Occupational Health Services in Norway

Kjersti Aksnes Skantze
Physician, Specialist in occupational medicine
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 employee's 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
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
  - Adaptation 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