

ENTERPRISE OCCUPATIONAL SAFETY AND HEALTH SERVICE PREVENTIVE EFFICIENCY ASSESSMENT

Project implementation period: 2011-2012.

Aim and tasks: to assess enterprise occupational safety and health (OSH) service activity preventive efficiency: 1) to examine the occupational healthcare (OHC) activity conducted by enterprise OSH service and assess human resources; 2) to assess the legal environment (national OSH system and OSH strategy) supporting the enterprise OSH service activity; 3) to analyse and compare the OHC practice in Lithuania and other Baltic Sea Network on Occupational health and Safety (BSN) countries.

Methods and results 1. 250 Lithuanian enterprises were surveyed, where following the order set by the legislation occupational health specialists should work according to the number of employees and the economic activity type. The data was collected by conducting a questionnaire survey via e-mail. Companies that have certified OSH management systems installed (LST 1977:2008 (BS OHSAS 18001:2007) accounted for 23.6%, while an OSH service was established in 86% of companies that participated in the study. Occupational health specialists worked only in 18.8% of the researched companies, which is reliably more companies that installed OSH management systems than other companies. The major part of OHC specialists working in companies were nurses (83.1%), medical doctors accounted for 7.2%, labour medicine doctors and public health specialists – 3.6% each. Occupational risk assessment was carried out by 96.8% of the researched companies, while the occupational risk prevention plan was approved in reliably more companies that installed OSH management systems than other companies. Employee health monitoring and analysis with regard to preventive health examinations, occupational risk assessment, general state of health and occupational illness and injury data was carried out in 34.1% of the researched enterprises. Health promotion and illness prevention programmes were carried out in 34% of the researched companies, more in the companies with LST (BS OHSAS) standard installed (40.7%) than other companies (31.9%). Occupational health activity function realisation internal audit was carried out in 29.1% of the researched enterprises. 2. An expert assessment was carried out on the compliance of OSH system to the requirements of International Labour Organisation (ILO) Promotional Framework for Occupational Safety and Health Convention No. 187 of 2006. According to the experts' opinion, the legal regulation of OHC activity in Lithuania is insufficient, there is a lack of mechanisms to encourage the OHC activity expansion in companies, as well as a lack of OHC training and OHC research. There is an especially significant lack of external services for carrying out the functions indicated in the ILO Occupational Health Services Convention No. 161 of 1985. 3. The OHC practice in 8 BSN countries (Lithuania, Latvia, Estonia, Finland, Norway, Russia, Poland, and Germany) was analysed and compared. The study was carried out while using a specially prepared questionnaire in English, which was coordinated with NDPHS country experts. Lithuania is among the countries which have not yet ratified ILO conventions No. 161 and No. 187. In Lithuania, OHC functions are partly conducted in OSH services founded inside enterprises. In most countries the requirements and procedures for occupational health service accreditation, which ensure the provided service quality, are set. In Lithuania there are no requirements for the accreditation. In most countries, occupational medicine doctors and occupational health nurses are considered to be the main occupational health specialists. Apart from them, an occupational health specialist team should consist of the following specialists: occupational hygiene, work safety and work organisation specialists, psychologists, physiotherapists, ergonomists, and others. In Lithuania the number of occupational medicine doctors is very low while occupational health nurses are not trained. The results are published in the publication "Situation analysis of existing occupational health service systems in NDPHS countries: Lithuania, Latvia, Estonia, Poland, Finland, Norway, Russia, Germany"

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