

UEMS Occupational Medicine Section

Meeting minutes

5/Dec/2020

9:30-12:00

Participants: Slovenia, Belgium, Hungary, Austria, Croatia, Croatia, Italy, Italy, Latvia, Luxemburg, Norway, Portugal, Romania, Slovenia, Czech Republic, Denmark, Finland, Germany, Romania, Spain, UK Poland, EASOM.

Apologies: Finland, Ireland, the Netherlands, Switzerland, Spain.

News from UEMS (President)

All UEMS meetings and exams were cancelled due to the pandemic. We learnt that the ETRs became very formalised. It was wise to create them years ago, now it would be far more difficult. The mandate to the board of our Section will expire in a year so the spring section meeting should start the preparation for the elections.

Occupational health services' duties in the national pandemics operations

Hungary: employers demanded help to create appropriate processes during the pandemic. The position of the services got better.

Slovenia: the trainees went to work in COVID-care establishments. There were many pre-employment examinations in hospitals.

Poland: situation is similar to the one in Hungary.

Luxemburg: prevention materials were developed for companies. Managing the return to work process for persons with comorbidities (after the lockdown).

Croatia: Vaccination and testing. There are many hand dermatitis due to sanitisers. Guidances were issued, webinars run. Guidelines for the employers.

Finland: Helping in testing, teaching proper use of PPEs.

Latvia: Helping employers improving preventive measures. Telework issues are raised.

Germany: There is a COVID-19 network. Managing the return to work of vulnerable groups. Some testing by OPs.

Norway: helping inspectors that workplaces adhere to pandemic rules (from June).

Austria: Not involved in public health. Roles in the enterprises. OHS are better recognised. Issues: vulnerable people, home office.

Italy: Supporting companies where health surveillance is mandatory. Advising on vulnerable persons, return to work, screenings (voluntary), risk assessment. Guidelines for non health care workers. INAIL is supporting the Government scientifically and with risk assessment documents.

Spain: During the first wave overwhelmed because there are many micro and small enterprises (in need for advice). Providing health care for some employees (for instance health care workers). During the second wave teleradiology, testing, referrals, issuing sick note to vulnerable persons, inspection of adherence and outbreaks. Papers on measures during PPE shortage, vulnerability. Recognition of Occupational medicine has improved, but is still not visible enough on a national level.

Czechia: 90% of OHS are run by general practitioners thus issuing quarantine and sick notes.

Belgium: Testing health care workers, contact tracing in companies, vaccination.

COVID-19 as an occupational disease: status quo in countries

Hungary: COVID-19 is eligible for any employed persons if the exposure, the diagnosis and the spatial-temporal relationship can be confirmed. Up to now, almost all (hundreds of) cases were from health care. Asymptomatic cases qualify as they have to be absent from work.

Slovenia: COVID-19 is accident at work (not occupational disease) investigated by labour inspectors and general practitioner thus occupational medicine confirmation is missing.

Poland: Infections can qualify for occupational disease. There are no rules for recognition. There are debates on symptoms versus diagnostic tests among doctors making the recognitions.

Luxemburg: Recognised automatically for health care workers. All other sectors has to prove the causality.

Croatia: Recognised if the “increased risk has been proven”. Mainly in health care, some in education, public service and police. There is ongoing debate regarding asymptomatic cases and the opinion of Croatian Society of Occupational Health is that they do not qualify for the occupational disease (see attached file). Croatian Institute for Health Insurance still approves asymptomatic cases. Currently (till mid December) Croatia has around 250 reported requests for occupational disease approval and, among them, 163 already approved as occupational disease (133 from the health care sector).

Finland: There were 122 cases. There is a protocol for recognition. (see attached file, in Finnish)

Latvia: Not occupational disease.

Germany: On the list by legislation for health care workers and care for elderly people, children, handicapped persons, working in labs with infectious materials and for sectors with similar risk (no index person required). In other sectors cases can be acknowledged as occupational accident. By the end of November there are almost 20.000 reported cases of suspected ODs, almost 10.000 cases of occupational accidents and almost 13.000 cases of acknowledged ODs and almost 4000 cases of acknowledged occupational accidents..

Norway: The first wave was attributed to Norwegian tourists returning home. The second wave conceivably is from East European migrant workers, so workplaces have to adhere to the rules. Occupational physicians have been active in COVID-19 efforts at the workplaces. However, at hospitals and municipal health services, the public health doctors or infection prevention specialists seem to have the dominant role in concerning prevention and risk assessments vis-à-vis COVID-19.

As of today, around 400 cases of Covid-19 have been reported to the compensation authorities. Likely health care workers who dominate the numbers would be compensated, but as yet no compensations claims have been processed. Likely the compensation will be assessed on a case-by-case basis for non-healthcare workers. Establishing causality is going to be a challenge for workers outside health care. Data from the Norwegian Public Health Institute shows a higher degree of exposure to workers outside health care.

<https://www.fhi.no/en/news/2020/more-covid-19-in-some-occupational-groups/>

Portugal: It became a political issue. Problem areas: non-health care workers, the evolution of the disease.

France: Only the acute cases are “in the table” since September for health and social care workers, and other increased risks.

Austria: Ongoing debate.

Italy: ~70000 cases. 70% female health care workers in Lombardy, 10% doctors. 330 fatalities

Spain:

In the spring of 2020, a Royal Decree was delivered to recognize it as an accident at work, but only in terms of economic benefits in the event of leave (due to illness or quarantine). As beneficiaries: all workers and especially health professionals and social health workers (caregivers of the elderly, particularly those in nursing homes, etc.). It was up to the workers to prove the causal relationship with the job through their Occupational Health Service.

The high rate of contagion and illness among health professionals during this spring led to the enactment of a new Royal Decree in the summer of 2020. This extended the coverage of health professionals and social health workers to the full range of compensations (health, economic, etc.) recognized by Spanish legislation in the event of work accidents. Furthermore, health care workers did not need to prove a causal relationship with their work according to this new Royal Decree. Nevertheless, the termination of the state of alarm entails the end of this accident at work consideration.

On legal bases (Spanish Royal Decree of Occupational Diseases in 2006) it could have been recognized as Occupational Disease in Spain*.

**In its Annex I, a Group 3 the Occupational Diseases caused by biological agents is included and, in turn, within Agent A, subagent 01 the Infectious Diseases caused by the work of people involved in prevention, medical care and activities in which a risk of infection has been proven (excluding those microorganisms included in group 1 of the R. D. 664/1997, May 12, regulating the protection of workers against risks related to exposure to biological agents at work, in the RD 664/1997 the different Coronaviruses are classified in group 2 or 3).*

Because the COVID-19, caused by the SARS-CoV-2 virus, meets the criteria of occupational disease for a number of workers including health care workers. This means that a number of judicial claims for Occupational Disease recognition could be raised in the next future. Position statement of different Societies to include exposed workers as occupational disease.

Romania: Investigation should be simplified.

Czechia: 99 occupational diseases, from health and social care. The Ministry of Health adopted recognition criteria (symptoms+positive test+inspection identified contact with index person or infective material).

Belgium: ~4000 recognised cases (test positive). Occupational disease for the health care sectors. Debate on other sectors.

Working group COVID-19

The participants decided to form a working group to create a position statement (max one page) on the recognition criteria of COVID-19. Every delegate can provide personal expert input. (This is not surveying national policies!) The aim is to find a common denominator that we can propose to UEMS Central for adoption. (This will not be a Section statement. deadline: end of January.) A template will be circulated and a meeting is scheduled for 20/December (Sunday), everyone is invited.

We learnt that ETUI was making a publication on COVID-19 as occupational disease. Delegates were invited to make a contract making a country report by 20/December as in the email circulated before.

The Omega NET network is making a survey and Eurostat also asked Member States about national recognition policies.

News on the OM appraisal (President)

The next Occupational Medicine exam was moved to 10/June/2021. There are already some applicants.

The working group is making questions. The EASOM co-operation should be reinforced.

EU-OSHA Campaign and Partnership (Secretary)

The Section is official partner to the Healthy Workplaces Campaign, which runs 2020-2022 on musculoskeletal disorders:

<https://healthy-workplaces.eu/en/campaign-partners/uems-occupational-medicine-section>

Many valuable information is gradually made available on the campaign website in every EU languages:

<https://healthy-workplaces.eu/>

Please spread the information in your national network, make contact to your national Focal Point. Kindly keep filling in the MSExcell sheet on your activities - we will have to prove our commitment. (attached)

Financial situation (Treasurer)

No travels: no expenses. Situation stable, no need for 2020 fee.

Any other business

SOM asked to fill a survey on research. The URL will be circulated.

We are invited to the Riga Research Week. Please feel free to distribute this invitation to your colleagues in research community in your countries!

<https://rw2021.rsu.lv/conferences/society-health-welfare>

The recordings of the on-line conference of the Catalan Society, where our Treasurer presented the Belgian shift of occupational medicine (23/11/2020), is available: <http://www.salutlaboral.com/?p=page/html/vidoteca>

Your manuscripts are welcome to the Central European Journal on Occupational and Environmental Medicine (CEJOEM). <https://www.nnk.gov.hu/cejoem/>