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The system of occupational medicine in Poland

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The main stakeholders for health and safety at work in Poland

- **Ministry of Labour and Social Affairs** (*Ministerstwo Pracy i Polityki Społecznej*) responsible for issues related to occupational safety and hygiene (including the transposition of the majority of the EU OSH directives). The Ministry supervises the activities of the Work Safety and Hygiene Service.
- **The Ministry of Health** (*Ministerstwo Zdrowia*) responsible for issues related to occupational health (medicine) and the monitoring of the occupational medicine service (OMS).
- **The State Labour Inspection** plays a significant surveillance role by checking whether or not the employers fulfil their OSH obligations. The Inspection also conducts awareness-raising campaigns on OSH.

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Occupational health and safety services are performed by the following two services (founded and regulated by separate acts)

At the workplace:

The Work Safety and Hygiene Service (WS&HS) The Occupational Medicine Service (OMS)

Employees

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The Work Safety and Hygiene Service (WS&HS)

- Regulated by *the Labour Code Act of 1974*;
- Responsible for advising employers on all aspects of work safety and hygiene;
- Includes representatives of different professions and trades, yet does not include medical specialists.
- Depending on the size of the enterprise, the employer either creates the service (in businesses with more than 100 employees), enlists a competent person from the staff to undertake respective duties (in businesses with fewer than 100 employees), or takes such responsibility himself (in case of very small enterprises).

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The Work Safety and Hygiene Service (WS&HS)

The main duties of the service comprise:

- supervision of work conditions,
- informing the employer about identified occupational risks and the possible mitigation measures,
- reviewing of work safety and hygiene instructions for individual work posts,
- participation in the risk assessment process as well as in the assessment of circumstances and causes of accidents at work,
- initiation and dissemination of information and knowledge about work safety and hygiene as well as ergonomics at the workplace.

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The Occupational Medicine System

The most basic legal standards pertaining to preventive health care for employees have been included in three legal acts:

- Act of June 26, 1974, the Labour Code;
- Act of June 27, 1997 on occupational medicine services;
- Ordinance of the Minister of Health and Social Welfare dated May 30, 1996 concerning the conducting of medical examinations of employees, the scope of preventive health care for employees, and medical certificates issued for purposes provided for in the Labour Code.

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The Occupational Medicine System

- Institute of Occupational Medicine**
 - II level of occupational diseases diagnostics
 - Referral centre for health check-ups at Regional Centres
- Regional Centres of Occupational Medicine**
 - I level of occupational diseases diagnostics
 - Prophylactic care of employees
 - Referral centre for health check-ups at OHS units
- Units of Occupational Health Services**
 - Prophylactic care of employees

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The Occupational Medicine System

- The Labour Code imposes on employers the need to conduct medical exams for employees in accordance with article 229 § 4, whereby work **may be undertaken only by an employee who has an up-to-date medical certificate stating that there are no contraindications to work in a given position** (this applies to persons employed under an employment contract).
- The Labour Code also imposes an obligation on employers to provide employees with safe and healthy working conditions - article 207 of the Labour Code states that:

Article 207 § 1 The employer is responsible for health and safety in the work establishment. [...]

§ 2. The employer is obliged to protect the health and life of employees by ensuring conditions of health and safety at work by the appropriate use of the achievements of science and technology.

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The Occupational Medicine Service (OMS)

- Preventive care for employees is provided by the Occupational Health Service, established to protect the health and life of workers against the negative effects of work-related hazards in accordance (Act dated 27.06.1997 on occupational health (Journal of Laws for 2014, item 1184)).
- **The Occupational Health Service's tasks are performed by doctors, nurses, psychologists and other people with the professional qualifications necessary to perform the multidisciplinary tasks of this service.**
- The Occupational Health Service's organizational units are entities performing medical activities in order to provide preventive health care for workers (called the Occupational Health Service's basic units) and regional occupational health centres.
- The Occupational Health Service's tasks are also carried out by research and development institutes and the organizational units of medical universities conducting work in the field of occupational health.

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The Occupational Medicine Service (OMS)

- The scope and frequency of preventive medical examinations of employees is regulated by the Ordinance of the Minister of Health and Social Care dated May 30, 1996.
- These tasks are carried out by concluding a contract (for a period of at least one year) between the employer and a doctor qualified to perform such examinations.
- The basic group of thus qualified doctors are specialists in the fields of: occupational health, industrial diseases, marine and tropical medicine, railway related medicine, aviation medicine and occupational hygiene.

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The Occupational Medicine Service (OMS)

- A preventive medical examination must be preceded by an earlier assessment of working conditions and the ensuing health risks.
- Information on working conditions must be included in the medical examination referral form issued by the employer, on the basis of which the preventive medical exam is carried out.
- It is best if this information is supplemented by employees of the occupational health service by visiting workstations, analyzing the results of measurements of factors harmful to health, or on the basis of information obtained from the occupational hygiene unit of the regional or county sanitation and epidemiology station.
- Performing preventive medical examinations without information about working conditions is unacceptable and may be justification for questioning their accuracy.

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The Occupational Medicine Service (OMS)

- Part of the above Ordinance is Annex No. 1, namely "Methodological guidelines for conducting preventive medical examinations of employees", which should be treated as the standards specifying the necessary and minimum essential scope of preventive medical examinations.
- A physician providing preventive care may extend their scope to include additional specialist medical examinations and auxiliary medical examinations, as well as set a shorter deadline for the next periodic medical check-up, if they consider it necessary for a correct assessment of the health condition of a person being accepted for work and / or an employee.

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The Occupational Health Services

- The system of occupational health care in Poland, based on occupational medicine service, takes care of almost 12.5 million employees subjected to over 4.5 million obligatory periodic medical check ups.
- 99.3% of health check ups performed by OHS results in issuing fitness for work certificates.
- OHS units has high but not fully exploited potential for efficient prophylaxis of both directly occupational work-related and indirectly work-exacerbated diseases.

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Physicians performing medical examinations and prophylactic occupational health care

- The requirement arises from the Labour Code Act (Article 229 §8) and is regulated by the Ordinance of the Minister of Health and Social Protection of 30 May 1996 concerning performance of employees' medical examinations, scope of prophylactic occupational health care and medical certificates issued for purposes of the Labour Code Act.
- These physicians need to have a specialization in one of the following branches of medicine:
 - Occupational medicine
 - Industrial medicine
 - Maritime and tropical medicine
 - Medicine of railway transport
 - Medicine of aviation
 - Occupational hygiene.

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Physicians performing medical examinations and prophylactic occupational health care

- In case of work sites with no harmful factors or loading conditions, medical examinations may be performed also by physicians with specialization in general and family medicine.

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The number of physicians entitled to evaluate fitness for work

| Voivodeship | 2014 | 2015 | 2016 | 2017 | 2018 |
|------------------------|-------------|-------------|-------------|-------------|-------------|
| 02-DOLNOŚLĄSKIE | 383 | 378 | 566 | 379 | 371 |
| 04-KUJAWSKO-POMORSKIE | 227 | 201 | 205 | 197 | 223 |
| 06-LUBELSKIE | 350 | 339 | 336 | 349 | 304 |
| 08-LUBUSKIE | 154 | 149 | 144 | 142 | 144 |
| 10-ŁÓDZKIE | 635 | 640 | 591 | 567 | 510 |
| 12-MĄŁOPOLSKIE | 522 | 485 | 471 | 445 | 422 |
| 14-MĄŻOWIECKIE | 845 | 770 | 769 | 752 | 726 |
| 16-OPOLSKIE | 144 | 140 | 131 | 131 | 126 |
| 18-PODKARPACKIE | 323 | 305 | 299 | 297 | 299 |
| 20-PODLASKIE | 120 | 118 | 111 | 105 | 102 |
| 22-POMORSKIE | 401 | 348 | 379 | 371 | 368 |
| 24-SŁĄSKIE | 1261 | 1805 | 1786 | 1773 | 1747 |
| 26-SWIĘTOKRZYSKIE | 292 | 283 | 283 | 269 | 270 |
| 28-WARMIŃSKO-MAZURSKIE | 194 | 204 | 204 | 204 | 195 |
| 30-WIELKOPOLSKIE | 607 | 608 | 606 | 598 | 593 |
| 32-ZACHODNIO-POMORSKIE | 283 | 280 | 291 | 283 | 285 |
| Total: | 6741 | 7053 | 7172 | 6862 | 6685 |

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The definition of the occupational disease in Poland

A disease is deemed to be an occupational disease if it is

- caused by health hazard (or hazards) present in work environment

and

- is included in the list of occupational diseases which is the annex to the ordinance.

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The list of occupational diseases in Poland

- Acute and chronic intoxications with chemical substances and their sequels
- Metallic fever
- Pneumoconioses:
 - silicosis
 - coal workers' pneumoconiosis
 - pneumoconiosis associated with tuberculosis
 - welders' pneumoconiosis
 - asbestosis and other pneumoconioses due to silicates
 - pneumoconiosis due to talc
 - graphite fibrosis
 - pneumoconioses due to metal dusts
- Diseases of pleura or pericardium induced by asbestos dust:
 - diffuse thickening of pleura
 - diffuse plaques of pleura or pericardium
 - pleural exudate

The list of occupational diseases in Poland (2)

- 5. Chronic obstructive bronchitis** which causes airflow limitation (FEV1 < 60% of predicted value) induced by exposure to dusts and irritant gases, if an excess of TLV was documented within the last 10 years in at least 30% measurements of occupational exposure
- 6. Bronchial asthma**
- 7. Extrinsic allergic alveolitis:**
- 1) acute or sub-acute form
 - 2) chronic form
- 8. Acute general allergic reactions**
- 9. Byssinosis**
- 10. Berylliosis**
- 11. Lung diseases induced by hard metals dust**
- 12. Allergic rhinitis**
- 13. Oedematous laryngitis induced by allergy**
- 14. Nasal septum perforation induced by irritant and corrosive agents**

The list of occupational diseases in Poland (3)

- 15. Chronic voice disorders due to excessive vocal effort lasting at least 15 years:**
- 1) hard vocal nodules
 - 2) secondary hypertrophic changes of vocal folds
 - 3) paresis of internal muscles of larynx with fusiform insufficiency or glottis and persistent hoarseness
- 16. Diseases caused by ionizing radiation:**
- 1) acute generalized radiation sickness as a consequence of whole body (or its greater part) irradiation
 - 2) acute radiation sickness of the type of inflammatory or inflammatory necrotic changes of skin or subcutaneous tissue
 - 3) chronic dermatitis due to radiation
 - 4) chronic lesion of bone marrow
 - 5) cataract due to radiation

The list of occupational diseases in Poland (4)

- 17. Malignant neoplasms induced by human carcinogens present in work environment:**
- 1) lung cancer, bronchus cancer
 - 2) pleural or peritoneal mesothelioma
 - 3) neoplasms of the hematopoietic system
 - 4) skin cancer
 - 5) bladder cancer
 - 6) malignant neoplasms of the liver
 - 7) larynx cancer
 - 8) malignant neoplasms of nose and accessory sinuses
 - 9) malignant neoplasms for which the probability of induction by radiation is greater than 10%

The list of occupational diseases in Poland (5)

- 18. Skin diseases**
- 1) allergic contact dermatitis
 - 2) irritant contact dermatitis
 - 3) oil acne, chloroacne, coal tar acne of diffuse nature
 - 4) *Candida* infections: hand intertrigo, nail dystrophy with paronychia due to working conditions
 - 5) dermatophyte infections due to contact with biological material from animals
 - 6) contact urticaria
 - 7) occupational photodermatoses
- 19. Chronic diseases of locomotor system related to the way the job is performed:**
- 1) tendovaginitis
 - 2) bursitis
 - 3) chronic lesion of meniscus due to the job performed in kneel or squat position
 - 4) periarticular inflammation of shoulder joint
 - 5) epicondylitis of shoulder bone
 - 6) fatigue-induced bone fracture

The list of occupational diseases in Poland (6)

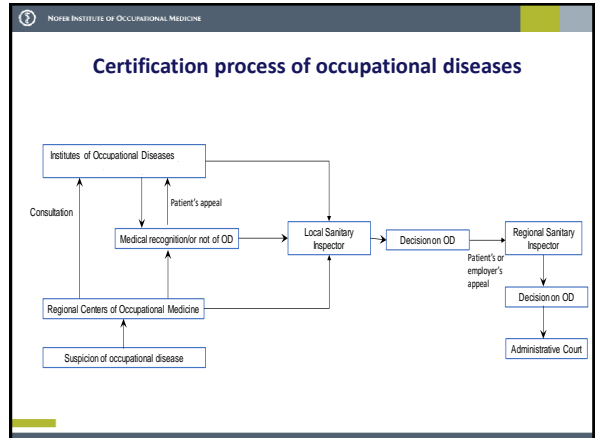
- 20. Chronic diseases of peripheral nervous system related to the way the job is performed:**
- 1) carpal tunnel syndrome
 - 2) groove of ulnar nerve syndrome
 - 3) Guyoni tunnel syndrome
 - 4) common fibular nerve lesion in persons working in squat position
- 21. Bilateral permanent noise-induced hearing loss of cochlear or sensorineural type, amounting to at least 45 dB in better ear as a pure tone average for 1, 2 and 3 kHz audiometric frequencies**
- 22. Vibration syndrome:**
- 1) vibratory angioneuropathy
 - 2) osteoarticular form
 - 3) mixed form: angioneuropathy and osteoarticular disorders
- 23. Diseases induced by work under increased atmospheric pressure**
- 1) decompression sickness
 - 2) barotraumas
 - 3) sequels of compressed air breathing

The list of occupational diseases in Poland (7)

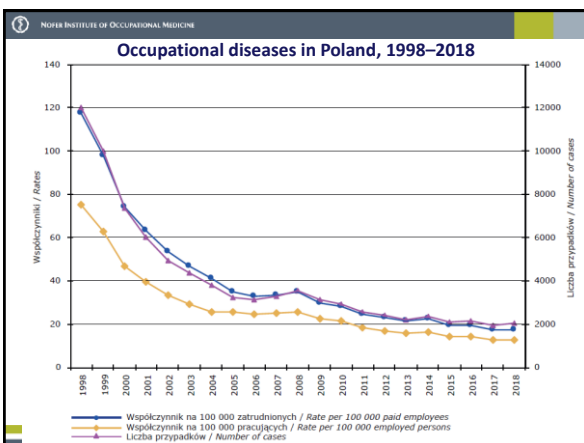
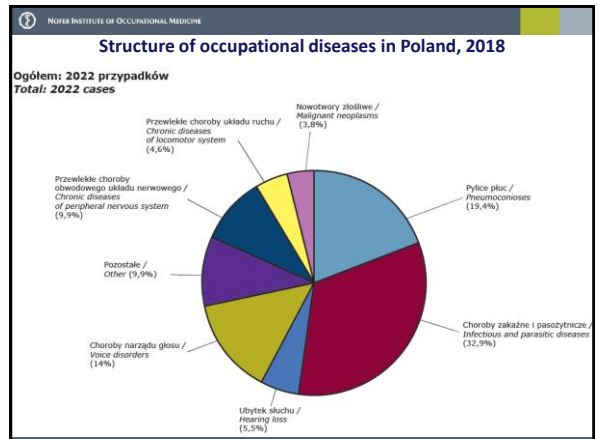
- 24. Diseases induced by high or low temperature of environment**
- 1) heat stroke and its sequels
 - 2) heat exhaustion and its sequels
 - 3) frostbites
- 25. Diseases of visual system induced by physical, chemical or biological agents:**
- 1) allergic conjunctivitis
 - 2) acute conjunctivitis induced by ultraviolet radiation
 - 3) epidemic viral conjunctivitis or keratitis
 - 4) keratopathy induced by irritant agents
 - 5) cataract induced by infrared or long-wave ultraviolet radiation
 - 6) central retinal and choroidal degeneration induced by short-wave infrared radiation or visible radiation of blue spectrum
- 26. Infectious and parasitic diseases or their sequels**

Certification of an occupational disease is a process including:

- a **medical certification stage:** medical recognition of a pathology, an integral part of which is assessment of exposure and working conditions;
- a **sanitary inspection stage:** an administrative decision on recognition of an occupational disease based on exposure data;
- **registration** of a diagnosed occupational disease in the register of occupational diseases.



| I instance | |
|--|---|
| Suspicion | Suspected case is referred to a suitable district sanitary inspector or a suitable provincial labour inspector. |
| Diagnosing/ Certifying | Physician with suitable training (in occupational medicine) employed in one of the certifying institutions: <ul style="list-style-type: none"> • occupational disease outpatient and in-patient clinic departments of the provincial occupational medicine centres; • occupational disease outpatient and in-patient clinics of medical universities (medical academies); • contagious disease outpatient clinics of provincial occupational medicine centres or provincial-level contagious disease in- and outpatient clinics – for contagious and parasitic occupational diseases • organizational units of health care complexes where the patient was hospitalised – for diagnosing of occupational diseases in patients hospitalised for acute symptoms of the disease. |
| Ascertainment - administrative decision | Proper district sanitary inspector |
| II instance - Appeal procedure | |
| Diagnosing Certifying | Physician with suitable qualifications (in occupational medicine) employed in an occupational medicine scientific research unit. |
| Ascertainment - administrative decision | Proper provincial (voivodeship) sanitary inspector |



Amiantus Programme

- The Minister of Health in 2000 year introduced the prophylactic medical examinations – the “Amiantus Programme”.
- All the former workers of the 28 Polish asbestos-processing plants are entitled to periodic medical examinations and complimentary medications designed to treat asbestos-related diseases.

Amiantus Programme main data

- Under the Amiantus Programme, over the years 2000-2017, 8,049 people (including 63% men) who underwent **31,183 prophylactic examinations** were collected in a database.
- Despite 20 years of the ban on the production of asbestos products, new cases of asbestosis and asbestos-related cancers are still recognized among people who have been exposed to asbestos dust in the past.
- **2138 people (26%) were diagnosed with a occupational diseases; 770 people had asbestosis, 114 lung cancer and 74 mesothelioma.**
- The effects of occupational exposure to asbestos dust will occur for next 10-15 years.

Specialisation in occupational medicine in Poland

- A specialty training in occupational medicine lasts 5 years (2 years for specialists in internal medicine).
- Two modules: 3 years in internal medicine and 2 years in occupational medicine.
- The training of physicians acting within the field of occupational health (as well as in other fields, too) is coordinated by the Medical Centre of Postgraduate Training (in Polish: *Centrum Medyczne Kształcenia Podyplomowego*).
- Training courses in OM are organized mainly by Nofer Institute of Occupational Medicine.

Thank you for your attention!