

FORUM NEWS

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Dear Readers

At this point, I would have liked to talk to you about the annual conference of the European Forum of the Insurance against Accidents at Work and Occupational Diseases, scheduled to be held in Berlin in September 2020. However, due to the pandemic, we have decided, with a heavy heart, to cancel the event. Although we very much regret this decision, we feel it is unavoidable if we are to guarantee health protection for us all.

The coronavirus has changed the world. We were in the middle of preparations for the Forum when the struggle to contain the virus brought public life to a standstill and nearly all travel activities to a halt. We do not yet know whether this will still be the case in September. However, until a vaccine becomes available, international gatherings in particular are associated with a high risk. Under these circumstances, we are no longer able to make any reliable plans.

Many European governments, including the German government, have decided to introduce a lockdown to protect the population's health and the country's health service. This has hit the economy much harder than any crisis since the Second World War and we cannot yet predict the consequences. However, the contact restrictions were also a deep intrusion into the private life and democratic civil liberties of every individual citizen.

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We now find ourselves in a second phase. This is characterised by a gradual and cautious easing of the restrictions. Shops are opening again, manufacturing companies are resuming work, children are returning to school. We all still have a responsibility to keep observing the special rules on hygiene and social distancing. How can these measures be reconciled with public life and the working world?

In Germany, the statutory accident insurance institutions have a particular responsibility in this situation. They are also tasked with prevention of accidents and can support companies, institutions and employees as they resume business operations in pandemic conditions. They can give them recommendations on how safe and healthy working, teaching and learning are still possible in these difficult conditions. Occupational safety means protecting health, as this crisis is clearly demonstrating.

The German Federal Ministry of Labour and Social Affairs has published a “SARS-Cov2 Occupational Safety Standard”. It gives businesses general information on how to implement infection control in everyday working life. The German Social Accident Insurance has taken on the task of submitting concrete guidelines for every industry sector using this Standard as a basis – quickly and without any unnecessary bureaucracy. The German Social Accident Insurance Institutions have been operating hotlines since the beginning of the coronavirus crisis and have developed materials and support measures. This has ranged from tips on working from home to guidance on the effective protection of staff at check-outs to information on how to use respiratory face masks correctly.

That is just a brief insight into the current situation of the German Social Accident Insurance. What interests me now is how your institution has reacted to the crisis.

I think we should not miss out on this chance to exchange our experiences in the face of a threat which has affected us all in a similar way: We are worried about family and friends. We restrict our private lives, and on the work front, we are trying to find solutions for safe and healthy working during the

pandemic. We often work to very tight deadlines – that requires a lot of effort. We didn't even have time to look to the left and right occasionally. But we can make up for that now. What challenges have you faced? What worked well and what didn't? How can we better equip ourselves for similar dangerous situations in the future?

Unfortunately, we will not be able to discuss these issues face-to-face in September. However, if there is one thing we have learnt in this crisis, it is to look for other forms of exchange since personal interactions are not currently possible. We would therefore like to begin a dialogue in a September edition of “European Forum News”. We have put together a few questions on handling the coronavirus crisis and would be pleased if you could answer them. We would then print them in the September edition. In this way, every one of us can gain an insight into the everyday lives of other Forum members. Have you worked from home? How did you manage childcare? What demands were made on accident insurance? We can share experiences and no doubt other questions will arise which we will include in our future joint work on occupational health and safety in Europe.

It is not yet certain whether and how we will make up for the 2020 conference of the European Forum of the Insurance against Accidents at Work and Occupational Diseases. However, the three core issues that we wanted to discuss – future of work, digitalisation and occupational diseases – are not going to go away. We will include them in the Forum's ongoing discussions.

But first, I look forward to receiving your answers on the coronavirus crisis. It is particularly important in these times to look beyond national borders. Let us all work together to find ways to organise working and learning in Europe as safely and healthily as possible, even in these difficult conditions. ■

*Dr. Edlyn Höller,
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European Forum 2020 Presidency*

Austrian accident insurance system and Corona crisis

The lockdown in Austria due to the Corona crisis has presented a big challenge for the country, the health care and social security system.

This situation brought up new questions and problems, which made the Austrian accident insurance carriers to take on their part of social responsibility and fulfill their duties.

In the following, some of the problems that have emerged in Austria are illustrated:

Legal questions

Infection with Sars-Cov 2 virus: Occupational disease

Austria has attached to its law ASVG (General Law on Social Insurance) a list of occupational diseases. In no 38, infectious diseases are listed, which are acknowledged as occupational diseases when linked with work in hospitals, rehabilitation centers, medical care, cure and care institutions or in other enterprises and jobs with comparable hazards.

If exposure on the job is higher than in common life, we can assume that an infection followed by sickness can be acknowledged as occupational disease.

An occupational disease can be recognised more easily than an occupational accident. It is necessary to prove that the exposure at work was higher than in a non-working situation and that the infection is the result of a typical, formulaic work routine.

What is new in the situation in times of the COVID-19 crisis: Which companies and which jobs carry a “higher” risk of being infected with COVID-19?

Especially in times of lock-down, the risk of an infection has increased in all companies and institutions with direct, long-term contact to clients.

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Infection with Sars-Cov 2 Virus: Occupational accident

Since the infection is classified as a pandemic, it can be contracted anywhere and at any time. This means that you can also get an infection while working.

The infection can also be seen as a consequence of an accident at work. In order to prove it as such, the time (it can only be a short period of time, not longer than one working shift) and the place of infection (external impact on the body) has to be declared. You must be able to prove that the infection was caused by this particular event and that you can exclude other causes of infection. As this is difficult to prove, it is not expected that many cases of occupational accidents will be brought in connection with COVID-19.

Pupils and students

The lock-down forced schools and universities to close. Lectures had and have to be attended via internet at home. Since Monday, May 18th, these institutions have opened again step by step.

Mobile school and university activities at home replace physical attendance. According to our law, local, temporal and causal accidents and occupational diseases that are related to school and university are covered by the statutory accident insurance.

Volunteers because of COVID-19 crisis

During COVID-19 crisis, many volunteers helped in hospitals and emergency services. Many people went to supermarkets to buy food for elderly or in other ways vulnerable persons. Even supermarkets thought about hiring volunteers at the beginning of the crisis in order to avoid personal shortages and consequently supply shortages.

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According to Austrian law, accidents and occupational diseases in connection with voluntary work are also covered by statutory accident insurance. This coverage takes place without registration and paid contributions due to the social importance and acceptance of these activities.

Home office

The 3rd COVID-19-Law has brought temporary rules for the statutory accident insurance coverage for home office during the crisis.

According to the new rules from March 11th, 2020 to December 31st, 2020, occupational accidents are also accidents that are chronologically and causally connected with professional activities at the place of residence of the insured person. Compared to the legal situation before the crisis, the insurance cover has been extended by classifying the home as a place of work. Activities that were previously considered private are now also covered by accident insurance, e.g. preparing meals at home.

In the period between March, 2020 and December, 2020, following travels are covered:

- from the place of residence to medical treatment or therapy and back,
- journeys to accompanying children from the place of residence to kindergarten or school and back without going to the workplace,
- journeys from the place of residence to one of the nearest supermarkets to get food and drinks for lunch or to the restaurant for lunch and back to the place of residence.

Prevention

Since the beginning of the COVID-19 crisis, the AUVA and the other occupational insurance carriers BVAEB and SVS have been actively providing enterprises and institutions with information materials and assistance.

AUVA's prevention team developed information leaflets and posters for employers, employees, schools, universities and kindergartens on how to prevent infections and how to deal with the situation when an infection occurs. You can find information on the following questions and issues:

How can the spread of infections be prevented? Which respiratory masks or breathing equipment should be used? Which hygienic measures are necessary? Fire and explosion protection when handling disinfectants. Health risks when using disinfectants made of „fusel alcohol“. Examples of use, practices, videos and tips for the home office and home schooling etc.

You can find more information under following link: <https://bit.ly/2zHc5pA>

Our prevention team is also interested in an exchange of experiences with other countries and uses the possibilities to talk about aspects of the crisis especially offered by IVSS or PEROSH. International cooperation to overcome this crisis is definitely the need of the moment! ■

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Croatia: COVID-19 virus disease as an occupational disease

Occupational diseases in Croatia are covered by mandatory health and mandatory pension insurance. Benefits are paid from mandatory health insurance in case of temporary incapacity for work, while benefits in case of disability and physical impairment are paid from pension insurance. The list of occupational diseases and jobs where these diseases occur, as well as conditions under which they are considered as occupational diseases are specified by a separate law.

Article 3, paragraph 1, item 45 of the Croatian Law on the List of Occupational Disease stipulates that infection diseases caused by work in business activities and working areas that are at increased risk of infection are considered as occupational diseases.

As the coronavirus disease is a viral infection and an infectious respiratory disease that is transmitted from person to person mainly through droplets, there is no legal obstacle to observe this disease as an occupational disease in the context of the aforementioned provision, if it is medically confirmed by diagnostic procedures and algorithms accepted in the occupational medicine.

Accepted algorithms in occupational medicine include the work history and evidence of the relationship between illness and occupational exposure, determination of the intensity and duration of exposure and a clinical picture with positive findings of diagnostic methods.

In case of suspicion of occupational disease, including also the coronavirus disease, a procedure at the competent local Croatian health insurance fund (CHIF) office starts with filling a professional disease report. The report should be completed by the employer and chosen general (family) practitioner of the insured person, but the procedure can also be initiated by an insured person itself by submitting request to CHIF to determine and recognize a disease as professional disease.

During the procedure, CHIF is obligatory to obtain the expert-medical opinion of the Department of occupational medicine by Croatian Institute of Public Health.

The entitlement arising from infection disease recognized as a professional disease, including coronavirus disease, starts from the date of occurring and diagnosis of the

disease. The benefits provided by CHIF are higher than the benefits provided in the case of non-work-related diseases.

The sick leave due to a professional disease is managed by the chosen general/family medicine doctor, and for the duration of such sick leave, the insured persons are entitled to sick pay. Sick leave benefit is 100% of the average salary, which was paid in the past 6 months before disease. (This sick leave benefit is 100% during the first 18 months and after that period 50%).

Insured persons are entitled to reimbursement of travel costs incurred in connection with exercising the right to health care in case of professional disease, independently of the distance between the insured person's place of living and the place where he/she is sent to receive health care, by applying at the competent local CHIF office.

In case of death of the insured person, if such a death was a direct result of an professional disease (including coronavirus disease, when it is recognized as occupational disease), the right to reimbursement of funeral costs, in the amount of the stipulated budget base, can be exercised with an application to the competent local CHIF, by the legal or natural person who covered the funeral expenses.

In Croatia, we do not currently have any recorded deaths caused by occupational coronavirus disease. The healthcare system is well organized and prepared.

We share the hope that by acting globally, we will soon reduce the risk of coronavirus disease and thus also the risk of this disease as an occupational disease. ■

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Denmark: Recognition of COVID-19 virus as an industrial injury

According to Danish legislation, COVID-19 can be recognised as an industrial injury. If a case of COVID-19 is registered as a possible industrial injury it will be assessed according to the existing sections in the Workers' Compensation Act.

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COVID-19 can be recognised

- as an occupational disease – if the exposure to virus has taken place at work over a period of more than 5 days or
- as an accident at work – if the exposure to virus has taken place at work in a concrete incident or within a period of up to 5 days

In both cases it is a condition that:

- 1) the person concerned has or has had the diagnosis COVID-19 (in most cases established through a medical test), and
- 2) the person concerned has been exposed to the virus at work

The authorities will in all cases assess whether there is a plausible connection between the exposure to the virus at work and the diagnosis COVID-19. Among other things, the authorities will look into the degree and duration of exposure at work, whether the person concerned has fallen ill

within a reasonable timespan after the exposure to virus and whether he or she could have been exposed to virus under private circumstances.

In some cases the character of the job makes it more plausible that a person has been exposed to virus at work. If, for example, a person is working as a doctor or a nurse in a hospital treating patients with COVID-19 and there are no cases of COVID-19 in his or her immediate family, the authorities will most likely find it plausible that the exposure to virus has happened at work.

If, on the other hand, a person has a job that includes personal contact to people in general (and therefore to people who could have COVID-19) and where the contact is indirect and sporadic, the assessment from the authorities will be more comprehensive and complex. This will be the case of for example bus drivers or people working in the check-out at a supermarket. In these cases

the authorities will look more closely into the specific job tasks and the circumstances, e.g. how close the person concerned has been to the clients/customers, the duration of possible exposure, if there has been certain incidents of contact with a person with COVID-19, and if there are cases of COVID-19 in the family etc.

If a case of COVID-19 is recognised as an industrial injury, the authorities will assess if the person has a right to compensation, e.g. for expenses to medical treatment or medication. It will also be considered whether COVID-19 has caused permanent injuries. If this is the case the person might have a right to compensation for permanent injuries or for loss of earning capacity.

If a person has died as a consequence of COVID-19 that is recognised as an industrial injury, it will also be assessed if the family left behind has a right to compensation according to the legislation. ■

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Finland: COVID-19 virus – Workers' Compensation

COVID-19 can be compensated from Workers' Compensation in Finland as an occupational disease. Not as an accident at work. In Finland's legislation exposure to a biological agent (i.e. virus) has to happen in certain circumstances prescribed by the law.

In order to accept a case to be an occupational disease, there has to be enough information about the transmitting of the virus. First, there have to be tests, a diagnosis and information where the exposure has happened. This might be a problem in Finland now, when the number of cases is growing and the tests are not done in large scale. Neither is the transmitting path studied enough in each individual case.

We have estimated that in most of the cases the compensation would be medical costs and temporary disability (daily allowance). Permanent disability is very unlikely. Therefore, the average claim should most likely be quite low.

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Provisions in Finland's legislation regarding the concept of occupational disease:

- Chapter 6. Provisions on occupational disease
- Section 26, Occupational disease

Occupational disease refers to an illness that is likely to be primarily caused by the employee's exposure to a physical, chemical or biological agent in the work referred to in section 21, in the location of the working area referred to in section 22, or in the training referred to in section 24(1)(1). If the employee in question is that referred to in section 25, working at home or in a working area other than that provided by the employer, the exposure must be caused by the employee's work assignments.

For an illness to be substantiated as an occupational disease, a medical examination with sufficient information available on the employee's working conditions and exposure at work is required. ■

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France: COVID-19 virus – What recognition as occupational injury?

The French Minister of Health announced on March 23rd, 2020 the “systematic and automatic” assumption of responsibility as an occupational disease of certain health professionals having contracted COVID-19. What the current legislation does not allow. In addition, uncertainty remains concerning the case of cashiers, social workers, ambulance drivers, garbage collectors, bus and taxi drivers etc. forced to continue working. Moreover, on 2 April, the FNATH (Association des accidentés de la vie, Association of life accident victims) asked the President of the Republic to set up a Special Commission for the recognition and compensation of COVID-19 victims.

Occupational disease

To be recognised as an occupational disease, the simplest way is when the pathology is listed in a table of occupational diseases and the disease had been contracted under the conditions mentioned in this table.

A disease not listed in a table of occupational diseases may also be recognised as an occupational disease under two conditions:

- if it is essentially and directly caused by the victim’s usual work on the one hand,
- if it leads either to the death of the employee or to a permanent disability of at least 25% on the other hand.

In this case, the recognition of the occupational nature of the declared pathology can only take place after an opinion from the Regional committee for the recognition of occupational diseases (Comité régional de reconnaissance des maladies professionnelles, CRRMP).

To date, COVID-19 is obviously not included in a table of occupational diseases. It could therefore be recognized as an occupational disease only by a decision of a CRRMP.

Such recognition presupposes that the two above-mentioned conditions are met. Given the way the virus spreads, proof of a link with work can be difficult to provide. On the other hand, the 25% disability condition may also be difficult to meet.

Accident at work

An accident arising out of or in the course of work, whatever the cause, is considered an accident at work. For recognition as such, the following two conditions must be met:

- to have been the victim of an accidental act in the course of the professional activity,
- the accidental event resulted in the sudden appearance of a lesion.

Unlike an occupational disease, an accident at work thus assumes a suddenness.

What about COVID-19? As with occupational disease, the question of proof arises, and in particular the difficulty of establishing that COVID-19 was contracted as a result of a specific event, by the fact or on the occasion of work.

The mode of propagation of the virus makes it difficult to isolate a fact determined to have led to contamination. Recognition of an accident at work would therefore also appear to be difficult to obtain.

Thus, the current legislation on accidents at work and occupational diseases seems to be ill-suited to this exceptional situation. The Occupational Hazards Direction and the public authorities are considering how best to cover COVID-19 victims. This could be done under the occupational injury insurance – like in Belgium or in Germany – or, more broadly, under the national solidarity scheme, for example. We will see in a future edition of Forum news what will be the solution adopted. ■

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Germany's Social Accident Insurance System Helps Companies and Employees during the Coronavirus Crisis

On April 16, 2020, the German Federal Ministry of Labour and Social Affairs published the SARS-CoV-2 Occupational Safety and Health Standard. The aim of this standard is to enable companies and their employees to work safely and healthily or to resume work under pandemic conditions. The standard sets out binding rules of how this should be done. Federal Minister of Labour Hubertus Heil said: 'Anyone who works in these exceptional times also needs exceptional protection. It is important that we have clear and binding standards nationwide. Everyone can rely on these standards and everyone must also adhere to these standards.'

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Germany's social accident insurance system will play an important role in implementing the Sars-CoV2 OSH Standard. As the partners of companies in matters of occupational safety and health, the German social accident insurance institutions will interpret the requirements set out in the Sars-CoV2 OSH Standard and put these into words that reflect the language and needs of their respective industries. The German social accident insurance institutions have been providing businesses with information and assistance since the beginning of the corona-

virus pandemic. Following the release of the OSH standard, these activities will now be further stepped up: 'The German social accident insurance institutions will use their expertise to take the general Coronavirus OSH Standard and put it into a practical format with industry-specific information and advisory services. Our focus will be on small businesses, which are more reliant on our expertise than larger companies that often have their own OSH specialists,' said Dr. Stefan Hussy, Director General of the German Social Accident Insurance (DGUV).

The aim is to provide pragmatic assistance to companies in order to meet the requirements needed to resume operations or continue working safely. As usual, the emphasis is on advising businesses and convincing them of the importance of these measures. Whenever individual companies breach minimum hygiene standards and thus endanger the safety and health of employees and third parties, the prevention services will step in.

How are businesses being helped?

Since the beginning of the coronavirus crisis, the DGUV and its institutions have been actively providing companies with resources and assistance. This includes tips for working from home, advice on the proper protection of cashier staff, and information on the correct use of protective masks.

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Many social accident insurance institutions have put together FAQs to help provide an overview of the issue. These are supplemented by sector-specific guidelines and information sheets, which are available in several languages. Some social accident insurance institutions have set up hotlines where employers and employees can get advice on protective measures, rules and regulations as well as risk assessments for the coronavirus. The DGUV has collected all the relevant documents and published a list of links, which are specific to industry and profession, on the DGUV website.

The crisis may also potentially increase psychological stress among employees. An example of this is working from home and taking care of children at the same time. For others, it may be due to higher stress levels at work, for example in food retailing or the healthcare sector. The social accident insurance institutions also offer help and advice for these situations. One example is an initiative started by the German Social Accident Insurance Institution for the Health and Welfare Services (BGW) which provides accident insurance to several groups including people who work in hospitals or nursing homes. This is a group of workers who are currently under significant strain. The BGW offers crisis coaching to managers via video or phone conference. In the first two weeks after launching this service, an average of ten people took advantage of the service every working day. And the numbers are increasing which clearly shows there is a need for such a service. The DGUV has also responded to the crisis in the context of its

current *kommitmentsch* prevention campaign by providing various tools and information.

The availability of personal protective equipment (PPE), particularly masks, is an issue that is also being discussed in Germany. There are also policy initiatives which have been put in place to slow down the spread of the virus which recommend either the voluntary or compulsory wearing of non-respiratory masks (known as DIY or 'community' masks) in public. This has often been a difficult discussion due to differences in the terminology used. Among discussants, there is not only a lack of technical knowledge regarding the use and effectiveness of DIY face masks compared to PPE respiratory masks, but they often talk at cross purposes. Therefore, the DGUV has published a poster that provides businesses with an overview of the differences and also serves as a source of information for the general public. The poster is available for download in the DGUV's publications database.

The Institute for Occupational Safety and Health of the DGUV (IFA) has also developed a rapid test in cooperation with DEKRA Testing and Certification GmbH, which can be used to check whether respiratory masks, which are currently being produced hurriedly in many places and are awaiting approval, can also be used to protect people in the healthcare system for the duration of the health threat. The aim is to swiftly address the acute shortage of European-approved products that provide respiratory protection during the pandemic and thus protect medical and nursing professionals.

The *kommittensch* prevention campaign in the corona crisis

The coronavirus crisis has also shifted the focus of the *kommittensch* prevention campaign. It is still about safety and health at work, but the focus is no longer on falling from heights or traffic accidents. The primary goal is now to give people helpful tips for dealing with the corona crisis both at work and in their everyday lives. 'It was easy to realign the campaign because it is based on a solid foundation dealing with the culture of prevention which provides the flexibility to change priorities', said the DGUV's Communications Director Gregor Doepke.

New material has been produced as a result of the campaign's change in focus. The brochure 'Leadership during a Pandemic' (German only) helps managers to steer their company and employees safely and healthily through the coronavirus crisis. Some of the topics covered in the brochure include tips on transparent communication, setting up a home office, and how to involve key stakeholders and protagonists in company processes.

A special section has been created for the coronavirus crisis on the website: www.kommittensch.de/corona (German only). It provides advice on how to deal with the virus in different sectors, tips on planning during a pandemic and information on protective masks. A poster for doing back exercises is available to reach as many people as possible who are working from home where conditions are often improvised.

The campaign is further complemented by postings on social media which include tips for childcare at home, ideas for optimising and structuring work in the home office, and various fitness exercises.

In addition to the special corona section on the campaign website, more information on insurance coverage, how companies can defer their contributions and other FAQs are available in German on the DGUV website at: www.dguv.de/de/corona/index.jsp. There is also information available in English at: <https://www.dguv.de/en/index.jsp>

Insurance, services and benefits

However, the German social accident insurance institutions are not only providing more advice on prevention. They have also adapted their administrative procedures for rehabilitation, insurance and benefits to the crisis and implemented new legislation quickly, pragmatically and in a targeted manner.

The German government has put together a very comprehensive package to relieve the financial pressure on companies. The social accident insurance system will also do what it can to assist.

Insurance contributions made by businesses are used to finance important services such as the rehabilitation of accident victims or financial compensation such as pensions.

Nevertheless, the social accident insurance institutions are deferring the payment of contributions for companies in financial distress. Representatives of employers and insured persons in the Self-Governing Committee have agreed on specific measures for their respective sectors. These include rules for deferring payments or making payments in instalments in order to alleviate the financial burden during the crisis as much as possible.

The Federal Government has also created the Social Service Provider Deployment Act (SodEG) as a safety net for providers of social services who are currently unable to provide their regular services due to the coronavirus crisis and are facing financial difficulties.

Under the Act, social service providers, such as workshops for disabled people whose services have been limited or care and rehabilitation facilities whose occupancy rates have plummeted, can receive support from their respective social insurance providers. A prerequisite for this assistance is that these facilities agree to use their resources elsewhere to deal with the corona pandemic. They are required to provide a reasonable amount of suitable personnel, premises and material resources. The German social accident insurance system has developed a centralised digital application procedure where applications

submitted to the respective social accident insurance institutions are processed by the regional associations of the German social accident insurance system.

Insurance protection

And finally, some answers to the question: What is the situation regarding statutory accident insurance coverage for employees who fall ill with COVID-19?

The WHO has classified COVID-19 as a pandemic. This means that anyone, anywhere and at any time can be infected with the virus. According to case law, this means that it is a 'general danger' and that infection does not occur as a result of an insured activity but at most during the course of this activity. Therefore, a coronavirus infection does not, as a rule, meet the requirements stipulated for an occupational illness.

This is a different story for insured persons who work in health services, in welfare, in a laboratory or who are similarly exposed to the risk of infection through another activity. For these people, an illness resulting from an infection with the coronavirus may constitute an occupational disease in accordance with No. 3101 of the List of Occupational Diseases. If an occupational disease is suspected, the respective social accident insurance institution will assess whether these conditions are applicable on a case-by-case basis.

Further information:

General information on the pandemic and German social accident insurance: www.dguv.de/corona (German only)

The *kommmitmensch* prevention campaign with tips, advice and materials on safe, healthy work during the pandemic: <https://www.kommmitmensch.de/corona> (German only)

The Federal Government's Sars-CoV2 OSH Standard is available in several languages, including English, at: <https://www.bmas.de/DE/Schwerpunkte/Informationen-Corona/Arbeitsschutz/arbeitsschutz.html> (Translations available on right side of page)

Information from the Federal Institute for Occupational Safety and Health on occupational safety in the pandemic: <https://www.baua.de/DE/Themen/Arbeitsgestaltung-im-Betrieb/Biostoffe/Coronavirus.html> (German only) ■

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Measures of the German agricultural social security system to better cope with the COVID 19 crisis

The challenges for the SVLFG as the institution responsible for agricultural social insurance in Germany were and are essentially to maintain the functions of the administration, to protect the administrative staff and elected representatives from infection and, last but not least, to provide the best possible support for the insured. The latter is particularly challenging because in agriculture it is rarely possible to postpone work.

Making administration and decision-making processes more flexible

By acting quickly and flexibly, it has been possible that 4,000 of the approx. 5,000 employees of the SVLFG now work in their home office. In this way the service for the insured could be maintained while minimizing the risk of infection. The clerks can also be reached in the home office, practically all processes run smoothly. The employees are continuously provided with all important information. The information available on the intranet is constantly updated, rules of conduct for work activities in the home environment are updated.

The activities of the field staff have also been adapted: Visits to agricultural, forestry and horticultural businesses have been drastically reduced. Wherever it is necessary for the field staff to visit the farms (especially farm hands and care consultants), not only are the general rules of conduct observed, but suitable protective clothing is also worn.

The SVLFG is managed by elected representatives of the agricultural profession. The meetings of many committees, especially the board, are held as video conferences. This allows the necessary decision-making processes to be completed without exposing the members of the board to the risk of infection.

Specific information in different languages

The SVLFG informs – via its homepage, press releases and other media – not only its insured persons about various aspects of social security and health protection. This year again, thousands of international seasonal workers are helping with the harvest. Practice-relevant information and instructions for action are made available primarily via the SVLFG website, such as charts on preventive behaviour during the pandemic in various languages, namely Polish, Ukrainian, Hungarian, Bulgarian, Romanian, English and German

www.svlfg.de/corona-saisonarbeit.

Of great importance is the information brochure of the SVLFG “Measures to reduce the risk of coronavirus infection in agricultural activities and in collective accommodation during seasonal work”. To facilitate the practical implementation of preventive measures, there is a comprehensive online checklist. Both can be found in German on the SVLFG website. An English version is available on request. Erich.koch@svlfg.de

The SVLFG is happy to share its experience with other members of the European Forum. ■

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Italy: For INAIL new Coronavirus contagion results in an accident at work and not an occupational disease.

The details are provided by Inail with circular 13/2020, which refers directly to article 42, paragraph 2, of law decree 18/2020, which establishes that “in proven cases of infection, during work, Inail ensures, pursuant to the current provisions, the relative protection of the injured”.

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The “current provisions” are governed by Presidential Decree 1124/1965 (Unified body of laws for the insurance against work accidents and occupational diseases) which protects, through Inail, employees of any qualification, and by Legislative Decree 38/2000 which extends this protection to subordinate workers, dependent professional sportspeople and managers.

The same text defines accidents as events “which occurred due to violent causes in occasion of work”. Unlike an accident at work, occupational disease is defined as an illness contracted “in the exercise of, and due to working activities specified” in the special table.

However, Inail, as already in the past (circular 74/1995), has had the opportunity to highlight that the current orientation, as regards the treatment of infectious and parasitic diseases cases, is to protect (from) these pathological conditions by placing them, for the insurance aspect, in the category of accidents at work: in these cases the virulent cause has been equalized with the violent one.

In the current pandemic situation, therefore, health workers exposed to high risk of infection, fall under this particular insurance protection. For these workers the presump-

tion of professional origin applies, given the extremely high probability that they come into contact with the new Coronavirus. For the same reason, other work activities may also be included, such as, for instance, operators at the counter, checkout, sales staff/bankers, non-medical support staff, cleaning staff, with technical duties operating within hospitals, operators for transportation of the sick, etc.

For contagion “in occasion of work” it is not necessary that the accident occurred when the worker was performing his/her typical tasks; on the contrary, it is sufficient that the event took place during the performance of instrumental or accessory activities related to those typical of the job.

If the disease-accident occurs, the certifying physician must prepare and transmit electronically the prescribed medical certification to Inail (article 53 of the Unified body of laws). There is also an obligation for employers to report /communicate an accident when they become aware of the infection occurred to workers. In the event of death,

family members are entitled to the one-off economic benefit from the Fund for victims of severe accidents at work, also provided for workers who are not insured with Inail.

Inail also protects cases of contagion from new Coronavirus that occurred on the way to and from the workplace, which are therefore considered as commuting accidents. Since the risk of contagion is much more likely on board of crowded public transport, the use of private transport is considered “obliged” for all workers who have to perform services only in presence, by way of derogation from current legislation and until the end of the epidemiological emergency.

The insurance protection also applies to cases in which the identification of the exact causes and work modes of contagion is more difficult. Inail circular 13/2020 explains that, in order to guarantee full protection, epidemiological, clinical, anamnestic and circumstantial aspects must be considered. ■

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Russia: Pandemic COVID-19. Measures taken by the Social Insurance Fund of the Russian Federation to support citizens and businesses

The break out of coronavirus infection has affected all countries of the world and all continents. Regardless of the level of well-being, economy and social policies nations have to face the challenges and threats of the pandemic.

One of the main strikes of this “black swan” got the social sphere. Pension and social funds face great difficulties. On the one hand, population incomes are projected to decrease due to the introduced self-isolation and self-restraint regime, which leads to a decrease in population incomes from which, in turn, insurance budgets are formed. On the other hand, in support of entrepreneurship and business, many states decide to defer payment of contributions to social insurance funds. An additional blow is the increase in unemployment and a decrease in business activity as a result of quarantine restrictions.

At the same time, the burden on social security is growing all over the world. The number of requests for various unemployment and social benefits, sick leave payments is increasing. In many countries, coronavirus is recognized as an accident at work or an occupational disease if the victim becomes infected with the coronavirus as a result of his direct work responsibilities or negligence of the employer.

The epidemic came to Russia a little later than to other countries and we had a bit more time to study other nation’s experience and prepare. The Russian government is doing everything possible to reduce the spread of the epidemic and protect the population to help the affected citizens and businesses. The Social Insurance Fund of the Russian Federation plays one of the key roles in this work.

The specifics of the social security system in Russia leaves its mark on the organization of social security in our country. In Russia, there are several players in this field. The Pension Fund of the Russian Federation, as well as regional budgets through the local social welfare agencies, take on the basic social benefits and pensions while the Federal Fund for Compulsory Health Insurance is responsible for compulsory health insurance. Our Social Insurance Fund of the Russian Federation (hereinafter referred to as the Fund), in addition to insurance against industrial accidents and occupational diseases, is responsible for the insurance coverage of lost earnings as a result of temporary disability and motherhood and performs an agent social function to provide needy citizens with technical means of rehabilitation and recreational treatment.

In connection with the spread of coronavirus on infection, the first task in Russia was to ensure the isolation of citizens arriving from countries where an outbreak of the disease was going on, in order to prevent the transmission of infection within the country. On the territory of the capital of Russia, Moscow, a 14-day quarantine regime for citizens arriving from such foreign countries has been introduced since March 5.

Upon arrival, these citizens were receiving an electronic disability certificate. The Social Insurance Fund of the Russian Federation (hereinafter – the Fund) covers this certificates in order to prevent unplanned loss

of income. At the same time, if regular sick leave benefit comes upon recovery, here the first payment for citizens who have arrived from abroad and are in quarantine is carried out immediately after the registration of such certificate for the first 7 days. The rest of the money is transferred at the end of the quarantine period. At the same time, an application for payment for such citizens is submitted online through the Fund's website. The banner were also translated into English to keep foreign companies employees who work in Russia informed.

Ensuring the effectiveness of these measures almost immediately required awareness-raising. The Fund launched a telephone hotline on all issues related to this kind of coverage, made publications in the media, our experts offered comment on radio and TV programs. Upon arrival at the airports, arrivals were greeted by Fund's banners with brief information about the need to draw up a sick leave and stay home. This measure also applied to working citizens living together with those who have arrived from foreign countries affected by the coronavirus.

The next Covid-related measure was introduction of self-isolation for all citizens over 65 years of age. Working citizens over 65 years of age to save their earnings are issued a disability certificate, which is covered by the Fund. In fact, the regime for this category of citizens is valid from April 6 until today, with the only difference that until April 30 such a regime was in effect throughout Russia and currently only in certain regions, depending on the epidemiological situation.

As the disease spread, the Fund began to cover disability certificates for working citizens, who are sent to quarantine by medical and sanitary-epidemiological institutions in connection with contact with people who have the disease.

The coverage on the insurance against industrial accidents and occupational diseases provided by the Fund is also broadening. In this regard, the Fund is guided by the list of occupational diseases approved by the Order of the Ministry of Health and Social Development of Russia. This list contains "infectious and parasitic diseases associated with

exposure to" infectious agents". Previously, the Fund has already faced such precedents when, for example, tuberculosis was recognized as a professional disease.

Thus, the Fund makes payments to doctors, nurses and paramedical personnel infected with coronavirus as a result of professional activity. On May 14, 190 people were listed in the open list of medical personal who had Covid-related fatal accident. Already on May 6, by the Decree of the President of the Russian Federation, additional insurance guarantees were established for medical personnel directly working with coronavirus patients. The insured amount is increased 2.7 times if a coronavirus infection results in the death of the victim, and the amount of compensation in the event of permanent disability and temporary disability is also significantly increased to meet the previously taken decision on additional payments to the medical workers. Moreover, the decree is retroactive, i.e. applies to everyone who from the first days participated in the fight against the pandemic.

The process of recognizing occupational accident is simplified due to the fact that each medical unit forms a list of its medical personnel who provide medical care to patients with coronavirus. Accordingly, if a medical officer is present on this list, the causal relationship of the disease and work is much easier to establish.

In addition to supporting Russian citizens who are at risk, the Fund also participates in measures to support business. The Russian government has adopted a wide range of measures to support employment, vulnerable social groups and families with children, some of which fall under the responsibility of the Fund. Back in April, the Government has decided to reduce social insurance contributions (including contributions to the Fund) for small and medium-sized enterprises by half. The government has compiled a list of industries most affected by the coronavirus, which includes a wide range of industries – transport, services, education, hotels, cultural and leisure facilities. For them, it was decided to introduce a delay in the payment of insurance premiums for 6 months. In this case, the delay obtained

may be repaid gradually. The deadlines for submitting reports to the Fund are extended, measures are being taken to mitigate the financial burden through installment payments of fines and penalties, if there are any. In May, small and medium-sized enterprises, as well as socially oriented NGOs, were exempted from paying insurance premiums for the second quarter of 2020 (the most serious quarantine measures are in force in this quarter).

At the same time coronavirus spread has forced changes to the Fund's own workflow and interactions with policyholders and insured persons. Most services are turned online. This was facilitated by previously taken measures to develop the Fund's digital infrastructure – a personal account and the social navigator mobile application. To help service receivers the Fund also developed online video instructions. In addition, explanatory work is carried out in social media. One can also get helped by calling the “hot line” or in person by making an appointment in advance at one of the Fund's offices (but depending on the epidemiological situation in a particular region, some of the offices are to visitors). Those who come in person are offered to disinfect their hands and put on a free medical mask at the entrance if they don't have one. Other measures have been taken to minimize public contacts. For this purpose, it was decided to postpone the planned measures for re-examination of the degree of disability to citizens who receive benefits for occupational accidents at work for 6 months, while maintaining the current disability degree (in addition to the Fund, other government organizations are involved in this process). At the moment issuance of technical means of rehabilitation is carried out by online application or by mail. To help the needy citizens, mass outreach is carried out by mail, volunteer organizations and public associations. The Fund sends letters to needy citizens with an attached reverse prepaid letter. Delivery of the technical means (for instance, wheelchairs) occurs to the door of a needy citizen, and the courier takes all sanitary protection measures.

In the Fund's offices themselves, both during the reception of visitors and in the working process, measures of social distance have been introduced. Thanks to the electronic document management system previously introduced in the Fund and the country as whole, employees do not need to leave their jobs. All documents are checked and signed by the relevant units without having to leave the workplace. At the final stage, the document is signed with an enhanced qualified electronic signature of the Fund official, which allows minimizing paper workflow. This measure also allowed sending many workers to remote work.

In a timely manner, laptops were purchased for employees from which they can access their computer at work via remote desktop. All Fund's employees working phones support automatic call forwarding to a home stationed or a mobile number. For those who had to stay in the offices, measures of social distance have been introduced. Sanitary treatment of the whole building's is carried out daily, and during the working day – selective surface treatment (door handles, elevator buttons, keyboards, mice, etc.).

In addition to insurance payments to victims of work, the Fund is also engaged in their rehabilitation. The Fund owns 12 rehabilitation centers throughout Russia. As the infection spread, the following measures were taken:

- From March 28, the Rehabilitation Centers have limited reception of new patients (arrival dates have been postponed until the fall) and the provision of services at the Centers on a commercial basis.
- Measures were taken to isolate citizens undergoing treatment; measures were taken to regularly disinfect the premises and to carry out other sanitary and epidemiological measures, including catering and preventing the spread of infection inside the Centers.
- If the epidemiological situation worsens, Rehabilitation Centers can be re-equipped as soon as possible to receive patients with coronavirus.

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Thus, due to the previously introduced measures on digitalization and the later outbreak of the infection in Russia compared to other countries, the Fund managed to avoid large-scale problems.

The measures taken to support the population and business contributed to avoiding the lowering of the well-being of the population and drop in entrepreneurial activity.

An important factor was that Russia was able to slow down the pace of the spread of coronavirus in the country, including through the social support of our Fund. This allowed us to gain time for other important decisions. ■

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COVID-19: Impact on Sweden

The outbreak of the COVID-19 pandemic surprised Sweden, in the same way it surprised the rest of Europe and the world. At the time this is written, only about 30 of AFA Försäkrings 670 employees work in the office in central Stockholm, the rest of us work from home. This transition went surprisingly smooth, thanks in large part to the fact that our IT department did a fantastic job and helped those who needed to install equipment in their homes, and more. A large number of meetings and conferences have been turned into meetings via telephone and Skype. Unfortunately, some 40 courses and trainings have been canceled or moved to the autumn due to restrictions on meetings with more than 50 participants.

The government made a number of changes in the legislation regarding the right to compensation in the event of illness. The qualifying day was abolished from March 11, and the right to be absent due to illness without presenting a medical certificate was extended from March 27, from the previous 7 days to 21 days.

The government will also compensate employers for the increased costs for sick pay that this entails.

Regarding the statutory protection against occupational injuries, no changes have been made at the time of writing, and very few COVID-19 cases are likely to be approved as occupational injuries. The virus is not included in the list of approved infectious diseases, for obvious reasons.

For AFA Försäkring, the pandemic has had the purely practical impact mentioned at the beginning. The collectively agreed insurance policies we administer will be affected to varying degrees.

The Group Illness Insurance AGS may see a certain increase in reported cases, especially among private employees, as they are covered from the 15th day of sickness.

The Group Redundancy Insurance, AGB, will most certainly see an increase in the number of cases reported. In March alone,

about 36,000 employees were notified of dismissal. In the past, for example during recession, we have had to relocate administrators to handle an increase in claims, and this may become relevant again.

For partly the same reason, a smaller number of cases will probably be reported to the collective agreement for work injury insurance TFA. A reduced number of people employed usually means a reduction in the number of work injuries. COVID-19 cannot be regarded as an accident at work, and in the case of occupational disease, the legislation applies primarily. There is an exception for health care professionals, but then on condition that the illness persist for more than 180 days.

We have received a large number of questions regarding the insurance cover when employees are working from home, and also when employees are transferred to other workplaces than their normal one.

The Group Life Insurance, finally, will most likely and tragically see an increased number of files claimed. Over a long period of years, we have seen a decrease in this number, since public health, healthcare and other factors improve. But 2020 may be a sad interruption in that trend. ■

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of the Insurance against Accidents
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