

Article 22 of the Constitution of the ILO**Report for the period 1 June 2017 to 31 May 2022, made by the Government of Finland****on the****EMPLOYMENT INJURY BENEFITS CONVENTION, 1964 (No. 121)**

(ratification registered on 23 September 1968)

I LEGISLATION AND REGULATIONS

Nothing new to report.

II Direct Request, 2019**Article 7(1).** (*Definition of industrial accident*)

As reported, the Act 459/2015 did not change the content of the system. The principle of the medical causality has not changed, but due to the inconsistencies in the application of previous legislation, the case law was not equal. After the new Act entered into force the principles of compensation praxis has been specified in order to ensure equal treatment in distributed insurance system, which may have been perceived as a new interpretation of the causality.

Article 8. (*Occupational diseases*)

By occupational disease is meant an illness probably caused by physical, chemical or biological factors mainly occurring at work. A single notice of an occupational disease is sufficient in the application for all the indemnities. It is a duty of an insurance company to acquire all medical statements and make sure that the employee who falls ill receives all indemnities and benefits to which the employee is entitled under the law. The indemnities are paid even if the medical examination reveals that the illness is not an occupational disease. All necessary medical expenses are indemnified as examination costs. Though there is a list of occupational diseases, the general definition in law means that it is possible that any other illness can also turn out to be an occupational disease. The examinations are in general carried out by general health care provided by an employer. By "a higher level of proof" is usually meant special medical examinations in Finnish Institute of Occupational Health who carries out high-quality research on occupational medicine. The average duration of these additional examinations is about 6 - 8 months.

The statistical data from 2020 tells that in Finland there was 2520 notices of an occupational disease. From them 934 cases were accepted as an occupational disease and 1586 turned out to be justifiably suspected as to an occupational disease. The number of all occupational diseases and suspected cases has declined significantly from the year 2013 (the number of notices was 4380, of which accepted occupational diseases were 1710 pieces).

III APPLICATION OF THE ARTICLES IN FINLAND

Nothing new to report.

IV

A copy of this report has been sent to the following labour market organisations:

1. The Confederation of Finnish Industries (EK)
2. The Central Organization of Finnish Trade Unions (SAK)
3. The Finnish Confederation of Salaried Employees (STTK)
4. The Confederation of Unions for Academic Professionals in Finland (Akava)
5. The Commission for Local Authority Employers (KT)
6. The State Employer's Office (VTML)
7. The Federation of Finnish enterprises

Statements of the labour market organisations

The Central Organization of Finnish Trade Unions (SAK)

The Act on Accidents at Work and Occupational Diseases entered into force at the beginning of 2016. With regard to the health hazards and income security problems caused by moisture damage microbes, SAK refers to the 2017 joint statement of national employee confederations, and notes that no progress has been made. Detailed provisions should be laid down in Finland for workers exposed to moisture damage microbes at workplaces and for measures that are binding on the employer in such circumstances. Legislation on the obligations of insurance companies should also be made more precise.

Serious shortcomings persist in Finland regarding the social security of workers exposed to moisture damage microbes or their toxins in buildings (known as sick building syndrome).

Many workers presenting symptoms due to moisture damage microbes are not properly protected and fail to qualify for social security coverage if the symptoms are confined to the moisture-damaged workplace.

With regard to the examination and treatment of asbestos and its associated health hazards, SAK finds that measures for screening, monitoring and appropriately treating workers with a history of exposure at work have deteriorated due to reduced resources. Legislation should be made more precise, with resources increased to ensure an adequate standard of examination and treatment measures for people exposed in this way.

The Confederation of Unions for Professional and Managerial Staff in Finland (Akava) and The Finnish Confederation of Professionals (STTK)

Akava and STTK agree with the SAK's statement.