

REPORT

for the period 1 June 2010 to 31 May 2015, made by the **Government of Finland**, in accordance with article 22 of the Constitution of the International Labour Organisation, on the measures taken to give effect to the provisions of the

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

ratification of which was registered on 26 June 2008.

Observation, 2010

Article 2(1). Promote continuous improvement of OSH by the development of a national policy, national system and national programme.

The amended Government decree on the principles of good occupational health practices, the content of occupational health care and the qualifications of professionals and experts (708/2013) entered into force on 1 Jan 2014. The decree specifies collaboration practices in occupational health care between the workplace and other health care providers and emphasises the promotion of an employee's health and abilities.

In supporting an employee's working ability, the employer's responsibility and coordinative role of occupational health care are emphasised. The goal is to commit the parties to continuous collaboration in order to extend careers. The decree now introduces the new concept of occupational health cooperation, pertaining to systematic, goal-oriented collaboration between the employer, employees or their representatives and occupational health care providers in implementing the Occupational Health Care Act. Successful occupational health care cooperation requires that up-to-date information is available at the workplace on the place's hazardous and load factors as well as resources (the principle of being informed) and plans (the principle of preparedness) for managing risks at the workplace and improving wellbeing at work, to be implemented in cooperation between the employer, employees and occupational health care (the principle of participation). The decree emphasises the significance of the workplace review conducted by occupational health care officials in producing the aforementioned information for occupational health cooperation.

A new addition compared to the previous decree (1484/2001) is the requirement of a written quality system for the occupational health care unit, aimed at improving the effectiveness of occupational health care. The transition period for implementing this is two years. New additions also include social rehabilitation in support of working ability and experts in social affairs in occupational health care. In addition, the training requirements have been expanded to 15 study credits for the multiprofessional team in occupational health care (public health nurses, physiotherapists and psychologists as well as physicians working part-time).

The occupational health care compensation practices have been amended to promote occupational health cooperation and support of work ability. An amendment to the Health Insurance Act (Chapter 13, Section 5) entered into force from the beginning of 2011. It encourages workplaces to

draft a model for monitoring the working ability, which is a prerequisite for Kela's reimbursement of 60% for the preventive occupational healthcare. Otherwise the reimbursement percentage is 50.

Amendments to the Health Insurance Act and Occupational Health Care Act, which entered into force on 1 Jun 2012 (1224/2004, Chapter 8, Section 5 a; 1383/2001, Section 12, Subsection 1, Paragraph 5), aim to improve the chances of detecting prolonged inability to work early enough, and to facilitate recovery and return to work. This is also known as 30/60/90 days rule.

Amendments to the Health Insurance Act and Occupational Health Care Act demand that

- an employee's remaining ability to work is assessed by occupational health care
- the employer establishes their employee's possibilities of continuing to work together with the employee and occupational health care
- a physician in occupational health care drafts a statement on the employee's remaining working ability and possibilities of continuing to work
- the employer notifies occupational health care of their employee's sickness absence at the latest after one month (30 days) of sickness absence
- you apply for sickness allowance from Kela within two months (60 days) of the beginning of your inability to work in stead of four months, as before
- the employee submits a statement from occupational health care to Kela at the latest once sickness allowance has been paid for 90 weekdays (otherwise the payment of the sickness allowance can be interrupted).

Direct Request, 2010

In Finland the same legislative framework applies to micro-, small- and medium-sized enterprises. There is no specific legislation which concerns only these enterprises. In the websites of Finnish Institute for Occupational Safety and Health is available information on occupational health care and OSH aimed at small-sized enterprises

<http://www.ttl.fi/fi/toimialat/pienyriykyset/Sivut/default.aspx> This information is only available in Finnish.

Please find below the requested statistics on occupational accidents and diseases.

Wage earners' and entrepreneurs' occupational accidents in 2005-2013. Source: Occupational accident insurance.

<http://www.tvl.fi/fi/Tilastot-/Tilastojulkaisut/Tilastojulkaisu/>

	INSURANCE CATEGORY		
	Total	Wage earners	Entrepreneurs
2005	134738	128935	5803
2006	140192	134156	6036
2007	143574	137295	6279
2008	147920	141427	6493
2009	122890	116631	6259
2010	130456	123965	6491
2011	137979	131037	6942
2012	134481	127680	6801
2013	132046	124947	7099

Occupational diseases of the employed in 2000 – 2012 Source: The Finnish Institute of Occupational Health.

http://www.ttl.fi/fi/tilastot/tyotapaturmat_ammattitaudit_ja_sairauspoissaolot/Sivut/ammattitaudit_vuosittain.aspx

Year	Cases of occupational diseases
2000	4,991
2001	4,923
2002	4,807
2005	6,774
2006	6,715
2007	6,279
2008	6,104
2009	6,299
2010	5,839
2011	4,692
2012	4,404

Statistical data on the OSH Administration is included in the C 81 report.

Policies for the work environment and wellbeing at work until 2020

The Ministry of Social Affairs and Health adopted the social affairs and health policy strategy, entitled Socially Sustainable Finland 2020, in January 2011. Policies for the work environment and wellbeing at work until 2020 (2011:13 publication of the Ministry of Social Affairs and Health) specify the strategy in terms of the promotion of occupational safety and health. The policies pay particular attention to OSH areas related to the work environment and wellbeing at work. The document, for its own part, contains the national policy referred to in the ILO Convention no. 187.

Link to Socially Sustainable Finland 2020 (in English):

<http://www.julkari.fi/bitstream/handle/10024/112140/URN%3ANBN%3afi-fe201504223802.pdf?sequence=1>

Link to Policies for the work environment and wellbeing at work until 2020 (in English):

<http://www.julkari.fi/bitstream/handle/10024/112065/URN%3ANBN%3Afi-fe201504223826.pdf?sequence=1>

The objective of occupational wellbeing policies is to contribute to longer careers. People's abilities, desire and opportunities to work should be improved. Work should be appealing and it should promote health and ability to work and function. The Ministry of Social Affairs and Health has set a target to lengthen people's years of employment by three years by 2020. The following targets are set for improving OSH (desired state 2020, figures indicate 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%.

The policies include measures to be taken to achieve these targets.

The quality of leadership will be improved in businesses and other organisations together with stakeholders and by influencing training and education. Health, safety and wellbeing are generally included in good leadership. Leadership is developed with a better safety environment in mind. Cooperation and communication, above all, will ultimately improve leadership.

The preventive role of occupational health care will be strengthened. Its effectiveness is assessed through its annual report and through monitoring sickness absences, occupational accidents and diseases. Models for early intervention will be introduced to promote and support working ability at workplaces. Cooperation between line organisations and experts will be improved in order to promote health and working ability. The cooperation will include mutual awareness and joint actions to improve health and safety, such as workplace reviews, expertise in risk assessment and early intervention for employees or leadership. Successful occupational health care requires functioning communication and awareness of the state of affairs.

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.

There will be a joint effort to examine what kind of communication best corresponds to needs and yields good results. Communication will be made more effective through various means and channels.

OSH legislation will be drafted in tight cooperation with social partners to keep it up-to-date and in tune with the needs of working life. The modernity of decrees will be assessed at least at intervals of five years and that of laws at least at intervals of ten years as of their entry into force. EU politics support efforts to simplify directives and shift the focus on Member States, whenever possible without cutting basic regulations, such as risk assessment or workplace cooperation.

The OSH Administration ensures effective, competent and consistent enforcement through the development of enforcement practices and expertise. The assessment of the impact of enforcement will be developed, as will the impact of various measures.

Implemented measures

National cooperation projects were started up in 2012, including themes that promote OSH. One essential project is the Forum for wellbeing at work. It is a programme aiming to contribute to longer careers and wellbeing at work. The Forum for wellbeing at work has encouraged SMEs, in particular, to get involved in activities, supported the implementation of the Zero Accident Forum's policies and the strengthening of online communication with the ([www.tyohyvinvointifoorumi.fi](http://www.ttl.fi/partner/thf/Sivut/default.aspx)) <http://www.ttl.fi/partner/thf/Sivut/default.aspx> service. In addition, information on implementing organisational changes, preventing accidents and reducing inappropriate treatment and bullying at work, etc. has been provided to workplaces.

Preventive measures against occupational diseases and harmful strain have been started up in particular with respect to exposure to chemicals and inappropriate treatment. The leadership development network compiled and disseminated good leadership practices and management skills among workplaces and drafted quality criteria for public sector leadership.

Anticipation is increasingly emphasised in the drafting and development of OSH policies. In order to improve the effectiveness of OSH, the planning of activities must be based on a sufficient knowledge base. This is the objective in stakeholder cooperation, more systematic monitoring and analysis of the operating environment and coordination in project and development activities.

The tripartite Advisory Committee on Occupational Safety regularly discusses matters related to OSH policies. Follow-up reports on the implementation of the Occupational Safety and Health Strategy are submitted every three years. The Advisory Committee on Occupational Safety discusses and adopts follow-up reports at intervals of three years, and they are published in Finnish, Swedish and English.

The framework agreement guides the OSH areas of responsibility

The Department for Occupational Safety and Health under the Ministry of Social Affairs and Health is responsible for the performance of OSH areas of responsibility under the Regional State Administrative Agencies. The performance management includes the goals and budget allocated for the OSH areas of responsibility. Performance management aims to ensure that OSH areas of responsibility and OSH enforcement yield results and function consistently. Performance management also includes monitoring and reporting.

The Ministry of Social Affairs and Health determines the objectives of the OSH areas of responsibility for four-year periods with a framework agreement. The ongoing framework agreement period is 2012-2015. The baseline for establishing the goals is the Ministry's social affairs and health policy strategy, entitled Socially Sustainable Finland 2020, and Policies for the work environment and wellbeing at work until 2020, drafted in tripartite cooperation led by the OSH department.

The strategic objectives for OSH areas of responsibility in the framework agreement period 2012-2015 are as follows:

1. Functioning OSH management practices are in place in workplaces.

The central objective of OSH Authorities is to have workplaces take their own initiatives to improve working conditions. This means that statutory, functioning OSH cooperation organisations

and safety management systems are in place and that occupational health care is organised in line with legislation.

2. Enforcement initiated by authorities is directed at the most important targets in terms of safety, health and working ability in order to improve OSH management and working conditions and also ensure that the rules of working life, required by legislation, are followed. This requires that OSH areas of responsibility have functioning procedures to select enforcement targets.

3. Customer-initiated demand is met in accordance with agreed quality targets and delivery times. This requires that OSH areas of responsibility have sufficient competence, resources and consistent operating methods to conduct enforcement.

4. OSH enforcement utilises the most effective and result-oriented means possible in each case. This requires for the effectiveness and results of enforcement to guide the selection of enforcement means and also requires the results to be assessable.

5. OSH enforcement has indicators describing working conditions and changes in their management at its disposal. Indicators describing the productivity of activities and service demand are also used. This calls for the development of the indicators in cooperation with OSH Administration, labour market organisations, expert institutions and workplaces as well as expertise in utilising the indicators. The indicators include changes in the state of matters to be inspected, reviews of working environments and working conditions indicators.

Approx. 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.

Cooperation (art 4 point 3)

The OSH department is not aware of any practical problems related to Section 26 of the Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces (44/2006). Any potential problems would be brought up by customers.

I LEGISLATION AND REGULATIONS

Please see Observation 2010.

II-V

Nothing new to report.

VI

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

1. The Confederation of Finnish Industries (EK)
2. The Central Organization of Finnish Trade Unions (SAK)
3. The Finnish Confederation of Professionals (STTK)

4. The Confederation of Unions for Professional and Managerial Staff in Finland (AKAVA)
5. The Commission for Local Authority Employers (KT)
6. The State Employer's Office (VTML)
7. The Federation of Finnish enterprises

VII Statements of the labour market organisations:

The Central Organization of Finnish Trade Unions and the Confederation of Unions for Professional and Managerial Staff in Finland, joint statement

SAK and Akava refer to their previous statement from 2010.