

**PRACTICAL ASPECTS OF ACTING
OF OCCUPATIONAL HEALTH SERVICES
IN THE EU AND RUSSIA**

Latvian system of Occupational health and safety

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St.Peterburg, 31.10.2012.



IEGULDĪJUMS TAVĀ NĀKOTNĒ



Institute of Occupational safety
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"Promotion of International Cooperation
Activities of Riga Stradiņš University in Science and Technologies",
agreement No. 2010/0200/2DP/2.1.1.2.0/10/APIA/IAA/006

General introduction

- OHS system development - best described as that of “country in transition”... From Soviet Union to European Union (similar to other former USSR republics)
- USSR system had many built-in problems:
 - “compensation” rather than “prevention” principle (free milk versus improvements in work environment)
 - Some of the requirements were impossible to comply



Legislation on OHS

- ❑ Major changes since ~ 1999-2001 due to break down of old system and transposition of EU legal requirements
- ❑ Law on Health and Safety – **Labour Protection Law** (into force on **01.01.2002.**) transposing EU *framework* directive (89/391/EEC) -> New philosophy on OHS
- ❑ EU *acquis* on OH&S – transposed into national legislation (Cabinet Regulations etc.) – practically 100% transposed



Some considerations...

- It must be taken into account that occupational health is part of general health care...
 - Only ~ 3.1% of GDP is spent for health care
 - Average life expectancy among man is significantly lower than EU average
 - Morbidity patterns are very disturbing, e.g. cardiovascular mortality, mental disorders, obesity, physical inactivity etc.
 - Public health habits are worrying at least....



Changes of OH&S system

- Institutional structure similar to many other countries, with some problems remaining
 - Ministry of Welfare – policy maker
 - State Labour Inspectorate – supervision and control body
 - Institute of Occupational and Environmental Health, other institutions – research and training
 - Social partners – Latvian Employers Confederation and Latvian Free Trade Union Confederation, some others



New training and service system in OH&S

- ❑ New training system for OHS specialists as well as employers representatives (160 hours for basic level training, 1-2 year training for experts working in large or “dangerous” companies)
- ❑ New service system (since 2006) – official system for external OHS services and individual experts
- ❑ Changes in systems for diagnostics of occupational diseases
- ❑ Changes in system for registration of occupational accidents



Main requirements?

- Typical requirements set by EU Directives, e.g.:
 - Risk assessment as principal requirement and setting of the Action plan on OH&S (set by special regulations);
 - Requirements for noise, vibration, chemical safety etc.;
 - provision of training for workers;
 - provision of PPE's and many more and
 - **Provision of health examinations**



Health examinations?

- There are 2 parts of the system:
 - **Employers part** – responsibility to provide regular health surveillance (before start of work and then periodically) based on actual risks at work places
 - **Occupational physicians part** – to identify changes in health status and initiate diagnostics of OD, treatment and rehabilitation of occupational patients



Health examinations?

- ❑ System for health examinations (surveillance) established in 1997 adjusted in 2004 and significantly improved in 2009
- ❑ Order of health examination is set by the Regulations of Cabinet of ministers nr. 219 "Order of obligatory health examination (from 2009)
- ❑ Employers are obliged to send workers to health examinations if some of the risks mentioned in Regulations are found in risk assessment



Health examinations?

- ❑ Obligatory requirement for those workers working with:
 - Hazardous risk factors (e.g. Noise, chemicals, some ergonomic risks etc.)
 - Working in special conditions (e.g. Height, some dangerous equipment etc.)
- ❑ Employers must fill special Form for health examinations - 3 part Form:
 - I Sending information
 - II Decision of doctor
 - III Employers provisions (if necessary)



Health examinations?

- ❑ There are so called “*first time*” examinations (before signing of contract) and “*periodic*” examinations (periodically)
- ❑ The period of examinations (after last legal changes) can differ from 1 to 3 years (principle – the higher exposure the more often the examination)
- ❑ Workers (or trade unions) can request additional health examination in some cases



Periods of health examinations

- Every 3 years
 - for those risks that has no occupational exposure limits
 - EI of chemicals $>0.5 < 0.75$
 - Noise 80-85 dB(A)
 - Vibration – less than OEL
- Every 2 years
 - EI of chemicals $>0.75 < 0.1$ (or summary EI)
 - Working in special conditions
- Every year
 - No workplace measurements
 - EI of chemicals >1.0 or cancerogens
 - Noise over 85 dB(A)
 - Vibration exceeding OEL



Example on determination of health examination periods

Exposure index of chemical	Period of health examination
Less than 0.5	It is allowed not to send workers to HE
0.5-0.75	1 x 3 years
0.75-1	1 x 2 years
More than 1.0	Every year

Example: Carpenter's work place (dust 7.8 mg/m³, EI – 1.3, Period of HE – every year)

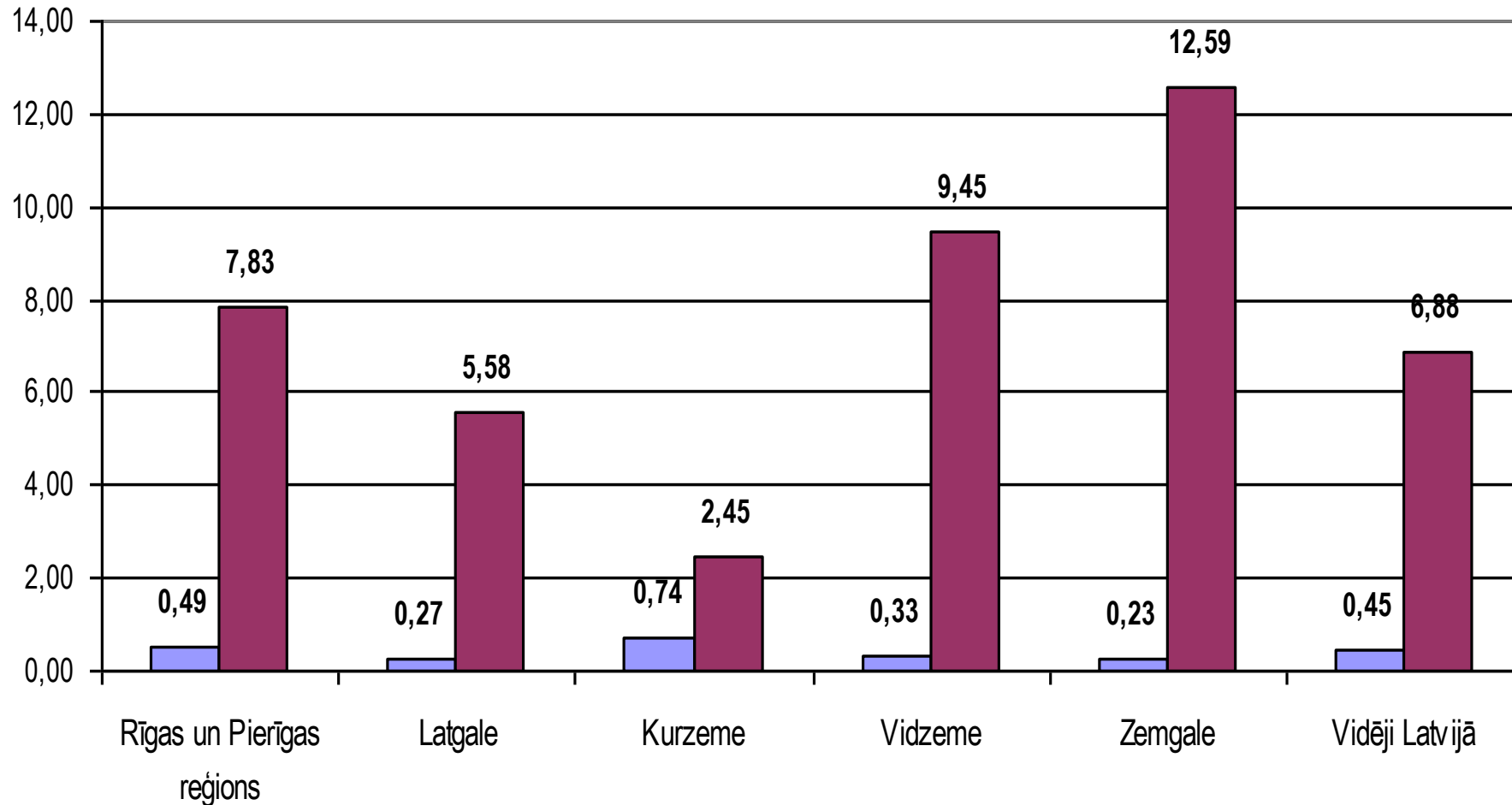


Problems?

- ❑ Risk assessment done in minority of companies (31.4% in 2010)
- ❑ Obligatory health examinations were provided by ~ 55% of employers (less in SME) and has been attended by ~ 65% of employees (during last 3 years)
- ❑ Coverage of occupational physicians and their skills are not even over Latvia
- ❑ Quality of health examination still shall be improved!



Number of Occupational doctors per 1000 workers and number of Occ.Dis. in various regions in 2009



■ Arodslimību ārsti uz 1000 nodarbinātajiem ■ Diagnosticēto arodslimību skaits uz 1 arodslimību ārstu