

Country Profile Austria

Registration system of work-related accidents and diseases

In Austria, accidents at work are reported to national insurance systems for accidents at work.

Employers are obliged to report accidents to the labour inspectorate immediately when a worker is killed or “seriously injured”. In addition, the employer is obliged to report the accident to the accident insurance provider in five days term, in case the injured worker is insured - which usually is the case (compulsory insurance membership of Austrian employers). Only accidents with more than 3 days absence must be registered to the accident insurance provider.

In Austria, there are four accident insurance bodies. Each body publishes own statistics. Joint statistics are published by the Umbrella Association of the Austrian Social Insurance (Hauptverband der österreichischen Sozialversicherungsträger, abbr. HVB SV). HVB SV also reports to the national statistical office, Statistik Austria.

Occupational health and safety legal provisions relevant to cost estimation

The Health and Safety at Work Act (usually called ArbeitnehmerInnenschutzgesetz, 1995, abbr. ASchG) sets the frame for the regulatory framework on OSH in Austria. The Act transposes the preventive approach set out in the EU OSH Framework Directive 89/391, establishing risk management principles, risk assessment, risk elimination priorities etc. The overall responsibility for occupational safety and health is attributed to the employers. In the processes of OSH risk management, the employer is supported by preventive services. The obligation to use such services is independent of the size of the company and is also valid for companies with only one employee.

The social insurance system is established with various acts on the branches of the social insurance and their institutions. Most prominent is the Act on Social Insurance (Allgemeines Sozialversicherungsgesetz, abbr. ASVG) which contains the central regulatory provisions as the statutory insurance of employees in the health, accident and pensions insurance. Annex 1 of the ASVG contains the list of occupational diseases. Further definitions can be found in §177 of the ASVG. Diseases which are not part of the list can still be recognized as quasi-occupational on individual basis.

Austria has no insurance-based incentives to motivate enterprises to comply with legal minimum requirements (no bonus-malus system).

Key characteristics of the health care system

Austria has a predominant Bismarckian system with separate health insurance, accident insurance and pension insurance institutions.

Key characteristics of the insurance system

The Austrian insurance system for occupational risks / accidents) is based on public bodies which are self-governed. In addition to work accidents, the insurance also covers travel accidents on the way to work and occupational diseases. Insurance premiums are paid by the employer only and the contribution is 1.3% of the payroll (2016, §51 ASVG). There are no premium variations foreseen but there are incentive schemes for low-cost consultancy for safety and health management for SMEs or funding of health promotion activities. In contrast to the accident insurance, the health insurance premium of roughly 8% of the wage is shared by employers and employees. Spouses and children can be co-insured in the health insurance.

There are 15 major health insurance bodies for employees, nine regional public bodies and six providers which were founded as health insurances of major companies. In addition, the three smaller accident insurance providers, Social Insurance for the Public Sector (BVA), Insurance Institution of Austrian Railways (VAEB), and the Social Insurance Institution for Farmers (SVB) also cover health care of the insured persons. The Social Insurance for Trade and Industry (Sozialversicherungsanstalt der gewerblichen Wirtschaft, abbr. SVA) is the health insurance provider for the self-employed.

The health insurance is compulsory for everybody with a legal income and established in the ASVG. People may also have private additional insurances that allow for better or alternative treatment, the reduction of patient's contributions (private coverage of costs that access the insurance coverage in case of certain treatments) or more comfort (e.g. private room in hospitals).

The health insurance does not only cover treatment but knows also additional benefits such as sickness and maternity benefits.

In case of sickness the employee is first entitled to a continued payment of wages. The duration varies between Angestellte (lit. employees, referring to traditional white collar work, §8 AngG) and Arbeiter (lit. workers, blue collar, §2 EFZG), the individual work contract duration and the reason for the absence (work accident or other forms of illness). When the continued payment expires, the employee or worker can receive a financial sick leave benefit ("Krankengeld", §138 ASVG) which is granted by the health insurance, regardless of work related or not-work related reasons of the illness.¹ The sick leave benefit is granted for up to one year.

In case of occupational accidents or illness, the accident insurance covers treatment, rehabilitation, prostheses and disability pension. Disability pension is granted if after three months after the incident the work ability of the insured person is still reduced by at least 20%. It is granted after the sick leave, respectively after half a year as the latest. It can be paid in addition to the sick leave benefit as far as the disability pension exceeds the sick leave benefit. When the disability pension exceeds 50% of the regular pension, the worker is considered as severely handicapped and can be granted additional monetary benefits. Widows of severely handicapped workers can also receive benefits in form of as single payments or pensions. Children and students receive a single monetary compensation in cases that result in a reduced work ability.

¹ In contrast to Germany, where „Krankengeld“ in cases of non-occupational illness is granted by the health insurance and „Verletztengeld“ in cases of occupational illness is granted by the accident insurance.

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Relevant key legislation:

Allgemeines Sozialversicherungsgesetz (ASVG)

Angestelltengesetz (AngG)

ArbeitnehmerInnenschutzgesetz (ASchG)

Bundesgesetz über die Arbeitsinspektion (ArbIG)

Entgeltfortzahlungsgesetz (EFZG)

See: Bundeskanzleramt (2016), Rechtsinformationssystem. Available at:

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Country Profile Belgium

Registration system of work-related accidents and diseases

In Belgium, accidents at work are reported to national insurance systems for accidents at work.

It is the responsibility of the employer to ensure that (a representative of) the internal service of prevention and protection at work draws up an occupational accident index card containing information on the employer, the victim, the incident, and the injury.

It is allowed to replace the index card with a registration form for occupational accidents, given that this form includes all the information that one would need to fill in the index card. These registration forms for occupational accidents are also used to report the accident to the insurance company.

The index cards have to be sent to the department of medical supervision and (in most cases) to the regional direction of Supervision on the Wellbeing at Work by the employer.

The internal service of prevention and protection is obligated to draft yearly reports, mentioning the occupational accidents from the past year. They are also obligated to draw up monthly reports, containing information on the occupational accidents (covering not only their own employees, but also temporary workers and other external employees).

In addition, the employee and occupational physician are obligated to report occupational diseases to the fund for occupational diseases.

Occupational health and safety legal provisions relevant to cost estimation

The employer is responsible for the working conditions in a company. An interdisciplinary OSH department will assist the employer. This department has one or more prevention advisers.

The “Law of 4 August 1996 on well-being of workers in the performance of their work” covers occupational safety and health (OSH) at work. This law applies to both the private sector and public services. The Law transposes into Belgian law the framework Council Directive 89/391/EEC of 12 June 1989. The Law and its implementing royal decrees together form the “Code on Well-being at Work”, which applies to all employers with at least one employee.

The Code on Well-being at work emphasizes on prevention and on broadening OSH to general well-being at work. All employers, according to the law, must operate a health and safety policy which should be integrated into their general management policy and should be based on general principles (such as preventing or eliminating risks).

Each employer should have an interdisciplinary OSH department. However, if this interdisciplinary department is not sufficient, the employer is required to use an external service. If an employer has less than 20 employees, he or she can assume the position of OSH prevention and protection.

If the interdisciplinary department is not a medical supervisor, a copy of the index card or registration form of the occupational accidents should be sent to the department responsible for this medical supervision.

Belgium has a bonus-malus system, indicating that there is an economic incentive, seeing as insurance premium variation is based on experience rating. This way, employers are persuaded to invest in OSH. Insurance premiums for the company, when it comes to occupational accidents, depend on the number of accidents and their severity as a result of the Royal Decree of 8 May 2007 on premium differentiation for occupational accidents. The formula that the insurance companies use to calculate the premiums also takes the size of the company into account.

Key characteristics of the health care system

Belgium has a predominantly Bismarckian system.

Key characteristics of the insurance system

Private insurers control the industrial or occupational accident insurance. It is compulsory for all employers in the private sector (and trainees and apprentices) to have insurance, and therefore this system (of private insurers) is an important aspect of social security. Another result of this system is that the markets are competitive.

It is not compulsory for self-employed to have insurance. In addition, there are different regulations for individuals in the public sector.

Belgium has a distinct system for occupational accidents and diseases: disease insurance is a task of the public fund while accident insurance is run mainly by private insurance companies.

The insurers are controlled by the Occupational Accident Fund, which is a public institution and is also concerned with the prevention of industrial accidents.

Occupational illnesses, on the other hand, are controlled by the Occupational Diseases Fund, which is a state-controlled institution. All employers have to spend a specific percentage of their total wages on this Fund.

Both funds are under the guardianship of the FPS Social Security.

Country Profile Bulgaria

Registration system of work-related accidents and diseases

In Bulgaria, accidents at work are reported to national insurance systems for accidents at work.

It is obligatory reporting for employers to report occupational accidents. If the accident is not reported in time, the employee is entitled to do so.

It is also obligatory for medical doctors and dentists, to report occupational diseases (including fatalities).

There is an economic incentive when individuals report their occupational accidents to the insurance seeing as premium variation is based on experience rating (bonus-malus system).

However, the results of a survey of Bulgarian experts suggest that micro-economic incentives might not motivate employers enough to improve their OSH.

The experts believe that incentives from state-run organizations might be most effective. However, personal consultation and tax reduction is also judged as highly effective. They also suggested that certificates or awards cannot be used in Bulgaria seeing as it would be expensive and because the effects on the corporate image would be unsubstantial.

Occupational health and safety legal provisions relevant to cost estimation

In 1997, the Bulgarian Health and Safety at Work Law (HSWL) was adopted. It has been subject to amendments since then and it applies to all organizations and self-employed individuals.

The employer is obliged to protect employees and to prevent health and safety issues by assessing the risks and improving the conditions. An employee, dedicated to carrying out protection and prevention measures in the organization, must be appointed by the employer. This could also be done by an external department.

Key characteristics of the health care system

Bulgaria has a predominantly Bismarckian system.

Key characteristics of the insurance system

As part of the social security system, employers must pay the social security contribution of employees for the occupational accidents and diseases.

The compensation system for occupational accidents and diseases in Bulgaria is state-run and monopolistic.

Country Profile Croatia

Registration system of work-related accidents and diseases

In Croatia, accidents at work are reported to national authorities such as labour inspectorates in the framework of a universal social security system.

Employers and employees are obligated to report to the Croatian Health Insurance Institute, Croatian Institute for Health Protection and Safety at Work and to the labour inspection.

If there is an accident at work or suspicion of an occupational disease, the competent local office of the Croatian Health Insurance Fund (HZZO) should be contacted. First of all, a report of the accident at work or occupational disease should be filed. This report has to be completed by the employer and physician.

Occupational health and safety legal provisions relevant to cost estimation

The 1996 EU Act on safety and health protection at the workplace is the basis of the law on OSH in Croatia.

The employer is obligated by law to protect the employees and should appoint safety representatives. The employer should also provide occupational health services (either within the organization or from an external practice).

Occupational physicians work closely with occupational psychologists (specialized in occupational health) and health and safety experts.

Key characteristics of the health care system

Croatia has a health care system that displays both Beveridgean as well as Bismarckian characteristics.

Both social security contributions as well as taxes finance the social security system. The employers and the self-employed finance the basic health insurance (by contributions). There is also a separate contribution for occupational accidents and diseases (and one for medical treatment abroad). Additional or private health insurance is paid for by the individual.

Key characteristics of the insurance system

The basic mandatory health insurance (and the mandatory pension insurance) covers occupational diseases and accidents at work. There is no separate insurance available. This basic health insurance covers all the costs of healthcare (resulting from an occupational accident or disease).

If the accident or disease causes short-term incapacity, then HZZO will pay the sickness benefit (starting from the first day of absence).

All employees (and students, trainees, self-employed, army and police) are covered by this mandatory basic health insurance.

As mentioned before, Bulgaria has a bonus-malus system. The premium for an organization is based on their economic activity and the amount (and severity) of occupational accidents.

In addition, there are differences in the pension contribution when employees are working in dangerous working conditions. The increases in contribution to the pensions (based on the working conditions) are paid in full by the employer.

Bulgarian health insurance contributions are managed by the National Health Insurance Fund.

The Code for the Obligatory Public Insurance (COPI) arranges public insurance, including occupational accidents and diseases, since 2000. The COPI emphasizes on the prevention of risks.

Country Profile Cyprus

Registration system of work-related accidents and diseases

In Cyprus, accidents at work are reported to national authorities such as labour inspectorates in the framework of a universal social security system.

The employer, self-employed, and doctors are legally obligated to report occupational accidents and diseases to the department of labour inspection (DLI).

Occupational health and safety legal provisions relevant to cost estimation

The legislative framework on OSH includes these laws: Law 89(I)/1996: The Safety and Health at Work Law of 1996; Law 158(I)/2001: The Safety and Health at Work (Amendment) Law of 2001; Law 25(I)/2002: The Safety and Health at Work (Amendment) Law of 2002; Law 41(I)/2003: The Safety and Health at Work (Amendment) Law of 2003; Law 99(I)/2003: The Safety and Health at Work (Amendment) Law of 2003; Law 33(I)/2011: The Safety and Health at Work (Amendment) Law of 2011.

According to these laws, the employer is obligated to assess risks (of safety and health) in the workplace of the employees. Employers are obligated to protect their employees by developing a safety system (or risk management system) to improve health and safety of the employees. The employer is also obligated to have an external qualified medical practitioner (available to employees). The name, address and function of this practitioner should be communicated to the chief inspector of the DLI.

Cyprus has a bonus malus system, seeing as insurance companies change their premiums according to a risk-assessment. This assessment is based on several aspects of the company (not the size) and the procedures that are in place. They also assess the number of accidents and near misses and past experiences.

Key characteristics of the health care system

Cyprus has a predominantly Beveridgean system.

Key characteristics of the insurance system

Based on the Social Insurance Law (Law 41 of 1980-2007 and its Regulations), which falls under the responsibilities of the **Department of Social Insurance Services** of the Ministry of Labour and Social Insurance, a Social Insurance Scheme was devised. Occupational accidents and diseases, injury benefits (for short-term incapacities), disablement benefits and death benefits are covered by law 41. In addition, there is a compulsory law for employers: Employers' Liability Law, making sure that employers have an insurance to cover them in case of accidents claims. There is no difference between employees and self-employed, the insurance is based on the contract and relationship that the worker and employer have.

Country Profile Czech Republic

Registration system of work-related accidents and diseases¹

In the Czech Republic, accidents at work are reported to national authorities such as labour inspectorates in the framework of a universal social security system.

In the Czech Republic, employers are obliged to record accidents at a workplace in the “book of accidents”. They are required by law to report accidents to the District Labour Inspectorate, the District Mining Office if the workplace falls under its competence (i.e. mines and work taking place underground), to the territorially competent department of the Police should there be a suspicion of criminal offence, and to the trade union and its representative for occupational safety and health. In cases of fatal accidents, the employer has to, in addition to the entities mentioned above, report the accident to the health insurance company where the deceased employee was insured.

Occupational health and safety legal provisions relevant to cost estimation

The Charter of Fundamental Rights and Basic Freedoms, Art. 28 of No. 2/1993 Coll., is second only to the Constitutions and states that employees in the Czech Republic have the right to satisfactory work conditions. Every economically active person is covered by national legislation and regulations that require safe work and protection of health. This also includes members of the armed forces, special activities and self-employed persons.

Part Five of the Labour Code, Act No. 262/2006 Coll., transposes the European Framework Directive 89/391/EEC on occupational health and safety and states that the OSH duties of managers and supervisors within a company cannot be separated from their work tasks. Part Five is complemented by Act No. 309/2006 Coll. on further requirements on occupational health and safety that specifies *inter alia* the ways employers can utilise OSH services to execute their duties in risk management with reference to actual risks, experience and qualification of the employees and the number of employees. This OSH legislation emphasizes the responsibility of the employer to ensure a safe and healthy working environment, the general principle of risk prevention and ongoing risk assessment. The Czech Republic distinguishes between safety at work and occupational health. Section 7 of the Act No. 258/2000 on public health protection outlines the protection of health at work. It is further complemented by implementing regulation, Decree No. 432/2003 Coll. The Section 7 defines four categories of work activities based on the occurrence of occupational diseases and other qualities and effects of the risks (i.e. dangerous substances) at work. Employers are obliged to provide stricter health surveillance for those employees working in dangerous jobs.

Key characteristics of the health care system

The Czech Republic has a predominantly Bismarckian system.

¹ Government Regulation No. 201/2010 Coll.

Key characteristics of the insurance system

Accident insurance is compulsory for everyone employing at least one employee and covers the complementary employer's liability for financial damage caused by work accidents and occupational diseases. Decree No. 125/1993 Coll. outlines the accident insurance rates and conditions.

The insurance premium has to be paid from the first day of employment. The rate is calculated based on the social contribution and is altered depending on the principal activity and sector of the employer as is laid down in Annex 2 of the Decree No. 125/1993 Coll. There are no prevention measures supported under the current system.

The Czech Republic has a bonus-malus system, indicating that there is an economic incentive to invest in OSH.

The Decree No. 125/1993 indicates two private insurance companies that provide accident insurance. These are:

1. Česká pojišťovna (Czech Insurance Company), and
2. Kooperativa pojišťovna (Kooperativa Insurance Company).

However, this system does not cover self-employed persons.

A list of recognised occupational diseases was established by the Government Regulation No. 290/1995 Coll. Decree No. 104/2012 Coll. establishes rules for procedures of recognition of occupational diseases and issued a list of approved medical facilities. Treatment of sick employees and social support are covered, if necessary, by the national social and health insurance systems.

Part Ten of the Labour Code, Act No. 262/2006 Coll., specifies that the employer is obliged to provide occupational health care to the employees, further, the Act 20/1966 on Public Health Care stipulates the provision of preventive health care for employees. Occupational health services may be provided by private general practitioners and occupational specialists, either as external contracted providers or as in-house preventive care units within the framework of the Czech Republic public health system or as a private company. Tasks of the occupational health services include helping the employer in risk assessment and management with a focus on health risks, advising on health related OSH issues (hygiene, protective equipment, planning, dangerous substances), focusing special preventive care on vulnerable groups of workers, assessing fitness-for-job, or carrying out preventive medical examinations (health surveillance).

Sickness or incapacity to work is defined in the Act No. 187/2006 on sickness insurance. Sickness insurance is compulsory for employees and is part of the social security insurance. Sickness insurance premiums are established by Act No. 589/1992 on social security. The Act No. 187/2006 outlines sickness benefits and compensation for salaries. Sickness benefits can only be claimed from the 15th day of sickness or incapacity to work and amounts to 60% of a daily assessment base (DVZ) and can be claimed for a maximum of 380 calendar days (from the beginning of sickness/incapacity to work). During the first 14 calendar days, the employee receives salary compensation from their employer as stated by the Labour Code. Salary compensation is given from the 4th working day (in quarantine cases from the 1st working day).

Country Profile Denmark

Please note: the Arbejdsmarkedet Erhvervssikring (AES) was established on 1 July 2016 and is the result of a merger of the former Danish National Board of Industrial Injuries and parts of the former Arbejdsmarkedets Erhvervssygdomssikring – The Labour Market Occupational Diseases Fund.

The information in this country profile is based on the old system, as this is relevant for the reporting.

At this moment, it is not evident for the researcher in how far the recent restructuring and the formation of the Arbejdsmarkedet Erhvervssikring (AES) influences the general system of notification of occupational illness.

Registration system of work-related accidents and diseases

In Denmark, accidents at work are reported to national authorities such as labour inspectorates in the framework of a universal social security system.

Every accident at work and occupational disease with at least one day away from work have to be reported to the Danish Working Environment Authority (Arbejdstilsynet), i.e. the Labour Inspectorate. Accidents at work which may generate a permanent incapacity and/or a loss of earning capacity have to be notified by the victim or the insurer (see below) to the National Board of Industrial Injuries (Arbejdsskadestyrelsen).

The employer has to notify industrial accidents to the insurance company and to the National Board of Industrial Injury no later than 9 days after the injury has occurred. If the employer has not notified the injury, the employee can also notify an industrial injury himself.

The industrial injury has to be notified no later than 1 year after it occurred for being able to receive compensation. The employer also has to notify the injury if the employee has not been able to resume work in full 5 weeks afterwards, and even if the injury does not immediately give rise to compensation. Notification has to be made no later than 9 days after the 5 weeks.

In Denmark, anyone can report a case of disease suspected of being of work-related origin, but doctors and dentists have a duty to notify occupational disease - both confirmed and suspected - to the Labour Market Insurance and to the Working Environment Authority (Arbejdstilsynet), which WEA keeps the register of reported occupational diseases. Every doctor who reports a case of occupational disease receives a sum of 201 Danish kroner, i.e. about 27 EUR (based on the September 2014 exchange rate).

Denmark has a list of recognised occupational diseases. The list is compiled and updated by the National Board of Industrial Injuries, the National Board of Industrial Injuries rules on the recognition of cases of occupational diseases and on compensation for the victims. Mixed system.

Occupational health and safety legal provisions relevant to cost estimation

All provisions on accidents at work and occupational diseases are laid out in the Consolidated Workers' Compensation Act No. 278 of March 14, 2013 and the act on Protection against the Consequences of Industrial Injuries with subsequent amendments (Act No. 943, of 16 October 2000).

The introduction of economic incentives is a very recent measure not yet implemented in full, and comprising a change in the insurance system (bonus-malus system), economic incentives such as subsidies, and non-financial incentives such as certificates.

Any employer who fails to effect insurances and affiliations as mentioned above will be fined. He will also be ordered to pay, himself, the amount of damages due together with a fee for the case dealing of the National Board of Industrial Injuries, in the event that his employee is the victim of an industrial injury.

Employees are advised to check that the industrial injury has been reported otherwise the employee risks having the claim turned down, and thereby losing the compensation.

Besides compensation for work accidents or occupational diseases, the claimant may be entitled to compensation for loss of income (sickness benefit). The injured person may be entitled to invalidity pension besides compensation.

For each claim, the National Board of Industrial Injuries charges insurance companies or the Labour Market Occupational Diseases Fund a processing fee.

Key characteristics of the health care system

Denmark has a predominantly Beveridgean system.

Denmark has a distinct system for occupational accidents and diseases, instead of an insurance of occupational accidents and diseases that is done by a single overall system.

Key characteristics of the insurance system

Accidents at work and occupational disease coverage are managed through compulsory private insurance. Employers are obliged to take out insurance with an approved insurance provider covering their employees. Failure to do so is punishable with a fine.

The liability to provide protection is met by taking out industrial injuries insurance with an insurance company and paying contributions to the Labour Market Occupational Diseases Fund (Arbejdsmarkedets Erhvervssygdomssikring, AES). The Fund is a publicly controlled independent institution, run by a Board composed of the parties to the labour market. As a neutral authority, the National Board of Industrial Injuries, an agency under the Ministry of Employment, makes decisions on workers' compensation claims. It work swith doctors, insurance companies, municipalities, trade unions and lawyers to gather information and thus ensures having the best possible knowledge on which to base a decision decides whether an injury or disease qualifies for recognition as an industrial injury and also determines the amount of compensation for an industrial injury. The

decisions are based on the Workers' compensation Act (2005) and the Act on Protection against the Consequences of Industrial Injuries (2000).

The insurance must be contracted with an insurance company eligible for occupational risks insurance according to the Danish Industrial Injuries Act. The premium will depend on the trade or industry and the category of risk – the latter being fixed by insurance companies individually. At the address www.forsikringogpension.dk lists the companies eligible for industrial injuries, and their average premiums for each trade or industry. The coverage will be the same whichever the insurance company, and whichever the amount of the premium.

The premium varies according to occupation. A typical insurance premium is approximately DKK 5,000 p.a. per employee. Also, the employer must contribute to the Danish labor market fund for occupational diseases (AES).

In general, the insurance covers medical treatment, loss of earning capacity, compensation for permanent disability, temporary allowance for survivors in the event of death and compensation for the loss of a provider.

Self-employed people and assisting spouses are entitled, but not obliged, to take out protection under the Workers' Compensation Act.

The insurance covers physical injury due to accidents or exposure sustained at work. It does not cover accidents sustained while travelling to or from work.

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- MISSOC Database
- Incentives Report

Country Profile Estonia

Registration system of work-related accidents and diseases

In Estonia, accidents at work are reported to national authorities such as labour inspectorates in the framework of a universal social security system.

In Estonia the employers are obliged to investigate all accidents at work regardless from the severity of the accident or the absence days. The employer shall submit an investigation report to the Labour Inspectorate which registers the cases. The employer is also obliged to report occupational diseases.

The Labour Inspectorate investigates all fatal work accidents. Other work accidents are only inspected in a case by case decision based on the employer's report. The Labour Inspectorate communicates the annual figures to the national statistical office, ILO and Eurostat. The statistics also include figures of self-employed workers, but only if they share workstations with employees.

Occupational health and safety legal provisions relevant to cost estimation

The Occupational Health and Safety Act (OHS Act; sometimes also translated and cited as OSH act) is the most important Estonian law on OSH. It covers private and public employers and their workers and also students and pupils in their internships. It transposes the European Framework Directive and the basic OSH assumptions such as the responsibility of the employer for making a the work environment safe for the worker and for organising and managing OSH at enterprise level. Specific OSH measures are set out in more than twenty regulations based on the OHS act.

The OHS act also gives relevant definitions of occupational accidents. Further regulations based on the law describe the registration and investigation procedure in cases of occupational accidents and diseases.

Occupational diseases are in the list of occupational diseases issued by the Ministry of Social Affairs which is enforced through the Occupational Health and Safety Act

The social insurance system is based on the Health Insurance Act (2002) and the State Pension Insurance Act (2001). The Law of Obligations Act (2002) regulates cases of work-related incapacity.

Estonia has no insurance-based incentives to motivate enterprises to comply with legal minimum requirements (no bonus-malus system).

Key characteristics of the health care system

Estonia has a predominantly Bismarckian social security system with single National Social Insurance Board (Sotsiaalkindlustusamet) and a health and a pension insurance fund.

Key characteristics of the insurance system

The Estonian social insurance is a public system with a health and pension insurance fund. It does not know a specific occupational accident insurance. Compensation is granted from the health insurance fund in case of short term compensation and benefits or from the pension fund in case of incapacities or long term effects of occupational ill-health. The insurance covers all employee regardless of the sector.

The system is financed by employers and employees. The employers pay a so-called social tax of 33% of the gross wages (20% contribution to the pension insurance and 13% to the health insurance). Further contributions are made by the employees to the pension fund with an additional 2% of their gross wage. There is no ceiling value for the contributions.

In any case of not work related sickness, workers are not entitled to any compensation during the first three days. With the fourth day, they receive a sickness benefit from the employer which is 70% of the average wage. The sickness benefit is covered by the health insurance from the 9th day of illness on, also with 70% of the average wage. This changes in cases of work-related absence (work accidents and their consequences, traffic accidents when working and occupational diseases): In these cases a compensation of 100% of the average is paid from the first sickness day by the health insurance fund.

In general, the health insurance fund also covers the costs of medical treatment. However, the employer might be responsible for the damages and consequently be obliged to also compensate the worker for some of the additional expenses resulting from a work injury. Such additional expenses may include prostheses, medicines, rehabilitation, travel and care costs.

Pensions are paid in cases of permanent incapacity by the pension fund. Workers of at least 16 years of age who are permanently incapacitated for work with at least 40% loss of the work capacity can receive a pension.

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Key legislation

The Occupational Health and Safety (OSH) Act, Passed 16 June 1999 (RT I 1999, 60, 616), entered into force 26 July 1999.

The Health Insurance Act, RT1 I 2002, 62, 377, entered into force 1 October 2002
The State Pension Insurance Act, RT1 I 2001, 100, 648, entered into force 1 January 2002.
Law of Obligations (2002)

English translation of some laws and regulations is available at: <http://osh.sm.ee/legislation/>

Country Profile Finland

Registration system of work-related accidents and diseases

In Finland, accidents at work are reported to national insurance systems for accidents at work. According to Eurostat, this covers almost 100% of the (occupational) accidents.

The Act on Occupational Safety and Health Enforcement and Cooperation on Workplace Safety and Health (44/2006) obliges physicians to report diagnosed cases of occupational or work-related diseases to the OSH inspection.

There is an economic incentive when individuals report their occupational accidents to the insurance seeing as, in Finland, premium variation is based on experience rating (bonus-malus system).

In fact, there are two systems for premium calculation: 'risk per mill' system for SMEs, and special rating system for larger companies.

This "risk per mill" system takes accident rates into account when deciding the premium value. This system has around 250 professional categories, ten 'risk groups' and separate classes for specific professional groups who are known to have very high risks.

Larger companies have special rates, affected by the accidents (more specifically the trend of accidents). Other factors affecting the premium are: size of the organization, risk absorption ability and risk statistics, and type of work. By investing in risk reduction and prevention strategies, companies can avoid accidents and reduce premiums.

Finland also has a separate 'Premium Discount Programme in the Farmers' Workers' Compensation Insurance' where self-employed farmers are covered by the Farmer's Social Insurance Institution. This also covers self-employed fishermen and reindeer herders. In this programme, individuals can receive a discount (up to 50%) if they have no claims of occupational accidents or diseases in the previous year. The premiums cannot exceed the normal levels when there are claims in the previous year.

Occupational health and safety legal provisions relevant to cost estimation

All rights, obligations and legislation on OSH (as well as rules on the required levels of safety and health and the co-operation of employers and employees to promote OSH) are described in the Occupational Safety and Health Act (738/2002) and apply to all paid employment. The obligations and responsibilities of the authorities on OSH are described in the act on Occupational Safety and Health Enforcement and Cooperation on Workplace Safety and Health (44/2006).

Employers are legally obligated to organize the availability of occupational health services (primarily preventive measures). This can be done either through an internal service (in the organization) or with the use of an external service provider. The structure and content of these services should be

described in a company-wide plan. The organization of health services is not obligatory for self-employed individuals. In addition, it is voluntary for employers to include the curative services in addition to the preventive services.

Part of the preventive services is the continuous monitoring of the safety of the working environment and practices and to take action when needed. This can be done by a representative of the employer or by the employers themselves.

Finland has a bonus-malus system, seeing as the insurance premium variation is based on experience rating (and company size). This can be seen as an incentive for employers to comply with (at least) the legal minimum requirements.

Key characteristics of the health care system

Finland has a predominantly Beveridgean system.

Key characteristics of the insurance system

In Finland, the employer is responsible for insuring employees against occupational accidents and occupational diseases.

Twelve private accident insurance companies offer occupational accident insurance in Finland. This is supervised by the Ministry of Social Affairs and Health. The accident insurance, on the other hand, is financed through premiums which are paid for by the employers.

The employers are compensated for 60% of the costs that they have when providing statutory occupational health care. This compensation comes from the Social Insurance Institution (Kansaneläkelaitos, KELA; Folkpensionsanstalten).

In addition to statutory occupational health care, there are other health care services that employers can provide to their employees.

Country Profile – France

Registration system of work-related accidents and diseases

In France, accidents at work are reported to national insurance systems for accidents at work.

In France, when a work-related accident occurs, the employee victim of the accident must inform their employer within 24 hours. The employer then must report the accident to their Caisse primaire d'assurance maladie (CPAM), which is the local health insurance fund, within 48 hours of the accident occurring. The CPAM then has 30 days to evaluate the declaration and decide if the accident is indeed work-related.

If the accident leads to the employee taking sick leave, the employer must fill in a certificate with relevant information for the CPAM to calculate the daily benefits the employee will be entitled to and which must be presented to medical establishments in order for the employee to be reimbursed¹.

If the accident does not lead to sick leave or medical care, the employer can replace the declaration by a registration on the dedicated register of minor work accidents within 48 hours after the accident. The register is publicly available, and features the name of the employee victim of the accident, the date, location and circumstances linked to the accident, as well as the injuries occurred.

Occupational health and safety legal provisions relevant to cost estimation

The laws and decrees on occupational safety and health are assembled in the fourth part of the French Labour Code. In addition, Law No. 91-1414 of 31 December 1991² amended the Labour Code and the Public Health Code in order to promote the prevention of occupational risks. The law puts the responsibility on employers regarding compliance with laws and regulations in terms of occupational safety and health. Employers are required to take precautions to ensure the safety and protect their workers' health based on an assessment of risks identified in the company. They must follow a general health and safety policy: avoid risks, assess risks that cannot be avoided, combat risks at the source, adapt work to workers, replace dangerous products and processes by ones that are less or not at all dangerous, plan prevention measures, give priority to collective protection measures over personal protection measures and provide workers with appropriate information.

There are no tax incentives in France.

Key characteristics of the health care system

France has predominantly Bismarckian system.

¹ <https://www.service-public.fr/particuliers/vosdroits/F171>

² Legifrance, Le service public pour la diffusion du droit, 2012, Loi n°91-1414 du 31 décembre 1991

Key characteristics of the insurance system

The French National Health Insurance scheme is defined by the French National Health Insurance Fund for Salaried Workers (Caisse Nationale de l'Assurance Maladie des Travailleurs Salariés, CNAMTS). The CNAMTS is a public organization, under the authority of the Ministry for Social Security and the Ministry for the Economy and Finance. Among other activities, the CNAMTS coordinates the network of Health Insurance branches and Occupational Accidents and Diseases branches across the country. The network is composed of: local health insurance funds (Caisses primaires d'assurance maladie, CPAMs) and occupational health and pension insurance funds.

All employers must therefore insure their employees as soon as they are hired.

Compensation is given by the CPAM to the employee victim of the accident if they had to resort to medical care or take sick leave. The insurance system covers the costs of medical care, and pays the employee 60% of their daily salary (with a maximum of 193.23 EUR per day) for every day of sick leave taken. If the leave exceeds 29 days, from the 29th day onwards 80% of the employee's daily salary (maximum of 257.65 EUR) is provided to them³. This allowance is paid to the employee until full recovery. However, the day where the accident occurs is paid for by the employer.

The employer must also pay an additional allowance to the employee if they have been employed in the company for over a year, if they gave the employer a medical certificate within 48 hours of the accident, if they receive the CPAM compensation, and are treated in France or in a country Member of the European Economic Area. This allowance represents 90% of the employer's gross daily salary during the 30 first days of sick leave, and 66% of their gross salary for the following 30 days⁴.

Insurance-based incentives exist in France under a bonus-malus system, which is a type of economic incentive where premium variation is based on experience rating⁵. Insurance premiums which must be paid by employers are fixed per year. The size of the company is taken into account when calculating insurance premiums, and therefore there is a different premium system for large and for small companies. For large companies, i.e. more than 200 employees, the premium is calculated for each individual company and is based solely on its occupational accident and disease rate. For small companies, the premiums depend on the results of their economic sector, thus limiting the economic incentive for a specific company. Overall, the insurance system encourages smaller companies by offering financial support through prevention contracts, advances as well as grants. France thus has a bonus-malus system, indicating that there is an economic incentive, seeing as insurance premium variation is based on experience rating and company size. This way, employers are persuaded to invest in OSH.

The insurance system in France covers all occupational accidents, as well as specifically defined diseases, with all compensation related to health hazards at work restricted to these diseases. Specific illnesses with symptoms or with present pathological lesions linked to the type of work that

³ <https://www.service-public.fr/particuliers/vosdroits/F175>

⁴ <https://www.service-public.fr/particuliers/vosdroits/F175>

⁵ European Agency for Safety and Health at Work, 2010, *Economic incentives to improve occupational safety and health: a review from the European perspective*

is known to cause said condition, and time constraints for compensation claims, are specified in the diseases covered by the French insurance system.

Country Profile Germany

Registration system of work-related accidents and diseases

In Germany, accidents at work are reported to national insurance systems for accidents at work.

Work-related accidents that lead to absence from work for more than 3 days and fatal work-related accidents must be reported by the employer. The employer reports to the respective statutory accident insurance body in three days term. In case of a work-related accident a specialized physician (“Durchgangsarzt”) has to be consulted. The physician is approved by the statutory accident insurance and has to send reports to the respective insurance.

The Ordinance on Occupational diseases (“Berufskrankheitenverordnung”) contains a list of occupational diseases that qualify for compensation. The list contains 73 occupational diseases (see Annex 4). Until it is determined whether a disease occurred due to the work or not, the insurant receives legal aid. Volume VII of the Social Code (*Sozialgesetzbuch VII*) contains further administrative criteria for recognition. Diseases which are not in the list can be recognized as quasi occupational diseases.

Currently, there are nine Statutory Accident Insurance Bodies for private companies and twenty for public administration and related employers organized in the German Social Accident Insurance (DGUV). The Statutory Accident Insurance Bodies publish their own statistics annually; the German Social Insurance (DGUV) publishes aggregated data of its members. Data from the agricultural, horticultural and forestry sector is published annually by the Social Insurance for the Agricultural and Forestry Sector, SVLFG.

The official reporting “Sicherheit und Gesundheit bei der Arbeit” (SUGA) by the Federal Institute for Occupational Safety and Health (BAuA) and the Federal is also based on the statistics of the Statutory Accident Insurance Bodies.

Occupational health and safety legal provisions relevant to cost estimation

Based on the OSH framework Directive 89/391/EEC of 12 June 1989 the Occupational Safety and Health Act (“Arbeitsschutzgesetz”, 1996) was implemented. This law entails the legal framework for the execution of OSH measures and the improvement of health and safety at work. Based on this law the employer is obliged to adopt OSH-related measures in order to ensure and improve the safety and health of the employees at work. The law also introduces the risk assessment as a core prevention process. There is an additional obligation to instruct the employees about possible hazards and the respective prevention measures. Furthermore the employees have to apply the measures communicated by their employer, to ensure that they do not harm anybody else and to communicate possible hazards to their employer.

The Occupational Safety Act (“Arbeitssicherheitsgesetz”) aims at supporting employers by providing occupational physicians, safety engineers and other OSH-related specialists. Many details of the prevention in the companies and the role of the preventive services are regulated in the DGUV

regulations 1 and 2 (“DGUV Vorschrift 1 – Grundsätze der Prävention” and “DGUV Vorschrift 2 – Betriebsärzte und Fachkräfte für Arbeitssicherheit”).

Book VII of the German Social Code- Accident Insurance (Siebtes Buch Sozialgesetzbuch, Gesetzliche Unfallversicherung) provides the legal framework for the statutory accident insurance. It establishes the Statutory Accident Insurance Bodies as self-governing public bodies and entails regulations about occupational diseases, work-related accidents and rehabilitation.

Key characteristics of the health care system

Germany has a predominantly Bismarckian system. The public health insurance and the accident insurance are run by separate bodies. Only in the agricultural, horticultural and forestry sectors, the SVLFG organizes health insurance, accident insurance, care insurance and pension funds for their members.

Key characteristics of the insurance system

Germany has a Bismarckian social insurance system are five mandatory (statutory) insurances belonging to the social security system:

- Unemployment insurance (*Arbeitslosenversicherung*)
- Pension insurance (*Rentenversicherung*)
- long term care insurance (*Pflegeversicherung*)
- health insurance (*Krankenversicherung*)
- accident insurance (*Unfallversicherung*).

There are separate bodies for health insurance, accident insurance and pension insurance bodies. Long term care insurance is provided by the health insurance bodies. Only in the agricultural, horticultural and forestry sector, accident, health and pension insurance is provided by Social Insurance for the Agricultural and Forestry Sector (SVLFG).

The German social security system is comprehensive and covers more than 90% of the population. The workers’ compensation scheme and accident insurance is part of the social insurance system. The insurance providers in Germany are the Statutory Accident Insurance Bodies under public law. Legal foundations for the system can be found in Social Law (Sozialgesetzbuch, SGB).

The health care system has two branches, with a public and a private health insurance system. The public health insurance is the norm for employees while the private insurance is the norm for self employed. However, employees can leave the public health insurance and decide for a full private health insurance if they exceed a gross annual income of 56,250 EUR. Civil servants with a status as “Beamte” must leave the public health insurance by status and insure themselves privately, regardless of their income.¹

In the public health insurance, the regular premium is 14.6% of the employee’s gross wage which is shared equally by the employer and the employee (7.3% each). However, in practice there are additional fees (“Zusatzbeitrag”) which must be paid by the employee only. The premium of long term care insurance which is organized by the health insurance providers is another 2.35% of the

¹ <https://en.wikipedia.org/wiki/Beamter>

employee's gross wage; both employer and employee pay 1.175%.² In both insurances there is contribution assessments ceiling: If the annual gross income exceeds 50.850 EUR, the excess is not considered in the insurance premium calculation. In both insurances, children and spouses can be co-insured.

The health insurance pays a sick leave benefit of 70% of the regular net wage to the employee ("Krankengeld"), when the sick leave lasts more than 6 weeks. During the first six weeks, the employer is obliged to continue to pay the wage. In addition, the health insurance covers medications, treatments, some health screenings and maternity benefits ("Mutterschaftsgeld"). The long term care insurance covers (parts of) the care costs when an employee is not able to work for more than six months due to physical or psychological impairment if the case is not covered by benefits from the accident insurance. The pension insurance covers pension of non-occupational cases of reduced work-ability ("Erwerbsminderungsrente").

In the accident insurance, the employer pays the whole insurance premium for the workers. The annual premium depends to risks which are present the business and the annual wage sum of the company. The premium is defined by the insurance providers. The membership is mandatory for every employer. Germany has a bonus-malus system, indicating that there is an economic incentive, seeing as insurance premium variation is based on experience rating. This way, employers are persuaded to invest in OSH.

In case of a work-related disease or an accident (also commuting accidents on the way to work or back) the statutory accident insurance is in charge for the medical treatment as well as for medical and occupational rehabilitation costs. They also pay a sick leave benefit ("Verletztengeld") of 80% of the regular net wage. If a worker is not able to return to work due to work-related impairments the insurance pays a pension. To receive the pension, the worker must suffer from reduced work-ability of 20% for more than 26 weeks. In severe cases, when an employee is not able to return to work, a retirement pension is paid by the statutory accident insurance. In cases of fatalities, the widow of the employee is entitled to a pension.

The statutory accident insurance is also in charge of supporting the prevention of accident and work related illness, e.g. by own regulation, supervision, preventive services, training and research.

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Relevant key legislation

Arbeitsschutzgesetz (ArbSchG)

Arbeitssicherheitsgesetz (ASiG)

Berufskrankheiten-Verordnung (BKV)

DGUV Vorschrift 1, Grundsätze der Prävention

DGUV Vorschrift 2, Betriebsärzte und Fachkräfte für Arbeitssicherheit

Sozialgesetzbuch (SGB), insbes. SGB VII – Gesetzliche Unfallversicherung

See: Bundesministerium für Justiz und Verbraucherschutz (BMJV, 2016), Gesetze im Internet.

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Country Profile Greece

Registration system of work-related accidents and diseases

In Greece, accidents at work are reported to national insurance systems for accidents at work.

It is obligatory for the employer, the safety engineer, the occupational physician or the victim to report occupational accidents to regional departments of the Social Insurance Institute (IKA).

In addition, it is obligatory for the (occupational) physician or the victim to report occupational diseases to IKA. Yet it is known that these occupational diseases are significantly underreported.

The Labour Inspectorate (SEPE) also registers occupational accidents and also submits an annual review on these accidents. However, it is known that there are discrepancies between the data of IKA and SEPE on occupational accidents.

Occupational health and safety legal provisions relevant to cost estimation

The framework Council Directive 89/391/EEC of 12 June 1989 and the Council Directive 91/383/EEC of 25 June 1991 have resulted in the Presidential Decree 17/1996 “On Measures for the Improvement of Safety and Health of Employees during their Work Activities” in Greece. This decree applies to employers with at least one employee in both the private and public sector. The employer is legally obligated to assess the risks in the organization, provide training and monitor the safety and health.

Employers are obligated to either form Internal Protective and Preventive Service (ESYPP; with occupational physicians) or use an External Protective and Preventive Services (these are private, separate companies that provide services to the employer with regards to OSH). The role of these external services is prescribed in the law.

Greece has no insurance-based incentives to motivate enterprises to comply with legal minimum requirements (no bonus-malus system). However, private insurance companies may use premium variations in their insurance schemes.

Key characteristics of the health care system

Greece has a predominantly Beveridgean system.

Key characteristics of the insurance system

The largest social security organization in Greece is The Social Insurance Institute (IKA), which covers salaried employees in Greece (as well as employees who work abroad for an employer based in Greece, and several other specific types of employees). The main criterion is that employees are not insured at another insurance agency. About 42-45% of the workforce in Greece is insured by IKA.

According to the old Royal Decree 473/1961 concerning "Contributions for Occupational Risk", employers are obligated to pay contributions to IKA for the insurance on occupational risks. This money, however, is often not used for payments regarding protection against occupational risks. As a result, in addition to the underreporting of occupational diseases, the coverage of this insurance diminishes.

In Greece, occupational accidents and diseases are covered in the insurance for sickness, invalidity and survivors.

There are hundreds of insurance funds, some of them are supervised by the ministries whereas others are privately managed.

Law 3655/2008 was introduced in April 2008, and aims to change the insurance system by combining these funds (for instance when they cover occupations that are alike). However, fully implementing this law will be done in the five years to come.

Based on recommendations from Europe, Greece will change its schedule of occupational diseases and adopt different diseases.

Country Profile Hungary

Registration system of work-related accidents and diseases

In Hungary, accidents at work are reported to national authorities such as labour inspectorates in the framework of a universal social security system.

Employer is obligated to report occupational accidents to the labour inspectorate, national health insurance fund or social security pay-office. Diagnosing physician is obligated to report occupational diseases to the labour inspection.

Occupational health and safety legal provisions relevant to cost estimation

The National regulations on occupational health and safety (the No. 93/1993 act), are based on the council Directive 89/391/EEC of 12 June 1989. The medical goals and tasks of occupational health care are laid down in the No. 154/1997 act on health care. The act on OSH also defines regulations and how OSH should be organized and what the minimum requirements are (and how these should be met).

The employer is legally obligated to assess the risks in the organization, to decrease or eliminate these risks and to do so based on a comprehensive company strategy. The employer is also obligated to document this, and to provide employees with a proper education on OSH.

Health and safety representatives (as part of a committee) can be assigned (by employees) in the organization (based on the act on OSH). These representatives can be approached to discuss issues on OSH and provide information on the obligations and rights regarding OSH and generally make sure that OSH is appropriately practiced.

Hungary employs a bonus-malus system, seeing as there are fees based on the risks of a company. In this case, prevention is important and several prevention services are provided (such as education, counselling, research, financing occupational health care, quality assurance system, operation of labour safety).

Key characteristics of the health care system

Hungary has a predominantly Bismarckian system.

Key characteristics of the insurance system

In Hungary, there is no separate insurance for occupational diseases and accidents. Insurance in general is compulsory for all employees and is (partly) paid for by the employer (by contribution taxes).

The insurance on sickness, invalidity and survivors covers the occupational accidents and diseases in Hungary. The employee will receive accident care (or sick-pay). When an employee's health is

permanently damaged, due to an occupational accident or disease, he or she is entitled to accident-related allowance. To assess whether someone is suffering from an occupational disease, a verification process is started (to judge whether this employee qualifies for compensation).

Country Profile Iceland

Registration system of work-related accidents and diseases

In Iceland, accidents at work are reported to national authorities such as labour inspectorates in the framework of a universal social security system.

In Iceland, the employer is responsible for reporting all serious accidents. An accident is considered serious, when its circumstances make it likely that the worker may suffer from longstanding consequences that absence is expected to be longer than more than just the day of the accident. The employer should make the notification in due time, in very serious cases immediately or within 24h as the latest.

Notification authority is the Administration of Occupational Safety and Health (Vinnueftirlit, sometimes referred to as Working Environment Authority). AOSH also publishes data on occupational injuries and diseases on annual basis. AOSH also inspects the Icelandic companies.

Occupational health and safety legal provisions relevant to cost estimation

The Act on Working Environment, Health and Safety in the Workplace, No 46/1980, with subsequent amendments, is the most important legislative act. The Working Environment Act recognizes the obligation of the employer for safety at work procedures, risk management and training of the workers. It can be seen as the transposition of the EU Framework Directive.

The Social Security Act No. 100/2007 (and amendments) is the framework law for the Icelandic social security system. It also covers the occupational injury insurance. It includes definitions on occupational accidents and sets out that „illnesses caused by the noxious effects of substances, radiation or similar conditions“ shall be similarly treated. Further occupational diseases must be determined in regulations.

Key characteristics of the health care system

Iceland has a predominantly tax financed Beveridgean social security system.

Key characteristics of the insurance system

The Icelandic social insurance is a public system. The Social Insurance Administration (Tryggingastofnun ríkisins) is responsible for the recognition and compensation of work related accidents and diseases. The occupational accident (injury) insurance is administered by Sjúkratryggingar Islands (Icelandic Health Insurance) and under the supervision of the Ministry of Welfare.

Social security contributions are based on the taxable income and defined in the Tax Act. Employers and self-employed persons pay an amount of 7.59%. (2014). Fishermen contribute an elevated fee of additional 0.65% (2014). Also self-employed and workers in private

households can benefit from work accident insurance schemes under certain circumstances. The accident insurance scheme also covers apprentices and rescue workers and all person doing athletics under instructions of a trainer, e.g. training with an athletic club, exhibitions and competitions.

The work accident insurance scheme covers the medical treatment costs and exceed the normal health insurance scheme as medication fees can be reimbursed.

Workers get also compensated when being sick. From the eighth day on, the worker can receive a sickness compensation on a daily basis ("accident per diem cash"). Additional supplements are paid for each child in the household under 18.

If the occupational accident leads to permanent disability, the worker may be entitled to a disability pension. If the grade of disability is 50% or less, the benefit may be a lump sum. In cases of 75% or less, the worker may receive a proportionate pension. If the grade of disability is above 75%, the worker may receive a full pension.

If an occupational accidents leads to death within two years term, the widow may receive a widower's pension. Further pension can be paid to children under 18.

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Country Profile Ireland

Registration system of work-related accidents and diseases

In Ireland, accidents at work are reported to national authorities such as labour inspectorates in the framework of a universal social security system.

The employer is obligated to report accidents and dangerous occurrences, as may be prescribed, to the Health and Safety Authority or to a liaison of the Authority. This person shall in turn report to the Authority.

Occupational health and safety legal provisions relevant to cost estimation

In conjunction with the European Community's Framework Directive (89/391/EEC), a safety and health law was introduced in the Republic of Ireland in 1989. This led to the Safety Health and Welfare at work (SHWW) Act, which applies to all workplaces in Ireland.

The Health and Safety Authority (HSA) is defined as responsible for the enforcement of health and safety legislation. It is also responsible for the promotion of health and safety and has an advising role with regards to the government. The HAS has an inspectorate which is different from the labour inspectorate and the HAS reports to the Department of Jobs, Enterprise and Innovation (DJEI).

In Ireland, there is no insurance-related incentive for employers (no bonus-malus system).

Key characteristics of the health care system

Ireland has a predominantly Beveridgean system.

Key characteristics of the insurance system

Following from the Personal Injuries Assessment Board Act 2003, individuals should apply for compensation for injury through injuriesboard.ie. InjuriesBoard assesses the injuries and provides the compensation for accidents. The employees have to make their own claim in the case of an occupational accident or disease. The employer is insured for public liability and this insurance pays the compensation of the employee. Whenever an individual is victim to an occupational accident or disease but has no work, the compensation is paid for by the Department of Social and Family Protection (DSFP).

In Ireland, the services of the free public health system are managed by the Health Services Executive (HSE) and tax-financed. Aside from this health insurance, employees often take out private health insurance as well. Supervising all health insurance providers is the Health Insurance Authority.

In Ireland, everybody can claim for a wide range of services provided by the free public health system. The services are tax-financed and are managed by the HSE (Health Services Executive).

When an individual is injured or incapacitated in the line of work (as a result of an accident) or has an occupational disease, there are benefits available from the Occupational Injuries Benefit Scheme. Injury benefits will be paid starting from the 7th day of the illness or after the accident. These payments can continue for up to 26 weeks, after those weeks there are other benefits available (such as illness or disability benefits).

Country Profile – Italy

Registration system of work-related accidents and diseases

In Italy, accidents at work are reported to national insurance systems for accidents at work.

The employer is required to notify the Italian Workers' Compensation Authority INAIL (Istituto Nazionale per l'Assicurazione contro gli Infortuni sul Lavoro) for any work-related accident and diseases occurred to one or more employees. The accident has to be signalled only in case the injury caused by the accident takes more than three days (excluding the day of the accident) to recover. The employer has to notify the accident using the INAIL informatics registration system network. To register the event, the employer is also required to upload the medical report provided by the injured employee¹.

Occupational health and safety legal provisions relevant to cost estimation²

Art. 31 of Legislative Decree no. 81/2008 Legislative decree no. 81, April 9th 2008, Implementation of the Article 1 of the Act no. 123, August 3rd, 2007, concerning the protection of health and safety at workplaces states that the employer is required to set up a prevention and protection service within the company or the production unit, or to appoint people or external services, established within the employers' associations and joint organizations. The employer is given complete freedom to choose to organize internal or external services for his own company or production unit. The prevention and protection service and its representative perform risk assessments, which is a condition for the development of safety measures aimed at neutralizing these risks. Such a structure provides for:

- Identification of risk factors, risk assessment and identification of measures for safety and health at the workplace, in compliance with the regulations in force on the basis of a specific knowledge of company organization;
- Development of prevention and protection measures and monitoring systems of such measures;
- Development of safety procedures for the different company activities;
- Proposal of information and training programs for workers;
- Consultations concerning health and safety at work, as well as participation at scheduled meetings;
- Provision of information on the topic to workers.

Healthcare is provided to all citizens and residents by a mixed public-private system. The public part is the national health service, Sistema Sanitario Nazionale (SSN), which is organized under the Ministry of Health and is administered on a regional basis.

¹ Italian ministry of work and welfare. <http://www.lavoro.gov.it/temi-e-priorita/previdenza/focus-on/Assicurazione-contro-infortuni-sul-lavoro-e-malattie-professionali/Pagine/default.aspx>

² Italian ministry of work and welfare. <http://www.lavoro.gov.it/temi-e-priorita/previdenza/focus-on/Assicurazione-contro-infortuni-sul-lavoro-e-malattie-professionali/Pagine/default.aspx>

Key characteristics of the health care system

Italy has a predominantly Beveridgean system.

Key characteristics of the insurance system

The direct compulsory social insurance to protect employees in the event of an accident at work or occupational disease (*Assicurazione contro gli infortuni sul lavoro e le malattie professionali*) is protected by the Constitution (art.38, para.2) and regulated by the Consolidated Law for the compulsory insurance against accidents at work and occupational diseases approved by Presidential Decree on June 30th 1965, n. 1124 and supplemented by the 2000 Legislative Decree no. 38.

The sole insurance fund covering occupational diseases and accidents in Italy is the Italian Workers' Compensation Authority INAIL (Istituto Nazionale per l'Assicurazione contro gli Infortuni sul Lavoro). This is a public corporation, which reports to the Ministry of Labour and Social Security. INAIL is a self-managed public organisation with its own legal status.

The employer must report INAIL on the activities, providing all the necessary information to assess the risks and to determine the insurance premium. For employees, the premium is calculated on the amount of salary and in relation to the risk of the work performed. For artisans, specific yearly premium rates have been established. For self-employed workers in agriculture, the premium rate consists of a fixed amount paid to INPS (National Institute for Social Security) in addition to the other social security contributions.

INAIL protects workers who are injured or contract a disease as a result of their work by giving them financial and medical support even if the employer has not paid the insurance premium.

Exceptions to this principle are:

- the self-employed workers who, in case of a work accident or a professional disease, are not in compliance with the payment of the insurance premium and will not receive the economic benefits until they pay the insurance premium;
- housewives/househusbands who have an accident at home, but at the time of the event have not yet paid the insurance premium and, therefore, are not entitled to benefits.

The insurance is compulsory for all employers hiring workers in activities which the law defines as risky³. Over time, with the evolution of work processes, the categories defined as risky have come to include almost all service and production activities⁴. The artisans, self-employed fishermen or associated ones in companies and consortia and self-employed workers in the agriculture sector also are required to insure themselves. The insurance protects workers from any kind of damage resulting from work related accidents and occupational diseases freeing employers from any civil liability (apart for the case of lack of compliance with safety and health regulations).

In Italy, insurance premiums have an economic incentive, since premium variation is based on experience rating (the bonus-malus system). A further step in stimulating employers to invest in OSH

³ Art 1 and 4 Presidential decree n 1124 June 30th 1965. Available at: <http://www.isaonline.it/mag/Dpr1124-1965.html>

⁴ <https://www.inail.it/cs/internet/attivita/assicurazione.html>

through insurance-related incentives is by implementing a specific premium differentiation system rewarding certain prevention efforts taken⁵.

Other funding schemes in OHS include⁶:

- Business financing for OSH programmes and projects
- Loans for SMEs for technological innovations resulting in accident reduction
- Grants for SMEs for programmes aiming at accident reduction.

Most of these funds are allocated to small and medium-sized enterprises and agricultural and craft sector companies for programmes focusing on compliance with safety regulations and for information and training projects.

Employers are classified according to four sectors each with a corresponding tariff and premium rate. Companies can apply to INAIL for a reduction in their tariff premium, if they can show compliance with all legal standards for work safety and work hygiene. Different criteria apply to companies in the first two years of business operations and to companies in the third and following year. Another type of premium grading is automatically carried out by INAIL and can produce a surcharge or credit on the rating premium depending on claims experience of a company. Since 2000, Italian companies that take action to improve OSH over and above the 'minimum level required by law' are rewarded with a 'discount' on the premium due to INAIL, called 'Premium Rate Fluctuation'.

INAIL's economic benefits include:

- **Temporary total disability benefit:** which covers 60% of the average daily wage (based on the 15 days prior to the injury) for the first 90 days (the first 3 days are covered by the employer), and 75% from day 91 until clinical recovery.
- **Lump sum for biological damage:** the value depends on the level of disablement, age and sex (table⁷) that can go from 6% to 15%. Below 6% there is no economic benefit, from 16% there is an annuity. The value of the lump sum can go from € 4,800 to €47,250. The value is subject to yearly revision.
- **Annuity for biological damage and financial consequences benefit (annuity):** the value related to the biological damage depends from the level of disablement (from €2,000 to €28,500 a year)⁸; the value related the financial consequences depends from the level of disablement and the income of the injured (from 40% to 100% of the annual income)⁹.
- **Interim compensation for silicosis and asbestosis:** workers affected by silicosis and asbestosis leaving a harmful working condition are compensated with 2/3 of their income for up to 2 years, or until they found a new job¹⁰.

⁵ http://osha.europa.eu/en/publications/reports/economic_incentives_TE3109255ENC/view

⁶ http://osha.europa.eu/en/publications/reports/economic_incentives_TE3109255ENC/view

⁷ http://www.gazzettaufficiale.it/do/atto/serie_generale/caricaPdf?cdimg=000A992600100010110001&dgu=2000-07-25&art.dataPubblicazioneGazzetta=2000-07-25&art.codiceRedazionale=000A9926&art.num=1&art.tiposerie=SG

⁸ Ministerial Decree July 12th 2000: <http://www.gazzettaufficiale.it/eli/id/2000/07/25/000A9926/sg>

⁹ Ministerial Decree July 12th 2000: <http://www.gazzettaufficiale.it/eli/id/2000/07/25/000A9926/sg>

¹⁰ https://www.inail.it/cs/internet/docs/ucm_130694.pdf?section=istituto

- **Annuity to survivors:** the relatives of a person receiving annuity for biological damage and financial consequences benefit are entitled to continue to receive part of the annuity after the recipient's death. In the specific the spouse is entitled for 50% of the annuity until death or a new marriage. The children (until 18 years of age, 21 if still in school, 26 if unemployed university students) are entitled to 20% of the annuity, 40% if orphans of both parents, children of divorced parents or children born out of the marriage. If grants to survivors adds to more than 100% the original annuity, the value of the sum of their annuity is proportionally reduced to 100% the original annuity¹¹.
- **Funeral grants:** as of 2014 is equal to € 2,132.45.¹²
- **Supplement to direct annuity:** INAIL covers 75% of the average daily income of a worker benefitting from the Annuity for biological damage and financial consequences benefit for all the working days that the employee loses due to medical and chirurgical treatment.¹³
- **Direct benefit, annuity to survivors and funeral grants for home insurance policyholders:** policyholders with permanent inability of 27% or more due to a domestic work injury are entitled to an annuity equal to the minimum wage set for the industry. In case of fatal accidents survivors are entitled of the annuity to survivors, funeral grants and 'una tantum' benefit.¹⁴
- **Allowance for continuous personal assistance:** amount to € 532.21 a month (as of July 2014) and is added to the annuity of those injured that require continuous personal assistance.
- **Special monthly allowance to survivors:** similar to "annuity to survivors" but limited to the cases where the recipient's death is not linked directly to the injury.¹⁵
- **'una tantum' benefit - Fund supporting families of workers who are victims of fatal accidents:** goes from € 4,550 to € 15,750 depending on the size of the family.¹⁶
- **Additional benefit to direct annuity and annuity to survivors of the Asbestos Fund:** variable additional benefit to the annuity for victims of working with asbestos.¹⁷

Integrative or welfare benefits:

- **Unemployability allowance:** monthly allowance of € 255.90 (2014) for people with disablement higher than 20% unable to benefit from mandatory employment¹⁸
- **Integrative end-of-year sum:** variable additional benefit to the annuity for highly disable (disablement >60%). The sum amounts to €264.28, plus € 62.09 for every child¹⁹.
- **Patent and badge of honor:** honorific sum of € 131.76 for people mutilated while working (disablement between 35% and 59%) and € 175.94 for people highly injured while working (disablement >60%).

¹¹ https://www.inail.it/cs/internet/docs/ucm_130695.pdf?section=istituto

¹² https://www.inail.it/cs/internet/docs/ucm_130696.pdf?section=istituto

¹³ https://www.inail.it/cs/internet/docs/ucm_130692.pdf?section=istituto

¹⁴ https://www.inail.it/cs/internet/docs/ucm_130697.pdf?section=istituto

¹⁵ https://www.inail.it/cs/internet/docs/ucm_130701.pdf?section=istituto

¹⁶ https://www.inail.it/cs/internet/docs/ucm_130697.pdf?section=istituto

¹⁷ https://www.inail.it/cs/internet/docs/ucm_130698.pdf?section=istituto

¹⁸ https://www.inail.it/cs/internet/docs/ucm_130700.pdf?section=istituto

¹⁹ https://www.inail.it/cs/internet/docs/ucm_130702.pdf?section=istituto

Healthcare benefits:

- **Reimbursement of expenses in case of travel and accommodation for spa treatments and climatic stays:** If authorized by the INAIL doctor, injured workers can get access to 15 days of thermal treatment or 20 days of climatic stays.
- **Reimbursement for Class C medicine expenses during the temporary total disability:** The reimbursement is valid for all the class C medicine (those not covered by the national health system) required to improve the psycho-physical conditions of the injured worker.²⁰

²⁰ https://www.inail.it/cs/internet/docs/ucm_130705.pdf?section=istituto

Country Profile Latvia

Registration system of work-related accidents and diseases

In Latvia, accidents at work are reported to national authorities such as labour inspectorates in the framework of a universal social security system.

The Ministry of Welfare is responsible for general overview of OSH policy in Latvia and fulfilment of obligations regarding state policy in the area of labour protection as they are described in article 23 of the Labour Protection Law.

Occupational accidents must be submitted to the labour inspectorate by the employer. The labour inspectorate is in charge of investigation and registration of the accident. The procedures are regulated in the Cabinet Regulations 950 on the Procedures for Investigation and Registration of Accidents at Work. In addition, the medical staff at hospitals and other health care facilities is obliged to report suspected cases of occupational accidents. They also submit their reports to the labour inspectorate.

In contrast, occupational diseases are recognised and registered by the Centre of Occupational and Radiation Medicine (Aroda un radiācijas medicīnas centrs): Rules and procedures are defined by the Cabinet Regulation on the Procedures on Investigation and Registration of Occupational Diseases.

Occupational health and safety legal provisions relevant to cost estimation

The primary source for occupational safety and health is the Labour Protection Law. Some aspects of the OSH are also covered by the more general Labour Law. Both regulations apply to any employer with at least one employee. The Labour Protection Law transposes the aspects of the EU OSH Framework Directive into Latvian law, as the continuous improvement of the working environment with respect to safety and health at work. The Labour Protection Law also defines the responsibility of the employer with regard to the management of safety and health at work.

The Cabinet Regulation No. 660 Procedures for the Performance of Internal Supervision of the Work Environment defines further requirements of the risk assessment procedure and details of risk management.

The Law on the State Social Insurance (Likums 'Par valsts sociālo apdrošināšanu') establishes the social insurance system with regard to work accident and occupational diseases and gives information on the benefits. It also gives definitions for work place accidents.

The list of occupational diseases is laid down in the Cabinet Regulation No. 119 on the List of occupational diseases.

Key characteristics of the health care system

Latvia has a predominantly Bismarckian social security system under a single public social insurance institute.

Key characteristics of the insurance system

The Latvian social insurance is a public monopolistic system. The insurance is provided by the State Social Insurance Agency (VSAA) and under the authority of the Ministry for Welfare. The Law on the State Social Insurance in respect of Accidents at Work and Occupational Diseases sets the regulatory frame of the social insurance on work accidents and occupational diseases.

The insurance covers medical and rehabilitation expenses in relation to workplace accidents or work-related illnesses, incl. medication, medical and social rehabilitation, technical aids and prosthetics travel expenses while visiting a medical institution, expenses of relatives and professional rehabilitation and retraining. The compensation costs for medical treatment and rehabilitation expenses may not exceed 1,600.75 EUR per accident.

The Law on the State Social Insurance also grants different benefits for workers and self-employed like a substitute for income in the case of sickness (work related and not work-related), and in cases of work accidents. Further income substitutes exist for maternity leave. The sickness benefit is 80 % of the wage. While the general sickness benefit starts with from the first day of the illness, in cases of workplace accidents benefits are paid the 11th day of the injury onwards.

Workers can receive compensation for loss a long-term of work capacity in cases of a loss of at least 25 % of their work ability. The severity of the injury is estimated by the State Medical Commission for the Assessment of Health Condition and Working Ability. In case of a deadly work accident, the surviving dependents can claim for compensation and for funeral benefits.

The State Social Insurance Agency also funds prevention in the field of occupational safety and health.

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Country Profile Lithuania

Registration system of work-related accidents and diseases

In Lithuania, accidents at work are reported to national authorities such as labour inspectorates in the framework of a universal social security system.

Work accidents with more three days absence and occupational diseases must be reported to the relevant State institutions by the employers. Employees are obliged to report accidents to the employer.

Fatal accidents must also immediately be reported to the prosecutor and the labour inspectorate by the employer. The labour inspectorate investigates accidents at work, and also together with representatives of health supervision institutions (under the Ministry of Health) causes and circumstances of occupational diseases.

The procedures for reporting accidents are set out in the Regulations for Investigation and Registration of Accidents at Work and the Regulations for Investigation and Registration of Occupational Diseases.

Occupational health and safety legal provisions relevant to cost estimation

The most important legal acts on occupational safety and health and their implementation are the Labour Code and the Law on Safety and Health at Work. They transpose the OSH Framework Directive 89/391/EEC of 12 June 1989 and introduce the measures of risk assessment and risk management of the European regulatory framework. Both acts are supported by further regulations like resolutions of the Government and regulations on OSH approved by the Minister of Social Security and Labour, the Health Minister or the Chief State Labour Inspector on specific OSH issues. The whole regulatory framework applies to every employer who employs at least one worker.

The Law on Safety and Health at Work also gives definitions for work accidents. Occupational diseases are defined in the list of occupational diseases published in the Government Resolution of 30 November 1994. Occupational diseases are registered in the occupational diseases registry which was established in 1994 and published by the Institute for Hygiene.

Key characteristics of the health care system

Lithuania has a predominantly Bismarckian social security system. Lithuania has a single public social insurance institute (SODRA)

Key characteristics of the insurance system

The Lithuanian social insurance is under the authority of a single public body, the State Social Insurance Fund Board (SODRA, Valstybinio socialinio draudimo fondo valdyba). SODRA again is under the supervision of the Ministry of Social Security and Labour. Budget allocation is under the supervision of the Parliament of the Republic of Lithuania (Lietuvos Respublikos Seimas) which approves the budget of SODRA on an annual basis.

In general, contributions to the social insurance are covered by both the employee and the employer. As of 2014, the social security contributions were around 32%-32.5% (including 3% compulsory health tax) for employers (insurers) and 9% (including 6% compulsory health tax) for employees (insured). Also self-employed contribute with a rate of 37.5 % (2014).

The accident insurance is obligatory for all companies in Lithuania and covers occupational accidents and occupational diseases. There are no differences between the insurance of private and public sector worker and across sectors. Premiums are covered by the employers and the calculation for the accident insurance is based on risk categories where companies are separated in three risk groups. SODRA adopts the risk groups and the premium calculation regularly on an annual basis. In addition to the mandatory insurance provided by SODRA, employers may also have voluntary private accident insurances schemes. Self-employed persons may insure themselves against voluntarily.

The Lithuanian social security compensates workers for wage loss in case of their incapacity for work. The employer pays during the first two days of sick leave, 80%-100% of the average monthly insured earnings. After that, the social security covers 40% of the average monthly insured earnings between third to the seventh day of the sick leave and 80% from the eighth day on. The benefit is suspended when the patient joins a rehabilitation programme or in cases of permanent incapacity.

A lump sum is paid to impaired workers who lose less than 30 % of their work ability in an work accident or due to an recognized occupational disease. An incapacity pension can be paid to persons who lose 30 % or more of their work ability under the mentioned circumstances.

Further pensions can be paid to the surviving dependants in cases on the death of a worker through an accident at work, a commuting accident, or from an occupational disease. Family members can also receive a single payment of up to the amount of 100 times the insured annual income.

The social security also provides maternity benefits. The social security is also in charge of the pensions, incl. disability pensions. The compensation output needed to be reduced significantly as an effect of the economic crisis which affected the Lithuanian economy after 2008. With the help of a prevention fund, SODRA also contributes to the prevention of occupational risks.

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Government Resolution of 30 November 1994 on the list of occupational diseases.

Country Profile – Luxembourg

Registration system of work-related accidents and diseases

In Luxembourg, accidents at work are reported to national insurance systems for accidents at work.

Each company is required to designate an employee as responsible for all matters of occupational safety and health. Employers are obliged to report accidents through this designated employee for protection against and the prevention of occupational risks in the company or establishment. For serious accidents, employers must refer to the Inspectorate of Labour and Mines. Less serious reports are collected by the Association d'Assurance Accident (Accident Insurance Association, or AAA), a public institution responsible for the prevention of accidents/diseases and for compensatory payments in case such accidents/diseases occur. AAA is situated within the Ministry of Social Security, and is governed by a management committee composed of a chair appointed by the government, and eight representatives from both employers and employees.

Reporting is compulsory by both employees and employers, who have to report to the AAA details regarding the work-related accident/illness, through a government-issued form. In addition to filling out the form, employees must also have their health practitioner fill out a form to be sent to the AAA. On the employer's side, they must report to the AAA details about their employees' risk exposure.

Occupational health and safety legal provisions relevant to cost estimation

For private sector employers, the main legal framework regulating OSH is regulated by the Luxembourgish Labour Code. Articles L.311-1 to L.314-4 concern employees' safety and health at work, while articles L.321-1 to L.327-2 are about occupational health services. These articles were inserted one June 17th, 1994 to transpose into Council Framework Directive 89/391/EEC of 12 June 1989. For the public sector, the legal framework for OSH is the Grand-Ducal regulation of November 3rd, 1994 (coordinating the amendments to the June 13th 1979 Grand Ducal regulation on safety instructions in the public sector).

In addition to the legal frameworks described above, the Inspectorate of Labour and Mines can issue binding safety requirements for private sector employment and, before 2011, the AAA was able to carry out the same activity – now its requirements are no longer binding, but are considered as recommendations.

Apart from legal arrangements, Luxembourg also has an institutionalised system of social dialogue between government, employers and employees. The two main bodies relevant in such a social dialogue are the Standing Committee on Labour and Employment (with competences on working conditions) and the Higher Council on Health and Safety at Work. The first supervises the implementation of OSH provisions and helps policymakers improve it, while the latter advises the ministers of health, labour and social security on how to align health provisions with the needs of different sectors.

Key characteristics of the health care system

Luxembourg has a predominantly Bismarck model.

Key characteristics of the insurance system

There is a social security system in Luxembourg, in which responsibilities are shared between employer and State in cases where the employee suffers from an accident/illness. In the case of work-related accidents (including accidents occurring on the commute to work), the AAA is generally responsible for reimbursing the employee their foregone revenue in kind (covering healthcare costs and repair costs), in cash (salary reimbursement within the first 52 weeks) and other possible compensations. This happens only if the AAA declares the accident eligible for compensation, i.e. if the accident is not due to gross misconduct on the employee's side and if it is listed in the Luxembourgish table of occupational illnesses. However, if the accident occurs at the place of work during work hours and the cause is unknown, it is up to the AAA to decide whether the accident was work-related and if the damage occurred should be reimbursed or not.

Responsibilities can also be shared. For instance, in case of sick leave, employers must pay their employees while they are on sick leave up to and including the month during which the 77th day of sick leave occurs over a 12 month-period. Afterwards, the National Health Fund takes over and pays the employee's salary. This principle is called "continuation of pay" (or *Lohnfortzahlung*).

The amounts for such compensation are indicated by the State. In case of a work-related accident, third party liability (i.e. damages incurred to surrounding goods or vehicles) is limited to five times the minimum wage in case of commuting accident, and seven times the minimum salary for workplace accidents. If the accident leads to the employee being incapable to work, they are entitled to a full annuity during the first 52 weeks after the accident (during which both employer and AAA cover the salary, as indicated above). This full annuity is equal to the employee's monthly revenue in the 12 months prior to the accident, however it cannot exceed an annual amount of 60 times the monthly minimum wage.

In addition, the AAA is responsible for *inter alia* setting up financial incentives for employers to prevent accidents.

Country Profile Malta

Registration system of work-related accidents and diseases

In Malta, accidents at work are reported to national authorities such as labour inspectorates in the framework of a universal social security system.

It is obligatory for victim to report occupational accidents to the department of social security. The employee should also complete an application form (standard issued) on the accident or disease, which should be signed by the employer and physician. This form must then be sent to the Maltese Social Security Division. The form will then be checked by a medical panel (appointed by the Minister of Education, Employment and Family) to assess whether the injury or disease is indeed work-related or caused by the work environment.

Occupational health and safety legal provisions relevant to cost estimation

The Occupational Health and Authority Act (act XXVII, 2000), is the basis of occupational health and safety regulations in Malta. This act outlines all requirements on occupational health and safety and applies to all organizations, both in the public and private sector, with all economic activities, as well as the self-employed.

The employer is legally obligated to provide their employees with information and training on OSH, as well as ensure their safety and health within the organization. Several of these prevention and protection services are even outlined in the Legal notice 36 of 2003 (General Provisions for Health and Safety at Work Places Regulations).

In addition, the employer is obligated to make sure that one or more health and safety representatives are chosen by the employees. These representatives can and should be consulted on all matters that are OSH related. In turn, employees have to cooperate with these representatives and the employer.

There are no insurance-related incentives to motivate employers to comply with legal minimum requirements (no bonus-malus system) in Malta.

Key characteristics of the health care system

Malta has a predominantly Beveridgean system.

Key characteristics of the insurance system

The social security system in Malta is part of the National scheme on social welfare. Individuals (also self-employed) who suffer from an occupational accident or disease are entitled to injury benefits or industrial disease benefits through the Maltese social security division (occupational accidents and diseases are treated the same, there is no distinction). The employer, employee and the state all pay contributions to pay for these benefits. Benefits are paid starting after an individual missed 5 days of

work and will be paid up to a period of 12 months. In case of permanent injury or illness, an application for an injury grant/pension can be filled in.

In addition to insurance, an employee can make a compensation claim against their employer (by taking civil action). These claims, relating to occupational diseases and accidents or ill-health, are heard in the Industrial Tribunal. This tribunal can reinstate employees when they have been unfairly dismissed or they can issue compensation.

In addition, in Malta, organizations are obligated to have industrial accident insurance (owned by private insurers). One of the biggest insurance brokers in Malta is the Association of Insurance Brokers (AIB), representing the interests of this industry.

Country Profile Norway

Registration system of work-related accidents and diseases

In Norway, accidents at work are reported to national authorities such as labour inspectorates in the framework of a universal social security system.

The employer is obliged to report an occupational illness or injury (National Insurance Act). In addition to injuries and illnesses, the duty to report also includes fatal accidents. The employer is obliged to send a standard claim form to NAV. If the employer has not done this, the employee is advised to report the injury or disease. Employers are also obliged to take out occupational injury insurance (Yrkesskadeforsikring) in the private insurance companies.

The employer must submit a report form to NAV as soon as possible. An occupational injury must be reported within one year of the occupational accident. An occupational illness must be reported within one year of you becoming aware of the cause of the illness. NAV may in certain circumstances grant exception from this notification deadline. It must then be clear that the case concerns an occupational injury or there must be special reasons why the report form has not been submitted within the time limit. In addition, the employer has to notify the Labour Inspection Authority, as described in the Working Environment Act.

Occupational health and safety legal provisions relevant to cost estimation

The Occupational Injuries Insurance Act was passed by the Norwegian Storting on 16 June 1989 and applies to injuries and illnesses established after 1 January 1990. Under this Act, all employers must take out occupational injuries insurance for their employees. The insurance covers economic loss the injured party has incurred due to occupational injury or illness and is in addition to the National Insurance Scheme's benefits in the event of occupational injury.

Compensation is claimed directly from the employer's insurance company. The Norwegian state and some municipalities / counties have own insurers. Therefore, in these cases, the compensation is claimed directly from the employer.

As the Occupational Injuries Insurance Act is a separate compensation scheme outside the National Insurance Scheme, inquiries relating to the scheme are not made to NAV, but to the employer, his insurance company or the employee organisations through the shop stewards. On the claims form to the National Insurance Scheme, the employer must state with which insurance company the company has taken out insurance in accordance with the Occupational Injuries Insurance Act.

Commuting accidents are not covered except when the travel is arranged by the employer or implies a significant increase in the risk of injury.

National Insurance Scheme (folketrygden): List of recognised occupational diseases laid down by the Ministry of Health and Social Affairs 11 March 1997. No mixed system.

Claims for compensation from the Occupational Injury Insurance (yrkesskadeforsikring) must be made to the insurance company within three years of the end of the calendar year in which the insured became aware of his/her claim and able to present it.

Key characteristics of the health care system

Norway has a predominantly Beveridge system.

Key characteristics of the insurance system

The Norwegian system provides full compensation for loss of earnings and expenses through a two-tier system:

1. The full range of benefits of the National Insurance Scheme (folketrygden) with more favourable provisions in certain respects (no waiting periods, no pro-rata reductions, lower level of incapacity required, no co-payments for health care etc.);
2. In addition a mandatory Occupational Injury Insurance (yrkesskadeforsikring) administered by private insurance companies, with individual compensations and/or lump sum indemnities to cover loss of earnings and expenses not compensated by the National Insurance Scheme.

Both tiers offer compensation for non-economic loss (ménerstatning). The injured and the survivors may claim benefits under both systems. The premium paid by the employer to the occupational injury insurance also covers national insurance expenses concerning occupational injury benefits. The insurance companies pay a refund to the National Insurance Scheme corresponding to 120% of their total payments under the occupational injury insurance.

All employees, fishermen even when self-employed, conscripts, students and trainees, are covered by the National Insurance (folketrygden). Most of the employees are covered for occupational injury through their employment (compulsory occupational injury coverage - yrkesskadeforsikring). Special rules with extended occupational injury coverage apply to conscripts and certain other military personnel. Self-employed persons and freelancers must take out voluntary occupational injury insurance in order to be entitled to occupational injury coverage.

The employer, unless he is insured, will need to cover the amounts payable according to the law in the event of an injury. It is the employer, or the contractor if the employees are hired in to work for the contractor directly, who is responsible to cover any injury.

If the occupational injury or illness is approved by the NAV, the employee may be entitled to social security benefits under more favourable rules than usual. No co-payment in case of medical treatment of occupational injuries. If the employee has a permanent disability resulting from an occupational injury or illness, he/she may be entitled to compensation for permanent injury.

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National websites:

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<https://www.nav.no/en/Home/Benefits+and+services/Information+about+NAV+s+services+and+benefits#chapter-12>

https://www.nav.no/no/Person/_attachment/424220?_download=true&_ts=14fcae67100

Country Profile Poland

Registration system of work-related accidents and diseases

In Poland, accidents at work are reported to national authorities such as labour inspectorates in the framework of a universal social security system.

The employee has to “immediately notify the superior of any accident or hazard to human life or health occurring at work” (Labour Code - Art. 211).

The employer has to inform the competent labour inspector and the prosecutor about a fatal, serious or collective accident at work. (Labour Code – art. 234) The accident is notified by the employer to the Central Statistical Office, by means of a standard form called the Accident Statistical Card. Instructions and guidance notes are provided with the form.

The employer has a duty to immediately notify the relevant State sanitary inspector and the relevant district labour inspector of any suspicion of an occupational disease. The duty also applies to the doctor of the entity relevant for diagnosing an occupational disease. (Labour code art. 235)

An official list of occupational diseases was created and adjusted by Government Resolution of 18 November 1983. No mixed system.

Occupational health and safety legal provisions relevant to cost estimation

The rights and duties of the employees and employers, as well as the working conditions for employees are regulated by the Labour Code. It places full responsibility for the protection of workers' safety and health on employers. In the late 1990s the Polish Labour code (based on directive 89/391/EEC) was enacted.

The basis of the Polish accident insurance system is the Occupational Accident Act of 2002. The Social Insurance company ZUS (Zakład Ubezpieczeń Społecznych) is responsible for the accidents at work and occupational diseases. The monopolistic organisation is part of the state social security system. The act covers accidents and occupational diseases and regulates the types of benefits, rules and procedures, calculation of the insurance premiums and the financing of accident prevention. Commuting accidents are covered by a different type of social insurance.

There is a premium differentiation system in place: the premium calculation is based on company size, risk category, and experience rating (the bonus-malus system). Risk selection is not allowed. There are risk categories for different sectors of the economy. Since 2006 companies have also been able to influence their payments, as individual risk categories are established for a period of one year at a time.

The Social Insurance Institution (Zakład Ubezpieczeń Społecznych) is responsible for establishing the premium rates and coordinating the national insurance system, and the National Labour Inspectorate (Państwowa Inspekcja Pracy) is responsible for monitoring compliance by companies. A

labour inspector may apply to the Social Insurance Institution for permission to double the premium rate of a company that has violated occupational safety and health conditions over successive inspections.

Occupational diseases have been regulated in the Rozporządzenie Rady Ministrów (Regulation of the Council of Ministers) since 2002. This document contains a list of diseases and describes the procedures for reporting and diagnosing occupational diseases.

Key characteristics of the health care system

Poland has a predominantly Bismarckian system. The workers' compensation system is state-run monopolistic.

Key characteristics of the insurance system

The pension for work incapacity is awarded to an insured party who has become unable to work due to an accident at work or occupational disease. The benefit is granted irrespective of the length of the accident insurance period and the date on which work incapacity occurred. A lump-sum compensation is paid to an insured party who, due to an accident at work or an occupational disease, has suffered permanent or long term health damage. Compensation is also paid to family members of the insured party who has died due to an accident at work or occupational disease.

Insurance is compulsory for all people in active employment and they need to be affiliated to the social security system either by virtue of their employer paying contributions for them (in the case of employees) or by their paying their own contributions (e.g. for the self-employed or the clergy). Benefits are paid from this compulsory insurance against accidents at work and occupational diseases, which covers the majority of workers. This insurance cannot be obtained on a voluntary basis. An Agricultural Social Insurance Fund ('KRUS') operates in Poland to provide administrative services for the social security scheme for farmers. The ZUS and the KRUS (for agricultural workers) are responsible for collecting health insurance contributions and transferring them to the NFZ.

The contribution for insurance against accidents at work and occupational diseases is entirely paid by contribution payers (employers). The amount of this contribution is diversified and depends on the size of the contribution payer's enterprise and occupational risks and their possible consequences that are characteristic of a given workplace. Poland has a bonus-malus system, indicating that there is an economic incentive, seeing as insurance premium variation is based on experience rating. This way, employers are persuaded to invest in OSH.

Sickness, disability pension and indemnity benefits connected with an accident at work or an occupational disease are paid from the accident insurance fund. They can be as follows:

- sickness allowance – paid from the first day that the person is unable to work because of an accident at work or occupational disease;
- rehabilitation allowance – paid for up to 12 months to persons still unable to work when their eligibility for sickness allowance lapses, and who are expected to be able to recover the ability to work with further treatment or therapeutic rehabilitation;

- compensation allowance – paid to a person who has suffered a reduction in pay due to permanent or long-lasting damage to his health;
- invalidity pension.

In addition, an insured person who has suffered permanent or long-lasting damage to his health as a result of an accident at work or an occupational disease may receive from the ZUS lump-sum refunds of the costs of dental treatment, vaccinations and orthopaedic equipment as provided by law.

An one-off payment to the employee is paid by the employer:

- in respect of accident at work or occupational disease, in the event of permanent or prolonged deterioration in the person's state of health, PLN 757 (€179) for each percentage point of deterioration or
- if, at the time of the accident, personal items required for work were lost or damaged.
Amount payable: full compensation.

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<http://www.mpips.gov.pl/en/social-insurance/insurance-against-accidents-at-work-and-occupational-diseases/>

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Legal basis:

- June 26, 1974 Act on the Labour Code (J. of L. No 21/1998 Item 94 as currently amended.
- June 25, 1999 Act on cash benefits under social insurance in the event of sickness or maternity (J. of L. No 31/2005 Item 267)
- October 30, 2002 Act on social insurance for accidents at work and occupational diseases (J. of L. No 199/2002 Item 1673 as currently amended
- December 20, 1990 Act on social insurance of farmers (J. of L. No 7/1998 Item 25 as currently amended)

- Regulation of Minister of Economy, Labour and Social Policy from 2002 on differentiation of contribution rate depending on occupational hazards and their consequences

Country Profile – Portugal

Registration system of work-related accidents and diseases

In Portugal, accidents at work are reported to national insurance systems for accidents at work.

In Portugal, when a serious or fatal accident occurs at the workplace, the employer is obliged to inform the Working Conditions Authority (Autoridade para as Condições de Trabalho – ACT) within 24 hours of the event. The employer is also obliged to report the accident to the insurance institution who then reports it to the labour inspectorate.

Occupational health and safety legal provisions relevant to cost estimation

Occupational health and safety at work is covered by the Law 102/2009 for the private sector and by Law 59/2008 for the public sector on the legal status of the promotion of safety and health at work. These laws transpose the European Framework Council Directive 89/391/ECC and also regulate, in accordance with the provisions of Article 284 of the Labour Code, the legal regime of promotion and prevention of health and safety at work. The law applies to all branches of activities in the private, social and cooperative sectors to all employees and employers, including not-for-profit organisations and self-employed persons.

The legislation states that all employers have to operate a health and safety policy based on the prevention of risks, their elimination or reduction at the source with a priority to collective protective measures rather than individual, and providing training and information for employees. This policy has to be integrated in the company's general management policy. The implementation of preventive measures has to be preceded by risk assessment procedures, linked to the various stages of the production process including preparatory activities, maintenance and repair, to achieve effective levels of protection for the health and safety of the workers.

Portugal has a bonus-malus system, indicating that there is an economic incentive, seeing as insurance premium variation is based on experience rating. This way, employers are persuaded to invest in OSH.

Key characteristics of the health care system

Portugal has a predominantly Beveridgean system.

Key characteristics of the insurance system

The Law No. 98/2006 specifies the legal regime of labour accidents and occupational diseases and it determines the regulation of professional rehabilitation and reintegration. Benefits granted for both accidents at work and occupational diseases are similar but are provided by different institutions.

Occupational accident insurance is part of the social security system and is compulsory for all employers in the private sector, trainees and persons in apprenticeship. It is provided by private insurers. Employers are required to insure their employees against the risk of accidents at work. Responsibility is with the insurance companies as social security schemes do not cover such risks. Self-employed persons are also obliged to sign up for an insurance plan that covers accidents at work. The insurance plan has to guarantee the minimum payments outlined in Decree Law 159/99 and succeeding legislation. Its aim is to ensure that self-employed persons and their families receive the same compensations and payments as other workers are entitled to in the event of work-related accident or illness.

For an event to be considered an accident at work it has to happen in the workplace and during working hours, has to cause bodily injury functional disorders or disturbances or result in a disease leading to death or temporary or permanent, partial or total reduction in the person's working or earning capacity. Incidents that occur on the way to or from workplace may be considered accidents at work.

Occupational diseases are covered by the general social security schemes. Portugal uses a mixed system of defining an occupational disease. The disease can either be on the National List of Occupational Diseases or it can be proved on a case-by-case basis, where the disease is found to be work-related even though it is not on the list.

Benefits are guaranteed in cases of bodily injury, functional disorder or disease not included in the list as long as it is proven that the disease is related to the professional activity pursued in normal working conditions. The diagnosis, evaluation of the incapacity degree resulting from an occupational disease together with benefits are exclusively under the responsibility of the Protection against Occupational Hazards Department (Departamento de Proteção contra os Riscos Profissionais – DPRP). The National Table of Incapacities due to Accidents at Work and Occupational Diseases provides the basis for assessment of functional impairment suffered as a result of work accidents and occupational diseases when a loss of earning capacity occurs. Remuneration of occupational diseases is under the responsibility of the DPRP.

Generally, occupational healthcare is provided through reimbursement of incurred costs. Medical care may also be provided through the National Health Service. Sickness cash benefit may also be granted during medical treatment and occupational rehabilitation.

Employers are obliged to integrate employees suffering from temporary partial incapacity or permanent, partial or total incapacity for regular work as a result of an occupational injury or disease. These employees are also entitled to vocational training, adaptation of the workplace, part-time work and leave for retraining or finding another job. They may also receive allowance for attending professional rehabilitation activities.

In the occurrence of death of the insured person due to a work accident or occupational disease, family members may receive survivor's pension together with a death grant.

Country Profile – Romania

Registration system of work-related accidents and diseases

In Romania, accidents at work are reported to national authorities such as labour inspectorates in the framework of a universal social security system.

In Romania, the employer is responsible for the occupational health and safety of its employees according to the law (Law number 319 of July 14th, 2006). They are obliged to report accidents that occurred in the workplace, including illnesses, accidents or commuting incidents, or they otherwise need to pay a penalty fee between 783 EUR and 1,566 EUR. The reporting must be done towards the Local Labour Inspectorate (Inspectoratul Teritorial de Munca, or ITM), as well as the insurer (the National House of Public Pensions, or CNPP). In case of serious accidents, the police should also be notified. The law (Art 109 of the methodological norm for applying Law number 319 of July 14th, 2006) specifies in detail which information the employer must send to the ITM. In addition, Article 50 of Law 346/2002 specifies that the employer must also notify the insurer in case of accidents resulting in the employee's inability to work or death, as well as other serious incidents.

After the reporting, the employer and the ITM are both involved in the follow-up: the employer is responsible for verifying the events in case of an accident resulting in a temporary inability to work, whereas the ITM verifies cases in which the employer died, became disabled, when there were multiple employers involved, when people are missing or in case of serious incidents.

As an incentive for employers, the CNPP reimburses all expenses incurred by employers for preventing workplace accidents and diseases.

Occupational health and safety legal provisions relevant to cost estimation

The main legal framework governing OSH in Romania is Law number 319 of July 14th 2006 (and later amended on September 27th, 2010) on Safety and Health at Work. It lists the main principles of OSH mechanisms in the country, which are then adopted by secondary legislation (i.e. rules on how to apply the principles), such as Government Decision Number 1425 of October 11th, 2006 on methodological norms for enforcing Law number 319 or the Government Decision Number 955 of September 27th, 2010 on the amended version of Law 319. These apply to all participants in the labour force, private or public, and to all employers who employ at least one person. Through it, Romania transposed Council Directive 89/391/EEC of 12 June 1989 (on the introduction of measures to encourage improvements in the safety and health of employees at work) into national law. In addition, Law number 346/2002 established, since 2005, the insurance system against work accidents and occupational diseases, allowing the CNPP to insure employers against such incidents.

From an operational perspective, there are several strategic frameworks in Romania that helped develop the implementation of OSH provisions up to now. The country's strategy for health and safety at work for the period 2014-2020 is still in its drafting phase, but two previous strategies for 2004-2007 and 2008-2013 helped Romania catch up to EU regulation in the OSH field. In addition,

the Sectorial Programmes 2013-2015 developed by the Ministry of Labour, Family, Social Protection and the Elderly contain four major projects in the OSH field to be developed and implemented by research institutes under the ministry's coordination. These focus on independent employees' health and safety at work, training programmes on ergonomics, protection of vulnerable groups, and the development of tools for prevention and protection activities.

Social dialogue structures such as bipartite (employers and trade unions) and tripartite (government, employers, trade unions) groups ensure that all stakeholders have a say in the decision-making process concerning, among others, OSH. Such dialogue structures include the Economic and Social Council, a tripartite body consulted by the Government and Parliament whenever a new law is elaborated on a subject of interest to social partners. In addition, other dialogue structures exist, such as the bipartite Labour Collective Agreements between employers and trade unions.

Key characteristics of the health care system

Romania has a predominantly Bismarckian system.

Key characteristics of the insurance system

The entity responsible for reimbursing employees for their work-related accidents is the CNPP, as the national insurer of accidents and work diseases. The CNPP reimburses expenses such as medical recovery, professional recovery/reconversion, sickness/disability benefits, cost reimbursement or death-related compensation. Medical recovery is fully reimbursed, while professional rehabilitation/reconversion are only given if employees ask for them and if these employees can no longer carry out their original activity as a result of the incident. In this case, the CNPP pays employees a monthly grant worth 70% of their salary at the time of the incident. There are certain rules needed to be followed to receive this grant, such as following courses and passing them.

If the employee is temporarily impaired incapable of working (i.e. between 3 and 180 days), they are entitled to 80% of the average income received over the 6 months prior to the incident: the employer pays the amount due for the first three days of impairment, while the CNPP draws money from its insurance fund for the remainder of the period. If the accident involves surgical emergencies, the percentage is 100%.

After an accident that impairs employees from carrying out their jobs, the CNPP encourages them to take on a different temporary job. If their salary is lower than that of their original job, the CNPP pays the difference. The CNPP can also subsidise the employee's reduction in working hours, allowing them to reduce their time by up to 25%. Both types of subsidies can only be given at most 90 days a year.

If, after a work-related accident, the employee's performance is impaired by 20 to 50%, the CNPP compensates for this through a one-off cash payment which cannot exceed 12 times the average salary. If the employee dies, the compensation cannot exceed four times the average salary.

Country Profile – Slovakia

Registration system of work-related accidents and diseases¹

In Slovakia, accidents at work are reported to national authorities such as labour inspectorates in the framework of a universal social security system.

In Slovakia, employers are obliged to keep evidence of workplace accidents and occupational illnesses. They are required by law to report accidents to the employee representatives (trade union), including the relevant employee representative for safety, to the territorially competent department of the Police should there be a suspicion of criminal offence, and to the competent Labour Inspectorate or the relevant supervisory authority in case of a serious accident at work.

In case of a major industrial accident, the employer has to report it to the competent Labour Inspectorate or the relevant supervisory authority.

Occupational health and safety legal provisions relevant to cost estimation

The Constitutional Act of the Slovak Republic states that employees shall have a right to fair and satisfactory work conditions including the protection of health and safety at work. The Labour Code, Act 311/2001 Coll., outlines the basics of the occupational safety and health system. Act No. 124/2006 Coll. on OSH implements the European Framework Council Directive 89/391/EEC and applies to every employer and entrepreneurs. The Act emphasises prevention, including safe design, and contains the hierarchy of prevention measures.

There is a traditional distinction between workplace safety and health at work. Protection of health is regulated chapter 3 of the Act on Public Health, Act No. 355/2007 Coll. on Protection, Support and Development of Public Health and on Amendments and Supplements to Certain Acts.

The employer has to develop a concept or strategy of occupational health and safety. Every employer is obliged to have preventive and protective services in order to organise and execute tasks in the field of OSH at work. These services participate in the realisation of health and safety duties of the employer. The execution of preventive and protective services can be contracted to authorised external professionals in case the employer lacks sufficient professional employees.

Key characteristics of the health care system

Slovakia has certain features of Bismarck and Beveridge models.

¹ Act No. 124/2006 on Occupational Safety and Health Protection

Key characteristics of the insurance system

Accident insurance was established by Act No. 461/2003 Coll. on social insurance. Employees' workplace accident insurance is incorporated in the social insurance system. Insurance of employer's responsibility against accidents at work and occupational diseases is paid with the accident insurance that is compulsory for all employers (except judges and prosecutors). The employer's accident insurance is valid from the day of the employment of at least one employee and expires on the day where no employee is contracted. Depending on the character of events, benefits within the accident insurance are provided either repeatedly or as lump sum payments. There are 13 different categorisations of accident benefits, which are as follows: additional accidental benefit, accidental rent, lump-sum settlement, survivor's rent, lump-sum compensation, professional rehabilitation and rehabilitation benefit, retraining and retraining benefit, pain compensation and compensation for difficulties with social reintegration, compensation for medical expenses, and funeral expenses reimbursement.

The Social Insurance Agency (Sociálna poisťovňa) is responsible for the collection and recovery of sickness contributions and benefits pay-outs. Sickness and incapacity to work is defined by Act No. 461/2003 Coll. For the first 10 days of sickness/incapacity to work, employers receive salary compensation, for calendar days 1-3 it is 25% of the daily assessment base (DVZ), on calendar days 4-10 the employee receives 55% of the DVZ. From day 11, the employee receives sickness benefits that amount to 55% of the DVZ. Sickness benefits can be received for up to 52 weeks. If the cause of the sickness/incapacity is alcohol or other narcotics the sickness benefit is reduced by half.

The Decree of the Slovak Republic Ministry of Health No. 448/2007 Coll. on particulars of factors of work and working environment in relation to categorisation of work in terms of health risks and on requirements for the proposal on the categorisation of work divides jobs into four groups based on the risk level they are associated with. Only categories 3 and 4 are classified as hazardous and are determined by the regional public health authority upon the proposal of the employer or on its own initiative. Category 1 is for jobs where workers are not exposed to any relevant health risks during their work. Jobs where employees whose exposure cannot be harmful to their health (i.e. exposure under limit values defined in regulations) are under Category 2. Category 3 contains jobs where technical prevention cannot satisfactorily eliminate the risk and the combination of exposures may result in health damage. Category 4 are either professions in which the criteria for risk in category 3 are met and there are additional working environment risks (such as UV radiation, cold, dust) that demonstrably participate in alteration of one's health condition, or they are jobs where workers are exposed to higher values than in category 3 (like underground ore mining).

The provision of occupational health service is obligatory for workers in categories 3 and 4. Specific regulations may require fitness-to-job examination of workers in categories 1 and 2 as well (for example, security services, railway, nightshift work, etc.). The Public Health Authority of the Slovak Republic has a publicly available database of professionals who are registered and provide occupational health service.

Country Profile Slovenia

Registration system of work-related accidents and diseases

In Slovenia, accidents at work are reported to national authorities such as the Labour Inspectorate of the Republic of Slovenia and the National Institute of Public Health in the framework of a universal social security system and the Framework Directive 89/391/EEC.

Data on accidents are gathered from two sources.

The Health and Safety at Work Act [\[1\]](#) (2) requires employers to immediately report to the Labour Inspectorate any fatal injury or injuries leading to an absence of more than three consecutive days, or any collective accident, dangerous situation, or officially established occupational disease.

Data for all accidents at work are gathered from reported cases of accidents at work to the Health Insurance Institute of Slovenia and the National Institute of Public Health. Common notification form is filled in by employer in first part and by general practitioner in second part, and certified by both.

Data for non-fatal occupational injuries and days lost are also gathered from database on cases of absence from work due to occupational injuries. Data are filled in by general practitioner and the form is used for compensation reasons. Database name is Register on Legitimate Sickness Absenteeism from Work.

Occupational health and safety legal provisions relevant to cost estimation

Main legislative acts:

1. The Health and Safety at Work Act [\[1\]](#) (2);
2. Worker Participation in Management Act [\[5\]](#) (2);
3. Representativeness of Trade Unions Act [\[6\]](#) (2);
4. Civil Servants Act [\[9\]](#) (2) governs specifics of employment and the rights and duties of civil servants;
5. Health Services Act [\[10\]](#) (2) and Health Care and Health Insurance Act [\[11\]](#)(2)¹ regulate organizational aspects of health at work;
6. Inspection Act [\[12\]](#) (2);
7. Labour Inspection Act [\[13\]](#) (2).

No premium variations nor other economic incentives for the prevention of accidents and occupational diseases are in force.

The “Resolution on the National programme for health and safety at work” [\[14\]](#) (2) was adopted in 2003 on the basis of Article 4 of the Health and Safety at Work Act [\[4\]](#) (2). It provides a national strategy of development in the field of OSH with key objectives being protection of life, health and work ability of workers and prevention from accidents at work, work related injuries and occupational diseases.

In cases of labour law violations, the inspector has the right to order measures for remedying the irregularity or deficiency within a certain time limit, to carry out procedures, to lay a charge for a criminal offence (which is prosecuted ex officio), to propose to a competent body the adoption of measures, to order other measures authorized by law or other regulations, such as sealing etc.

Key characteristics of the health care system

The Slovenia has a predominantly Bismarckian welfare system.

Key characteristics of the insurance system

The entire active population (both employed and self-employed persons) is covered by the compulsory health insurance (managed by the Health Insurance Institute of Slovenia / Zavod za zdravstveno zavarovanje Slovenije) and the compulsory pension and disability insurance (managed by the Pension and Disability Insurance Institute of Slovenia / Zavod za pokojninsko in invalidsko zavarovanje Slovenije).

Compulsory health insurance is covered by contributions of insured persons, employers, the budget of Republic of Slovenia and others. The rates of contributions are determined by the Social Security Contributions Act. Categories of persons that are compulsorily health insured person are: employees in Slovenia; Slovenian nationals employed in foreign companies; self-employed; farmers; apprentices; top sportsmen, top chess players and others. Compulsory health insurance allows insured persons to claim the right to health services, medicines and medical devices and to cash compensation such as salary compensation during temporary absence from work, for funeral, in the case of death and reimbursement of travel expenses in connection with the exercise of rights to health services.

The Pension and Disability Insurance Institute of Slovenia is also a public institution. It is a carrier and provider of compulsory pension and disability insurance. Compulsory insurance is covered by the contributions of insured persons, employers and the budget of Republic of Slovenia. The rates of contributions are determined by the Social Security Contributions Act. Compulsory pension and disability insured persons are: employees in Slovenia; Slovenian nationals employed in foreign companies; self-employed; farmers; apprentices; top sportsmen, top chess players and others. This compulsory insurance covers disability pension, occupational rehabilitation, disability benefit, reassignment, part-time work and other benefits.

Employers are paying contributions for the insurance against injuries at work and occupational diseases (0,53 %). Employer also covers the compensation of the wage of the worker who has suffered an injury at work or occupational disease (100 % of the wage) for the first 30 days of the sick leave. For longer sick leave the compensation of the wage is covered by the compulsory Health Insurance. The compulsory pension and disability insurance provides earnings-related benefits for long-term incapacity due to disability or death of the insured person.

According to the Article 3 of the Health and Safety at Work Act – an accident at work means an unforeseen or unexpected event occurring at the workplace or in the working environment when work is being performed or is work-related and results in an injury to a worker.

According to the Article 61 of the Health and Safety at Work Act – a work-related disease is a disease where the work process or the work environment act as a predisposing, but not causal factor for its development, and which is significant for data collection in order to improve working conditions.

According to the Article 65 of the Pension and Disability Insurance Act – occupational diseases shall be specific diseases caused by a long-term direct influence of the work process and of work conditions at a specific job or at work which directly involves activities on the basis of which the diseased person has been insured. Furthermore, occupational diseases and works occasioning the development of such diseases, as well as conditions under which they are deemed to be occupational diseases shall be determined by the minister responsible for labour in cooperation with the minister responsible for health. The Rules concerning the list of occupational diseases have been adopted in 2003.

Sources:

1. http://www.ilo.org/labadmin/info/WCMS_209368/lang--en/index.htm
2. https://oshwiki.eu/wiki/OSH_system_at_national_level_-_Slovenia
3. <http://laborsta.ilo.org/applv8/data/SSM8/E/SI.html>
4. incentives report
5. MISSOC database

Country Profile – Spain

Registration system of work-related accidents and diseases

In Spain, accidents at work are reported to national insurance systems for accidents at work.

The employer is required to notify the labour authorities (Ministry of Employment and Social Security) regarding any work-related accident and diseases which occurred to one or more employees. The registration of the accident is done through a computerized system of the social security, called CEPROSS.

Registrations have to be made by the employer within 5 days of the accident or the end of the sick leave, or within 24 hours in case of severe/deadly accidents (i.e. severe, very severe, deadly or involving more than 4 people).

An additional report must be submitted by the employer within the first 5 days of each month, containing all the accidents without sick leave which happened the previous month. In case of severe/deadly accidents, a special report has to be submitted by the 10th of the subsequent month.

Occupational health and safety legal provisions relevant to cost estimation

In Spain, OSH is regulated by the Prevention of Occupational Risks Act of November 8 1995, which covers all employees except domestic workers. It also does not apply to some categories in the public service, such as police, security, armed forces and military activities, as well as civil protection. The Act brings the Spanish legal system in line with European legislation, notably EEC Directive 89/391 which deals with measures to improve OSH. It is the legal framework to regulate technical aspects of the preventive measures regarding occupational safety and health. The Act is based on Article 40.2 of the Spanish Constitution of 1978, where responsibility for OSH is entrusted to the State – more specifically to the national legislator and authorities of the central government. National law is then executed by the authorities in the seventeen Autonomous Communities (Comunidades Autónomas). National legislation and strategy are negotiated with both the Autonomous Communities and the social partners in the form of social dialogue. The National Commission for Safety and Health at Work plays a significant role in the negotiation process (CNSST).

Key characteristics of the health care system

Spain has a predominantly Beveridgean system.

Key characteristics of the insurance system

The work accident insurance in Spain is organised in a hybrid system of private not-for-profit insurance companies - Social Security Work Accident and Professional Sickness Provident Entities - ('MATEPSS') and a public body - Instituto Nacional de la Seguridad Social – INSS, and ISM – Instituto

Social de la Marina, which guarantees workers' compensation in companies that are not members of a 'MATEPSS'. Occupational accident insurance and compensation and rehabilitation of occupational diseases are organised by Social Security Work Accident and Professional Sickness Provident Entities, the MATEPSS. In Spain, there are 29 Industrial Accident Mutual Insurance Societies (MATEPSS, *Mutuas de Accidentes de Trabajo y Enfermedades Profesionales de la Seguridad Social*). The legal basis is the Royal decree 1/1994 on the General Law on Social Security. Employees can also be covered by the National Institute of Social Security (INSS, *Instituto Nacional de la Seguridad Social*).

Spain is the only Member State with a state-run, competitive insurance system. The insurance of occupational accidents is administered by the MATEPSS, which partly cover occupational diseases. The occupational diseases are paid via a public fund ('pay as you go').

'MATEPSS' are established as private associations of companies and need formal approval from the Ministry of Employment and Social Security (MEYSS) which is the supervisory authority. The MATEPPS are obliged to cooperate with the authorities of the public social security system.

Since 2003, the self-employed have also been eligible to be covered by one of the MATEPSS. The MATEPSS are associations set up by employers to pool their resources to provide protection against certain occupational risks. In the most recent legislation this name has replaced the traditional one of *mutuas patronales*, i.e. employers' mutual insurance societies. Spanish law makes them responsible for insuring against occupational accidents and diseases and classes them as bodies cooperating with the public social security system, under the supervision and control of the Ministry of Labour and Social Affairs (*Ministerio de Trabajo y Asuntos Sociales*). Their functions have gradually been expanded, and nowadays they may contribute to the provision of protection against non-occupational risks and to the implementation of risk prevention and health and safety programmes. The contributions of the employer are based on the risk category the company belongs to. Employees do not pay any contributions. All accidents are covered, including road accidents.

Members of the associations are companies who can join voluntarily - otherwise workers' compensation is guaranteed by the public insurance institute INSS (*Instituto Nacional de Seguridad Social*). Some sectors are excluded from the general regime, such as mining, fisheries and agriculture. In those cases, the public system again guarantees the worker compensation. As of December 2011, some 1.52 million companies were members of a *Mutua*, representing nearly 13.86 million employees. Employers must bear all costs of the legal requirements for the protection of employees. The insurance system is financed by employer contributions, and can vary between 0.81% and 16.2% of the payroll, depending on the risk class of the company (average contribution is roughly 2% of the payroll).

There are currently 20 MATEPSS. They are members of the Association of Work Accident Insurance Companies (*Asociación de Mutuas de Accidentes de Trabajo, AMAT*), which is a not-for-profit organisation, established in 1986. AMAT is the interest group for the insurance bodies. It represents common positions of the *Mutuas* and their member companies in negotiations within the social security system.

In Spain insurance premiums do not have economic incentives, since premium variation is based on category risk system¹. Insurance incentives are planned in the national OSH strategy and a great variety of OSH subsidy programmes is offered on a national as well as regional level. Funding schemes include²:

- Grants to improve safety in traditional coastal fishing vessels
- Grants to replace unsafe equipment for SMEs in the construction sector
- Subsidies for employee training in health and safety and for measures to improve health and safety in 2004
- Subsidies for SMEs in Castilla-La Mancha that invest in improving workplace health and safety
- Subsidies for OSH promotion
- Subsidies for purchase, adaptation and/or renewal of machinery and safety equipment
- Subsidies to promote the implementation of planned preventive actions
- Grants to SMEs in the construction sector for purchase of modular scaffolding
- Subsidies to enterprises for projects and investment in good practice aimed to control occupational risks
- Grants to encourage employers to recruit OSH technicians as permanent staff.

¹ http://osha.europa.eu/en/publications/reports/economic_incentives_TE3109255ENC/view

² http://osha.europa.eu/en/publications/reports/economic_incentives_TE3109255ENC/view

Country Profile – Sweden

Registration system of work-related accidents and diseases

In Sweden, accidents at work are reported to national authorities such as labour inspectorates in the framework of a universal social security system.

In Sweden, employers are obliged to report to the Social Insurance Agency and the **Swedish Work Environment Authority** (SWEA) in case of accidents or other harmful influence at work causing death or severe injury, or affecting several employees at the same time. The same applies for incidents endangering life and health, as well as work accidents, including accidents occurring while travelling to or from work. In addition, SWEA provides the statistics on occupational injuries and work environments of Sweden.

Occupational health and safety legal provisions relevant to cost estimation

The Work Environment Act (1977:1160) provides a framework with the foundations on OSH, focusing on the prevention of occupational diseases and accidents and maintaining a proper work environment, based on (and adapted to) the needs of the individual. This act covers all individuals (including students, military personnel, inmates and self-employed individuals). The employer bears the responsibility for these rules and regulations (and is obligated to cooperate with employees in this process).

Sweden has no insurance-based incentives to motivate enterprises to comply with legal minimum requirements (no bonus-malus system).

The Work Environment Act especially emphasizes the employer's responsibility regarding introduction, instruction, internal control, rehabilitation, training (and education), job modification, and consideration of the individual qualities, qualifications and conditions of the employees.

The employer should decide whether external assistance is needed for maintaining these processes regarding OSH. The employer should integrate the safety and health measures into the management of the organization (on a day-to-day basis) with regards to planning, managing and inspecting the prevention activities, assessing the work environment and documenting the problems and planned adaptations. As mentioned before, if this is not possible within the company, external help should be brought in.

Key characteristics of the health care system

Sweden has a predominantly Beveridgean system.

Key characteristics of the insurance system

The **Central Government Social Partners' Council** (Partsrådet) owns AFA insurance and is a joint council of the labour market parties. It regards work environment and work life matters in the

government. **AFA Insurance** insures employees in the private sector, as well as municipalities and county councils. More than four million people are covered this way, through collective agreements.

According to the **Work Injury Insurance Act** (1976), all economically active persons (employees, employers, and self-employed) must be insured for occupational injuries. There are four types of occupational injuries covered under the scheme: accidents at work, occupational diseases, travel accidents, and infection (or contagion).

In Sweden, no list of occupational diseases exist (that is authorized). Therefore, to qualify as an occupational disease, there must be a high degree of probability that the job (and its characteristics) caused the injury or disease. When an occupational disease has been established, loss of income, costs, rehabilitation, pain, lasting damage to physical or mental integrity, and the injury itself are compensated by the insurance scheme.

The benefits are paid for by the work injury insurance. The victim covers a minimal amount of the costs, above which the health care is free (for the victim). Most costs are paid for by taxes (paid by employer and employee). Pension-claims can be made when the victim is permanently disabled.

However, the work injury insurance does not cover questions regarding compensation for incapacity. In these cases, the person in question can obtain compensation under special security insurance agreements made between **employers' associations and trade unions**, which include most employees in Sweden.

Country Profile The Netherlands

Registration system of work-related accidents and diseases

In The Netherlands, accidents at work are reported to national authorities such as labour inspectorates in the framework of a universal social security system.

Employers are obliged to report accidents. The Netherlands Center for Occupational Diseases (NCvB) registers and reports occupational diseases via the national notification and registration system and a number of specific surveillance projects. Occupational physicians are obliged to report occupational diseases but it is known that only about 50% of the cases are actually reported.

Occupational health and safety legal provisions relevant to cost estimation

The responsibilities of employers and employees are described in the Working Conditions Act (1980), whereas the Labor Act and Safety Act provide the rules and regulations. These acts can be regarded as a framework.

Social sector partners are involved in the process of shaping the health and safety policies. In addition, employers receive financial incentives to avoid the negative effects of working.

Employers are also obligated to assess the risks and to call in occupational health experts to improve this assessment. The risk assessment should identify possible hazards and risks and the employer should take action based on this assessment (and inform the employees). There is also a role for the employees, who have to report situations that are dangerous or risky. In addition, they should contribute to the health and safety policy and wear (or use) the protective equipment that is provided by the employer.

Health and safety policies in the Netherlands focus on both the *risque professionnel* (industrial accidents and occupational diseases) as well as the *risque sociale* (illness and absenteeism from work in general).

Key characteristics of the health care system

The Netherlands have a predominantly Bismarckian system.

Key characteristics of the insurance system

The Dutch insurance system for occupational risks is based on a competitive market with multiple (private) insurers and health and safety services. With regard to prevention and insurance of sickness and occupational risks, the legal framework provides some flexibility to employers. Because of this there are considerable differences between sectors and businesses in the organization of prevention and social insurance. Specific insurance-related incentives, such as premium variations or

bonus systems for specific prevention activities, occur within the framework of contracts between employers and the private insurers and safety and health services.

According to the Civil Code, the employer is obligated to pay the employee (at least) 70% of wages in case of illness. This has a maximum of two years (104 weeks) and the amount paid should not be less than the minimum wage. Seeing as there are financial risks involved for the employer when paying these wages, it is possible for them to insure themselves for these risks with private insurance companies.

When an employee is absent from work for two years, he or she can apply for a work disability benefit (if he or she is at least 35% disabled). This is written down in the 'Work and income according to labour capacity act' (WIA). These disability benefits are paid to the employee by the UWV. For these payments (and financial risks), the employer is obligated to get insurance.

The premium for the insurance has three parts:

1. A fixed basis premium (equal for all employers);
2. An additional premium (which is optional).
3. A (optional) premium that depends on the disability risk in the company.

As a result of point 3, The Netherlands have the possibility of a bonus-malus system, indicating that there is an economic incentive, seeing as insurance premium variation is based on experience rating. This way, employers are persuaded to invest in OSH.

Country Profile – UK

Registration system of work-related accidents and diseases

In the UK, accidents at work are reported to national authorities such as labour inspectorates in the framework of a universal social security system.

Under RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013, the responsible persons, i.e. employers, the self-employed and people in control of work premises, must report to the Health and Safety Executive (HSE) serious workplace accidents, occupational diseases and specified dangerous occurrences¹. HSE is the governmental occupational safety and health authority and inspection service in the UK, it regulates in England, Wales and Scotland. For incidents occurring in Northern Ireland, the responsible person should report to HSE NI².

Regarding incidents such as accidents resulting in the death of any person, accidents resulting in specified injuries to workers, non-fatal accidents requiring hospital treatment to non-workers and, dangerous occurrences, the responsible person is required to report this to HSE or their local authority immediately. This report must be received within 10 days of the incident.

Occupational health and safety legal provisions relevant to cost estimation

In the UK, the occupational safety and health legislative framework is based on Health and Safety at Work etc Act (HSW Act) which came into force in 1974. Further regulation is also brought by the Management of Health and Safety at Work Regulations. Through the Health and Safety at Work Act, a unified institutional structure and legal framework for health and safety regulation is set out, with employers and the self-employed having duties towards employees and members of the public, and employees to themselves and to each other. The Act puts responsibility on the people who create risks to employees in a work environment to control said risks. These responsibilities are specific to employers, the self-employed, employees, designers, manufacturers, importers and suppliers.

Under the main provisions of the Act, employers have legal responsibilities for the health and safety of their employees and other people who can be affected by their undertaking and exposed to risks as a result of it. Employees are required to take reasonable care for their health and safety and that of others.

The Management of Health and Safety at Work Regulations 1999 allows the implementation of the framework Council Directive 89/391/EEC of 12 June 1989³ in the UK. It outlines obligations for employers to evaluate, avoid and reduce workplace risks, as well as the requirements to manage health and safety, and carry out a risk assessment in workplaces.

¹ <http://www.hse.gov.uk/riddor/index.htm>

² <https://www.hse.gov.uk/content/report-incident>

³ Council Directive 89/391/EEC of 12 June 1989 on the Introduction of Measures to Encourage Improvements in the Safety and Health of Workers at Work

In addition, there are also approved codes of practice (ACOPs), which are published standards and guidance on good practice. If a lack of compliance with the ACOPs is detected, a court criminal proceeding can be launched, as there is a failure to comply with the requirements of the Act or of regulations to which the ACOPs relate. ACOPs provide flexibility to cope with innovation and technological change without lowering standards.

Key characteristics of the health care system

The UK has a predominantly Beveridgean system.

Key characteristics of the insurance system

In terms of regulation, the Employers' Liability (Compulsory Insurance) Act 1969 requires employers to insure their employees against liability for injury or disease arising out of their employment. Employers must have a minimum level of insurance cover to cover the cost of compensation for employee injuries or illness whether they are caused on or off site. The Act is enforced by the HSE, with inspectors checking compliance. If the employers do not comply with the rules, a fine of up to 2,500 GBP (2,970 EUR) for every uninsured day can be given.

Employers must have an authorized insurer, i.e. working under the terms of the Financial Services and Markets Act 2000, and be covered for a minimum of 5 million GBP (5.9 million EUR), depending on risks and liabilities specific to the company. However, insurers generally have employers' liability insurance with a 10 million GBP (11.9 million EUR) cover. The Financial Conduct Authority (FCA) publishes a list of authorized insurers on their website⁴. A certificate of ownership of the insurance product is provided upon purchase or renewal, indicating the level of cover as well as the companies covered. This certificate must be put up by employers so as to be visible by employees, with a risk of being fined up to 1,000 GBP (1,190 EUR) if the employers fail to do so.

Are exempt from employers' liability insurance companies which have no employees, or family businesses where all employees are closely related to the employers. Employers are required by law to have employers' liability insurance for only employees which are under a contract of service or apprenticeship.

⁴ <https://www.the-fca.org.uk/data-visualisation/list-employers-liability-insurers>