

Unofficial translation

No. 1484/2001

Government Decree

on the principles of good occupational health care practice, the content of occupational health care and the qualifications of professionals and experts

Issued in Helsinki, December 27, 2001

By decision of the Government, made on the submission of the Ministry of Social Affairs and Health,

the following is *decreed* on the basis of sections 3(2) and 12(4) of the Occupational Health Care Act (1383/2001) of December 21, 2001:

Chapter 1

Principles of good occupational health care practice

Section 1

Arranging occupational health care

The employer shall arrange for occupational health care to be provided by occupational health care professionals and experts defined in section 3(1)(4-5) of the Occupational Health Care Act (1383/2001).

Occupational health care for entrepreneurs and other self-employed persons shall comply with the provisions of this Decree as applicable.

Section 2

Aims and methods of occupational health care

The aim of occupational health care is to ensure that the work, the working environment and the workplace community are healthy and safe, to prevent work-related health risks and problems and to maintain, promote and monitor the health, working capacity and functional capacity of employees at the different stages of their working careers.

Good occupational health care practice entails a high standard of professional behaviour, the use of multidisciplinary and multi-professional methods, possession of the necessary information on working conditions in the workplace, and the cooperation and collaborative working referred to in section 12 of the Occupational Health Care Act. Occupational health care shall be provided on a continuing basis and shall include workplace needs assessment, operational planning, effective health care provision, monitoring and assessment, and continuous quality improvement.

Section 3

Planning

Occupational health care planning shall define the aims of occupational health care, the need for occupational health care professionals and experts, the methods and means for preventing health risks and problems caused by the work, the working environment, the workplace structure and the working arrangements, and for maintaining and promoting the healthiness and functioning of the working environment and workplace community and the health and working capacity of employees.

In planning the content of occupational health care, use shall be made of methods suitable for assessing health risks and problems and of multidisciplinary information on the relationships between work and health, managing these relationships and promoting health.

Section 4

Implementation

Occupational health care shall be provided through actions and methods that focus on the work, the working environment, the workplace community and the employees.

When determining the content of the occupational health care, the following shall be included among the factors investigated:

- 1) physical, chemical and biological exposure substances in the work;
- 2) the physical and mental strain of the work;
- 3) the employee's health, working capacity and functional capacity;
- 4) any special or other risk of illness due to the individual characteristics of the employee;
- 5) the risk or threat of a work-related occupational disease, accident or violence;
- 6) working hours arrangements, including night work of a type that has a health impact;
- 7) changes in working conditions;
- 8) personnel structure in the workplace;
- 9) health risks and problems concerning different forms of employment contract, such as short-term contracts, and other working arrangements; and
- 10) the combined effects of the aforementioned and any other factors.

The occupational health care provider shall investigate the points stated in paragraph 2 in a way that allows it as an expert to put forward initiatives and suggestions to the employer or his representative:

- 1) on measures and courses of action for improving and developing the work, working environment and working methods in the workplace;
- 2) on measures for monitoring the health of employees and different employee groups and for maintaining and promoting their health and working capacity; and
- 3) for developing the work and the working conditions and for preventing health risks and problems.

Chapter 2

Content of occupational health care

Section 5

Occupational health care methods

Occupational health care professionals and experts shall use methods which are scientifically or empirically the best and are appropriate and reliable. The methods shall also be effective and efficacious.

Section 6

Definition and aims of a workplace investigation

A workplace investigation means identification and assessment of health risks and problems caused by the work, the working environment and the workplace community and making suggestions for continuous improvement of the working environment and the workplace community, for preventing and combating known health risks and for maintaining and promoting working capacity and functional capacity.

Section 7

Performing a workplace investigation

A workplace investigation shall be performed for the purposes of drafting an action plan at the start of the occupational health care, for amending or revising it if there is a material change in the working conditions in the workplace or at the defined intervals specified in the occupational health care action plan. A workplace investigation shall be used to investigate and implement the measures arising from section 4 using the methods stated in section 5 in cooperation with the different parties in the workplace.

The document prepared on the workplace investigation shall state conclusions about the health-related aspects of the working conditions and shall present suggestions for the necessary action.

Section 8

Definition and aims of a medical examination

A medical examination means an examination of the person's health, working capacity and functional capacity performed by means of clinical examination or some other appropriate and reliable method, and an investigation into the state of health for the purposes of health promotion.

The aims of a medical examination are:

- 1) to identify the symptoms of work-related illnesses and embark on the necessary measures to prevent them;
- 2) to assess, maintain and promote the employee's health, working capacity and functional capacity and to monitor the factors affecting these;
- 3) to acquire information on the work, the working conditions and the functioning of the workplace community;
- 4) to supply information on work-related health risks and problems and guidance on healthy and safe working practices, including directions on the use of personal protective equipment; and
- 5) to establish the earliest possible necessary treatment and rehabilitation needs and to direct for treatment and rehabilitation.

Section 9

Content of a medical examination

The content of a medical examination will vary according to the demands of the work, the exposure substances and the characteristics of the employee.

In planning the content of a medical examination and the methods to be used, account shall also be taken of the points stated in section 4, any previous exposure and the employee's exposure to factors other than those that are directly due to the work and the workplace conditions.

Section 10

Performing a medical examination

Unless carried out on the basis of another Act, a medical examination shall be performed:

- 1) when an employee is to be placed in work that presents a special risk of illness or accident or when the work otherwise so requires;
- 2) when an employee is performing work that presents a special risk of illness or accident;
- 3) when so required by the age, sex or physiological state of the employee and by work-related health risks and problems;
- 4) when abnormal work shifts or night work so require;
- 5) when the health effects of new substances and methods being introduced so require;
- 6) where necessary to establish the state of the employee's health also after the end of exposure;
- 7) on the basis of special health requirements of the work;
- 8) as necessary when a material change occurs in the work or at different stages of the working career; and
- 9) when the employee's health and working capacity at different stages of an illness so require.

Section 11

Monitoring and promoting the ability of disabled employees to cope at work and directing employees for rehabilitation

The employer shall make use of occupational health care professionals and experts in arranging for monitoring and promotion of the ability to cope at work of an employee disabled through illness, handicap or injury as referred to in section 12(1)(5) of the Occupational Health Care Act. The measures shall concern the disabled employee's work, working tools, working environment, workplace community and professional knowledge and health, and, where necessary, working arrangements. If it is not possible to provide sufficient support for the working capacity of a disabled employee through occupational health care activities and arrangements in the workplace, the employee shall be provided with advice in matters of rehabilitation or shall be directed for treatment or medical or vocational rehabilitation.

Appropriate measures for maintaining and restoring an employee's working capacity shall be taken as early as possible if occupational disability is impending. In maintaining and restoring working capacity, account shall be taken of the points stated in paragraph 1.

Section 12

Advice and guidance

Information, advice and guidance shall be given on:

- 1) the aims and content of occupational health care at the start and at different stages of the occupational health care provision;
- 2) the health risks and problems present in the work and the workplace, their significance and protection against them, and first aid arrangements;
- 3) healthy and safe working procedures when starting work and at later stages as necessary;
- 4) occupational diseases and accidents and their prevention;
- 5) other work-related morbidity;
- 6) improvements in the work, the working environment and the workplace community and maintenance and promotion of an employee's health and working capacity at different stages in his working career;
- 7) prevention of intoxicant abuse and early recognition of intoxicant abusers and treatment and directing for treatment;
- 8) health risks and problems concerning working methods, working arrangements, working hours, workplace conditions and changes in these, and how to control them;
- 9) prevention and control of work-related physical and mental violence; and
- 10) when unemployment is impending.

The points referred to in paragraph 1 above shall be taken into account when submitting a report on the strain of the employee's work.

When organizing advice and guidance, the occupational health care provider shall, for its part, have regard to the need to provide occupational safety and health advice for the purposes of work familiarization and guidance.

Section 13

Maintaining working capacity

Activities to maintain working capacity as referred to in section 3(1)(2) of the Occupational Health Care Act shall be organized primarily through the use of internal measures in the workplace.

Support and promotion of working capacity and prevention of health risks and problems shall be taken into account when planning and organizing measures taken in the workplace on the basis of section 12(1)(1-9) of the Occupational Health Care Act.

Section 14

First aid resources

The occupational health care provider shall assist in arranging the first aid resources referred to in section 36 of the Occupational Safety Act (299/1958).

The need for first aid resources shall be assessed in a workplace investigation. Planning shall have regard to the need for first aid skills and equipment and the special demands of the workplace. The planning shall be carried out through cooperation in accordance with section 12(2) of the Occupational Health Care Act and where necessary with representatives of civil defence and rescue service organizations. Planning shall take account of the first aid resources necessary in major accidents.

Arranging first aid shall also include the provision of necessary advice and guidance for controlling any psychological impacts that may arise in the work or work situations.

Section 15

Assessing and monitoring the quality and efficacy of occupational health care provision

The quality of occupational health care shall be assessed by monitoring:

- 1) the impact of the measures taken on the working environment and workplace community;
- 2) employee exposure, accidents and occupational diseases;
- 3) health, working capacity and sickness absences;
- 4) the working methods of occupational health care;
- 5) implementation of the aims and suggestions for action; and
- 6) customer satisfaction.

Chapter 3

Qualifications of occupational health care professionals and experts

Section 16

Physicians working in occupational health care

Only occupational health care specialists may work as full-time licensed physicians in occupational health care. A person who works in occupational health care for an average of 20 or more hours per week is considered to be working full-time.

A licensed physician working part-time in occupational health care shall have taken a minimum of seven credits in occupational health care studies within two years of transferring to occupational health care.

What is provided in paragraphs 1 and 2 above shall not apply to a specializing physician, who is instead covered by the separate provisions in the Decree on the qualifications of specialist physicians (678/1998).

Section 17

Public health nurses working in occupational health care

A licensed public health nurse working full-time in occupational health care shall be a qualified public health nurse and shall have passed the specialist studies in occupational health care at a polytechnic or a minimum of seven credits in occupational health care studies within two years of transferring to occupational health care.

A person who works in occupational health care for an average of 20 or more hours per week is considered to be working full-time.

Section 18

Occupational health care experts

An occupational health care expert means a person who:

- 1) is qualified as a licensed physiotherapist and has passed the specialist studies in occupational health care at a polytechnic or a minimum of seven credits in occupational health care studies within two years of starting the expert activities;
- 2) is qualified as a licensed psychologist and has passed a minimum of seven credits in occupational health care studies within two years of starting the expert activities; or
- 3) has an applicable university degree in occupational hygiene, ergonomics, a technical subject, agriculture, occupational vision, nutrition, speech therapy or physical education, or other equivalent earlier vocational qualification in the field, and sufficient knowledge of occupational health care, which means a minimum of one credit of supplementary training in occupational health care in accordance with the instructions of the Ministry of Social Affairs and Health.

Section 19

Monitoring of education and training

The Ministry of Social Affairs and Health shall monitor the use of occupational health care professionals and experts and their education and training and shall assess these within two years of the entry into force of this Decree.

This Decree enters into force on January 1, 2002.

The Decree repeals the Government Decision on occupational health care prescribed as the duty of the employer and for entrepreneurs and other self-employed persons issued on October 27, 1994 (950/1994) and the Decision of the Ministry of Social Affairs and Health on occupational health care prescribed as the duty of the employer and for entrepreneurs and other self-employed persons issued on December 12, 1994 (1348/1994).

Helsinki, December 27, 2001

Osmo Soininvaara

Minister of Health and Social Services