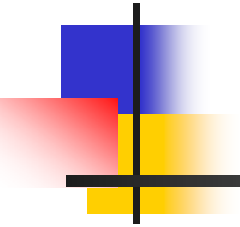




Occupational Health Services in Norway



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A-MED Occupational Health Service



A little history

- Labor protection laws from 1892
 - Factories established positions for occupational physicians
- 1943 first occupational physician organization
- 1946 first occupational health organization
 - Cooperation between LO (association of trade unions), NAF (employers association) and Norwegian Medical Association
 - Goal of establishing positions for occupational physicians in companies/factories
 - Focus: health- and hygiene control



More history

- 1974 new OHS tripartisan agreement
 - Greater focus on preventive measures in the work environment
 - OHS employed other health professionals
 - Such as hygienists, physiotherapists (ergonomics), occupational nurses
- 1977 Norwegian Working Environment Act
 - Obligatory OHS in certain branches
 - Branches with high risk in the physical work environment
 - Chapter with special focus on psychosocial conditions
- 1992 Internal Control regulation
 - Companies must document that they have and use systematic health, safety and environment systems



More current history

- 1994 new OHS regulation
 - Defining quality, tasks and education
- 2001 Work Environment Act updated
 - Greater focus on work as a health promoter
 - Continued focus on psychosocial factors
 - Stress responsibility and roles: employer is responsible, but strong cooperation between employer and employees is necessary
- 2009 new regulation passed that will further regulate and set quality requirements for OHS



OHS in Norway?

- OHS employs health professionals with specialties in the occupational health field.
 - Such as occupational physicians, physiotherapists, nurses, psychologists, hygienists, engineers
- Employers are required to have knowledge of HSE legislation and seek services that cover their companies needs.
 - OHS are varied: public, private, internal, external, group practices
 - Non-profit, commercial
 - Trend towards larger private commercial group practices



What do laws and regulations say?

- OHS goals and requirements are found in Work Environment Act §3-3
- Regulations for OHS
 - The goal of occupational health employees and ombudsmen is to oversee the work environment and have a role in protecting and ensuring employees health and welfare in respect to the work environment
 - Employer is responsible
 - Consultants for both employer and employees



Tasks § 6

- Employer is responsible for that their OHS:
 - Are consultants in planning and establishing of new workplaces, work processes and equipment.
 - Help evaluate the work environment. Consultants in preventive and health promoting measures.
 - Help to adapt the work situation to each individual employees needs.
 - Education and information on health, safety and environment issues.
 - Consultants in sick-leave follow-up and rehabilitation in the work-place.



Why use OHS services?

- Help workplaces create healthy and safe work environments
 - In cooperation with employer, employee, union representatives, ombudsmen and company work environment committees (AMU)
- Unbiased position in respect to work-environment questions
- Specialists in the area of work and health
- Good knowledge of the companies work environment
 - **Possibilities for continuous improvement**
 - **Dangers/risks**

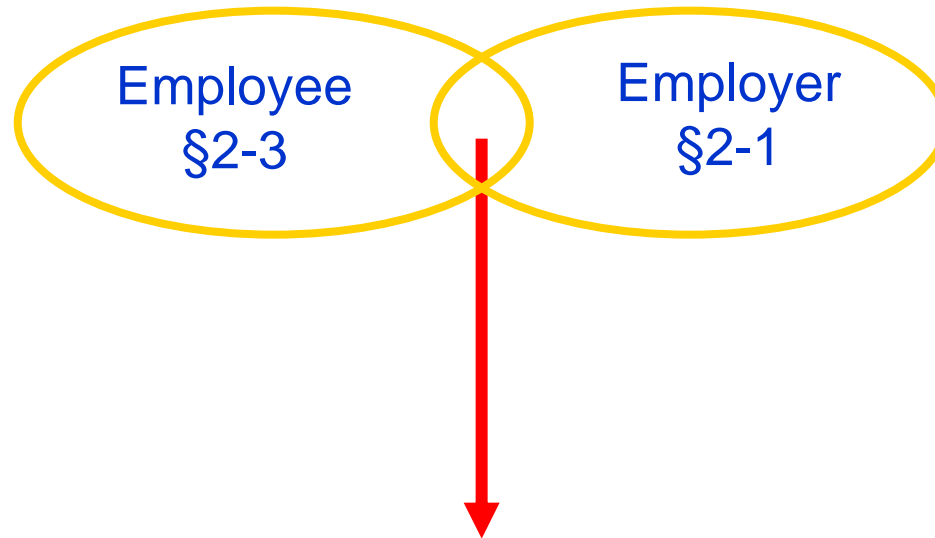
Support for both employees and employer

- **Cooperation with HSE ombudsmen, HSE committee and other HSE-advisers**
- **Promote cooperation**
- **Evaluate the need for changes and development**





The core of occupational health and safety work



Co-responsibility in creating workplaces with good psychosocial and physical conditions. Problem solving at the lowest level. OHS consultants involved when necessary.

Advisers



- HSE ombudsmen
- Companies HSE-adviser
- Safety personnel
- OHS professionals
- Employee representatives
- Human resource department
- Company HSE committee



HSE committees (AMU)

- Required by law in companies with more than 50 employees
- Goal of ensuring optimal HSE conditions
- Equal number employer and employee representatives
 - Leaders
 - HSE ombudsmen
 - Employee representatives
- OHS is represented
- Plans for health, safety work and health promotion
- Minimum 4 meetings yearly



OHS role in HSE work and occupational health

- Organizational work environment
- Physical work environment
- Health and welfare of the individual

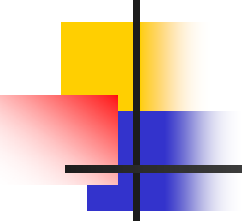


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HSE work pertaining to the organizational work environment

- **Consulting and education in HSE routines and systems**
 - Systematic HSE-work / Internal control systems
 - Safety and security
 - Sick-leave follow-up and rehabilitation
 - Alcohol/dependencies rehabilitation
- **Education/consulting for leaders and ombudsmen in quality HSE work**
 - At the organizational level
 - At the individual level
- **Investigations and processes to ensure a healthy work environment**



OHS tasks: Organizational level

Consulting/services:

- Organizational changes and development
- Cooperation
- Communication
- How to deal with conflicts



OHS tasks:

Physical work environment

- Ergonomics
 - Adaption of workplaces
 - Advising employees with musculoskeletal disorders
 - Consulting in construction processes
 - Preventive health – training breaks, health promotion
- Physical conditions
 - Indoor air / ventilation / lighting
 - Noise reduction and protection
 - Chemical risks



OHS tasks: focus on the individual

- Counseling for individuals and leaders in prevention of occupational illnesses
- Health promotion
- Counseling to prevent alcohol abuse and other dependencies
- Sick leave follow-up
 - Coordinate cooperation between employee, leader, primary physician, welfare system



Which occupational related illnesses are most common?

- Musculoskeletal symptoms/disorders
- Psychological symptoms/disorders
- Fatigue syndromes

- Most often related to poor organizational / psychosocial conditions
 - Stress/ high work load
 - Often combined with high stress in home situation
 - Poor organization
 - Problems with cooperation/ conflicts
- Or poor ergonomics



How do the occupational health service cooperate?

- Yearly HSE plans with each company
 - Planning meetings with the administration, HSE leader and HSE representative (ombudsmen)
- Frequent planning meetings
 - With follow-up of HSE plans
- Participation in meetings with HSE ombudsmen
- Participation in HSE committees
- Consultants in all HSE areas



Criteria for success in HSE work

- HSE focus is communicated from the top of the organization
- Good HSE-systems with well functioning revision
- Employees contribute and take responsibility
- Active HSE ombudsmen
- Openness about challenges in the workplace environment
- Well functioning dialog and cooperation
- Occupational health service with high quality