

SUPPORT SCHEME FOR MICRO AND SMALL ENTERPRISES — AUVASICHER (AUSTRIA)

Type: Support scheme

Time frame: 2009-10

1 Description of the initiative

1.1 Introduction

The Health and Safety at Work Act provides for occupational safety and health (OSH) care for all workers, regardless of the size of the company. Accident insurance institutions are required to provide OSH services to small businesses. Article 78 of the Health and Safety at Work Act obliges small and medium-sized enterprises (SMEs) to make use of safety-related and occupational healthcare services. One of the three alternatives available to SMEs to comply with this requirement is to make use of the prevention centres operated by the accident insurance providers. Around 1,300,000 workers are employed in micro or small companies in Austria, which account for 97 % of all Austrian companies.

AUVA, Allgemeine Unfallversicherungsanstalt — the Austrian Workers' Compensation Board, provides OSH services free of charge for companies with fewer than 50 employees through its prevention centres (known as 'AUVAsicher Präventionszentren'). The services consist of free of charge consultations by OSH specialists, such as supporting the development of risk assessments, advising employers in safety and health and providing safety and health training to employees.

AUVAsicher is a prevention model initiated by AUVA in 1999 as a long-term assistance programme to SMEs. The programme was developed following an amendment to the 1994 Health and Safety at Work Act (ArbeitnehmerInnenschutzgesetz), requiring SMEs to make use of OSH preventive services. AUVA provides these services to SMEs through AUVAsicher.

The initiative summarised here addressed the prevention of MSDs in SMEs. It was carried out in 2009-10, within the regular preventive services provided through AUVAsicher, and included various elements such as introducing preventative concepts, workshops and presentations.

It should be noted that, while this initiative focused on SMEs, AUVA currently also runs a programme on MSDs for large enterprises — AUVAFit.

1.2 Aim of the initiative

The focus on MSDs by AUVAsicher in 2009-10 came about in response to the increased incidence of MSDs and (frequent) related absences from work.

The target group were Austrian SMEs with up to 50 employees (or up to 250, when employees worked in several branch offices). The consultation targeted personnel in SMEs involved in worker protection, workers and employers themselves, workers' representatives and safety advisors.

The initiative aimed to reduce the incidence of MSDs through increasing awareness among employers and employees on the prevention of MSDs, proposing and implementing measures to prevent MSDs in enterprises, and providing information.

1.3 Organisations involved

AUVA is the social insurance for occupational risks for more than 3.3 million workers and 1.4 million students. Currently, AUVA is the largest statutory accident insurance provider. It participates in the development of new regulations and supports research, education and training. It is financed mainly by contributions paid for by employers (1.2 % of the basic salary of each employee). Its legal duties are prevention of occupational accidents and diseases, occupational healthcare, first aid for occupational accidents, post-traumatic treatment, rehabilitation, financial compensation and research. AUVA owns and runs six highly specialised accident hospitals and four rehabilitation centres across Austria.

AUVA provides OSH services free of charge for companies with up to 50 employees. Since 1999, AUVA has supplied these services at AUVAsicher prevention centres. The centres have their own preventive specialists and cooperate with contractual partners: occupational physicians, safety experts and private OSH service providers. There is an AUVAsicher prevention centre in every federal state. AUVAsicher has over 280 field workers across Austria, providing operational assistance to SMEs.

1.4 What was done and how

The initiative to improve prevention of MSDs in SMEs was implemented through the regular OSH services provided by AUVAsicher to SMEs. As part of this initiative, information on MSDs and their prevention was added to the standard topics/activities addressed during consultations (standard topics and activities typically include updates on changes in the law, information on work-related accidents/illnesses, workplace visits, support with general workplace risk assessment, etc.).

The consultations included the following aspects of MSD prevention:

- recommendations for prevention measures (such as adaptation to the workplace and/or work processes);
- presentations on compensatory exercises;
- consultation sessions and a consultation report.

Information material on MSD prevention was distributed through different channels:

- during workplace counselling carried out by occupational physicians;
- as a download, available on the AUVA website;
- on paper copy, available to order from the AUVA website.

These information items included:

- an instruction leaflet on lifting and carrying;
- an app that produces personalised estimates of the pressures on the intervertebral discs during lifting and carrying;
- an information leaflet on computer based workstations;
- an information leaflet on ergonomics in the caring professions;
- exercises for a healthy back.

The following resources were dedicated to the project during its 2-year lifespan:

- material expenses: EUR 12.3 million (2009) and EUR 12.6 million (2010);
- personnel expenditure: EUR 6.3 million (2009) and EUR 6.6 million (2010), for the work of:
 - 147 occupational health professionals (2009) and 148 occupational health professionals (2010);
 - 122 safety advisors in 2009 and in 2010;
- investment: EUR 0.3 million (2009), EUR 0.03 million (2010).

The expenditure incurred was expected to be recouped through the resulting reduction in MSDs and their associated costs to individual workers, employers and the wider community.

1.5 What was achieved

In total, around 50,000 occupational medical consultations and a further 50,000 occupational safety consultations were carried out in 2009 and 2010. These were carried out by occupational health professionals and safety advisors, with most contracted externally by AUVA (90 % and 50 %, respectively). These consultations included both general and case-specific consultations, with enterprises free to undertake several consultations per year.

The focus on MSDs in the consultations was monitored in two ways:

(1) Follow-up telephone interviews were carried out with the companies to establish if they had been consulted on the risks, incidents and prevention of MSDs. The interviews were carried out with a sample of the enterprises involved in the initiative (around 6,300 in 2009 and 3,300 in 2010). In 2009, 80 % replied 'yes', and in 2010 85 % replied 'yes', far exceeding the initial target of 50 %.

(2) Occupational health professionals were surveyed on whether they had recommended measures to prevent MSDs during their consultations. Of the 50,000 or so occupational health consultations in both 2009 and 2010, 95 % reportedly included recommendations on MSD prevention measures in both years. Again, this exceeded the initial target of 75 %.

1.6 Success factors and challenges

Acceptance of the initiative was undoubtedly facilitated by the facts that it was integrated into the regular OSH services provided by AUVAsicher and that the services are free of charge. The service is paid for indirectly through a levy on employers and the self-employed. Funds from this levy provide almost 100 % of the finance for AUVA.

Another key success factor was the cooperation between AUVAsicher staff and the externally contracted medical health professionals and security advisors. Similarly, the prevention specialists' expertise, reliability and adherence to schedules also facilitated the success of the project. Finally, workplace visits — including analysis and counselling on site — were reported to be a key success factor.

One challenge identified was the difficulty experienced by some SMEs in implementing prevention measures, as a result of a lack of financial and human resources. Further information on the cost-benefit of such measures would help SMEs overcome this issue and justify the expenditure involved.

1.7 Transferability

The initiative relies on the presence of an existing infrastructure through which the free advisory service can be provided.

Adopting such an approach also requires political will and a willingness to recognise the potential payback in reducing sickness absence.

The most readily transferable element is the advice and guidance made freely available through the campaign website. Where a suitable infrastructure exists, a similar information campaign on MSDs could be easily and effectively implemented.

As noted above, the initiative relies on the existence of a support framework with expertise and capability to provide the advisory service. Given such a framework, there is significant transferability potential.

2 National background

Data from the Eurostat Labour Force Survey ad hoc module shows that, in the 5 years from 2007 to 2013, the percentage of workers in Austria reporting some form of musculoskeletal disorder (MSD) remained essentially unchanged, increasing slightly from 66.3 % to 66.6 %, compared with an overall EU increase from 54.2 % to 60.1 % in the same period.

National legislation implementing the provisions of the Manual Handling Directive includes additional measures to protect young workers, pregnant workers and women in the first 12 weeks after childbirth. There are no other substantial additional requirements under Austrian law in respect of either the Manual Handling Directive or the Display Screen Equipment Directive.

Psychosocial risks are increasingly recognised as a contributory factor in workplace MSDs. In 2013, an amendment to the Health and Safety at Work Act (ArbeitnehmerInnenschutzgesetz, referred to as ASchG) came into force in Austria. The Health and Safety at Work Act requires employers to systematically identify hazards, assess risks to workers' health and document any risk assessment carried out in writing. Based on the results of risk assessment, adequate measures to prevent risks must be determined and implemented. The amendment of the ASchG from 2013 stipulates that enterprises have to evaluate psychological stress in the workplace, develop and implement measures for the permanent reduction of psychosocial risks and evaluate their effectiveness. Psychosocial hazards are now defined in the law as those aspects of work design and work organisation, task design and job content, social climate, work schedule and work environment that have the potential to cause psychological harm. Experts, such as occupational psychologists, should be involved in the risk assessment process and the development of appropriate measures.

References and resources

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