



UEMS Section of Occupational Medicine Spring session April 2nd 2022

Occupational Medicine in Austria

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Red Cross Background



**Disaster Training
1980**



**Volunteer Nurse
1982**



**OH Physician
1995**



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Functions in OMV



Corporate Health Management (2005 – 2011)

Head of Health Management Department of OMV (Vienna) – since 2011

CEO & Chief Medical Officer (2008-2011)

President of Board of PetroMed (Bucharest) – since 2011





► Occupational Health



Curative Medicine



Emergency care & preparedness

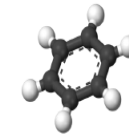


Health Hazard:
Benzene
 C_6H_6

OMV Group

Short info:

Benzene is a chemical that is a colourless or light yellow liquid at room temperature. It has a sweet odour and is highly flammable. It evaporates into the air very quickly. Its vapour is heavier than air and may sink into low-lying areas.



Health impact:

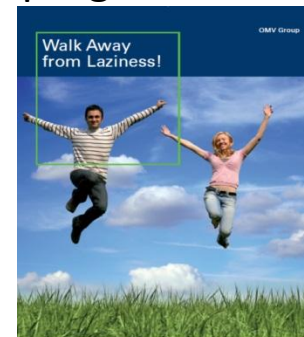
Contact way:

There are two main ways for benzene to enter the body

Through Inhalation

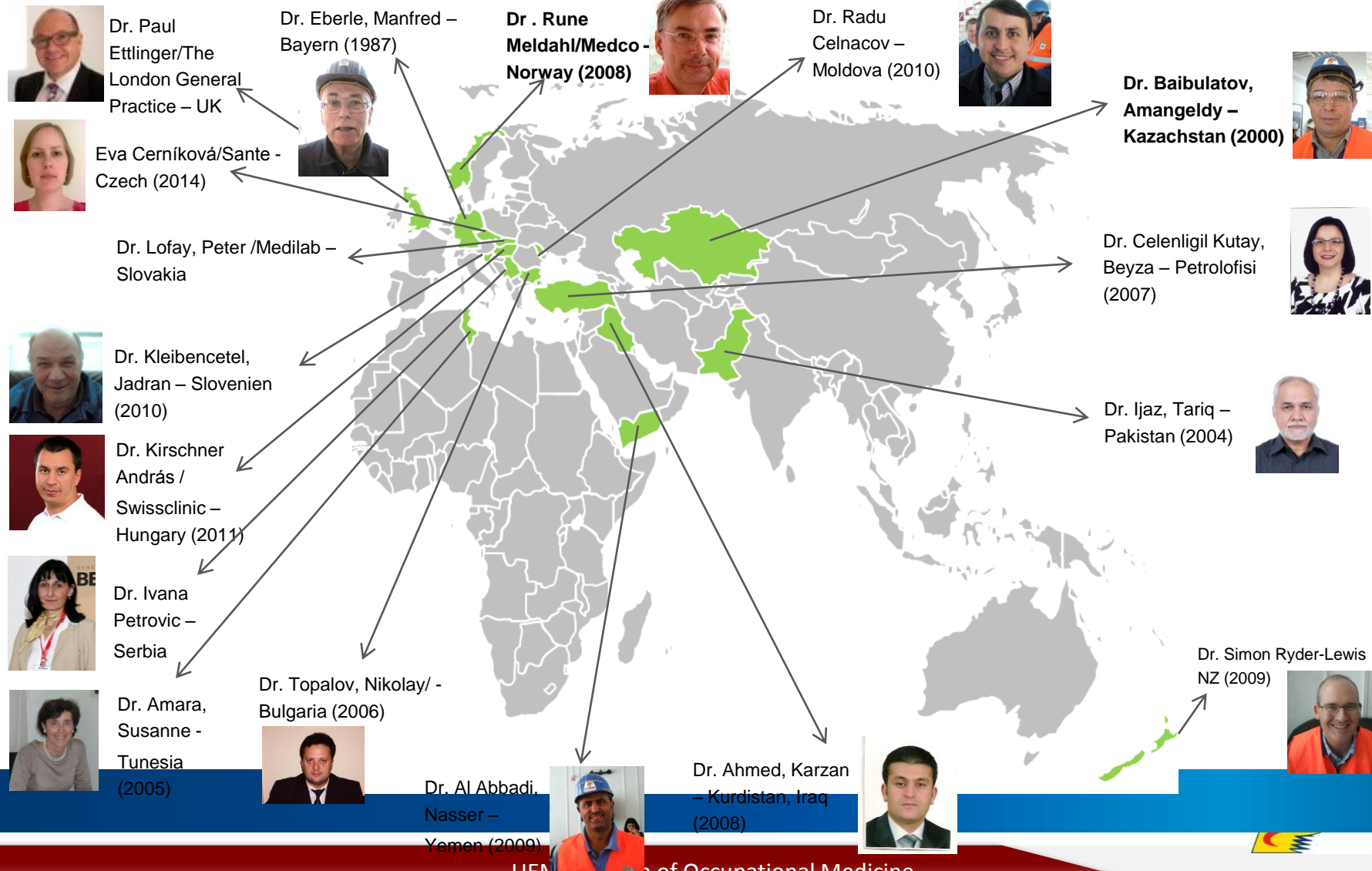
Most individuals can begin to smell benzene in air at 1.5 to 4.7 ppm and detect the odor of benzene in water at 2 ppm.
Following symptoms may occur at lower levels of exposure (700 to 3000 ppm)

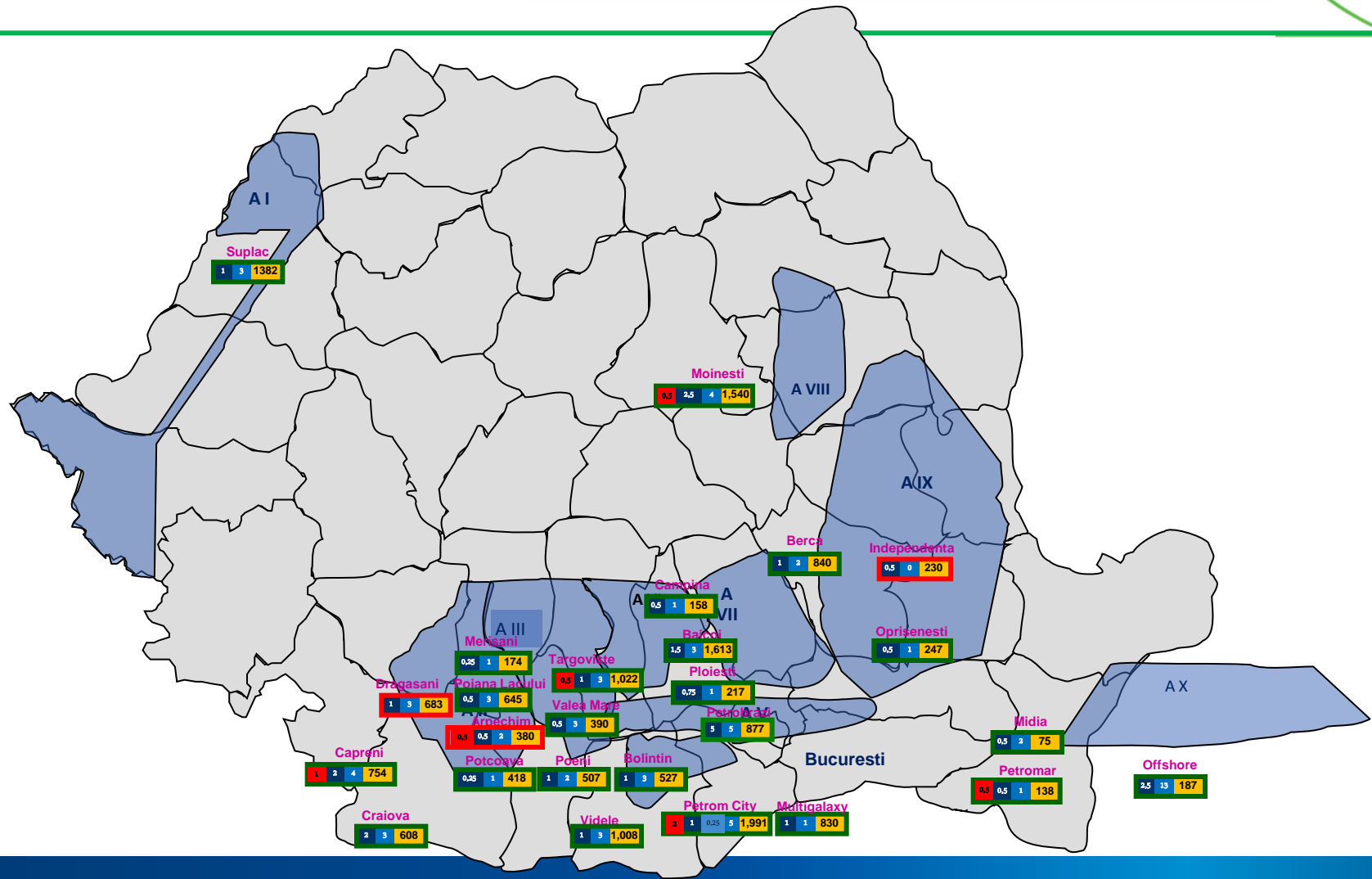
Preventive programs





OMSP Structure







Operative Health Standard



Managing health for field operations in oil and gas activities

A guide for managers and supervisors
in the oil and gas industry



Health
2011

<i>Regulation Class</i> Standard	<i>Document Class</i> Main Document	
<i>Regulation Title</i> Operational Health		
<i>Topic</i> Operative implementation of OMV Group's Health Directive and Health Management Standard		
<i>Objective</i> To describe the roles and responsibilities as well as the main duties for Operative Medical Service Providers.		
<i>Target Group</i> Operative medical service providers		
<i>Scope of Effectiveness</i> OMV Aktiengesellschaft and all companies which are fully consolidated. In companies not fully consolidated, where OMV Aktiengesellschaft has a controlling interest. All stock corporations are excluded with the result that these regulations have to be separately enforced in these entities.		
<i>Responsible for Content:</i>		
GTR-H	Susanne Schunder-Tatzber	18.04.2012
<i>Org. Unit</i>	<i>First-Last Name</i>	<i>Signature</i>
<i>Regulation Approver 1:</i>		
GT-R	Rod Ritchie	18.04.2012
<i>Org. Unit</i>	<i>First-Last Name</i>	<i>Signature</i>
<i>Regulation Approver 2:</i>		
G-T	Gerald Kappes	19.04.2012
<i>Org. Unit</i>	<i>First-Last Name</i>	<i>Signature</i>
<i>As approved by the Executive Board of:</i>		Not applicable
		<i>Date</i>
<i>Effective as of:</i>		27.04.2012
		<i>Date</i>
<small>In the interests of simplicity and readability, the language of this statement is gender neutral to the extent possible. Where applicable, the masculine includes the feminine. Print-out is only valid on the date printed. Check for the latest version in the Regulations Platform. In case of conflict, the document in its Master Language must be applied.</small>		



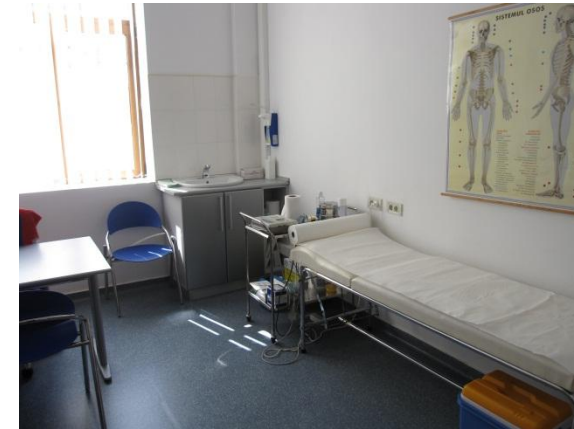
Clinics in OMV worldwide



Clinic Videle – RO



Clinic Berca - RO



Clinic Targoviste -RO



Clinic Waha - TU



**Clinic Komsomolskoye -
KAZ**



Clinic RORORA - NZ



Audits Platforms & Production ships



Neu Zealand – New Plymouth 2014



Constanca – Rumania - 2014



Tunesia –Ashtat - 2012

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HISTORY

One of the first books on occupational medicine was published in 1567 and was written by

Theophrastos Bombastos von Hohenheim – Paracelsus.

In his book “ On Miners’ Diseases –

Über der Pergsucht der Bücher dreyn” he

wrote about medical problems – such as skin and lung diseases.

“They suffer from fever, shortness of breath, coughing and spitting”

and he also described therapeutic and prevention measures.





DEVELOPEMENT OF OCCUPATIONAL MEDICINE IN AUSTRIA

- 1972** Company doctor provision is regulated for the first time in Austria.
Key figure: 750
- 1982** Amendment: key figure 250
- 1983** Minimum Time Requirement; Main Tasks
- 1984** Austrian Academy For Occupational Medicine
- 1994** New ASchG ACT: A Phased Plan
- 2002** Employee Protection – Reform Act



TASKS AND OBJECTIVES OF OCCUPATIONAL MEDICINE

Occupational medicine should play its part in seeing to it that **only those activities are done** that are suitable for the individual **taking into account the individual 's state of health and which do not present any** physical or mental **risk**.

(Baumgartner, "Occupational Medicine" 1986)



Occupational medicine



Source: AAM: professional profile of Occupational Physicians, 2001

1. Actors

1.1. Occupational physicians

USP as medical doctors in companies

Advisors in all issues of health and workability

1. Actors

1.1. Occupational Physicians

Status 22.3.2022

	Ö	B	K	N	O	S	ST	T	V	W
Occ.Phys. (incl. specialists)	2174	55	118	332	388	182	238	211	102	548
Men	1032	28	54	156	195	98	114	114	53	220
Women	1142	27	64	176	193	84	124	97	49	328

1. Actors

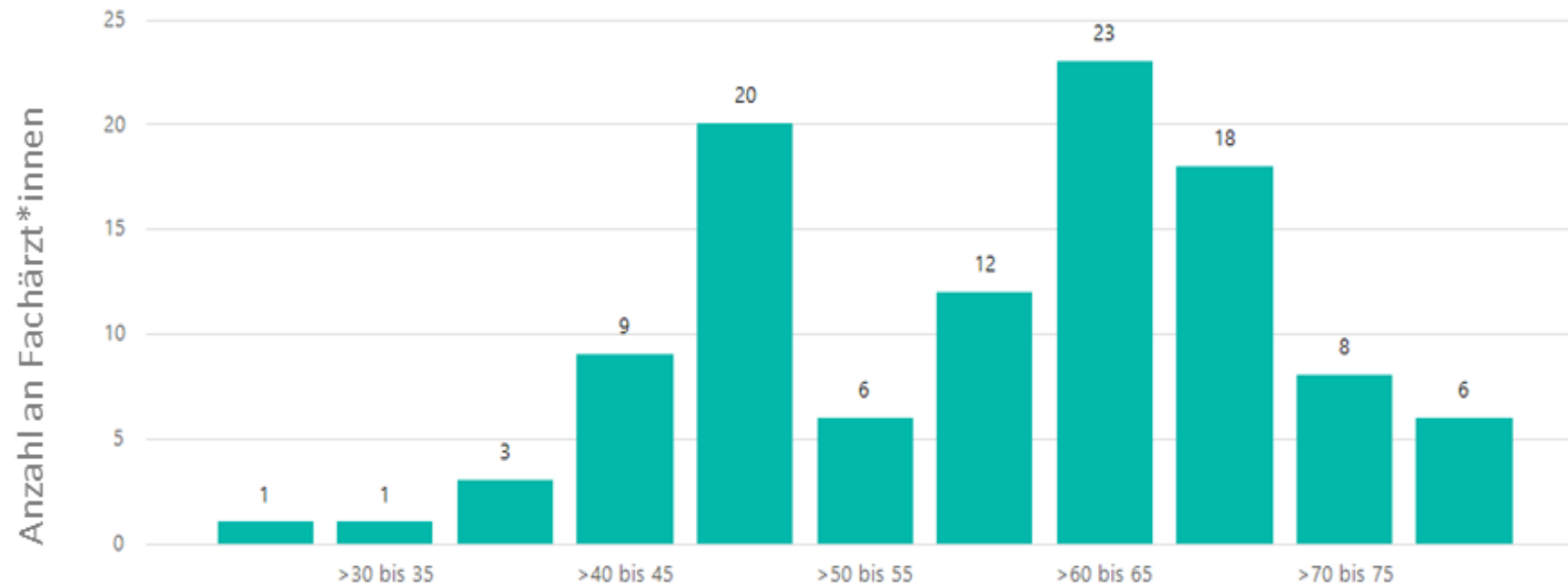
1.1. Occupational Physicians

Status 22.3.2022

Age	Bis 30	31- 40	41- 50	51- 60	61- 65	66- 70	Über 70
Number of physicians	19	151	504	754	415	202	129
Percentage	0,9	6,9	23	35	19	9,3	5,9

1. Actors

1.1. Specialists in Occupational Medicine (Status 1.3.2022)



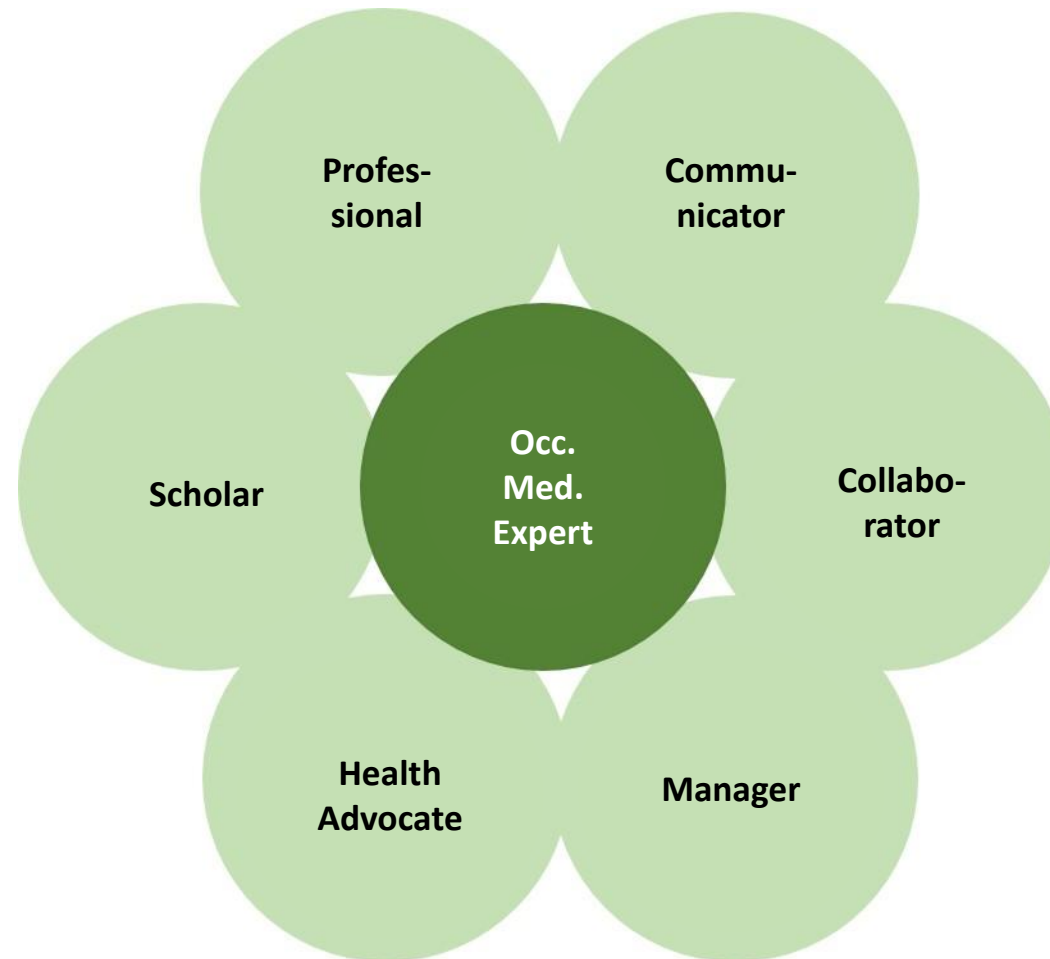


Actors

New Occupational Profile of Occupational Physicians

Actors

Role model



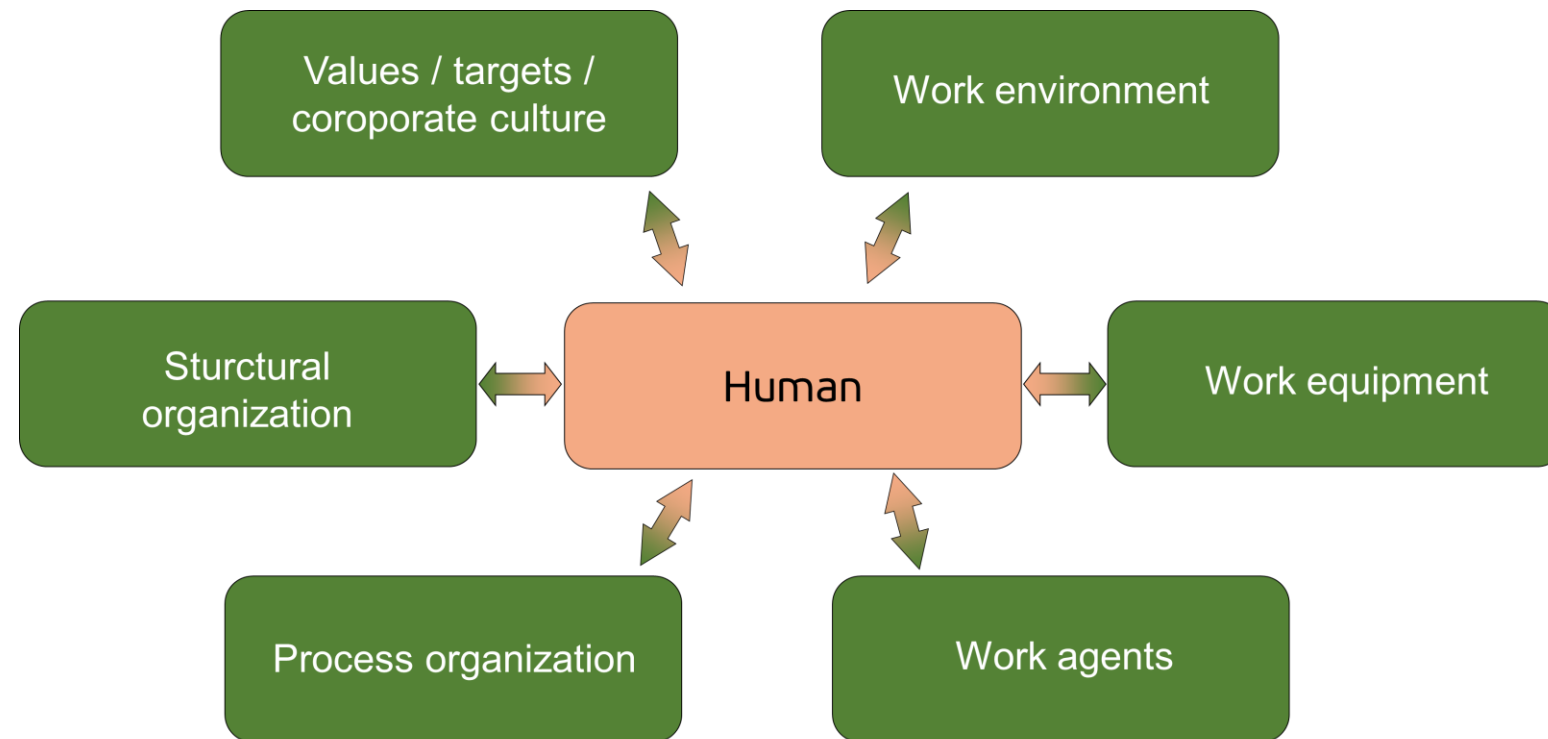


Actors

System of factors of influence

**As experts for Occupational Medicine
Occupational Physicians identify factors
which are relevant for health and capacity within
companies and assess them with regard to their potential
interrelationship with health of humans**

System of factors of influence



Actors

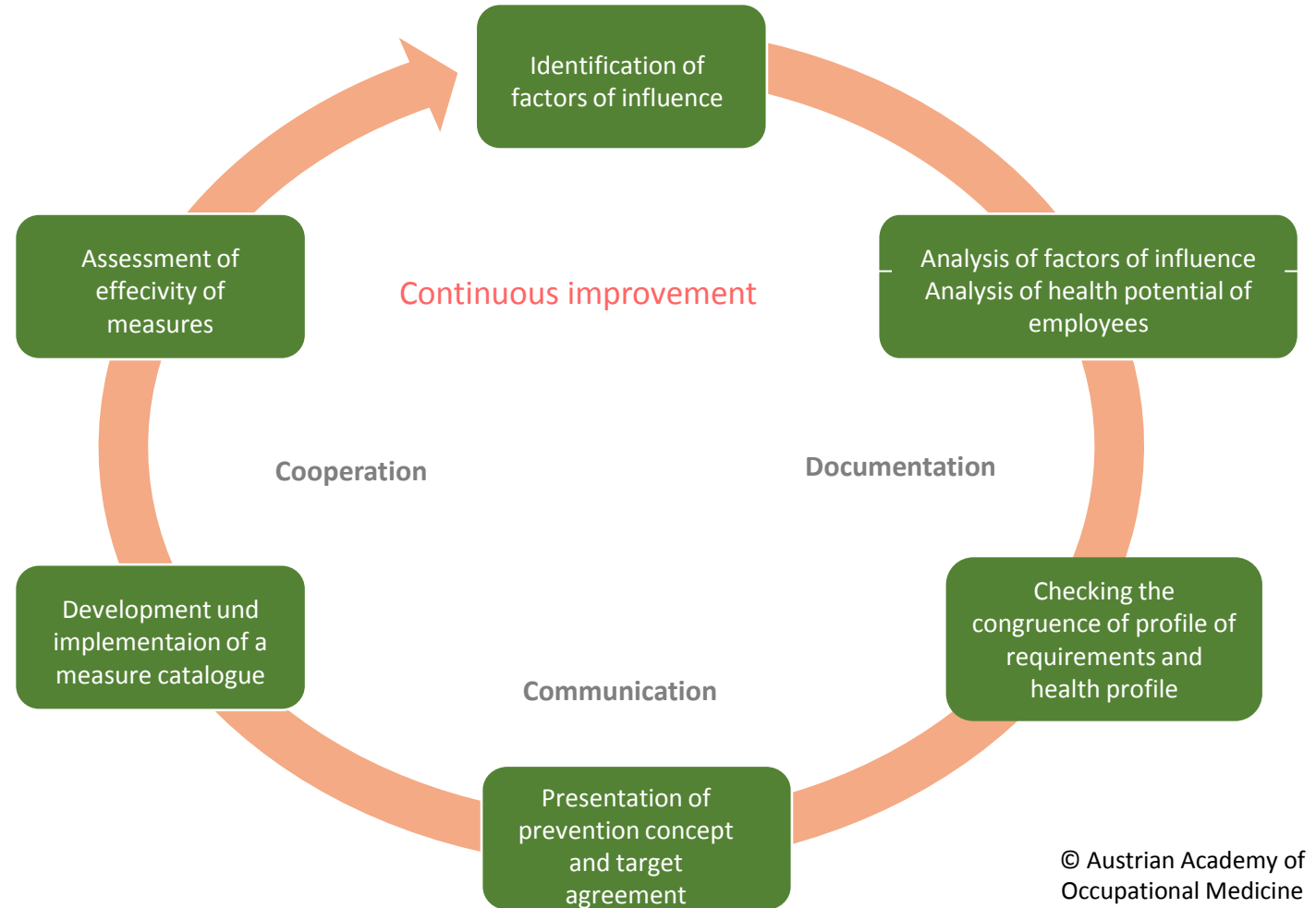
Occupational Physicians' action process

Occupational Physicians develop measures for preventing risks and work related diseases, contribute to the implementation of these measures and control their effectivity



Actors

Occupational Physicians' action process





Actors

Qualified Occupational Assistents

Companies are obliged to engage the necessary qualified and auxiliary personal

Actors

Qualified Occupational Assistents

Due to the massive lack of Occ. Physicians specifically skilled personal shall support physicians and shall be countable for prevention time

A legal draft is currently evaluated and should come into force by end of Q2/22



Actors

Organisational Physicians

Physicians who want to provide services going beyond classical Occ. Medicine can attend further education on health management which is organized as MSc course

Legal basis of Occupational Medicine in Austria

Employee protection act („ArbeitnehmerInnen-Schutzgesetz“)

- duty to implement occupational services
- prevention time
- provisions



LEGAL BACKGROUND

**The obligations of an employer
ABGB*) § 1157**

**The employer must regulate services
and the rooms or spaces provided or made available by him/her
together with equipment and at his/her own costs, doing this
in such a manner that life and health are protected to the
extent that this is possible to the nature of the service.**

***) from the year 1811**



Legal regulations

Duty of care of employers

Employers are obliged to care for safety and health protection of employees with regard to all work related aspects.

[...] Employers have to take necessary measures for protection of life, health, integrity und dignity, including measures for prevention of work related risks, for information and instruction and for provision of a appropriate organization and the necessary means..



Legal regulations

Occupational Medicine service

The obligation of engaging Occupational Physicians can be fulfilled by:

Engagement of Occ.Phys. by employment contract, or

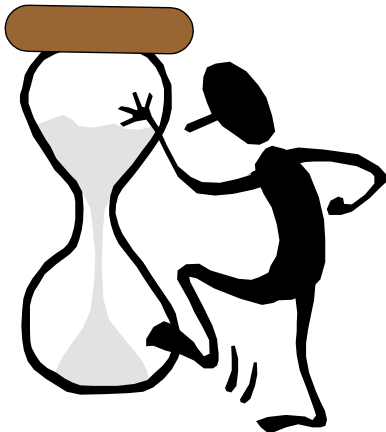
Engagement of Occ.Phys. by contract of services, or

Engagement of an approved Centre for Occ. Med.



PREVENTION TIME

- 1.2 hrs./employee/year** office workplaces and comparable hazard
- 1.5 hrs./employee/year** other workplaces
- + 0.5 hrs./employee/year** for employees who do night work at least 50 times a year (as defined by NSchG)



No prevention time

1- 10 employees visit inspections → min. every 2 years

11-50 employees visit inspections → annually

Of the calculated prevention time:

- 40 %** for safety specialists
- 35 %** for occupational medical practitioners
- 25 %** other specialists
e.g. chemists, toxicologists,
ergonomists, work psychologists



Legal regulations

Support for small enterprises – AUVAsafe („AUVAsicher“)

Safety engineering and Occupational Medicine within companies with less than 50 employees can be provided by a prevention centre established by the responsible health insurance (AUVA).

No prevention time predefined, but:

1 site-inspection each year within companies between 11 and 40 employees

1 site-inspection each 2 years within companies between 1 and 10 employees

if only office work: 1 site-inspection each 3 years



TASKS SPECIFIED UNDER ASCHG (1)

- Maintaining and promoting health at the workplace
- Planning of workplaces
- Obtaining of or the changing of work equipment
- The introduction of or the changing of work processes and working materials
- Testing and selection of personal safety equipment
- Work-related physiological, psychological, ergonomics questions and issues of work hygiene



TASKS SPECIFIED UNDER ASCHG (2)

- Organization of first aid
- A change of workplace and also rehabilitation
or re-integrating the disabled at work
- Establishing and assessing the nature of hazards at the workplace
- The establishing of measures for risk prevention
- Organization of instruction sessions and producing operational instructions



Legal regulations

course may only be attended by,

- general practitioners or medical specialists,
- Medicine graduates after one year of practical training, or
- Persons who are in training for specialist in Occ.Medicine & Applied Physiology



Content of training course

Austrian Academy of Occupational Medicine and Prevention (AAMP)

Introduction to Occ.Med. (Occupational profile, base concepts of Occ.Med., legal and organisational basics)

Physical factors of influence (Noise, chemical agents, work equipment, light and lightening, ionic and non-ionic radiation, climate, dusts)

Psychical factors of influence (organisational structure, ageing work force, assessment of psychic capacity, identification of psychic stress and strain, effects of psychic factors of influence, values/targets/corporate culture, working processes)

Health promotion (personal and organizational development, attitude change behaviour modification, concepts of health promotion, addiction prevention, burnout and stress management, reintegration management, absence management)

Preparation of career entry (investment planning, contract law, negotiation, basics of project management)



Training of specialists in Occ.Med. and Applied Physiology

6 years:

1. 9 months basic training
2. 36 month specialist basic training including training for Occ.Phys.
3. 27 month specialist focus training: 6 modules (1 scientific module), out of which 3 have to be chosen

Occupational accidents / occupational diseases

Occupational accidents

= Accidents, being locally, temporally and causally associated to the occupation which constitutes the insurance

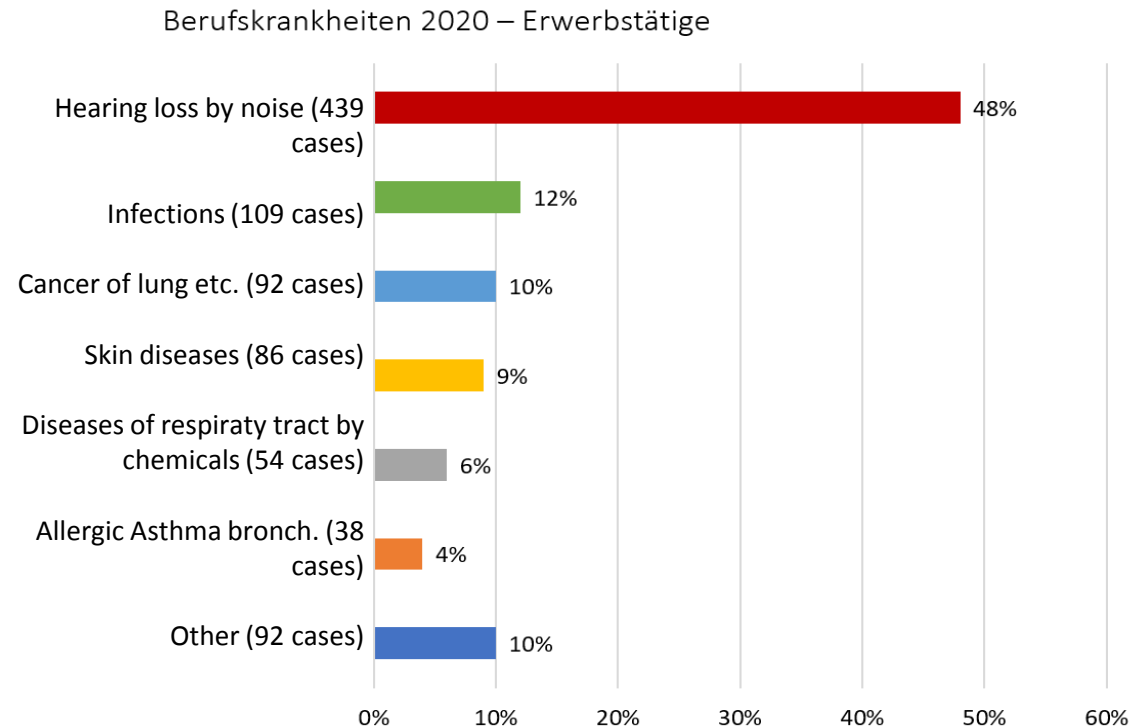
Occupational accidents / occupational diseases

Occupational diseases

= diseases quoted in Annex 1 of § 177 of General Social Insurance Law (ASVG), under the described prerequisites, if they are caused by the occupation constitution the insurance

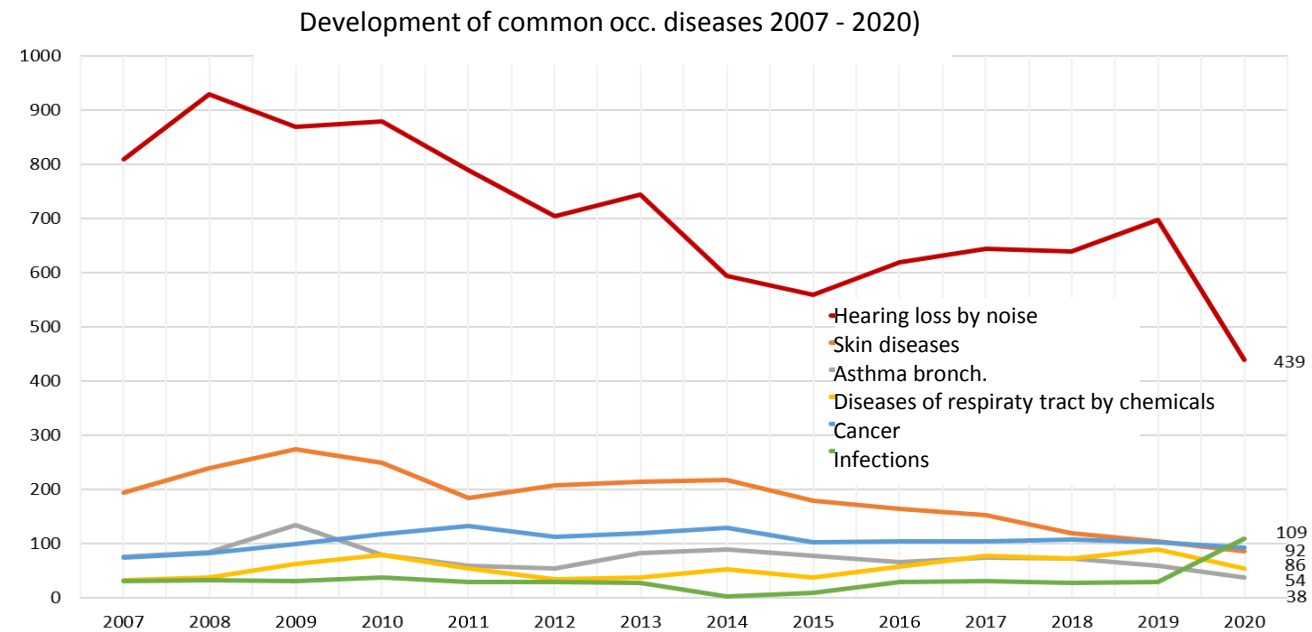
Occupational accidents / occupational diseases

Occupational diseases



Occupational accidents / occupational diseases

Occupational diseases





Occupational accidents / occupational diseases

Occupational diseases

List of 53 diseases / groups of diseases

„**General clause**“ enables approval as occ. diseases, even if not listed in Annex 1 of ASVG, if assessment on base of scientific findings that this disease solely or predominantly was caused by usage of agents or radiation



Medical assessment

Work prevention act contains regulations with regard to examinations which have to be exercised

Medical assessment

Health assessment examinations:

- Aptitude examinations
- Periodic examination of hearing
- other specific examinations



Medical assessment

Aptitude examinations

Secondary prevention targeting to discern impending occup. diseases early (Examples: Exposition to lead, silicate dust, noise,)

Also wearers of breathing protection, employees in gas rescue services, people exposed to heat, workers in mines or at reduced oxygen saturation have to be examined

Medical assessment

Other specific examinations

Have to be organized by employers as offer.

For example: Exposition to vibrations, cancerogens bight shift,

Relevant institutions and cooperations

Internal contacts

- Safety engineers
- Safety representatives
- workers' council

Relevant institutions and cooperations

External contacts

- Labour inspection (legal authority)
- AUVA – workers compensation board-insurance



Occupational health & „vita seditarena“

Masilio Ficino published his “recipe” for coping with sedentary and hard intellectual work in 1489 (!) recommending:

- fine perfumes & melodic music
- the sight of glittering water
- visits to gardens and parks
- contact with likeable people
- a moderate (!) quantity of wine in the evening





Thank you for your attention!