Conference (“Les Débats d’EUROGIP”) which aim was to present the activities and tools (training, guides, technical and financial aid, etc.) to cope with the high incidence rate in this sector and discover experiments in France and elsewhere in Europe.



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“The sector’s incidence rate is disgraceful”, says Myriam El Khomri, former French Minister of Labour and author of a report on the attractiveness of elderly care jobs. In elderly care homes in France, the occupational injury frequency index is 90 per 1,000 employees, i.e. 50% higher than in the construction sector.

However, due to population ageing and “the increase in the number of dependent persons”, the sector will have to recruit more and more staff. So the challenge facing occupational risk prevention in the elderly healthcare sector (in elderly care homes or for at-home care) is therefore substantial.

In France, the COG objectives and management agreement (“Convention d’objectifs et de gestion”) signed in 2018 between the Occupational Injuries Branch and the French government targeted the issue more specifically. The “TMS Pro” programme now includes a specific version for aid and personal healthcare and 300 prevention contracts (which include financial aid) have been signed. But “it is indeed necessary to step up our involvement”, recognises Anne Thiebauld, Head of the Health/Occupational Risks Insurance system.

Sector-specific risks and problems

The diagnostic is fairly clear: the primary source of risk is manual handling and the carrying of heavy loads, involved in the transfer of persons with reduced mobility. Occupational injuries and diseases mostly affect the back and upper limbs.

Psychosocial risks (PSRs) are on a similar trend. They are primarily due to the very essence of the work. Secondly, employees have to cope every day with patients' violence. 90% of nurses have experienced violent episodes in the past twelve months, and one-third of them feel stress due to this exposure, according to a study presented at the Discussions by Albert Nienhaus of BGW in Germany.

"Our greatest difficulty is reaching and communicating with all the employers and employees in the sector", recounts Ilaria Maria Barra from the INAIL in Italy. This difficulty was mentioned by all the contributors to the EUROGIP Discussions, related to the sector's heterogeneity and the diversity of the stakeholders.

"The fact that the beneficiary's private home becomes, for a time, a workplace, creates some invisibility, according to Aurélie Decker, Head of the European Federation for Services to Individuals, EFSI. You don't know what is going on behind the door". And that's not to mention illegal work, which is no doubt higher in certain EU countries.

Another drawback specific to the home-care sector is the fact that some employers do not dare to call on the beneficiaries or family care workers to ask them to apply preventive measures, "Some find it hard to understand that you must first take care of yourself in order to help others", explains the OH&S expert. in CARSAT in France.

First tool to respond to the incidence rate: Training

"The incidence rate is not inevitable", affirms Anne Thiebeauld. "Training in work movements and postures represents four days, to be repeated every two years. After all, it is less expensive than paying for the consequences of a sick leave". She also stresses the importance of awareness raising campaigns to be performed with employers regarding the cost of absenteeism.

Regarding PSRs, the German BGW proposes training in de-escalation, to avoid patients' violence. In Denmark, the working environment Authority decided, based on the recommendations of an agreement between the social partners, to massively recruit labour inspectors, including specialists of the psychosocial environment. "The personal services sector is especially concerned, with a programme for prevention of conflict situations.

Regarding MSDs, the most conventional training concerns "zero carrying". The Terre Nègre elderly care home in Bordeaux, the 3rd biggest in France, chose to set up a training room on the spot to "ritualise refresher training and make it compulsory", explains its director Emmanuel Chignon.

For his part, Stéphane Pimbert, Head of the French national research and safety institute INRS, notes that one should not forget training sessions for managers so that they may give thought to the very organisation of the work, "which is seldom the case", he observes. He also stresses the importance of initial training, in vocational high schools for example. Even further upstream, the attenuation of certain risks may entail the attenuation of patients' suffering. Annie de Vivie, gerontologist, advocates training in "humanitude", a concept which is based on an approach to handling patients in which the senses of sight and touch take on full importance. Employees' work is inevitably facilitated as a result.

Inform, legislate, equip, finance, etc.

Prevention is also of course based on information. In Finland, the directorate general of social services and private healthcare has chosen to disseminate practical advice via the media and social networks.

In Ireland, faced with a saturation of the supply in elderly care homes, the government has chosen to legislate in order to recognise and regulate the right to home health care for the elderly.

Lastly, the prevention of MSDs in the sector also requires equipment, and notably trolleys to facilitate carrying.

The “Aidants aidés” (care worker support) system initiated by CARSAT Aquitaine in 2015 comprises these various aspects of prevention, with technical aids and advice. The first year is devoted to risk assessment and the induction course for new employees, in a sector with a high rate of staff turnover. The action plan, which includes, among other things, training and technical aids, is rolled out in the second year. In six years, 180 organisations have benefited from the programme.

Raphaël Haeflinger, director of EUROGIP, closed this 18th edition of the EUROGIP Discussions, in a digital version for the first time. He thanked not only all the contributors, but also those who, among the 500 or so participants in the conference, work every day with vulnerable persons, especially in this period of health crisis. ■

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Road accidents and extreme temperatures: an Inail/Istat (the Italian National Institute of Statistics) study for risk analysis

The research, just published in the international scientific journal *Accident Analysis and Prevention*, analyzes the link between traffic accidents of occupational and non-occupational origin, and extreme temperatures. The researchers used national data, from the archives of the two institutes, to identify the significantly riskier characteristics.

Injuries from road accidents represent a major public and social health problem. The World Health Organization has identified that road accidents have caused approximately 1.3 million deaths and between 20 and 50 million injuries worldwide. In Italy, ISTAT recorded approximately 170,000 accidents in 2019 that caused more than 3,000 deaths and 240,000 injuries. Many of these accidents also have an occupational origin. According to INAIL data, road accidents of occupational origin account for about 14% of all accidents at work, of which 11% occurs in the transfer from home to work (commuting).

The causes of road accidents are attributable to various factors. The infrastructural aspects, such as the type of roads and their safety, as well as individual and collective aspects such as traffic flows, excessive speed, imprudence and distraction, certainly play a decisive role. Among the causes, those relating to meteorological conditions are also of great importance. In particular, extreme weather events play a specific role. Among these, rain, snow and intense wind determine a variation in road conditions, visibility and driving behavior. Heat and cold waves represent an additional risk factor and have been positively associated with an increased risk of an accident. The prolonged presence of high temperatures determines, in fact, an increase in sweating, dehydration, the perception of fatigue, with a consequent decrease in the ability to react.

The Inail research was recently published in the scientific journal *Accident Analysis and Prevention*. The study concerned indistinct road accidents and those occurring during work, both commuter and not, recorded on the national territory. These data were associated in space and time (place and day) with temperature data estimated by an advanced meteorological model, and then analyzed with statistical methods to determine the association between accident risk and extreme temperatures (very hot and very cold). The analysis also made it possible to identify which characteristic factors of the accident (place, means, type of accident) and which occupational factors (ongoing and otherwise, economic sector) determine a greater or lesser risk.

The data of road accidents provided by Istat were used as regards the indistinct ones, and the Inail data for those of an occupational nature. Istat data provide some characteristics of the accident, such as date and place, nature (collision, rear-end collision, etc.), type of vehicle (car, motorcycle, etc.), type of road, intersection, as well as the geographical coordinates of the place of the accident. The Inail data, taken from the claims for compensation, instead refer, in addition to the date, place, age and sex of the person involved, the municipality of occurrence, whether ongoing or not, the economic sector, the consequences of the accident (injury, days of compensation, degree of impairment).

Since the study was at a national level, it was not possible for each accident to obtain data from meteorological stations close to the place of the event. An advanced meteorological model was therefore used to provide very reliable estimates of temperature and rainfall with an accuracy of 5 km throughout the country on a daily basis. These data were associated with the place and day of the incident (Istat data), and with the municipality and the day of the accident for those of an occupational nature (Inail data).

The research has identified for both archives a positive association between road accidents and extreme heat, with an increase in risk between 6 and 12%. Occupational accidents have also been associated with extreme cold. The stratified analysis for indistinct accidents showed a greater risk for pedestrians, for accidents with motorcycles and for those occurring outside urban areas in extreme heat conditions, while, during intense cold, conditions of protection for motorcyclists and cyclists are identified, but there is a greater risk for heavy vehicles. The stratified analysis of occupational accidents, on the other

hand, highlights a greater risk for males than females, and for those occurring at the workplace compared to the commuter ones, in extreme heat conditions. During the extreme cold, people working in exposed economic sectors, such as transport, commerce, accommodation and catering services, were at greater risk, as well as for accidents occurring on the way. A role with extreme temperatures was also noted for the days of compensation and the degree of impairment resulting from the accident. All these results obviously depend on the intensity and duration of exposure. ■

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Austria: Occupational diseases: Reporting via the eCard system

Recently, the eCard system was expanded to include electronic reporting of occupational diseases. Physicians can use it to make a quick report and in compliance with data protection regulations.

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The screenshot shows a web-based form for reporting occupational diseases. The form is titled "Formular MA infassen - Formulareinstellen". It contains several sections with input fields and checkboxes. The first section is for the patient's personal data, including name, sex, date of birth, and contact information. The second section is for the reporting physician's data. There are also checkboxes for reporting a suspected occupational disease and a checkbox for reporting a suspected occupational disease. The form is in German and includes a copyright notice for Auremar/AdobeStock.

Physicians are required by law to report any suspicion of occupational disease.

Reporting a suspicion of an occupational disease is important for the patients concerned. This is because preventive services can be provided, if necessary, even independently of a recognition of an occupational disease: Rehabilitation services by all appropriate means, possible retraining measures and financial benefits from the statutory accident insurance.

Less bureaucracy

Physicians are legally obliged to report any suspicion of an occupational disease. This is stipulated in the social insurance laws (§ 363 ASVG, § 129 B-KUVG, § 182 BSVG). In order to reduce the bureaucracy involved, the eCard system was expanded to include the electronic reporting of occupational diseases. The eCard system is the central communication tool between physicians and the social insurance system. After sending the electronic registration form, the physician receives a confirmation of the transmission. The legal obligation to report has thus been fulfilled. Now the responsible accident insurance institution becomes active. It checks whether the reported suspicion leads to recognition as an occupational disease and what medical, social and financial benefits the person concerned should receive.

The electronic reporting of a suspected occupational disease brings physicians another advantage: they no longer have to manually enter their patients' personal data into the reporting form. Providers of surgery and hospital software can also integrate the function for electronic reporting of occupational diseases from the eCard system directly into their own software. Alternatively, the notification of occupational diseases can also be made via the transmission service form of the eCard system, where patient personal data are also supplemented on the basis of the social insurance number. The structure and content of the electronic form are identical for all statutory accident insurance institutions. As the accident insurance institution processes the data digitally, the

procedure is accelerated by the electronic reporting channel. Electronic reports via the eCard system are secure and comply with data protection regulations. In addition to the electronic reporting option via the eCard system, it is still possible for physicians to report a suspected occupational disease in writing.

Reporting is the key!

Which illnesses are considered occupational diseases is regulated by the legislator in the Austrian list of occupational diseases. This list currently includes 53 different items, from noise-induced hearing loss to lung cancer caused by asbestos. The connection with the occupational activity is not always immediately obvious. This applies in particular to cancers with long latency periods. It is not uncommon for those affected to have already retired when they are diagnosed. The suspicion of an occupational disease is only discovered through a comprehensive medical history. With its prevention focus "Be careful, risk of cancer!", AUVA has therefore drawn attention to occupational cancers and the importance of reporting them as occupational diseases. More information on cancer and occupation can be found at www.auva.at/krebsgefahr.

Benefits in the event of occupational diseases

If a disease is recognised as an occupational disease, the patient is entitled to benefits in kind and, from a specific reduction in earning capacity (MdE), also to cash benefits from the statutory accident insurance. In addition, affected persons are provided with aids – if indicated by the disease – and have access to more extensive measures of medical, social and occupational rehabilitation than covered by the standard benefits of the Austrian Health Insurance Fund. Already with the notification of the suspicion of an occupational disease, occupational and medical rehabilitation measures can be granted by the Accident Insurance Fund in order to prevent the occupational disease. Reporting an occupational disease can therefore make a big difference to patients! Physicians are legally obliged to report any suspicion of an occupational disease. Which diseases are considered occupational diseases is regulated by the legislator in the Austrian List of Occupational Diseases. ■

*Veronika Tesar
Austrian Workers' Compensation Board (AUVA)
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Croatian Health Insurance Fund in the e-Citizens Project

How to make Europe more digital is one of current challenges and our success in this process will significantly affect our future.

Strategic responses to this challenge support projects in areas of artificial intelligence, cybersecurity, supercomputing, advanced digital skills and ensuring a wide use of digital technologies across the society.

In latter area, the e-Citizens project, initiated by Croatian government, contributes to the implementation of the European interoperability strategy, which is prerequisite for efficient connections across borders, between communities and between public services and authorities including the area of health protection and occupational health.

Policy context

The project was prepared in accordance with European Interoperability Framework and the Law on the State Information Infrastructure (Official Gazette 92/2014). The Law defines the e-Citizens platform as a single point of contact for citizens and states that all e-services of public sector bodies have to be integrated into the platform, including health sector system.

The e-Citizens project was launched in order to modernize, simplify and speed up communication between citizens and public administration, enhance user-centricity and increase the transparency of the public sector in providing public services.

All services via e-Citizens platform are free of charge. The project was financed with State budget, and return on investment comes from the savings made on time and money spent by the citizens using e-services.

Croatian Health Insurance Fund is a collaborating institution in this project and participates in development of the e-Citizens system.

Structure and technology solution

The e-Citizens system consists of the Central Government Portal, the Personal User Mailbox and the National Identification and Authentication System.

The Central government portal represents the public part of the web portal for citizens and its purpose is to present the structure, function and role of all state administration bodies in a single place, in a simple and practical way. The central government portal covers various fields of public services including health, employment, citizenship and personal documents etc.

Personal User Mailbox is private user system, protected by login credentials to every citizen in Croatia with valid personal identification number (OIB) and the appropriate credentials. Citizens can access available services of their interest but also get personal messages in order to be informed about their rights including the rights from health and pension insurance. The personal User Mailbox is also available as an application for smart phones Android, iPhone/iPad and Windows Phone.

National Identification and Authentication System (NIAS) is single point of identification and authentication of citizens' identity. Through NIAS citizens can assess e-government services listed on the central government portal and/or use them in the personal user mailbox. NIAS enables multiple types of credentials of different levels of security to be included from level 2 (lowest) to level 4 (highest). The feature allows citizens to login the e-Citizens system and their personal user mailbox with already owned credential issued at governmental systems, agencies or public content providers verified with NIAS system.

Some of the electronic credentials that can be used for accessing e-Citizens system are: a smart card from the Croatian Health Insurance Fund, a username and password from the AAI@EDU system (under the competence of the University Computing Centre), mToken used for Internet banking at the several major banks, mToken from the Croatian Financial Agency etc.

E-services developed in co-operation with the Croatian Health Insurance Fund

E-service of the health portal provides citizens access to the personal medical data including the medical findings, as well as medical documents from hospitals, information on medications prescribed by general practitioners and data on medicines taken in pharmacies.

There is e-service that provides insured persons information about their appointments for medical procedures in health care institutions with a possibility of sending a request for cancellation and option of searching for further available appointments.

An e-service for submitting an application for the issuance of the European health insurance card, which gives access to medical-ly necessary provided healthcare during a stay in another EU Member State, has also been implemented.

Through a Personal User Mailbox, the Croatian Health Insurance Fund delivers e-notifications addressed to e-citizens, which also relate to health care and rights in the event of injuries at work and occupational diseases, including the following information:

- information on the payment of salary compensation,
- information on payment of travel and medical expenses,

- a reminder of a scheduled medical procedure,
- notification of the duration of temporary incapacity for work (so that the insured person can inform his/her employer)
- notification of the status of a person in compulsory health insurance based on a change in the basis or category of insurance,
- notification of application and status in health insurance based on regular schooling.

E-report of an injury at work

Employers who are required to submit a work injury report for the injured worker, in accordance with the Croatian Compulsory Health Insurance and who have the appropriate electronic equipment, possessing an electronic signature, in line with provisions Regulation (EU) No 910/2014 of the European Parliament and of the Council of 23 July 2014 on electronic identification and trust services for electronic transactions in the internal market and repealing Directive 1999/93/EC, may submit a claim by electronic means as an electronic document in accordance with Electronic Document Act.

An integral part of an injury report is a general practitioner report, which is also submitted as an electronic document in accordance with provisions of Electronic Document Act.

The delivery of electronic documents in procedures of recognizing injuries at work is in accordance with the provisions of the General Administrative Procedure Act defining electronic communications and electronic delivery.

The recipient's consent to electronic communications is required for all electronic documents sent by Croatian Health Insurance Fund, in accordance with the above-mentioned regulations.

Further development process

There is a need for continuous development of the e-Citizens system, improvement of interconnection of different systems and different services, as well as implementation of new e-services including the field of health insurance and health insurance against injuries at work and occupational diseases. New upgrade projects are starting, in which the Croatian Health Insurance Fund is also participating, with the aim of:

1. achieving faster communication between participants in business processes,
2. improvement of business processes using information technologies,
3. harmonization with the standards of the digital society,
4. absence of coming to the offices of the Croatian Health Insurance Fund and waiting in lines,
5. simplification and acceleration of the procedure for realization of rights from the compulsory health insurance, including the rights in case of injuries at work and occupational diseases.

Conclusion

The e-Citizen project is a big step in the modernization of public administration. The benefits of this system are significant acceleration of all administrative procedures and processes in terms of document management for the State and for users, including the impact on cost and time saving.

Interoperability improve ease of use of e-services for end users and enables the interconnection of different systems and different services.

In the next development phases, the interconnection of registers, databases and systems will enable additional, more complex services. ■

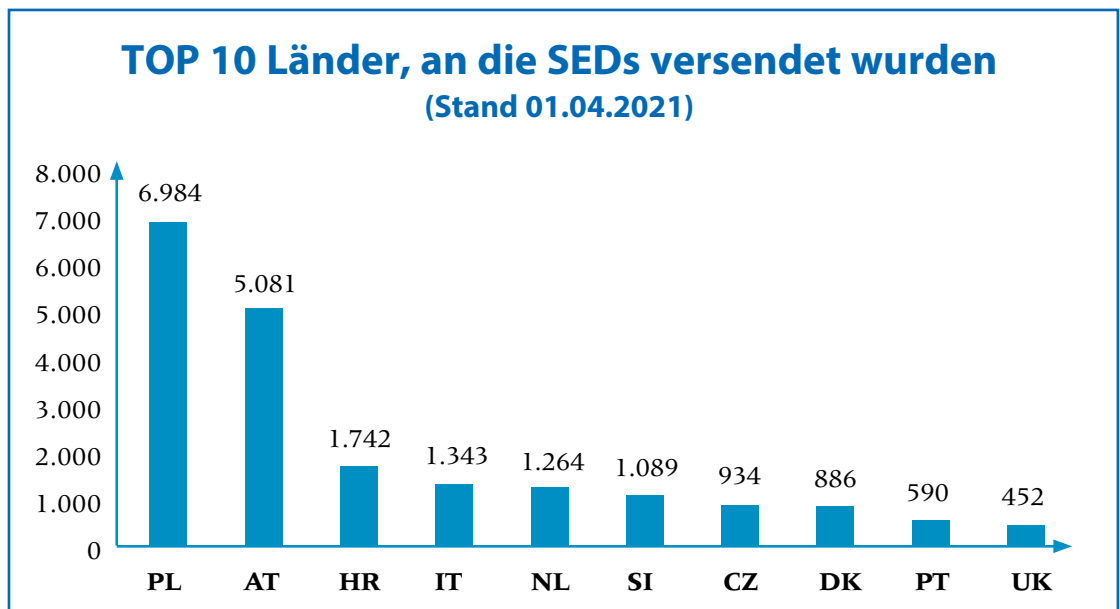
Vinka Longin Peš
Croatian Health Insurance Fund (HZZO)
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Germany: Current status of EESSI

The Electronic Exchange of Social Security Information or EESSI is an IT system that helps social security institutions across the EU to exchange information related to applicable legislation, sickness, occupational diseases and accidents at work, pensions, unemployment and family benefits more rapidly and securely, as required by the EU rules on social security coordination. The aim is to gain faster and more efficient information exchange between social security institutions in order to accelerate the granting of benefits to mobile citizens.

As set out in the EU rules also statutory accident institutions are obliged to use this EESSI. All communication takes place with the help of structured electronic documents and follows commonly agreed procedures in a data protected secure environment. Before EESSI most exchanges were paper-based. The change from paper-based to electronic-based information exchange will take place as soon as the Member States institutions will roll out EESSI.

The first exchange of a structured electronic message regarding a concrete case involving the social security situation of an EU citizen took place in January 2019. The German Social Accident Insurance institutions started the electronic exchange via EESSI in October 2019. Since then over 22.000 structured electronic documents have been sent and over 16.000 messages have been received. From the perspective of the German social Accident Insurance (DGUV) EESSI is currently working well in relation to 26 countries. This even includes the United Kingdom, which is still part of the EESSI family, even after Brexit.



Source: German Statutory Accident Insurance (DGUV)

An integral part of EESSI is the Reference Implementation of a National Application (RINA). It enables institutions to connect to the electronic data exchange, if national capacities do not allow the development of own national EESSI-applications.

After years of development, the European Commission has decided to stop further development as well as maintenance of RINA despite the fact that the implementation process is still ongoing in some Member States. The stop will come into effect at the end of 2021. This move leaves many Member States in a difficult situation, especially those with smaller institutions with low case numbers, since the independent development of national systems can be disproportionately expensive.

For this reason the German Social Accident Insurance has decided that only the DGUV liaison office will maintain its EESSI readiness.

Although the European Commission was asked to reconsider the so-called “RINA Handover” both by several Member States and by the European Social Insurance Platform (ESIP), the Commission stands by its decision. It was only possible to agree upon an extension of a technical RINA-support. As a result some countries as well as smaller social security institutions decided to engage in a joint procurement for a common application, including support and future development of the software.

As of today and taking into account this development it is uncertain which institutions will still be able to participate in EESSI and whether the goals associated with the introduction of EESSI can really still be described as having been achieved. ■

*Matthias Hauschild
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Germany: Healthy working conditions play an important role at all times, but especially against the backdrop of the Covid-19 pandemic, protective measures and rules of conduct as well as their communication become increasingly important

Since April 2021, the Social Insurance for Agriculture, Forestry and Horticulture (SVLFG) in Germany is offering a new Web-App, which is available in several languages.

As a social insurance company, the SVLFG attaches particular importance to ensuring occupational safety in all areas of work. That is why the SVLFG, in addition to implementing this App, calls on employers to encourage their seasonal workers to use this innovative tool to ensure appropriate health prevention. Moreover, this App is intended to provide users with the information in a comprehensible form. The App is available in six different languages, including German, English, Romanian, Polish, Bulgarian and Hungarian.



An important aspect is, that the App provides seasonal workers with explanations of the applicable hygiene measures. Additionally, it offers lots of functions to visually present the protection measures and regulations in force to seasonal workers. An example for this is the visualization of behavioural rules for wearing face masks, general protection measures, information on accident prevention and basic instructions on how to start first aid actions.

Since many seasonal workers live in communal accommodations, an information base is also needed to provide information on such accommodation for workers, while respecting the Corona restrictions. This and much more information is provided in the new App.

Furthermore, the App informs that the division of teams is essential if there is no alternative to communal accommodations. This is to ensure that, in the event of a Covid-19 infection, only the group concerned is quarantined and the remaining persons are protected from an economic total failure.

Although seasonal workers often work outside at agricultural companies, information must be provided on how they should behave if the minimum distance of 1.5 m is not possible. In these cases, it is also necessary to wear face masks. Alongside to the points already mentioned, the App informs its users about changes in the Occupational Safety and Health Ordinance. As part of these adjustments, workers in Germany have been entitled to at least two tests per week for coronavirus since 19 April 2021.



However, health protection and occupational safety measures do not only relate to the arrangements during the Covid-19 pandemic, even this subject is omnipresent now. The App points users to other prevention programs of the SVLFG. Examples include initiatives on adequate work clothes,

heat protection and UV radiation protection measures, accident prevention, behaviour in the event of an accident as well as first aid measures in general. Detailed presentations of the different prevention programmes can be viewed on the SVLFG website or on the YouTube channel. ■

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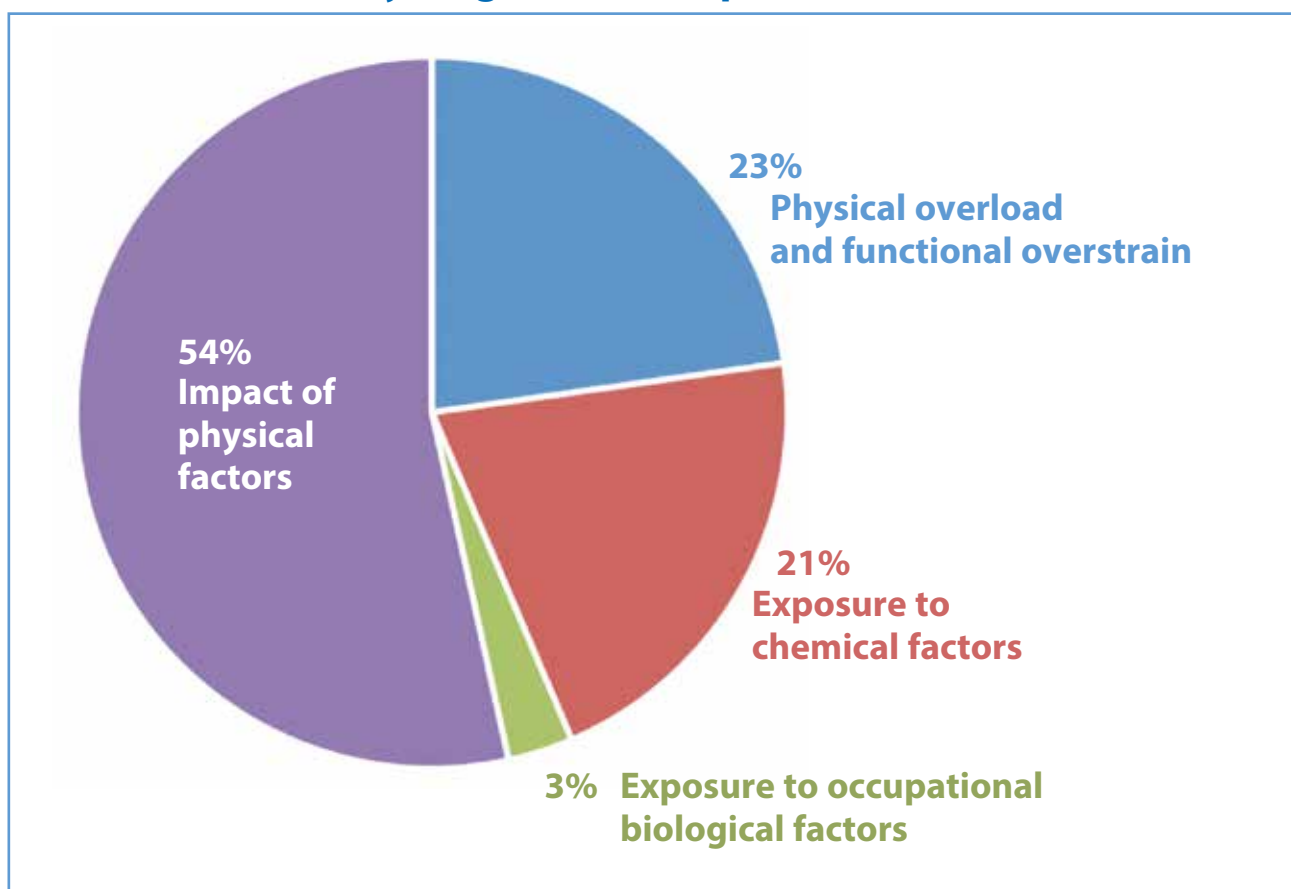
Occupational diseases in the Russian Federation

One of the priority directions of the policy of the Russian state is labor protection and safety, the preservation of life and health of workers. The main goal in this regard is to organize a set of measures to create working conditions at workplaces that meet safety requirements, sanitary and hygienic standards and preserve the life and health of workers as much as possible. At this moment prevention of occupational diseases is especially important since it is, above all else connected with the preservation and strengthening of the worker's health and thus his labor potential.

In the Russian Federation, there is a list of occupational diseases, which are caused by exclusively or primarily by harmful, hazardous substances and production factors. The list of occupational diseases is one of the main documents which is used for diagnosis. The list of occupational diseases is adapted to the 10th revision of the international

classification of diseases and health related issues. It does not contain a list of occupations, but a reference is made to the factors of the working environment, the work process, the impact of which can lead to the occurrence of occupational diseases. The list includes diseases caused by chemical, biological and physical factors of production.

Distribution of firstly diagnosed Occupational Diseases



Source: Social Insurance Fund of the Russian Federation

Over the past five years, statistics of the Social Insurance Fund has shown a decrease in newly diagnosed occupational diseases. In 2020, 3494 cases of newly diagnosed occupational diseases were registered. One should also mention a reduction of occupational diseases compared to the total number of insurance cases. In 2016 this figure was 13%, and in 2020 dropped to 11%.

The largest number of occupational diseases was registered at processing enterprises engaged in the extraction of minerals, in the field of healthcare, transportation and communications companies.

Talking about the types of occupational diseases that are registered today by the statistics of the Social Insurance Fund, the largest number of them is associated with the impact of physical factors – 54 %. 23% of them are the diseases associated with physical overload and functional overstrain of individual's organs and systems, 21% are conditions, caused by exposure to chemical factors and 3% are associated with exposure to occupational biological factors.

According to the statistical data of the Fund, the most common nosology defines diseases associated with exposure to industrial noise and vibrations, radiculopathy, infectious and parasitic diseases caused by exposure to infectious agents, professional bronchitis, pneumoconiosis.

Insurance against industrial accidents and occupational diseases is an essential element of social protection of employees against occupational risks, which not only guarantees insurance coverage due to an insured event, but also creates economic incentives for employers to prevent and reduce occupational injuries and occupational diseases.

Currently, the priority area in the Fund's activities is to take measures to prevent the occurrence of insured events.

Preserving the health of the employee, his professional ability to work is the main task of the insurance protection of employees against occupational risks. However, this requires significant investments from employers.

Financial support for employers to solve these issues is provided by the Social Insurance Fund in the framework of the financial provision of preventive measures to reduce occupational injuries and occupational diseases of employees. The policyholder independently determines the directions of spending the allocated funds in accordance with plans to improve working conditions and labor protection at the enterprise. In 2020, expenses for these purposes were equal to 17.1 billion rubles (about 230 million US \$).

The realities of our time dictate their own rules: 2020 witnessed a new challenge - a pandemic of a previously unknown coronavirus, which encouraged consideration of the timely and sufficient provision of workers with personal protective equipment due to the unfavorable epidemiological situation caused by the spread of the new COVID-19 infection.

In order to preserve the health of working citizens, as well as to prevent the spread of a new coronavirus infection (COVID-19) in the Russian Federation, in 2020 the list of preventive measures was enlarged with means of prevention and protection against coronavirus infection (COVID-19) for all employees of enterprises and ensuring safety for all workers, regardless of the working conditions at their workplaces, as well as laboratory testing of workers for COVID-19. In 2020, about 20% of the total expenditures for the financial provision of preventive measures were allocated to these purposes. ■

Olga Danilova
Social Insurance Fund of the Russian Federation (FSS)
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Sweden

When we will look back on the present period, we will probably see that most of life was affected and nothing was quite as usual. For Afa Försäkring, the insurance world, the financial sector, researchers and the work environment were affected. In short, pretty much all the parts that make up our everyday life.

Skill shift initiative

The Skill shift initiative was started after Scandinavian Airlines was forced to lay off

cabin crew with basic medical knowledge and the healthcare system had large staffing needs. The offer went out to SAS cabin crew, where 300 employees registered their interest within a few days.



Anders Moberg © Afa Insurance

When Afa Försäkring's CEO Anders Moberg was asked if the company wanted to participate, it was obvious that we would support society:

"I knew that we have several employees with experience from healthcare. It felt just right for us as a company and I was proud to be a part of this" says Anders Moberg.

One of those who accepted the offer was Malin Skoglund, claims adjuster with a past as a nurse. Malin has been on leave from Afa Försäkring for 3 weeks and instead worked at an infection clinic at a major hospital in the Stockholm area:

"We always work in teams consisting of a nurse, an assistant nurse and a doctor. We must always prioritize who is most ill and

who can be moved to another ward in order to free up a place for a new patient. My youngest patient so far with covid-19 was born in 1989. It is really completely different how the disease strikes and who is in need of oxygen.

The staff is tired. No one talks in private. When you get inside the hospital doors, it's just working that counts. This week we found out that regular staff get two recovery days that they can take in addition to the holiday. The only question is when will there be time to take out these days?

I hope, with the vaccination, that things calm down in healthcare so that all the staff concerned can catch their breath. I can promise it is needed!"



Helena Jahncke © Afa Insurance

Research

Due to the pandemic, research funding has increased through a program focusing on how covid-19 has affected the work environment, health and leadership from different perspectives. To date, 37 projects have received support with a total of approx. EUR 10 million.

“The researchers will look at covid-19 and its effects on the work environment and health from a variety of angles. The projects are run by researchers from about twenty universities and research institutes in Sweden, in various scientific areas”, says Helena Jahncke, head of Afa Insurance’s R&D department.

Several research projects focus on the work environment in healthcare, elderly care and spread of infection on surfaces in healthcare and dentistry. Others examine how organizational changes and redundancies that have arisen in the wake of the corona crisis affect mental health and sick leave. There are also projects that focus on recovery and rehabilitation after covid-19.

Insurance

Overall, 2020 meant a small reduction in the number of reported occupational injuries. If you look a little closer at the figures, the private sector accounted for a decrease, while an increase were reported from municipalities and regions. This is completely logical: it is primarily the private sector that has seen redundancies, and it is in municipalities and regions that healthcare staff have worked, with an increase in corona-related occupational injuries as a result.

A consequence of all redundancies is an increase in the number of cases reported to AGB, the redundancy insurance, during in 2020. AGB can provide economic compensation to a privately employed worker who is laid off, and with approximately 14,000 reported cases, 2020 is almost at the same level as the crisis year 2009.

When crises or extraordinary situations such as a pandemic occur, attention will often be drawn to laws, regulations and insurance. Criticism often occurs, and the need for change is pointed out. This is also true this time, and criticism of a strict system has been exchanged in a number of proposals

from the government for changes in the statutory health insurance. I hope I will be able to get back to these proposals in the coming issue of Forum News.

Working from home

In the last issue of Forum News, I wrote that Afa Försäkring has seen an increase in the number of questions about insurance coverage when an employee works remotely. This is to some extent still true, but just as with the health insurance, the debate has now shifted its character to what changes need to be made, how occupational injury insurance and legislation should be adapted to better fit into a working life that takes place more at a distance.

According to a survey, as many as 73% of the Swedish labour market want to be able to combine working from home and from a regular workplace once the pandemic is over, but only about 40% can imagine themselves working from home constantly.

At Afa Försäkring, only about 10% of the employees work in the office and the rest work remotely. The employer has very kindly arranged home transportation of computer screens, desks, office chairs and more. Still, we see a great variety in what the staff's home workplaces can look like!

No matter how good service the staff receives with home transport of aids, and no matter how good meetings via ZOOM, Teams or Cisco Webex work, I am convinced that everyone looks forward to the day when we can meet our colleagues at work, and choose when we work from home. ■

*Per Winberg
AFA Försäkring
www.afaforsakring.se*

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