

FORUM NEWS



More from the Forum by connecting people

The Forum is a members-driven organization. The benefits received by members depend on the input from other members – and the organization’s own activity.

The level of input to the Forum varies from country to country. To certain level, this is understandable as schemes, organizations and resources differ considerably. However, it is paramount that all members are active at least in one thing. Each organization should largely connect their employees to the Forum.

“Connecting people” is a slogan of the mobile phone company Nokia. When discussing with the members, the same slogan would suit to the Forum. Members value most that the Forum makes it possible to exchange information and experiences between members. But connecting people through internet or phone or through other appliances is different from face-to-face connection. Both are needed – especially in an organization like the Forum.

We cannot only rely on virtual communication. Not to downplay the member organizations, but the best benefits come from the input of individuals. It is easy to find the necessary information with the help of internet. But if we really want to understand

what is going on in another country or what the myth behind figures is, we need a local contact. A person we know and trust and who can interpret the information – a colleague from the Forum. And everything is easier if these colleagues can see and meet each other.

The European Forum is – first and foremost – about people. The most important aim of the Forum should be to connect people and make it possible that they get to know their colleagues within the Forum.

If you want more benefits from the Forum, be more active. It is up to you. The more you give, the more you receive. ■

*Jussi Kauma,
President of the European Forum 2013*

Editorial	1
Questions to CEO	
Questions to... Jacqueline DE BAETS	2
Prevention	
Switzerland: Now we also need prevention for women	3
Austria: And how does it look in Austria?	4
Italy: INAIL data on women at work	5

Life of the Forum	
125 years of Accident Insurance Law in Austria: Ceremony at the Austrian Parliament	6
Insurance	
Finland: Employment Accidents Insurance Act reform close to completion	8
Belgium: Upper limb tendinopathy on the list of occupational diseases	9

Italy: New INAIL health model: more effective, quick and targeted benefits	10
Current news from Sweden	11
Denmark: With the citizen at the centre	12
Rehabilitation	
“We found our way”	13
Keeping people at work in Europe and Canada	15
Meetings	16

QUESTIONS TO...

Jacqueline DE BAETS, General Administrator of the Fund for Occupational Accidents



Jacqueline de Baets

What are the challenges of today and the years to come?

What is special about the Occupational Accident system in Belgium is that it is managed by the private sector through private insurance companies, while being under the control of a public social security agency, the Fund for Occupational Accidents (FAC).

Our legislation applies to the private sector only. The public sector is the focus not only of separate legislation, but also of all our attention because our scrutiny applies to the public authorities as well.

The challenges of today and the years to come mainly involve:

- ◆ the maintenance of the specific occupational accident system as being more favourable than health insurance;
- ◆ stemming the problem of under-reporting;
- ◆ helping injured employees to fit back into a working environment;
- ◆ striving at public sector level to facilitate, in particular, the development of the compulsory electronic declaration.

What does the Forum mean for your organisation?

Belgium has been involved in the European Forum almost from its advent, but the Fund for Occupational Accidents as an institution joined in 1997.

As member of the Forum since 1996, we have the opportunity to find out what is going on elsewhere, which can be a source of inspiration and is a good chance for exchanging good practices.

On top of that, it involves networking among the institutions. Communication is always easier when you can fit a face to the institution.

In spite of the European systems being widely at variance with one another, there are always opportunities to find points of agreement, while the Forum may provide a suitable platform towards this target. ■

Switzerland: Now we also need prevention for women

In the last ten years, the risk of having an accident when driving has decreased by 20 per cent among the Swiss working population. Due to successful prevention measures, men have had significantly fewer accidents than women. In the meantime, women as a matter of fact are at higher risk of having an accident.

A look on female employees

The development among women between 18 and 64 years is slightly different: The risk of a driving accident has also decreased – but only by 15 per cent. Meanwhile, women have an approximately 25 per cent higher risk of having an accident when driving than men. If we put the accident frequency rate into relation with the kilometres travelled – on average, women travel shorter distances than men – the risk of females is at least twice as high as that of men. This study is just a confirmation of the results of the Swiss Council for Accident Prevention (bfu), which informed already last year about the high risk of driving accidents among women.

According to the presented figures on UVG insured persons, employed women, in particular, are responsible for the high accident frequency rate among the female population.

...and morning traffic

The study on morning traffic between 7 and 8 am is surprising: In comparison to men, the risk of accidents of female employees is much higher during this time. Apparently, busy traffic is critical for employed women. Stress and lack of experience can be possible

reasons. The risk of a driving accident among men, that has been enormously reduced over the last years, shows how important targeted prevention is. The study suggests that the elaboration of specific prevention measures is also needed in the case of women, especially for those who are employed.

Data base

The analysis is founded on figures of the accident insurers according to the UVG (Swiss Federal Law on Accident Insurance). Reported leisure accidents among employees between 18 and 64 years have been taken into account. Accidents with exclusive material damage (such as parking accidents) have not been considered. For comparison purposes, the data of the Swiss Federal Statistical Office has also been used. This data includes the total population, meaning the unemployed as well as the self-employed workers. ■

Bernadette Thalmann
Corporate Communication
www.suva.ch

Austria: And how does it look in Austria?

It seems that female employees in Austria are slightly better at driving than those in Switzerland (or they make more use of public transport). In total, they have fewer accidents than their male colleagues. In 2011, of the approximately 1.3 million female employees, 2,884 had an accident on the way from and to work, which is equal to 2.25%. Of the over 1.5 million male employees, 3,773 were involved in an accident – this corresponds to 2.42%. With 4.82%, the percentage of female passengers involved in a work-related road accident is a little higher than that of males (4.22%). In this case, the gender of the driver is unknown, but these victims should also be counted with regards to “road safety” of female drivers.

Among women, the automobile seems in more than 60% of cases of road accidents as the Material Agent associated with Deviation, among men in not even half of the cases. Men use more often mopeds and bicycles and the amount of motorcycle accidents is (not unexpectedly) at the same time four times as high as among women.

Tendentially, the Austrian statistics also share similarities with Switzerland: accident rates continue to decrease, whereas there are age groups – namely among the very young ones and the approximately over 50s – where women are involved in more accidents than men. By the way, the cause is not apparent from the statistics, and unfortunately, we cannot put the accidents in Austria in relation to the kilometres driven, because we miss basic data. In Austria it must be, however, that men have to drive longer distances, and the accident risk is simply higher in short-distance traffic.

As in Switzerland, the rates among women are in fact higher between 7 and 9 am. In contrast to the Swiss explanation as “lack of experience”, it can also be assumed that women have to take their children to school and for this reason are maybe more confronted with morning traffic...

Among other things, the AUVA carries out accident cost estimations – and traffic accidents, in particular, record the highest costs. On average, one traffic accident causes lifelong accident costs of more than € 45,000; men are involved in more severe accidents – here the costs amount to € 50,000, among women “only” to € 38,651. If an automobile is involved, the costs increase in case of both genders. For Austria, the following also applies: prevention measures on the topic of driving are useful to us all. ■

*Mag. Beate Mayer
AUVA Department of Statistics
www.auva.at*

Italy: INAIL data on women at work

They are aged 35 to 49 and most of them work in Northern Italy. Inail data give this portrait of women injured at work in Italy. From 2007 to 2011, the number of reports of accidents occurred to women decreased by 7.6% compared to an almost triple overall reduction registered in the same period (-20.5%). The same trend is shown also in terms of fatalities: deaths of female workers decreased by 7.3% (from 96 in 2007 to 89 in 2011) compared to an overall reduction of 26.6%.

Bigger difference with men concerning fatalities. In 2001, the injuries occurred to women were 231,870, with a reduction of 5.6% compared to the previous year. These injuries are little less than one third (29.6%) of those occurred in the workplace and a little more than a half (50.3%) of the commuters ones. The difference with men is bigger in the field of fatalities: if, at general level, fatalities decreased by 8.9% between 2010 and 2011, this reduction only refers to male workers (-10.9% compared to 2010), while women reported an increase of fatalities of 14.1% (78 deaths in 2010 and 89 in 2011).

Most of fatalities refer to commuters injuries. Most of women fatalities occurred on the way home/work/home (40 cases in 2010 and 50 in 2011). The importance of the "road risk" for women is shown by the fact that one report out of six refers to injuries occurred on the way home/workplace. For men, this relation is one out of 12. The difference grows further if we consider fatalities, for which the relation is 1 out of 2 for women, and 1 out of 5 for men.

In the school sector, in 2011 more than 14,000 injuries occurred to teachers in private and public Italian schools: 86% of them occurred to women. Referring to students, instead, 43% of almost 96,000 injuries reported in 2011 occurred to female students.

In 2011 **foreign working women** underwent 309,285 accidents at work, equal to 13.1% of the total; the most affected workers were Romanians, with 5,667 cases, followed by Moroccans (2,329 reports) and by Albanians (2,037). Fatal accidents were 16 out of 89 (18%).

More work for women in less risky sectors of tertiary. INAIL data seen from a gender viewpoint show that the accident phenomenon is influenced by the different exposition to work of men and women. This

confirms the strong employment rate gap between men and women, besides the continuous gender-based horizontal segregation for women. In 2011 near two thirds of 725,000 reports of accident referred to men (493,469 cases vs. 231,870). Industry and services sectors, where accidents at work are more frequent for both women (86%) and men (91%) reveal a substantial difference in that women are by far more present in less risky activities of services (70% vs. 40%).

High rate in public administration.

A further difference can be observed concerning the civil service sector where the number of accidents accounted for 10% of reports by women and only for 2% for men. The higher presence of working women in public sector (approx. 55%) is the reason why 73% of accidents involved women (22,222 cases).

Most frequent work-related diseases.

In 2011 the reports of occupational diseases for women were 14,000, equal to 30.2% of the total, a rate which does not differ substantially from the incidence of women on accident phenomenon (32%) and has been constantly increasing over the last 15 years (in 2007 it was equal to 25%), like accidents. Differently from accidents, which in absolute terms are diminished, occupational diseases continue to increase. In general, workers are affected above all by osteoarticular and musculotendinous pathologies (e.g. intervertebral disc diseases, tendinites and carpal tunnel syndromes), nevertheless there is a significant difference between genders: in fact, these pathologies constitute 58% of reports referring to men and not less than 85% (12,000) for women. In particular, the incidence of carpal tunnel syndrome is greater among women than among men (3,166 vs. 2,495), while there are few cases of hearing losses, respiratory pathologies, tumours and skin diseases among women. ■

INAIL
Directorate of Communication
dcomunicazione@inail.it

125 years of Accident Insurance Law in Austria: Ceremony at the Austrian Parliament

On 28 December 1887, the law regarding the accident insurance for blue-collar workers was approved and adopted by the former House of Deputies of the Austrian Imperial Council. It was the first Law on Social Security that was adopted in the Austrian half of the Austro-Hungarian Dual Monarchy. Together with the Health Insurance Law of 1888, it entered into force in 1889. Blue-collar workers and workers in dangerous occupations, factories, smelters, mines, the building industry and machinery employees were covered by the law.

This law marked the start of social security in Austria and is the cornerstone of democracy and social peace. Against this backdrop and upon the invitation of Mag. Barbara Prammer, President of the Austrian Parliament, the Austrian Workers' Compensation Board (AUVA) celebrated the 125 years of Accident Insurance Law with a unique ceremonial act in the Federal Parliament on 13 December 2012.

The ceremony was honoured by the presence of Mag. Barbara Prammer; diplômé Alois Stöger, Austrian Federal Minister of Health; Dr. Christoph Leitl, President of the Austrian Federal Economic Chamber; Member of the Austrian National Parliament Josef Muchitsch, Chairman of the Union of Construction and Woodworkers (GBH), KommR Renate Römer, Chairwoman of the Austrian Workers' Compensation Board (AUVA), and last but not least by most former ministers for social affairs and health, high ranking representatives of social security and the social partners and many other guests.

In the course of the ceremony, the actor Wolfgang Böck performed the readings of the employee, social insurance officer and brilliant author Franz Kafka, who was employed at the AUVA in Prague from 1908-1918 and witnessed the situation of the working class on his own skin.

The ceremony was opened by the film "Damals" (*Then*). It shows the beginning of industrialisation and the opening of numerous factories such as textile plants and paper mills where working class men, women and even children were exploited and were not protected in case of accidents at work. Subsequent social unrest led to the need for protection of workers in case of an accident at work. From today's perspective, the workers' uprising was decisive in the development of the social security laws. Among others, the first law regarding the accident insurance for blue-collar workers was created in 1887.

To watch the video see: http://www.auva.at/portal27/portal/auvaportal/channel_content/cmsWindow? ■

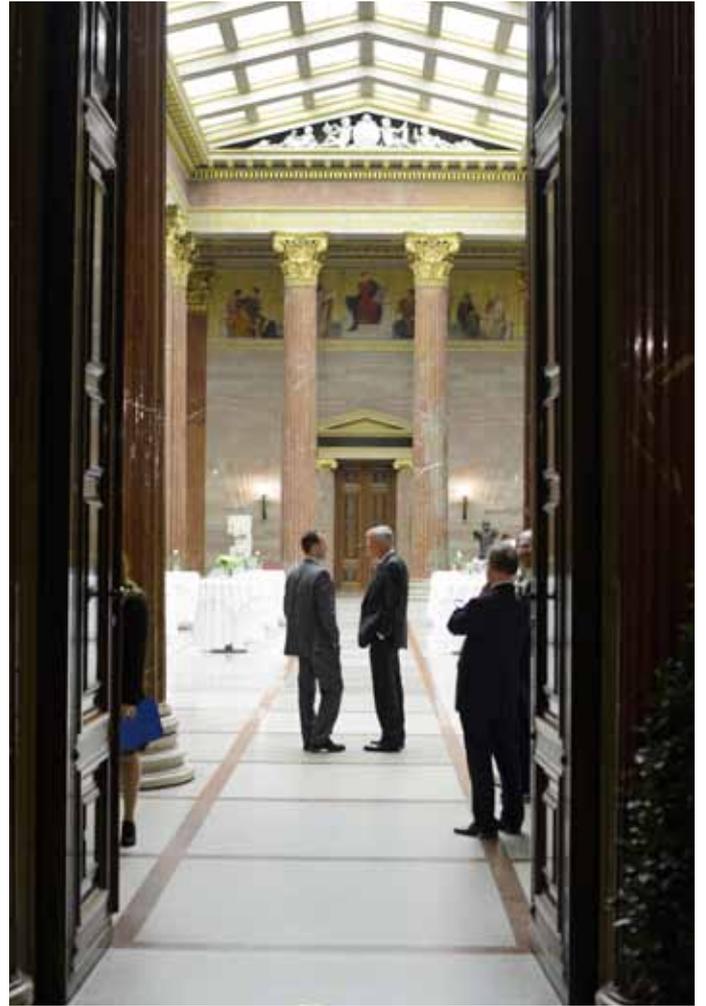
*MMag. Amra Causevic
Office for International Relations
and Convention Management
www.auva.at*



Mag. Barbara Prammer, diplômé Alois Stöger, KommR Renate Römer
 © Parlamentsdirektion, Peter Korrak, Bildagentur Zolles KG, Mike Ranz



KommR Renate Römer, Generaldirector DI Peter Vavken
 © Gryc, AUVA



© Bettina Greslehner



© Bettina Greslehner

Finland: Employment Accidents Insurance Act reform close to completion

Finland's current Employment Accidents Insurance Act entered into force in 1948. A lot of amendments have been made to the act over the years. Currently in force, the Occupational Diseases Act is from 1988 and the Rehabilitation Act is from 1991.

The need for comprehensive reform of the employment accidents insurance legislation has been apparent for years. Finnish society, the whole of Europe and legislation in general have undergone quite a few changes, especially over the last 20 years. The aim is to integrate all three acts as a new single act on accidents and occupational diseases. The legislative reform specifies, for example, the concept of workplace accidents that are subject to compensation and provides more detailed provisions for than those in the existing acts. The aim with the new act is not to change the enforcement model for the existing Finnish employment accidents insurance system. Private accident insurance companies will continue to act as enforcement bodies, and the employer will pay for the insurance cover through an insurance premium commensurate with the risk arising from the work provided.

Led by the Ministry of Social Affairs and Health, the reform of the legislation on accidents and occupational diseases has been under preparation since 2007. Since the beginning, representatives of employer and employee organisations and experts from the Federation of Accident Insurance Institutions have taken part in the reform work.

As a whole, the practical reform work has been carried out in two phases. In the first phase, the agreed reforms related to premium bases and tariffs entered into force at the beginning of 2012. In the second phase, now being implemented, the new act on accidents

and occupational diseases is to be drafted in full. The new act is expected to comprise close to 300 sections. The act will include separate sections on its scope of application (personal and territorial); the definitions associated with incidents subject to compensation (of accidents at work and occupational diseases); benefits; the implementation procedures for benefits; and the provisions for taking out insurance and insurance premiums, appeals, and the implementation system.

The draft act is scheduled for completion soon after summer 2013, at which point it will be sent on a consultation round to the relevant parties. The draft act shall be revised on the basis of the comments, if necessary, and then submitted to Parliament for discussion. The next parliamentary election will be held in spring 2015, which means that the new act on accidents and occupational diseases should be passed no later than in late January to early February 2015. If the act is not passed before the election, the government bill shall expire.

The new act is expected to enter into force at the beginning of 2016. The act shall introduce many new provisions; therefore, plenty of instructions, training, and dissemination of information on its enforcement can be expected, in addition to some changes to the ICT systems of insurance companies enforcing the act. ■

*Ms. Kirsi Pohjolainen
Tapaturmavakuutuslaitosten liitto TVL*

Belgium: Upper limb tendinopathy on the list of occupational diseases

Since 1 November 2012, the tendinopathy in the upper extremity (shoulder, elbow and wrist tendinopathy) is recognized as an occupational disease on the official list of the Belgian Occupational Diseases Fund (FMP).

Thanks to this resolution, which was announced in a Royal Decree on 23 October in the *Moniteur Belge*, all private servants (as well as the staff of the municipal and provincial institutions) who suffer from tendinopathy in the upper extremities caused by their work can from now on file an application for compensation at the FMP, without having to prove that their complaints are work-related. This considerably simplifies and reduces the recognition and compensation procedure.

Tendinopathy is defined as the inflammation of tendons due to repetitive movements requiring a great use of strength and/or due to poor working postures. Builders, tilers, people who attach labels, packers, cleaning and supermarket staff (e.g. cashiers) are the most affected professions. According to the latest figures from the FMP, women and men are affected to the same degree.

From 2007 to 2011, the number of applications for tendinopathy recognition – which were submitted to the FMP via an open system (i.e. the employee must prove that the symptoms are work-related) – increased year-over-year (502 in 2007, 623 in the year 2008, 669 in the year 2009, 874 in the year 2010 and 998 in the year 2011). These figures were below the projected statistical data of the EU.

It was expected that there would be an increase in requests with the beginning of 2012, especially with the inclusion of tendinopathy in the Belgian list of occupational diseases in November. That was clearly the case. From January to October 2012, the FMP received exactly 1,000 applications, but in November and December 2012 alone, 781 applications!

Our service staff noticed that the number has not decreased during the last weeks (January-March 2013), but the processing is currently carried out without delay. This can partially be explained by the fact that the employees had previously received very good training in order to meet this increased application number. Then criteria for the recognition of common tendinopathies were developed and published. These criteria cover both the diagnosis as well as the exposure and have facilitated the medical conclusions and the work of security engineers. And ultimately, the creation of a list of those professions for which exposure can be assumed, but also of a list of those professions for which exposure is unlikely, has helped to reduce the number of investigations on site, which are very time consuming.

For the FMP, prevention plays a major role. It is essential that the tendinopathy is correctly identified as occupational disease in order to be able to establish an efficient prevention system at work as soon as possible (ergonomic measures, adaptation of workplace, vocational rehabilitation at work). These preventive measures also allow the employees to keep their jobs – but under better conditions, which is of particular importance.

The inclusion of tendinopathy in the official list of occupational diseases of the FMP allows – of course – better compensation for victims too. The majority of current patients (80%) have a temporary disability and are absent from work for some months and that allows them to become healthy again and keep their jobs. It is very important to see a doctor as soon as possible!! ■

*Jan Uytterhoeven
Fund for occupational diseases
www.fmp.fgov.be*

Italy: New Inail health model: more effective, quick and targeted benefits

The new Inail health model has been completed after two years of work made by a technical committee composed by representatives of Inail central directorates.

The new model redefines the set of Inail health activities and starts an integrated system with Health National Service for the care of people affected by an injury at work or by an occupational disease. In this way, the model implements the new Inail institutional mission as the Italian centre for health and safety.

As regards benefits, the key element of the new model is the definitive reconstitution of the global “taking in charge” of injured workers. With no additional costs for public finances and companies, Inail has created an effective organization which is able to provide a wide range of health and rehabilitation benefits.

From an organizational point of view, the new model includes – in a determinate and systematic way – all the functional macro fields which now are in charge of Inail in the health sector: prevention, safety and research, diagnosis and care, prosthesis, rehabilitation and reintegration, forensic medicine, training. So, the new system carries out a significant decentralization of powers and responsibilities at local level: by a harmonization of services and offices, Inail health structures will become “centre of excellence”, dedicated to specific fields of occupational medicine (prevention) and compensation forensic medicine.

Current General Medical Superintendance – reinforced in its management autonomy, and expenditure administration – will evolve in Central Health Superintendance: a cultural shift intended to appraise all professional figures and thus to optimize the services for customers.

Along with this central structure – multi-purpose and multidivisional – there are the regional health Superintendances, which carry out the same activities at local level and interact with local unities of National Health Service. Regional Superintendances actually realize the global “taking in charge” of workers, from occupational medicine controls to final occupational reinsertion. They also stipulate specific protocols with Regions and guarantee the concrete respect of standard parameters foreseen by protocols, also using private structures. Thanks to this systematic relationship, Inail will be able to completely exploit its 130 health structure and, at the same time, to match specific needs at local level.

Powers and responsibilities decentralization at local level will bring to the introduction of new professional figures, as the medical referent for prevention, appointed to coordinate health prevention activities of Inail local branches and to guarantee the implementation of central guide lines and programmes according to specific local realities (possibly with the cooperation of other health or technical staff).

Other new professional figures which are worth mentioning are: the medical manager experienced in rehabilitation (the health referent for the provision of technical devices to injured at work and for support measures aimed at the reinsertion in social life) and qualified professionals as the prosthesis expert, the occupational therapist and the risk manager, responsible for managing clinical risk and indemnities’ quality. ■

INAIL
Directorate of Communication
dcomunicazione@inail.it

Current news from Sweden

The occupational injury system in Sweden is not a primary social security service. It complements the compensation from other social insurance systems, in general the sickness benefit system and the system for disability pensions.

During the last years the Swedish social insurance has gone through some major changes. The most recent change in the sickness benefit system was made 2008. The aim of the changes is to gather all effort on rehabilitation. The Swedish Social Insurance Agency has the responsibility to notice needs of rehabilitation for the ill person and to coordinate the rehabilitation needed, but has no responsibility for the rehabilitation as such. It is more of a “case managing” for the ill person, coordination, setting up a plan for the rehabilitation and to follow up.

The Swedish occupational system has not changed corresponding to the sickness benefit system. The case is that less compensation is paid out since the changes were made. This has created a debate about the occupational insurance system and if it in fact has become less generous and would need to be reformed.

A comprehensive parliamentary committee on the Swedish Government’s Directive is given the task to review the Social insurance systems for sickness and unemployment. The committee’s task also includes making proposals on how the occupational injury system can be reformed. A first proposal will be presented this year. The committee has in particular looked at the occupational injury systems in Denmark and Norway. ■

*Monica Svanholm
Swedish Social Insurance Agency*

Denmark: With the citizen at the centre

The Retention Centre of the National Board of Industrial Injuries is an example of how both human and financial gains are made if public authorities become better at putting the citizen at the centre and thinking across authority boundaries and breaking down silos.

In a public culture characterized by new public management, benchmarking and demands that more clients are treated or serviced for smaller means and at a lower per unit cost, it is important not to forget the citizen. In the Danish welfare system, a citizen is faced with the challenge of having to navigate in and understand messages from a long series of public authorities, depending on the problem the citizen has. Often authorities are connected in the processing of the citizen's claim, but far too seldom do the several public agents act as one combined unit. Instead they work in silos and contribute to catching the citizen in an unmanageable system that requires resource strength, stamina, and overview in the jungle of legal areas and information.

"It is very inappropriate that a citizen should sit and wait for two different authorities to process his or her claim", says the head of the Retention Centre, Steen Østergaard Jensen. "Therefore, in the National Board of Industrial Injuries, we have turned our focus upside down. We still have to focus on the correct processing of the citizen's claim in relation to the legislation, but now we will also contribute to getting the citizen back into employment. We place the individual person at the centre of our work and cannot just rely on a standard form", says Steen Østergaard Jensen.

A financial gain

Every time a citizen is seriously injured in the workplace, it is a loss to society. Therefore, among other things, one of the goals of the Retention Centre is that the injured person should be able to lead an active life in the labour market rather than stay on daily sickness benefit. When a citizen goes back to work, it is very gratifying for the person in question and an enormous benefit for society.

In the course of a person's working life, the gain adds up to millions of Danish kroner. One example is a mechanic who, after 15 or 20 years in the labour market, loses an arm in an accident in the workshop. In his case the difference for the public is between 7 and 8 million Danish kroner.

However, the business case is as yet only theoretical. The Retention Centre started up in the spring of 2008, and it normally takes between 2 and 3 years from the occurrence of an accident till the citizen becomes active again. But Steen Østergaard Jensen firmly believes that his work is good business for society.

"If each of my staff succeeds in returning just two citizens to the labour market each year, then we have earned our keep", is Steen Østergaard Jensen's concluding remark. ■

*Michael Skov Jensen
Communications Officer
msj@ask.dk*

“We Found Our Way”

GOLD – a film about three exceptional people and their path to the 2012 Paralympics

“Every person can be a champion in their own right. Everyone can achieve something if they work hard and follow their heart.” For Henry Wanyoike, that is the core message of the documentary film “GOLD – You Can Do More Than You Think”. Henry lives in Kenya. He went blind as a youth and wanted to die so as not to burden his family. Together with his guide, Joseph Kibunja, today he is a successful long-distance runner and has initiated numerous aid projects.

The film tells Henry’s story as well as those of German swimmer Kirsten Bruhn and Australian wheelchair racer Kurt Fearnley. Kirsten became paraplegic following a motorcycle accident, and Kurt has had to manage without legs since birth. Three people from different cultures with hardly similar destinies. “But one thing connects us,” says Kurt. “All three of us have found our way, and sports helped us in doing that.” The film accompanies the three on their path to the 2012 Paralympic Games in London. It highlights their stories and their motivation, shows their rigorous training and their everyday lives with friends and family.

The Paralympics are the highlight in the film’s arc of suspense, the goal which the three protagonists have worked towards. But only for Kirsten Bruhn do the Games end with a coveted gold medal. Every competition offers new imponderabilities, and both success and disappointment are close at hand. The film also deals with this aspect, as it not only strives to show moments of happiness, but also of tragedy and drama in the lives of these athletes.

The Deutsche Gesetzliche Unfallversicherung (DGUV – German Social Accident Insurance) initiated this film because it highlights the subject of inclusion in a remarkable manner. Allowing people with disabilities to take part in society to the greatest extent possible is one of the tenets of DGUV. This applies to everyday work with the insured, who are to be reintegrated into the workforce after an accident at work or a professional disease. It is also stipulated in the action plan recently adopted by DGUV to implement the UN convention on people with disabilities.

Sports and movement help to establish inclusion in everyday life. It not only promotes mobility, it also supports social contacts and the self-confidence of those affected. According to Dr. Joachim Breuer, Executive Director of the DGUV insurance, “We want to illustrate the relevance of sports for rehabilitation with the aid of the emotional and awe-inspiring scenes in the film. We can also raise awareness about the successful professional and social reintegration of people who have suffered an accident.

The film gives an up-close and personal look at the three athletes. It accompanies them through everyday life, during training and at competitions. It illustrates very clearly where the barriers are and how these three overcome them. Coming so close and personal was not easy. “It was emotionally very stressful”, says swimmer Kirsten Bruhn. Being in front of the camera took her back to the time shortly after her accident. “I wasn’t doing well at all back then. And now to bring my innermost feelings back out into the light, that was really a challenge.”

Through her example, Kirsten Bruhn wishes to show other people – both disabled and non-disabled, that: “We cannot run away from ourselves. We must accept and value who we are.” That is the prerequisite for every new start after a setback. GOLD hopes to contribute to levelling the path to an inclusive society.

GOLD has been screened in German cinemas since 28 February 2013. A DVD with German and English subtitles will be available at the end of 2013. The trailer and background material can be found at <http://www.gold-der-film.de/> as well as the DGUV website: <http://www.dguv.de/gold/index.jsp>. The film is a production of Parapictures Film Production at the initiative of the Deutschen Gesetzlichen Unfallversicherung (DGUV – German Social Accident Insurance). Directed by Michael Hammon, the project was sponsored by the Filmförderung Hamburg Schleswig-Holstein and Deutschen Filmförderfond groups. Patrons include the German Minister of the Interior, Dr. Hans-Peter Friedrich, and Willi Lemke, special advisor to the UN General Secretary for Sport in the service of peace and development. Additional partners that supported the film include:

Bundesministerium des Inneren, Lufthansa Group, Deutsche Zentrale für Tourismus, Barmer GEK, Hertz, Magical Kenya, Deutsche Behindertensportverband and Deutsche Rollstuhl-Sportverband. ■

Bernhard Pabst
www.dguv.de

Keeping people at work in Europe and Canada

The EUROGIP Discussions of 19 March 2013 (in Paris) focused on the subject of the rehabilitation and retention in employment of people suffering from a health problem, notably a work-related one. The participants represented insurance organizations, mostly for occupational injuries, from ten countries: Germany, Belgium, Denmark, Finland, France, the United Kingdom, Iceland, Quebec, Sweden and Switzerland.

Several of these organizations have developed a specific management system for the most serious occupational injuries which account for most insurance costs.

The case manager intervenes as soon as the injury occurs and follows up the injury victim's physical, occupational and social rehabilitation. The main virtue of case management is to "make humans the focus of the system". It requires that the employer, the industrial doctor and the patient concerned work in close cooperation to achieve an optimal result. From an economic viewpoint, case management has made it possible to reduce the cost of occupational injury benefits by up to more than 50% in Switzerland, for example.

Several participants pointed to the challenge of early detection of chronicity factors, with, for example, the establishment of the "cadres verts" system in France which involves adapting work stations temporarily or permanently for people suffering from lumbago.

On the whole, the participants agreed to recognize the importance of several factors in the success of the rehabilitation process:

- ◆ Allow for the person's remaining working capacity and not their disability;
- ◆ Call on a case manager as soon as possible, assisted by a multi-disciplinary team comprising an industrial doctor, an ergonomist, an OH&S insurer, a family doctor, etc.;
- ◆ Personalize treatment of the person;
- ◆ Make sure that the patient has the necessary motivation;
- ◆ Involve the employer.

The proceedings, containing most of the discussions at this conference, will be published next June. ■

To find out more: www.eurogip.fr

Upcoming conferences

**Sharing a Vision for Sustainable Prevention –
XX World Congress on Safety and Health
at Work 2014
Global Forum for Prevention**

Frankfurt, Germany
24. – 27. August 2014
www.safety2014germany.com

**20th Biennial EUMASS Congress on Insurance
Medicine and Social Security**

Stockholm, Sweden
11. – 13. September 2014
<http://www.eumasstockholm.com/>