FINLAND

Article 22 baselines report

2022

EXPLANATORY NOTE

The present *draft baselines report* has been prepared by the Office to facilitate compliance with reporting obligations under article 22 of the ILO Constitution. It contains information currently available to the Office on the measures implementing ratified ILO Conventions on occupational safety and health in Finland. Where implementing measures are of a legislative nature, hyperlinks to the relevant texts have been included. With regard to other implementing measures, the source of the information is indicated between square brackets. The information contained in the draft report does not indicate a view on the part of the Office regarding compliance with ratified Conventions, supervision of compliance being the responsibility of the ILO supervisory bodies.

You are kindly requested to review the information provided in the draft report and either:

- Validate, using the check boxes provided ___, if the information is up-to-date and complete; or
- Update as necessary.

Where information is missing, specific questions highlighted in yellow above the corresponding boxes are intended to assist governments in ensuring that the information in the final report is complete.

You are also requested to reply to pending <u>CEACR</u> comments within the specific boxes provided for this purpose.

Moreover, in accordance with the obligations under article 23(2) of the ILO Constitution, you are requested to indicate the representative organizations of employers and workers to which copies of the report (once reviewed and finalized) have been communicated (page 3 of this draft report).

If you have received from the organizations of employers or workers concerned any observations, either of a general kind or in connection with the present or the previous report, regarding the practical application of the provisions of the Conventions concerned, please communicate a copy of the observations received, together with any comments that you consider useful (a specific box is available for this purpose also on p.3 of this draft report).

In accordance with the established procedure, your final report should reach the Office by 1 September 2022 (Reporting contact: NORM_REPORT@ilo.org).

As explained in the Office communication of 9 April 2021, this draft article 22 baselines report is also the first step in the implementation of the <u>Governing Body's request</u> concerning the pilot project for the establishment of baselines for the Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187). Please note that if the Governing Body decides to approve the publication of baselines on that Convention, the text in the shaded boxes which corresponds to the national implementing measures on that Convention could be made publicly available.

Country profile

List of ratified Conventions on occupational safety and health (and their status)¹

General provisions (Part I of the present report)

<u>Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187)</u> (ratification: 2008), status: up-to-date

Occupational Safety and Health Convention, 1981 (No. 155) (ratification: 1985), status: up-to-date

Protocol of 2002 to the Occupational Safety and Health Convention, 1981 (ratification: 2003), status: up-to-date

Occupational Health Services Convention, 1985 (No. 161) (ratification: 1987), status: up-to-date

Protection against specific risks (Part II of the present report)

White Lead (Painting) Convention, 1921 (No. 13) (ratification: 1929), status: requiring further action to ensure continued and future relevance

Radiation Protection Convention, 1960 (No. 115) (ratification: 1978), status: up-to-date

<u>Guarding of Machinery Convention, 1963 (No. 119)</u> (ratification: 1969), status: requiring further action to ensure continued and future relevance

<u>Benzene Convention, 1971 (No. 136)</u> (ratification: 1976), status: requiring further action to ensure continued and future relevance

Occupational Cancer Convention, 1974 (No. 139) (ratification: 1977), status: up-to-date

Working Environment (Air Pollution, Noise and Vibration) Convention, 1977 (No. 148) (ratification: 1979) status: up-to-date

Asbestos Convention, 1986 (No. 162) (ratification: 1988), status: up-to-date Chemicals Convention, 1990 (No. 170) (ratification: 2014), status: up-to-date

Prevention of Major Industrial Accidents Convention, 1993 (No. 174) (ratification: 2013), status: up-to-date

- Protection in specific branches of activity (Part III of the present report)

Hygiene (Commerce and Offices) Convention, 1964 (No. 120) (ratification: 1968), status: up-to-date

Safety and Health in Construction Convention, 1988 (No.167) (ratification: 1997), status: up-to-date

Safety and Health in Mines Convention, 1995 (No.176) (ratification: 1997), status: up-to-date

Safety and Health in Agriculture Convention, 2001 (No. 184) (ratification: 2003), status: up-to-date

Pending CEACR comment(s)

 Comments regarding Conventions that are up-to-date or requiring further action to ensure continued and future relevance:

Comments on C013: Direct Request (CEACR) - adopted 2015, published 105th ILC session (2016)
Comments on C115: Direct Request (CEACR) - adopted 2016, published 106th ILC session (2017)
Comments on C119: Direct Request (CEACR) - adopted 2015, published 105th ILC session (2016)
Comments on C120: Direct Request (CEACR) - adopted 2015, published 105th ILC session (2016)
Comments on C136: Direct Request (CEACR) - adopted 2015, published 105th ILC session (2016)
Comments on C139: Direct Request (CEACR) - adopted 2015, published 105th ILC session (2016)

¹ Based on the recommendations of the Standards Review Mechanism Tripartite Working Group (SRM TWG), the Governing Body has classified OSH Conventions as "up to date", "requiring further action to ensure continued and future relevance" or "outdated" (see detailed information on the <u>ILO website</u>).

Comments on C148: Direct Request (CEACR) - adopted 2018, published 108th ILC session (2019)

Comments on C155 / P155: Direct Request (CEACR) - adopted 2015, published 105th ILC session (2016)

Comments on C161: Direct Request (CEACR) - adopted 2016, published 106th ILC session (2017)

Comments on C162: Direct Request (CEACR) - adopted 2016, published 106th ILC session (2017)

Comments on C167: Direct Request (CEACR) - adopted 2015, published 105th ILC session (2016)

Comments on C170: Direct Request (CEACR) - adopted 2018, published 108th ILC session (2019)

Comments on C174: Direct Request (CEACR) - adopted 2018, published 108th ILC session (2019)

Comments on C176: Direct Request (CEACR) - adopted 2015, published 105th ILC session (2016)

Comments on C184: Direct Request (CEACR) - adopted 2015, published 105th ILC session (2016)

Comments on C187: Direct Request (CEACR) - adopted 2015, published 105th ILC session (2016)

Compliance with obligations under article 23, paragraph 2, of the Constitution²

Please indicate the representative organizations of employers and workers to which copies of the present report have been communicated in accordance with article 23, paragraph 2, of the Constitution of the International Labour Organization. If copies of the report have not been communicated to representative organizations of employers and/or workers, or if they have been communicated to bodies other than such organizations, please supply information on any particular circumstances existing in your country which explain the procedure followed.

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

The Confederation of Finnish Industries (EK)

The Central Organization of Finnish Trade Unions (SAK)

The Finnish Confederation of Professionals (STTK)

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

The Commission for Local Authority Employers (KT)

The State Employer's Office (VTML)

The Federation of Finnish enterprises (SY)

Observations from organisations of employers and workers³

Please indicate whether you have received from the organizations of employers or workers concerned any observations, either of a general kind or in connection with the present or the previous report, regarding the practical application of the provisions of the Conventions concerned. If so, please communicate a copy of the observations received, together with any comments that you consider useful.

Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187)

The Central Organization of Finnish Trade Unions (SAK)

² Article 23, paragraph 2, of the <u>Constitution</u> reads as follows: "Each Member shall communicate to the representative organisations recognised for the purpose of article 3 copies of the information and reports communicated to the Director-General in pursuance of articles 19 and 22."

³ See paragraphs 94-104 of the 2019 General Report of the CEACR.

The tripartite dialogue between the Ministry of Social Affairs and Health and the social partners to promote occupational health and safety functions well in our view. Anomalies nevertheless remain, with improvements still required to achieve the material objectives of Convention No. 155. There are some pioneering workplaces in Finland where occupational health and safety issues have been comprehensively considered. There are also workplaces that fail to satisfy even the basic obligations of occupational safety and health.

The psychosocial and mental stress factors of work and working conditions have yet to be adequately addressed. Mental stress that is harmful to health arises equally in clerical and non-clerical occupations. Workplaces lack adequate appreciation and expertise concerning the factors in work and working conditions that cause unhealthy mental stress. More specific legislation is required in this area, together with training, guidance and direction for employers and staff engaged in occupational health and safety cooperation at workplaces.

There are major occupational health and safety risks in platform work. A great many platform workers remain unclear about their employment status.

While most consider themselves to be employees, the undertakings that provide platform work assume that they are self-employed. Such individuals are entirely excluded from social security, for example in the event of sickness, occupational illness or accident at work, and are beyond the scope of all occupational safety and health measures.

The penalties for occupational safety and health offences remain too lenient. The scale of penalties must be increased, as the current one-year maximum penalty means a two-year statute of limitations for occupational safety offences that is too short. The maximum penalty under the Occupational Safety and Health Act should be increased to three years.

The owner of a building currently has no occupational safety and health responsibilities. An employer leasing premises from the owner of a building has no full authority or ability to ensure the health and safety of the building. It is our view that a building owner should also be assigned an obligation to ensure the safety and health of the building under certain circumstances, such as when repairing moisture damage.

Finland still lacks specified training criteria or qualification requirements for the individuals who are responsible for occupational safety and health at workplaces, and for the occupational safety and health manager responsible for occupational safety and health cooperation. This also applies to occupational safety and health training of employee representatives: access to training and the working hours available for such training vary from one industry to another and from one workplace to another.

The occupational safety and health representative of the staff at a workplace plays an important role in occupational safety and health cooperation. The law in Finland nevertheless only requires the election of an occupational safety and health representative at workplaces with at least ten employees. No such representative is elected at smaller workplaces. About 20,000 workplaces in Finland have fewer than ten employees, with more than 12,000 employees working at these establishments.

Basic, secondary and higher education should more prominently include basic aspects of occupational safety and health with respect to both physical and mental wellbeing, so that young people entering the world of work have a basic understanding of the principles of occupational safety and health, and of the fundamental rights and obligations of the world of work.

We also refer to our statement on Convention No. 81 in this context.

The Finnish Confederation of Professionals (STTK)

Finland's National Policy for the Work Environment and Wellbeing at Work until 2030 has assigned the following three priorities:

- Future challenges related to occupational safety and health and wellbeing at work
- Safe and healthy working conditions
- Promoting functional and working capacity, and employability.

The policy correctly finds that there are several trends in the world of work, including technological development, demographic changes, climate change and globalisation. These changes also affect the wellbeing of individual employees at work. Entirely new kinds of crisis, such as the COVID-19 pandemic and the war in Ukraine, are now also having a dramatic impact on wellbeing. STTK welcomes the fact that the plan for implementing the national policy for 2022–2023 has given preliminary consideration to changes in the world of work caused by the COVID-19 pandemic. At the same time, STTK nevertheless stresses that the impact of crises on the work environment and wellbeing at work must be monitored and studied more closely with a view to addressing potential problems with concrete measures at a sufficiently early stage.

The national policy notes an increase in mental strain, and it is likely that changes in work will further increase psychosocial stress at work in the future. STTK welcomes the fact that this issue has been identified in national policies. STTK nevertheless points out that insufficient effective consideration has been given to psychosocial stress or its prevention in the Occupational Safety and Health Act or in its subordinate statutes.

Problems of mental health and behavioural disorders have become the most common reason (33 per cent) for retiring on disability pension in Finland.⁴ The number of pensions granted for mental health reasons increased by 25 per cent between 2016 and 2020. Pensions granted due to depression have particularly increased among young adults and women close to retiring age in recent years.⁵

In view of this trend, STTK finds that neither the current Occupational Safety and Health Act and its subordinate statutes nor national programmes related to occupational health give sufficient consideration to psychosocial stress, to its prevention, or to mental health aspects more generally. These shortcomings at national level not only cause individual suffering, but also have macroeconomic consequences that affect the upkeep of an affluent society.

The major crises of recent years have undermined the resilience of citizens and affected wellbeing, which is likely to be reflected at workplaces and in wellbeing at work. Statutory amendments of the foregoing kind will be necessary to achieve the objectives of national policies in practice.

STTK welcomes the fact that the national implementation plan gives some degree of consideration to psychosocial stress and its management. STTK nevertheless finds that the studies, reports, recommendations or projects presented in the implementation plan will not alone suffice to tackle the problem, and that statutory measures will also be needed to resolve it in practice.

The violence that employees encounter at work must also be considered more effectively in the context of a national debate on the theme of psychosocial stress. A 2021 STTK survey found that a threat of physical violence had arisen at approximately one in six workplaces (14 per cent) and direct physical violence had occurred at one in ten workplaces (10 per cent) in the preceding three years. Emotional violence was reported at more than a fifth (22 per cent) of workplaces.⁶ Given the scale of the problem, it must be effectively addressed in practice at national level.

Occupational Safety and Health Convention, 1981 (No. 155)

The Central Organization of Finnish Trade Unions (SAK)

Please see SAK's statement on Convention no. 187.

Occupational Health Services Convention, 1985 (No. 161)

The Central Organization of Finnish Trade Unions (SAK)

The occupational health care shortcomings of people engaged in various forms of casual employment, agency work and the platform economy are a particular problem. Even in duties that pose a particular risk of illness, medical

⁴ Earnings-related Pension Recipients in Finland (OSF) - Finnish Centre for Pensions (etk.fi).

⁵ https://www.etk.fi/ajankohtaista/mielenterveyden-sairaudet-yleisin-tyokyvyttomyyselakkeellesiirtymisen-syy/.

⁶ https://www.sttk.fi/materiaalit/36378/.

examinations and guidance and counselling remain incomplete or wholly unimplemented. The effectiveness of enforcement is limited by difficulties in tackling the implementation of occupational health care, with enforcement work usually confined to verifying the existence of an occupational health care agreement. Intervention in the more detailed content, material adequacy and implementation of occupational health care for all staff is difficult. Services may be inadequate, having regard to the exposures and load factors of the work.

The Finnish Confederation of Professionals (STTK)

Occupational health care statistics compiled by the Social Insurance Institution indicate that 87.3 per cent of employees are covered by occupational health care. These occupational health care statistics note that factors affecting coverage include the failure of some small employers to arrange any occupational health care for their employees at all.⁷ Previous reports from employee organisations have already highlighted this problem concerning small businesses. The obligations of Article 3 of ILO Convention No. 161 have still not been implemented in practice in the manner required under the Convention.

Radiation Protection Convention, 1960 (No. 115)

The Central Organization of Finnish Trade Unions (SAK)

Concerns remain about the implementation of health examinations and exposure monitoring, particularly for people employed in various casual and temporary capacities. Enforcement measures should also be reinforced in this respect. The Finnish Confederation of Professionals (STTK) agrees with the SAK's statement.

Guarding of Machinery Convention, 1963 (No. 119)

The Central Organization of Finnish Trade Unions (SAK)

SAK still finds that resourcing of market surveillance remains the most important practical factor for realising effective and appropriate market surveillance. Resources enabling full-time monitoring must accordingly be developed and maintained with a view to remedying deficiencies (accidents, notifications) and anomalies that come to light during monitoring. Some boundary issues remain in products marketed for consumer and professional use, as cheaper products authorised exclusively for consumer use are increasingly also purchased for professional use. Finnish weather conditions (such as frost) nevertheless impose demands exceeding the general requirements for consumer equipment elsewhere in Europe, for example with respect to professional products intended for outdoor use. Finland is also currently harmonising its national legislation on machinery and equipment with the EU *acquis* and national needs in general.

The Finnish Confederation of Professionals (STTK) agrees with the SAK's statement.

Benzene Convention, 1971 (No. 136)

The Central Organization of Finnish Trade Unions (SAK)

Reducing exposure to benzene and tightening limits are on the agenda for Finland and the European Union. Exposure is not adequately monitored or controlled in practice, with shortcomings in statutory notification of carcinogens to the ASA register, for example. More effective information, monitoring and occupational health enforcement are required in this respect.

The Finnish Confederation of Professionals (STTK)

⁷ Social Insurance Institution occupational health care statistics 2019 | FPA-statistik Företagshälsovård 2019 (helsinki.fi), p. 7

Exposure to benzene is still a problem in the world of work. The latest detailed ASA registry report was published in 2014. This report indicates that more than 2,000 workers are exposed to benzene annually. Benzene exposure may occur in such contexts as working in various industrial processes, cleaning work and vehicle fitting and repair work.⁸ Exposure statistics are published nowadays on the tyoelamatieto.fi website. This website indicates that a total of 3,446 people were exposed to benzene in 2019 (the most recent tracking year).⁹ STTK accordingly considers it a very serious problem that the number of employees exposed to benzene has actually been increasing.

Occupational Cancer Convention, 1974 (No. 139)

The Central Organization of Finnish Trade Unions (SAK)

The list of carcinogens and the limit values have been updated, and the focus should now be on protection against carcinogens in practice. There are shortcomings in notifications to the ASA register, the expertise of occupational hygienists should be applied more widely at workplaces, and guidance of occupational health care and associated medical examinations should also be ensured in various casual employment relationships, in agency work, and when working in an artificial "light entrepreneur" and self-employed capacity.

The Finnish Confederation of Professionals (STTK)

STTK calls attention to the fact that information on the tyoelamatieto.fi website of the Finnish Institute of Occupational Health reveals an increase in the number of people exposed to carcinogenic substances at work between 2010 and 2019. This number has increased by about 3,000 employees. The total number of reported worker exposures in Finland as a whole was approximately 20,500 in 2019. The largest number of exposures in absolute terms were reported in the manufacturing sector.¹⁰

STTK regards this trend as a matter of urgent concern. Given the obligations imposed by ILO Convention No. 139, more effective measures should be taken at national level to ensure that carcinogenic substances and factors are replaced by non-carcinogenic and benign substances and factors, and that employees are more effectively protected at work in this respect.

Working Environment (Air Pollution, Noise and Vibration) Convention, 1977 (No. 148)

The Central Organization of Finnish Trade Unions (SAK)

Attention should continue to be paid at workplaces and in enforcement measures to conducting more occupational hygiene air analyses, and to ensuring that air is free of moisture damage microbes.

The clean air requirement has gained new significance during the pandemic. Finland has previously neglected the air hygiene measures that are applied and required in many public spaces, for example in Central European countries. The clean air requirement could be interpreted during a pandemic to requirement measurement of air quality and effective realisation of ventilation and filtration.

Noise injuries remain the most common occupational illness in Finland. More attention should be paid in workplace risk assessment and regulatory enforcement to reducing noise levels and employing effective and user-friendly protective equipment.

⁸ ASA_2014.pdf (julkari.fi) p. 5.

⁹ Increase in the number of people exposed to carcinogenic substances at work between 2010 and 2019 | Work-life knowledge service | www.tyoelamatieto.fi/en (xn--tyelmtieto-t5ab3u.fi).

¹⁰ Increase in the number of people exposed to carcinogenic substances at work between 2010 and 2019 | Work-life knowledge service | www.tyoelamatieto.fi/en (xn--tyelmtieto-t5ab3u.fi).

Better protection of pregnant workers from noise and vibration is a topical challenge that is currently the focus on work in Finland.

The Finnish Confederation of Professionals (STTK) agrees with the SAK's statement.

Asbestos Convention, 1986 (No. 162)

The Central Organization of Finnish Trade Unions (SAK)

Use of agency labour, posted workers and people working in an artificial "light entrepreneur" capacity is also common in asbestos demolition work. Adequate training and statutory health monitoring may be deficient. Occupational health care is still poorly implemented in the construction sector as a whole. People exposed to asbestos have problems securing medical examinations after their employment has ended. Cancers associated with exposure to asbestos and the resulting deaths from occupational diseases remain a major problem.

The Finnish Confederation of Professionals (STTK)

STTK calls attention to the rise in the number of asbestos exposures, which is similar to the increase in exposure to benzene and carcinogens. Asbestos exposures almost tripled between 2010 and 2019. Some 4,003 employee exposures were reported in 2019. TK views this trend as a matter of great concern.

Hygiene (Commerce and Offices) Convention, 1964 (No. 120)

The Central Organization of Finnish Trade Unions (SAK)

The COVID-19 pandemic has opened new perspectives on the application of this Convention. The clean air requirement has gained new meaning during the pandemic.

Finland has previously neglected the air hygiene measures that are applied and required in many public spaces, for example in Central European countries. The Article requiring fresh or purified air could be interpreted during a pandemic as requiring air quality measurements and effective arrangements for ventilation and filtration.

The Article referring to personal protective equipment has similarly acquired new significance during the pandemic. People working in the retail sector continually come into contact with customers, and all staff should accordingly have access to high-quality protective equipment that responds to currently known hazards. Shortcomings have now arisen in this respect.

The Finnish Confederation of Professionals (STTK) agrees with the SAK's statement.

<u>Safety and Health in Construction Convention, 1988 (No.167)</u> The Central Organization of Finnish Trade Unions (SAK)

The RAKETTI register was discontinued in 2007. The aim was to negotiate a similar system in 2005 for boosting the efficiency of occupational health care in the construction sector. The register was replaced by an occupational health card for the construction industry. The occupational health card system has nevertheless failed to work in the desired manner. Employees in particular sectors of construction, in employment agencies and in enterprises of certain sizes are left without statutory induction and periodic inspections.

¹¹ Increase in the number of people exposed to carcinogenic substances at work between 2010 and 2019 | Work-life knowledge service | www.tyoelamatieto.fi/en (xn--tyelmtieto-t5ab3u.fi)

The Finnish Construction Trade Union, an affiliate of SAK, finds that occupational health care functions poorly throughout the construction industry. A duty was also imposed on employers with the classification of crystalline quartz and hardwood dust as carcinogenic substances to assess the degree of exposure of their employees to carcinogens at work, and to submit the associated exposure notifications to the ASA register maintained by the Finnish Institute of Occupational Health. The Finnish Construction Trade Union is calling attention to a major shortcoming that is manifest specifically in the failure of employers to assess the degree of employee exposure to carcinogens, and their failure to notify such exposed employees to the register of individuals subject to occupational exposure to carcinogenic substances and methods.

Climate change will also affect occupational safety in construction. Hotter summers necessitate opportunities to spend breaks from construction work in air-conditioned construction site social facilities. Attention should be paid to protecting the skin when working outdoors in sunny conditions. UV-protected workwear must be worn when working outdoors in the sunshine.

Technical progress must be taken into account when improving occupational safety regulations. New technical devices and solutions that improve occupational safety and prolong working careers must be introduced through occupational safety regulations. Onerous work stages should be mechanised to the greatest possible extent. We have long called for such improvements as construction regulations that require the use of an elevator instead of stairs for accessing tower cranes.

We conclude by noting the persistently very high frequency of work-related accidents in the construction sector.

The Finnish Confederation of Professionals (STTK) agrees with the SAK's statement.

Safety and Health in Mines Convention, 1995 (No.176)

The Central Organization of Finnish Trade Unions (SAK)

SAK calls attention to protecting the health of workers in mining, specifically with regard to asbestos exposure. A current interpretation in Finland holds that the Government Decree on the Safety of Asbestos Work (798/2015) does not apply to asbestos exposure in work done in mines.

The Finnish Confederation of Professionals (STTK) agrees with the SAK's statement.

Safety and Health in Agriculture Convention, 2001 (No. 184)

The Central Organization of Finnish Trade Unions (SAK)

Occupational safety and health inspection resources are inadequate for enforcement in agriculture. The growing and harvesting season is the most critical period, so the annual time window for inspections is very small. We accordingly find that agriculture is disadvantaged compared to other sectors in terms of inspection resources.

Finnish agriculture differs significantly from the agriculture of many other European Union countries in having a huge number of seasonal workers compared to permanent employees. While other countries also use foreign labour, statistics compiled by Natural Resources Institute Finland suggest that as many as half of all employees in the sector arrive from abroad. Foreign seasonal workers are a particularly vulnerable group, and so enforcement and inspection resources should be significantly increased.

Concern related to the foregoing focuses particularly on the status of seasonal or permanent workers of foreign origin employed at workplaces in Finland. Our experience suggests that workplaces do not provide sufficient orientation to safe working practices in a language that the employee understands.

While the status of seasonal workers has been weak, a trend has been evident recently towards the same standard of safety in the work of temporary and seasonal employees as for permanent staff.

Employees housed in facilities provided by the employer have reported miserable conditions. With regulations governing accommodation enforced by several public authorities, no single agency bears primary responsibility. A solution to this challenge must be found at ministerial level.

The Finnish Confederation of Professionals (STTK) agrees with the SAK's statement.

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

Akava agrees with the SAK's statements on Conventions.

REFERENCES

This draft article 22 baselines report has been prepared on the basis of the following national laws and regulations:

Laws:

- Occupational Safety and Health Act (738/2002), as at 2021 (OSH Act)
- Act on the List and Register of Workers Exposed to Carcinogenic Substances and Methods (452/2020), as adopted in 2020
- Working Hours Act (872/2019), as at 2021
- Radiation Act (859/2018), as at 2021
- Road Traffic Act (729/2018), as at 2021
- Electrical Safety Act (1135/2016), as at 2018
- Chargers Act (423/2016), as at 2019
- Act on Certain Requirements Concerning Asbestos Removal Work (684/2015), as at 2019
- Workers Compensation Act (459/2015), as at 2021
- Chemicals Act (599/2013), as at 2021
- Plant Protection Products Act (1563/2011), as at 2021
- Waste Act (646/2011), as at 2021
- Mining Act (621/2011), as at 2021
- Rescue Act (379/2011), as at 2022
- Health Care Act (1326/2010), as at 2021
- Employee Pensions Act Enforcement Act (396/2006), as at 2021
- Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces (44/2006), as at 2021
- Act on Safety in Handling Dangerous Chemicals and Explosives (390/2005), as at 2021
- Health Insurance Act (1224/2004), as at 2022
- Act on the Conformity of Certain Technical Equipment (1016/2004), as at 2021
- Act on the Protection of Privacy in Working Life (759/2004), as at 2021
- Occupational Health Care Act (1383/2001), as at 2021
- Employment Contracts Act (55/2001), as at 2021
- Public Access to Information Act (621/1999), as at 2021
- Land Use and Building Act (132/1999), as at 2021
- State Civil Service Act (750/1994), as at 2022
- Act on the Transport of Dangerous Goods (719/1994), as at 2019
- Young Workers Act (998/1993), as at 2020
- Act on the Occupational Safety and Health Administration (16/1993), as at 2009
- Nuclear Energy Act (990/1987), as at 2021
- Penal Code (39/1889), as at 2021.

Decrees:

- Government Decree on Waste (978/2021), as adopted in 2021
- Government Decree on the Selection and Use of Personal Protective Equipment at Work (427/2021), as adopted in 2021
- Government Decree on Vehicles (162/2021), as adopted in 2021
- Government Decree on Combating the Risk of Occupational Cancer (1267/2019), as adopted in 2019
- Government Decree on Ionizing Radiation (1034/2018), as adopted in 2018

- Government Decree on the Advisory Committee on Safety Technology (853/2018), as adopted in 2018
- Government Decree on Protection of Workers from the Dangers of Biological Agents (933/2017), as at 2020
- Government Decree on the Monitoring the Manufacture and Storage of Explosives (819/2015), as at 2022
- Government Decree on the Safety of Asbestos Work (798/2015), as at 2021
- Government Decree on the Monitoring the Handling and Storage of Dangerous Chemicals (685/2015), as at 2022
- Government Decree on the List of Occupational Diseases (769/2015), as adopted in 2015
- Government Decree on the Principles of Good Occupational Health Care Practice, the Content of Occupational Health Care and the Training of Professionals and Experts (708/2013), as at 2021
- Government Decree on Safety Requirements of Industrial Handling and Storage of Dangerous Chemicals (856/2012), as at 2019
- Government Decree on Mining Activities (391/2012), as adopted in 2012
- Government Decree on Occupational Safety and Health Inspectorate Districts (1035/2003), as adopted in 2003
- Government Decree on Mining Safety (1571/2011), as adopted in 2011
- Government Decree on the Hoisting Installations in Mines (1455/2011), as adopted in 2011
- Government Decree on the Safety of Blasting and Excavation Work (644/2011), as at 2016
- Government Decree on Exceptions for National Defence in the Application of Chemical Legislation (996/2010), as adopted in 2010
- Government Decree Repealing Certain Government Decisions and Decrees on Prohibitions and Restrictions Respecting Certain Chemicals (415/2009), as adopted in 2009
- Government Decree on the Safety of Construction Work (205/2009), as at 2013
- Government Decree on the Safe Use and Inspection of Work Equipment (403/2008), as at 2019
- Government Decree on Machinery Safety (400/2008), as at 2011
- Government Decree on Particularly Harmful and Hazardous Work for Young Workers (475/2006), as at 2021
- Government Decree on the Protection of Workers from the Dangers of Noise (85/2006), as adopted in 2006.
- Government Decree on the Protection of Workers from the Dangers of Vibration (48/2005), as adopted in 2005
- Government Decree on Occupational Safety and Health Requirements (577/2003), as adopted in 2003
- Government Decree on the Protection of Workers from the Risks Related to Exposure to Explosive Atmospheres (576/2003), as adopted in 2003
- Government Decree on Medical Examinations in Work that Presents a Special Risk of Illness (1485/2001), as at 2005
- Government Decree on Chemical Agents at Work (715/2001), as at 2015
- Government Decision on Tobacco Smoke in the Environment and the Fight against the Associated Risk of Cancer at Work (1153/1999), as adopted in 1999
- Government Decree on the Control of Major Accident Hazards Liable to Affect Workers (922/1999), as adopted in 1999
- Government Decision on Manual Lifts and Transfers at Work (1409/1993), as adopted in 1993
- Government Decision on Work Carried out with Lead (1154/1993), as adopted in 1993
- Government Decision on Containers Containing Dangerous Goods and their Labelling (421/1989), as adopted in 1989
- Health Protection Regulation (1280/1994), as at 2006
- Ministry of Social Affairs and Health Decree on Concentrations known to be Harmful (654/2020), as at 2021
- Ministry of Social Affairs and Health Decree on Ionizing Radiation (1044/2018), as adopted in 2018

- Ministry of Social Affairs and Health Decree on a List of Examples of Hazardous Work for Young Workers (188/2012), as at 2014
- Ministry of Labour Decree on Staff Facilities on Construction Sites (977/1994), as adopted in 1994
- Ministry of the Interior Decree on External Rescue Plans (1286/2019), as adopted in 2019
- Ministry of Transport Decree on the Transport of Dangerous Goods on Roads (171/2009), as adopted in 2009.

Other:

- National Strategy and a Policy for the Work Environment and Well-Being at Work until 2030, as adopted in 2019
- Regulation (EC) No. 1907/2006 of the European Parliament and of the Council of 18 December 2006 concerning the Registration, Evaluation, Authorisation and Restriction of Chemicals (REACH), establishing a European Chemicals Agency, amending Directive 1999/45/EC and repealing Council Regulation (EEC) No 793/93 and Commission Regulation (EC) No 1488/94 as well as Council Directive 76/769/EEC and Commission Directives 91/155/EEC, 93/67/EEC, 93/105/EC and 2000/21/EC (EU REACH Regulation), as at 2021
- Regulation (EC) No 1272/2008 of the European Parliament and of the Council of 16 December 2008 on classification, labelling and packaging of substances and mixtures, amending and repealing Directives 67/548/EEC and 1999/45/EC, and amending Regulation (EC) No 1907/2006 (EU CLP Regulation), as at 2021.
- the Regulation (EU) No. 649/2012 of the European Parliament and of the Council of 4 July 2012 concerning the export and import of hazardous chemicals, as at 2020.

PART I: General provisions

1. Occupational safety and health (OSH) and its promotional framework

Conventions Nos 155 and 187 and the Protocol of 2002 to the Occupational Safety and Health Convention, 1981

I. Action taken at the National Level

<u>Article 2(1)</u> of Convention No. 187: Promotional framework for OSH: Continuous improvement to prevent occupational injuries, diseases and deaths

Implementing measures

X Please check if the information in the box below is up-to-date; if not, please update the text.

Finland has a national OSH policy in the form of an OSH law (i.e OSH Act) supplemented by a National Strategy and a Policy for the Work Environment and Well-Being at Work until 2030 (National OSH Policy 2019-30) adopted in a tripartite process; a national OSH system (OSH laws and regulations, as well as competent authorities for OSH); and national OSH programmes (action plans and programmes).

The tripartite Advisory Committee on Occupational Safety regularly discusses matters related to OSH policies. The Advisory Committee on Occupational Safety discusses and adopts follow-up reports on the implementation of the OSH Strategy every 3 years. [Source: Report of the Government on C187, received in 2015]

For detailed implementing measures on each component of this framework, please see below:

National policy: See Section III
National system: See Section IV
National programme: See Section V

Government's reply to <u>Direct Request (CEACR) - adopted 2015, published 105th ILC session (2016)</u> on Article 2(1) of C187

The current national policy is specified in the *Policy for the work environment and wellbeing at work until 2030*, published on 15 March 2019. This policy specifies the strategy of the Ministry of Social Affairs and Health and guides the operations of the ministry and its administrative branch to ensure healthy and safe work at all workplaces, regardless of the form of employment. Both the policy and its implementation plan (2022-2023) have been drawn up in partnership with employee and employer organisations, and with specialist institutions in the field. The implementation plan draws on a monitoring report concerning the previous implementation plan (Achievement of Action Plan Objectives in 2019–2020).

Several programmes focusing on occupational safety and health will be implemented during the 2019-2023 government term. WORK2030 is a development programme for work and well-being at work that seeks to reform operating practices, apply technology effectively at workplaces and bring about innovations in the world of work. The Working Capacity Programme will improve the employment and extend the careers of individuals with partial working capacity by providing appropriate working capacity support services. The Mental Health at Work Programme is part of the National Mental Health Strategy, which includes supporting mental health at workplaces. The Programme seeks to make workplaces more supportive of employee mental health and to manage mental health risk factors.

<u>Article 2(2)</u> of Convention No. 187: Account taken of principles in ILO instruments relevant to the promotional framework for OSH

Implementing measures

X Please check if the information in the box below is up-to-date; if not, please update the text.

Finland has ratified the following OSH Conventions: Conventions Nos 13, 115, 119, 120, 136, 139, 148, 155 (and its Protocol), 161, 162, 167, 170, 174, 176, 184 and 187. It has also ratified Conventions Nos 81, 129 and the Protocol to Convention No. 81 on labour inspection.

<u>Article 2(3)</u> of Convention No. 187: Periodic consideration of measures to ratify OSH Conventions

Implementing measures

X Please check if the information in the box below is up-to-date; if not, please update the text.

Finland has most recently ratified Prevention of Major Industrial Accidents Convention, 1993 (No. 174) in 2013 and the Chemicals Convention, 1990 (No. 170) in 2014. See NORMLEX.

II. Scope of Application

Articles 1 and 2 of Convention No. 155: Branches of economic activity and categories of workers

In its first report (1987), the Government did not list any branches of economic activity or categories of workers as excluded from the application of the Convention.

Implementing measures

Please check if the information in the box below is up-to-date; if not, please update the text.

Sections 2, 3, 4, 5 and 7 of the OSH Act. [Scope of application]

Section 6 of the OSH Act. [Exclusion for certain activities of Defence Forces or Border Guard]

Section 2 of the OSH Act. [Exclusion for ordinary hobbies or professional sports]

III. Action taken at the National Level – National Policy

Article <u>4</u> and Article <u>7</u> of Convention No. 155 and <u>Article 3(1)</u> of Convention No. 187: National OSH policy

Implementing measures

Please check if the information in the box below is up-to-date; if not, please update the text.

Finland's has a national OSH policy in the form of an consist of various elements including OSH law (i.e. OSH Act), OSH enforcement, information sharing and a national OSH policy and its implementation.

The Ministry of Social Affairs and Health has also updated its Strategy in 2017—adopted a Policy for the Work Environment and Well-being at Work until 2030 (National OSH Policy 2019-30), which has the objective of fostering healthy and safe work at all workplaces regardless of the form of employment. This policy extends to the year 2030 and is updated regularly. The policy describes the strategic level objectives in the field of occupational health and safety until 2030, the changes to be achieved and the indicators to be monitored. [Source: National OSH Policy 2019-30, pp. 9-10]

This National OSH Policy 2019-30 was prepared in collaboration with institutions in the administrative branch, labour market organisations and other partners. [Source: National OSH Policy 2019-30, p.10]

A policy implementation plan for 2022-2023 has been drawn up to achieve the goals of the OSH policy. This implementation plan gives concrete expression to the actions by which the Ministry of Social Affairs and Health and its partners will jointly contribute to achieving the goals of the focus areas defined in the OSH policy. The implementation plan has been drawn up with the participation of a wide range of actors in working life, from ministries to labour market organisations, research and development organisations and other actors in working life. The tripartite approach to setting targets is an important principle that has been taken into account. The implementation of the actions described in the policy and its implementation plan is monitored annually with reporting and the effectiveness with agreed indicators. [Source Implementation plan 2022-2023, pp. 7-8]

The tripartite Advisory Committee on Occupational Safety regularly discusses matters related to OSH policies. The Advisory Committee on Occupational Safety and Health discuss important development, planning and monitoring projects of occupational safety and health, general OSH policies and performance targets, and the allocation of resources for promoting occupational safety and health and other matters important for the development of working environments at regional level. The Advisory Committee on Occupational Safety discusses and adopts follow-up reports on the implementation of the OSH Strategy every 3 years [Source: Report of the Government on C187, received in 2015]

See also below under Article 8 of Convention No. 155 and Article 4(2)(a) of Convention No. 187 (laws and regulations).

Government's reply to <u>Direct Request (CEACR) - adopted 2015</u>, <u>published 105th ILC</u> session (2016) on Articles 4, 8, 13 and 19(f) of C155

Please provide information in this box

No changes have been made to the provisions on work-related violence. Provisions have been examined most recently in the context of assessing the conditions for ratifying the ILO Convention on Violence and Harassment. A tripartite assessment on this subject has found that no legislative amendments are required for the adopting the Convention.

According to the National OSH Policy 2019-2030 there is a need for measures that can be used to effectively reduce violence and threat thereof at workplaces. Having each workplace comply with the obligations of the current Occupational Safety and Health Act can be set as the minimum target level. Preventing violence, harassment and inappropriate treatment in the workplace is an assigned objective of the implementation plan for 2022-2023. [Source: National OSH Policy 2019-30, p. 16, Implementation plan 2022-2023, p. 19.]

A total of 17,925 occupational safety and health inspections concerning a threat of violence were conducted in 2017-2020. Some 29 per cent of inspections were conducted in the retail sector, 28.5 per cent in health and social services, 19 per cent in accommodation and food service operations and 6.5 per cent in the education sector. Shortcomings in statutory compliance regarding the matters inspected were found in approximately 15 per cent of inspections. In 1.7 per cent of cases (298 cases) work posed a hazard to life or health, and an improvement notice was issued requiring the employer to rectify the shortcomings within a time limit. [Source: https://www.tyoelamatieto.fi/en/articles/analysisOccupationalSafetyAndHealthInspections]

The Ministry of Social Affairs and Health issued guidelines on occupational safety and health supervision to the occupational safety and health divisions of Regional State Administrative Agencies in 2020: Guidelines 1/2020 on occupational safety and health supervision. These guidelines set out the measures to be taken in an occupational safety and health inspection of a workplace that seeks to monitor physical violence and the threat thereof. They describe the signs of violence or the threat of violence, the factors to be reviewed in an inspection, the obligations that may be imposed on an employer, and how to monitor compliance with obligations.

The Occupational Safety and Health Act includes provisions to protect employees from adverse consequences when refraining from work. Section 23 of the Act empowers an employee to refrain from any work that causes a serious hazard to the life or health of the said employee or of other employees. The employer or employer's representative must informed at the earliest opportunity when an employee has refrained from working. The right to refrain from working remains in effect until the employer has eliminated the hazard, or otherwise ensured that the work can be done safely. An employee who refrains from work in accordance with this section is not liable to compensate for any losses caused by this action. Section 36 of the Enforcement Act similarly provides on the right of an occupational safety and health representative to interrupt dangerous work.

The Occupational Safety and Health Act also provides for reporting of faults and deficiencies to the employer. Under section 19 of the Act, employees must immediately inform the employer and the occupational safety and health representative of any deficiencies that they have observed, for example in working conditions or working methods, that may harm or endanger the safety and health of workers. An employer must in turn advise the employee who submitted the report and the occupational safety and health representative on the measures that have been or will be taken in the matter.

An employee who reports shortcomings in working conditions or exercises the right to refrain from working is protected under the prohibition of discrimination under the Non-Discrimination Act (1325/2014). A victim of discrimination is entitled to compensation from an employer who has unlawfully discriminated against the said victim.

Article 3(2) and (3) of Convention No. 187: Promotion of basic principles as part of the national OSH policy; Right of workers to a safe and healthy working environment

Implementing measures

X Please check if the information in the box below is up-to-date; if not, please update the text.

Right of workers to a safe and healthy working environment and OSH principles listed under Article 3(3) of C187 are taken into account in the OSH Act, including under:

- Sections 8-15 [General OSH obligations of employer]
- Section 17 [Cooperation at the undertaking level]
- Section 18-23 [OSH rights and obligations of employees]
- Sections 24-31 [Provisions on ergonomics, physical, mental and social stress and certain other occupational hazards]
- Section 44 [Risks of accidents].

Focus area 2 of the National OSH Policy 2019-30: "Our goal is to ensure safe and healthy working conditions". [Source: National OSH Policy 2019-30, pp. 11 and 14-17]

Government's reply to <u>Direct Request (CEACR) - adopted 2015</u>, <u>published 105th ILC</u> session (2016) on Article 3(3) of C187

The current national policy is specified in the *Policy for the work environment and wellbeing at work until 2030*, published on 15 March 2019. This policy specifies the strategy of the Ministry of Social Affairs and Health and guides the operations of the ministry and its administrative branch to ensure healthy and safe work at all workplaces, regardless of the form of employment. Both the policy and its implementation plan (2022-2023) have been drawn up in partnership with employee and employer organisations, and at several workshops conducted with specialist institutions in the field. Comments on the policy and the implementation plan were requested from labour market organisations and from specialist institutions before final approval.

The tripartite Occupational Safety and Health Advisory Board and Occupational Health and Safety Advisory Board meet regularly to discuss issues related to health and safety at work and to monitor national implementation.

<u>Article 5(a)</u> of Convention No. 155: Spheres of action in National OSH Policy: material elements of work

Implementing measures

Please check if the information in the box below is up-to-date; if not, please update the text.

Section 8 of the OSH Act. [Employers' general duty to exercise care]

Section 9 of the OSH Act. [OSH policy at undertaking level]

Section 10 of the OSH Act. [Analysis and assessment of the risks at work]

Section 12 of the OSH Act. [Work environment design]

Section 26 of the OSH Act. [Work with display screen equipment]

Sections 32-40 of the OSH Act. [Provisions concerning the structures of the workplace and the working environment]

Sections 41-43 of the OSH Act. [Safety of machinery, work equipment and other devices]

<u>Article 5(b)</u> of Convention No. 155: Spheres of action in National OSH Policy: adaptation of working conditions to workers

Implementing measures

Please check if the information in the box below is up-to-date; if not, please update the text.

Section 8 of the OSH Act. [Employers' general duty to exercise care considering the employees' personal abilities]

Section 9 of the OSH Act. [OSH policy at undertaking level]

Section 10 of the OSH Act. [Analysis and assessment of the risks at work taking into account the employees' age, gender, occupational skills and other personal abilities]

Section 12 of the OSH Act. [Design of the working environment taking into account employees with disabilities and other employees whose performing of work and whose health and safety otherwise call for special measures]

Section 13 of the OSH Act. [Work design, taking into account physical and mental capacities of employees]

Sections 24-31 of the OSH Act. [Provisions on ergonomics, physical, mental and social stress strain and certain other occupational hazards]

<u>Article 5(c)</u> and <u>Article 14</u> of Convention No. 155 and <u>Article 4(3)(c)</u> of Convention No. 187: Spheres of action in National OSH Policy, and part of National OSH System: training and education

Implementing measures

Please check if the information in the box below is up-to-date; if not, please update the text.

Section 11 of the OSH Act. [Work that causes particular risks]

Section 14 of the OSH Act. [Instruction and guidance to be provided for employees]

Section 44 of the OSH Act. [Risk of accidents]

Section 47 of the OSH Act. [Appointing first aid and rescue personnel]

Section 33 of the <u>Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces (44/2006)</u>, as amended. [OSH representative's and vice representative's right to receive training]

Section 3 of the <u>Occupational Healthcare Act (1383/2001)</u>, as amended. [Definition of occupational healthcare professional and occupational healthcare expert]

Government Decree on the Principles of Good Occupational Health Care Practice, the Content of Occupational Health Care and the Training of Professionals and Experts (708/2013), as amended. [Qualifications and training of physicians, nurses, physiotherapists and specialists working in occupational health care]

The occupational safety and health authorities support workplaces by providing advice and guidance on occupational safety and health. The objective of guidance provided by the OSH authority is to ensure that workplaces have access to sufficient information about their legal obligations as well as about how to improve their working conditions. The two most important channels for advice and guidance are the Tyosuojelu.fi online service and the national telephone counselling service.

The Finnish Institute of Occupational Health, National Institute for Health and Welfare, and other research and educational institutions produce new knowledge and increase competence in working life. The Centre for Occupational Safety contributes to increasing competence and supports the development of activities at workplaces. [Source: National OSH Policy 2019-30, pp.10-11]

<u>Article 5(d)</u> of Convention No. 155: Spheres of action in National OSH Policy: communication and co-operation at all levels

Implementing measures

- At the level of the undertaking:

Section 17 of the OSH Act. [Cooperation between employers and employees]

Section 49 of the OSH Act. [Duty of those operating at a shared workplace to exercise care]

Section 50 of the OSH Act. [Information and cooperation at a shared workplace]

Section 51 of the OSH Act. [Obligations of the employer exercising the main authority at a shared workplace]

Section 53 of the OSH Act. [Information-sharing between self-employed person and main contractor in shared workplace]

Section 54 of the OSH Act. [Cooperation between employers and self-employed in elimination of mutual hazards in workplaces]

Chapter 5 of the Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces (44/2006), as amended. [Cooperation on occupational safety and health at workplaces]

Chapter 5a of the Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces (44/2006), as amended. [Cooperation on occupational safety and health in shared workplaces and in preventing mutual hazards]

Section 8 of the Occupational Healthcare Act (1383/2001). [Cooperation between employers and employees in matters that concerns occupational healthcare]

At the national level:

The National OSH Policy 2019-30 was prepared in collaboration with the institutions in the administrative branch, labour market organisations and other partners. All interested parties are invited to participate in implementing this policy. Inclusion is encouraged to improve the synergy between different agents and the effectiveness of measures. Cooperation between different sectors is necessary for achieving the desired impacts.

Finland has good and long traditions in tripartite cooperation, which improves the efficiency of policy implementation. Each ministry steers the operations in its administrative branch. The implementation of the policy requires active cooperation between ministries. [Source: National OSH Policy 2019-30, pp. 10-11]

Occupational health and safety legislation is prepared in tripartite cooperation and matters are discussed by the Advisory Board for the Preparation of OSH Provisions (TTN). If necessary, other ministries and stakeholders are also consulted in the preparation.

The OSH Administration works together with employers' and employees' organisations. The official cooperation bodies are the Advisory Committee on Occupational Safety and Health as well as the regional tripartite Occupational Safety and Health Boards, the purpose of which is to support and develop OSH enforcement. The Advisory Committee on Occupational Safety and Health and the regional Occupational Safety and Health Boards discuss important development, planning and monitoring projects of occupational safety and health, general OSH policies and performance targets, and the allocation of resources for promoting occupational safety and health and other matters important for the development of working environments at regional level.

A form of network cooperation will be created for the work environment and wellbeing at work, in which all parties will be aware of their own role and tasks. This form of OSH network will be result-oriented and effectively improve the work environment and wellbeing at work. It will be ensured that the cooperation will work on a national, local and workplace level. [Source: Report of the Government on C187, received in 2015]

Article 5(e) of Convention No. 155: Spheres of action in National OSH Policy: protection of workers and their representatives from disciplinary measures

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Please check if the information in the box below is up-to-date; if not, please update the text.
Section 8 of the OSH Act. [OSH obligations of employers]
Section 9 of the OSH Act. [OSH policy at undertaking level]
Section 17 of the OSH Act. [Cooperation between employer and employees, employees have the right to submit proposals on safety and health]
Section 23 of the OSH Act. [General right to leave work which causes serious risks and not be liable for any resulting damage]
Section 36 of the <u>Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces (44/2006)</u> , as amended. [OSH representative's right to interrupt dangerous work]
Section 37 of the <u>Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces (44/2006)</u> , as amended. [Protection against termination in the case of OSH representatives]
Section 4, Chapter 47 of the Penal Code (39/1889), as amended. [Sanction for violation of employee representative rights]
Section 2, Chapter 2 of the Employment Contracts Act (55/2001), as amended. [Equal treatment and prohibition of discrimination]
Section 8 and 16 of the Non-discrimination Act (1325/2014). [Prohibition of discrimination and victimisation]
Section 3, Chapter 47 of the Penal Code (39/1889), as amended. [Work discrimination]
Section 2, Chapter 7 of the <u>Employment Contracts Act (55/2001)</u> , as amended. [Termination grounds related to the employee's person]
Section 25 of the State Civil Service Act (750/1994), as amended. [Termination of service]
IV. Action taken at the National Level – National System

Article 4(1) of Convention No. 187: Progressive development and periodic review in consultation with the most representative organizations of employers and workers

Implementing measures

Please check if the information in the box below is up-to-date; if not, please update the text.
See individual components under Article 4(2) and (3) of C187 below.

<u>Article 8</u> of Convention No. 155 and <u>Article 4(2)(a)</u> of Convention No. 187: Laws and regulations

Implementing measures

Please check if the information in the box below is up-to-date; if not, please update the text.

The national legislation applying to OSH in Finland includes:

- OSH Act (738/2002) and the provisions adopted pursuant thereto:
 - o Government Decree on the Selection and Use of Personal Protective Equipment at Work (427/2021)
 - Government Decree on Protection of Workers from the Dangers of Biological Agents (933/2017), as amended
 - O Government Decree on the Safety of Asbestos Work (798/2015), as amended
 - o Government Decree on the Safety of Construction Work (205/2009), as amended
 - Ministry of Labour Decree on Staff Facilities on Construction Sites (977/1994)
 - o Government Decree on the Safety of Blasting and Excavation Work (644/2011), as amended
 - o Government Decree on the Safe Use and Inspection of Work Equipment (403/2008), as amended
 - Government Decree on Particularly Harmful and Hazardous Work for Young Workers (475/2006), as amended
 - o Government Decree on the Protection of Workers from the Dangers of Noise (85/2006)
 - o Government Decree on the Protection of Workers from the Dangers of Vibration (48/2005)
 - o Government Decree on Occupational Safety and Health Requirements (577/2003)
 - O Government Decree on the Protection of Workers from the Risks Related to Exposure to Explosive Atmospheres (576/2003)
 - Government Decree on Chemical Agents at Work (715/2001), as amended
 - O Government Decision on Tobacco Smoke in the Environment and the Fight against the Associated Risk of Cancer at Work (1153/1999)
 - o Government Decree on the Control of Major Accident Hazards Liable to Affect Workers (922/1999)
 - o Government Decision on Manual Lifts and Transfers at Work (1409/1993)
 - Government Decision on Work Carried out with Lead (1154/1993)
 - o Government Decision on Containers Containing Dangerous Goods and their Labelling (421/1989)
 - o Government Decree on Combating the Risk of Occupational Cancer (1267/2019)
 - o Government resolution on display terminal work (1405/1993)
 - Government Decree on Cableway Installations Designed for Carrying People (220/2018)
 - o <u>Government Decree on Agents Causing a Hazard to Reproductive Health at Work and on</u> Preventing such Risks (603/2015)
 - o Government Decree on the Safety of Timber Harvesting (749/2001).
 - o Government Decree on the Protection of Workers against Hazards caused by Exposure to Optical Radiation (146/2010)
 - o <u>Government Decree on the Protection of Workers against Risks arising from</u> Electromagnetic Fields (388/2016)
 - o <u>Government Decree on Safety Labelling and Minimum Labelling Standards at Workplaces</u> (687/2015)
 - Government Decree on Occupational Safety in Loading and Unloading of Ships (633/2004), as amended
 - o Government Decree on the Competence of Underwater Construction Workers and on Safety Planning (1088/2011), as amended
 - Ministry of Social Affairs and Health Decree on Concentrations known to be Harmful (654/2020), as amended

- o <u>Decree of the Ministry of Social Affairs and Health on the Classification of Biological Agents</u> (748/2020), as amended
- Act on the List and Register of Workers Exposed to Carcinogenic Substances and Methods (452/2020)
- Radiation Act (859/2018), as amended, and the provisions adopted pursuant thereto:
 - Government Decree on Ionizing Radiation (1034/2018)
 - o Ministry of Social Affairs and Health Decree on Ionizing Radiation (1044/2018)
- Chargers Act (423/2016), as amended, and the provisions adopted pursuant thereto:
 - o Government Decree on Chargers' Certificates (458/2016)
 - Decree of the Ministry of Social Affairs and Health on the Authority issuing Charger
 Competence Certificates and on required Competence Certificate Training (124/2002), as amended
- Act on Certain Requirements Concerning Asbestos Removal Work (684/2015), as amended
- Workers Compensation Act (459/2015), as amended, and the provisions adopted pursuant thereto:
 - Government Decree on the List of Occupational Diseases (769/2015)
- Chemicals Act (599/2013), as amended, and the provisions adopted pursuant thereto:
 - Government Decree on Exceptions for National Defence in the Application of Chemical Legislation (996/2010)
 - o <u>Government Decree on Exceptions for National Defence in the Application of Chemical</u> Legislation (217/2022)
- Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces (44/2006), as amended
- Health Insurance Act (1224/2004), as amended
- Act on the Conformity of Certain Technical Equipment (1016/2004), as amended, and the provisions adopted pursuant thereto:
 - o Government Decree on Machinery Safety (400/2008), as amended
- Occupational Health Care Act (1383/2001), as amended, and the provisions adopted pursuant thereto:
 - o Government Decree on the Principles of Good Occupational Health Care Practice, the Content of Occupational Health Care and the Training of Professionals and Experts (708/2013), as amended
 - o Government Decree on Medical Examinations in Work that Presents a Special Risk of Illness (1485/2001), as amended
- Young Workers Act (998/1993), as amended, and the provisions adopted pursuant thereto:
 - Ministry of Social Affairs and Health Decree on a List of Examples of Hazardous Work for Young Workers (188/2012), as amended
 - o <u>Decree of the Ministry of Social Affairs and Health on a Non-Exhaustive List of Light Duties</u> suitable for Young Workers (189/2012)
- Act on the Occupational Safety and Health Administration (16/1993), as amended, and the provisions adopted pursuant thereto:
 - o Government Decree on the Advisory Board for Occupational Safety and Health (565/2009)
- Health Care Act (1326/2010), as amended
- Act on Regional State Administrative Agencies (896/2009)
- Act on the Working and Living Environment of the Crew and Food Supply on Board Ships (395/2012), and the provisions adopted pursuant thereto:
 - o Government Decree on the Living Environment for Seafarers on Board Ships (825/2012)
 - o Government Decree on Catering for Seafarers on Board Ships (820/2012)
 - o Government Decree on the Working Environment on Board Ships (289/2017)
- Act on Ships' Medical Stores (584/2015), and the provision adopted pursuant thereto:
 - Decree of the Ministry of Social Affairs and Health on Ships' Medical Stores (589/2015), as amended
- Act on the Register of Occupational Safety Personnel (1039/2001), as amended

Other national provisions relating to occupational safety and health:

- Working Hours Act (872/2019), as amended
- Employment Contracts Act (55/2001), as amended
- Electrical Safety Act (1135/2016), as amended
- Mining Act (621/2011), as amended
 - o Government Decree on Mining Activities (391/2012)
 - o Government Decree on Mining Safety (1571/2011)
 - Government Decree on the Hoisting Installations in Mines (1455/2011)
- Act on Safety in Handling Dangerous Chemicals and Explosives (390/2005), as amended
 - Government Decree on the Monitoring the Manufacture and Storage of Explosives (819/2015), as amended
 - Government Decree on the Monitoring the Handling and Storage of Dangerous Chemicals (685/2015), as amended
 - Government Decree on Safety Requirements of Industrial Handling and Storage of Dangerous Chemicals (856/2012), as amended
- Act on the Protection of Privacy in Working Life (759/2004), as amended
- Nuclear Energy Act (990/1987), as amended
- Government Decree on the Advisory Committee on Safety Technology (853/2018)
- Plant Protection Products Act (1563/2011), as amended
- Waste Act (646/2011), as amended
 - o Government Decree on Waste (978/2021)
- Land Use and Building Act (132/1999), as amended
- Rescue Act (379/2011), as amended
 - Ministry of the Interior Decree on External Rescue Plans (1286/2019)
- Public Access to Information Act (621/1999), as amended
- Penal Code (39/1889), as amended
- Road Traffic Act (729/2018), as amended
- Act on the Transport of Dangerous Goods (719/1994), as amended
 - o Ministry of Transport Decree on the Transport of Dangerous Goods on Roads (171/2009).
- Government Decree on Vehicles (162/2021)
- Government Decree Repealing Certain Government Decisions and Decrees on Prohibitions and Restrictions Respecting Certain Chemicals (415/2009)
- Government Decree on Occupational Safety and Health Inspectorate Districts (1035/2003)
- Health Protection Regulation (1280/1994), as amended

Policies and legislation Laws and regulations relating to OSH are prepared following a tripartite principle, ensuring employer and employee organisations' representation. [Source: Report of the Government on C155, received in 2015]

Occupational health and safety legislation is prepared in tripartite cooperation and matters are discussed by the Advisory Board for the Preparation of OSH Provisions (TTN). The functions and composition of the Advisory Board are laid down in the <u>Government Decree on the Advisory Board on Occupational Safety Regulations (1048/2003)</u>. If necessary, other ministries and stakeholders are also consulted in the preparation.

OSH legislation will be drafted in close cooperation with social partners to keep it up to date and in line with the needs of working life. The modernity of decrees will be assessed at intervals of at least 5 years, and the modernity of laws at intervals of at least 10 years, as of their entry into force. [Source: Report of the Government on C187, received in 2015] As a rule, the most representative labour market organizations always contribute to the preparation of OSH legislation by means of advisory committees, either as members of specially appointed working groups or, failing this, by issuing a statement. [Source: Report of the Government on C187, received in 2010]

<u>Article 6</u> and <u>Article 15(2)</u> of Convention No. 155 and <u>Article 4(2)(b)</u> of Convention No. 187: Functions and responsibilities of public authorities, employers and workers and establishment of a central body

Implementing measures

Please check if the information in the box below is up-to-date; if not, please update the text.

- OSH functions and responsibilities of central body and public authorities:

The Department for Work and Gender Equality (TTO) of the Ministry of Social Affairs and Health guides and directs the supervision and administration of occupational safety and health, drafts legislation and policies on occupational safety and health, and conducts international cooperation in the field of occupational safety and health.

The Ministry of Social Affairs and Health is responsible for the steering of the Regional State Administrative Agency's Divisions of Occupational Safety and Health. The Ministry of Social Affairs and Health determines the objectives of the OSH areas of responsibility for 4-year periods with a framework agreement.

[Source: Report of the Government on C155, received in 2015]

Sections 1 and 2 of the <u>Act on the Occupational Safety and Health Administration (16/1993)</u>, as amended. [Functions of OSH Administration under the Ministry of Social Affairs and Health]

Section 4 of the <u>Act on the Occupational Safety and Health Administration (16/1993)</u>, as amended. [Function of Occupational Safety and Health Advisory Board]

The areas of OSH of the Regional State Administrative Agency supervise compliance with occupational safety and health legislation, provide information, and support workplaces.

Section 4 of the Act on Regional State Administrative Agencies (896/2009), as amended. [Regional State Administrative Agencies are responsible for monitoring and developing occupational safety and health, supervising products used at work, and monitoring compliance with occupational safety and health legislation as an occupational safety and health authority]

Section 5 of the Act on Regional State Administrative Agencies (896/2009), as amended. [The Regional State Administrative Agency division responsible for occupational safety and health functions is independent when discharging a supervisory function]

The Finnish Institute of Occupational Health (Työterveyslaitos), National Institute for Health and Welfare (THL), and other research and educational institutions produce new knowledge and increase competence in working life. The Centre for Occupational Safety (Työturvallisuuskeskus) contributes to increasing competence and supports the development of activities at workplaces. Workers' Compensation Centre (TVK) coordinates the implementation of occupational accidents, and prevents and compiles statistics on occupational accidents and diseases. The Finnish Work Environment Fund (Työsuojelurahasto) provides funding for research, development and publicity that improve working conditions as well as the safety and productivity of work communities.

[Source: National OSH Policy 2019-30, pp.10-11]

- OSH functions and responsibilities of employers and workers:

Sections 8-15 of the OSH Act. [General OSH obligations of employer] Sections 18-23 of the OSH Act. [OSH rights and obligations of employees]

Article 15(1) of Convention No. 155: Co-ordination between authorities and bodies

Implementing measures

Please check if the information in the box below is up-to-date; if not, please update the text.

The implementation of the OSH policy requires active cooperation between ministries. [Source: <u>National OSH Policy 2019-30</u>, pp. 10-11]

Section 4 of the <u>Act on the Occupational Safety and Health Administration (16/1993)</u>, as amended. [Function of Occupational Safety and Health Advisory Board]

Section 4a of the <u>Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces (44/2006)</u>, as amended. [Exchange of information between OSH authorities]

Section 49 of the <u>Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces (44/2006)</u>, as amended. [Notification of hazard or defect in product covered by safety provisions enforced by other authority]

Article 11(a) of Convention No. 155: Functions to be progressively carried out by competent authorities: Determination of design, construction, layout and operations of undertakings, and the safety of technical equipment

Implementing measures

Please check if the information in the box below is up-to-date; if not, please update the text.

Section 12 of the OSH Act. [Design of the working environment]

Sections 32-35 of the OSH Act. [Provisions on the structures of the workplace and the working environment]

Section 39 of the OSH Act. [Electrical safety]

Sections 41-43 of the OSH Act. [Safety of machinery, work equipment and other devices]

Section 45 of the OSH Act. [Alarm, safety and rescue equipment and instructions]

Section 46 of the OSH Act. [Provision for first aid]

Section 48 of the OSH Act. [Personnel rooms]

Section 57 of the OSH Act. [Obligations of designers]

Section 58 of the OSH Act. [Obligations installers of machinery, work equipment or other devices]

Section 61 of the OSH Act. [Obligations of owners, other holders or lessors of buildings]

National laws and regulations also include:

- Government Decree on Occupational Safety and Health Requirements (577/2003)
- Government Decree on the Safe Use and Inspection of Work Equipment (403/2008), as amended
- Government Decree on the Selection and Use of Personal Protective Equipment at Work (427/2021)
- Act on the Conformity of Certain Technical Equipment (1016/2004), as amended

 Government Decree on Machinery Safety (400/2008), as amended.

Article 11(b) of Convention No. 155: Functions to be progressively carried out by competent authorities: Prohibition, limitation or authorization of work processes, substances and agents

Implementing measures

Please check if the information in the box below is up-to-date; if not, please update the text.

Section 38 of the OSH Act. [Safety of chemical agents and hazardous substances used at work]

Section 39 of the OSH Act. [Safety of physical agents]

Section 40 of the OSH Act. [Safety of biological agents]

Section 56 of the OSH Act. [Responsibilities of the product manufacturer and suppliers]

National laws and regulations prohibiting, limiting or making subject to authorization or control work processes, substances and agents also include:

- Chemicals Act (599/2013), as amended
- Government Decree on Exceptions for National Defence in the Application of Chemical Legislation (996/2010)
- Government Decree on Exceptions for National Defence in the Application of Chemical Legislation (217/2022)
- Waste Act (646/2011), as amended
- Act on Safety in Handling Dangerous Chemicals and Explosives (390/2005), as amended
- Government Decree on Safety Requirements of Industrial Handling and Storage of Dangerous Chemicals (856/2012), as amended
- Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces (44/2006), as amended
- Occupational Health Care Act (1383/2001), as amended
- Act on the Transport of Dangerous Goods (719/1994), as amended
- Government Decree on Combating the Risk of Occupational Cancer (1267/2019)
- Government Decree on Chemical Agents at Work (715/2001), as amended
- Government Decision on Containers Containing Dangerous Goods and their Labelling (421/1989)
- Government Decree on Agents Causing a Hazard to Reproductive Health at Work and on Preventing such Risks (603/2015)
- Government Decree on the Safety of Asbestos Work (798/2015), as amended
- Government Decree on the Protection of Workers from the Dangers of Noise (85/2006).

- Government Decree on Protection of Workers from the Dangers of Biological Agents (933/2017), as amended
- Ministry of Social Affairs and Health Decree on Concentrations known to be Harmful (654/2020), as amended
- EU REACH regulation
- EU CLP regulation

[Source: First report of the Government on C170, received in 2016]

The competent authorities associated with the power, if justified on OSH grounds, to prohibit or restrict the use of hazardous chemicals, or to require advance notification and authorisation before use, are the OSH authority, the rescue authority, and the Finnish Safety and Chemicals Agency.

[Source: First report of the Government on C170, received in 2016]

<u>Article 11(c)</u> of Convention No. 155 and <u>Article 4(3)(f)</u> of Convention No. 187: Functions to be progressively carried out by competent authorities: Procedures for the notification of accidents and diseases and collection and analysis of data

Implementing measures

Please check if the information in the box below is up-to-date; if not, please update the text.

See below under the Articles of the Protocol of 2002 to the Occupational Safety and Health Convention, 1981.

<u>Article 11(d)</u> of Convention No. 155: Functions to be progressively carried out by competent authorities: Holding of inquiries

Implementing measures

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Section 5 of the <u>Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces (44/2006)</u>, as amended. [Carrying out a workplace inspection]

Section 6 of the <u>Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and</u> Health at Workplaces (44/2006), as amended. [Accident investigation by OSH authority]

Section 46 of the Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces (44/2006), as amended. [Reporting an accident at work resulting in death or serious injury and investigation]

Section 46 a of the Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces (44/2006), as amended. [Reporting of occupational diseases or other work-related illness]

Section 99 of the <u>Act on Safety in Handling Dangerous Chemicals and Explosives (390/2005)</u>, as amended. [Chemical and explosive accident investigation]

<u>Article 11(e)</u> of Convention No. 155: Functions to be progressively carried out by competent authorities: annual publication of information

Implementing measures

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The OSH Administration publishes annual reports on its website https://www.tyosuojelu.fi/tietoa-meista/julkaisut/vuosikertomukset. A summary of occupational safety and health supervision figures is provided at the end of the annual report

Further details of occupational safety and health inspections and the matters inspected in 2017–2020 are available from the Information service of the Finnish Institute of Occupational Health: https://www.tyoelamatieto.fi/en/dashboards/occupational-safety-and-health-inspections. These materials currently cover inspections conducted between 2017 and 2020, comprising nearly 90,000 workplace inspections. In addition to enabling comparison of the number of occupational safety and health inspections per sector and subject matter, the indicators provide information on the lawfulness of the inspected matters.

The Work-Life Knowledge Service https://www.tyoelamatieto.fi/en/, which is produced by the Finnish Institute of Occupational Health, gathers together work life data from different sources and provides open access to it. The data pages present work life information in a visualized and interactive format. The service is constantly updated. The data include:

- Occupational safety and health enforcement data
- Recognized occupational diseases in the working-age population
- Work environment exposure measurements
- Short sickness absences in different sectors
- Occupational exposure to carcinogenic substances
- Workplace accidents
- Work load factors.

See also below under the Articles of the Protocol of 2002 to the Occupational Safety and Health Convention, 1981.

Article 11(f) of Convention No. 155: Functions to be progressively carried out by competent authorities: Systems to examine chemical, physical and biological agents

Implementing measures

Please check if the information in the box below is up-to-date; if not, please update the text.

Section 38 of the OSH Act. [Safety of chemical agents and hazardous substances used at work]

Section 39 of the OSH Act. [Safety of physical agents]

Section 40 of the OSH Act. [Safety of biological agents]

Section 75-56 of the OSH Act. [Responsibilities of the product manufacturer and denor suppliers]

National laws and regulations concerning systems to examine chemical, physical and biological agents also include:

- Chemicals Act (599/2013), as amended
- Government Decree on Chemical Agents at Work (715/2001), as amended.
- Government Decree on Combating the Risk of Occupational Cancer (1267/2019)
- Government Decree on the Protection of Workers from the Dangers of Noise (85/2006).
- Government Decree on Protection of Workers from the Dangers of Biological Agents (933/2017), as amended
- Ministry of Social Affairs and Health Decree on Concentrations known to be Harmful (654/2020), as amended

Finland has a National Chemical Programme (KELO) that has presented recommendations for reducing negative health and environmental impacts caused by chemicals. Kansallinen kemikaaliohjelma 2022-2035. Kansallinen kemikaaliohjelma asettaa tavoitteita ja suuntaviivoja kemikaaliturvallisuuden kehittämiseen ja parantamiseen vuoteen 2035 saakka. Kunnianhimoisen kemikaaliohielman avulla varmistetaan ja edistetään terveyden ja ympäristönsuojelua. Tavoitteena on ennaltaehkäistä, tunnistaa sekä torjua eri lähteistä peräisin olevaa haitallisten kemikaalien aiheuttamaa ympäristön pilaantumista sekä väestön ja työntekijöiden haitallista altistumista kemikaaleille.

The competent authorities associated with the power, if justified on OSH grounds, to prohibit or restrict the use of hazardous chemicals, or to require advance notification and authorisation before use, are the OSH authority, the rescue authority, and the Finnish Safety and Chemicals Agency. The Finnish Safety and Chemicals Agency maintains the Chemical Products Register (KETU) that contains the information on dangerous chemicals.

[Source: First report of the Government on C170, received in 2016]

<u>Article 9(1)</u> of Convention No. 155 and <u>Article 4(2)(c)</u> of Convention No. 187: Mechanisms for ensuring compliance with national laws and regulations: Inspection

Implementing measures

Please check if the information in the box below is up-to-date; if not, please update the text.

Chapter 1-4 of the <u>Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces (44/2006)</u>, as amended. [Menettely työsuojeluviranomaisen valvoessa työsuojelua koskevien säännösten noudattamista, powers and responsibilities of the OSH authority and the inspector, use of authority]

Section 65 of the OSH Act. [Enforcement of OSH Act by OSH authorities]

Regulations concerning enforcement of OSH legislation also include:

Section 24 of the Occupational Healthcare Act (1383/2001) [Supervision of employers duty to organise occupational healthcare services]

Section 12 of the <u>Act on the Conformity of Certain Technical Equipment (1016/2004)</u>, as amended. [Enforcement by OSH authorities]

Section 17 of the Young Workers Act (998/1993), as amended [Enforcement by OSH authorities]

Chapter 2 of the Chemicals Act (599/2013), as amended. [Supervisory authorities and their task]

Chapter 14 of the Act on Safety in Handling Dangerous Chemicals and Explosives (390/2005), as amended. [Control]

Chapter 16 of the Mining Act (621/2011), as amended. [Supervision, coercion and sanctions]

Government's reply to <u>Direct Request (CEACR) - adopted 2015</u>, <u>published 105th ILC session (2016)</u> on Article 9 of C155

Please provide information in this box

The Confederation of Unions for Professional and Managerial Staff in Finland (Akava) has pointed out that the 2010 reorganisation of occupational safety and health authority functions under Regional State Administrative Agencies caused uncertainty among clients as to how to contact an occupational safety and health authority. While this may have been the case when the new organisation began, the work of the occupational safety and health authority is now well established within the organisation of Regional State Administrative Agencies and no similar problems have been observed.

<u>Article 9(2)</u> of Convention No. 155: Mechanisms for ensuring compliance with national laws and regulations: Adequate penalties

Implementing measures

Please check if the information in the box below is up-to-date; if not, please update the text.

Section 1, Chapter 47 of the Penal Code (39/1889), as amended. [Sanction for OSH offense]

Section 4, Chapter 47 of the <u>Penal Code (39/1889)</u>, as amended. [Sanction for violation of employee representative rights]

Section 1, Chapter 44 of the Penal Code (39/1889), as amended. [Sanction for health offense]

Section 63 of the OSH Act. [Sanction for OSH violations]

Section 23 of the Occupational Health Care Act (1383/2001), as amended. [Penalties for violation of obligations on occupational health care]

Section 51 of the <u>Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces (44/2006)</u>, as amended. [Penalty provisions, including for OSH violations]

Sections 59-60, Chapter 9 of the Chemicals Act (599/2013), as amended. [Penal provisions]

Sections 123-125, Chapter 5 of the <u>Act on Safety in Handling Dangerous Chemicals and Explosives (390/2005)</u>, as amended. [Coercive measures and sanctions]

Chapter 16 of the Mining Act (621/2011), as amended. [Supervision, coercion and sanctions]

<u>Article 10</u> of Convention No. 155: Mechanisms for ensuring compliance with national laws and regulations: Provision of guidance to employers and workers

Implementing measures

Advice and guidance are an important part of the work carried out by OSH authorities. The objective is to support and promote voluntary OSH efforts at workplaces. The two most important channels for providing advice and guidance are the Tyosuojelu.fi website (OSH Administration website) and the national telephone service. [Source: <u>Annual Report of the OSH Administration in Finland 2020</u>, pp. 22-24]

On the website of the Finnish Institute for Occupational Safety and Health, there is information on occupational health care and OSH aimed at small-sized enterprises. [Source: Report of the Government on C187, received in 2015]

The Finnish Institute of Occupational Health studies the relationship between work and health. It provides services and information based on latest research of work life to workplaces, decision-makers, occupational health care units and other organizations that develop well-being at work. [Source: Webpage of the Finnish Institute of Occupational Health]

Article 4(3)(a) of Convention No. 187: National tripartite advisory body

Implementing measures

The tripartite Advisory Committee on Occupational Safety regularly discusses matters related to OSH policies. [Source: Report of the Government on C187, received in 2015]

Section 4 of the <u>Act on the Occupational Safety and Health Administration (16/1993)</u>, as amended. [Function of Occupational Safety and Health Advisory Board]

Government Decree on the Advisory Board for Occupational Safety and Health (565/2009). [The tasks of the Advisory Committee on Occupational Safety and Health]

Article 4(3)(b) of Convention No. 187: Information and advisory services

Implementing measures

X Please check if the information in the box below is up-to-date; if not, please update the text.

See above, under Article 10 of Convention No. 155.

Article 4(3)(d) of Convention No. 187: Occupational health services

Implementing measures

Please check if the information in the box below is up-to-date; if not, please update the text.

See below, under the Articles of the Occupational Health Services Convention, 1985 (No. 161)

Article 4(3)(e) of Convention No. 187: Research

Implementing measures

X Please check if the information in the box below is up-to-date; if not, please update the text.

The Finnish Institute of Occupational Health, National Institute for Health and Welfare, and other research and educational institutions produce new knowledge and increase competence in working life.

[Source: National OSH Policy 2019-30, p. 10]

<u>Article 4(3)(g)</u> of Convention No. 187: Collaboration with insurance and social security schemes

Implementing measures

X Please check if the information in the box below is up-to-date; if not, please update the text.

In Finland, the statutory accident insurance coverage is provided by insurance companies, State Treasury and Farmers' Social Insurance Institution (Mela), who support their customers' (i.e. the insured companies) OSH Activities by offering them consultation services, training and guide material.

The Finnish Workers' Compensation Centre (TVK) supports the OSH work of insurance institutions and the work of other stakeholder groups of the TVK, by producing statistics and research information on occupational accidents and illnesses, as well as fatal workplace accidents reported to insurance institutions. TVK also organises research on the fatal workplace accidents together with the insurance institutions and labour market organisations, and regularly publishes research reports to be utilised by stakeholder groups in activities and trainings promoting OSH.

[Source: Report of the Government on C155, received in 2015]

Article 4(3)(h) of Convention No. 187: Micro-enterprises, SMEs and the informal economy

Implementing measures

Please check if the information in the box below is up-to-date; if not, please update the text.

In Finland, the general legislative framework applies to micro-enterprises and SMEs. Information on occupational health care and OSH aimed at small-sized enterprises is available on the <u>website of Finnish Institute for Occupational Safety</u> and Health.

Approximately 98% of Finnish companies are SMEs. Therefore, most OSH enforcement and development measures are targeted at such companies. Combatting shadow economy has been a focus area in enforcement for several years https://www.tyosuojelu.fi/harmaa-talous.

[Source: Report of the Government on C187, received in 2015]

<u>Article 2</u> of the Protocol: Establishment and periodic review of requirements and procedures for recording and notification, in consultation with most representative organizations of employers and workers

Implementing measures

Please check if the information in the box below is up-to-date; if not, please update the text.

Requirements for recording and notification:

The procedures and requirements for recording and notification of occupational accidents and diseases are established by the following laws and regulations:

- OSH Act
- Workers Compensation Act (459/2015)
- Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces (44/2006), as amended
- Act on the Protection of Privacy in Working Life (759/2004)
- Employment Contracts Act (55/2001).
- Consultations and periodic review:

OSH legislation will be drafted in close cooperation with social partners to keep it up-to-date and in line with the needs of working life. While there is no fixed schedule for reviewing the currency of statutes, assessment is more flexible and continual. The modernity of decrees will be assessed at intervals of at least 5 years, and the modernity of laws at intervals of at least 10 years, as of their entry into force.

[Source: Report of the Government on C187, received in 2015]

<u>Article 3(a)</u> of Protocol: Requirements and procedures for recording – Employer responsibilities

Implementing measures

Please check if the information in the box below is up-to-date; if not, please update the text.

- employer's responsibility for record-keeping, and use of information for preparing preventative measures

Section 110 of the Workers Compensation Act (459/2015), as amended. [Obligation of an injured party to notify the employer of an accident]

Section 111 of the Workers Compensation Act (459/2015), as amended. [Employer's obligation to report an accident at work and an occupational disease to an insurance institution]

Section 267 of the Workers Compensation Act (459/2015), as amended. [Employer obligation to keep list of accidents]

Section 10 of the OSH Act. [Employer obligation to undertake, maintain and keep risk assessments up-to-date, taking into account accidents, occupational diseases and work-related illness and hazardous incidents in the workplace]

Employers are obliged to monitor the occurrence of occupational accidents in accordance with section 10 of the <u>OSH</u>
<u>Act</u>, for which purpose they must maintain the records on occupational accidents for a suitable period of time. [Source: Report of the Government on C155, received in 2015]

With regard to close-call situations, OSH authorities only need to be informed of significant material damage to any lifting equipment, elevating baskets and devices that support or guard the basket, if said damage occurs in the course

of work involving the lifting of a person, and if, as a result, the safety of this work is compromised. [Source: Report of the Government on P155, received in 2010]

- appropriate information to workers and their representatives concerning the recording system:

Section 17 of the OSH Act. [Cooperation between employers and employees, including employer obligation to provide information in good time]

Section 26 of the Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces (44/2006), as amended. [OSH issues to be handled through workplace in cooperation between the employer and employee, including statistics and other monitoring information]

 The statistical and monitoring data also cover accidents, hazardous situations, incidents of violence and the threat thereof, occupational and work-related diseases, and measures to prevent similar situations (government proposal HE 94/2005).

Section 267 of the Workers Compensation Act (459/2015), as amended.

[Notwithstanding the obligation to secrecy and other restrictions on access to information, the list of occupational accidents must be presented, upon request, to the OSH authority, the police, and the employee-elected OSH representative in question, for the purpose of performing their statutory duties.] [Source: Report of the Government on P155, received in 2010]

- refraining from instituting retaliatory or disciplinary measures:

Section 2, Chapter 2 of the Employment Contracts Act (55/2001), as amended. [Prohibition against discrimination]

Section 8 and 16 of the Non-discrimination Act (1325/2014). [Prohibition of discrimination and victimisation]

Section 3, Chapter 47 of the Penal Code (39/1889), as amended. [Work discrimination]

<u>Article 3(b)</u> of Protocol: Requirements and procedures for recording – Information to be recorded

	measures

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Section 111 of the <u>Workers Compensation Act (459/2015)</u>, as amended. [Employer's obligation to report an accident at work and an occupational disease to an insurance institution; information to be entered in the report]

Section 267 of the Workers Compensation Act (459/2015), as amended. [Employer obligation to keep list of accidents]

Section 235 of the <u>Workers Compensation Act (459/2015)</u>, as amended. [TVK's obligation to keep register of accidents at work and occupational diseases]

<u>Article 3(c)</u> of Protocol: Requirements and procedures for recording – Duration for maintaining records

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Please check if the information in the box below is up-to-date; if not, please update the text.

Section 275 of the Workers Compensation Act (459/2015), as amended. [Durations for retention of information by insurance institution]

OSH legislation does not include regulations on obligations and timeframes for maintaining records on occupational accidents and diseases. In accordance with section 10 of the <u>OSH Act</u>, however, employers have to monitor the occurrence of occupational accidents, for which purpose they must maintain records on occupational accidents for a suitable period of time. [Source: Report of the Government on C155, received in 2015]

Section 5 of the Act on the Protection of Privacy in Working Life (759/2004), as amended. [Processing health data of employee and assessing need for processing every 5 years]

Government's reply to <u>Direct Request (CEACR) - adopted 2015</u>, <u>published 105th ILC session (2016)</u> on Article 3(c) of P155

Please provide information in this box

Archiving of information for "a suitable period of time" relates to the employer's obligation under section 10 of the Occupational Safety and Health Act to investigate and assess the risks of work. The investigation must consider accidents that have occurred, occupational and work-related diseases, and hazardous situations. A sufficiently systematic investigation and assessment of the dangers of work in practice requires the employer to know the kind of accidents, occupational diseases and hazardous situations that have arisen at the workplace. The Occupational Safety and Health Act requires an employer to have a report and assessment of the risks of work. The Act nevertheless includes no detailed provisions on archiving of the report and assessment or of the data on which they are based.

The obligation of an employer in Finland to record and report accidents at work and occupational diseases is based on the Act on Accidents at Work and Occupational Diseases (459/2015). Archiving of data on accidents at work and occupational diseases in Finland is arranged at the employer's insurance institution. The employer is obliged to report accidents at work and occupational diseases to the insurance institution without delay, and within no more than ten working days of learning of incident. The details required for such a report are specified in section 111 of the Accident and Occupational Diseases Act. The insurance institution must in turn archive the accident report in accordance with section 275 of the said Act. The employer is entitled to information from the insurance institution under section 251 of the Act.

Section 267 of the Act requires employers to keep a list of accidents for the purpose of preventing accidents, and for investigating compensation claims and insurance matters. This list must include the personal identity code and other identifying details of the injured party, details of the time, circumstances and causes of the accident at work, the nature of the work, the injuries and illnesses caused by the accident at work and, where possible, the names and addresses of at least two people who were present at the time of the accident, and any other information necessary for the foregoing purposes. Notwithstanding provisions on confidentiality and other restrictions of access to information, the accident list shall be presented to the competent occupational safety and health authority, to the police, and to the occupational safety and health representative elected by the employees for the purpose of discharging their statutory functions.

No separate archiving periods for the accident list are specified in the Accident and Occupational Diseases Act. The General Data Protection Regulation allows archiving of personal data in an accident list for as long as is necessary for the purpose of the personal data. The data file controller must assess the personal data archiving period and its necessity for the purpose. The Act on the Protection of Privacy in Working Life (759/2004) includes provisions governing the processing of data concerning health. Section

ave expired. The grounds and necessity for processing must be evaluated at least every five years.
Article 3(d) of Protocol: Requirements and procedures for recording – Confidentiality of
personal and medical data
•
plementing measures
Please check if the information in the box below is up-to-date; if not, please update the text.

Section 248 of the Workers Compensation Act (459/2015), as amended. [Application of the Public Access to Information Act]

Section 252 of the <u>Workers Compensation Act (459/2015)</u>, as amended. [Access to information by the insurance undertaking and the appeal body]

Sections 22 and 23 of the <u>Public Access to Information Act (621/1999)</u>, as amended. [Confidentiality of information kept by public authorities] OM

General Data Protection Regulation (EU) 2016/679

Section 5 of the <u>Act on the Protection of Privacy in Working Life (759/2004)</u>, as amended. [Processing health data of employee, including non-disclosure to third party]

Section 24 of the Act on the Protection of Privacy in Working Life (759/2004), as amended. [Penalty for violation by employers or their representatives, including on processing employee health data]

<u>Article 4(a)</u> of Protocol: Requirements and procedures for notification – Employer responsibilities

Implementing measures

Please check if the information in the box below is up-to-date; if not, please update the text.

Section 111 of the <u>Workers Compensation Act (459/2015)</u>, as amended. [Employer obligation to report occupational accident and disease to insurance institution]

Section 46 of the Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces (44/2006), as amended. [Employer obligation to report accident at work resulting in death or serious injury to Regional State Administrative Agency]

Section 46b of the <u>Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces (44/2006)</u>, as amended. [Employer obligation to report hazard]

Section 17 of the OSH Act. [Cooperation between employers and employees, including employer obligation to provide information in good time]

Section 26 of the <u>Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces (44/2006)</u>, as amended. [OSH issues handled through workplace cooperation, including statistics and other monitoring information]

<u>Article 4(b)</u> of Protocol: Requirements and procedures for notification – Arrangements for notification

Implementing measures

Please check if the information in the box below is up-to-date; if not, please update the text.

Section 46a of the <u>Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces (44/2006)</u>, as amended. [Notification of occupational disease by doctor to the Regional State Administrative Agency, and by authority to the Finnish Institute of Occupational Health]

Article 4(c) of Protocol: Requirements and procedures for notification – Criteria for notification

Implementing measures

Please check if the information in the box below is up-to-date; if not, please update the text.

Section 111 of the <u>Workers Compensation Act (459/2015)</u>, as amended. [Employer obligation to report occupational accident and disease to insurance institution]

Section 46 of the Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces (44/2006), as amended. [Employer obligation to report accident at work resulting in death or serious injury to Regional State Administrative Agency]

Section 46 a of the Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces (44/2006), as amended. [Notification to the Regional State Administrative Agency if a physician has cause to suspect an occupational disease within the meaning of the Act on Accidents at Work and Occupational Diseases, or some other work-related illness]

<u>Article 4(d)</u> of Protocol: Requirements and procedures for notification – Time limits for notification

Implementing measures

Please check if the information in the box below is up-to-date; if not, please update the text.

Section 111 of the Workers Compensation Act (459/2015), as amended. [Employer obligation to report occupational accident and disease to insurance institution without delay and no later than 10 working days]

Section 46 of the Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces (44/2006), as amended. [Employer obligation to report accident at work resulting in death or serious injury to Regional State Administrative Agency]

Section 46 a of the Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces (44/2006), as amended. [Prompt notification of occupational disease or other work-related illness]

Article 5 of Protocol: Data included in notification

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Please check if the information in the box below is up-to-date; if not, please update the text.

Section 111 of the <u>Workers Compensation Act (459/2015)</u>, as amended. [Employer obligation to report occupational accident and disease to insurance institution]

Section 46a of the Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces (44/2006), as amended. [Reporting of occupational disease or other work-related illness]

<u>Articles 6</u> and <u>7</u> of Protocol: Annual publication of statistics established following classification schemes that are compatible with the latest relevant international schemes

Implementing measures

Please check if the information in the box below is up-to-date; if not, please update the text.

Section 236 of the Workers Compensation Act (459/2015), as amended. [Statistics and research activities of the TVK]

The Workers' Compensation Center (TVK) is the official authority for statistics on occupational accidents and diseases in Finland. Statistics on the frequency of accidents at work and occupational diseases are available on the website of TVK. [Source: Report of the Government on C155, received in 2015]

The OSH Administration publishes annual reports on its website. [Source: Website of the OSH Administration, last accessed March 2022]

V. Action taken at the National Level – National OSH Programme

<u>Article 5(1) and (3)</u> of Convention No. 187: Formulation, implementation, monitoring, evaluation and periodic review; Publicizing and launch of the national programme

Implementing measures

Please check if the information in the box below is up-to-date; if not, please update the text.

Moreover, please provide copies of any up-to-date action plans or programmes on OSH implementing the <u>National OSH Policy 2019-30</u>. Please indicate the actions taken to have such action plans and programmes publicized, endorsed and launched by the highest national authorities.

The relationship between the policy of the environment and wellbeing at work, and the ministry's strategy and action plans:

The Strategy of the Ministry of Social Affairs and Health



Regularly and continuously specified action plans

[Source: Source: National OSH Policy 2019-30, p. 22]

The Ministry of Social Affairs and Health determines the objectives of the OSH areas of responsibility for 4-year periods with a framework agreement. The baseline for establishing the goals is the Ministry of Social Affairs and Health's policy strategy, drafted in tripartite cooperation led by the OSH department. [Source: Report of the Government on C187, received in 2015]

The tripartite Advisory Committee on Occupational Safety regularly discusses matters related to OSH policies. The Advisory Committee on Occupational Safety discusses and adopts follow-up reports on the implementation of the OSH Strategy every 3 years. [Source: Report of the Government on C187, received in 2015]

Government's reply to <u>Direct Request (CEACR) - adopted 2015</u>, <u>published 105th ILC session (2016)</u> on Article 5(1) of C187

An implementation plan will be prepared jointly with labour market organisations to achieve the objectives of the policy for the work environment and wellbeing at work. Achievement of the objectives will be monitored at three-yearly intervals. A report on achievement of the objectives of the action plan in 2019–2020 was published at the beginning of 2022. The Occupational Safety and Health Advisory Board will discuss the monitoring report.

Article 5(2) of Convention No. 187: Requirements of national OSH programme

Implementing measures

Please check if the information in the box below is up-to-date; if not, please update the text.

The following targets were set for improving OSH (desired state 2020, figures indicating change from 2010):

- decreasing the number of occupational diseases by 10%
- reducing the frequency of occupational accidents by 25%
- reducing work-related, harmful strain as follows:
- perceived physical strain is reduced by 20%
- perceived psychic strain is reduced by 20%.

[Source: Report of the Government on C187, received in 2015]

The policy for the work environment and wellbeing at work until 2030 specifies the strategy of the Ministry of Social Affairs and Health, and guides the activities of the ministry and its administrative branch to ensure healthy and safe work at all workplaces regardless of the form of employment.

At every workplace, the employer, staff and occupational health care will collaborate in taking measures that promote workability and return to work. Particular attention must be paid to supporting persons with partial workability in remaining at work and finding employment.

The policy has three focus areas:

- Future challenges concerning occupational safety and health, and wellbeing at work
- · Safe and healthy working conditions
- Promoting functional capacity, workability, and employability

[Source: https://julkaisut.valtioneuvosto.fi/handle/10024/161451]

VI. Action taken at the National Level – Duties of those who design, manufacture, import, provide or transfer machinery, equipment or substances

Article 12(a) of Convention No. 155: Machinery, equipment or substance without dangers

Implementing measures

Please check if the information in the box below is up-to-date; if not, please update the text.

Section 56 of the OSH Act. [Obligations of the product manufacturer and suppliers to be regulated separately]

Section 57 of the OSH Act. [Obligations of the designer]

Section 58 of the OSH Act. [Obligations of the installers of machinery, work equipment or other devices]

Section 60 of the OSH Act. [Obligations of persons dispatching and loading goods]

Section 62 of the OSH Act. [Obligations of port holders and the owners and holders of vessels]

Sections 4-7, 9, 10 of the <u>Act on the Conformity of Certain Technical Equipment (1016/2004)</u>, as amended. [Duties of manufacturer, supplier and others]

Chapters 2 and 3, and Annex I of <u>Government Decree on Machinery Safety (400/2008)</u>, as amended. [OSH obligations related to placing on the market and putting into service]

Regulation (EC) No. 1907/2006 of the European Parliament and of the Council of 18 December 2006 concerning the Registration, Evaluation, Authorisation and Restriction of Chemicals (REACH), establishing a European Chemicals Agency, amending Directive 1999/45/EC and repealing Council Regulation (EEC) No 793/93 and Commission Regulation (EC) No 1488/94 as well as Council Directive 76/769/EEC and Commission Directives 91/155/EEC, 93/67/EEC, 93/105/EC and 2000/21/EC (EU Reach Regulation).

Regulation (EU) 2016/425 on personal protective equipment

Article 12(b) of Convention No. 155: Information and instructions concerning correct installation and use

Implementing measures

See also:

\square Please check if the information in the box below is up-to-date; if not, please update the text.
Sections 4-7, 9-11 of the <u>Act on the Conformity of Certain Technical Equipment (1016/2004)</u> , as amended. [Duties of manufacturer, supplier and others]
Section 8 of <u>Government Decree on Machinery Safety (400/2008)</u> , as amended. [Relevant technical documentation, assembly instructions, declaration of incorporation]
Section 11 and Annex I of <u>Government Decree on Machinery Safety (400/2008)</u> , as amended. [Language of information, warnings and instructions]
Section 20 of the Chemicals Act (599/2013), as amended. [Language requirement for information on a chemical]

Section 21 of the Chemicals Act (599/2013), as amended. [Marketing of chemicals]

- EU Reach Regulation
- Regulation (EC) No 1272/2008 of the European Parliament and of the Council of 16 December 2008 on classification, labelling and packaging of substances and mixtures, amending and repealing Directives 67/548/EEC and 1999/45/EC, and amending Regulation (EC) No 1907/2006 (EU CLP Regulation).
- Regulation (EU) 2016/425 on personal protective equipment

<u>Article 12(c)</u> of Convention No. 155: Undertaking studies and research or otherwise keeping abreast of the scientific and technical knowledge necessary

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Please check if the information in the box below is up-to-date; if not, please update the text.

- EU Reach Regulation
- EU CLP Regulation
- Regulation (EU) 2016/425 on personal protective equipment

VII. Action at the Level of the Undertaking – Arrangements for cooperation at the level of undertaking

<u>Article 20</u> of Convention No. 155 and <u>Article 4(2)(d)</u> of Convention No. 187: Co-operation between management, workers and their representatives

Implementing measures

Please check if the information in the box below is up-to-date; if not, please update the text.

Section 17 of the OSH Act. [Cooperation between employers and employees]

Sections 22-43, Chapter 5 of the <u>Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces (44/2006)</u>, as amended. [Provisions for OSH cooperation in the workplace]

Chapter 5 a of the <u>Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces (44/2006)</u>, as amended. [Työsuojelun yhteistoiminta yhteisellä työpaikalla ja yhteisten vaarojen torjunnassa]

Section 8 of the Occupational Health Care Act (1383/2001), as amended. [Cooperation between employer, employees or their representatives on implementation of occupational health care]

Section 1 of Government Decree on the Principles of Good Occupational Health Care Practice, the Content of Occupational Health Care and the Training of Professionals and Experts (708/2013), as amended. [Cooperation between employer, employees, their representatives, and the occupational health care service]

Government's reply to <u>Direct Request (CEACR) - adopted 2015, published 105th ILC</u> session (2016) on Article 20 of C155

Please provide information in this box

Occupational safety and health cooperation is governed by the Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces (44/2006). Section 29 of the Act provides a right to elect an occupational safety and health representative and deputy representatives. The employees at workplaces where at least ten employees work regularly must elect an occupational safety and health representative and two deputy representatives from among their number to represent them in the cooperation referred to in the relevant Chapter of the Act, and to maintain contact with occupational safety and health authorities. Employees at other workplaces may also elect the foregoing representatives from among their number. Clerical employees at a workplace are entitled to elect their own occupational safety and health representative and two deputy representatives from among their number. Senior staff are also deemed to be clerical employees. The occupational safety and health representative for clerical employees represents all clerical employees.

The hazards and risk factors affecting senior clerical employees must be considered in accordance with the co-operation provisions in section 26 of the Act. Topics of cooperation include issues and changes that directly affect the safety and health of an employee, and issues raised in the analysis and assessment of workplace hazards and risks and in workplace surveys conducted by the occupational health care service that have a general impact on employee safety and health. The analysis and assessment of hazards refers to measures governed by section 10 of the Occupational Safety and Health Act. This provides that the analysis and assessment of hazards and risks includes not only physical hazards, but also workload factors.

These workload factors encompass workload factors related to clerical and specialist work that arise at the workplace in question.

VIII. Action at the Level of the Undertaking – Employers' OSH Responsibilities

Article 16(1) of Convention No. 155: Safe workplaces, machinery, equipment and processes

Implementing measures

Please check if the information in the box below is up-to-date; if not, please update the text.

Section 8 of the OSH Act. [Employers' general duty to exercise care]

Section 10 of the OSH Act. [Analysis and assessment of the risks at work]

Section 12 of the OSH Act. [Obligation of employer relating to design of the working environment]

Sections 24-31 of the OSH Act. [Obligations of employers on ergonomics, physical, mental and social stress and certain other occupational hazards]

Section 32-36 of the OSH Act. [Provisions on the structures of the workplace and the working environment]

<u>Article 16(2)</u> of Convention No. 155: Protection from health risks relating to chemical, physical and biological substances and agents

Implementing measures

Please check if the information in the box below is up-to-date; if not, please update the text.

Section 8 of the OSH Act. [Employers' general duty to exercise care]

Section 12 of the OSH Act. [Obligation of employer relating to design of the working environment]

Section 38 of the OSH Act. [Safety of chemical agents and hazardous substances used at work]

Section 39 of the OSH Act. [Safety of physical agents]

Section 40 of the OSH Act. [Safety of biological agents]

Article 16(3) of Convention No. 155: Provision of protective clothing and equipment

Implementing measures

Please check if the information in the box below is up-to-date; if not, please update the text.

Section 15 of the OSH Act. [Providing personal protective equipment, auxiliary equipment and other devices for use]

Section 3 of the <u>Government Decree on the Selection and Use of Personal Protective Equipment at Work (427/2021)</u> [Employer obligation to ensure provision and use of personal protective equipment]

Sections 13 of the <u>Government Decree on Combating the Risk of Occupational Cancer (1267/2019)</u>. [Employer obligations on hygiene and personal protection]

Sections 10 and 12 of the <u>Government Decree on Protection of Workers from the Dangers of Biological Agents</u> (933/2017), as amended. [Employer obligations on personal protection, vaccinations and prophylaxis]

Section 14 of the <u>Government Decree on the Safety of Asbestos Work (798/2015)</u>, as amended. [Employer obligations on the use of equipment]

Section 9 of the <u>Government Decree on Chemical Agents at Work (715/2001)</u>, as amended. [Specific preventive and protective measures, including personal protective equipment]

Section 4 of the Government Decision on Work Carried out with Lead (1154/1993). [Personal protective equipment]

Section 13 of the <u>Government Decree on the Protection of Workers from the Dangers of Noise (85/2006)</u>. [Employer obligations where limits are exceeded, including personal hearing protectors]

Section 13 of the <u>Government Decree on the Protection of Workers from the Dangers of Vibration (48/2005)</u>. [Employer obligations regarding the anti-vibration programme]

Section 12 of the Government Decree on the safety of tree harvesting (749/2001). [Personal protective equipment]

Section 71 of the <u>Government Decree on the Safety of Construction Work (205/2009)</u>, as amended [Need for personal protective equipment in construction work]

<u>Article 17</u> of Convention No. 155: Collaboration of two or more undertakings engaging in activities simultaneously at one workplace

Implementing measures

Please check if the information in the box below is up-to-date; if not, please update the text.

Sections 49-55, Chapter 6 of the OSH Act. [Provisions for organisation of work at shared workplaces]

Sections 43a-43h, Chapter 5a of the Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces (44/2006), as amended. [Cooperation on OSH in shared workplaces and in preventing mutual hazards]

Article 18 of Convention No. 155: Measures to deal with emergencies and accidents

Implementing measures

Please check if the information in the box below is up-to-date; if not, please update the text.
Sections 44-47 of the OSH Act. [Provisions regarding elimination of the risk of accident, rescue services and first aid]
Section 8 of the Government Decree on Occupational Safety and Health Requirements (577/2003). [First-aid facilities]
Section 16 of the <u>Government Decree on Occupational Safety and Health Requirements (577/2003)</u> . [Workplace fire safety and emergency rescue]

Section 17 of the <u>Government Decree on Occupational Safety and Health Requirements (577/2003)</u>. [Protection and rescue instructions for workers]

Sections 7 and 8 of the Government Decree on the Control of Major Accident Hazards Liable to Affect Workers (922/1999) [Instructions and exercises]

IX. Action at the Level of the Undertaking – OSH Rights and Duties of Workers

<u>Article 13</u> and <u>Article 19(f)</u> of Convention No. 155: Protection regarding removal from work Implementing measures

Please check if the information in the box below is up-to-date; if not, please update the text.

Section 19 of the OSH Act. [Elimination of faults and defects and obligation to report them]

Section 23 of the OSH Act. [Right to refrain from performing work which causes a serious risk]

Section 36 of the Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces (44/2006), as amended. [OSH representative's right to interrupt dangerous work and obligation to report]

Section 2, Chapter 2 of the Employment Contracts Act (55/2001), as amended. [Equal treatment and prohibition of discrimination]

Section 8 and 16 of the Non-discrimination Act (1325/2014). [Prohibition of discrimination and victimisation]

Section 3, Chapter 47 of the Penal Code (39/1889), as amended. [Work discrimination]

<u>Article 19(a)</u> of Convention No. 155: Co-operation of workers in the fulfilment of employers' obligations

Implementing measures

Please check if the information in the box below is up-to-date; if not, please update the text.

Section 18 of the OSH Act. [Employees' general OSH obligations]

Section 19 of the OSH Act. [Elimination of faults and defects and obligation to report them]

Section 20 of the OSH Act. [Use of personal protective equipment and suitable work clothing]

Section 21 of the OSH Act. [Use of work equipment and dangerous substances]

Section 22 of the OSH Act. [Use of safety devices and guards]

Section 2, Chapter 3 of the Employment Contracts Act (55/2001), as amended. [OSH obligations of employees]

<u>Article 19(b)</u> of Convention No. 155: Co-operation of workers representatives with the employer

Implementing measures

Please check if the information in the box below is up-to-date; if not, please update the text.

Section 17 of the OSH Act. [Cooperation between employers and employees]

Chapter 5 of the Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces (44/2006) [Cooperation on occupational safety and health at workplaces]

Chapter 5 a of the Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces (44/2006) [Cooperation on occupational safety and health in shared workplaces and in preventing mutual hazards]

Section 26 of the <u>Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces (44/2006)</u>, as amended. [OSH issues handled through workplace cooperation]

Section 27 of the Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces (44/2006), as amended. [Method of cooperation with employees, employee representatives or OSH committee]

Section 29 of the <u>Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces (44/2006)</u>, as amended. [Election of OSH representatives in workplaces with at least 10 regular employees]

Section 31 of the <u>Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces (44/2006)</u>, as amended. [Duties of the OSH representative]

Section 38 of the <u>Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces (44/2006), as amended. [OSH committees at workplaces with at least 20 regular employees]</u>

<u>Article 19(c)</u> of Convention No. 155: Provision of information to representatives on measures taken and consultation with representative organisations about such measures

Implementing measures

Please check if the information in the box below is up-to-date; if not, please update the text.

Section 17 of the OSH Act. [Cooperation between employers and employees]

Section 26 of the Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces (44/2006), as amended. [OSH issues handled through workplace cooperation]

Section 29 of the <u>Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces (44/2006)</u>, as amended. [Election of OSH representatives in workplaces with at least 10 regular employees]

Section 31 of the <u>Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces (44/2006)</u>, as amended. [Duties of the OSH representative]

Section 32 of the <u>Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces (44/2006)</u>, as amended. [OSH representative's right to gain information]

Section 38 of the <u>Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces (44/2006)</u>, as amended. [OSH committees at workplaces with at least 20 regular employees]

Section 43 of the <u>Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces (44/2006)</u>, as amended. [Secrecy obligation]

<u>Article 19(d)</u> of Convention No. 155: Provision of training to workers and their representatives

Implementing measures

See above under Error! Hyperlink reference not valid.-

Section 14 of the OSH Act. [Instruction and guidance to be provided for employees]

Section 44 of the OSH Act. [Risk of accidents]

Section 45 of the OSH Act. [Alarm, safety and rescue equipment and instructions]

Section 33 of the Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces (44/2006), as amended. [OSH representative's and vice representative's right to receive training]

<u>Article 19(e)</u> of Convention No. 155: Enquiries by workers and their representatives, and their consultation on all aspects of OSH

Implementing measures

Please check if the information in the box below is up-to-date; if not, please update the text.

Section 17 of the OSH Act. [Cooperation between employers and employees]

Section 26 of the <u>Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces (44/2006)</u>, as amended. [OSH issues handled through workplace cooperation]

Section 29 of the <u>Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces (44/2006)</u>, as amended. [Election of OSH representatives in workplaces with at least 10 regular employees]

Section 31 of the <u>Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces (44/2006)</u>, as amended. [Duties of the OSH representative]

Section 32 of the <u>Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces (44/2006)</u>, as amended. [OSH representative's right to gain information]

Article 21 of Convention No. 155: No expenditure for OSH measures

Implementing measures

Section 33 of the Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces (44/2006), as amended. [OSH representative's and vice representative's right to receive training at no cost]

Section 35 of the <u>Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces (44/2006)</u>, as amended. [Compensation for the loss of income to the OSH representative]

Section 38 of the <u>Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces (44/2006)</u>, as amended. [OSH committee members' time allocation and compensation]

Section 41 of the <u>Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces (44/2006)</u>, as amended. [Working premises of the OSH representative and OSH committee at no cost]

Section 4 of the Occupational Health Care Act (1383/2001), as amended. [Employer obligation to arrange for occupational health care at their own expense]

Section 1 of the <u>Government Decree on Medical Examinations in Work that Presents a Special Risk of Illness</u> (1485/2001), as amended. [Employer obligation to arrange at their own expense, for health examinations of an employee or other person in work involving a special risk]

Section 8 of the OSH Act. [Employers' duty to take care of the safety and health of their employees by taking the necessary measures.]

The employer is liable for the costs of the PPE if it is selected on the basis of a risk assessment performed by the
employer or if the use of such equipment is required in the legislation concerning the sector in question. [Source: Website of the OSH Administration, last accessed February 2022]

2. Occupational Health Services Convention, 1985 (No. 161)

Article 2 of Convention No. 161: National policy on occupational health services

Implementing measures

Please check if the information in the box below is up-to-date; if not, please update the text.

Finland has a national policy on occupational health services:

- Occupational Health Care Act (1383/2001), as amended.
- Government Decree on the Principles of Good Occupational Health Care Practice, the Content of Occupational Health Care and the Training of Professionals and Experts (708/2013), as amended.

OSH legislation will be drafted in close cooperation with social partners to keep it up-to-date and in line with the needs of working life. The modernity of decrees will be assessed at intervals of at least 5 years, and the modernity of laws at intervals of at least 10 years, as of their entry into force. [Source: Report of the Government on C187, received in 2015] While there is no fixed schedule for reviewing the currency of statutes, assessment is more flexible and continual.

A new resolution on occupational health extending until 2025 is under preparation. [Source: Report of the Government on C161, received in 2015]

Työterveys 2025, a Government decision-in-principle published in 2017, sets out policy development guidelines for improving health and working capacity by co-operating with a view to:

- 1) functionally integrating occupational health care into the health and social care system;
- 2) ensuring timely co-operation of the occupational health care, general health care and rehabilitation systems to prevent incapacity and restore the working capacity of people of working age;
- 3) ensuring the ability of occupational health care to respond to the health and working capacity challenges posed by work and working;
- 4) ensuring that all employers have arranged appropriate occupational health care regardless of the size of the undertaking;
- 5) ensuring that occupational health care is an important partner in promoting working capacity and preventing incapacity at workplaces;
- 6) enabling occupational health care to develop its services to meet the needs of small workplaces and entrepreneurs.

The *Työterveys 2025* decision has been condensed into three main policy areas: customer-oriented occupational health services, co-operation for the health and working capacity of people of working age, and the development of operations, resources and compensation systems in occupational health care.

<u>Article 3</u> of Convention No. 161: Progressive development of occupational health services for all workers

Implementing measures

Please check if the information in the box below is up-to-date; if not, please update the text.

The duty to arrange occupational health care applies to all employers in all sectors. In 2010, the occupational health care covered 91% of wage earners. In workplaces with less than 10 employees, the coverage was of 60%. There are currently no statistics on workers in atypical employment. Anecdotal evidence points out that perhaps not all workers in atypical employment receive the occupational health services they are obliged to.

The Finnish Institute of Occupational Health has executed a nationwide educational and co-operation project in 2013-14 to promote occupational health care in SMEs and to promote a more agile organization of these services. In addition, separate continuing efforts to promote occupational health care are being carried out in farms. An occupational health care service model for small enterprises has been developed and approved.

See Government's reply to Direct Request (CEACR) - adopted 2016, published 106th ILC session (2017) on Articles 3 and 4 of C161

A major reform in health care is one of the primary goals of the new Government in Finland, starting in 2015.

[Source: Report of the Government on C161, received in 2015]

Reform of healthcare, social welfare and rescue services

The organisation of public healthcare, social welfare and rescue services will be reformed in Finland. The responsibility for organising these services will be transferred from municipalities to wellbeing services counties from 2023. The key objective of the reform is to improve the availability and quality of basic public services throughout Finland.

Wellbeing services counties

Under the reform, a total of 21 self-governing wellbeing services counties will be established in Finland. In addition, the City of Helsinki will be responsible for organising health, social and rescue services within its own area. The joint county authority for the Hospital District of Helsinki and Uusimaa will be responsible for organising demanding specialised healthcare separately laid down by law.

https://soteuudistus.fi/en/frontpage

Government's reply to <u>Direct Request (CEACR) - adopted 2016, published 106th ILC session (2017)</u> on Articles 3 and 4 of C161

The Government Decree on the principles of good occupational health practice, the content of occupational health care and the educational qualifications required of professionals and experts (VNa 708/2013) requires systematic and goal-oriented co-operation in implementing the Occupational Health Care Act between employers and employees or their representatives, and the occupational health care service.

Several projects have been implemented in Finland since 2015 with a view to improving the functionality, cooperation and effectiveness of occupational health care and customer participation. Projects have been implemented that have enhanced cooperation between occupational health care, specialised medical care and primary health care. Networks have likewise been created with the new wellbeing services counties. Projects have also sought to increase cooperation between small businesses and occupational health care.

A 2018 review of the operations and quality of occupational health care in Finland (Finnish Institute of Occupational Health) found that most businesses operating in occupational health care were small undertakings. Some 74 per cent of workplaces had no more than ten employees, and only 3 per cent had a staff of more than 250. The proportion of small businesses appears to be slightly higher in the territory administered by the Lapland Regional State Administrative Agency than in other regions.

The 2019 Finnish Institute of Occupational Health research report *Työterveyshuollon tuki pienille yrityksille* – *yhteistoimintakäytännöt ja niiden vaikuttavuus* [occupational health care support for small businesses – cooperation practices and their effectiveness] sought to investigate cooperation and related practices between small undertakings with fewer than 20 employees and occupational health care, and to make them more effective. This research was based on the 2014 occupational health care model for small businesses. Employee awareness of occupational health care operations and participation therein became more common in the case of businesses using the PIRA digital cloud service and Workplace Survey. Employees at PIRA businesses also had generally increased awareness of cooperation with occupational health care in risk assessment.

A guide to occupational health care and occupational safety for entrepreneurs produced by the Finnish Institute of Occupational Health in 2017 provides information on the nature of occupational health care, on why and how it is organised, and on why and how occupational safety is promoted. This publication is also suitable for entrepreneurs of foreign origin.

The tripartite Advisory Board on Occupational Health Care meets regularly to discharge functions that include monitoring the general progress of occupational health care, promoting and developing the cooperation that is necessary for implementing occupational health care and, where necessary, formulating proposals for improving occupational health care legislation.

Article 4 of Convention No. 161: Consultations with representative organisations of employers and workers

Implementing measures

Please check if the information in the box below is up-to-date; if not, please update the text.

In 2015, measures that aim to improve the occupational health care coverage of small workplaces have been prepared on a tripartite basis.

[Source: Report of the Government on C161, received in 2015]

The *Työterveys 2025* decision particularly highlights the development of occupational health services that meet the needs of small businesses and entrepreneurs, various client groups and people engaged in evolving occupations, with a view to making occupational health services increasingly accessible to them. The coordinating role of occupational health care in co-operation between employees, workplaces and various health care and rehabilitation operators is also emphasised in the context of therapeutic and rehabilitation processes related to the world of work. It is important to apply occupational health care expertise to assess the working and functional capacity of the unemployed. The measures under the development guidelines seek to make occupational health services effective in supporting the working capacity of working-age people. Restructuring of health and social services will brings the various operators closer together, enabling smooth cooperation and an efficient application of expertise and effectiveness at reduced expense.

Section 22 of the Occupational Health Care Act (1383/2001), as amended. [Occupational Health Advisory Board]

A particular characteristic of the official control is close tripartite (government authorities, employer and employee representatives) co-operation in MSAH's advisory board on occupational health services, in which the Social

Insurance Institution of Finland, Finnish Institute of Occupational Health and organizations representing occupational health professionals also participate. [Source: Webpage of the Ministry of Social Affairs and Health, "Occupational health care", last accessed January
2022]
See also above, under Article 2 of Convention No. 161.

Article 5 of Convention No. 161: Functions of occupational health services

Implementing measures

Moreover, please provide further information on the manner in which occupational health care services participate in the analysis of occupational accidents and occupational diseases (Article 5(k) of C161).

Section 12 of the Occupational Health Care Act (1383/2001), as amended. [Content of occupational health care]

Functions of occupational health care set out in the <u>Government Decree on the Principles of Good Occupational</u> <u>Health Care Practice, the Content of Occupational Health Care and the Training of Professionals and Experts (708/2013)</u>, as amended:

- Section 4 [Determination of content and implementation]
- Section 8 [Monitoring and promoting the ability of employees to cope at work and referring for rehabilitation]
- Section 9 [Duties concerning counselling and guidance]
- Section 10 [Content of counselling and guidance by occupational health care services]
- Section 11 [First aid preparedness]

Chapter 7 of the Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces [Notifications for the enforcement of occupational safety and health] Section 46a Notification of occupational disease or other work-related illness

A physician who justifiably suspects an occupational disease referred to in the Act on Accidents at Work and Occupational Diseases or some other work-related illness shall, notwithstanding provisions on confidentiality, notify the Regional State Administrative Agency of the matter without delay.

The notification shall state:

- 1) the name, identity number and other contact information of the person who became ill;
- 2) the name of the employer, and the contact details of the employer and workplace;
- 3) other necessary contact details;
- 4) the nature and duration of exposure;
- 5) details of the nature of the illness, how it was detected, and the harm that it has caused.

The Regional State Administrative Agency shall submit the information contained in the notification referred to in subsection 1 to the Finnish Institute of Occupational Health for entry in the register of work-related illnesses.

Further provisions on the content and delivery of the notification may be issued by Government Decree...

<u>Article 6</u> of Convention No. 161: Provision for the establishment of occupational health services

Implementing measures

X Please check if the information in the box below is up-to-date; if not, please update the text.

Occupational health care is regulated through national laws and regulations:

- Occupational Health Care Act (1383/2001), as amended
- OSH Act
- Health Care Act (1326/2010), as amended
- Health Insurance Act (1224/2004), as amended
- Government Decree on the Principles of Good Occupational Health Care Practice, the Content of Occupational Health Care and the Training of Professionals and Experts (708/2013), as amended
- Government Decree on Medical Examinations in Work that Presents a Special Risk of Illness (1485/2001), as amended.

[Source: Webpage of the Ministry of Social Affairs and Health, Occupational health care, last accessed January 2022]

Article 7 of Convention No. 161: Organisation of occupational health services

Implementing measures

Please check if the information in the box below is up-to-date; if not, please update the text.

Section 4 of the Occupational Health Care Act (1383/2001), as amended. [Employer obligation to arrange for occupational health care]

Section 7 of the Occupational Health Care Act (1383/2001), as amended. [Provision of occupational health care services]

<u>Article 8</u> of Convention No. 161: Participation of employers, workers and their representatives on an equitable basis

Implementing measures

Please check if the information in the box below is up-to-date; if not, please update the text.

Section 8 of the Occupational Health Care Act (1383/2001), as amended. [Cooperation between employer, employees or their representatives on implementation of occupational health care]

Section 1 of Government Decree on the Principles of Good Occupational Health Care Practice, the Content of Occupational Health Care and the Training of Professionals and Experts (708/2013), as amended. [Cooperation between employer, employees, their representatives, and the occupational health care service]

Article 9(1) of Convention No. 161: Multidisciplinary nature of occupational health services

Implementing measures

Please check if the information in the box below is up-to-date; if not, please update the text.

Section 3 of Government Decree on the Principles of Good Occupational Health Care Practice, the Content of Occupational Health Care and the Training of Professionals and Experts (708/2013), as amended. [Obligation related to operation of occupational health services, including in multi-disciplinary and multi-professional manner]

94 % of caregiving organizations had a specialist nurse, 63 % had a specialist physician, 82 % had a physiotherapist and 67 % had a psychologist. In this respect, 73 % of clients obtained services from an occupational health care service provider with a team comprising qualified nurses and doctors. [Source: Report of Government on C161, received in 2015]

Medical centres and municipal commercial institutions provided services to nearly 90 per cent of employees. More than 6,500 health care professionals worked in occupational health units. There were approximately 900 consultant physicians in occupational health care, half of whom were full-time employees, signifying no substantial change since the 2015 survey. The number of physicians specialising in occupational health care now exceeds 450, which is about 10 per cent higher than in 2015. The number of psychologists and social sector specialists has clearly increased. A consultant in occupational health care and a qualified occupational health nurse were available at 80 per cent of all units. A qualified occupational physiotherapist was also available at three quarters, and a qualified occupational health psychologist at two thirds of all units. These figures for multidisciplinary professional expertise are clearly higher than in 2015. Operations and quality of occupational health care in Finland in 2018. Section 3 of Government Decree on the Principles of Good Occupational Health Care Practice, the Content of Occupational Health Care and the Training of Professionals and Experts (708/2013), as amended. [Obligation related to operation of occupational health services, including in multi-disciplinary and multi-professional manner]

Article 9(2) of Convention No. 161: Co-operation with other services in the undertaking

Implementing measures

Please check if the information in the box below is up-to-date; if not, please update the text.

Section 12 of the <u>Occupational Health Care Act (1383/2001)</u>, as amended. [Content of occupational health care, including cooperation with management, line organisation, human resources administration, cooperative organisations and other services]

<u>Article 9(3)</u> of Convention No. 161: Adequate co-operation and co-ordination with other bodies concerned with the provision of health services

Implementing measures

Please check if the information in the box below is up-to-date; if not, please update the text.

Section 12 of the Occupational Health Care Act (1383/2001), as amended. [Content of occupational health care, including cooperation with social insurance, social welfare services and other healthcare services]

Section 2 of Government Decree on the Principles of Good Occupational Health Care Practice, the Content of Occupational Health Care and the Training of Professionals and Experts (708/2013), as amended. [Cooperation between occupational health services and other health care providers]

<u>Article 10</u> of Convention No. 161: Professional independence from employers, workers, and their representatives

Implementing measures

Please check if the information in the box below is up-to-date; if not, please update the text.

Section 5 of Occupational Health Care Act (1383/2001), as amended. [Professional independence of occupational health care professionals and experts]

<u>Article 11</u> of Convention No. 161: Qualifications required for occupational health service personnel

Implementing measures

<u> </u>	Please check it	the informat	ion in the	box below is	<mark>up-to-date; if not,</mark>	please update	the text.
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Section 3 of the Occupational Health Care Act (1383/2001), as amended. [Definitions, including of occupational health care professionals and experts]

Section 5 of the Occupational Health Care Act (1383/2001), as amended. [Occupational health care professionals and experts]

Section 12 of the Government Decree on the Principles of Good Occupational Health Care Practice, the Content of Occupational Health Care and the Training of Professionals and Experts (708/2013), as amended. [Doctors working in occupational health care]

Section 13 of the Government Decree on the Principles of Good Occupational Health Care Practice, the Content of Occupational Health Care and the Training of Professionals and Experts (708/2013), as amended. [Occupational health nurses]

Section 13a of the <u>Government Decree on the Principles of Good Occupational Health Care Practice, the Content of Occupational Health Care and the Training of Professionals and Experts (708/2013)</u>, as amended. [Physiotherapists working in occupational health care]

Section 14 of the <u>Government Decree on the Principles of Good Occupational Health Care Practice, the Content of Occupational Health Care and the Training of Professionals and Experts (708/2013)</u>, as amended. [Occupational health experts]

<u>Article 12</u> of Convention No. 161: Health surveillance at no cost to the workers, and during work hours

Implementing measures

Please check if the information in the box below is up-to-date; if not, please update the text.

Moreover, please provide up-to-date information on how it is ensured that the surveillance of workers' health in relation to work takes place, as far as possible, during working hours.

Section 4 of the Occupational Health Care Act (1383/2001), as amended. [Employer obligation to arrange for occupational health care at their own expense]

Section 12 of the Occupational Health Care Act (1383/2001), as amended. [Content of occupational health care]

Section 7 of the <u>Government Decree on the Principles of Good Occupational Health Care Practice, the Content of Occupational Health Care and the Training of Professionals and Experts (708/2013)</u>, as amended. [Performing a health examination]

Section 1 of the <u>Government Decree on Medical Examinations in Work that Presents a Special Risk of Illness</u> (1485/2001), as amended. [Employer obligation to arrange at their own expense, for health examinations of an employee or other person in work involving a special risk]

Health inspections investigate the health status of employees, and their working and functional capacity. They are conducted in occupational health care, starting with the needs of both the employer and the employee. Health inspection participants must know the grounds for the inspection. They must also be informed of the purpose and manner of using health inspection data, and of the kind of further measures that may be taken on that basis. Health inspections must always be conducted by common consent with the employee.

Occupational health care professionals determine the content of a health inspection jointly with the employer and employee representatives. Industry and workplace data will be applied in the needs assessment and planning of the substance of a health inspection, together with the findings of the workplace risk assessment and survey.

The Government Decree on health examinations in work that presents a special risk of illness (VnA 1485/2001) governs work involving chemical, physical or biological agents that pose a particular risk of illness, night work, or a particular risk of violence. Health inspections must be conducted when work begins, and at specified intervals when the work may pose a particular risk of illness.

An employer must ensure that where duties in the foregoing work involve a particular risk of illness or health requirements, employees undergo a health examination on commencing work and furnish the employer with a statement from occupational health care on their suitability for the said duties. An employee may not refuse health examinations without reasonable cause.

Health inspections based on working capacity have become increasingly important with the spread of early support operating models and the 90-day rule under the Health Insurance Act. Health inspections to assess and support working and functional capacity are a statutory function of occupational health care. These inspections examine remaining working capacity, assess the need for work modification, and apply opportunities for rehabilitation.

Article 13 of Convention No. 161: Information to workers on health hazards

Implementing measures

Please check if the information in the box below is up-to-date; if not, please update the text.

Section 17 of the Occupational Health Care Act (1383/2001), as amended. [Obligation of the provider of occupational health care services to provide advice and information]

Section 10 of the Government Decree on the Principles of Good Occupational Health Care Practice, the Content of Occupational Health Care and the Training of Professionals and Experts (708/2013), as amended. [Content of counselling and guidance by occupational health services]

<u>Article 14</u> of Convention No. 161: Information to be provided to the occupational health services of factors which may affect the workers' health

Implementing measures

Please check if the information in the box below is up-to-date; if not, please update the text.

Section 15 of the Occupational Health Care Act (1383/2001), as amended. [Obligation of the employer to provide information to occupational health care]

Section 16 of the Occupational Health Care Act (1383/2001), as amended. [Obligation of the employee to provide information to occupational health care]

<u>Article 15</u> of Convention No. 161: Information of occurrences of illness among workers and absence from work for health reasons

Implementing measures

Please check if the information in the box below is up-to-date; if not, please update the text.

Section 10a of the Occupational Health Care Act (1383/2001), as amended. [Notification of sick leave lasting over a month]

Section 15 of the Occupational Health Care Act (1383/2001), as amended. [Obligation of employer to provide information to occupational health care, including on occupational illnesses]

Section 5 of the Act on the Protection of Privacy in Working Life (759/2004), as amended. [Processing health data]

Inspections are also used to ensure that the employer has made all the legally determined notifications about absences to occupational health care services, and to review the manner in which the employer has organised the monitoring of sick leave. [Source: Report of the Government on C161, received in 2015]

Occupational health care is not subject to special supervision during this framework period.

<u>Article 16</u> of Convention No. 161: Authority or authorities responsible for supervising the operation of and for advising occupational health services

Implementing measures

Please check if the information in the box below is up-to-date; if not, please update the text.

Section 24 of the Occupational Health Care Act (1383/2001), as amended. [Supervision]

Section 23 of the Occupational Health Care Act (1383/2001), as amended. [Penalties]

In 2013, instructions for supervisors on monitoring the arrangement of occupational health care were published (Instructions for Occupational Safety and Health Enforcement 1/2013). [Source: Report of the Government on C161, received in 2015]

A guide to occupational health care and occupational safety for entrepreneurs produced by the Finnish Institute of Occupational Health in 2017 provides information on the nature of occupational health care, on why and how it is organised, and on why and how occupational safety is promoted. This publication is also suitable for entrepreneurs of foreign origin.

The Tyosuojelu.fi online service of the occupational safety and health administration provides separate details of the <u>organisation and content of occupational health care</u>.

Government's reply to <u>Direct Request (CEACR) - adopted 2016</u>, <u>published 106th ILC session (2017)</u> on Article 16 of C161

The occupational safety and health authority ensures that employers arrange and implement statutory occupational healthcare services. The organisation of occupational health care was an area monitored in all inspections (excluding such aspects as liability in outsourcing, accident inspections and market surveillance) over the framework period (2016-2019).

Occupational health care inspections 2016 - 2021

		Improvement	
Topic of inspection	Inspections	notices	Guidelines
Organisation of occupational health care	36,421	3,338	3,182
Identifying and assessing the risks of work	56,433	966	21,225
Occupational health care action plan	22,460	44	3,886
Occupational health care workplace survey Health inspections in work that poses a particular risk	65,061	1,153	25,561
of illness	21,686	612	1,334

The review of the operations and quality of occupational health care found 442 occupational health units in Finland at the end of 2018, with nearly 115,000 occupational health contracts concluded by the respondent units. Some 29 per cent of contracts were confined to statutory services, with the remaining 71 per cent covering medical care more broadly. Some 82 per cent of the employed workforce and 91 per cent of wage and salary earners in Finland were covered by occupational health care contracts. Occupational health care coverage was highest in southern Finland (over 90 per cent of the employed workforce), but lower in Northern Finland (about 2/3 of the employed workforce).

Medical centres and municipal commercial institutions provided services to nearly 90 per cent of employees. More than 6,500 health care professionals worked in occupational health units. There were approximately 900 consultant physicians in occupational health care, half of whom were full-time employees, signifying no substantial change since the 2015 survey. The number of physicians specialising in occupational health care now exceeds 450, which is about 10 per cent higher than in 2015. The number of psychologists and social sector specialists has clearly increased. A consultant in occupational health care and a qualified occupational health nurse were available at 80 per cent of all units. A qualified occupational physiotherapist was also available at three quarters, and a qualified occupational health psychologist at two thirds of all units. These figures for multidisciplinary professional expertise are clearly higher than in 2015.

The assessment components for the quality of occupational health care included staff qualifications, the self-assessed quality of key service processes based on unit documentation, the coverage and review of the quality system, client satisfaction, and the cost share of preventative operations. The findings indicated that 18 per cent of units were excellently placed to provide a high-quality occupational health service and 42 per cent were well placed to do so. The basic conditions were satisfied at 33 per cent of units, with 7 per cent falling short in this respect.

Application of Convention No. 161 in practice In so far as it has not already been supplied in reply to other questions, please provide information on the

pra inc trik	ractical applicat cluding inspecti bunals have gi	tion of the Cor ion reports, stu iven decisions	nvention concelludies and inquir	rned (for examplicies, statistics); placetions of principle educisions.	le, copies or ex lease also state	xtracts from offic whether courts	cial documents of law or other

Application of Convention No. 155 in practice

Government's reply to <u>Direct Request (CEACR) - adopted 2015, published 105th ILC</u> session (2016)

Please provide information in this box

Occupational accidents

The total number of occupational accidents reported in 2020 was the lowest ever in the history of compiling statistics on occupational accidents. The number of occupational accidents that occurred in 2020 was nearly 18% lower than the corresponding number in 2019. Significant closures in society and a rapid increase in teleworking in 2020 led to a record fall in workplace and commuting accidents, both in terms of the number and frequency of accidents. The low number of accidents at work also partly reflected the fairly minimal snowfall in the early months of 2020.

Preliminary data indicate that wage and salary earners sustained 110,100 accidents at work in 2021, which was about 8 per cent more than in 2020 but still significantly fewer than in 2019. 91,800 accidents at work occurred while on duty at a workplace, and 18,300 occurred while commuting between a dwelling and the workplace. A widespread continuation in 2021 of teleworking practices based on recommendations for managing the COVID-19 pandemic may be regarded as one important explanation for the observed trend. Source: TVK analyses No 37 | 17.2.2022

Table 1. Accidents sustained by wage and salary earners at work and in commuting, 2005-2020

Source: Tikku statistical application, Finnish Workers' Compensation Centre, retrieved on 11 May 2022

commuting

Table 2. Work-related accidents sustained by wage and salary earners, 2013-2020

workplace

·	2013	2014	2015	2016	2017	2018	2019	2020
Work-related accidents sustained by wage and salary earners	101,540	98,076	96,396	98,617	102,226	102,274	103,131	86,606
Commuting accidents sustained by wage and salary earners	21,640	17,648	20,158	21,574	24,278	22,166	23,226	15,973
Number of deaths, Accidents at work	16	23	27	24	19	16	23	16*
Number of deaths, commuting accidents	13	8	13	10	6	12	10	10*

^{*} estimate

Source: Accident insurance in figures 2020, p. 31, Finnish Workers' Compensation Centre

Table 3. Accidents at work sustained by wage and salary earners by principal sector, 2013-2020

Principal sector	2013	2014	2015	2016	2017	2018	2019	2020
C Manufacturing	17,994	16,930	15,651	15,313	16,119	15,989	15,626	13,449
F Construction	13,908	13,112	12,879	13,797	14,573	15,101	14,711	13,489
G Wholesale and retail	11,298	10,914	10,547	10,759	10,561	10,691	10,823	9,433
H Transport and storage	8,555	7,956	7,702	7,826	7,759	7,617	7,694	5,930
N Administrative and support services	7,414	7,655	7,864	8,271	9,446	9,745	10,282	8,026
Q Health and social services	4,164	4,245	4,408	4,715	4,865	5,294	5,855	5,651
Z Municipal sector	20,800	20,069	20,565	21,065	21,631	20,883	20,665	17,212
Others	17,407	17,195	16,780	16,871	17,272	16,954	17,475	13,416
Total	101,540	98,076	96,396	98,617	102,226	102,274	103,131	86,606

Source: Accident insurance in figures 2020, p. 33, Finnish Workers' Compensation Centre

In 2020 the accident frequency rate, i.e. the total number of injuries covered by workers' compensation per one million hours worked, was 25. A downward trend is seen in the number of occupational accidents in all the main sectors except for social and health services.

Table 4. Frequency of accidents at work sustained by wage and salary earners, compensated accidents at work per million hours worked

Palkansaajien työpaikkatapaturmataajuus, kaikki korvatut työtapaturmat (miljoonaa työtuntia kohden)

Taajuus

80

40

20

2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020

SATTUMISVUOSI

Valinta

H Kuljetus ja varastointi

N Hallinto- ja tukipalvelutoiminta

O Terveys- ja sosiaalipalvelut

Frequency of work-related accidents (per million working hours)

	• •	Frequency of work-related accidents of wage and salary earners, all compensated work related accidents (per million working hours)						
Frequency								
		YEAR OF OCCURRENCE						
		Legend						
	Overall frequency	C Manufacturing	F Construction					
	H Transport and storage	N Administration and	Q Health and social					
		support services	services					

Source: Tikku statistical application, Finnish Workers' Compensation Centre, retrieved on 17 May 2022

Table 5. Frequency of accidents at work sustained by wage and salary earners								
Operating sector	2013	2014	2015	2016	2017	2018	2019	2020
C Manufacturing	33.2	33.2	31	30.2	31.5	30.4	30.2	26.7
F Construction	63.1	62.2	61.2	62.1	60.9	59.2	60.9	55.2
G Wholesale and retail	29.1	29.3	28.2	27.8	28	27.4	28.7	26.2
H Transport and storage	46.1	42.6	42.7	40.2	40.3	38.4	39	33.7
N Administrative and support services	51.8	51.2	50.2	49.6	52	53.2	53.1	45
Q Health and social services	30.8	30.1	31.4	32.1	32.4	32.8	34.9	34.5

17.6

Source: Accident insurance in figures 2020, p. 36, Finnish Workers' Compensation Centre

The frequency of accidents at work in the main construction industry (F) has fallen significantly since 2006. The frequency of accidents at work has already fallen by around 33 per cent compared to 2006 levels. The prolonged downward trend in frequency shows the impact of long-sustained work to improve occupational safety in the main construction sector. The favourable trend is also reflected in the severity of accidents at work in construction, meaning that accidents are becoming less serious in this sector. Source: Frequency of accidents at work in construction continues to fall, Finnish Workers' Compensation Centre analyses 32, 31 May 2021

Some jobs in administrative and support services (N) have a high accident frequency. While this frequency fell to 45.9 in 2020, it was still clearly higher than the average of 25 for all industries. Various subsectors are classified under administrative and support services: rental and leasing operations, employment service operations, travel agency and tour organiser operations and booking services, security, guarding and detective services, property and landscape management, and administrative and support services for business. Accidents sustained in temporary agency work are recorded under employment service operations. While the frequency of accidents at work in employment service operations fell to 64.4 in 2020, this is still very high. Evidently the majority of accidents in the employment service sector are sustained by construction workers and employees assisting in industry and construction. Source: Finnish Workers' Compensation Centre, Analyses No 36.

The trend in the number and frequency of accidents at work in the private health and social services sector has been rising for a long time, with the frequency level exceeding the average frequency for all industries. The frequency level for accidents at work was remarkably high particularly in social welfare care institutions and other institutional social welfare services. An increase in various injuries caused by people has been a prominent feature of accidents at work in institutional social welfare services in recent years, even though there has also been a slight rise in injuries related to physical stress and collisions with objects. Source: Deterioration continues in accidents at work in the private health and social services sector in 2020, Analyses of the Finnish Workers' Compensation Centre 30, 6 April 2021

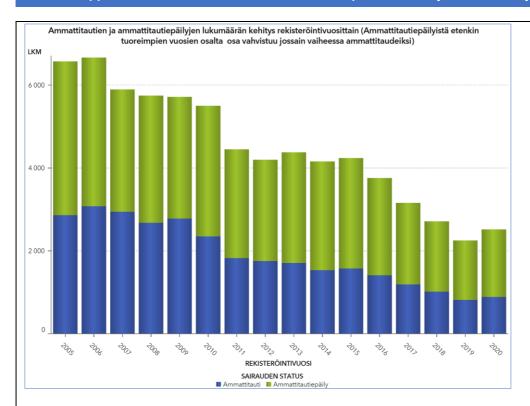
Occupational diseases

Z Municipal sector

Others

The number of recognized occupational diseases in the working-age population has continued to decrease for several years. The downward trend is explained by the reduced number of cases of noise-induced hearing loss and asbestos-related diseases in particular.

Table 6. Trend in cases of occupational disease and suspected occupational disease by year of registration (some suspicions of occupational disease will be confirmed at some stage, especially for the most recent years).



	suspected occupational discected occupational discected occupational disceases or more recent years)	• •			
Number					
	YEAR OF RE	GISTRATION			
	STATUS OF ILLNESS				
	Confirmed disease	Suspected disease			

Table 7. Occupational diseases and suspected occupational diseases of wage and salary earners by year of registration

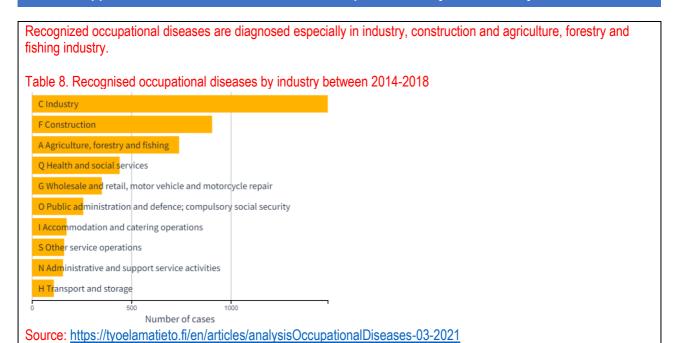
Occupational disease/suspicion	2013	2014	2015	2016	2017	2018	2019	2020
Occupational disease	1,710	1,541	1,577	1,413	1,191	1,020	822	934
Suspected occupational disease	2,670	2,619	2,659	2,341	1,966	1,688	1,428	1,586
Total	4,380	4,160	4,236	3,754	3,157	2,708	2,250	2,520

Source: Accident insurance in figures 2020, p. 45, Finnish Workers' Compensation Centre

Table 8. Occupational diseases and suspected occupational diseases of employed persons by year of registration and category of disease

	2013	2014	2015	2016	2017
Asbestos diseases	736	654	663	628	538
Occupational asthma and rhinitis	851	784	833	751	604
Skin diseases	1,033	963	953	947	906
Noise injuries	1,021	954	1053	910	656
Stress disorders	442	378	420	348	253
Others	496	517	460	459	365
Total	4,579	4,250	4,381	4,043	3,322

Source: Accident insurance in figures 2020, p. 49, Finnish Workers' Compensation Centre



Application of Convention No. 187 in practice

Government's reply to Direct Request (CEACR) - adopted 2015, published 105th ILC **session (2016)**

See response related to accidents at work and occupational diseases Government's reply to Direct Request (CEACR) - adopted 2015, published 105th ILC session (2016).

Occupational health and safety enforcement in figures

	2018	2019	2020
Inspections and enforcement sites			
Total inspections (including remote inspections)	26,239	23 977	14,596
Total enforcement sites inspected	21,409	19 472	12,472
Inspections per inspector-working year*	66	77	51
Documentation inspections (inspections based on documents)			
Number of documentation inspections	2,822	3,225	5,420
Workplace inspections (inspection conducted by visiting a workplace	2)		
Number of workplace inspections	23,417	20,752	9,176
Average time spent on site for one inspection, hours	1.4	1.4	1.3
Guidelines and improvement notices			
Guidelines	57,095	51,419	26,293
Improvement notices	7,400	7,225	4,110
Coercive measures			
Prohibition notices confirmed by the Occupational Safety and Health Authority	83	63	57
Binding decisions	295	178	160
Conditional fines imposed	37	37	31
Conditional fines ordered payable (EUR)	372,000	185,000	263,500
Outsourcer negligence fines (Decisions issued in operating year)**	105	75	84
Total outsourcer negligence fines (EUR, paid in operating year)**	522,900	301,700	449,500
Negligence fines related to posted workers (decisions issued in operating year)	-	14	18
Total negligence fines related to posted workers (EUR, paid in operating year)	-	65,000	99,500
Investigation requests and statements			
Investigation requests to the police	333	288	371
Statements to police/prosecutors	473	488	547
Demand for services			
Client contacts/total demand for services***	35,200	30,400	32,508
Inspections on request	2,062	2,094	1,829
Investigation of work-related accidents and occupational diseases			
Work-related accidents investigated	1,048	1,183	841
Occupational diseases investigated	52	35	15
Staffing (person-years)			
Occupational safety and health divisions	400	394	404
Operating expenditure (EUR 1,000)			
Occupational safety and health divisions	24,461	24,628	26,130
			-

^{*} The data for 2018 include person-years of the entire staff.

^{**} Some decisions issued during the year will not be payable until the following year.

*** Total includes e-mails received in occupational safety and health divisions and call responses in telephone counselling.

Some contacts also come directly to inspectors and are not included in the total demand for services