

Sixteenth Annual Meeting of the Baltic Sea Network on Occupational Health and Safety

Venue: Conference Hall, Tartu University Library
Address: 1 Street W. Struve, Tartu 50411, Estonia
Host: Department of Public Health, University of Tartu
Dates: 30 September - 1 October 2010

Brief Summary Report

Scope and purpose of the Meeting

The Baltic Sea Annual Meeting serves as the regular forum for exchange of information, experiences and opportunities for collaboration among the occupational health and safety institutions in the ten BSN countries. At the same time, activities carried out within the NDPHS framework are reported including development and registering of occupational injuries, occupational diseases & work-related diseases in the health care sector. The activities for the next year and longer-term work programme are planned both for BSN and NDPHS collaboration.

Session I: Opening

Chairs: Harri Vainio, Eda Merisalu

The meeting was opened by Assistant Professor Eda Merisalu from the Tartu University. Professor Harri Vainio welcomed the participants on behalf of the FIOH and BSN Secretariat.

Session II: Occupational Health of Health Care Workers

Health Care Workers in Europe and WHO Programmes

Dr. Rokho Kim, WHO Regional Office for Europe

In the beginning, Dr. Kim stressed the importance of networking in Occupational Health and Safety in the Baltic Sea region. There is a need for a forum such as the BSN, he said.

At the moment there are 59 million health care workers around the world from care providers to medical waste handlers. In Europe, 10% of the workforce is dealing with the health care sector. Ageing of the workers and early retirements will be a problem in future. Early retirements should be decelerated by taking care of the health of health care workers. Hazards in the sector are biological, chemical, ergonomic, stress/violence and physical. The biggest accident group is musculoskeletal disorders 52.8%, followed by skin disorders 27.7%. There are 3 million exposures to blood borne pathogens in the world a year. Around 80% of the health care workers are not protected against hepatitis. In 2007, WHO endorsed the Global Plan of Action on Workers' Health with focus on prevention. Health care workers are an important group for WHO and together with ILO many tools have been provided to prevent hazards on the health care sector.

ILO Programmes and Activities in the Health Care Sector

Mr. Wiking Husberg and Prof. Marat Rudakov, The ILO Subregional Office for Eastern Europe and Central Asia

According to Mr. Husberg, the main problem regarding nursing personnel's welfare is that most of the countries do not follow the ILO Nursing Personnel Convention 1977, Article 2:

"In particular, it shall take the necessary measures to provide nursing personnel with--

(a) education and training appropriate to the exercise of their functions; and

(b) employment and working conditions, including career prospects and remuneration."

Guidelines on occupational safety and health management systems, ILO-OSH 2001, can be followed in the health care sector. ILO/SOLVE-programme ILO/SOLVE is an effective training methodology that can be applied in health care settings. WHO & ILO have many joint programmes to improve health care workers' health and working conditions, e.g. guidelines for post-exposure prophylaxis for occupational and non-occupational exposures, WHO/ILO guidelines for workplace tuberculosis control activities to TB control in the community and Programme on Workplace Violence in the Health Sector.

Professor Rudakov introduced an ILO project 'Developing and implementing OSH system in the North-West region of the Russian Federation'. The project is working under the umbrella of the Northern Dimension Partnership on Public Health and Social Well-being and is funded by the Ministry for Foreign Affairs of Finland. The main problems perceived during the project are deficit of financing of OSH activities, imperfection and a low effectiveness of OSH management system based on principles of reaction to insurance cases, non-effective tools of social partnership in the OSH field, and the underreporting of occupational accidents and diseases. The activities carried out by ILO during the project are involving the health care workers and officials of the Sanitary Inspection in ILO activities that are taken in the regions, collaboration with FIOH, participating in the WHO 'Healthy City' Project in Cherepovets and cooperation with the Centre of Occupational Pathology of the Leningrad region.

EU Activities for HCWs

Mr. Tim Tregenza, European Agency on Safety and Health at Work

167 000 deaths a year are attributed to work. Mental health is the highest sector followed by violence and bullying. Regarding ESENER survey, understanding and recognition of the risks in the health care sector is on a low level. Sickness absences are on the increase among health care workers (HCWs). Ageing of the workers can be seen in statistics. When making surveys one should take into consideration also hospital cleaners, part-time workers, night shift workers, etc.

The Finnish activities and practices related to occupational health of HCWs

Dr. Marjukka Laine, Finnish Institute of Occupational Health

According to the preliminary results of the National survey of working conditions in Finnish health care and social services 1992-1999-2005-2010, the workers' perceived health is good and the working conditions have been quite stable 1999-2010. The ongoing KASTE programme 2008-2011 defines development measures in the municipal social welfare and health care in 2008-2011. FIOH activities in the area of occupational health of health care workers are research, advisory services and training. FIOH's recent or ongoing projects in the sector are: Healthy Working Hours Research and Development Project. The aim is to implement work-shift arrangements in primary health care that comply with current ergonomic guidelines, two projects on hospital risk management, Physical Risk Policy as a Part of Safety Management in the Elderly Health Care – a controlled intervention study in 12 units in the years 2007-2009, Ergonomic Patient Handling Card /Passport ®, The Good Indoor Environment Theme 2006-2011, and Rewarding and creative elderly care work.

Needle stick injuries in health care workers

Ms. Irma Nool, Health Board, Estonia

Approximately 3 million health care workers are exposed to blood transmitted infections in the world every year. According to an Estonian study in 2005, a total of 74.1% of the nurses contact with infections every day. 58% of the nurses have had occasional traumas with disposable instruments. Over half of them were needle stick injuries and one third was cuts. To reduce the risk of needle stick injuries and cuts is to avoid hand-to-hand passing of the instruments. No-hand passing technique reduced 59% of injuries and contaminations. Devices such as mats, trays, basins, all or part of an instrument stand, or a designated area on the field may be used to reduce risks. The adaption of double gloving should also be taken into consideration.

System approach as an example of good practice at the national level – experience of Poland

Mr. Piotr Sakowski, Nofer Institute of Occupational Medicine, Poland

There is a well-functioning system of worker protection in Poland. The system consists of the legal system and the organizational system. The legal system concerning work protection is an integral part of labour legislation. The two most important legislative acts in this area in Poland are: Constitution of the Republic of Poland and Labour Code Act. Constitution of Poland, Art. 66: "Everyone has a right to safe and hygienic working conditions. The manners of realization of this right, as well as obligations of the employer, are determined by the act." Labour Code Act, Art. 207: "Employer is obliged to protect health and life of employees by ensuring safe and healthy working conditions with proper use of scientific and technical achievements." Organizational system can be divided to two sub-systems: The national level (parliament, government, ministries, supervisory bodies, scientific institutes) and the company level. Every employee in Poland has to undergo one of three types of prophylactic examinations performed by the Occupational Medicine Service: pre-employment examinations, periodic health examinations and control examinations. There is a legislative act issued containing guidelines to performing examinations, with detailed descriptions of exposures, frequency of examinations and other relevant information. Co-operation of occupational medicine service, occupational safety and hygiene service, employers, and other bodies create a good basis for assessment and management of risks at work.

In addition to the general legislation, there is also an additional source of laws and obligations in the field of occupational health and safety – principles of occupational health and safety.

Situation for the Norwegian health care personnel as seen by the Labour Inspection

Axel Wannag, Directorate of Labour Inspection, Norway

In the health care sector personnel resources do not meet the demands. Too much to do for an individual worker to be able to do "a professionally good enough job" towards the patients. Labour Inspection is executing national inspection in hospitals, which was started in 2004, and the follow-up was in 2010. In the first control round, the situation was bad, the second control was carried out with relatively good results. Many systems for handling the workplace health and safety issues had been established. The core problem was still between the demands and resources. Labour Inspection responses: re-enforced legal demands for improvements, focus on the responsibilities of management and the political delegates of the municipalities, need for assistance to the health and safety work in the municipalities from the Occupational Health Providers and follow-up of the situation in the municipalities.

Work stress and burnout among Estonian Health Care Workers

Eda Merisalu, Department of Public Health, University of Tartu, Estonia

Anonymous questionnaire survey to health care workers was carried out in six hospitals in 2004–2007. A total of 952 responses were received. Psychological tiredness, musculoskeletal pain and headache are the dominating symptoms for health care workers under the work stress. Negative correlation between stress and burnout scores seems to be unusual, but realistic in case of stress and not in distress. More attention should be given to better resources and career development and feedback systems. Improvements in the management and teamwork skills would decrease stress factors.

New and Forming Occupational Risks in the Public Health System of the Russian Federation

Elena Milutka, Occupational Medicine Department, Saint Petersburg Medical Academy of Postgraduate Studies

During recent years the health and life expectancy of health care workers have shifted from the average level towards unfavourable figures. Many factors, such as new technology, equipment and

materials, new forms of employment, re-organization of work processes, have an influence on stress and thereby to health. Problems in monitoring occupational risks include underreporting, non-reliable statistics, registration of occupational diseases and underestimation of danger. In order to prevent occupational risks in the health sector 15 Sanitary Rules and Norms (SanPiN) and 6 guidelines were developed in 2007–2010.

Results of a survey: Working conditions and risks in Latvia 2009–2010 regarding health care workers as compared with data as of 2006

Ivars Vanadzins, Institute of Occupational safety and Environmental health, Riga Stradins University

According to the survey "Working conditions and risks in Latvia", the Health care sector in Latvia is twice as dangerous as construction or manufacturing. Most probably the awareness rate among employers has improved as the percent of employers recognising risks have risen for most of risks. The numbers of accidents and occupational diseases show relatively better diagnostics and registration. Still great differences on what employers think as risks and what employees recognise as risks can be seen.

Session III: Reporting 2010 activities – Country reports

Development of OH&S in Estonia

Pille Strauss-Raats, Ministry of Social Affairs, Estonia

The Estonian population is aging and the retirement age is going to be raised to 65 by the year 2024. 97% of Estonian companies are micro and small companies which are more likely to lack knowledge and information about OSH. Occupational diseases, injuries and fatalities are decreasing. Occupational Health and Safety Strategy 2010–2013 "Towards health-sustaining working environment" has been endorsed. There are many e-developments in Estonia: The Labour Life Website, E-inspectorate, Safe working life software, and Stress Mapping Tool, to mention a few.

Finland

Ms. Suvi Lehtinen introduced activities carried out in Finland related to the NDPHS Strategy including a national OSH profile, a national OSH programme, a national programme for occupational health services, elimination of the most dangerous hazards at work, specifically targeted actions for priority issues and information dissemination. Ms. Lehtinen also introduced the FIOH collaboration in North-West Russia with ILO and WHO. Finally, Ms. Lehtinen invited all participants to take part in the International Forum on Occupational Health and Safety: Policies, Profiles and Services, to be held in Helsinki on 20-22 June and to Turku in the conference Culture, Health and Well-being, to be held on 21-24 September.

Ms. Ritva Partinen, Senior Officer from the Ministry of Social Affairs and Health introduced the amendment to Social Insurance Act to enter into force on 1 January 2011: The employer gets 60 % of the cost of preventive activities if the employer and occupational health service provider have models of support for work ability, monitoring, and early intervention. She also presented new focuses of occupational health: work has the positive factors beside risks and work loads, focus on capacity, not in incapacity, emphasis on the preventive actions and co-operation in well-being at work.

Latvia

Dr. Ivars Vanadzins presented Latvia's actions. Policy developments in the near past: Strategy for development of occupational health and safety for 2007–2013 and a Development programme for occupational health and safety for 2011–2013 (currently being finalised by a work group). Main directions in Latvia: to improve efficiency of surveillance and control mechanisms, to improve working conditions using various initiatives, information for society, introduction of "prevention culture" and improvements in policy development and monitoring. Strategic goals: to reduce fatal

accidents by 30% and to reduce fatalities by 10% per 100,000. Some of the largest challenges: return to work of occupational patients, differentiated insurance rate, accident registration.

Lithuania

Dr. Raimonda Eicinaite Lingiene mentioned in her presentation that the number of notified occupational diseases is decreasing in Lithuania. Still there are several development needs in OHS: insufficient number of OHS specialists, low quality of health examinations, underdiagnosing, lack of information network, challenges in the implementation of the Occupational Health Policy 2011-2015, and how to ensure appropriate training for all participants of the OSH sector. The strategic goal for Occupational Safety and Health Strategy 2009–2012 is to reduce serious and fatal accidents at work – to improve the legal and organizational health and safety system to ensure employees' work quality and retention.

Norway

Dr. Wannag told participants that the White paper from the Government to the Parliament is expected during the first half of 2011 regarding OHS. In Norway, Occupational health is still apart from Public Health and Curative health. Longitudinal study "The new working place" is running from the late 1990s with 10,000 respondents in more than 300 organizations. Focus is on organisational and psychosocial factors at work. There are activities going on: working time, agriculture and health, metals and health, social inequalities and health, risk assessment of chemicals, psychological and social factors at work, and organizational factors at work. In addition, there is a COST-project on registration of occupational disorders/diseases.

Poland

Mr. Sakowski presented Poland's policies for OHS. The goal is to protect workers from adverse effects of the work environment and working conditions, and performing occupational prophylactic health care. Main tasks are to minimize occupational harmful health impact, prophylactic occupational health care, first aid in accidents at work, providing information to employers, performing and analyses of employees' health status. At the moment a PROMOVAX project is going on which aims to promote immunizations among migrant populations in Europe which is an issue that deserves special attention.

Russia

Professor Grebenkov stated that occupational morbidity is increasing in the Russian Federation as the number of people working under conditions not corresponding to norms is increasing. The National programme on improving occupational health and safety in 2008–2010 "Health at work" is under way. The aim of the programme is to develop the system of health care services for the working people, prevention and early detection of occupational diseases, and minimization of the health damage caused by occupational hazards. The programme will continue in 2011–2015. The aim is to step by step eliminate workplaces with hazardous and (or) dangerous working conditions for the reproductive health and to implement the programme on healthy life-styles.

Sweden

Dr. Aringer presented SWEA's vision for the future: Everyone wants to and is able to create a good work environment. Work environment should be similarly prioritized by the population as the general environment. The Swedish government is preparing a new strategy for the work environment: a good work environment should contribute to good health and well-being, a good work environment supports business and production and a good work environment prevents exclusion of workers from their social networks. Priorities for SWEA's supervision 2010–11 are Violence and threats, Serious accidents, Physical strain and Risk estimation made by the employers. New legislation will be introduced in 2011: Disciplinary measures of individuals are taken away, More focus on the possibility to take the license from or to supervise the persons that are not suitable to continue in their profession for different reasons, Accidents and mistakes in health care are investigated by the National Board of Social Welfare, More focus towards the situation at the workplace and less focus on individuals.

Discussion on the experiences and perspectives for future work

Dr. Timo Leino summarized briefly the session: significant progress has been seen in all member countries. Based on presentations a couple of topics are to be highlighted:

- Setting concrete targets remains as a challenge, as well as the coverage and quality issues
- Economic incentives should be taken into account; putting money in occupational health is an investment

- Underreporting seems to be a common problem
- Work and leisure should not be handled separately since the overall life style and work ability are connected.

Work Plans for 2011

Activities planned for 2011 were listed:

- Publishing HCW papers, session I
- Updating the Table of NDPHS Strategy
- Review report on Strategy to NDPHS Pac (Nov. 2011)
- Reporting back to NDPHS PAC
- Continuation of the ILO N-W Russia Project
- Continuation of the FIOH N-W Russia project
- Two new projects proposals among BSN members
- Barents Newsletter
- Information sharing via www.balticseaosh.net

Plenary discussion on the plans and commitments of the institutions

Two project proposals (outlines) were discussed and selected for further elaboration:

Return to work after (occ) disease, such as mental disorder, MSDs, cardiovascular disorders (rehabilitation, adaptation of workplace)

Core group: Ivars Vanadzins (facilitator), Eda Merisalu, SW, POL

Evaluation method to assess the effectiveness of occupational health services / Regional training course on evaluation methods

Quality of medical examination

Quality of advice given within OHS

Core group: Timo Leino (facilitator), Axel Wannag, Raimonda Eicinaite, Irma nool

Next BSN Annual Meeting

Ms. Suvi Lehtinen offered Helsinki as a meeting place for the next year in case there are no other offers. Members are welcome to propose also other options. The Annual Meeting will be held probably in September or October. If held in Finland, the meeting can be organized back-to-back with the International Interdisciplinary Conference 'Culture, Health and Well-being', held in Turku.

Summary and closing

Mr. Husberg made some concluding remarks: we should continue good and close collaboration between BSN - NDPHS TG-OSH also in the future. At the end of October in the Copenhagen PAC side event it is time to analyse past activities and review upcoming events. In addition, new project ideas will then be presented.

Notes

Teemu Lindfors