

FORUM NEWS

Dear Members of the European Forum

Christmas 2021 is right around the corner – again under difficult circumstances. Hospitals are working to capacity and the medical staff is working themselves into the ground. We still face various restrictions from mask-wearing to partial lockdowns; epidemic waves have numbers and variants of the virus are assigned Greek letters to tell them apart. Vaccinations and restrictions of personal contacts seem to be some of the measures to fight the virus. A line from Charles Dickens comes to mind: “it was the best of times, it was the worst of times”.



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Notwithstanding these “worst of times” we in the European Forum community have followed our commitment and have worked as concentrated as ever to make the world a safer place. As a result we were able to achieve a lot

during the past two years. We rose to the challenge not least because we reacted swiftly to the new situation caused by a pandemic. For example through an extensive, open dialogue based on trust during the virtual meetings of the var-

ious working groups and among the CEOs. Not to forget the surveys and professional exchange via email to current topics like home office due to COVID-19 or accident insurance cover under the EU-UK Trade and Cooperation Agreement.

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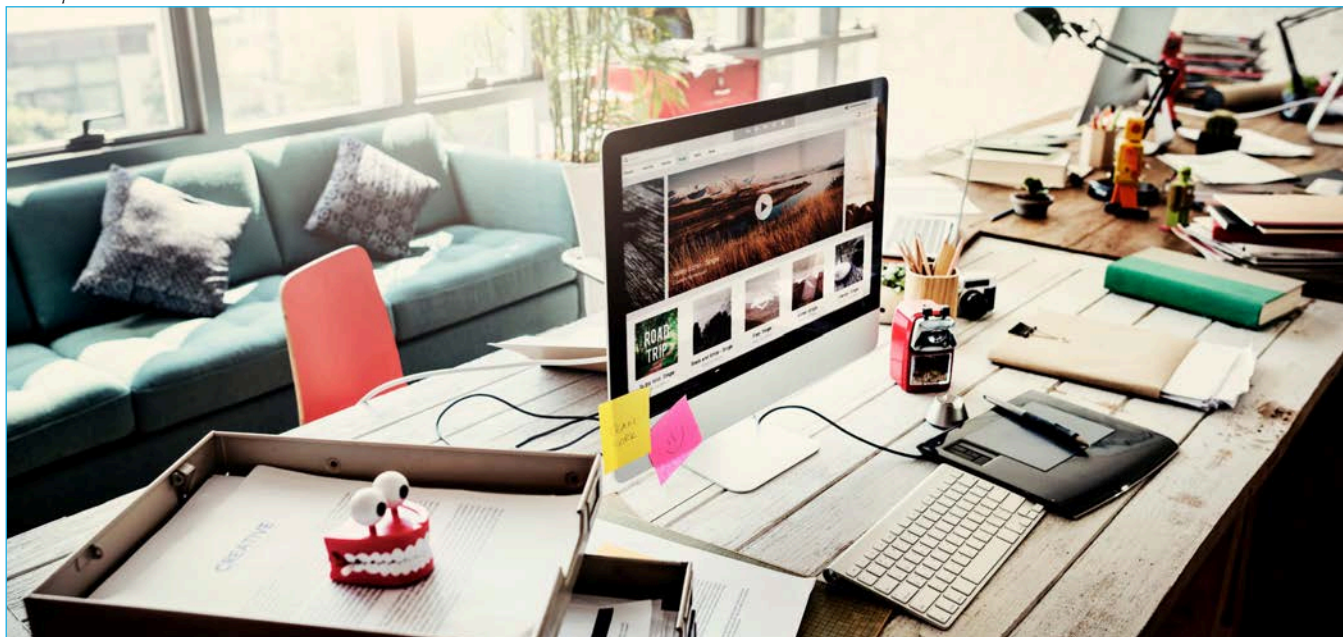
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A new or rather updated online platform is now online. On europeanforum.org we can share information that is relevant for the members of the European Forum.

The most notable single event 2021 was our annual conference, a combination of face-to-face meetings and – on a European level – virtual meetings. During the conference we looked ahead on topics as various as digitalization, AI, occupational diseases, and respiratory, mental and skin diseases. All with the aim to pave the road to future-proof the European Forum for 2030. The conference was a success. That was possible because of the commitment and support of all participants of the annual conference and of the people in the background who helped organize the event and who made sure that during the conference everything went as planned. Thank you to all of you.

What lies ahead? The topics of this year's annual conference pretty much paved the way for the coming years. Further topics will involve the pandemic, the behavior of the virus and how to find suitable answers in order to keep people from getting sick or worse. We will have to pay close attention

to the effects of Long-COVID on individual patients and of society in general. The medical community will have to find the suitable means to counter the effects of Long-COVID and offer the best rehabilitation. Plus, history has taught us, that we must be able to make room for topics that might come our way unplanned. I am confident we will rise to the challenge.

I think there is agreement that online meetings are no equivalent substitute for face-to-face meetings. I deeply regret that we were not able to meet in person these past months, to benefit from personal conversations. However, if we make it through the winter and vaccination rates will rise further we may be able to attend an in-person annual conference in 2022. This time under the presidency of the Social Insurance Fund of the Russian Federation.

In the meantime, I wish each and every one of you a Merry Christmas and a Happy New Year. ■

Edlyn Höller
Deputy Director General (DGUV)
European Forum Presidency 2020-2021

Austria: COVID-19 as occupational disease

In Austria, the legislator has drawn up a list of occupational diseases. This list includes infectious diseases that can be recognized as occupational diseases by the accident insurance institutions in the case of activities particularly in companies of high-risk. These companies are also listed in the law. An increased risk of infection exists, for example, in hospitals or convalescent homes, nursing homes, public pharmacies, but also in schools, kindergartens, health services, scientific laboratories or prisons.



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As COVID-19 is an infectious disease, this means that an infection may constitute an occupational disease if the infection occurred in the course of employment in one of the companies specified by the legislature. The decisive factor is not whether one is employed in such a company, but whether one actually works in such a company (e.g. plumber in a hospital).

In the case of “non-listed companies”, an infection may not be recognized as an occupational disease, but it may be recognized as an occupational accident if employees

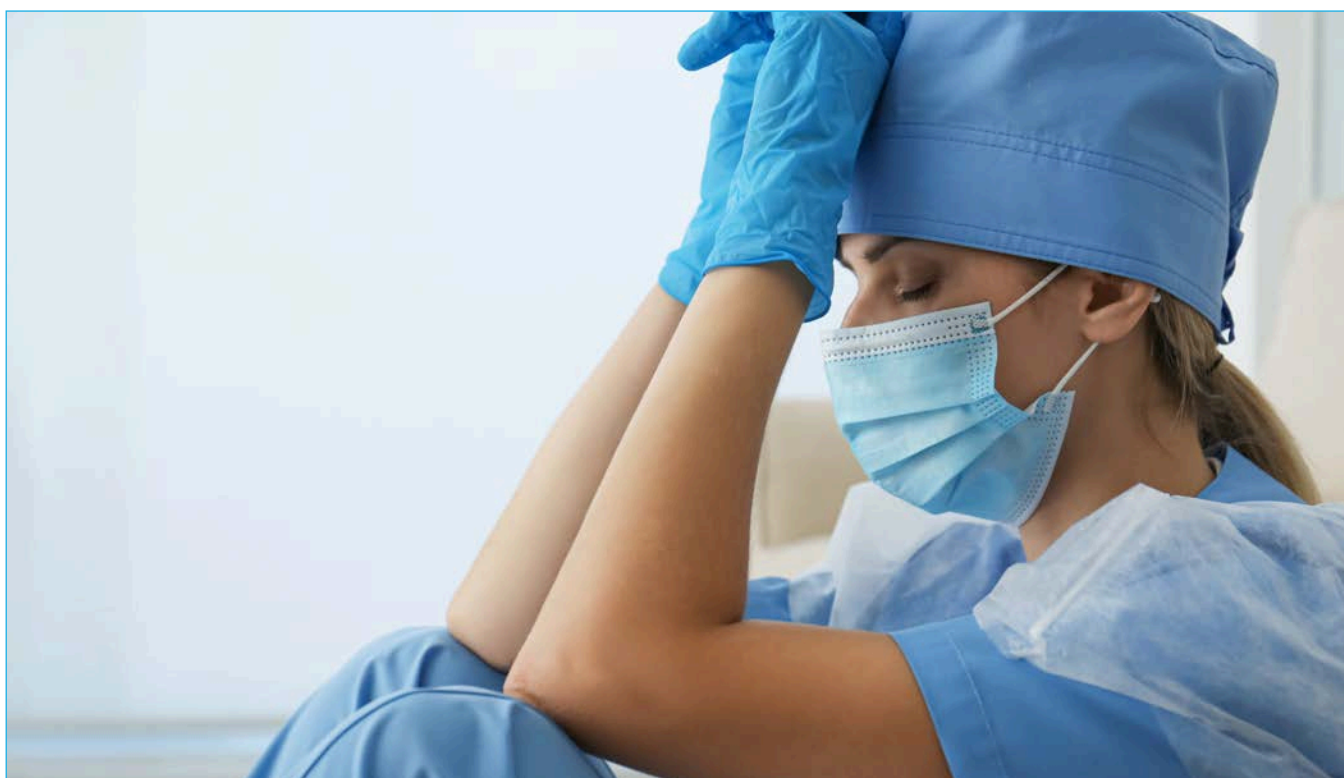
are very likely to have contracted the disease in the course of their work.

For patients who suffer from prolonged complaints after a COVID-19 disease, the Austrian Workers’ Compensation Board (AUVA) offers comprehensive rehabilitation measures in its Tobelbad Rehabilitation Clinic under the care of a multidisciplinary team. ■

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Croatia: Recognition of COVID and consequences of Long-COVID

Coronavirus disease can be recognized as an occupational disease, in line with article 3, paragraph 1, item 45 of the Croatian Law on the List of Occupational Disease. This provision stipulates that infectious diseases caused by work in businesses and work areas with an increased risk of infection are considered occupational diseases.



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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 out an occupational disease report. The report should be completed by the employer and the insured person's chosen general practitioner, but the procedure can also be initiated by the insured person himself/herself by submitting an application to the CHIF office for the determination and recognition of a disease as an occupational disease.

During the procedure, CHIF is obliged to obtain the expert-medical opinion of the Department of Occupational Medicine by Croatian Institute of Public Health that determines the existence of occupational diseases using occupational medicine-accepted treatment programs (algorithms). The diagnostic procedure includes work history and demonstration 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.

What about consequences of Long-COVID?

Croatian regulations also enable the recognition of the consequences of a recognized occupational disease and in this context the consequences of coronavirus disease can be recognized, too.

According to Croatian regulations on health insurance, the consequence of a recognized occupational disease is health impairment, for which there is medical documentation based on visible disease dynamics and is known that such impairment is possible despite properly conducted medical treatment and rehabilitation.

The consequence of an occupational disease cannot be considered when the health impairment occurred due to the fact that the insured person did not follow the instructions of the doctor related to the treatment.

The procedure for determining and recognizing health impairment that is related to a recognized occupational disease may be initiated by a request from the insured person or his or her chosen general (family) practitioner. Such proceedings may be initiated, ex officio, by the competent local CHIF's office, when it receives evidence or medical documentation indicating the existence of a consequence of the occupational disease.

During the procedure, CHIF is obliged to obtain the finding and opinion of the medical commission of CHIF, as well as the expert-medical opinion of the Department of occupational medicine by Croatian Institute of Public Health.

Based on the conducted procedure, the competent CHIF's office makes a decision in the administrative procedure that determines whether the health impairment is a consequence of a recognized occupational disease or not.¹

An example of a case is given below.

Case report

The insured person, who is employed as a nurse in a health institution, overcame coronavirus disease, which was recognized as an occupational disease. After closing her sick

leave in December last year, she started working, but post COVID syndrome appeared in January this year with a number of complications (cough, chest pain, shortness of breath, diarrhea, fatigue, fever, insomnia, headache and tachycardia). Her sick leave was reopened. In February this year an acute pericarditis was diagnosed.

A pulmonary embolism occurred in March and she was hospitalized. An extensive medical treatment was conducted. Her chosen family practitioner initiated by the competent local CHIF's office the procedure for recognition this diagnosis as consequence of Long-COVID.

During the proceedings the expert-medical opinion of the CHIF's medical commission was requested, as well as the expert-medical opinion of the Department of Occupational Medicine by Croatian Institute of Public Health. The findings of epidemiologists, otolaryngologists, internists, cardiologists, radiologists and pulmonologist were analyzed.

Based on the results of the expertise, the diagnosed pulmonary embolism was confirmed as a consequence of the already recognized occupational disease COVID-19, and considering the diagnosis of pericarditis, the insured person was instructed to supplement the request and documentation for recognition of this diagnosis as a consequence of the recognized occupational disease COVID-19, too.

Conclusion

The most insured persons who had COVID-19 recovered quickly. Nevertheless, some of the insured persons to whom coronavirus disease is recognized as an occupational disease, suffer from the long-term effects of this disease and the post diagnoses can be recognized as the consequence of this occupational disease. ■

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¹ The rights from compulsory health insurance due to the recognized consequences of an occupational disease are equal to the rights related to the recognized occupational disease.

Germany: More occupational and commuting accidents again during the first half of 2021

The German social accident insurance institutions for trade and industry and the German Social Accident insurance institutions for the public sector are promoting vaccinations – More occupational and commuting accidents again during the first half of 2021

German Social accident insurance: over 100,000 cases of COVID-19 recognised as occupational illnesses

The German Social accident insurance institutions for trade and industry and the German social accident insurance institutions for the public sector have recognised over 100,000 cases of COVID-19 as occupational illnesses since the beginning of the pandemic up to and including August 2021. This has been announced by their umbrella organisation, the German Social Accident Insurance (DGUV). In addition, there have been over 10,000 instances in which a case of COVID-19 was recognised as an accident at work or school. The pandemic is therefore continuing to impact insurance claims recorded by social accident insurance institutions. According to provisional figures for the first half of 2021, there were significantly more occupational illnesses, while occupational and commuting accidents remained below 2019 levels.

Commenting on these statistics, Dr Stefan Hussy, Director General of the DGUV, said: "These figures remind us of the power that the coronavirus can unleash, especially during the colder months." Despite comprehensive protective measures, many people had become infected at work, particularly in the health sector. Apparently, however, there is still a lack of data to estimate the consequences, and it is especially unclear how many of the insured are suffering from Long-COVID. In view of the spread of the delta variant of the SARS-CoV-2 coronavirus and the approaching cold season, the Director General of the DGUV therefore has an urgent message: "If you have the option

of getting yourself vaccinated, but you still haven't done so: please make sure you do!" Vaccination centres can be found at www.hierwirdgeimpft.de.

Even if workplaces are not the main source of infections, they do still play a role. Since the beginning of the pandemic, social accident insurance institutions have recognised COVID-19 as an occupational illness in 107,134 insured persons and a result of an accident at work or school in 10,906 insured persons. The number of established occupational cases of COVID was 78,294, with the majority occurring in the period from January up to and including June 2021. The persons who were affected were, in particular, employees in the health and welfare sectors. In all, 97 insured persons died of COVID-19 between the outbreak of the pandemic and the end of September 2021.

Fewer occupational and school accidents

The pandemic continued to influence the number of occupational accidents in the first half of 2021. According to provisional figures from the German social accident insurance institutions for trade and industry and the German Social Accident insurance institutions for the public sector, there were 392,847 occupational accidents and 86,792 commuting accidents from January up to and including June. Although these figures were higher than those for the same period last year (367,016 and 73,039 respectively), they were still significantly lower than in the first six months of 2019 (432,684 and 91,558 respectively).



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In the first half of 2021, 8,127 insured persons began to draw an accident pension for the first time – 608 fewer than during the same period in the previous year. The number of fatal occupational accidents, on the other hand, rose by 33 to 204. Another 97 insured persons died as a result of commuting accidents – 9 fewer than in the same period last year.

The German Social Accident Insurance Institutions for the Public Sector responsible for the accident insurance of schoolchildren recorded an overall total of 185,310 accidents at school and 17,129 accidents on the way to or from school. This amounts to 39% fewer at school and 36% fewer on the way compared with the first half of 2020 and about two thirds fewer accidents than in the first half of 2019.

“Developments in insurance claims show how massively the pandemic has changed our working lives,” Hussy explains. This impact has apparently been both direct and indirect. “Indirect, because accident figures

have gone down due to reductions in working hours, employees working from home and home schooling. Direct, because claims for occupational illness have virtually exploded due to COVID-19.”

Background

The German Social Accident Insurance has been using the hashtag #ImpfenSchützt (#VaccinationProtects) since March to promote vaccination, particularly on social media. The DGUV has published a series of advertising posters, which it has made available to companies and institutions in its database: www.dguv.de/impfenschuetzt

Further details on COVID-19 as an insured event in the German Social Accident Insurance are available at https://www.dguv.de/de/mediencenter/hintergrund/corona_arbeitsunfall/index.jsp (in German only). ■

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Germany: Post-COVID Programme of the BG hospitals

To help the German social accident insurance overcome the consequences of the pandemic, the BG hospitals (the medical providers of the German social accident insurance) were quick to react. Together with the German Social Accident Insurance Institution for the Health and Welfare Services (BGW), they developed the Post-COVID Programme as a tiered concept in support of German social accident insurance institutions.



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Post-COVID Programme of the BG hospitals

By 30 June 2021, more than 92,000 cases of COVID-19 had been recognised by the social accident insurance as occupational diseases and more than 7000 cases as occupational accidents. The “S1 guideline Post-COVID/ Long-COVID”, which was published in July 2021 and drawn up with contributions from social accident insurance experts, estimates

that Post-COVID syndrome has a prevalence of 15 percent, meaning that more than 15,000 cases can be expected to fall under the scope of Book VII of the German Social Code (SGB VII).

The BG hospitals were quick to react to the challenges faced by social accident insurers and, together with the BGW, which was particularly affected, developed a tiered concept in support of social accident insurers called the Post-COVID Programme.

Post-COVID consultation

In the first low-threshold tier, all BG hospitals, including the BG hospital for occupational diseases in Bad Reichenhall and the BG outpatient clinic in Bremen, offer a Post-COVID consultation service, which includes an initial medical appraisal of claimants suffering from the consequences of a COVID-19 infection. This service is exclusively intended for the German social accident institutions for trade and industry and for the public sector and helps the responsible administrative and rehabilitation management staff coordinate treatments. The consultation, which includes an assessment of previous findings through a review of available records, generally takes the form of a phone interview or video conference.

Post-COVID examination

Following a consultation or in the case of a direct referral from an accident insurance institution, the BG hospitals provide a Post-COVID examination for the purpose of further diagnostic and treatment planning. Depending on the specifics of the case in question, the examination is performed by specialist doctors and with the involvement of rehabilitation management staff from the responsible social accident insurance institution. Furthermore, the examination in the scope of the Post-COVID Programme can also be used for follow-up outpatient care. By the end of July, the BG hospitals had been presented with around 500 patients, with demand trending upwards.

Post-COVID check

The Post-COVID check is available in seven out of the nine BG hospitals. This check is an inpatient, interdisciplinary, diagnostic evaluation procedure for particularly complex cases and is particularly relevant for patients with ongoing neurological and psychological symptoms. The BG hospitals have since performed more than 200 Post-COVID checks, which are to be studied and monitored in the scope of a scientific study.

Rehabilitation

The BG hospital for occupational diseases in Bad Reichenhall has the greatest amount of experience in the rehabilitation of Post-/Long-COVID patients. More than 230 affected individuals have been rehabilitated there since May 2020. This service is aimed at patients with pulmonary or cardiac impairments, persisting fatigue (fatigue syndrome) as well as psychological issues and cognitive impairment. All other BG hospitals have also set themselves up for the rehabilitation of patients suffering long-term symptoms. They now offer both neurological and activating rehabilitation programmes, for instance in the scope of complex inpatient rehabilitation (KSR). These services specifically adapt the tried-and-tested interdisciplinary and interprofessional treatment plans to the individual requirements of the patients. These rehabilitation services have not been in high demand to date, though similarly to the examinations it is expected that demand will increase over time.

All in all the BG hospitals have worked with German social accident insurance institutions to take valuable steps towards overcoming the impact of the pandemic in the scope of SGB VII, by all appropriate means and for the good of claimants. ■

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Russia: Employee's Mental Health during the COVID-19 Pandemic

In 2020–2021, many studies have been devoted to the COVID-19 pandemic impact on the social situation, the people's life quality, mental health, and labor productivity. The COVID-19 pandemic had an impact on the corporate culture, blurring the boundaries between personal and work time and changing its balance. Various factors, such as uncertainty, severity of illness, misinformation, social isolation (Huremovic D., 2019; Brahmbhatt M. et al., 2020; Zandifar A., Badrfam R., 2020), social distancing (Simon N Williams et al., 2020), the economic implications of the COVID-19 pandemic and its impact on the welfare (Huremovic D., 2019; Shigemura J. et al., 2020) lead to increased anxiety and stress, which, in turn, affects the labor productivity.

Difficulties in balancing one's work and personal time, working during unconventional hours, isolation, etc. (research by Ipsos for the WEF) prompted governments to take measures aimed at preventing mental disorders, changed many ideas about the work management and corporate culture, which have already influenced the working environment and communication within organizations. Many employees worldwide have experienced both increases and decreases in their working hours, followed by their forced adaptation to new working conditions. Slightly less than half of all employees worldwide report declining labor productivity (46%) and working during unconventional hours, such as very early morning or late evening (44%). Nearly half of those who worked from home say that they felt lonely or isolated (49%) or had difficulty doing work there, due to an inconvenient home office environment or equipment (46%). Based on a survey by the Royal Society of Public Health (RSPH), more than a half of respondents feel more isolated from their colleagues (59%); they could hardly get "switched off" from work (56%); however, most of them would prefer to divide

their time between working from home and working in the office (74%). The survey also stated the demand for employers' to support their employees in relation to their mental health.

During the pandemic, the mental state of medical professionals, due to their exposure to high risk of infection and negative health effects, including the mental health, has become the subject of close attention of Russian researchers. A research by the Mental Health Protection Association¹ revealed that the overall prevalence of anxiety symptoms was 48.77%, and depression symptoms, 57.63%. 15.9% of respondents reported the deterioration of their condition. 37.4% of respondents complained of the poor sleep quality. The main measures to reduce the psycho-emotional stress in medical professionals during the pandemic include: (1) psychological support (87.4%), (2) providing them with personal protective equipment (69.2%), (3) optimizing their work and rest hours during a work shift (58%), (4) support from managers (52.7%) and relatives (51.1%).

Results of the all-Russian Internet survey of medical professionals regarding their mental health during the COVID-19 pandemic.

- 1 The survey involved 812 respondents from 77 regions
- 2 41.1% of respondents worked in areas with a high risk of infection
- 3 81% of respondents are women
- 4 Age: 30 to 49 years (51.6%)
- 5 Married (57.9%), have children (64.5%)

Source (Bachilo, E.V. Mental Health of Healthcare Professionals and Interventions to Preserve It during the COVID-19 Pandemic. In: Mental Health)

We should mention that today up to 40% of the Russian population have signs of some mental impairment (including schizophrenia, non-psychotic mental disorders, and mental retardation). Meanwhile, mental disorders are widespread in patients who refer to primary health care institutions, but do not receive any specialized mental health-care aid. At the same time, the Russian Federation has one of the world's leading suicide rates with a significant shift towards an increase in the number of suicides among young people. In 2018, mortality due to suicides in Russia was 18,206 persons or 12.2 per 100 thousand people.

The Mental Health Research Center (Russia) conducted two studies: to assess the need for psychological assistance during the pandemic (in cooperation with the Russian Academy of National Economy and Public Administration)² and a study of the psychological reaction dynamics during the COVID-19 pandemic³. The first survey, conducted among Russian-speaking users of the Facebook social network, indicates a significantly higher level of psychopathological symptoms in many parameters simultaneously (anxiety, severity of depressive symptoms, presence of psychotic symptoms, etc.). The survey revealed a high need for psychological assistance associated with an increased stress, more severe psychopathological symptoms, and a decreased ability

to cope adequately with stress. The second study focused on the dynamics of psychological reactions during the COVID-19 pandemic based on the analysis of responses to the Internet survey received from 03.22.2020 to 04.04.2020, when the spread of COVID-19 began in Russia. According to the survey results, there was an increase in psychopathological symptoms (somatization, phobic symptoms and sleep disorders), a decrease in the constructive thinking and indicators of emotional coping, an increase in the prevalence of esoteric thinking, naive optimism, and categorical thinking and appeal to religion in those circumstances. Finally, the prolongation of this situation might result in a further increase in psychopathological symptoms, which can have a wide range of negative effects.

The study of the pandemic impact on the psychological condition of persons belonging to vulnerable social groups⁴ showed that especially susceptible to psychological stress were people with affective disorders, young people (≤ 20 years old), unemployed, single/unmarried, persons without a higher education and women. The researchers found that large groups of the population needed to correct distress fears amid the COVID-19 pandemic; therefore, their implementation should be targeted, focused in terms of coverage and content on vulnerable social groups identified.

Survey of Employees of the Central Office of the Social Insurance Fund of the Russian Federation

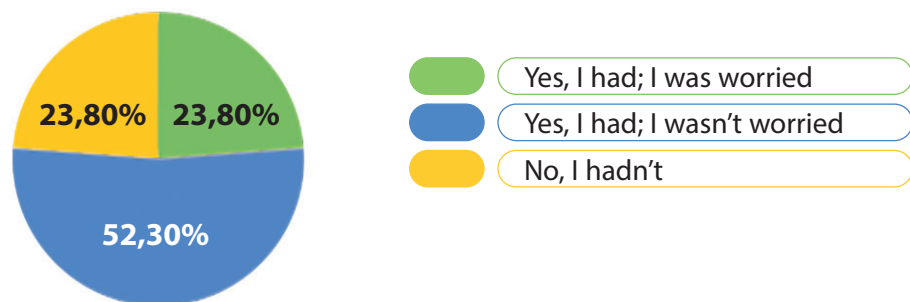
The “Mental Health and Corporate Culture during the COVID-19 Pandemic” survey, conducted among employees of the Central Office of the Social Insurance Fund of the Russian Federation, involved 172 respondents, 79.7% of whom were women and 20.3% were men. The majority of survey participants were 25 to 45 years old; 24.6% of all participants (42 respondents) hold managerial positions (not lower than a unit head).

During the COVID-19 pandemic, only part of the Fund’s employees could work remotely. Slightly less than a half of respondents (47.7%) continued working from the office, another 27.8% worked remotely part time. 51.2% of the employees holding managerial positions worked remotely full time or part time. In this regard, it should be noted that, despite the fact that, in 2020–2021, in connection with the pandemic, many offices, including government institutions, have switched to remote or part time remote work, for the Social Security Fund’s employees, performing their functions from home is hampered by the lack of access to

server storage and document management services. According to the survey, about one half of them (49.4%) would also prefer a more flexible work schedule in the office and remotely after the pandemic. 15 respondents (35%) are holding managerial positions. The Fund’s employees also noted that, during the pandemic, they had to work at unusual time (early in the morning, late in the evening, on their days off): 76.1% of respondents faced this problem, and about a third of them were anxious about such a blurring of their work schedule. In addition, the survey respondents shifted the performance of their work tasks from the time specified in their employment contract to non-working hours on their own initiative: (1) rarely – 19.8%, (2) sometimes – 33.7%, (3) often – 12.2%. Many employees (76.8%) also had to actively take care of their children, elder relatives, or other family members during the pandemic.

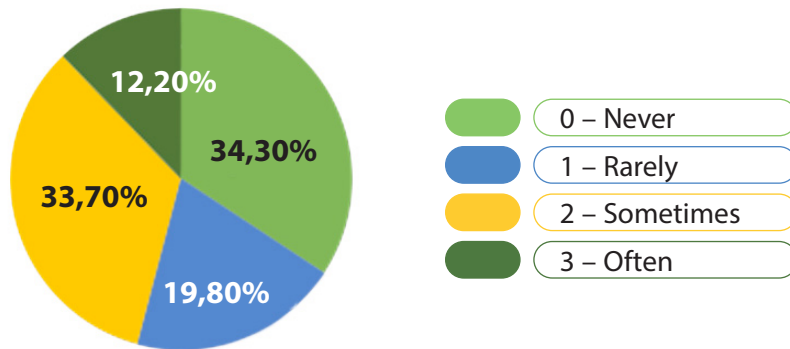
In general, it is worth noting that three quarters of respondents said that they would prefer to be able to set more flexibly their working hours, the work start and end time, and the number of working hours per day while maintaining the prescribed number of working hours per week.

Blurring of the work schedule



Have you ever had to work or answer some work requests at unusual hours (early in the morning, late in the evening, on days off) and have you been worried about this? (172 responses)

Source (Survey of Employees of the Central Office of the Social Insurance Fund of the Russian Federation)



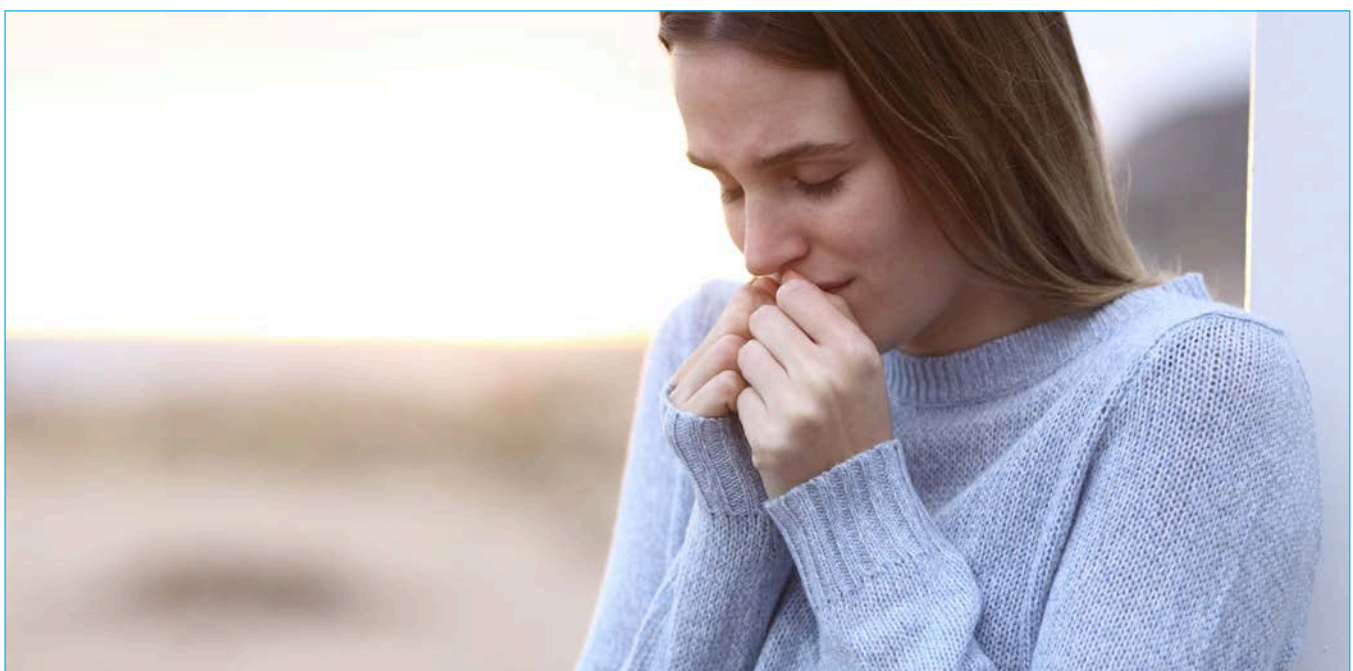
Have you ever shifted the performance of your work tasks from the time specified in your employment contract to non-working hours on your own initiative? Please rate it on the following scale (172 responses)

Source (Survey of Employees of the Central Office of the Social Insurance Fund of the Russian Federation)

The survey carried out at the Central Office of the Social Insurance Fund of the Russian Federation also addressed the issues of employees' psychological comfort and psychological condition. 39.4% of respondents reported changes in their mood at workplace due to the pandemic, and 48.8% of respondents believed that the crisis caused by the coronavirus had a negative impact on their psychological comfort. 27.6% reported feeling isolated and 9.9% reported communication difficulties due to remote contacts.

Challenges and Conclusions

A 2017 WHO study showed that a decrease in labor productivity due to depression and anxiety disorders is estimated at \$ 1 trillion annually⁵, and the COVID-19 pandemic, in turn, significantly increases this damage. A study by the World Economic Forum (WEF) showed that most of the working population is experiencing problems due to the new conditions of professional activities caused



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by the pandemic, which negatively affects their mental health. At the same time, high working ability is a prerequisite for success in any activity, and the requirements for it are constantly increasing, which, in turn, causes stress, professional burnout, that can cause depression and other mental disorders, including disorders associated with the use of psychoactive substances; it can also be the cause of disability and absenteeism. In addition, a daily stress caused by super-intensive work creates a high risk of developing a psychosomatic pathology.

The above problems require appropriate national strategies and programs to be developed by governments; they require an adequate system of prevention and timely diagnosis by healthcare systems; implementing employee's mental health strategies by the state labor protection system and business leaders; developing the need to maintain mental health among the working-age population⁶. According to WHO, there is a very high economic return from developing and implementing mental health strategies with business companies. Every US dollar invested in expanding the access to prevention and related treatment services generates a return increased labor performance. ■

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¹Bachilo, E.V. *Mental Health of Healthcare Professionals and Interventions to Preserve It during the COVID-19 Pandemic*. In: *Mental Health, Monthly Scientific and Practical Journal*. No. 8. 2020.

²Boyko, O.M., Medvedeva, T.I., Enikolopov, S.N., Vorontsova, O.Yu., Kazmina, O.Yu. *Psychological Condition of People during the COVID-19 Pandemic and Targets of Psychological Work*. In: *Psychological Studies*, 2020. Vol. 13. No. 70 <http://psystudy.ru>

³Enikolopov, S.N., Boyko, O.M., Medvedeva, T.I., Vorontsova, O.Yu., Kazmina, O.Yu. *Psychological Reaction Dynamics at the First Stage of the COVID-19 Pandemic*. In: *Psychological and Pedagogical Studies*. 2020. Vol. 12. No. 2. Pp. 108–126.

⁴Sorokin, M.Yu., Kasyanov, E.D., Rukavishnikov, G.V., Makarevich, O.V., Neznanov, N.G., Lutova, N.B. et al. *Structure of Anxious Experiences Associated with the Spread of COVID-19: Data of an Online Survey*. In: *Bulletin of the Russian State Medical University*. 2020; (3): –. DOI: 10.24075/vrgmu.2020.030

⁵World Health Organisation. *World Mental Health Day 2017. Mental Health in the Workplace*. 2017. http://www.who.int/mental_health/world-mental-health-day/2017/en/

⁶Pazyna, E.O., Pazyna, M.A. *Legal Aspects of Mental Health Care in the Russian Federation*. In: *Monitoring of Law Enforcement Practice*. No. 1. 2017.

How has COVID-19 been recognized as occupational injury in Sweden?

Swedish occupational injury insurance can provide compensation if you get sick or injured at work. In view of the spread of COVID-19 and the situation in health and social care in April 2020, COVID-19 was added to the regulation, which governs which communicable diseases can be classified as occupational injury. It was established that COVID-19 is such an infectious disease that can be approved as an occupational injury under the Regulation on Occupational Injury Insurance and State Personal Injury Protection. This applies to persons working in a laboratory, in healthcare or in 'other work in the treatment, care or care of a person infecting or caring for animals or materials in the case of care or handling of infectious animals or materials'.

Discussions have been held about how, for example, bus drivers, shop staff and others who meet many people in their work should be able to prove that they have handled contaminated material. This is something that the government is now reviewing due to the large general spread of COVID-19.

In addition to the legislated occupational injury insurance, there is corresponding insurance for those covered by collective agreements. The parties of the labour market negotiate the conditions, but they are often based on the rules of state occupational injury insurance. In order for Afa Försäkring to be able to test the right to compensation, the damage must remain after 180 days. It remains to be seen how any changes by the government on COVID-19 will be considered occupational injury in more situations, affects collectively agreed insurance.

Post-COVID – persistent or late symptoms after COVID-19

It has been shown that COVID-19 during the acute infection can have different severity, from mild to moderate to severe. Most individuals who fall ill with COVID-19, regardless of the severity of the disease during the acute infection, recover and show no residual symptoms after recovery. However, some patients exhibit residual or late symptoms after COVID-19 after the acute infection.

As of March 23, 1,750 patients, 893 men and 857 women, had been reported to the patient register with the post-infectious condition diagnostic code after COVID-19, i.e. Post-COVID. That diagnostic code was introduced last October in accordance with the WHO's international classification. If you also look at patients reported with other diagnostic codes for conditions after COVID-19, the number is 12,675.

The most common symptoms of Post-COVID in the National Board of Health and Welfare's patient register are problems with lung function or breathing, brain fatigue or cognitive impairment and pain.

The majority of those diagnosed with Post-COVID in primary care are women, while there is a small overweight of men in specialized care, according to a summary from the National Board of Health and Welfare.

There has been a great need for guidance for healthcare in the management of COVID-19. On behalf of the government, the National Board of Health and Welfare has developed three support for health care. This knowledge support is updated as new knowledge is added. Comprehensive knowledge support has also been developed with recommendations on Post-COVID care, including rehabilitation, and support for building knowledge and following up care systematically.

Consequences for rehabilitation

The pandemic has mainly led to the cancellation of medical rehabilitation, while work-oriented rehabilitation appears to have been less affected. The pandemic has also led to a pent-up need for care with fewer visits and treatments in healthcare. The effects were greatest during the first wave, but they were also evident during the second wave when the health service had to cancel planned care.

The National Board of Health and Welfare notes that the health service has not had the capacity to both recover normal production and to take care of the pent-up care needs after waves one and two. At the same time, it seems that the effects of the pandemic have been greater for specialised care, in terms of the number of hospitalised and planned operations, than for primary care. This is especially true for the second wave when visits to primary care did not decrease as sharply. Based on results from Försäkringskassan (Social Insurance Agency) with conducted interview surveys, it seems that many of the ongoing work-oriented rehabilitation efforts, for example in the form of work training, have been able to continue during the pandemic. On the other hand, Försäkringskassan has received signals that it has been more difficult than usual to start new work-oriented rehabilitation during the pandemic.

How has public health been affected by the COVID-19 pandemic?

It is too early to determine the full impact of the pandemic on public health in Sweden, but in summary, results from the Public Health Agency of Sweden show that:

- the conditions for good and equal health have changed during the pandemic
- groups that were already at increased risk of ill health before the pandemic have been most affected in schools, in the labour market and in society as a whole
- overall health is still good, but slightly more people report mild mental health problems
- physical activity has decreased and sedentary behaviour has increased
- many public health-relevant interventions have been cancelled and replaced with other options

In Sweden, health inequalities persist and in some cases increase over time. The Public Health Agency of Sweden's assessment is that the consequences of the pandemic may exacerbate these inequalities.

The Corona Commission

In order for Swedish society to learn lessons from what has happened, the management of the virus outbreak and the effects of the outbreak should be evaluated. The Government has therefore set up a Commission which will carry out an evaluation of the measures taken to limit the spread of COVID-19. The Commission shall also make an international comparison with the relevant countries of the various measures taken and the effects of the measures. ■

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Belgium started a pilot project around burn-out in 2019

In Belgium, burn-out has been studied at the Federal agency for occupational risks (Fedris) for quite a time, but the pilot project about “burn-out” really started with a letter from the minister of Social Affairs back in 2015. Some cautious steps have been set to carry out studies about primary, secondary and tertiary prevention around occupational psychosocial problems.



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In 2017, the Fedris’ Scientific Council published an advice about the introduction of a pilot project for secondary prevention of such problems. A mission of scientific support has been entrusted to professors Isabelle Hansez from Liège University and Lutgart Braeckman from Ghent University. They will also make a scientific analysis of the suitability of this path. Afterwards, a task force was set up with actors working in this field (family and company doctors, psychologists...) and in 2018 centres and attendants with the right profile were looked for in order for the project to launch in January 2019.

Who will be eligible?

The pilot project around burn-out has been officially launched by Fedris on 17 January 2019 and will go on for 3 years. Hospital or bank workers on the edge or in an early stadium of burn-out can follow a coaching path. Those are people still working and suffering from burn-out symptoms, or who have been absent at work several times for those reasons or stopped working for less than two months. In short, the pilot project focuses on the secondary prevention of occupational psychosocial problems.

The coaching path aims at helping the workers and keep them working or get them to resume work. It is a flexible path that can be adapted to the needs of each person according to his situation and his level of burn-out. Moreover, the path is entirely free for the worker.

The attending physician, the prevention advisor/company doctor or the prevention advisor psychosocial aspects files an application to confirm the burn-out diagnosis towards Fedris. Whoever is entitled can choose a burn-out attendant in a list of approved attendants established by Fedris. The attendant organises 1 or 2 consultation sessions aiming at confirming or not the diagnosis of an early stadium burn-out.

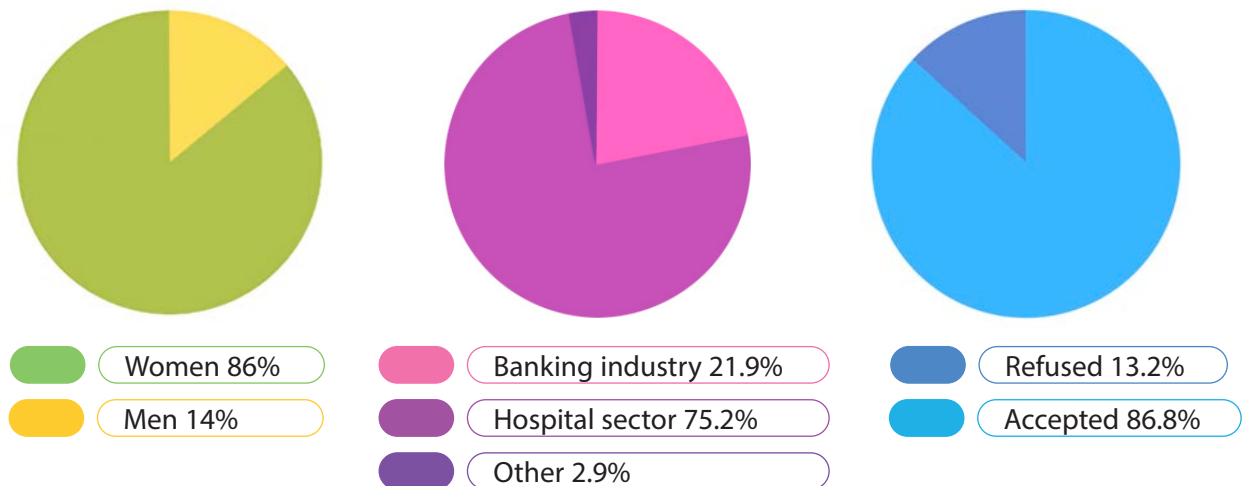
Based on this diagnosis, the attendant can suggest Fedris to include the worker in the project. In the end, Fedris decides if the

worker can follow the coaching path. The pilot project can include up to 2500 people.

Until now, 75.3% of all applicants work in healthcare and 21.9% in the bank sector. 2.9% of the applicants work in another sector and could not be included in this pilot project.

84% of those applicants are women, and 16% are men.

86.7% of the applications received have been accepted and 13.2% rejected on the basis of administrative criteria.



How does a coaching path work out?

The burn-out attendant is responsible for the treatment and does all the coordination. Along the discussions with the worker, he determines the programme of the coaching path depending on the worker's needs and pace.

A full coaching path consists of a maximum of 18 sessions (individual or in group) and is fully flexible and adapted to the needs of the participant. Depending on the needs, there is a collaboration with professionals in various fields such as occupational psychologists, clinical psychologists and physiotherapists.

- During two to four sessions, the worker can explain his work situation and express his emotions, but also receive additional information about the means provided by his employer and several legal aspects.
- Alongside, there are three sessions for psycho-education, where the attendant explains and provides support about how the worker can handle stress and win back energy.
- Additionally, the worker can get seven support and coaching sessions following the cognitive-behavioural therapy approach.
- When it appears that the worker cannot resume work in the same company, one or two talking sessions about a professional reorientation can be suggested.

During the course of the coaching path, the worker is encouraged to contact the company doctor or other important occupational actors such as managers, confidential advisor, HR... When the worker formally agrees to speak to the employer or other occupational actors, it is recommended that this contact leads to a multidisciplinary meeting.

At the end of the coaching path, the burn-out attendant writes a final report.

Fedris bears the cost of the sessions, the meetings and the reports described in the path, as well as the worker's travel expenses.

And then came COVID-19...

During the course of the pilot project, we have been faced with an international health crisis, that has a major impact on occupational psychosocial problems. The hospital sector (one of the two initial target group), and more generally the whole health sector, has been hit hard by COVID-19.

In order to assess the psychological impact of a health crisis, Fedris conducted a literature study about front line workers (Kang L., et al. (2020), Sritharan, J. & Sritharan, A. (2020), Maunder, G., et al. (2008), Maunder, R.G., et al. (2006), ...). It revealed that this exposition caused a significant increase of depression symptoms, anxiety, post-traumatic stress and substance abuse. Besides, it appears that the consequences of the pandemic on healthcare workers significantly increased the risk of burn-out.

Therefore, Fedris looked to extend the pilot project. In July 2020, the pilot project for secondary prevention of occupational burn-out has been extended to other health sectors (workers in assisted-living centres, in institutions for the handicapped, paramedics...) that played a pioneer role during this crisis. Several sessions have been added to examine and support specific psychological consequences of the health crisis on the functioning process.

The number of "COVID-19"-related files is ever-growing. Since 31 March 2020 – start of the pandemic – it represents 68.92% of the files.

No results can be presented yet

Fedris is proud of its innovative approach. It is one of the first institutions around the world to dare face the challenge of a large-scale pilot project about burn-out.

The results of the project are not ready yet, since the three-year project is not finished yet. In order to carry out a quality analysis, all paths have to be recorded and the results have to be examined. As soon as Fedris can share those results and establish scientific conclusions, they will be presented here. ■

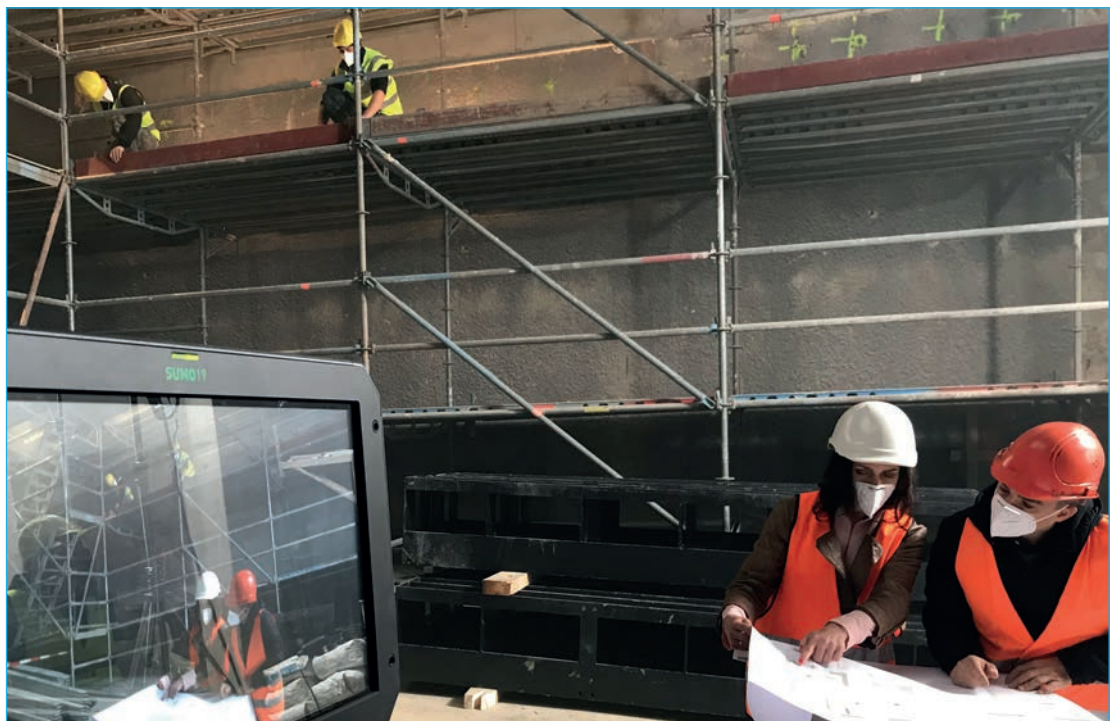
*Alexandre Van De Sande
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Luxembourg: Launch of the new media campaign – An accident at work can be... AVOIDED!

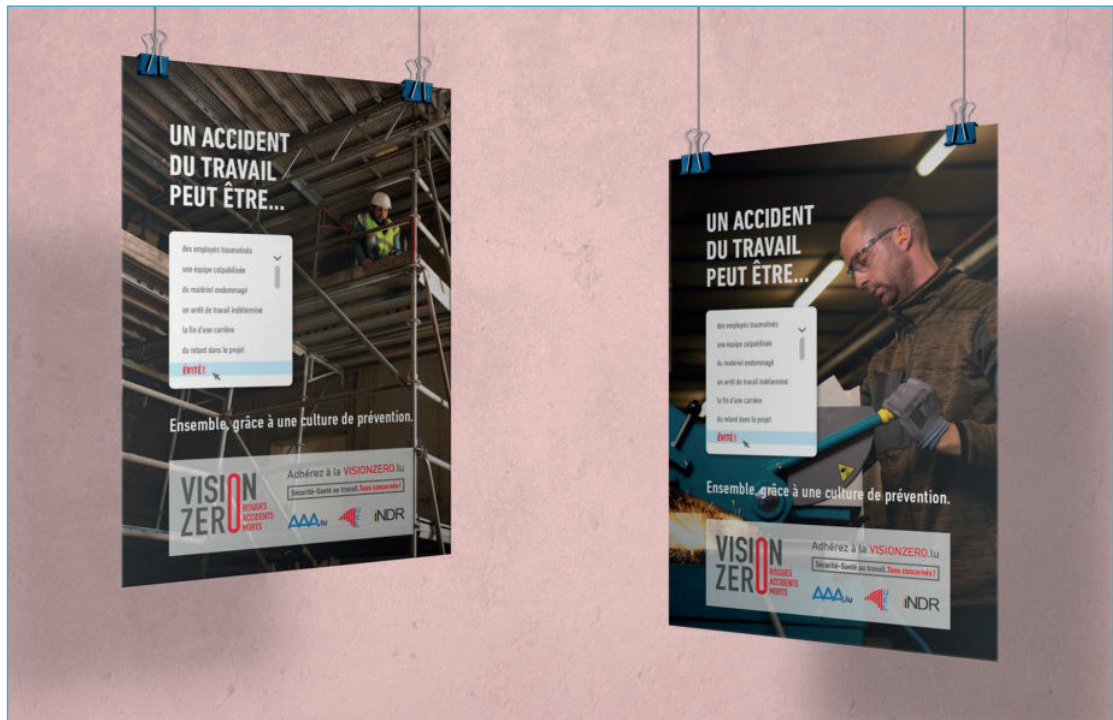
The initiators of VISION ZERO, the Luxembourg Accident Insurance Association (AAA), the Luxembourg Employers Association (UEL) and the National Institute for Sustainable Development and Corporate Social Responsibility (INDR) present the new cross-media campaign “An accident at work can be... AVOIDED!” launched in September 2021.

The campaign’s concept is to list the possible consequences of an accident at work or a poorly adapted workstation in three exemplary sectors: construction, industry and administration. The three spots, filmed on the premises of real companies that are committed to occupational health and safety, are suggestive and explain the aim of VISION ZERO: “An accident at work can be AVOID-

ED, together, through a culture of prevention”. The spots can be seen in cinemas, on RTL Télé Lëtzebuerg, and on social media networks. The visuals of the campaign are currently published in various online and print media. The campaign will continue in 2022 with an increased presence on the radio and in out-of-home.



© Luxembourg Accident Insurance Association



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VISION ZERO is a national strategy for the prevention of accidents at work, commuting accidents, and occupational diseases. It is based on the premise that all accidents in the workplace are preventable, and that the prevention of work-related accidents is a shared will and responsibility between employers, employees, government, and other stakeholders. Everyone has an interest in health and safety at work. The campaign has two objectives. Firstly, it is aimed at the public and thus also at companies and their managers, executives, designated workers and safety representatives. Secondly, it aims to raise the awareness of companies to strengthen their occupational health and

safety efforts and to implement a prevention culture. The aim is to develop a community of companies that subscribe to the commitments of VISION ZERO and thus contribute to the national effort. Being a member of VISION ZERO will enable the committed companies to increase their visibility through various media. To date, 214 companies have signed up to VISION ZERO.

Details of the new media campaign can be found on the website www.visionzero.lu and on the social networks: Facebook and LinkedIn. Discover the three new spots here: YouTube.

The Occupational Health and Safety Forum took place on 23 November 2021 for the first time in a virtual conference format at the Chamber of Commerce. Have a look at the programme, pictures and other: <https://visionzero.lu/en/forum-sst-2021/>

The OHS Forum was organised by the initiators of VISION ZERO in Luxembourg: the Accident Insurance Association, the Luxembourg Employers Association and the National Institute for Sustainable Development

and CSR in collaboration with the following partners: the German Social Accident Insurance Institution for energy, textile, electrical and media products sectors (BGETEM) and the Electricity Section of the International Social Security Association (ISSA) Due to its international scope, simultaneous interpretation in three languages (French, English and German) was provided. Because of its international scope, simultaneous interpretation in three languages (French, English and German) was provided.



© Luxembourg Accident Insurance Association

The day was divided into four modules and more than 30 national and international speakers spoke either on stage, via video message or live via Videoconference. The partner ministers Mr Romain Schneider (MSS), Mr Dan Kersch (MTEESS) and Ms Paulette Lenert (MS) were able to address the Forum participants in the introduction of modules two to four.

If you were not able to follow the event, we strongly invite you to consult the Replay which is divided into six parts (opening, modules one to four and closing) by regis-

tering on the streaming platform: <https://streaming.bce.lu/2021/forum-sst-visionzero/34/#/register>

If you attended the Forum, you can replay all or part of the Forum with the same access codes you used for the streaming. The replay is also available in three languages (FR, EN, DE) or in the original version, i.e. the language spoken on stage. ■

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Austria: Home office

Home office is when an employee performs its work due at home. The term home also includes a residential building as well a secondary residence or the home of a close relative or partner in life.

In order to be able to perform work at home, an agreement between the employee and the employer is required in any case. A unilateral right of the employer to issue instructions regarding the performance of work at home is not permitted. From the perspective of labor law, a home office agreement must be in the form of a written agreement for reasons of evidence.

However, the agreement does not have to be in writing in order to establish statutory accident insurance coverage. Home office must only be exercised with the knowledge and will of the employer.

As of April 1, 2021, statutory accident insurance coverage for home offices was explicitly standardized in Austria in Section 175 (1a) and (1b) of the General Social Insurance Act (ASVG) (or in the parallel provision of Section 90 (1a) and (1b) of Public Servants' Sickness and Accident Insurance Act (B-KUVG).

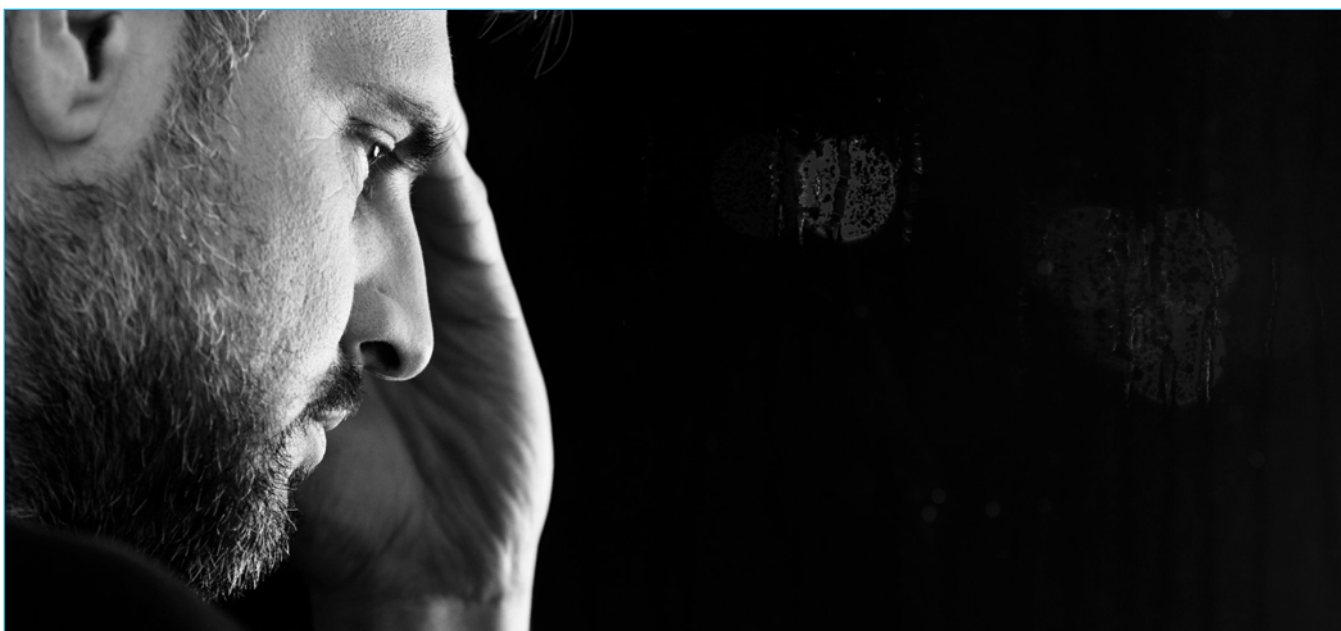
Accordingly, there is statutory accident insurance coverage when performing the insured activity at home, provided that the accident is temporally and causally related to this activity.

Furthermore, the home (home office) was equated with the place of work for the purpose of protection on certain routes and is considered a possible starting and ending point for these routes – the same as the place of work (e.g. going to the doctor, taking a child to school, etc.). ■

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France: Health and safety at work in the EU – Focus on the European Commission strategic framework 2021-2027

On 28 June 2021, the European Commission adopted a new strategic framework for the EU highlighting the challenges and the key measures to be implemented with regard to health and safety at work for the period 2021-2027.



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This framework applies to all the stakeholders concerned by safety and health at work: national authorities, including labour inspectors, employers, workers and other players concerned. It has no binding force and is intended to create a framework for action, cooperation and discussion.

The three objectives set by the Commission for 2027 are as follows:

1. Anticipate and manage **CHANGE** in the new working world

In order to ensure safe and healthy workplaces during the digital, ecological and demographic transitions, the Commission:

- will revise the directives on workplaces and on display screen equipment;
- will update the protection limits for asbestos and lead;
- will prepare a Community initiative regarding mental health in the workplace, which will assess emerging problems related to workers' mental health and will propose guidelines for action.

2. Improve the PREVENTION of injuries and diseases in the workplace based on a “vision zero” approach

This “vision zero” approach aims to eliminate work-related deaths in the EU. The Commission will, in particular, update the EU rules related to dangerous chemical products in order to combat cancer, disorders of the reproductive system and respiratory diseases.

3. Improve PREPAREDNESS to cope with potential future health threats

Drawing lessons from the current pandemic, the Commission:

- will establish emergency procedures and guidelines for the rapid roll-out, implementation and monitoring of measures in potential future health crises; and
- will act in close cooperation with public health players.

The FOCUS published by EUROGIP reviews this new strategic framework, and in particular the measures that the European Commission plans to implement and those in which it invites the Member States and social partners to become involved.

Read the Focus at: <https://eurogip.fr/wp-content/uploads/2021/11/Focus-Eurogip-OSH-EUstrategic-Framework-2021.pdf> ■

Isabelle Leleu
EUROGIP
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Germany: Working from home – leading from afar

In four out of ten companies in Germany, working from home was already possible for at least some employees. Since the start of the COVID-19 crisis, this number has risen dramatically. In particular, those company leaders who were forced by the pandemic to create remote working options from one day to the next suddenly found themselves thrown into a crash course on distance management.

With restricted personal contact between employees and managers, the nature of management changes. Communication from afar often takes place via e-mail rather than face-to-face. This runs the risk of communications becoming purely work-focused. As such, personal questions about how things are or how work is going often fall by the wayside.

Conveying reassurance

This has consequences: communications of this nature are – often unintentionally – lacking in employee appreciation by managers; additionally, brief, impersonal language can further amplify feelings of insecurity amongst staff in this already unfamiliar situation. Under these circumstances, reassuring

employees that their work is still appreciated and that they are important as individuals builds confidence and thus improves the work situation of employees.

Where direct intervention is no longer an option, trust plays an even greater role. Managers should be confident that employees know exactly what to do without constantly being checked up on. If employees work more or entirely from home, the principle of indirect leadership often comes into play. With restricted personal contact between employees and managers, the nature of management changes. Communication from afar often takes place via e-mail rather than face-to-face. This runs the risk of communications becoming purely work-focused. As such, personal questions about how things are or how work is going often fall by the wayside.

Characteristics of Indirect Leadership

Indirect leadership means:

- Leading through goals
- Transferring responsibility to employees of all hierarchy levels
- Goals are indicators of the company's success
- Systematic reporting of the degree of goal attainment
- Measuring success using key performance indicators

More information on www.mitdenken4null.de/indirekte-steuerung (in German only)



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Working from home is governed in employment contracts or in the scope of a special agreement. The often short-term remote work assignments currently implemented in the COVID-19 crisis are subject to the general regulations of the Occupational Health and Safety Act (ArbSchG) and the Working Hours Act (ArbZG). In exceptional situations like this, employees can also work from home for extended periods.

A healthy culture of trust is then more important than ever. There is no reason for managers to fear a loss of control. Studies show that people work even longer at home than they do in the office.

Managers have their work cut out here as well.

Who is working when? Are they taking breaks? Are there company guidelines on conditions that must be met? It is important to discuss working hours and potential flexibility when working from home, so that breaks can be observed. The more clarity there is, the less chance there is that employees will feel forced to be available outside of their actual working hours.

Managers themselves can lead by example and send a positive message to the team, for instance by not writing any e-mails to employees late in the evening.

In times of uncertainty, managers have to give their employees plenty of support when they are working from home.

These tips might help:

- Stay in direct contact with employees: communicate via video or phone calls rather than via e-mail. This gives employees the feeling that they are still part of a team, and issues can often be resolved faster and more pragmatically.
- Ask employees regularly about how they are, including on a personal level. This shows interest and gives employees reassurance in this unfamiliar situation.
- Stay flexible and react to individual needs on a situational basis. Different people need different levels of support when working from home.
- Place trust in employees: now more than ever, employees have to be able to react flexibly to childcare issues or doctor's appointments. It has been shown that employees do not exploit this freedom, but appreciate the trust placed in them.

Support from top management

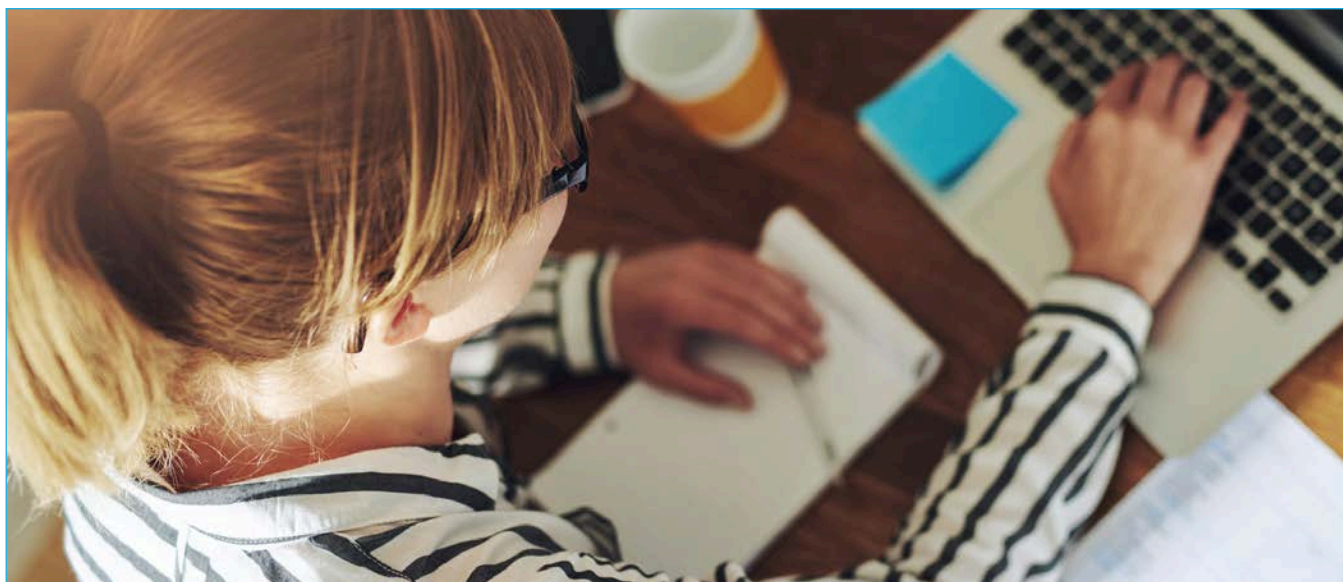
Calling on others to form healthy work-from-home habits and doing so oneself is easier when top management backs its managers and provides them with all necessary information. In times of crisis, even managers require extra support from top management. If they have clear guidelines and a regular flow of information during the COVID-19 crisis, they can pass this on to the employees and give them reassurance and a sense of reliable support.

Companies deciding to introduce or expand remote work in the form of working from home would benefit from taking a close look at the topic of leadership in this context. Leadership should be actively adapted

to this new form of flexible work. If it is left to chance, there is a risk that new problems will arise in the form of conflicts and new stress factors for all those involved, reducing the success of working from home. On the one hand, training measures for managers can help by addressing the way management styles need to adapt, including the way they communicate from a distance and lead through goals. On the other hand, further discussions are needed within the company which look at the necessary changes to the roles of managers.

For more information on office from work see <https://www.vbg.de/> ■

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Italy: Obstructive sleep apnea syndrome: characteristics and repercussions on health and work in an Inail study

Very widespread but underdiagnosed, this chronic disease has a significant impact on public health systems, with direct and indirect costs due to reduced productivity and disability from road or work accidents



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It involves all age groups and affects both men and women, although it is more frequent in the first, from 40 to 80 years, with a peak around 50. According to recent estimates, it affects 27% of the adult Italian population in a moderate – severe form, and 54% in the mild, medium-severe, but only 4% of the first type is diagnosed, and only 2% undergoes medical treatment to deal with it. An information sheet is dedicated to

the obstructive sleep apnea syndrome, available on the Inail website, which analyses its causes and economic and social implications, without neglecting to provide useful information for diagnosis, treatment and prevention.

Obstructive sleep apnea syndrome, often associated with obesity and metabolic disorders such as diabetes, is caused by repeated

short episodes of partial or total closure of the upper airways during sleep. Interruptions in airflow lead to a reduction in blood oxygenation, abdominal strain and cerebral micro-awakenings. Other nocturnal and daytime signs and symptoms are also associated with this, resulting from alterations in the sleep cycle and haemodynamic and cardiovascular changes, found above all in increased blood pressure, cardiac arrhythmias, but also in heart attack, stroke and coronary heart disease. Other consequences can be depression and mood changes, with negative consequences on personal and relationship daily life.

This chronic disease, in addition to the risks to individual health, also has serious repercussions on public health and economic variables, i.e. direct or indirect costs. The former include health costs, such as diagnostic assessment, treatment of the disease and associated comorbidities and hospital admissions. Indirect costs, of social relevance, also have their burden, because they involve a reduction in working productivity and permanent disability caused by road or work accidents. It is also found that these sleep disorders, due to chronic fatigue and

excessive daytime sleepiness, result in lower productivity and greater absenteeism.

After analysing the association of the syndrome with other disorders and pathological conditions, the sheet goes on to identify the main signs and symptoms, from typical ones such as snoring and sleepiness to less common ones such as gastroesophageal reflux and laryngospasm. It indicates the main diagnostic tests and outlines possible treatment interventions, dividing them into non-surgical treatments, such as mechanical ventilation, and surgical ones, such as removal of tonsils and adenoids. As a preventive measure, it is recommended to follow the rules of sleep hygiene, such as avoiding alcohol in the hours preceding the night's rest, limiting the intake of sleeping pills and tranquilizers, avoiding large meals. In addition, it is suggested that you control your weight, stop smoking and play a healthy and regular sports activities. ■

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Sweden: Forum News

They say there is nothing new under the sun, and it is probably true in many ways. But the last 18 months or so have certainly put the spotlight on a number of issues. Work environmental issues while working from home is no new question as such. But the pandemic has brought the issue to the attention once again.



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In a recently published degree project from the Faculty of Law, Lund University, Veronica Westergård writes about labour law, health and safety law and insurance issues.

The issues have a common understanding in some areas, but also leave some gaps. Something that will almost certainly change in the near future. Veronica Westergård's thesis, titled "Out of employer control", will certainly contribute to this.

Swedish labour law in general does not distinguish between working remotely and from the regular workplace. This is why no particular legal regulation have been considered necessary, says Mrs Westergård. Upon closer examination, however, regulations for the work environment and occupational injury insurance differ to some extent, depending on whether an employee works from home or not.

According to the Swedish Work Environment Act, WEA, is ultimately responsible and therefore obliged to take all necessary measures to avoid workrelated accidents and injuries. However, in the Swedish Work Environmental authority's revised provision on the formation of the workplace, the employ-

ees home is excluded, since it is considered beyond the employers disposal!

As for the legislated insurance policy, it was not until the 1950s that occupational injuries while working from home was covered. Even today, there is a presumption from that time that all accidents in the workplace are considered occupational accidents, while an accident that occurs in the employees home requires a direct casual connection with the work tasks.

During the last 18 months, Afa Försäkring have received numerous questions on this topic. As we now see the end of the pandemic, with over 80 % of the Swedish population double vaccinated and returning to working life, working remotely will most certainly see an increase, at least in some sectors of the working market. This will no doubt make the debate on adjusting both the legislated and the collectively bargained insurance continue. ■

Source: "Out of employer control". Veronica Westergård, University of Lund

*Per Winberg
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