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This guide is intended for entrepreneurs, supervisors of small workplaces, occupational safety and health personnel and the partnering occupational healthcare services of workplaces in order to increase the amount of information and for use as an aid in developing occupational well-being. It emphasises the opportunities, responsibility and obligations of workplaces, and practical measures to promote occupational well-being. This guide was compiled as part of the Support to Extending work careers (JAMIT) project 2012–2014, funded by the European Social Fund and the Ministry of Social Affairs and Health. One of the goals of the project and this guide is to have workplaces support the work ability of their employees by developing their health and safety practices and working culture into a uniform policy.

The JAMIT project involved practical development work at workplaces in the metal industry and the nursing sector. Based on our experience, relations between employees and work supervision in small workplaces are often considered confidential, and there are no unresolved disputes at workplaces. This is also supported by the working conditions barometer of Rytkönen (2013). However, it may be challenging to adopt new procedures in small workplaces because there is little time to look into matters, due to tight schedules.

The advantage with systematic situational reviews and planning is that they enable problems to be anticipated. The prevention of problems always entails
lower costs than taking action only at the point when damage has already occurred. Clearly formulated rules and procedures are an employees’ right, and they also ensure that employees are treated equally and fairly. Close relations between supervisors and employees in work communities can make it more difficult to deal with problems in cases where the employee’s work ability is impairing, for example. In difficult situations, supervisory work becomes easier if there are jointly prepared policies and procedures in place in the workplace for dealing with such situations.

The content of the guide is in part based on the experiences gained in project development work. The guide provides practical information for employees and workplaces about the types of factors promoting occupational well-being that should be taken into consideration and implemented in workplaces. In addition, it contains instructions and provides concrete tools by means of which small companies in particular (less than 50 employees) can put basic things in order in the workplace. The aim is to create a joint view in the workplace of the types of resources needed at work, the existing and possible future challenges, and the types of requirements placed by the work on the occupational well-being of employees and supervisors.

It is useful to outline any ongoing programmes, procedures and plans promoting occupational well-being in the workplace and related to the quality system, the health and safety of working conditions or self-surveillance. The intention is not to carry out overlapping tasks, which can be integrated with the existing management of occupational well-being. Each chapter contains links and references to additional data and reference material for those who want to obtain more in-depth information on the subject. The guide is also available in Swedish. In addition, brief summaries in Finnish and Swedish have been prepared of the guide. The guides and summaries are also available on the Internet at kuntoutussaatio.fi/jamit/materiaalit. The web guides have links to additional data and reference material and tools. The links can be downloaded from the Internet and are basically free of charge. Readers can pick out suitable links that are applicable and suitable to the business in question.

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Read more
About occupational well-being:

How to be aware of the state of occupational well-being in the workplace

The awareness principle means that people in the workplace are aware of the state and resources of the personnel, risks related to health and work ability, the mental and physical workload, and disability costs. Indicators describing the state of the personnel include work resources, job satisfaction, turnaround, competence and sick leave information. Workload and the risks connected with work ability and health can be examined through risk assessment based on identifying risks.

**Binding laws**

**Occupational Safety Act (738/2002)** covers all paid work. The Act provides for the obligations of the employer and the employees and obligates them to promote, in cooperation, the health of working conditions, safety of the workplace, and occupational well-being. **Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces (44/2006).** The purpose of the act is to secure compliance with occupational safety and health regulations. The Act defines matters to be dealt with through cooperation in the workplace. **Employment Contracts Act (55/2001)** is a basic act covering working life. It also provides for the obligation of the employer to promote a positive, confidential working atmosphere. The precondition for cooperation and job satisfaction is the fair treatment of employees. **Occupational Health Care Act (1383/2001)** requires that the employer organises occupational health care to prevent work-related health hazards and to promote the safety, work ability and health of employees. The employer must ensure that the acts and the statutes issued on the basis of them are accessible and available to the employees in the workplace.

**Cooperation as a resource**

The aim of occupational safety and health is to promote occupational well-being in the workplace. To succeed in this, cooperation is needed between the management and the personnel. This requires that the employer and the employees are committed to development work to be pursued through mutual cooperation.

- The employer’s obligation is to ensure the health and safety of employees at work. The employer must furnish the employees with necessary information on matters of relevance to workplace safety, health and other working conditions. The employer must also ensure that these aspects are discussed properly between the employer and the employees or their representative. The employer must promote its relations to the employees as well as relations between the employees. The employer also ensures that employees can perform their work.
if the company’s operations or work are changed or developed. The employer must take action to promote the opportunities of employees to proceed in their work careers.

The employee must exercise proper order and care as required for maintaining health and safety, and act in accordance with the employer’s requests and instructions. Employees must take care of their personal health and safety and also that of their colleagues, and avoid the harassment or other inappropriate treatment of other employees. In addition, the employee must inform the employer of any faults and defects he/she may notice in the workplace, of the kind that could cause an accident or illness.

Read more about supervisory work and occupational well-being:

Confederation of Finnish Industries (EK) (2011):
Johda työkykyä, pidennä työuria.
EK:n työkykyjohtamisen malli

European Working Conditions Observatory:
Well-being at work: innovation and good practice

Terävä, Mäkelä-Pusa (2012):
Esimies työhyvinvointia rakentamassa
Cooperation on occupational safety and health between the employer and the employees

The employer must appoint an occupational safety and health manager as its representative in every workplace. This task is often assumed by the employer. The employer is responsible for organising and developing occupational safety and health cooperation in the workplace. The employer and the personnel agree on the organisation of cooperation so that it allows employees to participate in the handling of matters related to occupational safety and health.

If there are at least 10 regular employees in the workplace, they will elect an occupational safety and health delegate and two deputy delegates from amongst themselves to act as their representatives. An occupational safety and health delegate can also be elected in smaller workplaces. The occupational safety and health delegate has the right to receive training related to the task. The occupational safety and healthy delegate becomes familiar with occupational safety and health matters concerning the workplace and makes employees aware of matters promoting health and safety in the workplace. The delegate’s work involves practical tasks, which also requires the delegate to devote some of his/her working time to tasks related to the delegate post.

Employees holding a salaried position in the workplace have the right to elect an occupational safety and health delegate and two deputy delegates from amongst themselves. If there are at least 20 regular employees in the workplace, an occupational safety and health committee must also be established, consisting of the employer’s and employees’ representatives.

The Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health in Workplaces (44/2006) defines matters to be dealt with through cooperation. These include:

1. Matters of direct relevance to the safety and health of any employee, and any changes in those matters.

2. Principles and manner of investigating risks and hazards in the workplace, as well as such factors generally influencing the safety and health of employees that have come up in connection with the investigation or a workplace survey carried out by an occupational health care organisation.

3. Actions maintaining work ability include development objectives and programmes relating to workplace health promotion or otherwise influencing the safety and health of employees.

4. Matters influencing the safety, health and work ability of employees and relating to the organisation of work or workload, or to any essential changes in the organisation or workload.
5. Need and arrangements for training, guidance and induction to be given to employees pursuant to Acts enforced by the occupational safety and health authorities.

6. Statistics and other follow-up information relating to the work, work environment and the state of the work community and describing safety and health at work.

7. Follow-up of how the matters referred to in paragraphs 1-6 above have been carried out, and follow-up of their effects.

If there is no occupational safety and health committee in the workplace, the above issues shall be dealt with between the employer and the occupational safety and health delegate. If there is no occupational safety and health committee or delegate in the workplace, the above issues shall be dealt with in applicable parts.

The occupational safety and health area of responsibility of Regional State Administrative Agencies, i.e. regional state administrative occupational safety and health authorities, supervise compliance with occupational safety and health legislation. The occupational safety and health inspector has the right to access the workplace and carry out a workplace audit. He/she also has the right to obtain information and accounts from the employer, as may be necessary for the supervision. If shortcomings are detected in the supervision, advice and improvement notices will be issued to the employer to ensure compliance with and application of legislation. If crime is suspected, a preliminary investigation notification is issued to the police, where necessary.

Cooperation in the workplace:

- The liabilities and obligations of the employer and employees are known in the workplace.
- The acts and provisions issued to guarantee the rights and safety of employees are available to employees.
- An occupational safety and health manager has been appointed and an arrangement has been agreed that allows employees to participate in the handling of occupational safety and health matters.
- If there are at least 10 employees in the workplace, an occupational safety and health delegate and two deputy delegates must be elected. An occupational safety and health delegate can also be elected in smaller workplaces. If there are at least 20 employees in the workplace, an occupational safety and health committee must also be established.
- The employer ensures that matters related to workplace safety and the health and work ability of the employees are handled in cooperation in the workplace.

Read more about occupational safety and health and cooperation in the workplace

- The Ministry of Social Affairs and Health 2010: Occupational Safety and Health in Finland (Retrieved 14.2.2014).
- Occupational Safety and Health Administration: Guidance on solving safety and health problems at the workplace (Retrieved 14.2.2014).
Risks related to health, safety and work ability

Work ability is not limited to performance only. According to a broadly defined ‘work ability house’ (Ilmarinen 2006) and a multidimensional work ability model (Järvikoski and Härkäpää 2005), work ability consists of the person’s resources, factors related work and working, and the environment outside work. Work ability is a question of compatibility and balance between resources and work – a whole also influenced by the broader working environment and work community.

Risks related to work ability can be reduced by preventing problems in the workplace and carrying out corrective measures as early as possible. Corrective measures are much more costly than preventive actions. This is supported by the Occupational Safety and Health Act (738/2002) and the Occupational Health Care Act (1383/2001), which require that the employer has prepared an account and assessment of the working conditions and of the hazards and risk factors arising from the workload. These can be related to physical working conditions, mental or physical loading factors, and aspects related to professional skill and competence. Measures are taken to recognise hazards and risk factors in field-specific factors encountered at work and in the workplace. If problems and defects are not recognised, handled and corrected, deficiencies will be aggravated further and their elimination will become more difficult.

As for hazards and risk factors related to working conditions, attention is paid not only to factors connected with the working environment, but also to aspects that have to do with machines and tools, harmful chemicals, and physical and biological risk factors.

Physical and mental workload and procedures are investigated when identifying workload factors. The most common harmful physical workload factors are due to demanding work and the handling of loads. Harmful physical workloads are also caused by static and awkward postures, continuous sitting, use of hand power, and repetitive work.

Harmful mental workloads can be due to excessive work, the lack of work, unreasonable responsibility or negative experiences about the meaningfulness or of control over work. Problems in relations between the supervisor and employees or in the work community atmosphere may give rise to a mental workload, which may also be due to inadequate working conditions.

Control over work involves an estimate of whether personal competence matches the requirements of the work and whether competence development measures are in place in the workplace. Although supervisors must ensure that employees have the competence required by the management of tasks, employees are personally responsible for developing and updating their skills.
To manage risks and utilise strengths in the workplace, a register of completed training and of the validity of different types of training either statutory or based on authorities’ regulations (e.g. participation in training related to occupational safety and health, the occupational well-being card and occupational safety card, and first-aid training) must also be kept in the workplace. This information is also needed in offers, audits, certificates, authorities’ audits and competence development planning.

Risk management is part of workplace safety actions, which are based on the identification of hazards and defects and assessing the scope of risk. Best results are achieved when complete risk management is integrated with the company’s normal development activities. The aim is to find the most important development areas and target them with efficient measures. Risk management means a process that includes not only the identification of hazards and shortcomings and the assessment of the scope of risk, but also risk prevention, mitigation and elimination and the development of working conditions. Risk assessment is carried out in the manner agreed in occupational safety and health cooperation.

In their mutual agreements, companies may insist that the other party to the agreement has a valid risk management programme. Corporate customers can also demand a risk assessment scheme from its subcontractor, due to their own quality systems. The occupational safety and health authorities of Regional State Administrative Agencies examine risk assessment in connection with occupational safety and health audits.

Basic tools helping the identification of the most common hazardous incidents and risk situations in the workplace are checklists that facilitate systematic assessment. Depending on workplace or sector, the identification targets can be outlined according to task, workstation, team or department, for instance. The method selected should as simple as possible, yet sufficiently comprehensive. The scope of risk is assessed based on the likelihood and consequences of a harmful event. The more likely a hazardous incident is and the more severe its damage and consequences are if it materialises, the more important it is to avoid the risk.

The primary goal in setting goals and selecting development actions is to prevent or eliminate a risk factor. If this cannot be done, the cause of the hazard is replaced or the risk is mitigated. Measures targeted at risk factors can be related to work ergonomics, work arrangements or training, for instance. The most important development targets are addressed first and then the next most important ones. Results can be gained even with small actions, such as improving overall cleanliness and order in the workplace.

The impacts of working conditions, workload factors and implemented measures must be assessed continuously. Effectiveness means the change towards achieving the goals, generated with the help of the measures taken. The risk assessment must be updated as the information collected in it may quickly become obsolete due to changes in the work or working conditions, for example. The workplace risk assessment provides valuable background information for the occupational health care organisation,
which can use it as the basis for assessing the health impacts of work-related hazards and workloads. Therefore, it is recommended that a summary of the assessment is always submitted to the occupational health care organisation. Workplace risk assessment can also be implemented in conjunction with the workplace survey conducted by the occupational health care organisation.

Read more about the work ability house model here:
- Finnish Institute of Occupational Health: Multidimensional work ability model

Read more about work environment and working conditions in small companies:
- Occupational Safety and Health Administration (2013): Pienyöpäiksen työympäristö tukoksen tekijänä 2013
- The Centre for Occupational Safety: Safety management

As an aid to risk assessment planning:
- European Agency for Safety and Health at Work OSHA: Purpose of risk assessment
- Ministry of Social Affairs and Health: Risk Assessment Planning

See checklists for hazardous and adverse situations and assess which of them is best suitable for your workplace:
- Finnish Institute of Occupational Health: Ergonomic workplace method form

Exhaustive guides for the assessment of risks:
- Rantanen (2009): Risk Assessment

Electronic form:
- The Centre for Occupational Safety: Työkalu arjen riskien kartoittamiseen, ArkiArvi

Read more about workplace competence development:
- Manka, Mäenpää (2010): Tulevaisuuden osaajaksi. Tulosta osamistarpeiden tunnistamisella
Measures targeted at risk factors can be related to work ergonomics, work arrangements or training, for instance.

Workplace risk assessment provides valuable background information for the occupational health care organisation, for use as the basis for assessing the health impacts of work-related hazards and workload.

Best results are achieved when complete risk management is integrated with the company’s normal development activities.
Risk management in small companies

The Occupational Safety Act (738/2002) and the Occupational Health Care Act (1383/2001) provide fairly similar guidelines for investigating and assessing working conditions. Therefore, it is recommended that small workplaces and the occupational health care organisation assess hazards and risks and carry out a workplace survey together (see Chapter Occupational health care services as part of preventive measures, page 24). A process of this kind is described in Diagram 1. A workplace visit conducted together is part of the basic occupational health care survey, on the basis of which other occupational health care measures are planned. This saves time, costs and resources.

Actions complying with good occupational health practices, including the implementation of a workplace survey, entitles the employer to Kela’s compensation for occupational health care services. The occupational health care organisation carries out workplace surveys, provides information, guidance and advice, and supports the employer in the implementation of the risk assessment. The tasks of the occupational health care organisation do not include the implementation of the actual risk assessment, but responsibility for the assessment and related costs lies with the employer. No occupational health care compensation is paid for risk assessment costs.

A guide has been compiled for the joint identification of hazards and risk assessment by the workplace and the occupational health care organisation. Management of occupational safety and occupational health risks in small companies. The guide is part of a folder, which contains instructions and forms for carrying out a risk analysis, a workplace survey and an occupational safety and health action programme, and guidelines for their implementation. The folder is available at the bookshop of the Finnish Institute of Occupational Health.

View the folder ‘Occupational Safety in small companies and management of occupational health risks’:
Pienyrityksen työturvallisuus-työterveyskansio. Occupational safety and occupational health in small companies folder

Read more about the identification of workplace health and safety hazards and the assessment and management of risks:

- European Agency for Safety and Health at Work: Practical solutions
- European Agency for Safety and Health at Work: Risk assessment - roles and responsibilities
Diagram 1. Risk assessment and workplace survey process implemented jointly by the workplace and the occupational health care organisation.

1. Identification of workplace resources, hazards and shortcomings
2. Assessment of the scope of risk and the impact of risk and workload factors on health
3. Setting of goals in order to eliminate/reduce risk or adverse factors and to maintain work ability
4. Occupational health care action plan, occupational safety and health action plan
5. Development measures, implementation follow-up
6. Assessing impacts and the attainment of goals
7. Updating risk assessment and the workplace survey
8. Updating the occupational safety and health action programme and the occupational health care action plan
State of personnel

Occupational well-being is influenced by the requirements of work and occupational and personal resources. Resources are connected with positive attitudes towards work and with commitment to work. In addition, they motivate employees and help them achieve the goals of the work. Resources include positive experiences about having control over work, about the meaningfulness of work and about the possibility to influence work. The work community’s resources are connected with the effectiveness of cooperation. Matters of this kind include the support received from colleagues and the supervisor to succeed at work and receiving feedback and appreciation. Management and the development of competence contribute to the job satisfaction of the personnel. This, in turn, contributes significantly to customer satisfaction. The satisfaction of personnel with supervisory work also influences productivity.

The extent to which people feel there are demands and resources at work determines employee well-being. The resources available at work may alleviate the impacts of the requirements of work. In an ideal case, the requirements of the work are sufficiently challenging but not so demanding that employees feel that they are constantly subject to a workload. At best resources take the form of being absorbed in the work. By identifying factors that cause a constant workload, it is possible to deal with and prevent situations that wear down resources. Means for investigating how employees perceive resources and the demands of work include development discussions and personnel surveys. Reasons for employee turnaround can be outlined with an exit interview. Monitoring sick leave, in turn, provides information on disability.

Development discussions are part of the workplace cooperation scheme. For supervisors, development discussions provide an opportunity to form a picture of the situation with the employee or work community. At the same time, the supervisor can make sure that developing the competence of an individual employees proceeds in a direction benefitting the operation of the work community. For employees, development discussions give a chance to take up matters related to work, coping, changes in work and the work practices used in the work community. It is a good idea to keep a memo of development discussions so that the implementation of the matters agreed can be monitored. The information accumulating in development discussions is used in planning, directing and adjusting the operations.

Information received through development discussions is often sufficient. A personnel survey can also be implemented, where necessary. It is particularly important in preparing the survey and a summary of the results that the individuals cannot be identified on the basis of their responses. Therefore, an outside expert, such as the workplace’s own occupational health care service provider or the Finnish Institute of Occupational Health, should be consulted for the personnel survey.
Monitoring personnel turnover and its causes provides information on employees’ commitment, the effectiveness of the recruitment and induction of new employees, and the competitiveness of the workplace on the recruitment market. Exit interviews provide information on the reasons for resigning. The information can be used to prevent unnecessary resignations from the company. Tacit knowledge is lost with experienced key persons, while the costs resulting from idling and recruitment increase. The workplace should consider what kind of turnover is healthy and should be aspired towards.

Sick leave is an indicator providing information on underlying disability and its scope. The purpose of monitoring sick leave is to promote the health and work ability of employees and to cut down absence costs resulting from disability. Monitoring and analysing sick leave provides information on the prevalence and work ability of the personnel and on the effectiveness of investments at major workplaces. However, the effectiveness of work ability investments made in small workplaces cannot be assessed based on the number of sick leaves.

Read more about occupational well-being and productivity:
- Manka, Larjovuori (2013): Yhteisöllisyydellä menestykseen -opas työpaikan sosiaalisen pääoman kehittämiseen

Indicators and tools for indicator follow-up and calculation:
- Punk project: Henkilöstötunnuslukulaskuri
- Punk project: Editable web-based guide at Työkyvyntuki.fi

Among other things, the guide discusses the principles of returning to work and sick leave follow-up.

Read more about measuring occupational well-being:

Read more about the resources of work:
- Finnish Institute of Occupational Health: Mental capacity and strain

Read more about development discussions:
- Finnish Institute of Occupational Health: Kehityskeskustelu
How to prepare for risk factors in the workplace

The precautionary principle involves the management of personnel risks, early intervention and preventive actions. According to the Occupational Safety Act (738/2002), the employer must have an occupational safety and health action programme in place in order to promote safety and health and to maintain the work ability of employees. The action programme is based on a risk assessment implemented in the workplace. The programme describes the most important occupational safety and health activities in the workplace, which covers needs to develop working conditions and anticipate work-related hazards and risk factors. The employer is responsible for preparing the programme, which must be discussed in cooperation with the personnel or their representatives.

Management of personnel risks – occupational safety and health action programme

The purpose of the occupational safety and health action programme is to enhance proactive occupational safety and health and systematic measures in the workplace. The smaller the workplace, the more concrete steps the occupational safety and health action programme should contain. In smaller workplaces, the occupational safety and health action programme based on risk assessment and its results can be provided as a single document. The occupational safety and health action programme as part of risk management is described in Diagrams 1. It is recommended that other existing documents, such as a workplace survey, an occupational health care action plan, an occupational safety and health protection plan, a quality manual or a self-monitoring plan, be used as an aid to preparing the programme. Occupational safety and health development needs, objectives and the principles of measures maintaining work ability, i.e. ways through which the safety, health and work ability of the employees are systematically promoted in the workplace, are recorded in the occupational safety and health action programme. The occupational safety and health action programme must be kept up-to-date. Its content and objectives should be revised at regular intervals. This can be done fluently in connection with updating the risk assessment and the workplace survey.

Occupational safety and health action programme:

- Occupational safety and health duties of the employer and the employees, and allocation of responsibility.
- Occupational safety and health organisation and its duties.
- Occupational health care and its duties.
Occupational safety and health and the consideration of work ability matters in induction and occupational instruction and guidance.

Description of the work environment, development objectives and measures.

Working conditions monitoring targets.

Consideration of occupational safety and health matters in the company’s operations.

Action programme monitoring and maintenance.

The programme can also provide an account of:

- The statutory equality plan and measures to ensure equality between men and women.
- Company safety instructions, responsible persons and guidance in the use of instructions.

The objective of measures to maintain work ability is that everybody can cope at work and manage his/her work tasks as well as possible with his/her personal resources, and through measures supporting work ability and implemented as necessary. In practice, measures supporting work ability are targeted at work, work arrangements, tools, the working environment, the work community, the employees’ professional competence, health and work ability. The focus of the measures is on preventive actions, though where necessary they can also be targeted at employees faced with the threat of impaired work ability.

The main responsibility for maintaining work ability lies with the employer. The views and attitudes of the various parties in the workplace, the management, supervisors, employees and work communities play an important role in how effectively practical steps are taken in the workplace. The expertise of the occupational health care organisation must be utilised in the planning and implementation of the actions. The occupational health care organisation has information (obtained from the workplace) on matters that should be taken into consideration in order to promote health and work ability in that particular workplace.

There is a calendar at the end of the guide for planning and scheduling the occupational safety, health and work ability promotion updates to be implemented during the year. There is also a task-checklist, from which relevant matters to be implemented in the workplace can be selected and included in the annual clock.

Read more about developing occupational well-being in the workplace:

- European Agency for Safety and Health at Work: Succesfull Management to Prevent Accidents
- Finnish Institute of Occupational Health: Workplace health promotion
- Finnish Institute of Occupational Health: Steps for well-being at workplaces

Read more about the occupational safety and health action programme:

- The Centre For Occupational Safety TTK: Työsuojelun toimintaohjelma
- Occupational Safety and Health Administration: Pientyöpaikan työsuojelun toimintaohjelma ja työolosuhteiden, kuormitustekijöiden ja toimintatapojen arviointi
Preventive actions in the workplace

According to the Occupational Safety Act (738/2002), account in the planning and dimensioning of work must be taken of employees’ preconditions so that the hazards or risks caused by the workload factors to the employee’s safety or health can be prevented or mitigated. Where necessary, disabled employees, and other employees who need special measures in order to ensure their health, safety and possibility to work, must be taken into consideration in work arrangements. Statutes concerning work and working conditions include regulations related to ergonomics, physical, mental and social workload, and preparing for work-related hazards. Some of these are presented below:

■■■ Ergonomics. The workstation and tools must be selected, dimensioned and situated in an ergonomically suitable way in view of the nature of the work and the employee’s preconditions. It is recommended that they are adjustable and that their features do not subject the employee to a load harmful or hazardous to his/her health.

■■■ Preparing for the threat of violence. If the work involves an imminent danger of violence, the work and working conditions must be arranged with a view to preventing violence, where possible. Safety arrangements or equipment for preventing or limiting violence and the possibility to call help must be provided in the workplace. The employer must prepare procedures and instructions in which attention is paid beforehand to the management of threatening situations and to procedures. The employer is also under special obligations with regard to employees working alone or at night.

■■■ Structural workplace environment. The structures, materials and equipment in the workplace must be safe and healthy with regard to employees. Air-conditioning, space and lighting must be sufficient and purposeful. Sufficient cleanliness and order as required by health and safety must be ensured in the workplace.

■■■ Chemical, biological and physical factors. Air impurities must be removed by means of suitable air-conditioning. The exposure of employees to chemical, physical or biological factors harmful or dangerous to safety or health must be limited so that the chemicals do not cause harm or danger to their safety, health or reproductive health.

■■■ Safety of machines and tools. The machines and tools used at work must comply with appropriate regulations and be appropriate and suitable for the work and working conditions.

■■■ Preventing the risk of accidents. If the work involves the risk of a major accident, employees must be provided with sufficient guidance and instructions for preventing such danger and information on how to apply the correct procedures in the event of an accident. Where necessary, required alarm, fire safety, life-saving and rescue equipment
and tools must be provided in the workplace. Instructions must be available to employees in the workplace and drills must be arranged, where necessary.

Arranging first aid. The employer provides first aid to employees and other people in the workplace. The occupational health care organisation assesses the need for first aid preparedness in the workplace. Based on the work and working conditions, employees are given instructions concerning the measures to be taken in order to provide first aid in the event of an accident or illness. In addition, where necessary, the employer must appoint one employee or several employees or a safety person, who will be responsible for first aid and fire control measures and rescue operations. First aid equipment must be available in the workplace or in its immediate vicinity.

Induction and occupational instruction and guidance. Hiring a new employee is a major investment. Well planned and implemented induction and occupational instruction and guidance help new employees commit themselves to the work. The employer’s obligations include providing the employee with sufficient information on the hazards and risk factors of the workplace and measures to avoid such factors when starting in a new job or position or when work tasks change. In addition, the employee must be introduced to working methods, the type and proper use of the tools required at work and safe working methods. Written induction instructions help the person responsible for induction to remember the things needed.

Even though the spirit of the law emphasises occupational safety and the avoidance of hazardous incidents, induction may refer to all the measures through which new employees learn about their workplace, its customs and people, and the work and its expectations. The question of intoxicants should also be taken up in the induction. Occupational instruction and guidance includes all matters related to the actual work. Induction and occupational instruction and guidance are an important part of personnel development and concern everybody, where necessary. This can be seen as an investment in the competence of personnel and improving the quality of work. In addition, it supports coping at work and prevents occupational accidents.

Preventing unfair treatment. Harassment and unfair treatment can take the form of bullying, sexual harassment or the exceeding the employer’s work management authorisation. Prohibited harassment refers to unfair treatment that may cause danger or harm to health or safety. There must be common policies and procedures in the workplace to prevent, recognise and stop harassment and unfair treatment.

Read more:
- The Centre For Occupational Safety TTK: Good behaviour preferred – inappropriate behaviour unacceptable
Collecting safety findings. A near miss refers to an hazardous incident where an accident almost occurred but no damage or injury was caused. There are hundreds of disturbances or near miss situations for every serious accident. Accidents can be prevented by collecting information on hazardous incidents and interfering with their causes. Safety activities in the workplace can be assessed among other things by monitoring safety maintenance and development.

Occupational and commuting accidents, occupational illnesses. The number of occupational accidents is an indicator of occupational safety in the company. It is also an indicator measuring the quality of operations. The reporting and investigation of occupational accidents and the implementation of corrective measures is important, because occupational safety can be improved and developed by learning from accidents. It is also important to monitor the implementation and adequacy of corrective measures. This information is discussed in the occupational safety and health committee, for instance. If an occupational illness is diagnosed, measures are required in the workplace to prevent the origination of new occupational illnesses.

Read more about occupational safety in small companies:

Induction checklist:
- The Centre For Occupational Safety TTK: Work orientation checklist
- Finnish Institute of Occupational Health: Induction training top 10 checklist

Read more about induction:
- The Centre For Occupational Safety TTK (2009): Työhön perehdyttäminen ja opastus. Ennakoivaa työsuojelua
INDUCTION REFERS TO ALL THE MEASURES THROUGH WHICH NEW EMPLOYEES LEARN ABOUT THEIR WORKPLACE, ITS CUSTOMS AND PEOPLE, AND THE WORK AND ITS EXPECTATIONS.

WHERE NECESSARY, DISABLED EMPLOYEES, AND OTHER EMPLOYEES WHO NEED SPECIAL MEASURES IN ORDER TO ENSURE THEIR HEALTH, SAFETY AND POSSIBILITY TO WORK, MUST BE TAKEN INTO CONSIDERATION IN WORK ARRANGEMENTS.

OCCUPATIONAL INSTRUCTION AND GUIDANCE INCLUDES ALL MATTERS RELATED TO THE ACTUAL WORK.
Occupational health care services as part of preventive measures

- Workplace survey – basis of operational planning. The workplace survey provides an assessment of the impact of health hazards and shortcomings arising from the work, the work environment and the work community and of resources with regard to health and work ability. The occupational health care organisation conducts a workplace survey when occupational health care services are introduced in order to draw up an occupational health care action plan, to revise the plan and to make changes to the plan if there are material changes in working conditions or at the intervals indicated in the action plan. For the workplace, the most important part of the workplace survey is action proposals based on financial impact and concerning work, workloads and the work environment, and the implementation of such proposals.

The workplace survey can be combined with the identification of hazards and risks in the workplace. If a workplace survey has not been conducted jointly in connection with a risk assessment, it is conducted on the basis of the employer’s own risk assessment. The workplace is responsible for conducting the risk assessment and the occupational health care organisation for carrying out the workplace survey. The latter requires smooth cooperation with the workplace.

The occupational health care organisation provides the workplace with written and verbal feedback on the conclusions of the workplace survey and of the measures agreed and, where necessary, instruction and guidance on matters related to the health and work ability of employees and the work community.

- Occupational health care action plan. The employer and the occupational health care service provider together plan the content and actions of occupational health care services. Employees and their representatives have the right to make proposals with regard to developing occupational health care services. The need for occupational health care services in the workplace, their goals and the resulting measures to find concrete solutions to detected problems and to introduce proactive management of change are agreed in the occupational health care action plan. The action plan also describes the practices, roles and responsibilities of the work ability management scheme implemented by the occupational health care organisation and states how the actions are monitored and assessed.

The participation of the occupational health care organisation in occupational safety and health activities in the workplace, and other forms of cooperation, are also agreed in the occupational health care action plan. The action plan can be part of the occupational safety and health action programme (see chapter Management of personnel risks – occupational safety and health action programme, page 18). The occupational health care agreement, the workplace survey and the action plan must be available to employees in the workplace. The action plan is discussed in the workplace in the manner required by the workplace cooperation procedure.
Health examinations – monitoring and promoting employees’ work ability. The purpose of health examinations is to examine the employees’ state of health, work ability and functional capacity. The health examination takes account of the whole made up of the employee’s health, work ability and functional capacity, particularly the connection between work and health. Statutory health examinations are based on occupational health care legislation and other statutes and provisions. In addition to what is provided for in other acts, health examinations can be based on the employee’s state of health, work ability or work-related illnesses and symptoms.

The health examination can also be conducted in order to assess and enhance the employee’s possibilities to cope at work and, where necessary, to adjust the work so that it suits the employee. The need for guidance and advice is assessed based on the health examination, and a personal health plan is prepared together with the employee in order to support his/her work ability. The occupational health care organisation coordinates cooperation with the workplace, basic health care, specialised medical care, rehabilitation institutes and insurance companies.

Giving information, advice and guidance. The occupational health care organisation assesses the need for guidance through the workplace survey, health examinations and other occupational health care methods. Advice, guidance and feedback are included in the occupational health care action plan and personal health plans.

The occupational health care organisation contributes to actions to maintain work ability and, if work ability is impaired, to monitoring the employee’s health and promoting the ability to cope at work. In addition the occupational health care organisation provides advice in matters related to rehabilitation and directs employees to rehabilitation.

Suspected occupational illnesses, occupational illnesses. The occupational health care organisation outlines any causes of occupational illnesses in the workplace by conducting a general or targeted workplace survey.

First aid preparedness in the workplace. The occupational health care organisation contributes to arranging first aid, as denoted in the Occupational Safety Act. The need for first aid is assessed in the workplace survey.

Read more:
- Finnish Institute of Occupational Health: Occupational health services
Work ability management, monitoring and early support, and the monitoring of sick leave in collaboration with the occupational health care organisation.

To prevent work ability problems, it is important that work-related risks endangering safety and health have been outlined in the workplace and measures have been taken to avoid or prevent them. *Work ability management is part of cooperation between the workplace and the occupational health care organisation. The purpose of the cooperation is to promote work ability throughout the work career and to prevent disability.* The employer, employees and the occupational health care organisation together agree the operational practices to be followed in the workplace and in occupational health care. The purpose of the action model is to promote the occupational well-being of personnel and to facilitate supervisory work when dealing with work ability issues. It includes identifying the need for early support to work ability, providing support, and introducing a sick leave monitoring system.

If there are less than 20 employees in the workplace, work ability management practices are described in the occupational health care workplace survey report or a separate document. If there are more than 20 employees, a separate document is prepared for the workplace for this purpose. The role of the occupational health care organisation in work ability management is recorded in the occupational health care action plan. Although the model is agreed together with the occupational health care organisation, the main responsibility for it lies with the employer. The employer is also responsible for ensuring that the entire personnel know the instructions and follow them.

- **Early support to work ability.** The aim with the action model is to identify any threat to or impairment of work ability and to find solutions when problems are still minor. The action model is a tool for the workplace supervisor, making it easier to take up work ability topics and offer support. It allows for the fair and equal treatment of employees. The important thing is that rules have been agreed together and are known in the workplace: why, when and how the supervisor takes up work ability topics.

- **Taking up work ability topics, i.e. the need for early support discussion** can appear if the ability of the employee to cope at work is impaired. This can take the form of frequently coming late to work, short sick leave or negative customer feedback.

  The employee can also take the initiative and arrange to have a discussion with the supervisor. It is recommended that the work ability support checklist is used as an aid in the early support discussion. The aim of the discussion is to outline the problem, investigate the need for work ability support and set the desired target state together. Workplace solutions can include work arrangements, flexible working hours, improving work ergonomics or additional
training. A follow-up scheme and responsible person are always agreed in early support discussions. In addition, the supervisor always prepares a memo of the discussion, which is submitted to the occupational health care organisation upon the employee’s consent.

See the work ability support checklist:

- JATS project: Work ability support checklist. Työkyvyn tuen kartoituslistaa

For use as an aid to supervisors in taking up work ability topics:

- JATS project: ‘Talking about work ability’ videos in the web: Poor atmosphere in the workplace and Repeated brief sick leaves. Työpaikalla huono ilmapiiri ja Toistuvat lyhyet sairauspoissa-olot. Experts’ comments about the topic are provided at the end of the videos. The pages also contain links to related materials.

The occupational health care organisation provides assistance in solving problems, where necessary. Where necessary, the occupational health care organisation assesses the employee’s health and work ability and plans rehabilitation measures. If the early support discussion and workplace measures are not sufficient, an occupational health discussion can be arranged. The parties attending the discussion are the employee, the occupational health care organisation, the supervisor, and any employee support person (e.g. shop steward, occupational safety and health delegate). The purpose of the discussion arrange at the occupational health care organisation is to outline and find solutions to problems related to work, the work environment or the work community, which are connected with the employee’s work ability and health.

Based on the discussion, an action plan is drawn up for the employee in order to promote his/her work ability and to prevent disability. The employee may need rehabilitation, re-training or training for other tasks. Actions targeted at work and the workplace may include part-time work, ergonomic arrangements, changes to work tasks or moving the employee to other work.

The work ability estimate prepared by the occupational health care organisation is discussed, contacting the employee on sick leave agreed, and the necessary actions, the monitoring of the agreed measures, and measures for assessing their effectiveness are planned. The agreed measures are recorded and confirmed with signatures. If it appears in the discussions that the employee has an intoxicant abuse problem, the matter will be dealt with in accordance with the intoxicant programme agreed together with the occupational health care organisation. The supervisor is responsible for monitoring for the workplace.
Monitoring sick leave. If a sick leave certificate is written outside the occupational health care scheme, the employer must notify the occupational health care organisation of the employee’s sick leave in order to assess his/her work ability and possibility to continue in the post, at the latest when the sick leave has lasted altogether one month. When the employee has been on sick leave for 30 days, the occupational health care organisation can invite the employee for a visit or otherwise contact him/her if it considers this necessary.

The supervisor may also advise the employee to contact the occupational health care organisation after having received a sick leave certificate. The employer can submit a sick leave certificate issued elsewhere other than the occupational health care organisation, unless this is specifically forbidden by the employee. *(Act on the Protection of Privacy in Working Life 759/2004).*

If the employee’s disability has lasted 60 sickness allowance days, Kela will investigate the employee’s possibilities to receive rehabilitation. In the case of prolonged disability, the occupational health care organisation must always assess the employee’s work ability. An estimate of the employee’s remaining work ability and an account prepared jointly by the employee and the occupational health care organisation of his/her ability to continue in the post are prepared at the latest when a sickness allowance has been paid for 90 days. An occupational health physician prepares an estimate of the employee’s remaining work ability.

The aim of planning return to work is to encourage the employer, employee and the occupational health care organisation to take joint action to ensure that the person suffering from an illness can return to work at an early stage. The aim is to lower the threshold for returning to work and to prevent prolonged disability.

Often the employee returns to his/her existing post cured, and no special support measures are required in addition to contacting the employee and agreeing on his/her return to work. If the employee has recovered work ability partly, means for supporting his/her return to work can be agreed on a case by case basis. There are several alternative ways of supporting the employee’s return to work (see chapter Ways of Ensuring Participation in the Case of Impaired Work Ability, page 32). If the employer cannot allocate tasks to the employee that are suitable with regard to the employee’s health, possibilities for vocational rehabilitation will be explored. Means for work ability management, monitoring and support jointly by the workplace and the occupational health care organisation are shown in Diagram 2.

**Work ability management, monitoring and early support, and content of the sick leave monitoring model:**

Recognising the need for early work ability support and providing support (procedures, how to recognise and when and how to take up the matter, content and use of measures, models for cooperating with the occupational health care organisation).
Forms used as aids in the workplace (survey lists, memos etc. for taking up work ability in discussions and for occupational health negotiations).

Sick leave management system (notification practices, submitting information to the occupational health care organisation, summaries and their handling, contacting the employee during the sick leave, supporting return to work, monitoring success in returning to work).

For use as an aid to supervisors:

- JATS project: Talking About Work Ability video in the web: Preparing return to work Työhön paluun valmistelut
- PUNK project: Work ability support, An editable web-based guide for work ability matters Työkyvyn tuki

Read more about work ability management:

- Kela: Occupational health care
- Kela: Decreased capacity for work
- Ministry of Social Affairs and Health: Occupational healthcare and maintaining work ability
- Mäkelä-Pusa, Harju (toim.) (2012): Pientyöpaikkojen työkyvyn tuki

The aim of the Early Work Ability Support Action Model is to recognise threats to work ability or impaired work ability and find solutions when problems are still minor..

If the employee has recovered work ability partly, means for supporting his/her return to work can be agreed on a case by case basis.
Read more about the processing of employees’ health and sick leave information in the workplace and its disclosure:

- Data Protection Ombudsman: Data Protection in Finland

The intoxicant programme is part of work ability management, monitoring and early support. There may sometimes be an intoxicant abuse problem behind repeated brief sick leaves. The aim of the workplace intoxicant programme is to prevent intoxicant abuse and reduce the risks caused by intoxicants.

A written intoxicant programme contains instructions for anticipating, preventing and interfering with alcohol problems, for dealing with problems and for situations in which referral to treatment is required. When drawing up the programme, account must be taken of the limitations of the Act on the Protection of Privacy in Working Life (759/2004) concerning the implementation of drug tests. The programme should be prepared together with the occupational health care organisation.

The programme must be discussed in the workplace in accordance with the Act on Co-operation within Undertakings before its approval. The provisions of the Employment Contracts Act (55/2001) regarding the warning procedure, termination of employment and grounds for giving notice shall be followed in the handling of intoxicant abuse and problems.

Outline alcohol issue development needs at your workplace:
- Finnish Institute of Occupational Health: Alkoholihaitat hallintaan (AHA) -lyhytkysely

See the fee-paying publication:
- Heljälä ym. Finnish Institute of Occupational Health: Drinking Diary

A brief introduction to the general policies of Finnish workplaces regarding alcohol and drugs:
- The Centre For Occupational Safety TTK: Have a good day at work!

Read more about the intoxicant programme in the workplace:
- The Centre For Occupational Safety TTK: Päihteet työelämässä
Diagram 2. Work ability management, monitoring and early support in the workplace/in the occupational health community.
How to ensure participation in work when work ability has impaired

The involvement principle means a situation-specific account of possibilities to continue at the work. The first precondition for securing work ability is that all the necessary measures are taken in the workplace to promote the work ability of each employee. This involves launching measures in the workplace to outline safety and security and employees’ health and work ability and to mitigate risk factors.

Preventing disability and supporting his/her ability to continue at work take the form of systematic cooperation between the occupational health care organisation and the workplace. In addition to services directly available to the workplace, more specialised services, such as specialised medical care, training and applying for benefits, may be needed in order to secure work ability and employability. The occupational health care organisation or the work ability coordinator directs the employee to these services according to situation. The purpose of the occupational health care organisation is to promote access to external services and to monitor their effectiveness and impact.

It is important to detect changes in work ability in time and to launch support measures at an early stage. Although the employee’s work ability was impaired to some extent, some of it often still remains.

With correct measures, the impediment caused by partial work ability or its practical impact can be mitigated or eliminated altogether. This may require work arrangements or modification, in which the employer plays an important role. Some illnesses and symptoms may easily recur if the factors causing them are not influenced at work. These include musculoskeletal disorders.

The employer is responsible for taking measures that enable employees with partial work ability to continue at work. The employer must monitor the ability of such employees to cope at work, and take action, where necessary. The early support model in the workplace requires taking up the matter (early support discussion) and offering support to the employee.

Measures taken in the workplace to help an employee with partial work ability to continue at work are the most important element. When planning and arranging the work and working conditions of an employee with partial work ability, the requirements of the Occupational Safety Act must be followed and the employee’s preconditions to work must be taken into account. Adjusting working conditions requires cooperation with employees. The required measures are discussed through the co-operation procedure. Decisive in the launching of measures is the employee’s own participation in the adjustment process and the support of colleagues and supervisors. Attention in the workplace must be paid among other things to unobstructed access, arrangements related to the work and workplace, factors related to the work community, and occupational safety.
Work can be scaled so that it takes into account aspects resulting from an illness or injury, for example. The loss of income caused by reduced working time can be compensated with partial rehabilitation allowance or partial disability pension, for example. In addition, the employee can be transferred upon his/her consent to another role that corresponds to his/her work ability.

The purpose of the partial sickness allowance is to promote the ability of an employee with partial disability to remain at or return to work. The aim with the partial sickness allowance is to support a wage-earner’s or entrepreneur’s self-initiated rehabilitation and return to work after a fairly long period of sick leave. Part-time return to work is voluntary arrangement, which requires the consent of the employee and the employer and must not endanger recovery from the illness.

Rehabilitation. Kela arranges and compensates vocational rehabilitation, medical rehabilitation to severely disabled persons, and other vocational and medical rehabilitation, i.e. discretionary rehabilitation, for people of working age. The costs of vocational rehabilitation can be covered by an employment pension institution.

The labour administration can grant work condition arrangement support for changes to be made to the tools and working methods of a person in an employment relationship and to external workplace conditions that are necessary in view of eliminating or mitigating an impediment resulting from an injury or illness. The maximum amount is €4000 and the amount of support provided by another person

€400/month for a maximum of 18 months (amount of support in 2014).

Aid support and financing to cover costs arising from the modification of working conditions can be granted by accident and pension insurance companies. Aid support can also be granted by Kela. Further information can be obtained from the occupational health care organisation or the work ability coordinator appointed by the employer.

Work try-outs can be arranged to the employee for 1–6 months in order to find out the suitability of the new work. Work try-outs can be implemented as employment pension rehabilitation or as occupational health care work try-out. The employer pays a salary for the occupational health care work try-out and Kela a rehabilitation allowance to the employer.

Read more about promoting the work of employees with partial work ability:

Ministry of Social Affairs and Health: Occupational health care
Mukala: Maintaining working capacity is everyone’s responsibility
Ministry of Social Affairs and Health: Reintroducing people with partial work ability to the workforce
The employer must arrange at least statutory occupational health care services for all of its employees in an employment relationship. In addition to statutory measures, the employer can also provide employees with other occupational health care services. Kela compensates recurrently the costs incurred by the employer or entrepreneur from arranging occupational health care services based on the Health Insurance Act 1224/2004. Occupational health care costs are divided into two compensation categories: Category I covers statutory preventive occupational health care costs and Category II the costs of general practitioner medical care and other health care. In both the categories the compensation is 50% of the approved necessary and reasonable costs, provided that the basic preconditions for compensation are fulfilled and the service has been provided in accordance with good occupational health care practices.

However, as much as 60% of preventive occupational health care costs can be compensated in Category I if the occupational health care organisation and the workplace have together agreed on the management and monitoring of and early support to work ability and appropriate documents have been drawn up of this. The employer selects the service provider, with whom it signs a written agreement for the provision of occupational health care services. The agreement sets out general occupational health care arrangements and the content and scope of the services. The agreement is revised if there are material changes in the prevailing conditions.

Tasks of the occupational health care organisation – cornerstone of occupational health care cooperation

The occupational health care organisation is the employer’s and employee’s most important partner in developing the health, work ability and functional capacity of the employee and a safe, healthy work environment. Its operations and operational planning are based on the needs of the workplace. The purpose of the Occupational Health Care Act (1383/2001) is that the employer, employee and the occupational health care organisation together promote the prevention of work-related illnesses and accidents, the healthiness and safety of work and the work environment, and the health, work ability and functional capacity of employees at the various stages of their career, and the operation of the work community.
The employer must arrange at least statutory occupational health care services for all of its employees in an employment relationship.

Occupational health cooperation

Government Decree on the Principles of Good Occupational Health Care Practices, Content of Occupational Health Care and the Education of Professionals and Experts (708/2013) obligates the employer, employees and the occupational health care organisation to pursue systematic, goal-oriented cooperation in order to comply with the Occupational Health Care Act. This translates into occupational health cooperation. It is important that there is fluent cooperation and exchange of information between the supervisor, employees and the occupational health care organisation.

Read more
about occupational health care:

- Kela: Occupational health care
- The Centre For Occupational Safety TTK: Occupational health care

Read more
about occupational health cooperation:

- Juntunen, Puimalainen, Mäkelä-Pusa (2012): Perustuksia valamassa

Kela compensates recurrently the costs incurred by the employer or entrepreneur from arranging occupational health care services.

It is important that there is fluent cooperation and exchange of information between the supervisor, employees and the occupational health care service.
Content of occupational health care

Pursuant to Section 12 of the Occupational Health Care Act (1383/2001) and Government Decree on the Principles of Good Occupational Health Care Practices, Content of Occupational Health Care and the Education of Professionals and Experts (708/2013), occupational health care includes according to good occupational health care practices:

- Investigation and assessment of the healthiness and safety of the work and the working conditions.
- Investigation, assessment and monitoring of work-related health risks and problems, employees’ health, working capacity and functional capacity.
- Making suggestions for action.
- Provision of information, advice and guidance.
- Monitoring and supporting the ability of a disabled employee to cope at work.
- Preparing a statement about the employees working capacity and possibilities to continue at the work.
- Cooperation with representatives of other health care services, labour authorities, educational authorities, social insurance, social services and the occupational safety and health authority.
- Participation in organizing the first aid.
- Assistance in planning and organising measures to maintain and promote work ability.
- Assessment and monitoring of the quality and impact of the operations of the occupational health care organisation.

Table 1 provides a summary of occupational health care responsibilities from the point of view of employees, employers and occupational health cooperation based on the principles of awareness, precautionary and involvement.
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<th>AWARENESS</th>
<th>PRECAUTIONARY MEASURES</th>
<th>PARTICIPATION</th>
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<td>ARBETSGIVARE</td>
<td>Occupational safety and health cooperation</td>
<td>Occupational safety and health cooperation</td>
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<td>OCCUPATIONAL HEALTH COOPERATION</td>
<td>Guidelines, rules and obligations of the workplace Occupational safety and health cooperation</td>
<td>Maintaining work ability Occupational safety and health cooperation</td>
<td>maintaining work ability Participation in the process Occupational safety and health cooperation</td>
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<td></td>
<td>Occupational safety and health cooperation Management of health and safety risks State of personnel, e.g. resources job satisfaction competence sick leave information</td>
<td>Occupational safety and health cooperation Occupational safety and health action programme Aspects to be considered in planning work include: workload risk factors Procedures and policies of the workplace, e.g.: induction safety instructions unfair treatment</td>
<td>Occupational safety and health cooperation early support discussion adjustment of work contacting the employee during a long period of sick leave planning the return of a person with partial work ability to work workplace arrangements for an employee with partial work ability</td>
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<td></td>
<td>Occupational safety and health cooperation Workplace surveys</td>
<td>Occupational safety and health cooperation Work ability management, monitoring and early support, and a sick leave monitoring model</td>
<td>Occupational safety and health cooperation</td>
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<td></td>
<td>Occupational health care: health examinations medical care advice and guidance work cooperation</td>
<td>Occupational health care: action plan advice and guidance work cooperation assessment of the need for first aid preparedness</td>
<td>Occupational safety and health cooperation Management and monitoring of and early support to functional capacity and work ability, occupational health negotiations according to the sick leave monitoring model advice and guidance work ability assessment monitoring employees with partial work ability and promoting their ability to cope at work</td>
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<td>Occupational health care:</td>
<td>Coordinated by the occupational health care organisation: Kela, insurance companies, basic health care, specialised medical care, rehabilitation</td>
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**Table 1.** Occupational health cooperation; allocation of responsibilities between the employee, employer and the occupational health care organisation based on the awareness, precautionary and participation principles.
In conclusion

Developing occupational well-being in the workplace is based on cooperation between the employer and the employees. The employer is responsible for health and safety in the workplace and for managing factors contributing to work ability. However, this requires cooperation between the employer, the employees and the occupational health care organisation. Succeeding in this calls for systematic, long-term efforts. Developing occupational well-being is not a means to an end, but its goals should be linked with the company’s objectives and strategy. This can be done most efficiently by making development work an integral part of everyday work.

Developing the safety and healthiness of work and the work ability of employees is based on recognising factors hindering work. Development efforts should be based on the needs of the workplace. It is recommended that the employer and the employees decide together which are the most important targets in developing health, safety and work ability. Measures to address challenges are recorded and a schedule and follow-up scheme are established for their implementation. Their effectiveness can be assessed by systematically monitoring whether the outcomes of the measures are as expected.

Work ability changes at the various phases of career. An employee with partial work ability can be supported through effective occupational health cooperation both during the disability period and when the employee returns to work. Often there is some work ability left, and by adjusting the work the employee’s tasks can be customised so that he/she is can cope at work without the illness or symptoms being aggravated. Returning to work after disability is profitable both to the employer and employee.

Occupational well-being cannot be generated by removing problems only, but one must also strengthen employee resource factors and work-related attraction factors. This requires that the employer/supervisor is aware of the personnel’s work ability, job satisfaction, development needs and resources. Maintaining work ability may involve promoting the health, vocational capabilities and motivation of a single employee or developing conditions in the workplace as a whole.

It is important to pursue preventive actions in the workplace, though early signs of impaired work ability should also be recognised and dealt with in time. It is always easier to find solutions in advance before problems are prolonged and complicated.
Returning to work after disability is profitable both to the employer and employee.

It is recommended that the employer and the employee decide together which are the most important targets for developing health, safety and work ability.

It is always easier to find solutions in advance before problems are prolonged and complicated.
References:


Acts on promoting and maintaining occupational well-being:

Occupational Disease Act 1343/1988
Occupational Disease Decree 347/1988
Personal Data Act 523/1999
Primary Health Care Act 66/1972
Act on the Social Insurance Institution’s Rehabilitation Benefits and Rehabilitation Allowance Benefits 566/2005
Government Proposal 128/2013 to Parliament for Amendments to the Sickness Insurance Act and to Sections 6 and 7 of the Act on the Social Insurance Institution’s Rehabilitation Benefits and Rehabilitation Allowance Benefits
Act on Equality between Men and Women 609/1986
Act on the Status and Rights of Patients 785/1992
The Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces 44/2006
Act on Co-operation within Undertakings 334/2007
Act on the Protection of Privacy in Working Life 759/2004
Government Decree on the Making of Drug Testing 218/2005
Health Insurance Act 1224/2004
Accident Insurance Act 608/1948
Working Hours Act 605/1996
Working Hours Legislation (1956-2007)
Employment Contracts Act 55/2001
The Occupational Health Care Act 1383/2001
Government Decree on Health Examinations in Work Involving Special Danger of Illness 1485/2001
The Occupational Safety Act 738/2002
Annual Holidays Act 162/2005
### Annual calendar and checklist for matters to be included in it

#### (month)

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<td>occupational safety and health training, occupational safety and health action programme: monitoring the attainment</td>
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<td>of goals + update, risk assessment; monitoring the attainment of goals + update, occupational safety and health elections</td>
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<td>Occupational health cooperation: Workplace survey, update of the occupational health care action plan</td>
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<td>(preparing a new plan, where necessary), handling occupational health care compensation applications</td>
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<td>in the workplace, reporting sick leave information to the occupational health care organisation</td>
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<td>Work ability management, monitoring and early support, intoxicant programme, reviewing and updating action models, updating the occupational</td>
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<td>First aid training, updating the content of first aid kits</td>
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<td>Accident prevention; analysing reported accidents and near misses, fire, rescue and exit drills, checking the operation of fire alarms and alarm</td>
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ANNUAL CALENDAR

DECEMBER
NOVEMBER
OCTOBER
JANUARY
FEBRUARY
MARCH
APRIL
MAY
JUNE
JULY
AUGUST
SEPTEMBER
This guide was compiled as part of the Support to Extending work careers (JAMIT) project. The aim of the project is to develop means to support work ability and occupational well-being at workplaces and to find solutions to help employees with partial work ability to continue their careers. In addition, new cooperation forms are developed for occupational health care organisations and rehabilitation service providers for supporting work ability.

The project is implemented jointly by the Rehabilitation Foundation, Avire Oy, Synergos (School of Management) from the University of Tampere and Härmä Rehabilitation Centre (Pihkahovi Foundation). Cooperation is also pursued with five municipal occupational health care units in Uusimaa and Southern Ostrobothnia. The project is funded by the European Social Fund and the Ministry of Social Affairs and Health.

One of the goals of the development work was to develop work ability support practices, the ability of employees with partial work ability to continue in work, and the networking of occupational health care services with rehabilitation service providers and other operators in order to provide workplaces with access to services supporting work ability.