

FORUM NEWS



Photo: AUVA

In the context of the 2016 Presidency of The European Forum of the insurance against accidents at work and occupational diseases, AMAT has de pleasure to invite you to the upcoming International Conference of the European Forum: WE MAKE THINGS WORK. Working together to develop a "Dynamic Social Security".

This year the international Conference is focused on three main topics for the prevention of professional contingencies and the developing of a Dynamic Social Security:

prevention, medical care, rehabilitation and benefits.

The Mutual Entities Collaborators with Social Security (Mutuas) associated to AMAT contribute in Spain from its creation a hundred years ago, to the achievement of this Dynamic Social Security participating in the development, maintenance and improvement of the well-being of Spanish society through its collaboration in Social Security management.

Mutuas are in constant improvement of their equipment and prem-

ises, promoting the full management of professional contingencies (prevention, care and rehabilitation) as well as the development of the mutualist system.

A broad spectrum of interesting issues could be discussed in the Conferences around these essentials topics in all the Countries of the European Forum members: strategies and good practices on prevention, medical care and rehabilitation; changes in the different systems of Social Security; good practices, case studies from international and national enterprises, proactive and preventive approaches in Social Security, etc.

The European Forum is a place of exchange and networking. It is a great opportunity to exchange not only the best practices in prevention, rehabilitation, benefits and other questions related to a Dynamic Social Security by also the best Scene to exchange culture, art, history, gastronomy...

We hope you will enjoy the Conference and also the social program prepared with care for all you to achieve these targets. ■

Mariano de Diego Hernández
President of the Association of Mutual Entities of Accidents at Work (AMAT)
European Forum 2016 Presidency

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Mutual Entities Collaborators with Social Security



This Mutual entities are voluntary private associations of employers, with their own legal personality and full capacity to act to fulfill their objectives.

They are non-profit organizations, in which employers act jointly, based on the principle of solidarity, and through which, in the exercising of their responsibility, collaborate in the management of public services of Social Security.



European Forum 2016

Spanish Presidency

June 7-10, 2016 | Segovia | Madrid | Spain

TUESDAY

June 7 / 2016



Working Groups

VENUE OF WORKING GROUPS

AMAT
C/ Maudes 51-3º
28003 Madrid

SCHEDULE

Tuesday, 7 June 2016

11:30 - 13:00 Working Group Statistics

14:00 - 17:00 Working Group Legislation

17:00 - 18:30 Working Group Communication

WEDNESDAY

June 8 / 2016



General Assembly

VENUE OF THE ASSEMBLY

Parador de Segovia
Carretera de Valladolid, s/n
40003 Segovia

SCHEDULE

Wednesday, 8 June 2016

09:00 - Bus transfer from Madrid to Segovia

10:45 - General Assembly

13:00 - Visit to Segovia and special lunch

18:15 - Bus transfer to Madrid

THURSDAY FRIDAY

June 9-10 / 2016



General Conference

VENUE OF THE CONFERENCE

Casino de Madrid
Calle de Alcalá 15
28022 Madrid

SCHEDULE

Thursday, 9 June 2016

9:00 - Admission and welcome coffee

9:30-14:00 - 15:30-18:00 - Conference

Friday, 10 June 2016

9:00 - Admission and welcome coffee

9:30-14:00 - Conference

FURTHER INFORMATION

Nieves López and her team at AMAT are at your entire disposal for further information

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DISCOVER THE FULL PROGRAM AND REGISTER BEFORE MAY 9
<http://www.amat.es/actividades/europeanforum2016.3php>

The role of Croatian Health Insurance Fund in system of occupational health and safety at work in the Republic of Croatia

Croatian Health Insurance Fund (CHIF) is national social health insurer which administers the universal health care system in the Republic of Croatia with a vision to become a health system where quality health care is available to everyone, according to the principles of comprehensiveness, accessibility and solidarity.

Croatian Health Insurance Fund (CHIF) is national social health insurer which administers the universal health care system in the Republic of Croatia with a vision to become a health system where quality health care is available to everyone, according to the principles of comprehensiveness, accessibility and solidarity.

Rational investment in quality and efficient health services and programs that will add years to life and life to years is the mission of the institution.

The institution has started with its activities as Central Insurance Office of Workers, which was founded by Workers' Insurance Act on 14 May 1922.

Today it is a modern public institution under umbrella of Ministry of Health, which obligations and duties are defined by mandatory Health Insurance Act.

There are two funds of mandatory health insurance:

1. The Fund for rights from the mandatory health insurance (basic health insurance)
2. The Fund for rights from the mandatory health insurance against accidents at work and occupational diseases.

In addition to the activities related to compulsory health insurance, CHIF also implements the supplementary health insurance according to the provisions of the Voluntary Health Insurance Act for coverage of participation in health care service costs from the compulsory health insurance.

CHIF ensures availability of insured person's rights through its Regional and Local offices. The Central Office is in Zagreb.

Tasks of CHIF

Knowing that the future lies in informatization of health care, CHIF develops strategic projects for the upcoming period, such as e-ordering, e-pharmaceutical monitoring system, e-orthopedic devices system, e-application process of occupational injuries and diseases, e-prevention, e-guidelines for prescribing pharmaceuticals, e-clinical guidelines etc.

CHIF also operates the central information system with the registry of patients, health resources registry including portal of messaging system for communication between health providers and CHIF.

CHIF develops early prevention of illness and injuries and supports it through efficient models of contracting primary health care providers and together with them tries to find a way to be more involved in promoting healthy ageing and healthy lifestyle choices.

Mandatory health insurance against accidents at work and occupational diseases

Croatian Health Insurance Fund as national insurer in the area of health protection at work provides health care and compensations in cases of injury at work and occupational diseases, as well as preventive measures. Commuting accidents are also covered by the insurance. There is a closed list of occupational diseases, which has been updated by the Amendments to the List of Occupational Diseases Act in 2007.

The mandatory health insurance against accidents at work and occupational diseases is financed by contributions paid by employers or self-employed workers. The basis for calculation of contributions is monthly salary and contribution rate is 0.5%.

The most populous group of persons insured against accident at work and professional disease are those employed by domestic or foreign employers with a registered seat in the Republic of Croatia, as well as craftsmen and persons engaging in independent professions. Insured are also persons engaged in agriculture, when it is their main or only occupation.

Additionally, insurance against accidents at work and professional diseases is also compulsory for the persons elected or appointed to permanent office in certain government bodies or local and regional self-government units, provided they receive remuneration for their work, company management board members who are not registered for work-based compulsory health insurance etc.

There is a group of insured persons, for whom insurance is compulsory in certain circumstances and for as long as those circumstances persist. Those are, for instance, pupils and students during practical work, practical training, study tours and work they are engaged in through authorized agents, members of voluntary fire departments for the duration of their participation in firefighting duties, athletes, coaches and organizers taking part in organized amateur sport events, persons on voluntary military services etc.

1. Benefits arising from compulsory health insurance in case of accident at work and professional disease

For victims of accidents at work (including commuting accidents) benefits are granted from the first day out of work, and in case of professional disease from the date of determination of occupational disease. There is no need for a minimum insurance period.

The rights arising from mandatory health insurance in case of accident at work and professional disease include health care and medical treatment as well as compensations.

1.1. Benefits in kind

Benefits in kind are related to first aid, primary health care protection, hospital health care and rehabilitation, drugs according to the basic and supplementary list and health care in other member states and third countries (in the case of medical treatment which cannot be successfully carried out in the Republic of Croatia).

Every municipality has a health center plus a network of primary health care units financed through contracts with the Croatian Health Insurance Fund. Health centers give general care. In addition, they are bound to provide the emergency treatment, diagnostic services and health education. Remote rural health centers also offer specialist outpatient care, which is supervised by a hospital. Some also provide short-term inpatient facilities.

Hospitals are located in all major cities and towns. They are also mainly financed through contracts with the Croatian Health Insurance Fund.

The tertiary level (clinical institutions) is formed regionally and there are five clinical hospital centers, of which two are in Zagreb, and other three in Rijeka, Split and Osijek, so there are four health regions in relation to clinical hospital centers.

1.2. Cash benefits

The compensations arising from compulsory health insurance in case of accident at work and professional disease are:

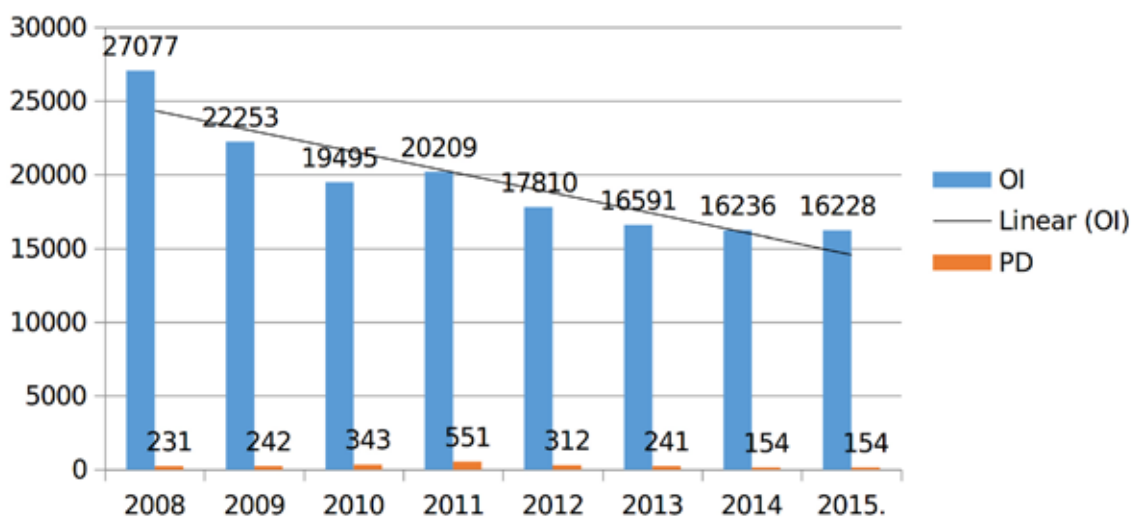
- Reimbursement of salary during sick leave during first 18 months of inability to work 100% of the average salary, which was paid in the past 6 months before the accident, and after that period 50%;
- Reimbursement of travel costs (when using health care services due to accident at work or professional disease, in the amount equal to the cost of travel by public transport at the lowest price and at the shortest distance, according to the official distance-meter of the public transport operator);
- Reimbursement of funeral costs (in case of death of the insured person if such a death was a direct result of an accident at work or professional disease).

2. The application process of occupational injuries and diseases

In case of an accident at work, or if there is a suspicion of occupational disease, a procedure at the competent regional or local CHIF office to determine or recognize the entitlement based on such accident at work or professional disease, has to be initiated. The procedure starts with filing out an accident at work or professional disease report which is completed by the employer and the chosen general practitioner of the insured person. The deadline for submission of applications is three years.

The entitlement arising from a recognized accident at work or professional disease starts as of the date of occurrence of the accident or the date of determining of the disease. The right to health care is realized through health practitioners and institutions in the Republic of Croatia that have signed a contract with the CHIF, as well as abroad, under the terms and in the scope and manner as determined by law, CHIF regulations and international social security agreements.

The number of reported occupational injuries and professional diseases



Source: Information system of the Croatian Health Insurance Fund (CHIF)

The sick leave due to a recognized accident at work or a professional disease is managed by the chosen general practitioner, and for the duration of such sick leave, the insured persons are entitled to a sick pay.

Insured persons are entitled to reimbursement of travel costs incurred in connection with the right to health care in case of an accident at work or 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 regional or local CHIF office.

The right to reimbursement of funeral costs is based on an application to the competent regional or local CHIF office, by the legal or natural person who covered the funeral expenses for the insured person whose death was a result of a recognized accident at work or a professional disease.

1. Preventive measures ensured by mandatory health insurance against accidents at work and occupational diseases

Preventive measures are conducted by contractual specialists of occupational medicine and they include:

1. Monitoring of the employee's state of health in line with the special health program for workers including preventive medical check-ups (previous, periodical and control medical examinations) and diagnostic procedures
2. Workplace visits
3. Educations

Acting in accordance with National Strategy for Development of Healthcare 2012 –2020 CHIF introduces new procedures to accomplish the requirements of healthy workplace.

Educational programs are also part of them. They include education about acute hazards in the workplace and training about maintenance of working capacity, providing advice on health and safety in the workplace and also training of workers suffering from chronic diseases.

CHIF also introduces education on the prevention of psychosocial risks that will be conducted by doctors specialized in occupational medicine in collaboration with psychologists.

CHIF collaborates with the Ministry of Health, Ministry of Labor and Pension System including the Labour Inspectorate, Croatian Institute for Health Protection and Safety at Work, Croatian Institute for Public Health and Croatian Medical Association including the Croatian Society of Occupational Medicine.

There is also intensive cooperation with University of Zagreb, Faculty of Medicine, Department for Environmental and Occupational Health, representatives of Union of Autonomous Trade Unions of Croatia and representatives of Croatian Employers' Association.

With initiative of CHIF, including the bodies and institutions involved in the National communication working group in the system of health protection at work, in cooperation with employers in vulnerable activities, the Project for promoting health and safety at work has begun in order to increase awareness and quality of health protection and safety at work and reduce work related injuries to the minimal framework with the aim of zero tolerance.

Based on monitoring of worker's health through preventive health examination in collaboration with contracted specialists in occupational medicine, analyzes and plans are made for further activities. ■

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Mental diseases and work in Europe: the report of the EUROGIP Discussions of 24 March 2016

Problems of psychological suffering are increasingly frequent in Europe. Stress, burn-out, bore-out, anxiety... What are we speaking about? How is the recognition of work-related mental disorders in Europe? What is the Community framework regarding mental risk prevention and mental health at work? What approaches to promote mental health at work in Europe? These questions were the key themes of the EUROGIP Discussions of 24 March 2016.

A Psychiatrist and a Psychologist as well as Representatives of the European Commission, the European Agency for Safety and Health at Work (EU-OSHA) and of several European countries - Germany, Denmark, Finland, Italy, Sweden, Spain and France - gave answers. EUROGIP published an initial report on the items discussed at its European conference.

What are we speaking about?

Work is the cause of numerous mental disorders and ill-being at work clearly exists. According to the International Labour Organization (ILO) and the World Health Organization (WHO), the leading occupational health hazard is now stress. Tools for measuring these factors, especially stress, now exist. However, the problem concerns the definitions of work-related mental disorders.

Regarding burn-out, the concept originated in the social and non-medical environment. As the Académie nationale de Médecine in France mentioned in its report published in February 2016, burn-out cannot be considered as a disease. "Moreover, if this were merely a clinical debate, the question of definitions would have been solved long ago," as Dr. Bellego, Psychologist, emphasized.

Apart from the medical debate, there is also the issue of organizational dysfunctions. Companies are now setting themselves progress targets, but without changing their organizational model. And yet, there has never been as much talk about work organization as at present.

"It seems important to create a common language for companies and occupational medicine services, for the issues of well-being

and psychosocial risks (PSRs). There must be a pooling of skills and expertise."

Dr Légeron, Psychiatrist, co-author of the "Nasse / Légeron" Report on psychosocial risks submitted to the French government in 2008 and co-editor of the National Academy of Medicine 's report on job burn-out (France), calls for the setting up of an independent organization, involving the Ministries of Labour and Health, and research facilities. Because although many areas of research are explored, there is insufficient research on the relationship with work.

In France, the culture of suffering prevails over that of well-being, and the culture of compensation prevails over that of prevention, so that we are lagging behind on these subjects compared with other countries. We should also emphasize the problem of managers having very little training in human management.

How is the recognition of work-related mental illnesses in Europe?

Work-related mental disorders are recognized mainly as occupational injuries, and more seldom as occupational diseases. This can be explained by their multifactorial nature and the issue of objectification of the link between the illness and work.

Some national insurance organizations (TVK, Finland) do not recognize mental disorders as occupational diseases at all; others, such as INAIL in Italy, Arbejdsskadestyrelsen in Denmark, Occupational risks Direction in France and Försäkringskassan in Sweden, are developing a possibility of recognition. Review of this diversity of situations and approaches¹:

- Denmark is the only country to have registered a mental illness - post-traumatic stress - on its list of occupational diseases. This syndrome is recognized in most of the other countries as an occupational injury. For other mental illnesses, a scientific committee examines claims for recognition of their occupational nature on a case-by-case basis, and about 4% of cases are recognized.
- Sweden has no list of occupational diseases. The recognition system is based on proof of the link between the illness and occupational exposure, and a case-by-case approach based on a field survey to demonstrate the direct link with work. In practice, many cases of mental illness have been recognized in the past few decades. Between 2013 and 2015, 243 new cases were recognized.
- In Finland, recognition of the occupational nature of a mental illness comes up against a legal impossibility: the legislation defines an occupational disease as a disease essentially caused by physical, chemical or biological agents at work. However, the sufferer from a mental illness can receive compensation for this as an occupational injury.
- In Italy, the national insurance organization tries to allow for the working conditions which resulted in the situation. In 2003, a scientific committee described in detail a list of the situations encountered most frequently (marginalization of occupational activity, reduction of qualifications, lack of access to information) which can lead to this type of dysfunction and directly affect workers' mental health.
- In France, recognition is based on the analysis of cases by the regional committees for recognition of occupational diseases ("CRRMP"s). Practically one out of two cases (46%) results in recognition. This rate has been stable for the past ten years, as well as the severity of the cases examined, but it applies to a growing number of cases (which have doubled in three years). The current subjects of debate are the elimination of the minimum foreseeable disability rate necessary to file a case with the CRRMP. Introducing a difference for this type of diseases compared with others would pose a problem of fairness. The real lever on which it is possible to act is above all prevention.

The Community framework regarding mental risk prevention and mental health at work.

Dr Jorge COSTA-DAVID, Principal Administrator, Health, Safety and Hygiene at Work Unit at the Employment, Social Affairs and Inclusion General Directorate in the European Commission gave a reminder that emerging risks are among the priorities noted in the New European Strategic Framework on Health and Safety at Work (2014-2020). However, emerging diseases do not appear on the European list of occupational diseases. This is because it is hard to define the link with occupational exposure and it is not the Commission's role to define the framework within which they can be recognized and compensated.

There are very diverse realities from one European country to another and the subject does not lend itself to specific binding legislation. Not to mention the fact that the framework directive (89/391) relating to occupational risk prevention covers psychosocial risks, in particular within the framework of risk assessment.

¹ See the report published by EUROGIP and the European Forum, "What recognition of work-related mental disorders? A study on 10 countries" at http://eurogip.fr/images/publications/Eurogip_recognition_of_work_related_mental_disorders_81EN.pdf

The European Commission has conducted specific initiatives in the past few years: publication of reports and documents which assist with interpretation of this framework directive in the light of psychosocial risks at work.

At present, there is a real issue of scientific expertise. Should leadership be given to a sort of scientific committee which could be supported by the Commission?

Dr Malgorzata MILCZAREK, Project Manager expert on psychosocial risks at the European Agency for Safety and Health at Work (EU-OSHA) described the 2014-2015 campaign on PSRs and work-related stress conducted by the Agency. This campaign was launched based on the observation that the issue of stress is not only important for workers, but it also represents real economic costs and businesses need support to manage PSRs. The Agency's goal was to deal with work-related stress as an issue of collective work organization, and not as an individual issue, and to approach it from the risk factor viewpoint rather than from the treatment viewpoint.

The campaign ended with a ceremony to present awards to certain businesses for their good practices. The list of awards is very encouraging, because companies of all sizes and from all sectors received awards.

According to Dr Gregor BREUCKER, Division Manager, Department of Health Promotion, BKK Federal Association in Germany and Coordinator of the European Joint Action on mental health at work, the challenges which became clear during this Joint Action are as follows: How to adapt our systems to have more companies take part in promoting good practices? How to reduce shortcomings in the case management system for mental health? How to improve support mechanisms? The working group made several recommendations to the European Commission's Directorate General for Health and Consumer Protection, which initiated the joint action. Note, in particular, that it is time to improve the cooperation and synergies between health

and work, fields that are too separate, and dedicated authorities which do not cooperate sufficiently in many countries.

Promoting mental health at work: various approaches

- In Belgium: In 2014, the law relating to well-being at work was amended to include a scientific definition of PSRs and accentuate its prevention aspect. It provides for the employer being assisted by a work safety service to perform risk assessment. Internally, a system of resource persons has been created.
- In Spain: Risk analysis is compulsory, but often it does not apply to PSRs. SEAT committed itself to a truly investigative approach via a questionnaire sent to its 12,000 employees to understand their problems. At the same time, working groups were set up to be able to respond. With a very satisfactory response rate to the questionnaires (more than 75%), it was possible to initiate various measures, although it is hard to implement measures when they require substantial human and financial resources, which may be lacking.
- In France: Another example of this risk analysis approach is illustrated by the merger of the regional pension funds (CRAVs) and regional health insurance funds (CRAMs) into a single Fund, CAR-SAT Alsace-Moselle, in 2012. The employees were consulted and invited to take part in brainstorming groups on well-being and PSRs to support this change. Reports were used for a presentation to the management, which is to produce a concrete action plan appropriate for the various sectors, with volunteer personnel.

Also in France, there are companies where it is pleasant to work, as proved by the ranking published by the Great Place to Work® Institute. The companies cited belong to diverse sectors and are not necessarily large groups.

- In Germany: Mental health in the workplace has been a focus of DHL group's strategy for some years now. The group considers that a good company needs employees in good health, especially to be able to manage often stressful situations related to delivery times. In particular, the group has developed an electronic learning tool on mental health, in cooperation with a university and the Ministry of Labour, to help managers understand what is their scope of responsibility in this area. Another initiative consists in rewarding employees' contribution to improvement of the workplace and working conditions.
- A favourable environment (if a lot of companies do so, that encourages the others to also do so);
- Heightened awareness and a commitment by the top manager;
- Motivation of all the players in the company (through transparent communication and monitoring over time).

In June, the Board of Directors of EUROGIP will determine the items that will be discussed likely in March 2017 at the next edition of "EUROGIP Discussions". ■

The common goal of the various approaches which have been described is to ensure that the momentum created will be sustainable. To achieve this, three conditions seem essential:

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Skin cancer caused by ultra violet (UV) radiation as an occupational disease? The situation in Europe 2015

The inclusion of skin cancer caused by solar UV radiation in the German Ordinance on occupational diseases (BKV) confronts the German Social Accident Insurance system with a series of challenges. The experience of other European countries could prove useful in this context. A survey has shown that in a number of countries skin cancer can already be recognised as an occupational disease (formally recognized or within the framework of a complementary clause), however, in many places occupational prevention is still in its infancy.

(First published: DGUV-Forum 2016, Issue 1-2, published with the kind permission of Universum Verlag)

Introduction

Anyone looking for Europe on an atlas will find it between 36 and 71 Degrees of North Latitude. The incidence of solar radiation between the northern most point of the continent near Nordkinn in Norway and its most southerly point near Tarifa in Spain differs greatly. Does this difference also influence the manner in which skin cancer caused by exposure to UV radiation in outdoor occupations is dealt with?

This question has been examined in a survey conducted by the German Social Accident Insurance (DGUV) amongst members of the European Forum of the Insurance Against Accidents at Work and Occupational Diseases. The goal of the survey was to gather

existing information on skin cancer caused by work-related exposure to UV radiation from other European member states¹. The background of the survey is the inclusion in

January 2015 of skin cancer² caused by natural UV radiation in the German Ordinance on occupational diseases³.

In addition to Germany, ten further member states participated in the survey (Belgium, Denmark, France, Lithuania, Luxemburg, Austria, Poland, Sweden, Switzerland and Spain). The survey consisted of a total of nine questions relating to the general possibility of its recognition as an occupational disease, the recognition requirements in detail, research activities on the subject of skin cancer caused by UV radiation as well as occupational prevention measures and medical care.

Recognition as an occupational disease or as an as-if occupational disease

In principle, skin cancer caused by UV radiation can be recognised as an occupational disease in all countries with the exception of Austria and Poland.

Recognition as a so-called "listed occupational disease" is only possible in Germany,

1 <http://www.europeanforum.org/wg-occupational-diseases-p22>

2 Occupational disease no. 5103: Squamous cell carcinoma and multiple actinic keratoses

3 Appendix 1 of the Ordinance on Occupational Diseases

4 Belgium, Denmark, France, Luxemburg, Spain.

Denmark and Switzerland. In Belgium a legislative procedure is currently underway, while Lithuania is waiting for the results of the European Commission's consultations on the European list. In France and Luxemburg it can be recognised, beyond an occupational diseases list system, within the framework of a complementary system.

In Sweden there is no list of occupational diseases so that the recognition of specific diseases, and thus also skin cancer caused by both natural and artificial UV radiation, is in

principle possible. Skin cancers caused by artificial UV radiation can be recognised as an occupational disease or as an as-if occupational disease in all the countries surveyed⁴ with the exception of Germany. Recognition is generally awarded on an individual case-by-case basis within the framework of complementary clauses. Only in Switzerland is the recognition

of skin cancer caused by artificial UV radiation possible as a listed occupational disease.

Recognition requirements

The requirements for recognition as an occupational disease differ in the countries surveyed.

In Germany, Occupational Disease Number 5103 only recognises squamous cell carcinoma and multiple actinic keratoses caused by natural UV radiation. Actinic keratoses are considered multiple when there is an incidence of more than five actinic keratoses within one year or an area of skin of at least 4 cm² is affected. In terms of insurance law, Morbus Brown is equivalent to the actinic keratoses. Similarly, in Belgium the recognition of actinic keratoses is only possible in the case of multiple keratoses. In Denmark and Switzerland actinic keratoses and squamous cell carcinoma can be recognized as an occupational disease.

Other skin cancer entities such as the frequently occurring basal cell carcinoma and malignant melanoma are not covered by the new Occupational Disease No. 5103. Due to a lack of solid medical-scientific findings proving a greater risk of illness compared to the general population, these forms of cancer cannot currently be included in the German list of occupational diseases. However, in Denmark the melanomas are also included in the list of occupational diseases. In Switzerland only a sub-type of the malignant melanoma, lentigo maligna melanoma, is recognised.

The skin cancers must be caused by work-related exposure (natural UV radiation). There are different criteria in the various countries for the recognition of a work-related cause. In Germany, in addition to the non-occupational exposure, a work-related UV exposure of + 40 % is required. This additional 40 % is calculated on the basis of the non-occupational lifetime exposure (age x 130 SED) and does not refer to the total lifetime dose. Such an additional exposure is also required in Denmark and Switzerland. In Denmark this regulation also applies to basal cell carcinoma. The melanomas, which can also be recognised in Denmark, must be caused by periodic exposure to UV radiation, i.e. severe sunburn (similar to a first degree burn).

The draft legislation in Belgium will contain an additional recognition criterion which stipulates a lifetime dose of 20,000 hours, which was received in a specific period (01/05 to 30/09) and a specific, listed outdoor occupation. In contrast Luxemburg employs an exclusion criterion, according to which exposure of less than 240 hours per year cannot be the cause of skin cancer due to UV radiation.

Recognition requirements for skin cancers caused by artificial UV radiation as an occupational disease only apply in Switzerland where the same skin cancer entities are recognised as those specified for skin cancer caused by natural UV radiation.

Research activities

Studies on exposure and skin cancer due to UV radiation (natural and/or artificial) are only carried out in a few states. For example in Spain, France, Switzerland, Sweden and Germany.

In Germany the different research projects on the subject of skin cancer due to natural UV radiation are financed by the German Social Accident Insurance (DGUV) research fund, i.e. conducted directly by the DGUV research institutes, the Institute for Occupational Safety and Health (IFA) and the Institute for Prevention and Occupational Medicine (IPA) (for further information see the article *Arbeiten unter der Sonne - Schutz vor den Schattenseiten [Working in the Sun – Protection from its Negative Consequences]* by Wanka und M. Wittlich):⁵

- Measurement of the UV radiation exposure of seamen (completed)
- Malignant skin tumours induced by UV radiation – Development and evaluation of differentiation criteria between occupational and non-occupational causes relevant for the occupational health insurance, Part I (completed)
- Malignant skin tumours induced by UV radiation – Development and evaluation of differentiation criteria between occupational and non-occupational causes relevant for the occupational health insurance. Part 2: Case control study on the connection between work-related and non-work-related exposure to UV radiation and skin cancer for A) squamous cell carcinomas and B) basal cell carcinomas (ongoing)
- Measurement campaign with GENESIS UV measurement system: Ultraviolet radiation exposure for outside occupations (ongoing)
- Transmission of UV radiation through vehicle windscreens (ongoing)

In addition, projects on the subject of natural UV radiation and skin cancer have been or are being financed by the Federal Institute for Occupational Safety and Health (BauA):

- Project 1986 – Investigation of the natural skin protection against solar UV in outdoor workers (completed)
- Project 1777 – Personal UV monitoring in outdoor workers (completed)
- Project 1562 – Investigation into outdoor work subject to direct exposure to sunlight (completed)
- Projekt 2036 - Protective components to reduce solar UV exposure in outdoor workers (completed)

Preventive measures

Preventive measures for artificial UV radiation are regulated by law in nearly all EU states through the implementation of the Directive 2006/25/EC (health and safety requirements regarding the exposure of workers to risks arising from physical agents). In Germany the "Verordnung zum Schutz der Beschäftigten vor Gefährdungen durch künstliche optische Strahlung" or Ordinance on the Protection of Workers from the Dangers of Artificial Optical Radiation has been enacted. This is given concrete expression in the so-called "Technische Regeln zur Arbeitsschutzverordnung zu künstlicher optischer Strahlung" (Technical Regulations of the Occupational Health and Safety Ordinance on Artificial Optical Radiation) (TROS).

As a rule there are no comparable, specific regulations for exposure to natural UV radiation. In Luxemburg employers must keep a register of all employees who are exposed to more than 240 hours of natural UV radiation per year. In Sweden employers offer those employees exposed to natural UV radiation medical check-ups. In Switzerland information is provided in the form of the brochure

⁵ http://www.dguv-forum.de/webcom/show_article.php/_c-533/_nr-1/_lkm-802/i.html

⁶ http://www.dguv-forum.de/webcom/show_article.php/_c-533/_nr-1/_lkm-802/i.html

“Sonnenlicht—Kennen Sie die Risiken” (Sunlight—Do you Know the Risks?), posters on protection from sunlight in the workplace and information on the risks associated with UV radiation posted on their homepage. Information on German activities is provided by the article *Arbeiten unter der Sonne - Schutz vor den Schattenseiten* von G. Wanka und M. Wittlich⁶.

Summary

Theoretically, in many of the countries surveyed skin cancer caused by UV radiation can be recognised as an occupational disease or as an as-if occupational disease and compensated. The corresponding legislation is currently underway. The concrete form of recognition, e.g. as an occupational disease or within the framework of a complementary system, is dependent on the respective legal system. Action is required in many countries with respect to occupational prevention, which up to now has concentrated on the dangers to health resulting from UV radiation from artificial sources, not occupational exposure to sunlight. ■

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Finland: Employed, work-incapacitated or unemployed?

Five-year follow-up between 2008 and 2013 based on register data on employees injured in a serious occupational accident.

In Finland, the statistics concerning occupational accidents are comprehensive, organised and systematic. According to the statistics, approximately 10,000 serious occupational accidents resulting in incapacity for work lasting at least 30 days occur in Finland annually (TVL 2015). However, the statistics do not contain more detailed information about the fates of employees injured in occupational accidents, nor is there any continuous follow-up regarding the injured individuals. It is nevertheless important to ascertain the course life takes for injured individuals following an occupational accident, as subsequent successful return to work is crucial both for employee well-being as well as for extending the overall length of time in the work force. Familiarity with the consequences of serious occupational accidents is also important for the assessment and development of a functional workers' compensation insurance scheme. Additionally, the information is of use for other social insurance systems.

A research project conducted by the University of Tampere studied the life situation of employees injured in a serious occupational accident situation five years following the accident. The research project was carried out in partnership with the University of Tampere, the Federation of Accident Insurance Institutions (as of 1 January 2016 the Workers' Compensation Centre, TVK) and the Finnish Centre for Pensions, with funding from the Federation of Accident Insurance Institutions.

Objectives, data and methods

The primary objective of the study was to ascertain the situation of individuals injured in a serious occupational accident five years after the incident. Of particular interest were the respondents who were entirely incapable of work and those who were unemployed, but in order to obtain a more comprehensive overall picture, the life situations were divided into eight categories: employed, totally incapable of work, unemployed, on old-age pension or part-time pension, partially incapable of work, in rehabilitation, deceased and in another life situation. With respect to those who had returned to work, their level of earnings and changes therein on the anniversary of the accident were examined too.

The study also aimed to explain sliding from the benefits provided by the workers' compensation insurance system into the benefits

provided by the earnings-related pension scheme.

This was a register study, which utilised the data linking the register information of the Federation of Accident Insurance Institutions and the Finnish Centre for Pensions. Employees injured in a serious occupational accident in 2008, i.e. persons insured under compulsory coverage for working hours and who were Finnish citizens, were selected for the initial data. The final size of the sample was 11,585 people.

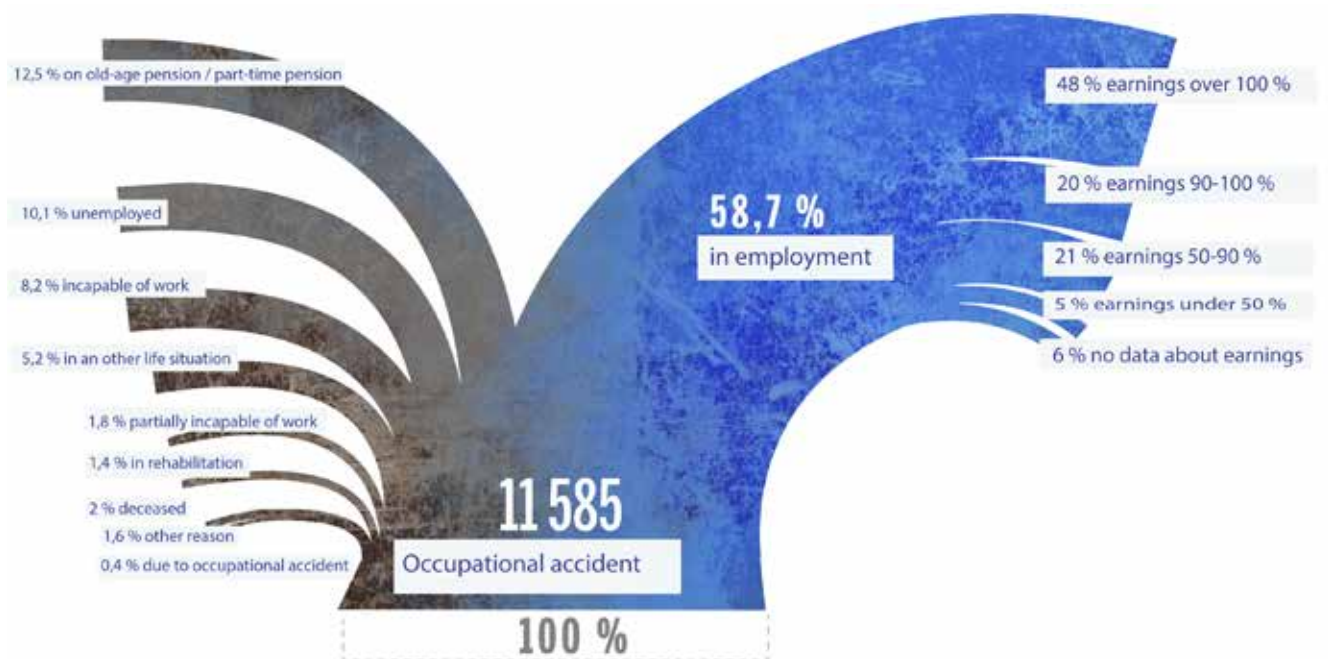
Results

Life situation of injured employees on the fifth anniversary of the accident

Figure 1 shows the current life situation of the sample persons injured in a serious occupational accident in 2008 on the fifth anniversary of the accident.

It can be seen from the figure that nearly 60% (n=6803) of those who were injured in a serious occupational accident were in employment on the fifth anniversary of the accident and, of those who had returned to work, the majority earned nearly as much or more than before the serious occupational accident. Earnings rose higher than the level prior to the accident for as many as 48% of those who returned to work.

The next biggest life situation category after those at work consists of old-age pensioners or part-time pensioners. On the fifth anni-



versary of the accident, 11.5% of the sample persons were on old-age pension and 1% were on part-time pension. Approximately 10% of the sample persons were unemployed. Of them, the majority (61%) received earnings-related unemployment benefit.

Slightly more than 8% (n=955) of the sample persons were completely incapable of work on the fifth anniversary of the serious occupational accident. Of them, the majority received disability benefits (disability pension or rehabilitation subsidy) pursuant to the earnings-related pension scheme and slightly more than a fifth received sickness allowance from Kela. On the fifth anniversary, full workers' compensation pension was received by 202 sample persons, i.e. of the individuals completely incapable of work, incapacity for work was directly due to a serious occupational accident in the case of slightly over a fifth.

On the fifth anniversary of the occupational accident, 1.8% of (n=210) the sample persons were partially incapable of work. Of the individuals partially incapable of work, the vast majority received partial incapacity for benefits, i.e. partial disability pension or partial rehabilitation subsidy. Fifty-two sample

persons were on partial workers' compensation pension, i.e. a serious occupational accident was the reason for work incapacity in the case of a fifth of those who were partially incapable of work.

On the fifth anniversary of the accident, 158 persons (1.4% of all sample persons) were in rehabilitation. Of them, fewer than half were (45%, n=71) were within the sphere of rehabilitation benefits pursuant to the Employment Accidents Insurance Act. Seventy-six sample persons were in rehabilitation pursuant to the Employees Pensions Act (TyEL) and 11 sample persons were in Kela's rehabilitation.

By the fifth anniversary of the accident, 2% of the sample persons (n=235) were deceased. Of them, 47 died as a result of the occupational accident. The majority of the victims of the serious occupational accident died soon after the occurrence of the incident. Thirty-nine of the sample persons died on the day of the accident and four persons died within two weeks of the occupational accident.

Of those injured in the serious occupational accident, on the fifth anniversary, 5.2% were in a life situation other than that referred to

above. Of them, 30% were on job alternation or child care leave. Slightly fewer than 4% of the sample persons did not receive any of the social insurance benefits examined and they did not have a valid employment period on the fifth anniversary of the accident. These sample persons may have been, for example, students who received social benefits for students or individuals relying on income support who were not entitled to the unemployment benefits on account of waiting periods. In addition, some of the sample persons may have lived and worked abroad, which is why information on annual earnings or benefits was not found in respect of them in Finland.

Summary

This is the first study to have examined the post-accident course of life of individuals injured in an occupational accident using Finnish material. Overall, the results of the study showed that in the case of the majority of the injured individuals, the serious occupational accident did not decisively affect the course of their lives. More than 70% of those injured in a serious occupational accident were either in employment or on old-age pension in the years following the occupational accident. The earnings level of the individuals in employment was, in the main, nearly the same or higher than before the serious occupational accident and, in the case of those who returned to work, the majority remained in working life until the end of the period examined.

On the basis of the study, it can be noted that the course of life had changed significantly and permanently mainly in the case of those sample persons who died as a result of the serious occupational accident or who had continued to receive full workers' compensation pension on the fifth anniversary of the accident. The serious occupational accident in 2008 resulted in the death of 47 of the sample persons. The proportion of recipients of full workers' compensation pension decreased on each anniversary and, on the fifth anniversary, these accounted for 1.7% (n=202) of the sample persons. In the case of the majority, the benefit was granted on a permanent basis. Of course, on the fifth anniversary of the accident, the course of life

for those receiving other workers' compensation insurance benefits also changed in the longer term. On the fifth anniversary, partial workers' compensation pension was being received by 0.4% (n=52) and rehabilitation benefits under workers' compensation insurance was being received by 0.6% (n=71) of the sample persons.

Overall, fewer than one in ten of the sample persons, on average, were completely incapable of work on each anniversary. The reason for the work incapacity of the sample persons receiving disability benefits pursuant to the earnings-related pension scheme should not be the serious occupational accident of 2008, although 63 sample persons moved to the sphere of benefits under the earnings-related pension scheme directly from workers' compensation insurance benefit. As a whole, on the basis of the study, it nevertheless appears that the workers' compensation insurance scheme discharges its responsibility, and sliding into other social insurance systems hardly occurs at all.

To obtain an overall picture, it will be necessary to conduct more in-depth research in the area by diversifying research methods and materials in order to more effectively comment on how a serious occupational accident affects an individual's life. Qualitative research methods, in turn, could be used to deepen understanding regarding the impacts of serious occupational accidents on the injured individual, on their family and on their place of employment. In addition, the experiences of the various parties with regard to the workers' compensation insurance scheme and the functionality of its different elements would be valuable in terms of improving and developing the insurance systems. ■

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TVL Tapaturmavakuutuslaitosten Liitto, Finland www.tvl.fi

Sweden: Serious work accidents and prolonged sickness absence among young people.

A report from AFA Insurance, presented at a seminar in February, 2016.

Youth on the labor market are beginners, and may have lower risk awareness. Therefore, they may in some cases be more vulnerable to workplace accidents. AFA Insurance acclaimed young employee's work accidents in a special report in 2013, which concluded that the risk of young people compared to older of serious accidents at work grew faster between 2010 and 2012. Therefore, we wanted to go on to study youth work accidents and sick leave little closer.

Young people (here defined as aged 16-25) are generally healthier and less likely to long-term sick leave than older, but today's debate about mental illness often talks about an increase among young people. Therefore, the report closely studies how young people have been affected by the recent increase in psychiatric diagnoses.

The report data is based on statistics from the collective insurance policies. This means that it does not include young people who have not established themselves in the labor market or youth working in jobs without collective agreement.

The report shows that young people aged 16-25 still have a lower risk of long-term sick leave compared with the age group 26-64, but in recent years the risk of prolonged sick leave has increased among young people, as well as in other age groups. Since 2009, the risk of psychiatric diagnoses increased faster for those aged 16-25 than for the group 26-64 years. This applies to both women and men in the private sector, but only to women in municipal and county council sector.

In fact, the most common sickness diagnosed among young women today is different psychiatric diagnoses, followed by diagnoses of muscles and bones, and pregnancy and child-

birth problems. The information applies to both municipal and county sector and workers in the private sector. However, the most common sickness diagnosed among young men in the private sector are injuries and poisoning.

Alarmingly, diagnosis reaction to severe stress is increasing among young people, but depression is still the most common psychiatric diagnosis among both young men and women.

The risk of a serious accident at work is higher for the group 16-25 years than for the group 26-35 years and this is more evident among men than women. The risk increased faster for young people than for other age groups in 2010-2012.

Young people have a notably higher risk than other age groups to suffer accidents caused by robbery, hardware and tools, and accidents due to heat.

Young caterers also have a significantly higher risk of serious accidents with cutting knives compared to older.

As a result of the awareness from our reports, and as a part of our preventive work, AFA Försäkring has decided to enter as a sponsor of the National Skills Team. The support

includes EUR 150 000/year for four years. The Skills Team consists of young people (maximum 22 years) who specialize in different trades in the construction, engine, IT, technology and service. The contestants are young professionals, and their trades vary from barbers, cooks and painters to contest-

ants in mechatronics, welding and landscaping. We wish them the best of luck in coming international competitions, and, of course, in their future careers! ■

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Austria: How to prevent skin damage effectively?

In the Styrian AUVA Rehabilitation Clinic of Tobelbad, a new “step-by-step model for prevention and treatment of work-related skin diseases” has been introduced.



Copyright: AUVA/Gryc

Work-related skin diseases (the so-called occupational diseases 19 or “BK 19”) rank second among the most frequent occupational diseases, now immediately behind the noise induced hearing loss. In Europe, one in 1,000 employees is thereof affected; whereas the number of unreported cases is believed to be much higher. This shall also apply to the Austrian figures. According to that, the AUVA alone recorded last year 3,439 occupational disease reports which were defined

as “BK19”, showing a rising trend. To the so-called “high risk groups” that are particularly at risk belong especially hairdressers, but also workers in the metal industry, the cleaning and maintenance industry, the catering industry and the wood processing industry.

The most common forms of diseases among “BK19” are skin inflammation and in many cases hand eczema. They are caused by the frequent contact with water and cleaning

agents. But even dealing with other fluids or working with gloves can cause skin lesions.

"If eczema is not treated in time, it can become chronic and progressively force people suffering from it to give up their profession," said the deputy chairman of the AUVA, Werner Gohm. An early, structured and especially interdisciplinary action does not only lead "to increased chances of recovery, but also to the chance of keeping the work place". This is the major target of the step-by-step model, which in a first phase is offered as pilot project to Styria and Carinthia.

In the medium term, it is planned to roll-out of the project among all AUVA facilities in Austria. A prerequisite will be the monitoring of the pilot project by the Department of Dermatology and Venereology of the Medical University of Graz. The research co-operation pursues the objective to "guarantee diagnostic, allergological and therapeutic quality assurance and a constant development during the project," said Univ.Prof. Dr. Werner Aberer, scientific director of cooperation.

In the long term, the acquired data should help to form a comprehensive AUVA database called "Occupational skin diseases".

The step-by-step model BK 19

A good example in project development was the already evaluated and – thus proven successful – three-step "model of Osnabrück". It is divided in primary, secondary and tertiary preventive measures. The supply is process-oriented; the individual actions are carried out in a cross-pillar, networked and interdisciplinary way.

In the area of primary prevention, where it is important "to maintain healthy skin healthy", an effective package of measures was successfully established.

These include information materials or events (the so-called "Skin Protection Days"), which make society aware of this problem. In addition, regular sectoral priority actions and prevention campaigns are set in those high-risk groups. Currently, a hairdresser campaign is running on this topic.

In the context of secondary prevention, insured people, who already have a reported skin injury or irritation, are invited to a "skin consultation hour". Here the damage will be exactly diagnosed, the causes determined and proper treatment strategies discussed. If necessary, the insured person is invited – in a further leading step – to participate in a one-day intensive skin seminar. The participants will be trained to recognize risk potentials and to apply measures, perhaps in form of appropriate personal protective equipment (PSA). In addition, every participant will be equipped with a basic set of customized, appropriate personal protective equipment. Eight weeks after the insured persons have taken up their work, they are again invited to a consultation hour in order to check if the proposed measures have been applied. ■

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“Surefooted through Life” – Update on the Campaign of the Social Insurance for Agriculture, Forestry and Horticulture (SVLFG, Germany)

Together with its partners and with the aid of the Federal Ministry for Education and Science, the Social Insurance for Agriculture, Forestry and Horticulture (SVLFG, Germany) conducted a broad-based scientific campaign entitled “Surefooted through Life” (see Forum News N° 43 – 12/2015).

The campaign supports older people in rural areas in keeping their mobility, independence and quality of life for such as gardening, walks with grandchildren or participation in the farming activities.

Since October 2015, SVLFG personally, by call or by mail contacted 2.500 people with a high risk profile for falls, who are expected to especially benefit from the campaign’s program. Content of the consultation are the campaign’s three components:

1. Surefooted exercise courses

SVLFG cooperates with several network partners. One of them is the German Association of Rural Women (Deutscher Landfrauenverband – DLV). DLV stands for active engagement and networking of people in rural areas. The members take the intermediary role in the courses on-site. They pass information to interested people, organize the contact to one of the 700 qualified trainers as well as the location where the courses take place. If needed, the rural women get support by the SVLFG-phone centers.



Copyright: SVLFG

More than 50 percent of the contacted persons expressed interest in the surefooted exercise courses. So far about 400 courses were held. The participants are convinced of the program and want to join the follow-up course in fall.

Participant comment:

“After several knee-surgeries and a fall I feel more confident after taking part in the course. I think about my movements more consciously and do exercises at home. The course-fee was refunded by my health insurance fund. I am glad to have taken the chance and unreservedly recommend the course.”

76 year old fruit grower, course-participant: „I never thought that I would get a grip on my balance problems.“

Rural woman, organizer: “The success was clearly visible. Even among the participants with an age of more than 80 years.”

Qualified trainers: „The course runs very well, the participants and myself enjoy the program and it is a pleasure to see the participants’ balance and coordination improve.“

„The surefooted exercise course was a full success. Despite initial scepticism, all participants were excited because anyone could take part and benefit. We plan a follow-up-course in fall.“

2. Bone density measurement

Most people of higher age suffer from bone loss (osteoporosis). But it is never too late to prevent further bone degradation. There are several effective drugs to treat osteoporosis. But condition is to have the diagnoses at all.

Within “Surefooted through Life” it is possible to get a free, painless bone density measurement with a minimal exposure of radiation. This offer attracted interest of almost every second contacted person. The missing nationwide provision of the medical devices needed became a problem. People often had to cover long distances to make use of the bone density measurement. Some elderly were not able to handle this.

3. Safety around house and farm - visits by staff members of the SVLFG’s Prevention Department

Up to this point, 100 SVLFG-employees of the Department for Prevention visited 2.000 senior citizens on their farms to ask them about their willingness to participate in the campaign and to advise the surefooted exercise courses and the bone density measurement.

If desired, the consultants give a lecture about safety around house and farm to the participants of the surefooted exercise courses. They make suggestions to secure distances on the farm for older elderly people to keep their health in good conditions. Even small actions like installing handrails or motion detectors to lighten ways can make a big difference.

Staff members of the SVLFG’s Prevention Department:

“ ‘Surefooted through Life’ enriches my daily field service. I am pleased being able to have offers also for older citizens.” ■

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5th Report of the National Mesothelioma Registry: Italy is one of the most affected countries

More than 20 years after the banning of all forms of mining, processing, import and trade of asbestos, Italy is one of the most affected countries by the epidemic of asbestos-related diseases. It is going through the period of maximum incidence of cases of mesothelioma as a consequence of the intense use of the material from World War II until 1992 and the long latency period of the disease. These results are illustrated in the 5th National Mesothelioma Registry Report (ReNaM), the epidemiological surveillance system set up by Inail, which contains information on more than 21 thousand cases of malignant mesothelioma with a diagnosis between 1993 and 2012.

The average age at diagnosis is 69.2 years. 93% of registered cases is borne by the pleura. There are also 1,392 peritoneal cases (6.5%), while 51 and 65 cases respectively address the pericardium and the vaginalis tunica of the testis. The average age at diagnosis is 69.2 years with no significant differences by gender (70.2 years in women and 68.8 in men). Up to 45 years, the disease is very rare (only 2% of the total of registered cases), the percentage of cases with an age at diagnosis less than 55 years is rather to 9% of the total, while 36.1% of subjects patients are aged between 65 and 74 years.

Two out of three sufferers are men. The ratio of cases involving men, for every case of female gender, is 2.5. In fact, 71.6% of the 21,463 filed cases are men. The percentage of women rose from 27.5% for pleural mesothelioma to 31.4% and 41.3% respectively for the cases of the pericardium and the peritoneum. The standardized incidence rate (cases per 100 thousand residents), calculated on all the regions for which the data collection is complete, in 2011 amounted to 3.64 in men and 1.32 in women for malignant mesothelioma of the pleura (certain, probable and possible). For peritoneum the rate goes to 0.17 and 0.13 respectively in men and women, to the pericardium to 0.003 in women, and the tunica vaginalis of the testis to 0.01. Taking into account only the cases of certain malignant mesothelioma, thus excluding those possible and probable, estimated decrease of approximately 20%.

The most involved sector is the building. The asbestos exposure modes were examined

for 16,511 cases, accounting for 76.9% of the total. Of these 69.5% have occupational exposure (certain, probable, possible), 4.8% family, 4.2% environmental, 1.6% for a leisure activity or hobbies, while it remains unlikely or unknown in 20% of cases. Taking into account the entire period of observation (1993-2012) and the only people affected by the disease for professional reasons, the most affected sectors of activity are construction (15.2%), heavy industry, and particularly the engineering industry (8.3%), metallurgy (3.9%) and manufacturing activities of metal products (5.7%), shipbuilding (6.7%) and the industry of the cement- asbestos (3.1%). The framework, however, is very varied and fractionated, with the presence of many fields of production in which the exposure is due to the presence of asbestos in the workplace, and not for direct use.

The challenge is to extend the supervision to all cancers. The next challenge that the circuit of ReNaM will face is the extension of the epidemiological surveillance activities at all suspected occupational cancer and in particular cancers of the lung, larynx and ovary, for which recently the International Agency for research on cancer (IARC) has confirmed the evidence of causal relationship to the inhalation of airborne asbestos fibers. This objective will help to make useful information available to public health and prevention system, as is already realized for the epidemiological surveillance of cases of malignant mesothelioma. ■

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Italy: Transport and storage; in five years accidents fell by a third

In 2014, accidents at work assessed by Inail in transport and storage sectors were 32,824, down by 33.7% from 49,530 of five years earlier.

Half of the workers are employed in rail and road haulage. In 2014, they were about 1.1 million people, of which just over half was employed in rail and road transport, a little less than a third in storage and support activities, about one-tenth in the shipping business, the 3% in maritime transport and 2% in the air freight. The total workforce, however, between 2007 and 2014 decreased by 4.4%, with a reduction in worked hours of 7.3%, and it is aging at a faster rate than the general working population, except for the air transport sector.

The largest share in the 50-65 age bracket. This aging also emerges from the analysis of accidents data. In fact, in the sectors of sea and air transportation, the age group between 50 and 65 years has seen the largest share of reports (33% versus 27% of industry and services). Over 93% refers to male workers, who are prevalent in the workforce, while accidents of foreign workers have more than 14% of the total. The highest number of accidents is concentrated in the North, with over 55% of cases, while Centre and South have an approximately 22% each. In 2014, 89% of reported accidents occurred during work (16% by using means of transport) and the remaining 11% were commuting accidents (24% with means of transport).

Night and over long distances driving increases stress. In this sector, the factors that contribute to determining hazards and risks are numerous and include manual handling with repetitiveness and monotony, the climatic conditions, exposure to noise and vibration, and long and irregular working hours that could lead to tiredness, as in the case of road hauliers, to whom Inail devotes a specific study. Driving on long journeys and in the nighttime, in particular, boosts work-related stress and it can have negative effects on the bones and joints apparatus, but the risks also relate to the phases of loading / unloading, coupling / uncoupling of trailers or semi-trailers, and the maintenance of the vehicles. ■

INAIL, Italy
www.inail.it

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IMPRESSUM

Media owner and publisher: AUVA
Austrian Workers' Compensation Board

Place of publication: Vienna