

Unofficial translation
Ministry of Social Affairs and Health, Finland
N.B. Legally valid only in Finnish and Swedish

No. 708/2013

Government Decree on the principles of good occupational health practice, the content of occupational health care and the educational qualifications required of professionals and experts

Issued in Helsinki on 10 October 2013

Section 1 – Cooperation on the provision of occupational health care

The employer and employees or their representatives and the occupational health care must cooperate systematically and purposefully to implement the Occupational Health Care Act.

Section 2 – Occupational health care and cooperation with health care

Occupational health care must carry out systematic and multi-disciplinary cooperation with primary health care, specialised medical care and rehabilitation based on the needs of the workplace.

Section 3 – Operating methods of occupational health care

Occupational health care must operate in a client-oriented manner, independently, ethically, reliably, multi-disciplinarily and multi-professionally.

In the cooperation on the provision of occupational health care, an assessment of the needs of the workplace, planning of activities, impact monitoring and assessment and quality improvement must be included in the occupational health care activities.

Section 4 – Implementation

When determining the content of occupational health care the following must be investigated:

- 1) physical, chemical and biological exposure in the work;
- 2) physical, psychological and social strain of the work;
- 3) the employee's health, work ability and functional capacity;
- 4) any particular or other risk of illness due to the individual characteristics of the employee;
- 5) the risk or threat of a work-related occupational disease, accident injury or violence;
- 6) work-induced illnesses and other illnesses related to the work;

- 7) working time arrangements;
- 8) changes in working conditions and personnel;
- 9) staff structure and the state of staff;
- 10) health risks and harms associated with different forms of employment contracts;
- 11) opportunities for individual work arrangements in the workplace based on the employee's work ability; and
- 12) combined effects of the aforesaid and any other factors.

The occupational health care provider must investigate the circumstances referred to in subsection 1 in a way that allows it as an expert to put forward suggestions to the employer or the employer's representative:

- 1) on measures and courses of action for improving and developing the work, working environment and working methods in the workplace and for preventing health risks and harms;
- 2) on measures for monitoring the health of employees and different employee groups and for maintaining and promoting their health and work ability at different stages of career;
- 3) to develop the workplace community; and
- 4) on good practices for the management and monitoring of work ability and for early support, support for return to work included.

Section 5 – Assessing and monitoring the quality and effectiveness of activities

An occupational health care unit must have a written quality system that observes good occupational health practice.

Section 6 – Performing a workplace investigation

The planning of occupational health care activities must be based on a workplace investigation. The workplace investigation must assess the health risks and harms, strain factors and resources involved in the work, work environment and workplace community and their impact on health and work ability. The information must be entered in the document drawn up on the investigation.

A workplace investigation must be performed for the purposes of drafting an action plan at the start of the provision of occupational health care and for changing or adjusting it if there is a material change in the working conditions in the workplace, on the basis of the information obtained by occupational health care or at the intervals specified in the occupational health care action plan. When performing the workplace investigation the employer's own risk assessment must be made use of.

At joint workplaces the employer must provide the information necessary for drawing up the document on workplace investigation that is needed for assessing and preventing the health risks or harms caused by the work to employees.

Section 7 – Performing a medical examination

A medical examination involves an examination of a person's health, work ability and functional capacity by means of both clinical examinations and other appropriate reliable methods.

In addition to what is provided by another law, a medical examination must be performed:

- 1) when so required by the age, gender or physiological state of the employee and by work-related health risks and harms;
- 2) when necessary on the basis of working time arrangements;
- 3) when the health effects of new technologies, methods and substances being introduced so require;
- 4) when necessary to establish the employee's health state and to plan continued monitoring after the end of exposure;
- 5) on the basis of special health requirements of the work;
- 6) as necessary when an essential change occurs in the work or at different stages of the working career;
- 7) when the employee's health, work ability or work-related illness and symptoms so require;
- 8) in order to assess and support the employee's possibilities of coping with the work and, as necessary, to adapt the work to the employee's resources, physical fitness, and work ability and functional capacity; and
- 9) when necessary prior to the termination of the employment relationship in order to assess the person's health and work ability and to examine the person's physical fitness for employment and to draw up a plan for maintaining the person's health and work ability and referring for continued measures.

When performing a health examination account must be taken of the employee's health, work ability and functional capacity as a whole and in particular the relationship between work and health. On the basis of the health examination the need for guidance and advice will be assessed and an individual health plan drawn up in cooperation with the employee to support the employee's work ability.

Section 8 – Monitoring and promoting the ability of employees to cope at work and referring for rehabilitation

The activities to maintain work ability must be organised primarily by internal arrangements of the workplace, and the focus must be on prevention.

The employer must make use of occupational health care professionals and experts in arranging for monitoring and promotion of an employee's ability to cope at work.

The maintenance of work ability must be based on the practice agreed within the cooperation on the provision of occupational health care. The employer must undertake appropriate measures for promoting, maintaining, restoring and monitoring the employee's work ability as early as possible. The measures must concern the work, work arrangements, working tools, work environment, workplace community, and the employee's professional knowledge and skills, health and work ability.

If it is not possible to provide sufficient support for the work ability of a disabled employee through arrangements at the workplace or through cooperation on the provision of occupational health care the employee must be advised in matters regarding treatment and rehabilitation and, if necessary, the employee must be referred for treatment or professional, medical or social rehabilitation.

Occupational health care must coordinate the treatments and rehabilitation measures related to work ability and return to work.

Section 9 – Advice and guidance

Occupational health care must assess the need for advice and guidance by means of a workplace investigation, health examinations and other occupational health care methods. Advice, guidance and feedback must be given individually or, as necessary, in a group. Advice, guidance and feedback must be included in the occupational health care action plan and individual health plans.

Section 10 – The content of advice and guidance

Occupational health care professionals and experts must give advice, guidance and feedback to the employer and employees regarding the following:

- 1) the aims and content of occupational health care at the start and at different stages of the occupational health care provision;
- 2) the health risks and harms present in the work and the workplace, their significance and protection against them, and first aid arrangements;
- 3) healthy and safe working methods when starting work and at later stages as necessary;
- 4) occupational diseases and accidents and their prevention;
- 5) work-related diseases and other work-related morbidity;
- 6) improvements in the work, the working environment and the workplace community, maintenance and promotion of employees' health and work ability and prevention of disability for work at different stages in their work career;
- 7) the significance of resources maintaining and promoting health and work ability;
- 8) health risks and harms related to working methods, work arrangements, working hours, workplace conditions and changes in these, and how to control them;
- 9) prevention of substance abuse and early identification of substance abusers, and treatment and referring for treatment;

- 10) prevention and control of work-related physical violence and of harassment and inappropriate treatment;
- 11) when unemployment is impending;
- 12) reduction of health inequalities among the staff; and
- 13) cooperation on the provision of occupational health care and organising the operational practice for the control and monitoring of work ability and early support for it.

The circumstances referred to in subsection 1 must be taken into account when submitting a report on the strain of the employee's work.

When providing advice and guidance, the occupational health care provider must have regard to the need for occupational safety and health advice related to job orientation and induction to work.

Section 11 – First aid preparedness

The occupational health care provider must participate in arranging the first aid referred to in section 46 of the Occupational Safety and Health Act (738/2002).

The need for first aid resources must be assessed in the workplace investigation. Planning must have regard to the need for first aid skills and equipment and the special demands of the workplace. The planning must be carried out with representatives of the organisations responsible for civil defence, rescue service and emergency medical service. Planning must take account of the first aid preparedness necessary in major accidents.

Arranging first aid must also include the provision of necessary advice and guidance for controlling any psychological reactions that may arise in the work or work situations.

Section 12 – Physicians employed in occupational health care

A licensed physician working full-time in occupational health care must be a specialist in occupational health care. A person who works in occupational health care for an average of 20 or more hours per week is considered to be working full-time.

A licensed physician working part-time in occupational health care must have taken a minimum of fifteen credits in occupational health care studies within two years of starting work in occupational health care.

What is provided in subsections 1 and 2 does not apply to specialising physicians but provisions on them are laid down in the Decree on Specialist Degrees in Medicine and Dentistry (420/2012).

Section 13 – Public health nurses employed in occupational health care

A licensed public health nurse working in occupational health care must be a qualified public health nurse and must have taken, in addition, a minimum of fifteen credits in occupational health care studies within two years of starting work in occupational health care.

Section 14 – Occupational health care experts

An occupational health care expert has sufficient knowledge of occupational health care if he or she:

- 1) besides being qualified as a licensed physiotherapist has taken a minimum of fifteen credits in occupational health care studies within two years of starting work as an expert;
- 2) besides being qualified as a licensed psychologist has taken a minimum of fifteen credits in occupational health care studies within two years of starting work as an expert; or
- 3) has in addition to an applicable university degree in occupational hygiene, social services, ergonomics, a technical subject, agriculture, occupational vision, nutrition, speech therapy or physical education, or other equivalent earlier vocational qualification in the field, taken a minimum of two credits in occupational health care studies.

Section 15 – Entry into force

This Decree enters into force on 1 January 2014.

This Decree repeals the Government Decree on the principles of good occupational health care practice, the content of occupational health care and the qualifications of professionals and experts (1484/2001).

An occupational health care unit must have the written quality system referred to in section 5 in place by 1 January 2016 at the latest.

Those health care professionals and experts employed in occupational health care who are qualified to be employed in occupational health care when this Decree enters into force are notwithstanding the provisions of this Decree still qualified to have the present or equivalent jobs in occupational health care.

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