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Report V (2)

Occupational Health Services

Fifth Item on the Agenda

International Labour Office  Geneva
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INTRODUCTION

At its 221st (November 1982) Session the Governing Body of the International Labour Office decided to place on the agenda of the 70th (1984) Session of the International Labour Conference the following item: “Occupational health services”.

In accordance with article 39 of the Standing Orders of the Conference, which deals with the preliminary stages of the double-discussion procedure, the Office drew up a preliminary report,¹ which is to serve as the basis of the first discussion of this question. That report contains an introduction on the question and an analysis of the law and practice on the subject in various countries. The report, which ends with a questionnaire, was sent to the governments of the member States of the ILO, which were invited to send their replies so as to reach the Office by 30 September 1983 at the latest.

At the time of drawing up the present report, the Office had received replies from the following 76 member States: Argentina, Australia, Austria, Bahrain, Bangladesh, Belgium, Brazil, Bulgaria, Burundi, Byelorussian SSR, Canada, Central African Republic, Chad, Chile, Colombia, Cuba, Cyprus, Czechoslovakia, Denmark, Djibouti, Dominica, Dominican Republic, Ecuador, Egypt, Equatorial Guinea, Ethiopia, Finland, France, Gabon, German Democratic Republic, Federal Republic of Germany, Ghana, Greece, Guinea, Guyana, Hungary, India, Islamic Republic of Iran, Italy, Japan, Jordan, Kenya, Madagascar, Malawi, Malaysia, Mexico, Morocco, Mozambique, Netherlands, New Zealand, Norway, Pakistan, Panama, Peru, Philippines, Portugal, Romania, Rwanda, Saudi Arabia, Sierra Leone, Spain, Sri Lanka, Swaziland, Switzerland, Tanzania, Trinidad and Tobago, Tunisia, Turkey, Uganda, Ukrainian SSR, USSR, United Arab Emirates, United Kingdom, United States, Uruguay, Zambia.

The Governments of 32 member States (Austria, Bulgaria, Cuba, Czechoslovakia, Denmark, Dominica, Egypt, Finland, France, German Democratic Republic, Federal Republic of Germany, Guinea, Guyana, Hungary, Japan, Madagascar, Malaysia, Mexico, Morocco, Netherlands, New Zealand, Norway, Pakistan, Panama, Peru, Philippines, Portugal, Romania, Rwanda, Saudi Arabia, Sierra Leone, Spain, Sri Lanka, Swaziland, Switzerland, Tanzania, Trinidad and Tobago, Ukrainian SSR, United Kingdom, United States, Zambia) stated that their replies had been drawn up after consultation with organisations of employers and workers and included in their replies the opinions expressed on certain points by these organisations. Other governments sent separately the replies of employers’ and workers’ organisations; these opinions have not been reproduced in this report.

This report was drawn up on the basis of the member States' replies, the substance of which is given below,¹ with brief commentaries; the Proposed Conclusions appear at the end of the report.

If the Conference decides that it is advisable to adopt one or more international instruments on occupational health services, the Office will draw up, on the basis of the Conclusions adopted by the Conference, one or more draft texts to be submitted to governments. It will then be for the Conference to take a final decision on this subject at a future session.

¹ To meet the wishes of the Conference, an effort has been made to present the replies as concisely as possible.
REPLIES FROM GOVERNMENTS AND COMMENTARIES

This section gives the substance of the general observations made by governments and of their replies. Each question is reproduced and followed by a list indicating the governments that replied to it, grouped in accordance with the nature of the replies (affirmative, negative or other); where a government submits observations qualifying or explaining its reply, the substance of such observations is given in alphabetical order of countries, after the above list. Where a government deals with several questions in one reply, the substance of its reply is given under the first of these questions and is referred to in footnotes to the other questions covered by the same reply. The replies are followed by brief Office commentaries referring to the corresponding Point or Points of the Proposed Conclusions at the end of the report.

The Governments of Chad and Sierra Leone did not reply in detail to the questionnaire. The main points put forward in these replies are listed under “General Observations”. Some governments, in their replies, communicated information on their national law and practice. This information, while very useful for the work of the Office, has not been reproduced unless essential to an understanding of the relevant reply.

General Observations

Australia. In Australia occupational health services are conducted at three different levels: by State and Territory Governments; by individual organisations and by private medical practitioners acting as consultants to undertakings. In addition, the National Health and Medical Research Council, in its capacity as adviser to both Commonwealth and State Governments, has recently issued a guide on the organisation of the services. At present, the Federal Government has limited constitutional power to enact laws covering occupational safety and health. The States, on the other hand, have broad powers to legislate directly in this area. Aware of the need for an integrated national policy on occupational safety and health, the Federal Government intends setting up a National Occupational Health and Safety Commission. The Government awaits with interest international guide-lines specifying desirable goals for occupational health services but recognises that the resources necessary to achieve these goals might not always be readily available. Moreover, the Government would not support the adoption of an instrument which sought to set mandatory staffing levels in workplaces with very low levels of occupational hazard, or which encouraged unnecessary duplication of existing occupational health services.

Bulgaria. According to the report, these services cover, as is evidently also the practice in many countries, a set of functions which extend beyond the framework of occupational health services. Amongst their specific tasks, they should conduct preventive medical check-ups on a regular basis. Future instruments should therefore be drawn up on “medical care for workers at the workplace” and not only on “occupational health services”. Furthermore, it would be advisable, as is the case in Bulgaria, to include institutions (including ministries), state organisations and other establishments employing workers, in
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the scope of the instrument. In Bulgaria the national epidemiologic service and the branches under it are responsible for carrying out the programme of preventive medicine, in order to protect the health and work aptitude of the workers and prolong the length of their working life.

Chad. The Government points out that the 1966 Labour Code makes it compulsory for all undertakings to provide its workers with a medical service. The lack of available material and financial means, as well as of skilled staff, have not made it possible to start applying these provisions in a satisfactory way. Indeed, the decree instituting these services, which are provided for under the Labour Code, has not yet been adopted. The Department of Labour, in co-operation with the Department of Public Health, sees to it that every fair-sized undertaking has a contract with a qualified doctor to provide health care for its workers. These are more often than not general practitioners, never specialists in occupational health. Curative medicine, and sometimes preventive medicine, is covered by the public health services. The Government is following with considerable interest the efforts to set up international standards in the field of occupational health services which, when the time comes, it will do its utmost to try to ratify and apply.

Denmark. The Government states that in Denmark the objectives of an occupational health service are considered far more extensive than the responsibilities assumed by a medical institution with a health staff under the supervision of a medical expert. It would be preferable to have an ILO instrument in this field, based to a far greater extent on the same principles as the Danish occupational health service, i.e. the service should be founded on a medical-technical basis for the purpose of preventing occupational injuries and increasing the safety and health of workers. This concept of occupational health services explains why the Government had some problems in drafting replies to the questionnaire; it specifically wishes to draw attention to the fact that the definition of occupational health services is too narrow.

Italy. The Government agrees in principle with the texts submitted in Report V (1) and states that for the moment it only has comments on some questions.

Japan. The Government believes that to prevent industrial injuries (including occupational diseases) it is undoubtedly important to clarify who is responsible for occupational safety and health. It considers that the employers, who are responsible for the management of the undertaking, should bear entire responsibility for the supervision of their workers' health and working environment. Occupational health physicians, industrial hygienists and other specialists should assist the employer according to their respective fields of knowledge. This system has proved to be the most efficient for maintaining and improving workers' health. The report prepared by the Office underlines the diversity of occupational health services existing in various countries. The new instrument should therefore take these differences into account and avoid drawing up over-strict and detailed provisions on the organisation of these services.

Malawi. The Government points out that it has not received any observations or amendments from the organisations concerned. It considers that the proposed text constitutes a satisfactory basis for discussion.

Norway. In the light of the great attention which the report focuses on the need for close co-operation between the occupational health personnel and the personnel in various branches of industrial hygiene, it is natural to view them as a single organisational and administrative unit in the individual undertaking or in a joint arrangement for several undertakings. Considering that health personnel, as well as safety personnel, are necessary components in effective preventive activities, doubts may be raised as to the wisdom of placing health personnel and, in particular, the occupational health physician in a special position - as implied by some of the questions in the questionnaire. In the first place, occupational health services should be established in all undertakings with potential health hazards. In Norway the matter is dealt with under the Working Environment Act; furthermore, the Labour Inspectorate in Norway has established a five-year plan of action covering several industries, in which the working environment of each undertaking is evaluated in the light of the health hazards to which the workers might be exposed.
Sierra Leone. The Government points out that, having consulted the employers' and workers' organisations, it has no comments or amendments to propose and that it considers the questionnaire a sound basis for the first discussion on occupational health services.

I. Form of the instrument(s)

Do you consider that the International Labour Conference should adopt one or more instruments on occupational health services?

Total number of replies: 74.

Affirmative: 72. Argentina, Australia, Austria, Bangladesh, Belgium, Brazil, Bulgaria, Burundi, Byelorussian SSR, Canada, Central African Republic, Chad, Chile, Colombia, Cuba, Cyprus, Czechoslovakia, Denmark, Djibouti, Dominican Republic, Ecuador, Egypt, Equatorial Guinea, Ethiopia, Finland, Gabon, German Democratic Republic, Federal Republic of Germany, Ghana, Greece, Guinea, Guyana, Hungary, India, Islamic Republic of Iran, Italy, Japan, Jordan, Kenya, Madagascar, Malaysia, Mexico, Morocco, Mozambique, Netherlands, New Zealand, Nigeria, Norway, Pakistan, Panama, Peru, Philippines, Portugal, Romania, Rwanda, Saudi Arabia, Spain, Sri Lanka, Swaziland, Switzerland, Tanzania, Trinidad and Tobago, Tunisia, Turkey, Uganda, Ukrainian SSR, USSR, United Arab Emirates, United Kingdom, United States, Uruguay, Zambia.

Negative: 1. Dominica.

Other: 1. France.

France. The question remains open.

Guyana. Yes, as general health services do not normally give priority attention to occupational health problems.

Kenya. Yes, the instruments would serve as a guide for the drawing up of a national policy and of programmes of other organisations concerned with occupational health services.

United States. Yes. The protection of workers' health is a national goal in the United States and one that should be addressed by the International Labour Conference through the adoption of standards for occupational health services. In the past, the ILO has adopted standards for particular industries or types of activities. Although the standards are important it is also incumbent on management and labour to examine larger issues of health at the workplace. Due to the various activities which take place at the workplace, the working environment can have a profound influence on workers' health. By focusing attention on the total workplace environment, the ILO can make an important contribution to the well-being of all workers.

As almost all the replies received were in the affirmative the Proposed Conclusions at the end of the present report provide for the adoption of two new instruments in this field (Point 1).
Do you consider that the instrument(s) should take the form of a Recommendation, of a Convention or of a Convention supplemented by a Recommendation? If the latter, please specify the provisions which should, in your view, be included in the Convention.

Total number of replies: 71.

Affirmative for the adoption of a Recommendation: 21. Australia, Canada, Chile, Dominica, Ecuador, Egypt, Equatorial Guinea, Guinea, Guyana, India, Islamic Republic of Iran, Japan, New Zealand, Norway, Pakistan, Peru, Romania, Trinidad and Tobago, United Kingdom, United States, Uruguay.

Affirmative for the adoption of a Convention: 8. Bahrain, Brazil, Djibouti, Morocco, Rwanda, Sri Lanka, Swaziland, United Arab Emirates.

Affirmative for the adoption of a Convention supplemented by a Recommendation: 42. Argentina, Austria, Bangladesh, Belgium, Bulgaria, Burundi, Byelorussian SSR, Central African Republic, Colombia, Cuba, Cyprus, Czechoslovakia, Denmark, Dominican Republic, Ethiopia, Finland, Gabon, German Democratic Republic, Federal Republic of Germany, Ghana, Greece, Hungary, Jordan, Kenya, Madagascar, Malaysia, Mexico, Mozambique, Netherlands, Panama, Philippines, Portugal, Saudi Arabia, Spain, Switzerland, Tanzania, Tunisia, Turkey, Uganda, Ukrainian SSR, USSR, Zambia.

Argentina. A Convention supplemented by a Recommendation should be adopted, which extends the scope of the Occupational Health Services, 1959, Recommendation (No. 112).

Australia. In the light of Recommendation No. 112, the instrument should take the form of a supplementary Recommendation.

Austria. The instruments should take the form of a Convention supplemented by a Recommendation. The provisions mentioned under sections II, III, IV, and V should be included in the Convention.

Bahrain. The instrument should take the form of a Convention, provided that it is sufficiently flexible to accord with the varying stages of economic and social development in the member States.

Bulgaria. The Convention will include basic questions concerning the setting up of health services such as their scope, main functions and organisation. Standards concerning the staff, equipment, training, public health activities, the supervision of and improvements in the working environment, the organisation of medical files, etc., could be contained in the Recommendation.

Burundi. A Convention supplemented by a Recommendation would be more suitable. The following provisions might help to make the instruments more effective: “to insist on the protection of workers against any possible health hazards which might result from their work or working conditions”, “to contribute towards the promotion and maintenance of the highest degree of physical and mental well-being”.

Byelorussian SSR. A Convention supplemented by a Recommendation should be adopted.
Canada. Occupational medicine has not yet been officially recognised as a speciality in its own right in Canada. For this reason, the instrument should take the form of a Recommendation only.

Colombia. A Convention supplemented by a Recommendation. The Convention should include all the vital aspects an occupational health service should incorporate to ensure adequate protection. All the points which are not of fundamental importance but which would be useful if applied, especially by the industrialised countries, could be included in the Recommendation.

Cuba. The Government is in agreement with the Convention supplemented by a Recommendation. The main points covered by the Convention should be as follows: examinations within the framework of preventive medicine, pre-employment medical examinations and check-ups on a regular basis, the biological monitoring of workers exposed to specific health hazards, the supervision of the working environment by means of health inspections and a study of potential hazards in the working environment. These points should be developed, bearing in mind the member States' possibilities of application.

Denmark. It is difficult to make any pronouncement at this stage. However, in principle, the Government would prefer a Convention supplemented by a Recommendation. The Danish Employers' Confederation is in favour of a Recommendation.

France. The question remains open.

German Democratic Republic. The functions and overall organisation of the occupational health services, their relations with the State and other questions of principle of this nature, should be regulated by a Convention, which could be supplemented by a Recommendation.

Federal Republic of Germany. The Convention should cover questions of principle and, if need be, be supplemented by a Recommendation.

Guyana. The Government is in favour of a Recommendation because a Convention would be too exacting and therefore difficult to ratify.

Hungary. In view of the importance of the subject, a Convention would be preferable. The adoption of a Convention supplemented by a Recommendation would also be acceptable. In this case, the provisions under questions 3 to 10 (2), 17, 18, 23, 24, 26, 27, 30 to 32, 36 to 39, 41, 43 to 45, 48, 50, 54 to 59 could be included in the Convention and the others could constitute the subject of a Recommendation.

India. Recommendation No. 112 had stressed the need for a general policy on the subject. Even now, in many of the developing countries there is a lack of occupational health specialists and resources, which would make it difficult to ratify a Convention. As the aim is to evolve a set of guide-lines regarding the policies and basic principles the member States should adopt in order to set up occupational health services, the instrument should take the form of a Recommendation.

Italy. It is premature, at this stage, to give an opinion on the form the instrument should take. The Government will wait until the end of the discussion of the next session of the Conference to advance its opinion. The social partners' views on this subject have been contradictory.

Jordan. A Convention supplemented by a Recommendation. The Convention should include major and broad guide-lines applicable to all countries.

Madagascar. Yes, a Convention supplemented by a Recommendation. The Convention would define the form which an occupational health service should take: the obligation to set up the service, its basic role, compulsory medical check-ups, the basic means needed to run it (staff, equipment). The Recommendation, while giving more details than the Convention, would extend beyond the scope of the Convention.
**Mexico.** It should be clearly stated in the Convention that any undertaking producing goods and services is responsible for the prevention of occupational hazards and bound to provide the necessary means to set up plant or inter-plant medical services.

**Mozambique.** In view of the country's economic situation and the lack of qualified staff, the Government is in favour of a Recommendation.

**Netherlands.** A Convention, possibly supplemented by a Recommendation. However, the Convention should be limited to stipulating major principles such as: the definition of occupational health services, the description of the minimum functions of those services, the independence of experts, and co-operation with workers' representatives.

**Norway.** The Government is in favour of a Recommendation. The General Confederation of Trade Unions in Norway (LO), the Norwegian Nurses' Association and the Norwegian Association of Assistant Nurses are in favour of a Convention supplemented by a Recommendation.

**Panama.** The Government is in favour of a Convention supplemented by a Recommendation. The following provisions should be included in the Convention: the supervision of workers' health; supervision of the working environment; care provided within the framework of preventive and curative medicine; education, training and advice; sources of financing; organisation; obligation to implement these services.

**Peru.** In the form of a Recommendation.

**Portugal.** The Convention should be flexible enough to enable it to be applied in all countries, irrespective of their level of development. It should include the functions of the health service, its organisation and conditions under which it should be run.

**Romania.** The Government is in favour of a Recommendation, because of the wide range of systems used to organise occupational health services in the various countries.

**Switzerland.** The Government is in favour of a Convention supplemented by a Recommendation; the Convention would make it possible to specify basic provisions and the Recommendation would include more flexible standards.

**Tunisia.** In addition to the definition of the role of occupational health adopted by the Joint ILO/WHO Expert Committee on Occupational Health in 1950, the Convention should contain provisions of a general nature relating to basic principles, the scope and functions of occupational health services.

**Turkey.** The Government supports a Convention supplemented by a Recommendation. The following provisions should be included in the Convention: specific post-graduate training of occupational health physicians and occupational hygienists, special training of the nursing personnel attached to occupational health services, and organisation of the occupational health services within the general public-health framework.

**Uganda.** In view of the different levels of development in various countries, it is better to have an instrument making it compulsory for all member States to have basic occupational health services and another instrument providing for more elaborate services.

**Ukrainian SSR.** Provisions on fundamental points should be included in a Convention; others, such as those concerned with the diversity of scope, functions and structure of occupational health services, should be contained in a Recommendation.

**USSR.** The Government is of the opinion that it would be more appropriate to adopt a Convention supplemented by a Recommendation. The importance of the matter involved, which is stressed by Conference resolutions, existing international instruments and the PIACT, points towards the adoption of a Convention. Provisions on fundamental points should be included in the Convention; the Recommendation should contain those principles dealing with the diversity of the scope, functions and organisation of occupational health services as well as with de facto situations such as the distance of undertakings from large centres, the lack of specialists in some countries, etc.
**United Arab Emirates.** The Government is in favour of a Convention because of the importance attached to Conventions and because Report V (1) shows that, in spite of the differences in the services provided within the framework of occupational medicine in various member States, it is more or less universally recognised that they should exist.

**United Kingdom.** The Government is in favour of a Recommendation, to revise and replace Recommendation No. 112. The diversity of the functions and organisation of occupational health services, as well as the variety of different frameworks (law, voluntary agreement, etc.) make a Convention which is anything more than a brief enabling statement inappropriate. A Recommendation would be a more useful guide. While many of the suggested functions in the questionnaire may be acceptable in principle, each member State should be free to decide its priorities and the most practical means of achieving them. The Government’s replies should be read in the light of this view.

**United States.** The instrument should take the form of a Recommendation. Report V (1) focuses on the organisational structure of occupational health services rather than the designation of objectives. This might create implementation problems and the rejection of a Convention on grounds of this nature might hinder the larger and more important goals of improving health conditions in the working environment. The employers would also prefer a Recommendation because of the social and economic factors involved and the considerable diversity of available health care.

As the majority of Governments proposed that the instrument should take the form of a Convention supplemented by a Recommendation, the Proposed Conclusions have been drawn up accordingly (Point 2).

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**II. Definitions**

*Do you consider that the instrument(s) should define occupational health services as services established in or near a place of employment for the purpose of protecting the workers against any health impairments which may arise out of their work or the conditions in which it is carried on and of promoting their health?*

**Total number of replies:** 72.

**Affirmative:** 56. Argentina, Australia, Bahrain, Bangladesh, Belgium, Brazil, Byelorussian SSR, Central African Republic, Chile, Colombia, Cuba, Cyprus, Denmark, Dominica, Dominican Republic, Ecuador, Egypt, Equatorial Guinea, Ethiopia, France, Gabon, Federal Republic of Germany, Ghana, Greece, Guinea, Guyana, Hungary, India, Islamic Republic of Iran, Madagascar, Mexico, Morocco, Mozambique, New Zealand, Norway, Pakistan, Panama, Peru, Philippines, Portugal, Rwanda, Saudi Arabia, Spain, Sri Lanka, Swaziland, Switzerland, Tanzania, Trinidad and Tobago, Tunisia, Turkey, Uganda, Ukrainian SSR, USSR, United Arab Emirates, United Kingdom, Uruguay.

**Other:** 16. Austria, Bulgaria, Burundi, Canada, Czechoslovakia, Djibouti, Finland, German Democratic Republic, Japan, Jordan, Kenya, Malaysia, Netherlands, Romania, United States, Zambia.
Argentina. These services should be organised at the workplace in undertakings employing 150 workers or more, or near the latter if the number of workers employed is less than this figure.

Australia. Yes; prevention, measurement, evaluation and control of hazards might also be mentioned. Furthermore, the definition could refer to the achievement of the lowest practicable level of risk to the workforce and the possibility of engaging in research undertakings.

Austria. Occupational health services should be organised in "undertakings", as the expression "place of employment" is usually understood in too narrow a sense. Furthermore, in order to define the scope of these services, it would be appropriate to add the words "mental and physical" before the word "health". Finally, the concept of "medical supervision" is preferable to that of an occupational health service, as it gives additional emphasis to recent developments which tend to stress workers' protection rather than to matters of an organisational nature.

Bulgaria. Occupational health services could be defined more widely as services established in or near the undertaking, or together with other places of employment, to defend workers against any health hazards which might arise from their work, the conditions under which this work is carried out and from their very presence in the undertaking. The aim of these services is to improve workers' health.

Burundi. In view of the lack of skilled occupational health staff and the country's economic structure, it would be more appropriate to define these services as being established near a place of employment; they could also be run as joint services between several undertakings.

Canada. The definition contained in Recommendation No. 112 is more complete as it encompasses ergonomic considerations as well as aspects of mental health. However, the term "well-being" should be deleted from the Recommendation to be consistent with Convention No. 155.

Czechoslovakia. The Government proposes the following definition: "occupational health services are public health services which provide health care to a specific set of workers; their main goal is to improve and protect workers' health against the adverse effects of working conditions and the working environment. Depending upon their characteristics, they should be established either directly at or near the workplace, possibly also in another suitable place". Indeed, the Government is of the opinion that some occupational health centres should be established some distance away from the undertaking in the case of, for example, workers' convalescence homes, sanatoria, etc.

Djibouti. Only "near a place of employment".

Finland. The organisation of occupational health services depends on national and geographical conditions. Therefore the location of the occupational health care unit (whether in or near a place of employment or farther away) cannot be defined strictly.

France. Yes. The National Council of French Employers points out that the questionnaire is inconsistent and that there is a confusion between "occupational health services" and "occupational health physicians".

German Democratic Republic. Yes, but there should be an emphasis on the undertaking's responsibility to arrange working conditions so as to provide a basic protection for workers against health hazards. Occupational health services alone cannot guarantee this protection.

Federal Republic of Germany. Yes, but by restricting these conditions to the work context.

Japan. The Government considers that the essential role of occupational health services should be to provide technical and specialised assistance at the request of employers who are responsible for supervising occupational health. It therefore proposes to replace "as services established in or near a place of employment" by "as services which are estab-
lished in or near a place of employment and perform their functions on request of employers". If this proposal is not accepted, the Government suggests that "on request of employers" should be added to each of the provisions under questions 14, 18, 19, 21, 24, 25, 50 and 53.

*Jordan.* It is suggested that the following definition should be added: "... and to establish a unit for scientific research to investigate all problems that may arise in the work environment, in such a way as to make comparative studies with scientific researchers in other countries".

*Kenya.* Yes; however, this definition does not include those services organised by the government, the private sector or by municipal agencies, which are not necessarily in or near a place of employment. The definition should therefore be extended to include these services.

*Malaysia.* Yes; however, if the objective is to provide protection of workers against health impairment, it is immaterial where the occupational health services are established, as long as the services are provided.

*Mozambique.* Yes, these services should be incorporated into the activities of the Ministry of Health.

*Netherlands.* Yes, but the definition should also take account of situations in which an occupational health service cannot be located at or near the workplace (i.e. off-shore installations).

*New Zealand.* Yes. In New Zealand occupational health is defined as that which is concerned with the reactions of people to their working environment and with the prevention of ill-health arising from working conditions and circumstances. Amongst the disciplines involved in the practice of occupational health are occupational medicine and occupational hygiene.

*Norway.* Yes, see also under “General Observations”.

*Panama.* The instruments should define these services as services established in or near a place of employment, or within the framework of state health institutions or in areas where activities are grouped because of their particular features. These services come within the framework of the protection of the physical and mental well-being of the workers.

*Romania.* The Government’s reply describes the organisation of medical services within undertakings, which include infirmaries for general medicine and occupational health services. The same structure is common to centres which look after several undertakings in industrial areas, as well as in polyclinics covering a specific area. In addition to providing care within the framework of general medicine, the infirmaries engage in preventive medicine (pre-employment medical examinations, the ordering of light work for workers suffering from chronic illnesses, etc.). The occupational health services are almost exclusively engaged in preventive medicine; for example, they supervise the workplace and diagnose stress factors and also conduct the medical and preventive activities in the infirmaries. The definition given in the questionnaire should therefore bear these aspects in mind.

*USSR.* Yes. The most rational solution would be to give them the form of an institution incorporated into an official public health system, specifying that they should not be subject to the management of an undertaking or an association of undertakings, and that they should be financed by public funds.

*United Kingdom.* Yes, if “promoting their health” includes the effect of the health of the worker on his capacity to work.

*United States.* This definition should focus primarily on the purpose of protecting workers against health impairments which may arise in the work environment and may include general health promotion. The definition should not stipulate the physical location of the service.
Zambia. Occupational health services should not only be concerned with the workplace but also the environment where the workers live. They should therefore be defined accordingly.

The large majority of governments considered that the proposed definition was acceptable. Some governments would wish to specify some aspects concerning the introduction of these services, such as, for example, the size of the undertaking and the minimum number of workers after which it is compulsory to establish such services, the presence and significance of health hazards at the workplace and the attachment of these services to other structures. The Office did not consider it appropriate, at this stage, to restrict the scope of the instruments. Some governments raised objections against specifying where the services should be established. The Office has studied this question and considered that, to take into account the various local situations, greater latitude should be allowed for in this respect; it therefore proposes to delete the words “in or near the place of employment” in the Proposed Conclusions with a view to a Convention (Point 4), but to maintain the specification in the Proposed Conclusions with a view to a Recommendation, making it more flexible by introducing the words “as far as possible” (Point 43). Two of the observations and some of the general observations stressed the present trends in the field of occupational health, which is tending to take over the protection of workers' health in a more comprehensive way by also covering the supervision of the technical aspects linked with the monitoring of factors likely to have repercussions on health. This multidisciplinary approach was partially covered in the questionnaire, when it deals with the supervision of the working environment. While acknowledging that the co-operation of industrial hygienists and safety engineers is becoming even more closely related to and necessary within occupational health services and that, in some countries, this has been institutionalised within the framework of multidisciplinary services capable of providing a global approach to the protection of workers' health, the Office considered it more appropriate, at this stage, to leave the question open.

Qu. 4     Do you consider that for the purposes of the instrument(s) the term “occupational health physician” should be used to refer to a physician in an occupational health service?

Total number of replies: 72.

Affirmative: 56. Bahrain, Bangladesh, Belgium, Brazil, Burundi, Byelorussian SSR, Canada, Central African Republic, Chile, Colombia, Cuba, Cyprus, Czechoslovakia, Denmark, Djibouti, Dominica, Dominican Republic, Ecuador, Egypt, Equatorial Guinea, Ethiopia, Finland, France, Gabon, Ghana, Greece, Guinea, Guyana, Hungary, India, Islamic Republic of Iran, Japan, Jordan, Kenya, Malaysia, Mexico, Morocco, Netherlands, New Zealand, Norway, Pakistan, Panama, Peru, Philippines, Portugal, Rwanda, Sri Lanka, Swaziland, Tan-
Replies from governments and commentaries

Qu. 4

zania, Trinidad and Tobago, Tunisia, Turkey, Uganda, Ukrainian SSR, United Kingdom, Uruguay.

Negative: 3. Madagascar, Saudi Arabia, United Arab Emirates.

Other: 13. Argentina, Australia, Austria, Bulgaria, German Democratic Republic, Federal Republic of Germany, Mozambique, Romania, Spain, Switzerland, USSR, United States, Zambia.

Argentina. It is suggested that the term “physician specialised in occupational health” should be used.

Australia. This term could also apply to physicians specialised in occupational health and safety.

Austria. Yes, but he must also possess the necessary qualifications.

Bulgaria. The expression “workshop doctor” could be used, as the functions of these services are more extensive than those covered by occupational health.

Canada. Yes, because he must have a thorough knowledge of all the “occupational factors” liable to affect workers’ health and should also have a preventive role with respect to illnesses in the working environment. The term “occupational health physician” would therefore tend to identify a physician as one who is in a better position to relate certain symptoms or diseases to the working environment.

Central African Republic. Yes, but it should be stipulated that these physicians, or physicians/labour inspectors, should receive a training adapted to their functions.

Djibouti. Yes, but not in an exclusive way.

France. Yes. The National Council of French Employers believes that physicians should not merely be “assigned” to a service, but should have received the necessary training and have acquired the necessary competence to fulfil this role.

German Democratic Republic. Yes, but it should be recommended that he has the necessary qualifications.

Federal Republic of Germany. For the purposes of the instrument(s), an occupational health physician should be a person authorised to practise as a doctor and who has the knowledge of occupational medicine needed to carry out the tasks entrusted to him.

Greece. Yes, without, however, excluding the possibility that the physician might be involved with epidemiologic and biostatistical matters.

Madagascar. No, the term “plant physician” would be less limiting.

Mozambique. “Occupational medicine” should refer to the medical services concerned with labour problems.

Romania. Occupational health services should employ only doctors who are specialists.

Saudi Arabia. No. It is preferable to use the term “physician in an occupational health service”.

Switzerland. There should be a distinction between the plant physician who works for an undertaking and the occupational health physician attached to an occupational health centre, who offers his services to undertakings which are not sufficiently large or lack the financial means to employ a plant physician themselves.

USSR. It would be more precise to describe him as “physician specialised in occupational medicine”.

United Arab Emirates. No, it would be better to use the term “physician in occupational medicine” or “specialist in occupational medicine”.

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United Kingdom. Yes, provided it is made clear that this does not necessarily mean that the physician is a qualified specialist in occupational health.

United States. Yes, but only if the physician is so certified by an appropriate group or panel. In some cases, the term “occupational health practitioner” might be more accurate.

Zambia. The “occupational health physician” is a physician specialised in this field.

Although most of the replies were in favour of the definition proposed, the observations made by the governments show that there could be some unwitting confusion as to whether an “occupational health physician” is a physician in an occupational health service or a “specialist” in occupational medicine. Indeed, in many countries the term “occupational health physician” implies that the physician has qualified as a specialist in a recognised field or obtained a certificate after attending a specialised post-graduate course. The Office therefore considered it preferable that the definition contained in this question should not be taken up in the Proposed Conclusions; however, in view of the observations received, special emphasis has been laid on the qualifications of the physician in charge of or working in an occupational health service both in the Proposed Conclusions with a view to a Convention (Point 16) and in the Proposed Conclusions with a view to a Recommendation (Point 49 (1)).

III. Scope

Qu. 5 Do you consider that the instrument(s) should provide that occupational health services should exist in all branches of economic activity and for all undertakings?

Total number of replies: 72.

Affirmative: 50. Argentina, Bahrain, Belgium, Bulgaria, Burundi, Byelorussian SSR, Canada, Central African Republic, Chile, Colombia, Cuba, Cyprus, Czechoslovakia, Denmark, Djibouti, Dominica, Dominican Republic, Ecuador, Egypt, Equatorial Guinea, Finland, France, Gabon, Federal Republic of Germany, Ghana, Greece, Guinea, Hungary, Japan, Kenya, Madagascar, Malaysia, Mexico, Morocco, Netherlands, New Zealand, Panama, Peru, Portugal, Romania, Rwanda, Spain, Sri Lanka, Swaziland, Tanzania, Trinidad and Tobago, Tunisia, Turkey, Uganda, Uruguay.

Negative: 16. Australia, Austria, Bangladesh, Brazil, Ethiopia, German Democratic Republic, Guinea, India, Islamic Republic of Iran, Jordan, Mozambique, Pakistan, Philippines, Switzerland, United Kingdom, Zambia.

Other: 6. Norway, Saudi Arabia, Ukrainian SSR, USSR, United Arab Emirates, United States.
Australia. No. There are many occupations which involve no specific health hazards and would not therefore justify the establishment of occupational health services. The high cost for small enterprises to set up these services should be taken into account; some consideration should be given to designating a minimum size for undertakings to be covered by the instrument. It is possible that the size would vary between different branches of activity, depending upon the varying significance of the health hazards. The coverage and extent of the functions should be dependent upon need, including geographical location. See also under General Observations.

Bahrain. Yes, this is desirable; however, in the light of local conditions and available resources, this should be applied gradually.

Bangladesh. This question should be left up to the member States. However, an effort on these lines should be made.

Burundi. Yes, provision should be made for this possibility so that, when the time comes, occupational health services can be extended to all branches of economic activity and to all undertakings.

Byelorussian SSR. Yes, occupational health services should be set up in all undertakings, workplaces and branches of economic activity, without exception; international instruments should not allow any exception with respect to the scope of their provisions.

Canada. In Canada only a minority of the labour force has access to some form of occupational health services. Quebec is the only province in which the applicable legislation provides for complete occupational services for every worker. In view of the present availability of qualified personnel in this field, the Government feels that even if it was made compulsory to set up occupational services, its application would have to be made more flexible and priorities would have to be set. However, the Government is in favour of a general application.

Central African Republic. Yes, however, from a practical viewpoint, the principle of setting up inter-undertaking occupational health services should be admitted and a minimum number of workers required to set up the services should be stipulated.

Chile. Yes, but this provision should be applied gradually.

Czechoslovakia. Occupational health services should exist not only in all branches of economic activity but also in, for instance, the national education, public health and public service sectors, etc.

Denmark. Yes; however, the Danish Employers' Confederation feels that occupational health services should only be set up in places where the work involves specific health hazards.

Ethiopia. No; in order to facilitate a wider ratification of instruments by developing countries, account must be taken of their limited resources. The unqualified application of the instruments to all branches of economic activity would imply a refusal to take this situation into account.

German Democratic Republic. It is not necessary to set up occupational health services in all branches of activity or in all undertakings. They should be established only in places where the work entails health hazards and when the undertaking employs a sufficient number of workers; a joint occupational health service could be set up for several small undertakings. In undertakings in which the setting up of an occupational health service is not required, the medical supervision of workers exposed to hazards must be carried out in another appropriate way. The instruments should provide for the gradual establishment of occupational health services, depending upon the degree of hazard to which the workers are exposed. If the scope of the instruments refers only to undertakings where workers are exposed to hazards, no undertaking and no category of workers should be excluded from this scope.
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_Ghana._ Yes; however, provisions taking into account national limitations in terms of health personnel, material resources, etc., should be included. The extension of the scope of the services could be limited with respect to these considerations.

_Guinea._ Yes, as far as possible.

_Guyana._ The organisation of these services might well be beyond the means of some undertakings and they would have to be dependent on public services.

_India._ The instrument should enable the member States to apply its provisions to economic branches in which a labour inspection system exists. It should therefore be flexible and take local conditions into account.

_Islamic Republic of Iran._ At the present time, the Government does not consider that it would be possible in practical terms to extend the coverage of occupational health services to all branches of economic activity and to all undertakings.

_Japan._ Yes; however, the limitations mentioned in questions 6 and 7 should be contained in the instrument, to take into account the difficulties which some industries would have in establishing such services (for example maritime shipping) or the limited scale of the undertakings. In these cases, general health services represent a satisfactory substitute.

_Jordan._ The Government considers that such a provision should not be included in a Convention but that it might be mentioned in a Recommendation.

_Kenya._ Yes, as this would lead to an improvement in the health of the community as a whole.

_Madagascar._ Yes, but as far as possible.

_Morocco._ Yes, in principle.

_Mozambique._ Occupational health services should be organised in undertakings with a high level of hazards or in large-scale undertakings, or for several small undertakings in the same geographical area.

_New Zealand._ Yes; however, these provisions could raise difficulties because most of the undertakings in New Zealand employ fewer than 50 workers.

_Norway._ The Government believes that this provision represents an objective to be attained. The Norwegian Employers’ Confederation is of the same opinion. The General Confederation of Trade Unions is in agreement with this provision.

_Panama._ Occupational health services should be set up in all branches of economic activity and all undertakings, taking into account the significance and seriousness of the hazards, and should be available to the personnel of undertakings.

_Philippines._ These services should be set up in stages, depending upon the possibilities.

_Portugal._ Yes, provided this does not prejudice the special methods of application for certain branches of activity, for example the rural sector.

_Romania._ Yes, under the conditions mentioned under question 3.

_Saudi Arabia._ The Government considers that some branches of economic activity should be excluded, especially those which, by their nature, do not expose workers to occupational accidents or occupational diseases; it would also be appropriate to exclude small undertakings.

_Tanzania._ Yes, since all branches of economic activity have their specific hazards; however, the instruments should not apply immediately to all undertakings, especially small undertakings.

_Uganda._ Yes. In cases where no medical personnel are available, primary health care by trained workers could meet the needs.
Ukrainian SSR. Occupational health services should exist in all branches of production and in all undertakings where workers are exposed to health hazards.

USSR. An occupational health service should be organised in all branches of production and in all undertakings where workers are exposed to agents which are particularly harmful to the health. Account should be taken of the existence and extent of the severity of dangerous or unhealthy factors.

United Arab Emirates. These services should exist in all branches of economic activity; however, the instrument should establish, on the basis of workers employed, the minimum size of the undertakings bound to set up an occupational health service.

United Kingdom. This provision should not be mandatory. In practice, many undertakings need no more than a first-aid service. The essential objective is to ensure that all workers have access to the level of health care appropriate to their needs.

United States. It is important that all workers at all workplaces be knowledgeable of potential health hazards and that programmes and procedures are established to identify and abate problems. However, there are cases where certain exclusions may be necessary, due to the lack of available personnel. For instance, if a workplace employs ten or fewer workers, their total inclusion in the programme may not be practical. These workers could nevertheless still be the target of education and training efforts. Furthermore, many workplaces may not require trained health professionals, for example, health services may be limited to first-aid and emergency services, which need not necessarily be provided by an occupational health service.

Uruguay. Yes; however, but by authorising the member States to implement and extend them gradually.

The large majority of governments were of the opinion that the instruments should apply to all branches of economic activity; however, some of them expressed the hope that this principle could be applied gradually. Other governments had reservations with respect to a general application and considered that occupational health services should exist only in cases where there were health hazards. A partial reply to this problem is contained under question 6. Furthermore, the Office considered that the reasons advanced for gradual application, such as the lack of medical personnel and adequate resources, justified a certain flexibility in the application of the instruments and has borne this in mind when drafting the Proposed Conclusions with a view to a Convention (Point 5).

When occupational health services cannot be immediately established for all branches of economic activity or for all categories of undertakings, should such services be established in the first instance for undertakings where the workers are exposed to special health hazards?

Total number of replies: 71.

Affirmative: 64. Argentina, Australia, Bahrain, Bangladesh, Belgium, Brazil, Bulgaria, Burundi, Canada, Central African Republic, Chile, Colombia, Cuba, Cyprus, Czechoslovakia, Denmark, Djibouti, Dominica, Dominican Republic, Ecuador, Egypt, Equatorial Guinea, Ethiopia, Finland, France, Federal Republic of Germany, Ghana, Greece, Guinea, Guyana, Hungary, Islamic Republic of...
Iran, Japan, Jordan, Madagascar, Malaysia, Mexico, Morocco, Mozambique, Netherlands, New Zealand, Norway, Pakistan, Panama, Peru, Portugal, Romania, Rwanda, Saudi Arabia, Spain, Sri Lanka, Swaziland, Switzerland, Tanzania, Trinidad and Tobago, Tunisia, Turkey, Uganda, Ukrainian SSR, USSR, United Arab Emirates, United States, Uruguay, Zambia.

**Negative:** 2. Gabon, Kenya.

**Other:** 5. Austria, Byelorussian SSR, German Democratic Republic, Philippines, United Kingdom.

*Australia.* Yes, or any other system which gives priority to, for example, large specific groups of workers exposed to health hazards. In these cases, action should be taken at the same time to keep these hazards under control.

*Austria.* These services should be set up in all undertakings where workers are exposed to specific health hazards. In undertakings where this is not the case, the establishment of an occupational health service should in the first instance be established in those undertakings employing more than a certain number of workers. The instrument should provide for a gradual application.

*Bahrain.* Yes, but subject to the prior approval of the competent authority.

*Bulgaria.* Yes, but it should be stipulated that the provisions in the Convention may be applied by stages.

*Colombia.* Yes; in this respect, it is appropriate that the instrument should be flexible, especially for the developing countries.

*Gabon.* No, occupational medicine should be universally applied from the beginning, as all workers are exposed to hazards.

*Federal Republic of Germany.* Yes, it is advisable to set priorities for the establishment of these services.

*Guinea.* Yes, but gradually.

*Kenya.* No, the expression "special health hazards" is ambiguous. It could mean "serious hazards" or "the hazards to which most workers are exposed". Details should be given on the meaning of the expressions used.

*Norway.* Yes, see also under General Observations.

*Panama.* Yes; these services should be established in the first instance in undertakings with a large staff which, by their very nature, expose workers to greater hazards than in other undertakings or to specific hazards. In this respect, the extent to which undertakings are capable of organising these services and the possibility of their being able to benefit from similar services provided by the community or state medical services, should also be taken into account.

*Peru.* Occupational health services should be established in all branches of economic activity where the workers' health is exposed to specific hazards.

*Saudi Arabia.* Yes, these services should be prescribed only for large-scale activities and undertakings because small undertakings would have to bear very high financial costs. Furthermore, many countries suffer from a lack of doctors.

*Tanzania.* Yes, especially for undertakings with serious health hazards.

*Tunisia.* Yes; the application must be implemented gradually, taking account of national priorities.

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1 See under question 5. 2 See under question 2.
Replies from governments and commentaries

United Kingdom. This should not be mandatory but it is reasonable to expect that greater priority should be given to the establishment of occupational health services in such areas.

The large majority of replies are in favour of a gradual application of the proposed instruments. Consequently, the provision under this question has been included in Point 6 (1). Point 6 (2) is similar to the provisions contained in other ILO instruments; its objective is to know the extent to which countries availing themselves of this provision have applied the provisions contained in the instruments and to be informed of developments in this regard. Furthermore, it can also be observed that, in these instruments, the concept of gradual application is closely linked to consultation between the employers' and the workers' organisations concerned. For that reason the Office deemed it appropriate to introduce a provision to this effect in the Proposed Conclusions with a view to a Convention (Point 23) and in those proposed with a view to a Recommendation (Point 69). Furthermore, this is also in line with some of the observations made by governments (see question 35).

(1) Should it be possible for the competent authority, after consultation with the representative organisations of employers and workers concerned, to exclude from the application of the instrument(s), in part or in whole, particular branches of economic activity or particular undertakings in respect of which special problems of a substantial nature arise?

(2) Should it be possible for the competent authority, after consultation with the representative organisations of employers and workers concerned, to exclude from the application of the instrument(s), in part or in whole, limited categories of workers whose circumstances and conditions of employment are such that the application to them of all or any of the provisions of the instrument(s) would be inappropriate?

Total number of replies: 71.

Affirmative: 43. Argentina, Australia, Bahrain, Bangladesh, Brazil, Burundi, Central African Republic, Chile, Colombia, Cuba, Cyprus, Denmark, Djibouti, Dominica, Dominican Republic, Ecuador, Egypt, Equatorial Guinea, Ethiopia, Ghana, Greece, Guinea, Guyana, Islamic Republic of Iran, Japan, Malaysia, Morocco, Mozambique, New Zealand, Pakistan, Peru, Portugal, Rwanda, Saudi Arabia, Spain, Sri Lanka, Switzerland, Tanzania, Trinidad and Tobago, Tunisia, Turkey, Uganda, United Arab Emirates.


1 See under question 5.
Occupational health services

Other: 10. Austria, Belgium, German Democratic Republic,1 Federal Republic of Germany, Madagascar, Mexico, Netherlands, United Kingdom, United States, Zambia.

Austria. (2) An exception of this nature should be envisaged in cases where workers in the undertaking are neither exposed to specific health risks nor obliged to do particularly trying work.

Bulgaria. Questions concerning workers' health care must be decided at the national level, for example by the National Assembly, the Parliament, etc. Lower bodies should therefore not be given the right, after consultation with the most representative organisations of workers and employers, to exclude branches of the economy or categories of workers from the application of relevant standard-setting instruments.

Canada. (1) The wording of the question is not clear, especially with respect to "special problems". These could refer to health hazards or problems of an administrative and logistic nature. In the latter case, if a given problem exists in a particular branch of activity and the same problem is also evident in another sector, it must be dealt with, whatever the "special problems" involved. There should not be a double standard. Temporary measures could be taken in certain circumstances, but the principle should not be sacrificed.

(2) In principle, no.

Colombia. Yes, provided that this possibility is limited to a maximum and that the workers excluded from the scope of the application should be guaranteed adequate protection.

Czechoslovakia. No; no group of undertakings or workers should be excluded from the scope of occupational health services.

Denmark. Yes; however, the Federation of Danish Trade Unions and the Federation of Danish Public Servants' and Salaried Employees' Organisation do not agree with this view.

Dominica. Yes, provided that this question is re-examined on a regular basis by a national occupational safety and health committee.

Egypt. Exclusions are acceptable, provided that they are within the narrowest possible limits and based on specific criteria.

Ethiopia. (1) Yes; a member State should be able to specify a more limited application by appending a declaration to its ratification.

(2) Yes; any member State having ratified the instrument under the conditions specified in (1) should indicate in its annual report to the ILO any progress made in extending its application.

France. No. The National Council of French Employers is only in agreement with (2) with respect to limited categories of workers.

Federal Republic of Germany. (1) Yes, but exceptions of this nature should only be prescribed for a limited period.

(2) Similarly these exceptions should only be prescribed for a limited period. This right of exception should not imply that workers who, as a result of new techniques, work at home (above all, tele-work), may be excluded from the application of the instrument.

Hungary. No, since the protection of workers against any health hazards which might arise from their work or working environment is necessary.

Jordan. (1) Referring to its reply to question 5, the Government believes that this provision should be included in a Recommendation and not in a Convention.

1 See under question 5.
Replies from governments and commentaries

(2) These exclusions are not necessary, provided that services are organised in undertakings where workers are exposed to specific health hazards. Each country should identify these health hazards.

Kenya. (1) No, as this sort of exclusion could become a source of abuse. It would be more appropriate to stipulate that certain sectors of economic activity or specific undertakings with considerable inherent problems should set up their own services which would then attempt to apply these instruments.

(2) No.

Madagascar. (1) No.

(2) Yes.

Mexico. (1) Yes, because some social security institutions could replace the employer in setting up services.

(2) No, because all workers, irrespective of the nature of their work, should benefit from occupational medicine.

Mozambique. Yes, because of the shortage of staff and lack of material and financial resources in developing countries.

Netherlands. (1) Yes.

(2) No.

New Zealand. (1) Yes. However, because of the large number of people who are self-employed or employed in very small undertakings (for example fishing, horticulture) consultation with “representative organisations of employers and workers” might be difficult.

Norway. (1) No. The Norwegian Employers’ Confederation nevertheless believes that this possibility should exist and that indeed it is a necessity in developing countries.

(2) In principle, no. However, the Norwegian Employers’ Confederation replies in the affirmative.

Panama. (1) It is not appropriate to provide for this exclusion because to do so would be tantamount to suppressing a right to which all workers should be entitled.

(2) No. The Government does not consider it acceptable that certain categories of workers could be excluded from the application of the provisions of the instrument. This would create a precedent, making it possible to infringe the provisions of the instrument; furthermore, it would introduce inconsistencies.

Portugal. The exclusion of certain branches of economic activity would be acceptable, provided that it is duly justified in the first report on the application of the Convention and is reviewed on a regular basis.

Romania. No. Occupational health services should be set up in any place in which workers are exposed to a health hazard.

Saudi Arabia. (2) It should be possible to exclude certain workers from the scope of the Convention, for example domestic workers and homeworkers.

Swaziland. (1) No, as this provision might lead to abuse, for example, to the exclusion of government employees, etc.

(2) Yes, as this could lead to the same abuse; however, it is necessary if the provision under question 5 provides universal coverage.

Tanzania. Yes, but after having carried out comprehensive research to justify this decision.

United Kingdom. This would only have a practicable effect in relation to a Convention. See under question 2.

United States. In view of the high cost of training medical personnel and maintaining health services, it would be very inefficient for a health organisation to maintain services
that could not be fully and effectively utilised. The competent authority, after consultation with the employers and workers concerned, should be able to decide if, and to what extent, these services are warranted. On the other hand, exclusions should, in principle, only be temporary, lasting until such time as the undertaking can successfully apply the instrument.

**Uruguay.** (1) If the consultation with professional organisations is made compulsory, this would exclude the possibility of the public services being included in the scope of the instrument as, in Uruguay, the employment conditions of these services are established by the public authorities.

**Zambia.** (1) Yes

(2) All workers in an undertaking to which the provisions of the instrument apply should be protected.

Although a majority of replies were in favour of the provisions contained in the present question, a fairly large number of governments raised objections and expressed serious reservations on the very concept of possibilities of exclusion. Some governments even pointed out that they would be tantamount to the suppression of a right to which all workers are entitled, that they could be felt as a discrimination and could, in any case, lead to abuse. In view of the varying opinions expressed and the seriousness of the objections raised, the Office did not consider that it could, at this stage, include provisions of this nature in the Proposed Conclusions. Moreover, bearing in mind the wide measure of agreement to the possibility of establishing priorities in the light of hazards existing at the workplace, mentioned in Point 6, it was of the opinion that a new provision for exemption was not indispensable. These provisions are therefore no longer included in the Proposed Conclusions.

### IV. Functions

**General**

**Qu. 8**

(1) Do you consider that the occupational health services should in particular ensure the following functions:

(a) supervision of the health of workers;

(b) supervision of the factors in the working environment which may affect the health of workers;

(c) promoting the adaptation of work to man;

(d) first-aid and emergency care;

(e) role of adviser on occupational hygiene and ergonomics;

(f) information and education in the field of health and hygiene in relation to work?

(2) Do you consider that in accordance with national practice, the occupational health services might engage in curative medicine?
Total number of replies: 73.

**Affirmative:** 46. Argentina, Bahrain, Brazil, Bulgaria, Burundi, Byelorussian SSR, Canada, Central African Republic, Chile, Cuba, Czechoslovakia, Denmark, Djibouti, Dominican Republic, Ecuador, Equatorial Guinea, Ethiopia, Gabon, German Democratic Republic, Ghana, Guinea, Guyana, Hungary, India, Kenya, Madagascar, Malaysia, New Zealand, Norway, Pakistan, Panama, Peru, Philippines, Rwanda, Saudi Arabia, Sri Lanka, Swaziland, Switzerland, Tanzania, Trinidad and Tobago, Tunisia, Turkey, Uganda, United Arab Emirates, United States, Zambia.

**Negative:** 2. Romania, United Kingdom.

**Other:** 25. Australia, Austria, Bangladesh, Belgium, Colombia, Cyprus, Dominica, Egypt, Finland, France, Federal Republic of Germany, Greece, Islamic Republic of Iran, Italy, Japan, Jordan, Mexico, Morocco, Mozambique, Netherlands, Portugal, Spain, Ukrainian SSR, USSR, Uruguay.

**Australia.** (1) The Government suggests the addition of the phrase “in co-operation with other specialists”.

(b) The Government proposes to replace “supervision” by “advice on”.

(c) The Government suggests that the word “man” should be replaced by “workers”.

(e) The Government proposes that the words “role of adviser” should be replaced by “advice”.

(f) The Government suggests adding the words “accident prevention” after “hygiene”.

It would be desirable to include a provision in the instrument whereby an undertaking which has access to facilities which provide the range of services mentioned in (a) to (f) would be able to meet the required standards. In this respect, the Government proposes that the provision in question 3 incorporate the notion of undertakings having access to these services, rather than implying their compulsory establishment within each undertaking.

(2) In principle, no.

**Austria.** (1) Yes, but the points mentioned below should be worded as indicated:

(b) “supervision of work procedures, substances used, working methods and factors in the working environment which may affect . . .”;

(c) “role of adviser on work stations and planning of working hours”;

The Government proposes to add a new clause, as follows:

“(g) co-operation with those responsible for individual safety at the work station”.

**Bahrain.** (2) Yes, in co-ordination with the health authorities concerned, when these services are part of national practice.

**Bangladesh.** (1) Yes.

(2) In developing countries it might be difficult to include curative medicine in occupational health services immediately.

**Belgium.** (1) Yes.

(2) Yes, provided that curative medicine does not detract from activities within the framework of preventive medicine.
Bulgaria. (2) Yes; if occupational health services engaged in curative medicine, it would be possible to analyse individual cases of temporary absences due to sickness and take direct and necessary action to improve the working environment accordingly.

Burundi. (1) (b) It should be pointed out that the head of the undertaking is responsible for studying the organisation of work stations.

Byelorussian SSR. Yes, in accordance with national practice.

Canada. (1) (a) The reply is in the affirmative in so far as the workers’ state of health could be modified or aggravated by factors at the workplace; however, care should be taken not to encroach upon the doctor-patient relationship in the private sector. A close relationship must be established with the family physician.

(f) It should be pointed out that the team approach to these problems has proven to be most effective.

(2) Yes, for emergency care, advice and the monitoring of certain conditions such as high blood pressure, with the consent of the family physician. Similarly, some degree of rehabilitation procedures could be worked into the occupational health services where it is acceptable to the community medical practitioners.

Colombia. (1) Yes, emphasising clause (b).

(2) As a general rule, these services are not equipped for these functions. However, on the basis of the instrument, steps should be taken to train staff and provide them with the necessary means.

Denmark. Yes; if the functions are to be listed by priority, the order of the clauses should be changed as follows: (b), (c), (e), (a), (f), (d).

Dominica. (1) (c) No.

(2) No, these services should only engage in preventive medicine.

Ecuador. (2) Yes, as far as possible and according to the size of the undertaking and number of workers.

Egypt. (2) Activities in the field of curative medicine should be limited and concern only the treatment of occupational diseases or illnesses related to work.

Ethiopia. (2) Yes. Due to the shortage of physicians and health services in some communities, especially in developing countries, workers may find it impossible to be treated by a physician or a health service. In these cases, the occupational health physician could provide care for occupational and non-occupational diseases.

Finland. (1) Yes, but clause (b) should be placed before (a).

France. (1) Yes.

(2) No. An exception could nevertheless be made for the vocational rehabilitation of handicapped workers.

German Democratic Republic. (1) (b) It should be pointed out that the undertaking should be responsible for the supervision of the factors in the working environment, under the control of the occupational health service.

Federal Republic of Germany. (1) One function is missing from the list, i.e.: “the experience acquired in carrying out the supervisory functions listed in (a) and (b) should serve to take measures aimed at improving the work stations”. See also the observations on questions 10, 11, 14, 17, 45, 49, 50, 53, 28.

(a) The notion of “supervision” seems too extensive.

(b) It should be pointed out that in the Federal Republic of Germany only the organisation of first aid is included among the functions of occupational health physicians (see also the remark on question 16).

(e) It is appropriate to mention that the Ministry of Labour has a broad interpretation of occupational hygiene and ergonomics (see also the observation on question 18).
Replies from governments and commentaries

Qu. 8

(2) No. The role of occupational health physicians must be preventive. It should be pointed out that occupational health physicians are not required to verify the justification of workers' absences or illnesses. This is necessary to ensure that workers have confidence in occupational health physicians (see question 40 on this subject).

Greece. (2) No. The role of these services is clearly preventive.

Guinea. Yes, to a certain extent.

Hungary. Yes. In Hungary occupational health services form part of the basic health structures which include curative medicine.

India. (2) The functions listed under (1) encompass a wide range of activities and if occupational health services also engage in curative medicine it might have an adverse effect on these functions. If, however, emphasis could be given to the notion of "national practice", there would be no objection to this activity.

Islamic Republic of Iran. (1) Yes.

(2) No, in the Islamic Republic of Iran the Ministry of Health and the social security organisations are engaged in curative medicine.

Italy. (1) The functions referred to should be considered as indicative and not as an exhaustive list since, with respect to some of them, for example (c), (e) and (f), the occupational health service has goals of a general nature.

Japan. (1) The ultimate responsibility for these functions should lie with the employer. The Government therefore proposes to insert the words "the competence to perform" before "the following functions".

(2) The principle of the preventive role of these services, as laid down in Recommendation No. 112, is still valid. It should therefore be maintained. Furthermore, it should be stipulated in (1) and (2) that medical treatment should be dispensed by persons qualified in accordance with the national law and practice.

Jordan. Occupational health services should be authorised to engage in curative medicine; however, the social security has different views on this subject and would prefer to remain completely independent.

Kenya. (2) Yes. Occupational health services are the best placed to look after those suffering from ailments such as diabetes, hypertension, etc., or to supervise the side effects of various chemical substances, since they are in contact with workers throughout the day. Health services at some distance from curative medical establishments should engage in both curative and preventive medicine, providing such services as hospitalisation, follow-up and public health services.

Malaysia. (2) Yes, it is essential that some form of curative medicine be provided under primary medical care.

Mexico. (2) This provision could only be applied in developing countries; however, it should be applied in accordance with national law and practice.

Morocco. (2) Occupational health services could, in accordance with national practice, engage in curative medicine.

Mozambique. (1) The Government is in agreement with the definition of occupational health adopted by the Joint ILO/WHO Expert Committee on Occupational Health.

(2) The service should give priority to preventive activities.

Netherlands. (1) (a) and (b) Yes, although it is not quite clear what is meant by "supervision".

(c) and (d) Yes.

(e) Yes, by accepting the view that an occupational health service is a multidisciplinary organisation in which safety experts and hygienists are incorporated.

(f) Yes.
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(2) Yes, in the sense of "giving advice".

New Zealand. (1) The functions of the service should also include a pre-placement health assessment.

Norway. (2) Yes; occupational health services might, in a limited way, engage in curative medicine, but these activities should not be carried out at the expense of preventive measures which constitute its main objective.

Panama. (1) (b) More emphasis should be given to psycho-social factors and conditions of insecurity, in order to include activities in the field of safety, industrial hygiene, work psychology, etc.

(c) Aspects of curative medicine and rehabilitation should be added.

(2) This would be an ideal solution if the occupational health services were authorised to provide care, but that would depend on the possibilities of each country. In cases where the medical service in the undertaking serves also as the local basic health institution, its activities should extend to members of the workers' family, while avoiding the duplication of services carried out by the competent state health organisation covering the area concerned.

Portugal. (2) Yes, with respect to first-aid and emergency care.

Romania. No, with respect to physicians specialised in occupational health. As far as curative medicine is concerned, it is provided by the plant infirmary. See under question 3.

Spain. (1) Yes, provided that (e) is within the field of occupational medicine.

(2) Yes, but only in relation to occupational medicine.

Sri Lanka. (1) (f) Yes, at least once a year.

Switzerland. (2) Yes, but only in exceptional cases. This should not in any case be a regular function of the occupational health physician.

Tanzania. (2) Yes, especially if the international programme "Health for all" is to be achieved.

Trinidad and Tobago. (2) The National Health Service provides care within the framework of curative medicine and all workers have access to these services. Some industrial undertakings provide their employees with curative medical services; these practices should therefore continue.

Ukrainian SSR. (1) There should be special provisions for countries in which occupational health services play a basically preventive role and for others in which these services also engage in curative medicine.

(2) Yes, if medical practitioners are employed by these services.

USSR. (1) In the light of experience concerning the distribution of functions within an occupational health service (curative and preventive medicine, on the one hand, and health care, on the other hand), it seems advisable that this service should engage primarily in preventive medicine and not be directly concerned with diagnoses and providing care. The occupational health service should identify the workers in need of a medical examination, verify the quality of these examinations and assess the results of these check-ups with respect to the working conditions; furthermore, in co-operation with the service engaged in curative medicine, it should study measures likely to improve the health of every individual and the whole of the staff. The occupational health physician can supervise workers' health by analysing the statistical documents on the general morbidity and occupational deaths within the undertaking and by studying the health of each individual worker, by means of surveys, etc.

The draft of the future instrument could include special provisions for countries in which occupational health services are mainly geared to prevention and for other countries in which these services are engaged in both preventive and curative medicine.
(2) Yes, provided the occupational health service includes physicians trained in curative medicine.

United Arab Emirates. (1) (b) Occupational health services should participate in the supervision of the working environment so as to avoid any encroachment upon the field of competence of chemists working on this matter.

(c) This collaboration should be restricted to health matters.

(e) Occupational health services should take part in these advisory activities so as to avoid any overlapping of fields of competence.

United Kingdom. (1) Each service should only take on those functions appropriate to the particular undertaking and in co-operation with other relevant services such as the occupational safety department. Where an employer has specific duties under the law, he may choose to do this by setting up an occupational health service but he can make other arrangements. Responsibility for these functions rests with the employer rather than with the service which carries them out.

(2) No. Occupational health services should only provide emergency treatment.

United States. (1) Yes, it would be appropriate to include research activities among these functions.

(2) Yes, but not to the extent that it might preclude attention to preventive activities. The role of curative medicine within an occupational health service should be set up in accordance with the existing health systems and, in a broader sense, with national practice.

Uruguay. (1) (c) and (e) Yes, but incorporated in a multidisciplinary working group.

(2) In Uruguay the State Social Insurance Bank holds a monopoly in the field of occupational accidents and diseases; it is in charge of curative medicine. Occupational health services can therefore only administer first-aid and emergency care.

Although the majority of governments were generally in agreement with the list of functions under paragraph (1), there were objections as to the way they were expressed; the wording of the question apparently failed to emphasise sufficiently the fact that these functions are mainly of a preventive nature and specifically cover health problems related to work.

These concerns probably arise from the fear that some services in the field of curative medicine, including first aid, might encroach upon the priorities of preventive medicine which are an intrinsic part of these services. The Office has taken these objections into account in drafting the provisions now contained in Point 7.

With respect to paragraph (2), the observations received would seem to point to the fact that, depending upon the local practice and situations, occupational health services might engage in curative medicine; however, care should be taken to ensure that they do not detract from preventive activities intrinsic to the service and do not clash with the national health organisation and the private sector. Taking into account the many reservations expressed on this paragraph, the Office considered that it would be more appropriate to include it in the Proposed Conclusions with a view to a Recommendation and to introduce an additional reservation, suggested moreover in one of the observations, by adding the words "authorised by the competent authority". Thus amended, this provision is included in Point 27.

Furthermore, some governments were concerned that the wording of questions 4 and 8 (1) gave the impression that occupational health services could be
entrusted with functions which were incumbent upon each employer in regard to the health and safety of his employees. The Office considered that this particularly important matter merited clarification and proposes to add a specification to this effect, already included in other ILO instruments, at the beginning of Point 7 of the Proposed Conclusions with a view to a Convention as well as at the beginning of Point 66 (1) of the Proposed Conclusions with a view to a Recommendation.

Qu. 9  Taking into account the organisation of preventive medicine at the national level, do you consider that occupational health services should, as appropriate, collaborate with health authorities within the framework of public health programmes?

Total number of replies: 72.

Affirmative: 68. Argentina, Australia, Austria, Bahrain, Bangladesh, Belgium, Brazil, Bulgaria, Burundi, Byelorussian SSR, Canada, Central African Republic, Chile, Colombia, Cuba, Cyprus, Denmark, Djibouti, Dominica, Dominican Republic, Ecuador, Egypt, Equatorial Guinea, Ethiopia, Finland, France, Gabon, German Democratic Republic, Federal Republic of Germany, Ghana, Greece, Guinea, Guyana, Hungary, India, Islamic Republic of Iran, Japan, Jordan, Kenya, Madagascar, Malaysia, Mexico, Morocco, Netherlands, New Zealand, Norway, Pakistan, Peru, Philippines, Portugal, Romania, Rwanda, Saudi Arabia, Spain, Sri Lanka, Swaziland, Tanzania, Trinidad and Tobago, Tunisia, Turkey, Uganda, Ukrainian SSR, USSR, United Arab Emirates, United Kingdom, United States, Uruguay, Zambia.

Other: 4. Czechoslovakia, Mozambique, Panama, Switzerland.

Austria. Yes, but this collaboration should not bring about a reduction in preventive health functions within the service.

Byelorussian SSR. Yes. On a permanent basis.

Czechoslovakia. Occupational health services should not only collaborate with health bodies and authorities within the framework of public health programmes but also be administered and directed by these authorities.

Dominican Republic. Yes, in case of necessity.

Ethiopia. Yes, for immunisation programmes for workers and their families.

France. Yes, in so far as this is compatible with question 8 (1). The National Council of French Employers points out that in France the employers bear the costs of occupational medicine, whereas the cost of health programmes is financed by the State.

Federal Republic of Germany. The word “should” is too strong. It would be enough to refer to possibilities.

Ghana. Yes; however, the extent of this collaboration should depend upon national circumstances.
India. Yes, provided that the governments may be selective when deciding upon collaboration with the public health authorities.

Madagascar. Yes. The words "as appropriate" do not go nearly far enough. It is indispensable that occupational health should be within the framework of health programmes. However, in view of the present effort to provide care to all those who need it, the functions should be separate or complementary. Any confusion would weaken the system.

Mozambique. Occupational health services must be incorporated into the national health system, because they should treat illnesses which have not been caused by working conditions.

Netherlands. In principle, yes, in so far as the activities of the occupational health services have a direct bearing on preventive medicine at the national level, such as the registration of accidents, mortality, the early detection of dangerous factors, etc.

New Zealand. The Government has adopted the WHO objective of "Health For All" by the year 2000. Health is not a divisible concept. It is therefore important that occupational health services are organised as a part of the preventive medical services provided within the framework of this programme.

Panama. Occupational health services, whether they are attached to an undertaking or depend on the State, must be in line with health programmes drawn up by the competent authority because workers' health is an aspect of public health. This implies that these services must be regulated by the authorities in the competent health sector and be bound to implement the programmes drawn up by the authorities.

Portugal. Yes, provided that there is a guarantee that this activity will not divert the service from its main functions.

Romania. Yes, with respect to the specific health problems in the undertakings they cover.

Switzerland. Occupational health services must be able to collaborate with the public health authorities, in so far as the matters concerned are within the realm of occupational medicine.

Uganda. Yes, as workers live in a community and are part of the general population.

Ukrainian SSR. Yes, this collaboration should be on a permanent basis.

USSR. Yes; they should not only collaborate "as appropriate" but on a permanent basis.

United States. Yes; occupational health services should constitute an integral component of the overall health system, including public health programmes. This solution has worked well in the United States.

A very large majority of governments agreed that collaboration in public health programmes was desirable, even necessary. In this context, some concern was also expressed as to the extent of this collaboration; some governments had reservations, whereas others wished to see the activities of occupational health services attached more closely or even incorporated into the framework of public health programmes. The Office did not consider that it was appropriate, at this stage, to make amendments to this provision which has been included in the Proposed Conclusions (Point 26 (c)).
Supervision of the health of workers

Qu. 10  (1) Do you consider that the supervision of the health of workers should include, under the conditions specified by the competent authority:
   (a) a pre-employment medical examination;
   (b) periodic examinations at appropriate intervals;
   (c) biological or other examinations or investigations necessary to assess the exposure of workers to occupational hazards and to supervise their health condition?
(2) Should this health supervision include examinations after the termination of certain assignments involving long-term health risks?
(3) Should this health supervision also include other examinations?

Total number of replies: 72.

Affirmative: 62. Argentina, Australia, Austria, Bahrain, Bangladesh, Belgium, Brazil, Bulgaria, Burundi, Byelorussian SSR, Canada, Central African Republic, Chile, Colombia, Cuba, Cyprus, Djibouti, Dominica, Dominican Republic, Egypt, Equatorial Guinea, Ethiopia, Finland, France, Gabon, German Democratic Republic, Ghana, Greece, Guinea, Guyana, Hungary, India, Islamic Republic of Iran, Jordan, Kenya, Madagascar, Malaysia, Morocco, Mozambique, Netherlands, New Zealand, Norway, Pakistan, Panama, Peru, Portugal, Romania, Rwanda, Saudi Arabia, Spain, Sri Lanka, Swaziland, Switzerland, Tanzania, Trinidad and Tobago, Tunisia, Turkey, Uganda, Ukrainian SSR, USSR, United Arab Emirates, Uruguay.

Other: 10. Czechoslovakia, Denmark, Ecuador, Federal Republic of Germany, Japan, Mexico, Philippines, United Kingdom, United States, Zambia.

Australia. Yes; however, care should be taken to ensure that standards set for pre-employment medical examinations do not become vehicles to retard the assimilation of certain disadvantaged groups into the workplace.

Austria. (1) Yes. However, instead of referring to “pre-employment” examinations, it would be better to mention examinations “of aptitude”.
   (2) Yes, but only for workers who have been exposed to hazards within the undertaking. The possible effects to health resulting from functions carried out in other undertakings cannot be checked.
   (3) Health supervision should only include examinations to determine whether the worker concerned is fit to carry out certain activities or to make an early diagnosis of health impairments resulting from work.

Byelorussian SSR. Yes, including, as far as possible, preventive supervision.

Canada. (1) (a) A pre-employment medical examination would be contrary to human rights legislation. The worker must first be accepted for employment and can then be subjected to a pre-placement examination to determine if he can carry out the job for which he has applied. Pre-employment examinations should only be used in certain cases and under conditions specified by the competent authority.
   (c) These examinations could be useful. Furthermore, it should be pointed out that examinations of this nature are complementary to the results of environmental monitoring
and serve to verify the efficacy of preventive measures which have been implemented.

(3) Special examinations should be made available to workers in some cases, bearing in mind nevertheless the health hazards they might involve. It is indispensable that the worker should give his consent.

*Colombia.* (1) and (2) Yes.
(3) Yes, in connection with the type of work concerned.

*Czechoslovakia.* (3) The supervision of workers' health should also incorporate additional medical examinations which would be compulsory in specific cases, for example after a prolonged illness.

*Denmark.* (1) (a) No. However, the Danish Employers' Confederation does not agree.
(3) Yes, if necessary.

*Ecuador.* (1) (a) No, as this could be made compulsory when recruiting workers and become a factor of discrimination used by the undertaking.

*Egypt.* Other examinations should only be carried out if they contribute towards making an early detection of symptoms or towards follow up of the development of occupational diseases.

*Ethiopia.* (1) Yes. Furthermore, the services should keep medical files up to date, which could then be used to assess long-term occupational health trends.
(3) Yes, if results obtained by biological monitoring are found to be abnormal or doubtful.

*France.* (1) Yes, but also after a long break from work for health reasons. The National Council of French Employers proposes that the words "biological or other" should be replaced by the word "supplementary".

(2) Yes. The National Council of French Employers is of the opinion that if the medical supervision of workers includes examinations after the termination of work, this would be tantamount to placing exclusively on the employers (or the last employer of an undertaking presenting health hazards) the burden of detecting those occupational diseases (or suspected as such) with a delayed reaction and of monitoring a very large number of pensioners (or hard-core unemployed workers). This might lead to employers having to bear the cost of the permanent medical monitoring of persons, whether economically active or not.

*Federal Republic of Germany.* (1) (a) Yes, in so far as these examinations are related to occupational health and not general check-ups on the worker's state of health.
(b) Yes, in so far as those concerned carry out functions with inherent health hazards (not for all functions).
(c) Yes, when these workers are particularly exposed to the effects of chemical products, and in so far as the examination procedures or appropriate biological investigations are specified.

(2) Yes; however, for practical reasons, these examinations should only be carried out in the beginning on effects already proven to have been caused by carcinogenic substances.

(3) No, only examinations related to occupational health should be carried out.

*Ghana.* (3) Yes, where appropriate, for example in the case of an absence after a prolonged illness, accident, etc.

*Guyana.* (1) (b) Only in those cases where the nature of the work exposes the workers to health hazards.

*India.* (2) Yes, in so far as this is possible. However, this provision might create real difficulties in a developing country such as India because it would be difficult to trace workers once they had left their job and returned home. It would therefore be preferable that the government has an option on this matter.
Japan. (1) (a) In order to bring the relevant legislation in various countries, including Japan, into line, it is proposed that this clause should be changed to read: "a medical examination for or immediately after employment".

(3) It is not necessary to provide for other examinations.

Jordan. (1) (a) and (b) The supervision of the health of workers should include the pre-employment medical examination which should be compulsory in all branches of economic activity. However, the periodic medical examination should be carried out in the light of the occupational health hazards to which the workers are exposed.

Madagascar. (3) Yes; employers, workers or the occupational health physician should be able to demand a medical examination if they consider it necessary.

Malaysia. (3) Yes, at the physician's discretion.

Mexico. (1) and (2) The competent official authorities in this matter are responsible for supervising the application of legal standards pertaining to the prevention of occupational accidents and diseases. The wording of this provision is therefore interpreted as making it possible to apply the instrument in accordance with the conditions laid down by these authorities.

(3) These examinations should be geared towards detecting occupational diseases.

Mozambique. (3) Yes, those concerned with the prevention of occupational hazards.

Netherlands. (1) (a) and (b) Yes.

(c) Yes, but see answer to question 11.

(2) Yes, in principle.

(3) Yes.

New Zealand. (1) (a) The Government would prefer the words "pre-placement health examination"; the term "health" examination is preferred to "medical" examination as the examination is deliberately limited in scope. Its purpose is to determine whether the employee is fit to do the job under consideration and to ensure that the job will not adversely affect his health. This procedure should therefore be carried out even when employees move from job to job within the same undertaking. In practice, this would require agreement between the unions and employers.

(b) and (c) Yes, if there are potential occupational hazards to justify these examinations.

(3) Yes, in principle. It might, however, be difficult to ensure that this provision is applied in New Zealand because of the movement of the labour force in this country. Its implementation would involve the establishment of a special record-keeping system, to ensure that the information remains confidential.

Norway. (2) Yes. The Norwegian Employers' Confederation is of the opinion that these activities cannot be regarded as a normal part of an occupational health programme and that they border more on social security legislation.

Panama. (1) The Government is in agreement with the examinations proposed under this question. Two points should be encouraged: first of all, there should be permanent supervision of workers suffering from chronic illnesses who cannot be reinstated in their jobs; second, there should be check-ups after the termination of certain assignments, especially in the case of work on a specific job or for a specific period.

Philippines. (3) Yes; there should be appropriate examinations for the supervision of the health of special categories of workers, such as women, young persons and those exposed to special hazards.

Sri Lanka. (3) Yes, when necessary.

Switzerland. (3) This item seems superfluous.

Tunisia. (3) This health supervision should also include other examinations such as:
examinations upon resuming work and examinations to detect such illnesses as tuberculosis, hydatidosis, cardiovascular diseases, cancer. This health supervision should be associated with the anti-smoking and anti-alcohol campaigns, family planning and sporting programmes at the national level.

**Uganda.** (1) All workers should be subject to a pre-employment medical examination. The other examinations depend upon the type of hazards to which the workers are exposed.

**United Kingdom.** (1) Any or all of these methods might be appropriate in certain circumstances. It is for the competent authority to decide whether or not to prescribe them and, if so, under what conditions.

(2) Yes, where this is appropriate.

(3) No, but the occupational health service might co-operate with other organisations for this purpose.

**United States.** (1) In many workplaces, workers' health can be directly affected by the working environment. In such cases, it is appropriate to require pre-employment and periodic medical examinations. The National Institute for Occupational Safety and Health prescribes these examinations but biological monitoring is not routine practice. Before recommending this examination, it demands that the potential benefit to the workers' health must be demonstrated. Two important points should be considered with regard to this paragraph: first, in determining what examinations are needed, there should be a differentiation between industries; second, care must be taken to ensure that the medical data on the workers remain strictly confidential to preclude their potential use for discriminatory purposes.

(2) Yes.

(3) The decision on whether to include other examinations should be left up to the competent authority.

**Uruguay.** (3) There could be an examination geared towards determining a worker's fitness for a particular job (job fitness certificate).

**Zambia.** (1) (b) No, this depends on the presence of health hazards.

There was almost unanimous agreement concerning the appropriateness of undertaking health supervision which would include both medical and supplementary examinations. There was some criticism of the pre-employment medical examination on the grounds that this could infringe human rights or was not sufficiently geared to clearly defined aims. The Office considered that it would be appropriate to specify more clearly the reasons for this examination and, acting on some observations in this respect, it proposes to replace the words “pre-employment” by the words “before assignment”; this indicates the general direction this examination should take and avoids giving the impression that this type of examination might infringe upon the principles of the right to work (*Points 8 and 28*). Clause (b), on periodic examinations, has also been reconsidered as some governments rejected the concept of introducing generalised controls of this kind unless there was evidence that the person concerned had been exposed to specific hazards, or stated that these check-ups should be carried out, in particular, for certain categories of workers requiring special supervision (such as young persons, women, migrant workers, older workers, disabled persons, workers holding responsible positions). These proposals have been taken up in the Proposed Conclusions (*Points 8 and 28*). The Office also considered it useful to follow up the proposal made by several governments concerning the need to mention medical examinations on resumption of work after a prolonged absence.
for health reasons or when it is medically justified for the purpose of detecting possible occupational causes of health impairments; a new clause to this effect is now contained in the Proposed Conclusions with a view to a Recommendation (Point 28). Clause (c) in the question did not give rise to objection and has been included under Point 8; it also appears under Point 29 (1).

With respect to paragraph (2), it was pointed out that some countries would find it extremely difficult to ensure the follow-up of the workers in question and that the allocation of the cost of these examinations would cause problems. As the large majority of countries nevertheless expressed themselves in favour of this provision, it has been included in the Proposed Conclusions with a view to a Recommendation (Point 28), on the understanding that, having established the general principle, it is up to each country to adopt a method adapted to its national situation and practice to apply it.

Qu. 11  
With a view to the early detection of health impairments due to specified occupational hazards might biological monitoring be used to identify workers who need a detailed medical examination?

Total number of replies: 72.

Affirmative: 66. Argentina, Australia, Bahrain, Belgium, Brazil, Bulgaria, Burundi, Byelorussian SSR, Canada, Central African Republic, Chile, Colombia, Cuba, Cyprus, Czechoslovakia, Denmark, Djibouti, Dominica, Dominican Republic, Ecuador, Egypt, Equatorial Guinea, Ethiopia, Finland, France, Gabon, Federal Republic of Germany, Ghana, Greece, Guinea, Guyana, Hungary, India, Islamic Republic of Iran, Jordan, Kenya, Madagascar, Malaysia, Mexico, Morocco, Mozambique, New Zealand, Norway, Panama, Peru, Philippines, Portugal, Romania, Rwanda, Saudi Arabia, Spain, Sri Lanka, Swaziland, Switzerland, Tanzania, Trinidad and Tobago, Tunisia, Turkey, Uganda, Ukrainian SSR, USSR, United Arab Emirates, United Kingdom, United States, Uruguay, Zambia.

Negative: 4. Austria, Bangladesh, German Democratic Republic, Pakistan.

Other: 2. Japan, Netherlands.

Australia. Yes, although with regard to individual rights, it might only be practicable on a voluntary basis.

Austria. Other examinations to obtain information on health impairments due to occupational hazards should be left up to the competent bodies outside the undertaking.

Bangladesh. This question should be left to the member States.

Byelorussian SSR. If during periodic examinations of workers in which biological monitoring is used, there is early detection of health impairments in these workers, they should be subjected to a detailed medical examination.

Canada. Biological monitoring is very useful in some cases but might lead to the oversight of other clinical manifestations of disease which sometimes occur prior to biological tests becoming positive.
Denmark. Biological monitoring may be necessary for the identification of some occupational hazards. However, the detection of health impairments is the poorest form of prevention.

France. Yes, in principle, provided that this biological monitoring is not used for the purposes of genetic selection.

German Democratic Republic. Yes, in so far as appropriate methods are used.

Federal Republic of Germany. Yes. This monitoring should also, after all, aim at improving work safety and working conditions.

Ghana. Yes, if necessary.

Hungary. Yes; in Hungary biological monitoring is regulated by legislation.

Japan. Yes; however, if it has not been proven that the biological monitoring is in relation with a specific occupational disease, it should not be used. This should be clearly stated in the provision.

Kenya. Yes, as this method may serve as a warning as to which workers are likely to develop an occupational disease.

Madagascar. Yes; however, the Government wonders whether that has not already been covered under question 10 (especially (b) and (c)).

Netherlands. Yes; however, a worker should also be protected against examinations which are not strictly necessary and when they might present a risk in themselves.

New Zealand. Yes; as an example, the regular estimation of blood-lead concentration provides an effective method of ensuring that those who work with this method do not run the risk of excessive lead absorption. This procedure is followed in New Zealand.

Pakistan. It will be difficult to use biological monitoring in many developing countries. In these cases, environmental monitoring is therefore more appropriate.

United Kingdom. Yes, where this is appropriate.

United States. Biological monitoring can be an important means of identifying health impairments in the early stages of development, where it has been demonstrated to provide reliable data. However, it is a complex and costly method and should be restricted to areas where it is proven to be effective.

Uruguay. Yes, to the extent permitted by available means.

The governments were nearly unanimous in their support for this question, apart from some reservations concerning the specificity and validity of this monitoring and concerning whether it was appropriate or essential that it be regulated by the competent authority. Indeed, for practical purposes this procedure, as one government pointed out, enters into the framework of the examinations stipulated in clause (c) of the previous question; the Office decided to examine this matter separately because the widespread and systematic application of this fairly recent method of detection, while relatively new, has the advantage, when it takes the form of a real biological "monitoring", of making an early diagnosis of the "effects" on the biological parameters before one can even begin talking about a health impairment. This provision has now been incorporated with the provision concerning biological or other investigations and is included in the Proposed Conclusions with a view to a Recommendation (Point 29 (2)). Indeed, the biological examinations used are generally the same; however, in the second case, their use is more systematic and more geared towards the detection of "early effects" on health.
Qu. 12  

Do you consider that the occupational health services might:

(a) carry out vaccinations in respect of biological hazards in the working environment;

(b) take part in preventive medicine campaigns in cases specified by the competent authority?

Total number of replies: 72.

Affirmative: 64. Argentina, Australia, Austria, Bahrain, Bangladesh, Belgium, Brazil, Bulgaria, Burundi, Byelorussian SSR, Canada, Central African Republic, Chile, Colombia, Cuba, Czechoslovakia, Denmark, Djibouti, Dominica, Dominican Republic, Ecuador, Egypt, Equatorial Guinea, Ethiopia, France, Gabon, German Democratic Republic, Federal Republic of Germany, Ghana, Greece, Guinea, Hungary, India, Kenya, Madagascar, Malaysia, Mexico, Morocco, Mozambique, New Zealand, Norway, Pakistan, Panama, Peru, Philippines, Portugal, Rwanda, Saudi Arabia, Spain, Sri Lanka, Swaziland, Switzerland, Tanzania, Trinidad and Tobago, Tunisia, Turkey, Uganda, Ukrainian SSR, USSR, United Arab Emirates, United Kingdom, United States, Uruguay, Zambia.

Other: 8. Cyprus, Finland, Guyana, Islamic Republic of Iran, Japan, Jordan, Netherlands, Romania.

Argentina. Occupational health services should take part in all preventive medicine campaigns, whatever their form.

Austria. Yes. However, the occupational health services should not carry out functions of this nature unless they are paid by the employer and with the agreement of the workers. Care should be taken to ensure that the time devoted to these activities should not encroach upon that allocated for the specific activities of the "occupational health physician".

Bahrain. (b) Yes, as specified by the competent authority.

Cyprus. (a) No. Occupational health services should not be used as a substitute for health services as the expense of their primary duties.

(b) Yes, as regards work-related conditions.

Finland. (a) No.

(b) Yes, provided that these campaigns concern problems connected with working conditions. General health education should be carried out on a voluntary basis.

France. (a) Yes. The National Council of French Employers adds: provided that the necessary authorisation is obtained; furthermore, there is a danger that the occupational health and public health sectors might overlap.

Gabon. Yes, for the developing countries.

Guyana. (a) No. These activities come under the public health authorities.

(b) Yes.

Islamic Republic of Iran. (a) No. This does not seem necessary except for emergency cases.

(b) Yes, if necessary.

Jordan. (a) No, there are other departments at the Ministry of Health in charge of this activity.

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1 See under question 8.
(b) Yes, as occupational health services form a part of community medicine and their scope covers a sector of the community.

**Madagascar.** (b) But the activity would then be extended to workers in the undertaking and to their families.

**Netherlands.** (a) Yes, but only under special conditions.  
(b) Yes.

**Norway.** (a) Yes. However, the Norwegian Confederation of Trade Unions disagrees with this provision except in cases of emergency.  
(b) Yes, the undertaking should be able to take this decision itself after having discussed it with the workers' organisations.

**Panama.** To do so would be positive. Furthermore, the Government is of the opinion that the mass vaccination of workers should constitute a basic aspect of preventive occupational medicine.

**Portugal.** Yes; however, these are matters which should be included in a Recommendation.

**Romania.** (a) No, as there are other institutions for these activities.  
(b) Yes, if they concern occupational health problems.

**Saudi Arabia.** (a) Yes, in co-operation with the competent authorities.

**Tunisia.** Occupational health services could carry out vaccinations in respect of certain biological hazards in the working environment, especially in the case of tetanus.

**United Kingdom.** Yes, in agreement with general primary care services.

**United States.** There is no reason to restrict arbitrarily an occupational health service in its activities. The ultimate consideration, however, should be national practice and what the most effective delivery system is.

The large majority of governments were in favour of this activity; some insisted on the importance of vaccinations as a form of medical prevention against biological hazards directly related to specific types of work (for example tetanus), whereas others expressed reservations on the appropriateness of assigning to the occupational health services the task of carrying out vaccinations against biological hazards in general and preferred that this be left to the public health services. However, it should be pointed out that almost all the governments which replied to the questionnaire agreed that occupational health services might, on a voluntary or even compulsory basis in the case of an epidemic, for example, take part in preventive medicine campaigns (question 12) and public health programmes (question 9). In the light of the replies received, the Office considered it appropriate to group all the provisions under questions 9 and 12 in the Proposed Conclusions with a view to a Recommendation (Point 26).

(1) Should the instrument(s) provide that, on the conclusion of medical examinations designated to determine fitness for a particular job, occupational health physicians should issue a job fitness certificate?  
(2) If so, to whom should this certificate be delivered and what information should it contain?

Total number of replies: 73.
**Affirmative:** 62. Argentina, Australia, Austria, Bahrain, Bangladesh, Belgium, Brazil, Bulgaria, Burundi, Canada, Central African Republic, Chile, Colombia, Cuba, Cyprus, Czechoslovakia, Djibouti, Dominica, Dominican Republic, Egypt, Equatorial Guinea, Ethiopia, Finland, France, Gabon, German Democratic Republic, Ghana, Greece, Guinea, Guyana, Hungary, India, Islamic Republic of Iran, Italy, Jordan, Kenya, Madagascar, Malaysia, Mexico, Morocco, Mozambique, New Zealand, Pakistan, Panama, Peru, Philippines, Portugal, Romania, Rwanda, Saudi Arabia, Spain, Sri Lanka, Swaziland, Switzerland, Tanzania, Trinidad and Tobago, Tunisia, Turkey, Ukrainian SSR, USSR, United Arab Emirates, Zambia.

**Negative:** 3. Denmark, Federal Republic of Germany, Norway.

**Other:** 8. Byelorussian SSR, Ecuador, Japan, Netherlands, Uganda, United Kingdom, United States, Uruguay.

**Argentina.** A worker should be issued with a certificate specifying his state of health and fitness for the job proposed.

**Australia.** The certificate should be given to the personnel department within the undertaking and to the worker concerned. A copy should be kept by the occupational health service. The certificate should contain a statement of fitness for a particular job and note any limitations for specific types of tasks. It should also contain information about previous injuries which might be aggravated. A standard format appropriate for computerisation is recommended.

**Austria.** (2) This certificate should only mention whether or not the person concerned is fit for the job in question. It should be submitted to the employer and to the labour inspection authority.

**Bahrain.** (2) The certificate should be given to the worker concerned and to the personnel department in the undertaking. It should provide the information prescribed by the competent authority and be essentially related to a worker's fitness or lack of fitness for a particular job.

**Bangladesh.** (2) The certificate should be delivered to the worker with a copy to the employer.

**Brazil.** (2) The certificate in question should be delivered to the personnel department of the undertaking, pointing out the worker's fitness or lack of fitness for a particular job he is assigned to do or already doing.

**Bulgaria.** The observations of the occupational health services should be recorded on the workers' files, as well as in the medical certificate which can be submitted to other public health organisations for obtaining suitable treatment, or even to the competent service when, for example, a worker is recruited for a particular job.

**Burundi.** (2) The certificate is delivered to the employer who must produce it upon request from the inspectorate of labour and manpower. It should contain information concerning the physical and mental fitness of the candidate for a specific job, taking into account his state of health.

**Byelorussian SSR.** Yes. The occupational health service issues a certificate concerning any possible change of job in relation to a worker's deteriorating state of health.

**Canada.** (2) If the person is fit for work, the certificate can be issued to the worker and to the employer without mentioning any ailments whatsoever. However, if the worker is unfit for the particular job in question, the certificate should be delivered to him alone. Furthermore, the reasons for this lack of fitness should be explained to him in detail and it is then up to him to bring the certificate to the employer's attention. Permission to advise
the employer that the examination has taken place need not be sought; however, it is considered extremely important that consent be obtained, in writing, to send the employer a copy of the certificate issued to the worker, unless, as in the case in Quebec, the certificate is required by legislation. In no case should a diagnosis be divulged to a third party without the express written (and witnessed) consent of the person concerned.

Central African Republic. The certificate should be delivered to the worker concerned, as negative findings on his health should not be allowed to harm his professional career.

Colombia. (2) The certificate should be delivered to the employer, with a copy for the worker. It should contain information on the worker's health problems and the hazards to which he is particularly vulnerable.

Cuba. (2) The certificate is delivered to the worker. It should mention whether he is fit or unfit for the job in mind and, if he is judged unfit, it should stipulate the action to be taken.

Czechoslovakia. (2) The job fitness certificate should be delivered both to the worker concerned and to the undertaking in which he is employed or seeking employment.

Denmark. No. However, the person examined should be given the necessary explanations so that he might then consider the hazards to which he will be exposed.

Djibouti. (2) The certificate should be delivered to the employer and to the worker, containing information on the latter's state of health.

Dominica. The certificate should be delivered to the employee with a copy to the employer.

Dominican Republic. The certificate should be issued to the future employer. It should contain information on the worker's age and state of health, as well as on illnesses from which he has suffered and any other facts the physician considers might be useful for the future employer.

Ecuador. (1) Only for jobs involving work with dangerous substances or exposure to health hazards. With respect to this question, it would be appropriate to refer to the specific standards laid down in other international instruments adopted by the ILO.

Egypt. The certificate should be delivered to the future employer, because he must be informed of the worker's fitness to work. Apart from the declaration of general physical fitness, the certificate should include the results of examinations on organs most likely to be affected by exposure to occupational hazards.

Ethiopia. (2) Yes, to the employer. The certificate should contain the worker's name and age, as well as the date of the examination and the type of job for which he is fit.

France. (2) The certificate should be delivered to the person in charge of the assignment of workers. It should be concerned only with job fitness. It may also exclude certain types of work and propose other assignments. It should not contain a medical diagnosis but be formulated in functional terms.

Gabon. (2) The certificate should be delivered to the employer and should indicate whether the worker is fit or not fit or temporarily unfit.

Federal Republic of Germany. Such a perfectionist system of supervision is likely to cause many problems; the worker hardly gains any practical advantages and it opens the way for many possibilities of abuse. A normal statement on the worker's health by the physician (with an account of the reasons) is sufficient.

Ghana. The certificate should be issued to the employer and, if necessary, to the worker concerned under the conditions laid down by the competent authority. It should include any of the worker's physical or mental impairments which might prevent him from carrying out a particular job as he should.

Greece. (2) It should be delivered to the personnel office of the undertaking, mentioning whether the worker is "fit" or "unfit" for the job in question.
Guyana. (2) The certificate should be delivered to the employer. It should specify the type and scope of the examination and certify whether the worker is fit to undertake the job in question.

Hungary. (2) The employer and the worker should be informed of the results of the examinations. The certificate should only mention whether the worker is fit or unfit for the job.

India. (2) The certificate should be delivered to the head of the undertaking who must make it available for inspection. It should contain information regarding the worker's state of health and the reasons for declaring him fit or unfit for a particular job; the details can be left to the government.

Islamic Republic of Iran. (2) A copy of the certificate should be sent to the body supervising the functioning of the occupational health services.

Italy. On the assumption that the aim of this procedure is to determine fitness for a particular job, the certificate containing the reply to precise questions with respect to recruitment or the continuation of the worker's assignment may be sent to the employer.

Japan. This provision should be made more flexible to permit of other ways of communicating results of the medical examinations in question.

Jordan. (2) The certificate should be delivered to the management of the undertaking with a copy to the competent occupational health authorities.

Kenya. (2) The certificate should be delivered to the employer and should state whether or not the worker is fit to undertake a particular job. The certificate should also make it clear that it is not a guarantee that the worker will not be affected by adverse occupational health hazards.

Madagascar. (2) Two copies of the certificate should be drawn up: one for the worker and one for the employer, mentioning only whether the worker is fit or not to undertake the job in question, without giving the reasons.

Malaysia. (2) The certificate should only contain the contra-indications, if any, to the specific job. No personal medical information of any nature should be stated in the certificate. The certificate should have a period of validity depending on the type of job and must be reviewed from time to time as specified by the occupational health physician. It should be given to the supervisor of the relevant section. However, the Workers' Organisation is of the opinion that a copy of the certificate should also be given to the worker concerned.

Mexico. The certificate should be delivered to the employer, to the worker and to the competent occupational health authorities. It should include: identification elements, important aspects of the worker's personal medical history, the results of the complete medical check-up, an assessment of the work station, the comparison of the medical data with the type of work involved and conclusions. It is up to the competent authority to decide what should be contained in the certificate.

Morocco. This certificate should be delivered to the labour inspector and the employer. It should contain the following information: the worker does not suffer from a serious illness which might affect his health or that of his colleagues; and the type of work he is capable of doing.

Mozambique. (2) The certificate should contain the following information: the worker's fitness to do any work; his fitness to do light work; in some cases it could give more details in connection with the activities carried out within the undertaking in order to direct the worker towards a different job.

Netherlands. This question is at present under discussion in the Netherlands. No position can yet be taken on this matter.

New Zealand. (1) Yes, with qualifications. In the case of a disabled worker, the physician may well consider that if the nature of the work were changed he could do that work. The certificate should therefore provide for this.
(2) The certificate should be delivered to the employer and to the employee. It should state the worker's fitness or unfitness for a given post and where appropriate alterations might be made to enable the worker to do his job without endangering his health.

**Norway.** (1) No. The occupational health service should confine itself to stating whether the worker in question should avoid certain types of work or work operations. The Norwegian Employers' Confederation is of the same opinion. The Confederation of Trade Unions in Norway also gave a negative reply.

**Panama.** (2) The certificate should be delivered to the worker who must submit it to the undertaking for its records; furthermore, he must keep it so that he can produce it to the authorities upon request. It should contain the results of tests on contagious and venereal diseases, as well as data on the worker's physical condition in the light of specific health hazards in his work.

**Peru.** (2) Yes; the certificate should be delivered to the competent authority and to the employer and should contain information on the worker's fitness or lack of fitness to do a particular job, as well as the physical and mental limitations which might make it difficult for him to do this work.

**Portugal.** It is up to the competent authority to determine the information included in the certificate. It should contain no indications which enter within the realm of professional secrecy.

**Romania.** (2) The certificate is delivered to the worker, with recommendations concerning the activities permitted from a health point of view and the necessary medical treatment he should follow, and it is also delivered to the management of the undertaking with an indication concerning change of work station or other necessary measures of individual protection, on the one hand, and overall measures to prevent similar cases of sickness, on the other hand.

**Rwanda.** (2) The certificate should be delivered to the employer and contain advice on whether the worker is fit or unfit, from a medical point of view, to perform the job envisaged.

**Saudi Arabia.** (2) The certificate should be given either to the worker, or to the employer recruiting him. It should contain information on the results of the clinical examination and of the tests.

**Sri Lanka.** (2) Job fitness certificates should be issued to the worker to be handed over to the employer. It should only contain information relevant to the particular job.

**Swaziland.** The certificate should be delivered to the head of personnel and state only that the person is fit or not fit for a particular job. No reasons should be given, nor should they be demanded by the employer.

**Switzerland.** The certificate should be communicated to the worker, to his employer, as well as to the supervisory authorities.

**Tanzania.** (2) The certificate should be delivered to the management of the undertaking. It should contain information concerning the worker's medical fitness for that particular job.

**Trinidad and Tobago.** (2) The certificate should be delivered to the employer and only contain a statement on the worker's fitness or lack of fitness to do the particular job.

**Tunisia.** Yes. This certificate should be delivered to the employer and contain information on the worker's fitness to do the job.

**Turkey.** (2) The certificate should be delivered both to the employer and to the worker and contain the objective results of clinical and laboratory examinations.

**Uganda.** Instead of a job fitness certificate, the physician should issue a medical report with his recommendations. This report should be delivered both to the prospective
employer and contain relevant information on the worker's medical history and examination, as well as the physician's opinion on his suitability for the job.

**USSR.** Yes. It would be better if the occupational health physician issued this certificate jointly with the other specialists who carry out medical examinations. The job fitness certificate should be sent to the management of the undertaking.

**United Arab Emirates.** (2) The certificate should be given to the person concerned. It should provide, in particular, the following information: name, age, sex, height, weight, acuteness of hearing and sight, general state of health with regard to job fitness and the results of the examinations carried out. The medical report should specify if the worker is fit, with respect to his physical state of health, to work in all branches of economic activity or only in specific branches; in the latter case, these should be defined. The certificate should contain a photograph of the worker, the stamp of the medical surgery and the signature of the physician under whose responsibility the examinations are carried out.

**United Kingdom.** (1) This depends on the specific form of surveillance undertaken. In general, the individual should be informed of the result of the examination and the certificate issued.

(2) It should be delivered to the employer stating whether the worker is fit or unfit, subject to any specified reservations.

**United States.** A requirement for pre-employment medical examinations must be viewed in the context not only of national health practices but also in the light of privacy laws and employment procedures. If job fitness certificates based on an employee's health status are used, the worker must be assured that his rights are not violated and that the medical basis for issuing the certificate has been firmly established. The employers feel that this certificate should be delivered to both employer and employee and that it should contain disclosure of all data in job-performance terms. However, the final decision to recruit the worker should not lie with the physician.

**Uruguay.** The health or job fitness certificate is issued by the competent authorities, in other words the Ministry of Public Health and other services authorised by the Ministry. Further additional examinations may be carried out to determine the worker's fitness for a particular job. The occupational health service which conducts these examinations must therefore issue job fitness certificates.

Examination of the replies received reveals wide agreement on the principle of a job fitness certificate for a particular job. Some governments express the hope that the methods of drawing up the certificates would be strictly regulated in order, in particular, to protect workers' rights; some governments were even opposed to the issuing of such certificates as this practice could lead to abuse. Opinions were divided as to whom the certificate should be delivered; for some governments, it should be the employer, for others, the worker; yet others thought it should be both at the same time, on an equal footing; finally, it was sometimes stated that a copy should be sent to the competent authority. On the other hand, a large majority of replies agreed that the certificate should contain no information of a medical character; some underlined the importance that it should stress, in the case of ill health, the conditions of work which would be medically contra-indicated, either temporarily or permanently. The Office bore these suggestions in mind when drafting this provision, which is now contained in the Proposed Conclusions with a view to a Recommendation (Point 55).
Replies from governments and commentaries

**Qu. 14**

Should the instrument(s) specify that when the continued employment of a worker in a particular job is contra-indicated for medical reasons, the occupational health service should collaborate in efforts to find him other suitable employment in the undertaking or another appropriate solution?

Total number of replies: 72.

**Affirmative:** 67. Argentina, Australia, Austria, Bahrain, Bangladesh, Belgium, Brazil, Bulgaria, Burundi, Canada, Central African Republic, Chile, Colombia, Cuba, Czechoslovakia, Denmark, Djibouti, Dominica, Dominican Republic, Ecuador, Egypt, Equatorial Guinea, Ethiopia, Finland, France, Gabon, German Democratic Republic, Federal Republic of Germany, Ghana, Greece, Guinea, Guyana, Hungary, India, Islamic Republic of Iran, Jordan, Kenya, Madagascar, Malaysia, Mexico, Morocco, Mozambique, Netherlands, New Zealand, Norway, Pakistan, Panama, Peru, Philippines, Portugal, Romania, Rwanda, Saudi Arabia, Spain, Sri Lanka, Swaziland, Switzerland, Tanzania, Trinidad and Tobago, Tunisia, Turkey, Uganda, United Arab Emirates, United Kingdom, United States, Uruguay, Zambia.

**Negative:** 4. Cyprus, Japan, Ukrainian SSR, USSR.

**Other:** 1. Byelorussian SSR.¹

Australia. Yes, but only at the employer's request.

Bulgaria. This activity should be carried out in close collaboration with the competent occupational health services, organised in common with other undertakings and institutions in the area and with the assistance of the competent public health bodies and services (occupational rehabilitation centre, etc.).

Canada. In this instance, the worker might be described as fit for work with certain limitations. These should be clearly detailed to assist the management in finding him suitable alternative employment. If the medical condition is expected to improve, the approximate time needed for recovery should be indicated. If certain rehabilitation procedures could be instituted, the occupational health service should make the necessary arrangements for these in collaboration with the person's private physician. In all these cases, there must be strict adherence to the confidentiality of the medical information.

Colombia. Yes; however, it should be specified that the medical considerations are subject to the availability of other jobs within the undertaking.

Cyprus. No, but the occupational health services should give advice or be consulted as regards the suitability of the proposed alternative work vis-à-vis the condition of the worker.

Ethiopia. The personnel department should be able to give advice on rehabilitation and adjustment to work; the employer should be obliged to find other suitable employment in the undertaking or another appropriate solution.

Federal Republic of Germany. Yes; furthermore, the occupational physician should use the observations he has made on the workers' state of health to propose measures aimed at improving the workplaces.

Hungary. Yes; in Hungary the legislation on rehabilitation specifies the occupational health physicians' responsibilities in this field.

¹ See under question 13.
Occupational health services

**Qu. 14, 15**

It is not appropriate to oblige occupational health services to collaborate in these measures for which the employer is responsible. The Government therefore proposes that the words “should collaborate” be replaced by the words “might collaborate”. See also under question 3.

**Netherlands.** In principle, yes.

**New Zealand.** Yes, nevertheless bearing in mind that an occupational health service is a medical service and not an employment agency. The emphasis should be placed on collaboration.

**Panama.** Yes; however, it should be specified that, if the employment of a worker in a particular job is contra-indicated for medical reasons, only the occupational health services should indicate the way to overcome this problem.

**Philippines.** Yes; the occupational health services should advise the management concerning the placement of workers who have suffered permanent after-effects as a result of an occupational disease or accident and for whom alternative employment is therefore necessary.

**Saudi Arabia.** Yes, in collaboration with the management of the undertaking.

**Tanzania.** Yes, but only in the Recommendation.

**Ukrainian SSR.** The occupational health services should only issue certificates concerning the alternative proposed job.

**USSR.** The occupational health service should issue only a certificate concerning a worker’s change of job on grounds of his ill health.

**United Arab Emirates.** Yes, in the case of an undertaking having its own occupational health service. If the service is external to the undertaking a recommendation is sufficient.

The great majority of replies received are in favour of this provision. Some governments qualified their replies by pointing out that this was a matter for the employer to decide or that the occupational health service could confine itself to giving advice on the worker's fitness to carry out his new job. However, as this provision met with very wide agreement, the Office did not consider it appropriate to make any amendments, all the more so as a similar provision is already included in several ILO instruments. It is now included in the Proposed Conclusions with a view to a Recommendation (Point 56).

**Qu. 15**

Should the medical supervision of workers take place as far as possible during working hours, and should it involve no loss of earnings for the worker?

**Total number of replies: 73.**

**Affirmative: 68.** Argentina, Australia, Austria, Bahrain, Bangladesh, Belgium, Brazil, Bulgaria, Burundi, Byelorussian SSR, Canada, Central African Republic, Colombia, Cuba, Cyprus, Czechoslovakia, Denmark, Djibouti, Dominican Republic, Ecuador, Egypt, Equatorial Guinea, Ethiopia, Finland, France, Gabon, German Democratic Republic, Federal Republic of Germa-
Replies from governments and commentaries

ny, Ghana, Greece, Guinea, Guyana, Hungary, India, Islamic Republic of Iran, Italy, Jordan, Madagascar, Malaysia, Mexico, Morocco, Mozambique, Netherlands, New Zealand, Norway, Pakistan, Panama, Philippines, Portugal, Romania, Rwanda, Saudi Arabia, Spain, Sri Lanka, Swaziland, Switzerland, Tanzania, Trinidad and Tobago, Tunisia, Turkey, Uganda, Ukrainian SSR, USSR, United Arab Emirates, United Kingdom, Uruguay, Zambia.

Other: 5. Chile, Japan, Kenya, Peru, United States.

Argentina. Of course, in such a way as to disrupt the worker and the production process as little as possible.

Australia. Yes. However, if such an entitlement were written into industrial awards, it is likely that a maximum number of hours with pay would be specified.

Chile. The interests of the undertaking and those of the worker should be reconciled, so that no one suffers any adverse consequences.

Italy. Yes, in principle. The Employers' Confederation (CONFINDUSTRIA) would wish to see the possibility of making up for the time taken for the medical examination.

Japan. Yes, if this medical supervision is limited to workers exposed to specific occupational hazards.

Kenya. Yes; however, there are workers on shift work. Those working at night may not be available during the day and it might not be possible for the medical personnel to be on service at night.

Morocco. Medical supervision should not involve any loss of earnings, especially for certain categories of workers such as pregnant or nursing mothers, workers doing dangerous jobs and disabled workers.

New Zealand. Yes, in principle. However, in New Zealand, because of geographical problems and the fact that specialists are concentrated in the cities, it is not always possible to arrange specialist medical examinations during normal working hours.

Pakistan. Medical supervision should not be confined to working hours only and it should not involve any loss of earnings for the worker.

Panama. Yes; if it takes place outside the working hours, the time needed for this medical supervision should be recognised as working time.

Peru. Yes, but there should be concern that it is in accordance with the situation existing in each country.

Portugal. Yes. However, the words "as far as possible" should be deleted as these examinations should always take place during working hours.

United States. The medical services determined by the government to be essential to protecting workers' health should involve no loss of earnings and should be provided during working hours when possible. Non-essential health services, however, should be considered part of the conditions of employment and thus subject to negotiation between employer and employee.

Almost all the governments were in agreement with this provision. The few reservations advanced – the need to reconcile the interests of the undertaking with those of the workers, the difficulty, in the case of shift work, of applying this provision or of applying it only to the medical services considered essential by law – could, it would seem, be covered by the present wording of the provision. Therefore, it has been included, without change as far as its content is concerned,
in the Proposed Conclusions with a view to a Convention (Point 9). However, there has been a change in the drafting so that the words “as far as possible” refer only to the part of the sentence which reads “during working hours”.

Qu. 16 Do you consider that occupational health services might contribute to research, within the limits of their resources, by participating in studies or inquiries in the undertaking or in the relevant branch of economic activity with a view to collecting epidemiological data guiding their activities?

Total number of replies: 72.

Affirmative: 69. Argentina, Austria, Bahrain, Bangladesh, Belgium, Brazil, Bulgaria, Burundi, Byelorussian SSR, Canada, Central African Republic, Chile, Colombia, Cuba, Cyprus, Czechoslovakia, Denmark, Djibouti, Dominica, Dominican Republic, Egypt, Equatorial Guinea, Ethiopia, Finland, France, Gabon, German Democratic Republic, Federal Republic of Germany, Ghana, Greece, Guinea, Guyana, Hungary, India, Islamic Republic of Iran, Jordan, Kenya, Madagascar, Malaysia, Mexico, Morocco, Mozambique, Netherlands, New Zealand, Norway, Pakistan, Panama, Peru, Philippines, Portugal, Romania, Rwanda, Saudi Arabia, Spain, Sri Lanka, Swaziland, Switzerland, Tanzania, Trinidad and Tobago, Tunisia, Turkey, Uganda, Ukrainian SSR, USSR, United Arab Emirates, United Kingdom, United States, Uruguay, Zambia.

Other: 3. Australia, Ecuador, Japan.

Australia. Yes, if the service is invited to participate. After the word “resources” the following should be added: “if necessary in collaboration with external research establishments”.

Bangladesh. As far as possible under existing national conditions.

Chile. Yes, in so far as this is within the limits of their financial resources and staff.

Ecuador. This activity would be useful but, in practice, it is not realistic to believe that an undertaking could bear the cost of an occupational health service which would participate in scientific or epidemiological inquiries.

France. Yes. The National Council of French Employers considers that the value of research within the framework of occupational medicine is generally accepted but that the principles involved must be closely studied: neither occupational health physicians nor the employers they are supervising can be viewed as collectors of information or as a source of epidemiological data at the disposal of any research programme.

Federal Republic of Germany. Yes, provided that the confidentiality of data is guaranteed.

Ghana. Yes, especially in collaboration with other services in the same branch of economic activity.

Japan. Yes but, to protect the secrecy of the undertaking and data of personal and confidential nature, it is proposed that the words “with consent of the parties concerned including the undertaking and the workers” be inserted before “with a view to”.
Replies from governments and commentaries

Qu. 16, 17

Jordan. Yes, the service could carry out studies and inquiries which are not prejudicial to the undertaking in question. The results of such studies and inquiries could be very beneficial to the country.

Malaysia. Yes, but priority should be given to the services.

Panama. Yes. For this purpose, undertakings should budget for these activities and make the necessary staff available; such activities enable appropriate epidemiological supervision, make it possible better to orient the activities of the service and, finally, they contribute to greater productivity.

The large majority of governments which replied were in favour of this activity. The various observations made concern the respect of professional and industrial secrecy, the difficulties for occupational health services to have the necessary competent staff and resources at their disposal and the fear that this activity might encroach upon the service's priority functions. The Office considers that the present wording of this provision is sufficiently flexible to enable these objections to be taken into account. Therefore it has been included without change in the Proposed Conclusions with a view to a Recommendation (Point 30).

Supervision of the working environment

Do you consider that the supervision of the working environment should include the identification of factors which may affect the health of workers? Qu. 17

Total number of replies: 72.

Affirmative: 69. Argentina, Australia, Austria, Bahrain, Bangladesh, Belgium, Brazil, Bulgaria, Burundi, Byelorussian SSR, Canada, Central African Republic, Chile, Colombia, Cuba, Cyprus, Czechoslovakia, Denmark, Djibouti, Dominica, Dominican Republic, Ecuador, Egypt, Equatorial Guinea, Ethiopia, Finland, France, Gabon, German Democratic Republic, Federal Republic of Germany, Ghana, Greece, Guinea, Guyana, Hungary, India, Islamic Republic of Iran, Jordan, Kenya, Madagascar, Malaysia, Mexico, Morocco, Mozambique, New Zealand, Norway, Pakistan, Panama, Peru, Philippines, Portugal, Romania, Rwanda, Saudi Arabia, Spain, Sri Lanka, Swaziland, Switzerland, Tanzania, Trinidad and Tobago, Tunisia, Turkey, Uganda, Ukrainian SSR, United Arab Emirates, United Kingdom, United States, Uruguay, Zambia.

Other: 3. Japan, Netherlands 1, USSR.

Byelorussian SSR. This section should also provide for supervision of the overhauling of installations and the use of equipment likely to have an adverse effect on workers' health or the environment.

1 See under question 8 (1) (a) and (e).
France. Yes. The National Council of French Employers considers that this supervision should be carried out with limited means at a reasonable cost.

Federal Republic of Germany. Yes. This activity should be based on the assumption that the worker's health must be considered as a whole. Occupational health services should also take account of the factors relating to the worker's private life. Its immediate sphere of influence is nevertheless limited to the factors actually present within the undertaking. Under the heading "Supervision of the working environment", there should also be some indication as to how the occupational health services utilise their findings from this supervision, especially the information they have gathered from visits and inspections of the work stations. These findings should be used to give advice to the employer and the workers, to make proposals on how to improve the work stations as well as for information and training purposes.

Japan. Since such an identification of factors has academic and technical aspects, it seems difficult to require occupational health services to undertake this responsibility.

Kenya. Yes. The identification of these factors may lead to the medical examination of workers exposed to these factors.

New Zealand. Yes; however, the identification of new factors in the working environment can only follow the identification of symptoms in employees exposed to these factors.

Panama. Yes, including psychological and social factors.

Philippines. The activities mentioned in this section would permit of improvement of the working environment and protection of the workers' health.

USSR. Yes; however, under the section on supervision of the working environment, provision should also be made for supervisory measures to prevent the construction or reconstruction of undertakings which do not meet the occupational health requirements and to stop the use of equipment, substances or technical procedures within an undertaking which have an adverse effect on workers' health.

United States. Yes, the working environment should be surveyed on a routine basis by qualified personnel from management and labour to determine the nature and extent of any exposures or conditions that might have an adverse effect on workers. In particular, the following items should be determined: the substances used, airborne concentrations, the opportunity for skin contact, work practices, engineering controls and physical agents such as heat and noise.

Uruguay. Yes, in accordance with the provisions laid down by the competent authority.

In their replies, the governments agreed on the importance of this activity and its objectives. Some reservations were expressed as to the occupational health service's technical aptitude to carry out this activity, the costs this might involve, the collaboration with other services within the undertaking and the use to which findings might be put to improve the working environment. The Office considers that these various observations do not undermine the principle in question, which is now incorporated in the Proposed Conclusions with a view to a Recommendation (Point 31 (a)).
Do you consider that occupational health services should carry out the supervision of the working environment through:

(a) visits to the workplace at appropriate intervals to inspect the environmental health conditions and working conditions from the point of view of ergonomics and prevention of accidents;

(b) monitoring the working environment?

Total number of replies: 72.

Affirmative: 63. Argentina, Australia, Bahrain, Bangladesh, Belgium, Brazil, Bulgaria, Burundi, Byelorussian SSR, Canada, Central African Republic, Chile, Colombia, Cyprus, Czechoslovakia, Denmark, Djibouti, Dominica, Ecuador, Egypt, Equatorial Guinea, Ethiopia, Finland, France, Gabon, Greece, Guinea, Guyana, Hungary, Islamic Republic of Iran, Jordan, Kenya, Madagascar, Malaysia, Mexico, Morocco, Mozambique, New Zealand, Norway, Pakistan, Panama, Peru, Philippines, Portugal, Romania, Rwanda, Saudi Arabia, Spain, Sri Lanka, Swaziland, Switzerland, Tanzania, Trinidad and Tobago, Tunisia, Turkey, Uganda, Ukrainian SSR, USSR, United Arab Emirates, United Kingdom, United States, Uruguay, Zambia.

Other: 9. Austria, Cuba, Dominican Republic, German Democratic Republic, Federal Republic of Germany, Ghana, India, Japan, Netherlands.

Argentina. The supervision of the working environment should be carried out on a continuous basis and in the most comprehensive manner possible, which is the only way to avoid contaminations, epidemics, accidents, etc.

Australia. Yes, in co-operation with other specialists and especially where there is no such service provided by the undertaking.

Austria. Clause (a) should be replaced by the following text: "(a) visits to the workplace to the extent appropriate and at appropriate intervals to examine the environmental health conditions and working conditions from the point of view of preventive treatment, industrial hygiene, labour physiology, ergonomics, labour psychology and the prevention of occupational accidents or diseases."

Cuba. (b) The Government cannot make any pronouncement because the scope of the term "monitoring" is not clear.

Denmark. Yes; however, the Danish Employers' Confederation feels that the agreement of the undertaking must be sought.

Dominican Republic. (a) Yes.

Ecuador. Depending upon the type of work.

Finland. Yes. This supervision should be carried out in collaboration with the technical experts in occupational health care.

France. (a) Yes. The National Council of French Employers is in agreement, provided this does not involve an "inspection" in the administrative sense of the term.

(b) Yes. The National Council of French Employers is of the opinion that if "monitoring" includes a certain number of necessary measures, it can reply in the affirmative.

1 See under question 17. 2 See under question 3.
However, if this involves a real monitoring with the recording and permanent supervision of measures and examinations made, it would be impossible in practical terms and the cost would be exorbitant; a reply in the affirmative would therefore be unrealistic.

**German Democratic Republic.** The undertaking should carry out this supervision. To assist it and supervise its action in this field the Government considers that the solution mentioned under clause (a) is feasible. The monitoring of the working environment is appropriate only in certain specific cases, with automatic surveillance systems and only at workplaces in which a very great danger might arise at any moment.

**Federal Republic of Germany.** (a) In principle, yes. In this context, the only reasonable interpretation of the term “environmental health conditions” can be maintenance activities, prevention of health hazards present at the workplace or derived from the type of work itself and promotion of the workers’ health. It should also be borne in mind that the sphere of influence of the occupational health service is limited to the undertaking. The concept of ergonomics should be interpreted in a very wide sense.

(b) It is expecting too much to require “monitoring”. The only requirement should be a control with the necessary coverage.

**Ghana.** (a) Yes.

**Hungary.** Yes. In Hungary, the monitoring of the working environment is usually carried out for the occupational health physician by the labour health laboratories of the National Public Health and Epidemiologic Service.

**India.** This matter should be left to the management of the undertaking which is in the best position to divide the responsibilities between the safety officer, with an engineering background, and the specialists in occupational health.

**Kenya.** Yes, in collaboration with the safety officers.

**Madagascar.** (a) Yes, if the country has sufficient financial resources and adequate equipment.

(b) Yes, in workplaces with serious and permanent hazards.

**Netherlands.** The terms “working environment” and “monitoring” should first be defined.

**New Zealand.** Yes; however, in New Zealand, in view of the large number of small undertakings, resources at present would not make it possible for this provision to be applied.

**Panama.** Yes; however, account should also be taken of “statistical supervision” as a means of assessing the situation in this respect within the undertaking.

**Philippines.** (a) Yes, but the supervision of the working environment would be better accomplished in collaboration with the safety department.

**USSR.** Yes. Furthermore, it should be pointed out that the monitoring provided for as systematic under 18 (b), should be entrusted to the management of the undertaking and carried out by a laboratory especially set up in this purpose within the undertaking.

**United Arab Emirates.** Yes, the aim being to make comparisons with the other reports drawn up by specialists in ergonomics and safety.

**United Kingdom.** Yes, in co-operation with other relevant services, such as the occupational safety department.

A large majority of governments supported this provision. Among the observations made, some governments pointed to the importance of co-operating with other technical services within the undertaking, especially the safety department, in the case of visits to the workplace and analyses and tests to assess the factors likely to affect workers’ health. Some governments interpreted the term
"monitoring" as being a system of continuous control and did not consider that the occupational health services were in a position to carry this out. It should be stressed that, within the context of the instrument, the term "monitoring of the working environment" does not merely refer to a continuous supervision of this working environment with, where necessary, a continuous recording or alarm system when certain intervention levels have been attained; it also means any supervision organised in a systematic way and carried out sufficiently often to enable a satisfactory assessment of the workers' exposure to certain hazards present at the workplace to be made, as well as to verify that levels involving corrective action have not been reached. With this in mind and in view of the wide support for this question, the Office considered it appropriate to include the provision under clause (a) in Point 10 and the provision under clause (b), worded so as to clarify the scope, under Point 31 (b). Furthermore, it was clearly pointed out in some of the replies that supervision of the working environment would not be meaningful unless the results were used to improve working conditions and the working environment and that they should therefore be recorded in an appropriate manner with this objective in mind. A provision to this effect is included in Point 52.

Should occupational health services organise and supervise the personal monitoring of the exposure of workers to occupational hazards when this is necessary?

Qu. 19

Total number of replies: 72.

Affirmative: 69. Argentina, Australia, Austria, Bahrain, Bangladesh, Belgium, Brazil, Bulgaria, Burundi, Byelorussian SSR, Canada, Central African Republic, Chile, Colombia, Cuba, Cyprus, Czechoslovakia, Denmark, Djibouti, Dominica, Dominican Republic, Ecuador, Egypt, Equatorial Guinea, Ethiopia, Finland, France, Gabon, German Democratic Republic, Ghana, Greece, Guinea, Guyana, Hungary, India, Islamic Republic of Iran, Jordan, Kenya, Madagascar, Malaysia, Mexico, Morocco, Mozambique, Netherlands, New Zealand, Norway, Pakistan, Panama, Peru, Philippines, Portugal, Romania, Rwanda, Saudi Arabia, Spain, Sri Lanka, Swaziland, Switzerland, Tanzania, Trinidad and Tobago, Tunisia, Turkey, Uganda, Ukrainian SSR, USSR, United Arab Emirates, United Kingdom, Uruguay, Zambia.

Other: 3. Federal Republic of Germany, Japan, United States.

Chile. Yes, but this would depend in any case on the economic situation of the undertaking.

1 See under question 13. 2 See under question 17. 3 See under question 3.
Qu. 19  

Czechoslovakia. Yes, when the obligation to organise and supervise the personal monitoring of the exposure of workers to hazards has not been assigned to another organisation or body.

Finland. Yes, this activity should be carried out in co-operation with the other experts in the service.

France. Yes, but personal monitoring should be carried out within the framework of the monitoring of the group or community exposed to hazards. Group or community monitoring also involves the undertaking's security service. At this general level, there should be collaboration between the occupational health service and the other competent services within the undertaking. The Association of Occupational Health Physicians considers that the physician should be the only person in charge.

Federal Republic of Germany. The personal monitoring of the exposure of workers is a basic component of the protection of workers against health hazards arising from the workplace and work. It should result in advice being given to workers on matters relating to health protection. However, at the same time, the specific findings obtained from the personal monitoring of workers should be used to assist in the planning of an overall programme within the undertaking aimed at improving working conditions.

Hungary. Yes, the occupational health physician examines the workers in full knowledge of the data concerning their exposure.

Kenya. Yes, personal monitoring might also reveal the actions contributing to exposure and its overall patterns, as well as the conditions leading up to it, thereby making it easier to take preventive action.

Malaysia. Yes, provided the service has trained personnel on its staff capable of conducting this monitoring, such as hygienists.

Norway. Yes. However, the Confederation of Trade Unions in Norway gives a negative reply as it considers that this activity should be the responsibility of the public authorities.

United States. It may not be necessary for an occupational health service to conduct and supervise such surveys, but there should be a mechanism for ensuring that minimum standards are being met: monitoring should be undertaken by qualified personnel and in accordance with procedures established by the government. Consideration should also be given to a requirement for the collection and maintenance of records describing the survey and its findings.

Almost all the replies received are in support of this activity. Some observations referred to the need for the personal monitoring of the exposure of workers in certain jobs to be more specifically contained within the framework of a systematic supervision of the working environment, which should be undertaken in collaboration with the other services concerned with prevention in the undertaking. This provision has now been included in Point 31 (c). Furthermore, as with respect to the results of the supervision and monitoring of the working environment, emphasis has been placed on the importance of utilising the results obtained with a view to improving the working conditions and environment. This concern has been taken into account in the drafting of Point 60.
Should the supervision of the environmental health conditions at the workplace include in particular:

(a) the conditions of hygiene;
(b) the environmental factors;
(c) the sanitary installations and other facilities for the workers, such as canteens, hostels, etc.?

Total number of replies: 72.

Affirmative: 70. Argentina, Australia, Bahrain, Bangladesh, Belgium, Brazil, Bulgaria, Burundi, Byelorussian SSR, Canada, Central African Republic, Chile, Colombia, Cuba, Cyprus, Czechoslovakia, Denmark, Djibouti, Dominica, Dominican Republic, Ecuador, Egypt, Equatorial Guinea, Ethiopia, Finland, France, Gabon, Federal Republic of Germany, Ghana, Greece, Guinea, Guyana, Hungary, India, Islamic Republic of Iran, Japan, Jordan, Kenya, Madagascar, Malaysia, Mexico, Morocco, Mozambique, Netherlands, New Zealand, Norway, Pakistan, Panama, Peru, Philippines,1 Portugal, Romania, Rwanda, Saudi Arabia, Spain, Sri Lanka, Swaziland, Switzerland, Tanzania, Trinidad and Tobago, Tunisia, Turkey, Uganda, Ukrainian SSR, USSR, United Arab Emirates, United Kingdom, United States, Uruguay, Zambia.

Other: 2. Austria, German Democratic Republic.

Australia. All these activities should be carried out in collaboration with the competent authority.

Austria. The supervision should cover, in particular, the following: the conditions of hygiene; the sanitary installations; the social and other facilities for workers, such as canteens, hostels, accommodation, etc.; and other environmental factors inside or outside the undertaking which might have an adverse effect on the health of workers.

Belgium. Yes; however, recreation premises should be added.

Chile. Yes, these data would be useful in selecting appropriate measures of protection.

Colombia. Yes; however, this supervision should include safety devices and measures of prevention and protection.

Denmark. (c) Yes, provided that this activity is not carried out by other bodies.

Djibouti. Yes, in accordance with their means.

Ecuador. (c) Yes, in certain cases.

German Democratic Republic. (a) and (b) The supervision of the environmental health conditions at the workplace can only be carried out in collaboration with the competent state bodies.

(c) Yes.

Federal Republic of Germany. The Government refers to its comments concerning question 18.

(a) and (b) This can only reasonably refer to occupational hygiene.

1 See under question 17.
Qu. 20

Panama. Yes; however, psychological, social and safety factors should also be included.

Portugal. Yes, but without removing the possibility of mentioning other aspects.

Sri Lanka. Yes, but it should also include the effluents leaving the workplace.

USSR. Yes, the supervision of the workers' nutrition should be carried out by a physician specialised in nutritional hygiene.

United Arab Emirates. (b) Yes, following the advice of other specialists working in various fields: safety, working environment, ergonomics.

United Kingdom. Yes, as appropriate.

United States. Yes, where appropriate.

Uruguay. (c) Yes, taking into account surveys made on these matters.

The large majority of replies are in favour of this provision; however, there are some reservations, especially to the effect that this provision should be sufficiently flexible to enable it to be applied advisedly. It is for this reason that the Office, while maintaining the original wording, considered it appropriate to place it in the Proposed Conclusions with a view to a Recommendation, where it is now incorporated in Point 32. Furthermore, one observation stated that it was important not only to examine the environmental factors but also the technical means employed to supervise them, especially the measures aimed at averting health hazards, keeping them in check or protecting workers against them. It therefore seemed pertinent to supplement Point 32 in this respect; this supplementary provision is now contained in clause (b).

Qu. 21

Do you consider that occupational health services should:

(a) collaborate in job analysis and in the study of methods and organisation of work with a view to improving the adaptation of work to man;

(b) participate in the selection of the individual equipment best adapted to the occupational hazards?

Total number of replies: 72.

Affirmative: 66. Argentina, Australia, Austria, Bahrain, Belgium, Brazil, Bulgaria, Burundi, Byelorussian SSR, Canada, Central African Republic, Chile, Colombia, Cuba, Cyprus, Czechoslovakia, Denmark, Djibouti, Dominican Republic, Ecuador, Egypt, Equatorial Guinea, Ethiopia, Finland, France, Gabon, German Democratic Republic, Federal Republic of Germany, Ghana, Greece, Guinea, Guyana, Hungary, Islamic Republic of Iran, Jordan, Kenya, Madagascar, Malaysia, Mexico, Morocco, Mozambique, Netherlands, New Zealand, Norway, Panama, Peru, Philippines, Portugal, Romania, Rwanda, Saudi Arabia, Spain, Swaziland, Switzerland, Tanzania, Trinidad and Tobago, Tunisia, Turkey, Uganda, Ukrainian SSR, USSR, United Arab Emirates, United Kingdom, United States, Uruguay, Zambia.
Other: 6. Bangladesh, Dominica, India, Japan, 1 Pakistan, Sri Lanka.

Australia. Yes, in consultation with management and workers' representatives.

Austria. (b) The occupational health physician should not only participate in the selection of the individual protective equipment but also supervise its use.

Bangladesh. (a) No, these activities should be carried out by specialists in the field.
(b) Yes.

Canada. (b) A well-qualified and trained industrial hygienist would be the person best suited for this job.

Cyprus. (b) Yes, although consultation as regards the selection might be sufficient under certain circumstances.

Denmark. (a) See under question 18.

Djibouti. Yes, depending upon the means at their disposal.

Dominica. (a) No.

Federal Republic of Germany. (a) Yes; however, occupational health services should not only participate in job analysis but also in the organisation of these jobs. Work should be adapted to man and not vice versa.

Guyana. (a) Yes, but only in an advisory capacity.

India. (a) Not necessarily by the occupational health physician. In India industrial engineers carry out these tasks successfully.

New Zealand. Yes; however this is only possible in services which have the relevant staff.

Pakistan. (a) It would be difficult to implement this provision. However, occupational health services could collaborate in educational programmes in the field of health and hygiene related to work.
(b) Yes, but only in an advisory capacity.

Panama. This activity should aim not only at improving the adaptation of work to men but also at revealing the hazards to which workers are exposed, the way in which they can be supervised or reduced to a minimum, as well as the safety standards to be applied.

Philippines. (b) Yes; furthermore, it should advise management and workers on the proper and efficient use of this equipment.

Sri Lanka. (a) No.
(b) Yes.

United Arab Emirates. (a) As far as these activities are concerned, the occupational health services must at all costs collaborate with other specialists.

United Kingdom. (a) Yes, when this has some bearing on workers' health.
(b) Yes, in co-operation with other relevant advisers.

United States. Yes. The employers believe that occupational health services should participate in these activities within the limits of their capabilities, and should not be given the right to veto.

Uruguay. (a) Yes, within the field of the occupational health physician's duties.
(b) Yes, within the framework of a multidisciplinary team.

1 See under question 3.
Most of the replies are in favour of this provision. Among the observations made, it is recommended that there should be close co-operation with specialists, with the technical services within the undertaking, as well as with the workers concerned. The hope is also expressed that there will be a multidisciplinary approach to job analysis and the study of methods and organisation of work, mentioned under clause (a), and that this might result in concrete measures to improve the adaptation of work to the workers themselves. This provision is now included in the Proposed Conclusions (Point 33).

**Qu. 22** Do you consider that occupational health services might collaborate with other services in the undertaking to prevent the activities of the undertaking from having an adverse effect on the general environment?

*Total number of replies: 71.*

**Affirmative:** 66. Argentina, Australia, Bahrain, Bangladesh, Brazil, Bulgaria, Burundi, Byelorussian SSR, Canada, Central African Republic, Chile, Colombia, Cuba, Cyprus, Czechoslovakia, Denmark, Djibouti, Dominica, Dominican Republic, Ecuador, Egypt, Equatorial Guinea, Ethiopia, Finland, France, Gabon, German Democratic Republic, Ghana, Greece, Guinea, Guyana, Hungary, India, Islamic Republic of Iran, Jordan, Kenya, Madagascar, Malaysia, Mexico, Mozambique, Netherlands, New Zealand, Norway, Pakistan, Panama, Peru, Philippines, Portugal, Romania, Rwanda, Saudi Arabia, Spain, Sri Lanka, Swaziland, Tanzania, Trinidad and Tobago, Tunisia, Turkey, Uganda, Ukrainian SSR, USSR, United Arab Emirates, United Kingdom, United States, Uruguay, Zambia.

**Negative:** 5. Austria, Belgium, Federal Republic of Germany, Japan, Switzerland.

**Australia.** Yes; this would necessitate the placement of the occupational health physician at a high level in the management structure.

**Austria.** These matters should only be dealt with by the occupational health physician in so far as they are directly linked to health protection measures at the workplace.

**Central African Republic.** This should be one of the basic activities of an occupational health service.

**Federal Republic of Germany.** No; at most, they should, in exceptional circumstances, give advice if they are expressly requested to do so.

**Japan.** Although occupational health services might lend themselves to this type of collaboration, it does not seem appropriate to provide for this function in the instrument.

**Pakistan.** Yes, if necessary.

**Panama.** Above all, they should collaborate with maintenance, production and emergency services.
Sri Lanka. Yes, this should be an obligation, especially for developing countries.

USSR. Yes; the Government is in agreement, on the whole, with the provisions of questions 17 to 22. In giving this overall reply to these questions, it makes the following comment: this section should also provide for preventive supervisory functions aimed at preventing the construction and reconstruction of undertakings which do not comply with occupational health standards.

United States. Yes, to the extent of their expertise.

The majority of replies are in favour of this provision. Five governments replied in the negative but two of them, while admitting the possibility of this activity, propose that it should not be included in the instruments. Some governments consider that it represents a very important aspect of the activities of occupational health services. Taking into account the widespread support for this provision, and with a view to covering the human environment as a whole, the word "general" has been deleted; the provision, thus amended, is included in the Proposed Conclusions (Point 34).

First aid and medical care

Should occupational health services in undertakings ensure first aid and emergency treatment in case of accident or indisposition of workers at the workplace and should they take all necessary measures for the organisation of first aid?

Total number of replies: 72.

Affirmative: 67. Argentina, Australia, Austria, Bahrain, Bangladesh, Belgium, Brazil, Bulgaria, Burundi, Byelorussian SSR, Canada, Central African Republic, Chile, Cuba, Cyprus, Czechoslovakia, Denmark, Djibouti, Dominica, Dominican Republic, Ecuador, Egypt, Equatorial Guinea, Ethiopia, Finland, France, Gabon, German Democratic Republic, Federal Republic of Germany, Ghana, Greece, Guinea, Guyana, Hungary, India, Islamic Republic of Iran, Jordan, Kenya, Madagascar, Malaysia, Mexico, Morocco, Mozambique, New Zealand, Norway, Pakistan, Panama, Peru, Portugal, Romania, Rwanda, Saudi Arabia, Spain, Sri Lanka, Swaziland, Switzerland, Tanzania, Trinidad and Tobago, Tunisia, Turkey, Uganda, Ukrainian SSR, USSR, United Arab Emirates, United States, Uruguay, Zambia.

Other: 5. Colombia, Japan, Netherlands, Philippines, United Kingdom.

Belgium. First part of the question: optional; second part: yes.

Chile. Yes, where they exist and within the limits of their possibilities.

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1 See under question 8.
Qu. 23, 24

Occupational health services

*Colombia.* Occupational health services should co-operate in administering first aid; however, they should not be responsible for this activity because it might divert them from their main functions.

*Djibouti.* Yes, in accordance with the means available to them and with the collaboration of the undertakings.

*Egypt.* Occupational health services should participate in these activities in co-operation with specialised services entrusted with non-occupational curative medicine within the undertakings. They should engage in them alone when these services do not exist.

*Finland.* Yes, not forgetting the first-aid lay attendants.

*France.* Yes; however, the National Council of French Employers points out that this function is inapplicable in inter-enterprise services.

*Federal Republic of Germany.* Yes; however, first-aid services should also be available even when the physician is away from the undertaking; it is for this reason that they should be organised.

*Kenya.* Both the organisation and number of first-aid stations and first-aid attendants should be directly under the occupational health services. The quality and extent of the first aid will depend upon the availability of staff in these services.

*Netherlands.* Emphasis should be laid on the "organisation" of first aid.

*Philippines.* There should be close co-operation with other services within the undertaking because the improvement of working conditions is often linked to the technical improvement of the establishment itself, its machines and equipment.

*USSR.* In view of the comments made under question 8, it should be foreseen that the specialists in occupational health medicine can take measures to organise first aid for victims of occupational accidents.

*United Kingdom.* It is for the employer to ensure first-aid arrangements. The occupational health services should be delegated the task of implementing these arrangements.

*Zambia.* Yes, but the employers should also participate in the setting up of first-aid services.

Although the large majority of governments gave an affirmative reply to this question, some others noted that this was not a priority function and that it should be carried out in collaboration with other relevant services within the undertaking or with outside services engaged in curative activities. These observations are made in the light of national laws and practice which vary to a certain extent from one country to another. The Office considers that account should be taken of these observations and of the varying situations existing in the different countries; it therefore proposes to add the words "taking into account national law and practice". The provision corresponding to this question is included in the Proposed Conclusions (Point 39).

Qu. 24  *Should occupational health services participate in the establishment of emergency plans for action in case of collective accidents?*

Total number of replies. 72.
Affirmative: 71. Argentina, Australia, Austria, Bahrain, Bangladesh, Belgium, Brazil, Bulgaria, Burundi, Byelorussian SSR, Canada, Central African Republic, Chile, Colombia, Cuba, Cyprus, Czechoslovakia, Denmark, Djibouti, Dominica, Dominican Republic, Ecuador, Egypt, Equatorial Guinea, Ethiopia, Finland, France, Gabon, German Democratic Republic, Federal Republic of Germany, Ghana, Greece, Guinea, Guyana, Hungary, India, Islamic Republic of Iran, Jordan, Kenya, Madagascar, Malaysia, Mexico, Morocco, Mozambique, Netherlands, New Zealand, Norway, Pakistan, Panama, Peru, Philippines, Portugal, Romania, Rwanda, Saudi Arabia, Spain, Sri Lanka, Swaziland, Switzerland, Tanzania, Trinidad and Tobago, Tunisia, Turkey, Uganda, Ukrainian SSR, USSR, United Arab Emirates, United Kingdom, United States, Uruguay, Zambia.

Other: 1. Japan. 2

Australia. Yes, in collaboration with management, and where resources are available.

Denmark. Yes, but in close co-operation with the safety organisation of the undertaking and the relevant authorities.

Dominica. They should also participate in the establishment of plans for contingencies.

Federal Republic of Germany. Yes, in so far as these are collective accidents which occur in or on account of the undertaking. The occupational health services are aware of the specific hazards within the undertaking and can propose the relevant steps to take.

Islamic Republic of Iran. Yes, if necessary.

Mexico. Yes, in accordance with national laws and practice.

Panama. Yes, provided that this is not incompatible with the legislation on occupational hazards and civil defence.

Saudi Arabia. Yes, in co-operation with the competent authority.

United States. Emergency procedures for handling collective accidents should exist in each workplace. However, it might be more practical to implement these on a geographical basis; in such cases, these procedures should be primary responsibility of the local or regional authorities.

Zambia. Yes, in co-operation with the employer.

The replies were unanimously in favour of this provision. Some governments nevertheless point out that account should be taken of the national legislation in this field or that this activity should be conducted in collaboration with the employer or the other services concerned within the undertaking, with the competent authority or with the competent services such as the civil defence. The Office recognises that these observations are well founded and suggests making the wording of this provision more flexible by adding the words: “when appropriate”. Thus amended, this provision is now included in the Proposed Conclusions (Point 40).

1 See under question 23. 2 See under question 3.
Qu. 25  *Taking into account national law and practice relating to the organisation of health care and the workers' difficulties of access to medical treatment, do you consider that occupational health services should be authorised, as appropriate, to undertake, or to participate in, one or more of the following functions:

(a) ambulatory treatment of workers who have not been absent from work or who have returned after absence;
(b) follow-up medical care for the victims of occupational accidents;
(c) treatment of occupational diseases;
(d) medical aspects of vocational re-education and rehabilitation;
(e) medical care to workers;
(f) medical care to the families of workers?

Total number of replies: 73.

Affirmative: 40. Argentina, Bahrain, Bangladesh, Bulgaria, Burundi, Byelorussian SSR, Canada, Central African Republic, Chile, Cyprus, Djibouti, Dominican Republic, Equatorial Guinea, Ethiopia, Gabon, German Democratic Republic, Ghana, Guinea, Guyana, Jordan, Kenya, Malaysia, Morocco, Mozambique, Netherlands, Pakistan, Panama, Peru, Philippines, Rwanda, Saudi Arabia, Spain, Swaziland, Tanzania, Trinidad and Tobago, Turkey, Uganda, United Arab Emirates, United States, Zambia.

Other: 33. Australia, Austria, Belgium, Brazil, Colombia, Cuba, Czechoslovakia, Denmark, Dominica, Ecuador, Egypt, Finland, France, Federal Republic of Germany, Greece, Hungary, India, Islamic Republic of Iran, Italy, Japan, Madagascar, Mexico, New Zealand, Norway, Portugal, Romania, Sri Lanka, Switzerland, Tunisia, Ukrainian SSR, USSR, United Kingdom, Uruguay.

*Australia.* (a) Yes, but this would need to be carried out in the context of relevant workers' compensation legislation.

(b) Yes, though many cases may require specialist medical care outside the expertise of the occupational health service.

(c) Yes, but this would depend on the size and expertise of the individual occupational health service: there is a danger, moreover, that involvement in the treatment of occupational diseases could detract from the service's primary preventive purpose.

(d) Yes, again in the context of workers' compensation legislation.

(e) Yes, when this is required by the particular undertaking; however, this service would generally be at the worker's expense unless an employer determined otherwise.

(f) No.

*Austria.* (a) to (e) These functions should be undertaken by the occupational health physician only in exceptional cases and in the context of his other functions.

(f) No.

*Bahrain.* (f) Yes, in collaboration with the health authorities concerned where such activities are national practice.

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1 See under questions 3 and 8. 2 See under question 8.
Replies from governments and commentaries

Bangladesh. Yes, within the limits of institutional arrangements and financial provisions available for the purpose in member countries.

Belgium. (a) and (c) to (f) No.
(b) Yes.
Brazil. (a) to (d) Yes.
(f) No.

Bulgaria. Yes. Medical care should include dental treatment.

Canada. (a) to (d) All these functions could be undertaken by the occupational health services, provided they are equipped to do so and have the consent of the private practitioner.

(e) This is a very delicate matter; occupational health services could dispense such care if staffed by fully qualified medical personnel. In Canada this practice runs counter to generally accepted occupational health ethics.

(f) Generally, this is not done in Canada, though it would be possible in small towns or isolated areas. It seems best to make arrangements for active care of the workers and their families outside these services as far as possible, while providing the medical community engaged in private practice with the necessary collaboration.

Chile. Yes, as far as they are able to do so.

Colombia. Yes, but only (a) to (d).

Cuba. (f) This provision would not apply to countries with a national health scheme offering curative health facilities for the entire population.

Cyprus. (d) Yes, especially in close collaboration with employment rehabilitation centres.

Czechoslovakia. The functions of the occupational health service should include ambulatory treatment for workers, including those incapacitated from working, when their state of health allows them to visit the works doctor; they should also include follow-up care for workers who have suffered an employment injury and treatment for occupational diseases. Occupational health services should also carry out a medical check-up of workers when they take up employment and in the case of vocational rehabilitation. As regards medical care to the families of workers, this should be optional – for example, where economically feasible.

Denmark. (a) Only in cases where such care is directly relevant to the working environment.
(b) and (c) Only to a minor extent.
(d) Only to the extent to which it involves appropriate occupational placement as part of re-education and rehabilitation under professional supervision.
(e) and (f) No.

Dominica. (f) No.

Ecuador. The functions referred to in (b) to (d) and (f) should be undertaken in co-ordination with the medical service of the social security institutions.

Egypt. (a), (e) and (f) These functions are the responsibility of the competent medical department in the case of non-occupational diseases.

Ethiopia. Yes. See also under question 8.

Finland. (a) and (b) These functions may be considered, provided that medical treatment is involved.
(c) Yes, as regards follow-up but not for medical care in all cases.
(d) Yes.
(e) For the provision of medical care treatment could be primarily by a general practitioner.
(f) Occupational health services should be empowered to provide health care for the families of workers in countries where this fits in with the general organisation of the health care system.

*France.* No, except for (d). The National Council of French Employers considers that, in view of the principle whereby a person may choose his physician freely and the density of France's health care network, the provision of curative treatment by occupational health physicians is quite inappropriate. The Union of Occupational Health Physicians is opposed also to (d), except in collaboration with the person's private physician.

*Gabon.* (e) Yes, for those who do not require hospitalisation.

(f) Yes, for families housed by the employer at some distance from the medical centres.

*German Democratic Republic.* Yes, in so far as the occupational health service is suitably equipped.

*Federal Republic of Germany.* The functions listed in (a) and (f) are outside the scope of preventive medicine as it should be practised by occupational health physicians, who should therefore only undertake them in exceptional circumstances. The instrument should leave open the possibility for occupational health services to carry out these functions as far as they may be required to do so by national legislation. It should not be mandatory for all States.

*Greece.* (a) and (d) Yes.

(b) and (c) No.

*Guyana.* (e) Yes, for ordinary medical care.

(f) Medical care of workers' families should not be a charge on occupational health services.

*Hungary.* (b) No. Experience has shown that this type of treatment is carried out better in traumatology follow-up care units.

*India.* (d) Yes, occupational health services could be authorised to undertake this function.

*Islamic Republic of Iran.* (a) to (d) No.

(e) Yes.

(f) The provision of medical care to the families of workers is the responsibility of the social security institution and the Ministry of Health.

*Italy.* Except in the case of (a), occupational health services play a collaborative role rather than one of management and direct responsibility.

*Kenya.* (f) Only if the medical facilities are not available.

*Madagascar.* (a) Yes, as far as the existing medical service can do so.

(b) to (d) The cost of these functions should be covered by a special fund.

(e) and (f) Yes.

*Mexico.* (a) and (b) Yes, when access to medical services is difficult; otherwise, these activities could interfere with the primarily preventive function of occupational health services.

(c) and (d) Yes, if the means to do so are available.

(e) and (f) These activities could only be undertaken in developed countries; in less developed countries they are handled by the social security institutions.

*Jordan.* Yes. However, the social security institution considers that occupational health services should not bear any curative responsibility for the workers or their families.

*Netherlands.* Yes, in view of the international situation.
Replies from governments and commentaries

New Zealand. (f) No.

Norway. (b) to (d) Yes.
(a), (e) and (f) No.
The reply of the Confederation of Trade Unions in Norway is negative on all counts.

Panama. (f) See under question 8.

Philippines. Yes, when feasible, but this should not be compulsory.
(d) The Employees' Compensation Commission is in a better position to handle this specialised field.
(f) Only a handful of companies are able to undertake this function.

Portugal. (a) and (b) Yes.
(c) and (d) Occupational health services should "collaborate in" rather than "undertake" these functions.
(e) and (f) No.

Romania. (a) to (c) These functions are undertaken by the works infirmary.
(d) and (e) Occupational health services could handle certain aspects of these functions.
(f) This function is the responsibility of the district infirmaries.

Sri Lanka. (a), (c) and (f) No.
(b), (d) and (e) Yes.

Switzerland. (a) and (b) Yes.
(c) Occupational diseases should be treated only after the works doctor or personal physician has been consulted.
(e) and (f) No.

Trinidad and Tobago. (b), (e) and (f) Yes. They should participate in these functions.

Tunisia. (a) Yes.

Uganda. The extent of involvement of the occupational health services should depend on the national medical manpower and general health services situation.

United Arab Emirates. No, unless by specialists in these fields.

United Kingdom. Although it may be appropriate in some circumstances for the undertaking to provide primary and secondary medical care, this should be separate from the occupational health service, except in the case of (d), where the service plays a major role.

United States. Yes, though these activities appear to be a matter of individual public policy.

Uruguay. (b) to (e) Whether or not these functions come under the responsibility of the occupational health services, the corresponding treatment should be carried out by specialist institutions that are independent of the undertaking.

Zambia. (f) Yes, where medical facilities are not adequate.

The governments’ replies vary largely in accordance with national circumstances. Without going into detail, a few general points are worth mentioning. One group of replies concerning clauses (a) and (b) suggests that these functions could if necessary be undertaken by the occupational health services, provided that due account was taken of national laws and regulations, existing social security schemes and the organisation of curative medicine and that the persons con-
cerned and their personal physicians agreed. A large majority of countries were in favour of clauses (c) and (d), which were functions in which occupational health services should at least collaborate. Clauses (e) and (f) met somewhat greater resistance and were considered by many governments to be, generally speaking, outside the scope of occupational health services, though they are supported in cases where, because of the distance involved or because of the difficulty of access to a medical care centre, workers and their families have virtually no choice but to seek treatment from the occupational health services. In view of these comments, which are influenced by both local and general national conditions, the Office has decided, especially in the case of (e) and (f), that it might help to simplify the discussion by separating the functions listed in this question into two parts. The corresponding provisions will now be found under two Points of the Proposed Conclusions (Points 41 and 42).

Education, training, advice

Qu. 26  Should occupational health services collaborate in, or advise on, programmes of education and information for the personnel of the undertaking in the field of health and hygiene in relation to work?

Total number of replies: 72.

Affirmative: 70. Argentina, Australia, Austria, Bahrain, Bangladesh, Belgium, Brazil, Bulgaria, Burundi, Byelorussian SSR, Canada, Central African Republic, Chile, Cuba, Cyprus, Czechoslovakia, Denmark, Djibouti, Dominica, Dominican Republic, Ecuador, Egypt, Equatorial Guinea, Ethiopia, Finland, France, Gabon, German Democratic Republic, Federal Republic of Germany, Ghana, Greece, Guinea, Guyana, Hungary, India, Islamic Republic of Iran, Japan, Jordan, Kenya, Madagascar, Malaysia, Mexico, Morocco, Mozambique, Netherlands, New Zealand, Norway, Pakistan, Panama, Peru, Portugal, Romania, Rwanda, Saudi Arabia, Spain, Sri Lanka, Swaziland, Switzerland, Tanzania, Trinidad and Tobago, Tunisia, Turkey, Uganda, Ukrainian SSR, USSR, United Arab Emirates, United Kingdom, United States, Uruguay, Zambia.

Other: 2. Colombia, Philippines.

Belgium. Yes. They should both collaborate in and advise on such programmes.

Canada. They should not only collaborate and provide advice but be entirely responsible for the planning, organisation and presentation of these programmes, in collaboration with the various departments of the undertaking.

Chile. Yes, and also advise the management.

Colombia. They should advise.

Cuba. Yes, both collaborate and advise.

Ethiopia. Yes. As the primary function of the services is preventive, programmes must contain a large educational component.
Federal Republic of Germany. More emphasis should be placed on “advice” under the heading “Education, training, advice” (see also the reply to question 28).

Pakistan. This would be advisable.

Panama. Yes, both collaborate and advise.

Philippines. A member of the occupational health services is represented on the Safety Committee which is responsible for the education and information activities of the undertaking. Thus there is collaboration in developing programmes in the field of hygiene and health.

Spain. Yes, in collaboration with the safety service if one exists; if the programmes are organised by outside bodies, the occupational health services should take an active part in them.

Tunisia. Yes, and in the field of health and hygiene in general (for example, family planning, anti-smoking and anti-alcoholism campaigns, food programmes, etc.).

United Arab Emirates. Yes, and public health programmes as well when the country is hit by an epidemic.

United Kingdom. Yes, where such programmes are appropriate.

Virtually all the governments that replied supported this provision, though some stressed the direct responsibility of the occupational health services while others emphasised their advisory function. In order to cover the various different arrangements as fully as possible, while drawing attention to the role to be played by occupational health services in this respect as a minimum, the Office proposes that the “advisory” function be more clearly defined. With this amendment, the provision has been included as Point 35 of the Proposed Conclusions.

Should occupational health services play a role in the training of first-aid personnel or other persons entrusted with responsibilities in the field of hygiene or health in the undertaking, to enable them to contribute to the protection and promotion of the health of the workers?

Total number of replies: 72.

Affirmative: 68. Argentina, Australia, Austria, Bahrain, Bangladesh, Belgium, Brazil, Bulgaria, Burundi, Byelorussian SSR, Canada, Central African Republic, Chile, Cuba, Cyprus, Czechoslovakia, Denmark, Djibouti, Dominica, Dominican Republic, Ecuador, Egypt, Equatorial Guinea, Ethiopia, Finland, France, Gabon, German Democratic Republic, Ghana, Greece, Guinea, Guyana, Hungary, India, Jordan, Kenya, Madagascar, Malaysia, Mexico, Morocco, Mozambique, Netherlands, New Zealand, Norway, Pakistan, Panama, Peru, Philippines, Portugal, Romania, Rwanda, Saudi Arabia, Spain, Sri Lanka, Swaziland, Switzerland, Tanzania, Trinidad and Tobago, Tunisia, Turkey, Uganda, Ukrainian SSR, USSR, United Arab Emirates, United Kingdom, United States, Uruguay, Zambia.
Other: 4. Colombia, Federal Republic of Germany, Islamic Republic of Iran, Japan.

Australia. Yes, although the services may require outside personnel to conduct the training (from the Red Cross Society, for example).

Burundi. The training of first-aid personnel entrusted with responsibilities in the field of hygiene or occupational safety in the undertaking is essential, as occupational health services are very limited in developing countries.

Canada. Yes, through organisations qualified to provide first-aid training or through qualified persons with first-aid training certificates.

Colombia. Yes. They could collaborate in such training but should not be primarily responsible for providing it.

German Democratic Republic. The occupational health services should collaborate directly in this activity.

Federal Republic of Germany. The basic function of occupational health services is to participate in the organisation of first aid in the undertaking. Training should be left to other services.

Islamic Republic of Iran. They might do so, if asked.

Japan. If “first-aid personnel or other persons entrusted with responsibilities in the field of hygiene or health in the undertaking” is taken to mean persons engaged in medical care, they should primarily be trained in the institutions responsible for such training. Without wishing to deny the usefulness of first-aid training for workers in general in the undertaking, the Government proposes adding the phrase “where necessary in accordance with national circumstances” at the beginning of the provision.

Kenya. Yes, and not only in their training but also in retraining such personnel and updating their knowledge of first aid.

New Zealand. Yes. The service should ensure that an adequate number of people have been trained in first aid and that their work is integrated with that of the service as a whole.

Panama. This should be one of the fundamental activities of occupational health services.

Philippines. Being represented on the Safety Committee, the occupational health service plays a role in the training of first-aiders. It also conducts a refresher training course each year.

The great majority of the governments replied to this question in the affirmative. However, a number of governments stressed that first-aid training was not the responsibility of occupational health services but that occupational health physicians should make sure that such training is provided by competent organisations. The Office feels that the wording of this provision does not exclude this eventuality. On the other hand, since the question also covers the training which it would be useful to give certain workers whose jobs are directly relevant to occupational safety and health (members of occupational safety and health committees, workers' safety delegates, safety officers, health officers responsible for hygiene in the working environment, etc.) and those whose functions are such that they require more extensive knowledge than is necessary for the protection of their own health because they can help to protect that of the other workers (su-
pervisors, foremen, workers with special responsibilities, persons working in small teams a long way away from residential areas, etc.), the wording has been clarified in the drafting of the Proposed Conclusions (Point 36).

Should the instrument(s) specify that occupational health services should act as advisers to management, workers and their representatives in the undertaking concerning problems of occupational health, hygiene and ergonomics?

Total number of replies: 71.

Affirmative: 69. Argentina, Australia, Austria, Bahrain, Bangladesh, Belgium, Brazil, Bulgaria, Byelorussian SSR, Canada, Central African Republic, Chile, Colombia, Cuba, Cyprus, Czechoslovakia, Denmark, Djibouti, Dominica, Dominican Republic, Ecuador, Egypt, Equatorial Guinea, Ethiopia, Finland, France, Gabon, German Democratic Republic, Federal Republic of Germany, Ghana, Greece, Guinea, Guyana, Hungary, India, Japan, Jordan, Kenya, Madagascar, Malaysia, Mexico, Morocco, Mozambique, Netherlands, New Zealand, Norway, Pakistan, Panama, Peru, Philippines, Portugal, Romania, Rwanda, Saudi Arabia, Spain, Sri Lanka, Swaziland, Switzerland, Tanzania, Trinidad and Tobago, Tunisia, Turkey, Uganda, Ukrainian SSR, USSR, United Arab Emirates, United States, Uruguay, Zambia.

Negative: 2. Islamic Republic of Iran, United Kingdom.

Australia. Yes, but the occupational health service should not pre-empt others in the undertaking or in the community who may be equally able to give advice on such matters.

Austria. Yes. They should also participate in the relevant activities.

Canada. Yes. This is an essential function. However, in matters that may seem controversial to the management, there could be provision for consulting another source.

Colombia. Yes, but the the limits of this function should be clearly stipulated so that it does not interfere with the performance of other tasks.

Federal Republic of Germany. Yes. This advisory role should be very broad and the provision should therefore refer to "all" problems. No mention has been made of advice on the planning, construction and maintenance of the undertakings plants and social and health facilities, on the purchase of technical working tools, on the physiological and psychological aspects of the work and on the schedule, organisation and pace of work. Advice to the management, workers and their representatives must take into account the knowledge and experience that the occupational health service has acquired in the course of its supervision of the working environment and of the workers' health (see also the reply to question 8).

India. Yes. Without the involvement of management, workers and their representatives, nothing much can be achieved.

Islamic Republic of Iran. This need not be specified in the instrument.
Spain. Yes, although as far as ergonomics are concerned the role of adviser is neither specifically nor exclusively that of the occupational health services; their collaboration may also cover biological aspects.

United Arab Emirates. Yes, in the case of problems of health and hygiene, but ergonomics should be left to the specialists.

United Kingdom. This is covered by question 8(1), especially clause (e).

Uruguay. Yes, as far as their functions allow.

Virtually all the replies received supported and emphasised the importance of this advisory function. Some governments advocated extending this role to other aspects of occupational health protection while others were inclined to restrict it so as not to interfere with the performance of other tasks. The Office has modified the wording of the provision so as to bring out the advisory function more clearly. In a slightly different form, therefore, this provision now appears in the Proposed Conclusions with a view to a Convention (Point 11) and the Proposed Conclusions with a view to a Recommendation (Point 37).

Qu. 29 Do you consider that occupational health services should provide workers, at their request, with individual advice concerning their health in relation to their work?

Total number of replies: 72.

Affirmative: 68. Argentina, Australia, Austria, Bahrain, Belgium, Brazil, Bulgaria, Burundi, Byelorussian SSR, Canada, Central African Republic, Chile, Colombia, Cuba, Cyprus, Czechoslovakia, Denmark, Djibouti, Dominica, Dominican Republic, Ecuador, Egypt, Equatorial Guinea, Ethiopia, Finland, France, Gabon, German Democratic Republic, Federal Republic of Germany, Ghana, Greece, Guinea, Guyana, Hungary, India, Japan, Jordan, Kenya, Madagascar, Malaysia, Mexico, Morocco, Mozambique, Netherlands, New Zealand, Norway, Pakistan, Panama, Peru, Philippines, Portugal, Romania, Rwanda, Saudi Arabia, Spain, Sri Lanka, Swaziland, Switzerland, Tanzania, Trinidad and Tobago, Tunisia, Turkey, Uganda, Ukraininan SSR, USSR, United Kingdom, Uruguay, Zambia.

Negative: 1. United Arab Emirates.

Other: 3. Bangladesh, Islamic Republic of Iran, United States.

Bangladesh. This may be done as far as possible within the institutional arrangements and financial provisions available for the purpose.

Burundi. They should also provide advice collectively.

Chile. Yes, provided it does not interfere with the normal running of the undertaking or with the management's prerogatives.

Denmark. Yes, but only by agreement with the undertaking.
Replies from governments and commentaries

Djibouti. Yes, but according to the particular circumstances of each country.

German Democratic Republic. They should do so in any case on the occasion of occupational health examinations and aptitude tests.

Guyana. Yes, but only in relation to their work.

India. Yes, without overlapping on the functions of the curative physicians.

Islamic Republic of Iran. They might do so if requested, but it should not be compulsory.

Japan. Yes, but the text should be clarified along the lines of Paragraph 8(h) of Recommendation No. 112.

Mexico. Yes, but this provision should be included in the Recommendation.

New Zealand. Yes, but not only at the request of the employee. Every opportunity should be taken to inform employees and to motivate them to take appropriate preventive action.

Panama. Yes, especially in the case of refusal to use safety and health equipment.

Portugal. Yes, but this provision should be included in a Recommendation.

United Arab Emirates. This is not necessary as occupational health services already provide services in connection with pre-employment examinations, periodic examinations, check-ups, treatment and health certificates.

United States. Providing individuals with advice on their health problems is desirable but the effectiveness of such a programme must be evaluated in the context of the overall health system. Providing individual workers with advice concerning their health status as it relates to their work may be problematic. However, after a comprehensive evaluation of an entire population of workers and of their workplace has been made, they should be informed individually of the outcome of any personal evaluation or testing and of the results of such tests and their meaning.

Although most governments replied to this question in the affirmative, some of the comments reveal a certain reticence because of the fear that this advisory role might interfere with medical practice or involve the medical service in curative activities. On the other hand, the general agreement on this point shows how important it is for all workers to have free access to occupational health services, including of course adequate and appropriate information about the results of medical tests (see also the replies to question 13) and, by extension, the communication of these results to the worker's personal physician if he so requests. The present wording of the Proposed Conclusions indicates the precise scope of this advisory activity (Point 38).

V. Organisation

Do you consider that the instrument(s) should specify that, having regard to the diversity of national circumstances and practices, occupational health services should be established, as conditions require:

(a) by virtue of laws or regulations;
(b) by virtue of collective agreements or as otherwise agreed upon by the employers and workers concerned; or
(c) in any other manner approved by the competent authority after consultation with the most representative organisations of employers and workers?

Total number of replies: 72.

Affirmative: 35. Austria, Bahrain, Brazil, Burundi, Chile, Cyprus, Czechoslovakia, Dominica, Dominican Republic, Ecuador, Equatorial Guinea, Ethiopia, Finland, France, Federal Republic of Germany, Ghana, Greece, Hungary, India, Islamic Republic of Iran, Japan, Malaysia, Morocco, Netherlands, Norway, Peru, Philippines, Romania, Rwanda, Spain, Sri Lanka, Tanzania, Trinidad and Tobago, Uganda, United Kingdom.

Other: 37. Argentina, Australia, Bangladesh, Belgium, Bulgaria, Byelorussian SSR, Canada, Central African Republic, Colombia, Cuba, Denmark, Djibouti, Egypt, Gabon, German Democratic Republic, Guinea, Guyana, Jordan, Kenya, Madagascar, Mexico, Mozambique, New Zealand, Pakistan, Panama, Portugal, Saudi Arabia, Swaziland, Switzerland, Tunisia, Turkey, Ukrainian SSR, USSR, United Arab Emirates, United States, Uruguay, Zambia.

Argentina. The services should be organised by virtue of laws or regulations.

Australia. (a) and (b) No. (c) Yes.

Bahrain. (b) Yes, as considered appropriate by the competent authority.

Bangladesh. This may be left to the member countries.

Belgium. Only by virtue of laws or regulations.

Bulgaria. In Bulgaria the organisation of the occupational health services is governed by a set of regulations; the fundamental provisions for the organisation of these services are based on the principle of territoriality and production. Since the protection of the health of most of the population is involved, the obligation to establish occupational health services should be stipulated in a set of regulations and the competent public authorities should be made directly responsible. Occupational health services may be organised in other ways, as indicated in question 31.

Byelorussian SSR. Occupational health services should be established according to standard criteria and be an integral part of the national public health service.

Canada. (a) Because there is universal access to medical care and because of economic considerations, particularly in small undertakings, the institution of occupational medical services by virtue of laws and regulations would be very difficult. In Canada, moreover, the provision of health services is a matter of provincial jurisdiction.

(c) The number of "competent authorities" in Canada is such that it would be practically impossible to establish services that would be the same everywhere.

However, the three methods indicated under (a), (b) and (c) could be applied.

Central African Republic. The public authorities should provide for the organisation and supervision of an appropriate service.

Chile. Yes. Since it is not possible to establish an occupational health service in all undertakings, several options must be available.

Colombia. Yes, by virtue of laws or regulations laying down minimum conditions and by virtue of collective agreements aimed at improving those conditions.
Cuba. (a) Yes.
Czechoslovakia. Preferably (a).

Denmark. (a) Yes, after negotiation with the parties concerned who should also take part in the framing of more detailed rules.

Djibouti. (a) Yes.

Egypt. (a) Yes.

Ethiopia. Yes, depending on the size of the undertaking.

France. Yes. The National Council of French Employers notes that a law requiring each employer to organise and finance a medical service, whether an autonomous service or a service common to several enterprises, was introduced as early as 1946 and therefore excludes the possibility of such services being established by virtue of a collective or other agreement between the social partners.

Gabon. (a) Yes.
(b) and (c) No.

German Democratic Republic. (a) Yes.

Guinea. (a) Yes.

Guyana. (a) No.
(b) and (c) Yes.

Hungary. Yes, but the most appropriate method would be by laws or regulations.

India. As far as possible through laws or regulations.

Jordan. The instrument should specify that these services should be established by virtue of laws or regulations.

Kenya. Occupational health services should be established by virtue of laws or regulations establishing at least some minimal requirements.

Madagascar. Occupational health services should be established either by virtue of laws or regulations or in any other manner approved by the competent authority after consultation with the most representative organisations of employers and workers.

Mexico. (a) Yes.

Mozambique. By virtue of laws or regulations and along lines established by the competent authority.

Netherlands. Preferably by (a), though a combination of (a) and (b) would also be possible.

New Zealand. (a) and (b) No.
(c) Present practice in New Zealand is that, following the identification of an occupational health problem, representatives of employees and employers meet representatives of government departments and develop guide-lines to control the process. Occupational health services should be organised so as to meet the targets indicated under question 9.

Norway. Preferably (a).

Pakistan. (a) and (c) Yes.
(b) No.

Panama. (a) and (c) Yes.
(b) Yes, after consulting the competent authorities.

Philippines. These services should be established first by virtue of collective agreements so as to take into account the ability of both partners to negotiate. Moreover, this conforms to the concept of free enterprise and trade unionism. A second possibility is to
use the method indicated in (c), which is in line with the spirit of tripartism. Lastly, the services could be organised by virtue of laws or regulations.

Portugal. The obligation to establish such services and their basic structure should be laid down by laws or regulations. Collective agreements or any other method could be used for setting up more sophisticated services such as those advocated in the Recommendation.

Saudi Arabia. (a) Yes.  
(b) and (c) No.

Spain. Yes, by regulations setting a minimum legal requirement and elaborated through collective agreements and works committees.

Swaziland. (a) Yes.

Switzerland. (a) Yes.  
(b) and (c) No.

Tunisia. (a) Yes.

Turkey. (b) No.

Uganda. Laws and regulations should lay down an obligation to organise occupational health services but should be flexible so as to allow employees and employers to negotiate the extent of the services according to the particular circumstances of the undertaking. The competent authority should advise and/or arbitrate.

Ukrainian SSR. Occupational health services should be an integral part of public health services and be established by laws containing their rules and regulations and stipulating the manner in which their activities are to be financed.

USSR. Occupational health services must be an integral part of the national health system, with which they must work in close collaboration, and should be established by law. The law must define their rights and duties, their structure, the territorial division of official occupational health services and the arrangements for their financing.

United Arab Emirates. The best method would be by virtue of laws or regulations, the competent authority being empowered to allow exceptions in certain cases.

United States. In the United States the establishment of occupational health services is left to the individual employer. Given the enormous diversity of national practices and circumstances, it is undesirable that the instrument specify the means of establishing an occupational health service programme. Rather the instrument should focus on the objectives of an occupational health programme and leave it to the governments to determine the appropriate mechanisms for achieving them.

Uruguay. (c) Yes.

Zambia. (a) Yes.  
(b) No, as not all employees are unionised. Where there are collective agreements, this method could be possible.

(c) Yes.

The governments' replies reflect the variety of situations at the national level. All three methods referred to in this question are used, sometimes even simultaneously. All three options should be open to each country and they have therefore been included as Point 12 in the Proposed Conclusions with a view to a Convention, so as to allow for maximum flexibility.
Do you consider that occupational health services might be organised:

(a) by the undertakings concerned themselves;
(b) by the public authorities or by official services;
(c) by social security institutions;
(d) by any other bodies approved by national laws or regulations?

Total number of replies: 72.

Affirmative: 19. Australia, Bahrain, Central African Republic, Chile, Cuba, Cyprus, Ecuador, Finland, Gabon, German Democratic Republic, Federal Republic of Germany, Greece, Japan, Norway, Rwanda, Spain, Swaziland, Uganda, Zambia.

Other: 53. Argentina, Austria, Bangladesh, Belgium, Brazil, Bulgaria, Burundi, Byelorussian SSR, Canada, Colombia, Czechoslovakia, Denmark, Djibouti, Dominica, Dominican Republic, Egypt, Equatorial Guinea, Ethiopia, France, Ghana, Guinea, Guyana, Hungary, India, Islamic Republic of Iran, Jordan, Kenya, Madagascar, Malaysia, Mexico, Morocco, Mozambique, Netherlands, New Zealand, Pakistan, Panama, Peru, Philippines, Portugal, Romania, Saudi Arabia, Sri Lanka, Switzerland, Tanzania, Trinidad and Tobago, Tunisia, Turkey, Ukrainian SSR, USSR, United Arab Emirates, United Kingdom, United States, Uruguay.

Argentina. Occupational health services must conform to a global health plan whose principal objective is to take care of workers as human beings and not simply as factors of production.

Austria. (a), (c) and (d) Yes.

Bangladesh. This should be left to the member countries.

Belgium. (a) Yes.
(b) Yes, as employers.
(c) No.

Brazil. (a) and (d) Yes.
(b) and (c) No.

Burundi. The services should be organised, according to circumstances and applicable standards, by the undertakings themselves or through an outside body, or else as a service common to a number of undertakings or a separate service within a single undertaking.

Canada. All these methods have advantages and disadvantages.
(a) This would be better suited to the undertaking but may be looked upon by the workers as serving the needs of the employer.
(b) This would offer the advantages of central organisation and uniformity of application but may be open to political pressure.
(c) This offers much the same advantages and disadvantages as (b).
(d) This approach could succeed, provided the concerns of employee and employer organisations are satisfied.

1 See under question 30.
Qu. 31  Occupational health services

Colombia. (c) Yes.
Czechoslovakia. (b) Yes.
Denmark. (a) Yes, with guidance and supervision by a public authority.
Djibouti. (c) Yes.
Dominica. (a) and (c) No.
Dominican Republic. (a) to (c) Yes.

Egypt. These services should be organised under the supervision of the government authorities, in collaboration with the undertakings concerned.

Equatorial Guinea. (a), (b) and (d) No.
(c) Yes.
Ethiopia. (a) Yes.
France. (a) and (c) Yes.
Gabon. (a), (c) and (d) Yes.
(b) Yes, for small undertakings.

German Democratic Republic. In the German Democratic Republic occupational health services are part of the state health service. They are established, equipped and maintained by the undertaking. However, the staff of these services come not under the undertaking but under the state health service. Depending on how the service is organised in each country, the other solutions also seem feasible.

Federal Republic of Germany. Yes. The bodies referred to in (d) should include private physicians also working in the field of occupational health. Organising occupational health services in the undertaking must be the responsibility of the employer.

Ghana. (d) Yes.
Guinea. (d) Yes.
Guyana. (a) and (b) No.
(c) and (d) Yes.

Hungary. (a) No. This would create an employment relationship for the physician vis-à-vis the management and he could therefore not safeguard the rights and interests of the workers.
(b) to (d) In Hungary occupational health services are part of the public health services, which ensures that the physicians are independent of the management. In the case of other forms of organisation, this independence should be the primary concern.

India. (a) This would be desirable.

Islamic Republic of Iran. (a) Yes, but under the supervision of the Government.
(b) No. This does not seem necessary.
(c) Yes, if possible.
(d) Yes.

Jordan. (b) Yes.

Kenya. (c) No. Social security institutions should not be allowed to establish the services because this would tend to discourage employers from showing any interest in them.

Madagascar. (b) Yes.

Malaysia. (a), (b) and (d) Yes.
The workers' organisation feels that the services might be organised by social security institutions on which workers are represented.

Mexico. By the undertakings concerned, in collaboration with the labour authorities and the workers.
Replies from governments and commentaries

Morocco. (a) Yes.

Netherlands. Occupational health services in the Netherlands are looked upon as a commitment of the employers, either individually or collectively.

New Zealand. (a), (b) and (d) Yes.

(c) No, not in New Zealand. A definition of “social security institution” is needed. To be effective the service should be organised as part of, or closely linked to, other health services. It could therefore be organised inside firms or within a national health organisation, provided that efficient liaison machinery is established.

Norway. Any of these methods, depending on national conditions.

The Confederation of Trade Unions in Norway is of the view that occupational health services should be organised and operated by the undertaking in collaboration with the workers.

Pakistan. (c) and (d) Yes.

Panama. These services should be organised by social security institutions. An undertaking could set up its own service, but in accordance with rules laid down by a single body (the social security institution). The National Council of Private Undertakings agrees to occupational health services being organised by the social security institution, but without the requirement that they provide health care.

Peru. Rules should be laid down by the public authorities and social services which, along with the undertakings, should also be responsible for their application.

Philippines. (a) and (b) Yes.

Portugal. These services should normally be organised by the undertakings themselves though, in the case of small undertakings, they could be organised by the public authorities or by official services.

Romania. By official services as part of the general organisation of health services.

Saudi Arabia. (a) and (d) Yes.

(c) No.

Spain. All these methods are feasible. It would be preferable for the undertakings to organise the occupational health services or for there to be official, trade union or welfare services common to more than one undertaking and operating on a sectoral or geographical basis.

Sri Lanka. (a) and (c) No.

(b) and (d) Yes.

Switzerland. (a) Yes.

(b) No, unless (a) is not accepted.

Tanzania. (a) to (c) Yes.

(d) No.

Trinidad and Tobago. The services should be organised by the undertakings concerned themselves, under the supervision of the national occupational health service which should be responsible for training, advisory services and monitoring.

Tunisia. (a) Yes.

(c) Yes. Social security institutions could have a department or unit to deal with the prevention of occupational hazards.

(d) These services could also be organised by an independent body approved by national laws or regulations, administered by a tripartite board and funded by a contribution linked to the total wage bill. This body would define the status of the occupational health physician with the competent authority, would guarantee his ethical and professional independence and specify the conditions for his appointment and determination.
Qu. 31, 32

Occupational health services

Ukrainian SSR. (b) and (d) Yes.
USSR. (b) and (d) Yes.
It is important that these services be scientifically organised along identical lines.
United Arab Emirates. (a), (c) and (d) No.
(b) Yes, provided there is such provision in national legislation.
United Kingdom. Any of these arrangements are possible but it is not necessary to have legal approval for any particular type. Other arrangements are also possible.
Uruguay. The instrument should allow the member countries full discretion to decide how to organise their occupational health services.
Zambia. (a), (b) and (d) Yes.
(c) This may not be possible in countries where social security institutions are not highly developed.

The considerable number of replies accompanied by comments on the suitability or advantages of one or other method of organisation shows clearly how widely national situations and practices vary. Some replies suggest that the question has been interpreted as indicating that a definite choice has to be made between the four methods listed in the question instead of as offering four complementary solutions that countries could select from according to local circumstances and conditions. Looking at the observations of the governments, the Office notes that all the methods indicated in the question are actually used in the various countries, sometimes even simultaneously. It has therefore thought it advisable to maintain the wording unchanged and to include the provision as Point 44 (2) of the Proposed Conclusions with a view to a Recommendation.

Qu. 32

Do you consider that occupational health services, depending on the circumstances and on national practice, might be organised as a separate service within a single undertaking or as a service common to a number of undertakings?

Total number of replies: 72.

Affirmative: 62. Australia, Austria, Bahrain, Belgium, Brazil, Burundi, Byelorussian SSR, Canada, Central African Republic, Chile, Colombia, Cuba, Cyprus, Czechoslovakia, Denmark, Djibouti, Dominican Republic, Ecuador, Egypt, Equatorial Guinea, Ethiopia, France, Gabon, German Democratic Republic, Federal Republic of Germany, Ghana, Greece, Guinea, Guyana, Hungary, India, Islamic Republic of Iran, Japan, Kenya, Malaysia, Mexico, Morocco, Mozambique, Netherlands, New Zealand, Norway, Pakistan, Peru, Philippines, Portugal, Romania, Rwanda, Saudi Arabia, Spain, Sri Lanka, Swaziland, Switzerland, Tanzania, Trinidad and Tobago, Tunisia, Turkey, Uganda, Ukrainian SSR, USSR, United Arab Emirates, United Kingdom, Zambia.

Negative: 1. Dominica.
Replies from governments and commentaries

**Other:** 9. Argentina, Bangladesh, Bulgaria, Finland, Jordan, Madagascar, Panama, United States,¹ Uruguay.²

**Argentina.** They should in any case be approved by the competent authority.

**Australia.** Either, depending on the size of the undertaking and the organisation of medical services in the region.

**Bahrain.** Yes, according to local circumstances and national law and practice.

**Bangladesh.** As a common service.

**Bulgaria.** The occupational health services could be organised as subdivisions of a single national medical care scheme. Depending on the size of the individual units, they could serve one or more undertakings. The manner in which the services are organised should be stipulated in the instrument or by the competent authority.

**Burundi.** Yes, as services common to a number of undertakings.

**Byelorussian SSR.** Yes. National practice will be decisive.

**Chile.** Other possibilities suggested by national practice should also be entertained.

**Czechoslovakia.** This depends on local conditions, and efficiency and economy will be decisive. It would normally be preferable for each undertaking to have its own service.

**Djibouti.** Preferably a service common to all undertakings.

**Equatorial Guinea.** Yes, as a service common to a number of undertakings.

**Finland.** The Government refers to the 1978 Occupational Health Care Act which, in addition to the two possibilities indicated in this question, allows the employer to reach an agreement with an approved institution or person for the provision of the necessary services.

**German Democratic Republic.** Yes, depending on the size of the undertakings.

**Ghana.** Where available resources are limited, a service common to a number of undertakings would be preferable.

**Guyana.** Yes, as a service common to a number of undertakings, owing to the shortage of skilled personnel.

**India.** Smaller units could establish a common service for reasons of economy.

**Islamic Republic of Iran.** Yes, depending on the number of employees.

**Jordan.** As a service common to a number of undertakings.

**Madagascar.** As a service common to a number of undertakings.

**Pakistan.** As a service common to a number of undertakings.

**Panama.** Occupational health services should be organised as a state service or programme for undertakings that so request. In such cases they could serve either a single undertaking or a number of undertakings. The Government also proposes the creation of occupational health clinics in industrial areas, to be funded partly by social security institutions and partly by the undertakings.

**Philippines.** Yes, depending on circumstances.

**Portugal.** Yes, depending on the size of the undertakings.

**Sri Lanka.** Yes, depending on the size of the undertakings.

**Uganda.** Yes, provided that in the second case the occupational health staff share their time equally among the various undertakings.

¹ See under question 30. ² See under question 31.
USSR. It would be preferable for occupational health services to be organised at the national level. However, depending on circumstances and on national practice, another principle could be adopted (organisation on a sectoral or regional basis, for example), depending on the size of the undertakings and the number of workers employed. Particularly large undertakings could have their own occupational health service.

United Arab Emirates. Undertakings able to do so should establish a separate occupational health service. For small undertakings common occupational health services should be organised along geographical lines or, alternatively, a number of centres could be set up in different parts of the same town to serve all the small undertakings.

Zambia. As a separate service within a single undertaking.

The observations received support the methods of organisation indicated in the question, though some governments emphasised the desirability of having services common to a number of undertakings which allowed for special local circumstances. This provision appears unchanged as Point 13 of the Proposed Conclusions with a view to a Convention and as Point 44 (1) of the Proposed Conclusions with a view to a Recommendation.

Qu. 33 Should the competent authority determine the circumstances in which, in the absence of a specially established occupational health service, existing medical services may be recognised as occupational health services?

Total number of replies: 72.

Affirmative: 64. Argentina, Australia, Austria, Bahrain, Bangladesh, Brazil, Burundi, Canada, Central African Republic, Chile, Colombia, Cuba, Cyprus, Czechoslovakia, Denmark, Djibouti, Dominica, Dominican Republic, Ecuador, Egypt, Equatorial Guinea, Ethiopia, France, Gabon, German Democratic Republic, Federal Republic of Germany, Ghana, Greece, Guinea, Guyana, Hungary, India, Islamic Republic of Iran, Jordan, Kenya, Madagascar, Malaysia, Mexico, Morocco, Mozambique, Netherlands, New Zealand, Norway, Pakistan, Panama, Peru, Philippines, Portugal, Romania, Rwanda, Saudi Arabia, Sri Lanka, Swaziland, Switzerland, Tanzania, Trinidad and Tobago, Tunisia, Turkey, Uganda, Ukrainian SSR, USSR, United Arab Emirates, United Kingdom, Zambia.

Negative: 1. Belgium.

Other: 7. Bulgaria,¹ Byelorussian SSR, Finland,¹ Japan, Spain, United States,² Uruguay.

Argentina. Yes, but the competent authority must require them to be brought up to existing standards within a specified time.

Bahrain. Yes, as an interim measure.

¹ See under question 32. ² See under question 30.
Belgium. This provision is unnecessary.

Byelorussian SRR. Yes, if they include an occupational health physician.

Canada. These services should, however, be fully aware of health hazards in the workplace.

Colombia. Yes, but only in exceptional circumstances.

Denmark. Yes. The Employers' Confederation adds that the free choice of the undertakings with regard to the type of organisation of the service should be maintained.

Djibouti. Yes, though the establishment of occupational health services would be preferable.

Egypt. Yes, provided the staff receives training in occupational health work pending the establishment of a specific occupational health service.

France. In so far as existing medical services are not specialised in preventive medicine in the workplace and in dealing with occupational health hazards, their recognition as occupational health services should only be an interim measure.

Federal Republic of Germany. Yes, provided the services can carry out all the tasks of official occupational health services and are reasonably competent in the field.

Ghana. Yes, but they must at least be able to monitor exposure to occupational health hazards and determine the state of health of the workers.

Guinea. Yes, the national occupational health service provides the undertakings with the necessary services.

Hungary. Yes. This is acceptable as an interim solution but the occupational health services should operate under uniform regulations.

Japan. Any service recognised as a general medical service can provide the medical care that is expected of an occupational health service and there is therefore no need to make provision for the particular circumstances referred to in this question.

Netherlands. In principle, yes.

Panama. Yes, but provision should be made to train the staff and to draw up guidelines setting out the objectives of an occupational health service.

Portugal. Yes, but in specific circumstances and as an interim measure.

Romania. Yes, on condition the staff receive training in occupational health.

Spain. Yes, but as a last resort and for a limited time.

Tunisia. The competent authority should determine the circumstances in which existing medical services may “participate” in general preventive medicine for workers, without their automatically being recognised as occupational health services.

USSR. Yes, provided they have a physician on the staff who has been trained in occupational health.

Uruguay. Yes, but under the responsibility of specialist staff.

The great majority of the replies agree with this provision, though many of the observations point out that this should only be an interim solution or that the staff employed by these services should be properly trained to carry out the tasks entrusted to them. The observations as a whole clearly reflect the concern of a substantial number of governments that this “second-best” solution, which may be justified in specific cases and particular circumstances, should not be used as a roundabout means of maintaining indefinitely occupational health services that
Qu. 33, 34  Occupational health services

do not meet the requirements of the instruments. The Office feels that this view
should be brought out in the provision, which has accordingly been modified to
 indicate the interim nature of such recognition. The amended provision has been
included in the Proposed Conclusions with a view to a Recommendation
(Point 45).

Qu. 34   When the establishment of, or access to, a recognised occupational
health service is not practicable for geographical or other reasons
defined by the competent authority, should undertakings make arran­
gements with a physician or a local medical service for:
(a) carrying out medical examinations prescribed by national laws or
regulations;
(b) exercising supervision of hygienic conditions in the undertaking;
(c) administering first aid and emergency treatment?

Total number of replies: 72.

Affirmative: 61. Argentina, Australia, Bahrain, Belgium, Brazil, Burundi,
Byelorussian SSR, Canada, Central African Republic, Chile, Colombia, Cuba,
Cyprus, Denmark, Dominica, Dominican Republic, Egypt, Equatorial Guinea,
Ethiopia, Finland, France, Gabon, German Democratic Republic, Federal Re­
public of Germany, Ghana, Guinea, Guyana, Hungary, India, Islamic Republic
of Iran, Japan, Jordan, Kenya, Madagascar, Malaysia, Mexico, Morocco, Mo­
zambique, Netherlands, Norway, Pakistan, Panama, Peru, Philippines, Portugal,
Rwanda, Saudi Arabia, Spain, Sri Lanka, Swaziland, Switzerland, Tanzania,
Trinidad and Tobago, Tunisia, Turkey, Uganda, Ukrainian SSR, USSR, United
Arab Emirates, Uruguay, Zambia.

Negative: 2. Djibouti, Romania.

Other: 9. Austria,¹ Bangladesh, Bulgaria, Czechoslovakia, Ecuador, Greece,
New Zealand, United Kingdom, United States.²

Argentina. Yes, for carrying out the tasks prescribed by national laws or regulations.
Australia. (a) and (c) Yes.
(b) Yes, provided the physician has the requisite skill.
Bahrain. As prescribed by the competent authority.
Bangladesh. This should be left to the competent authority.
Belgium. Yes, in the following order: (c), (a), (b).
Bulgaria. Yes, where there is no free medical assistance and provided local provisions
allow such arrangements.

¹ See under question 6. ² See under question 30.
Byelorussian SSR. Yes. If (a) and (b) are retained, there is no longer any need for (c).

Canada. (a) Yes, but the physicians employed for this purpose must be fully aware of the conditions existing in the workplace, must have at least a general idea of occupational medicine and preventive measures and must be acquainted with the special tests employed for early recognition of health problems due to exposure to certain occupational hazards. (b) If this refers to industrial hygiene, the services of a qualified industrial hygienist must be sought. (c) The undertaking should also ensure that a sufficient number of workers receive instruction and training in first aid and make arrangements for speedy transportation in emergencies.

Colombia. Yes, in order to ensure that workers in outlying areas are protected.

Cyprus. (a) Yes, provided that the physician or local medical service has the necessary expertise in the field of occupational health.

Czechoslovakia. The service responsible for carrying out occupational health work must always be chosen by a public administration body. Undertakings should be allowed to do so only when there is no competent public authority.

Denmark. Yes, on the assumption that (a) refers only to examinations in relation to the working environment.

Djibouti. No. The necessary medical care and other services must be provided by the public health service.

Ecuador. Yes. It would be desirable for undertakings to be able to make such arrangements but, before requiring them to do so, due account should be taken of other factors, such as the productivity and economic importance of the undertaking, the number of workers, the size of the premises, etc.

Finland. The physician or local medical service must have the necessary competence to carry out such tasks.

France. Yes, but as an interim measure.

German Democratic Republic. Yes, provided the physician has the necessary know-how.

Federal Republic of Germany. Yes, but because these replacement services are unlikely to be able to do everything they should only be used for a certain period of time so that the necessary conditions are created for establishing a proper occupational health service (special skills, personnel, etc.). The words "or other reasons" allow too much latitude; the reasons must be set out more clearly so as to exclude irrelevant considerations.

Ghana. (a) and (b) Yes. (c) Yes, where there is no centre for first aid and emergency treatment.

Greece. (b) No.

India. Yes, but if the arrangement envisaged under question 32 is accepted the problem would not arise.

Kenya. Yes. However, depending on the size of the establishment, it should endeavour to establish an in-plant occupational health service and resort to the arrangements referred to in this provision only if it unable to do so for economic reasons.

New Zealand. (b) Unless the physician has adequate knowledge of and interest in occupational health, this would probably be a waste of time. It is suggested that the word "physician" be qualified by the words "suitably qualified or experienced". (c) In New Zealand a physician does not normally administer first aid. It is proposed that the clause be amended to read "ensuring that competent people are available to administer first aid and emergency treatment".
Norway. Yes.
The Confederation of Trade Unions in Norway considers that these reasons for not establishing an occupational health service are unacceptable.

Portugal. Yes, provisionally and for a specified time, pending the establishment of an occupational health service.

Romania. In such cases these services are provided by the nearest infirmary to which the undertaking is officially assigned.

Tunisia. (a) Yes; only the occupational health physician has the authority to determine a worker’s aptitude for work.
(b) and (c) Yes.

Uganda. Yes. In certain cases workers can be trained to carry out some health services under the supervision of a visiting physician or other health worker.

United Kingdom. In the absence of an occupational health service, it will be for employers to decide what means are necessary both to meet their legal obligations (for example, to provide first-aid facilities) and to carry out such other functions as are considered desirable.

The majority of the replies received were in favour of this provision though, as with the previous question, most governments making observations on it stressed that such arrangements should be only provisional and that the physician concerned must be properly qualified to carry out the tasks required of him. Without entering into the details of training facilities which would in any case be difficult to provide, the Office considers it advisable to specify that the tasks referred to would be restricted to what is essential and practicable – bearing in mind, specifically, the distance from health centres specialising in preventive medicine and occupational health – and that this kind of ad hoc arrangement should be strictly temporary. The provision as amended appears in the Proposed Conclusions (Point 46).

Qu. 35  (1) Should the instrument(s) contain other provisions concerning the organisation of occupational health services?
(2) If so, please specify them.

Total number of replies: 66.

Affirmative: 30. Argentina, Australia, Austria, Bulgaria, Byelorussian SSR, Central African Republic, Djibouti, Dominican Republic, Equatorial Guinea, Finland, Gabon, Guinea, Hungary, Madagascar, Mexico, Mozambique, New Zealand, Panama, Peru, Philippines, Romania, Rwanda, Sri Lanka, Swaziland, Switzerland, Tunisia, Uganda, Ukrainian SSR, USSR, United Arab Emirates.

Negative: 34. Bahrain, Bangladesh, Belgium, Brazil, Burundi, Canada, Chile, Colombia, Cuba, Cyprus, Dominica, Ecuador, Egypt, Ethiopia, France, German Democratic Republic, Federal Republic of Germany, Ghana, Guyana, India,
Islamic Republic of Iran, Japan, Jordan, Kenya, Norway, Pakistan, Saudi Arabia, Spain, Tanzania, Trinidad and Tobago, Turkey, United Kingdom, Uruguay, Zambia.

Other: 2. Denmark, United States.¹

 Argentina. The instrument should contain provisions designed to protect the health of the worker and of his family as completely as possible.

 Australia. The instrument should contain provisions relating to the organisation of services in small industry, including contributory group services on a geographic or industry basis, and provisions relating to government specialist, consultative and laboratory services on a regional basis.

 Austria. Yes. There should be outline provisions regarding the time allocated for occupational health activities.

 Bulgaria. Provision could be made for occupational health services to be subdivisions of a single medical assistance scheme for the entire population. The full potential of the public health system (for example, treatment and test in specialised establishments or research institutes, etc.) could thus be brought to bear in specific cases.

 Byelorussian SSR. The instrument could contain provisions concerning: the official status of occupational health services and their independence of the management of the undertaking; the juridical basis for the operation of an occupational health service, including a list of relevant sanctions; the necessary physical means for occupational health services to be able to carry out their tasks normally; guaranteed supervision of conditions of hygiene in the undertaking; the organisation of medical care for persons suffering from occupational diseases; the organisation of preventive examinations; the procedure for investigating cases of occupational disease.

 Central African Republic. Yes, but the additional provisions should be included in the Recommendation, which is more flexible.

 Denmark. No, as the representatives of the workers should be involved in the establishment of an occupational health service.

 Djibouti. As necessary.

 Dominican Republic. Yes, such provisions as may be useful for the organisation and operation of an occupational health service.

 Equatorial Guinea. The instruments should contain provisions indicating that they should not be applied in such a way as to have a negative impact on the health of the workers.

 Finland. Other provisions could be included according to the needs of individual countries and the possibility of their applying them.

 France. No. The Union of Occupational Health Physicians considers that the independence of health physicians should be emphasised, defined and promoted.

 Gabon. Yes, provisions concerning hygiene in the working environment and in the housing provided by the employer and the services' role of adviser to the management of the undertaking.

 Hungary. The instruments should specify the number of doctors, the composition of the occupational health staff and the basic equipment required.

 Madagascar. The instruments should stipulate that all undertakings must provide the workers with occupational health services whose supervisory function must be as compre-

¹ See under question 30.
hensive as possible and which must therefore have an adequate infrastructure and a suffi-
ciently large and competent staff.

_Mexico._ All occupational health physicians should be registered with the competent
authority, keep the latter informed of their activities and participate in training courses.

_Mozambique._ The instrument should contain regulations on the physical resources,
level of specialisation and other features that are essential to the operation of an
occupational health service.

_New Zealand._ The instrument should be flexible enough to allow other provisions to
be included according to local conditions or if the representatives of employers, employees
and government organisations so desire.

_Panama._ The instruments should contain other provisions concerning the organ-
isation of occupational health services. For example, they should indicate the ratio between
the number of workers and the various organisational levels of an occupational health
service, provide for primary health care to be used as a basis for monitoring the workers'
health, indicate the basic components of employment injury and occupational disease sta-
tistics and provide for the organisation of a national network for the epidemiological mon-
toring of occupational hazards.

_Peru._ The competent authority must be notified of employment injuries and oc-
cupational diseases.

_Philippines._ The instrument should contain provisions on the necessary health per-
sonnel, medicines and facilities for operating occupational health services and should spe-
cify the occupational health programmes to be implemented at the place of work.

_Romania._ The instrument should distinguish between the two aspects of occupational
health activities – those that are the responsibility of works infirmaries and those that are
the responsibility of the occupational health services – because the system of organisation is
not the same in both cases. The doctors themselves undergo different training, those work-
ing in the infirmaries being general practitioners while those attached to the occupational
health services are specialists in that field. Their tasks are different, too; infirmary doctors
practise preventive and curative medicine whereas occupational health doctors are con-
cerned only with prevention and direct and supervise the work of the infirmary doctors as it
relates to this particular field.

_Rwanda._ Provisions should be included concerning the financing of occupational
health services.

_Swaziland._ The management board of the occupational health service should consist
of representatives of the employers, of the employees (unions) and of the government.

_Switzerland._ The instruments could contain other provisions that would depend on
each country's financial and technical resources and experience in the field of occupational
health.

_Tunisia._ The instruments should contain provisions concerning, inter alia, the distri-
bution of the time devoted by the occupational health physician to his various functions
(two-thirds of his time to be spent on medical examinations and one-third on hygiene
control and the improvement of working conditions).

_Uganda._ The competent authority should ensure that, as far as possible, such services
are available to all workers in all economic sectors.

_Ukrainian SSR._ The instrument should contain provisions concerning the official sta-
tus of the occupational health services and their independence vis-à-vis the management of
undertakings, the juridical basis for their activities, the supervision of conditions of hygiene
in the undertaking and the organisation of medical care for workers suffering from
occupational diseases.

_USSR._ The instrument could also contain provisions concerning the official status of
occupational health services (which must in all cases be independent of the management of
the undertaking), the juridical basis for their activities (including a system of sanctions for failure to fulfil their obligations), the creation of a laboratory service for monitoring dangerous and harmful airborne substances, the method of supervising conditions of hygiene in the undertaking, the organisation of medical assistance for persons suffering from occupational diseases, the procedure for carrying out medical tests prior to recruitment and periodic examinations, and investigations into instances of intoxication and occupational disease.

United Arab Emirates. The provisions concerning the organisation of occupational health services should require major undertakings to set up such services, stipulating their powers, duties and functions. They should also specify the level of health care, the role that such services are required to play in the provision of medical services other than those for which they are specifically responsible and the relationship between these services and the official state bodies working in the same field.

In their replies to this question a fairly large number of governments suggested points which they thought should be included in the instruments. The list of suggestions is fairly long and varied and includes the following: the specification of the time to be allotted by the services to their various activities, special arrangements for the organisation of services in small undertakings, the level of health care to be provided, the supervision of environmental hygiene, the composition of the occupational health staff, a list of equipment and facilities according to the size of the undertaking, the specification of standards for employment injury and occupational health statistics, the financing of occupational health services, the definition of an official status and of the juridical basis for their activities, a guarantee of the services’ independence vis-à-vis the management of the undertaking, the scope of medical assistance, the integration of the services into the public health scheme, and so on. The range of issues touched upon is extremely wide. In many cases, the suggestions coincide with or amplify points already covered in part by the questionnaire; these have been taken into account in the drafting of the corresponding Points in the Proposed Conclusions. The manner in which an occupational health physician divides his time among his various activities may differ enormously according to the specific tasks assigned to the occupational health service and, at least at this stage, it is difficult to give any precise indication that that might be valid in all cases – although the Proposed Conclusions do lay down a general principle in this respect (Point 25). The observations concerning the juridical basis for the organisation of occupational health services and the tripartite composition of services common to more than one undertaking have been taken into account in the drafting of the Proposed Conclusions (Points 23, 48(2) and 69).

VI. Conditions for performance of functions

Do you consider that the instrument(s) should specify that each occupational health service should be placed under the direction of a physician who should be directly responsible for the working of the service either to the management of the undertaking or to the body to which the service is subordinated?
Total number of replies: 72.

Affirmative: 55. Argentina, Austria, Bahrain, Bangladesh, Belgium, Brazil, Bulgaria, Burundi, Canada, Central African Republic, Chile, Colombia, Cuba, Cyprus, Czechoslovakia, Djibouti, Dominica, Dominican Republic, Ecuador, Egypt, Equatorial Guinea, France, Gabon, German Democratic Republic, Ghana, Greece, Guinea, Guyana, Hungary, India, Jordan, Kenya, Madagascar, Malaysia, Mexico, Morocco, Mozambique, Norway, Pakistan, Peru, Philippines, Romania, Rwanda, Saudi Arabia, Spain, Swaziland, Switzerland, Tanzania, Trinidad and Tobago, Tunisia, Turkey, Uganda, United Arab Emirates, Uruguay, Zambia.

Negative: 10. Australia, Denmark, Finland, Federal Republic of Germany, Islamic Republic of Iran, New Zealand, Panama, Sri Lanka, United Kingdom, United States.

Other: 7. Byelorussian SSR, Ethiopia, Japan, Netherlands, Portugal, Ukrainian SSR, USSR.

Australia. No. It may be appropriate in some undertakings for an occupational nurse, hygienist or ergonomist to be in charge. The Government considers that the officer in charge of a service dedicated to a particular undertaking should be responsible to the management of that undertaking.

Bulgaria. Yes. However, depending on the number of workers covered by the occupational health service, the competent authority may also need to designate the other members of the staff (physicians, nurses, etc.). Like all doctors, the physician in charge of an occupational health service must be professionally independent. He should be appointed with the agreement of the competent public health authorities responsible for providing medical assistance to the population in the district concerned.

Byelorussian SSR. The physician must be responsible only to the body to which the occupational health service is subordinated.

Colombia. Yes, but provided the physician is not open to any pressure from the undertaking.

Denmark. See the General Observations.

Ethiopia. Each occupational health service should be placed under the direction of a physician. The relationship with management and employees must be one of advice.

Finland. In Finland employers purchase the services of professional health care personnel whose activities are supervised by health care authorities; it has not been found necessary to regulate the limits of responsibility within the undertaking by legislation.

France. Yes.

The National Council of French Employers points out that the running of a medical service must not be confused with the exercise of occupational health activities; under French legislation the functioning of the medical service is the responsibility of the manager of the undertaking.

Federal Republic of Germany. Every occupational health service must be placed under the direction of a physician whose diplomas and specialised knowledge conform to the spirit of question 4. The service must be directly subordinated and responsible to the management of the undertaking.

Hungary. Yes, but the physician should be responsible only to the professional body to which the service is subordinated.
Islamic Republic of Iran. Industrial health specialists may also be responsible for the working of occupational health services.

Japan. The proposed new instrument seeks to vest occupational health services with a wider range of functions than does Recommendation No. 112. These functions include, on the one hand, services which should always be provided under the direction and responsibility of a physician (such as curative medicine) and, on the other, services which do not require his direction (for example, monitoring the working environment). The Government therefore proposes adding the words "in performing the function of medical care" at the end of the text.

Madagascar. The instruments should stipulate that each occupational health service should be placed under the direction of a physician working in conjunction with an administrator. The physician would be directly responsible for the working of the service to the body to which it is subordinated.

Malaysia. Yes. However, the workers' organisation feels that the physician should be directly responsible to the body providing the service.

Netherlands. Yes, but the possibility of placing a large occupational health service under a managerial director should be left open.

New Zealand. No, because in many cases the services are directed by nurses. This provision would, however, be acceptable if it were amended to read: "should be placed normally under the direction of a physician or, in the case of small industries, under the direction of a suitably trained occupational health nurse".

Norway. The instrument should specify that each occupational health service should be placed under the management of the undertaking or of a board consisting of representatives of employers and employees in the case of a service common to a number of undertakings. The occupational health physician should have the medical responsibility for the occupational health service.

Panama. No, as other members of the medical team (social workers, psychologists, engineers, nurses, etc.) may also be responsible for the service.

Portugal. Yes, but the physician could be made responsible both to the management of the undertaking and to official institutions or other bodies.

Sri Lanka. Any individual qualified in occupational hygiene and health should be responsible to both.

Uganda. Yes, even if it means one physician looking after a number of occupational health services.

Ukrainian SSR. The occupational health physician must be responsible to the body to which the service is subordinated but not to the management of the undertaking.

USSR. The occupational health physician must be responsible to the body to which the service is subordinated but not to the management of the undertaking.

United Kingdom. No. The occupational health service should be under the direction of a competent person (physician, occupational health nurse, occupational hygienist, etc.) responsible to the appropriate management department.

United States. It is not imperative that an occupational health service be placed under the direction of a physician. The person responsible for running the service should have a background compatible with occupational safety and health issues. It is also likely that a service will have personnel representing a wide variety of disciplines, such as toxicologists, industrial hygienists and engineers. The goal is to achieve good management of services, which in some cases may best be handled by trained administrators rather than by physicians. However, due regard must be taken of the necessity for health care professionals to have an active role in decision-making.
Most of the governments replying to this question consider that the occupational health service should be placed under the direction of a physician, though a number were of the opinion that this need not necessarily be the case. According to the latter, the service could be placed under the direction of an industrial hygienist, occupational health nurse or even an administrator capable of running such a service. A number of governments also advocate the direct responsibility of the physician for the working of the service to the technical body to which the service is subordinated rather than to the employer, while others opt for his dual responsibility vis-à-vis both the employer and a technical body. This would seem to be a particularly important issue in countries whose occupational health service is an extension of the public health care centres or social security institutions, which by law have sole responsibility for these activities.

The Office feels it advisable to make allowance for existing situations in the various countries and therefore proposes that this part of the provision be deleted. As amended, the provision appears as Point 47 (a) of the Proposed Conclusions with a view to a Recommendation.

Qu. 37 Should the competent authority establish standards concerning the personnel which should be attached to an occupational health service, on the basis of duties to be performed?

Total number of replies: 72.

Affirmative: 66. Argentina, Australia, Austria, Bahrain, Bangladesh, Belgium, Brazil, Bulgaria,1 Burundi, Byelorussian SSR, Canada, Central African Republic, Colombia, Cuba, Cyprus, Czechoslovakia, Denmark, Djibouti, Dominica, Dominican Republic, Ecuador, Egypt, Equatorial Guinea, Ethiopia, France, Gabon, Federal Republic of Germany, Ghana, Greece, Guinea, Guyana, Hungary, Islamic Republic of Iran, Japan, Jordan, Kenya, Madagascar, Malaysia, Mexico, Morocco, Mozambique, Netherlands, New Zealand, Norway, Pakistan, Panama, Peru, Philippines, Portugal, Romania, Rwanda, Saudi Arabia, Sri Lanka, Swaziland, Switzerland, Tanzania, Trinidad and Tobago, Tunisia, Turkey, Uganda, Ukrainian SSR, USSR, United Arab Emirates, United States, Uruguay, Zambia.

Negative: 5. Chile, Finland, German Democratic Republic, India, United Kingdom.

Other: 1. Spain.

Argentina. Legislation must indicate the minimum personnel essential for the smooth running of the service, bearing in mind the type of enterprise and its activities.

Australia. Yes, in consultation with the representative organisations of employers and workers.

1 See under question 36.
Canada. It would be preferable for such standards to be established by a professional association of physicians and for them to be flexible as regards qualifications, bearing in mind available training facilities.

Chile. This is unnecessary as occupational health personnel should be governed by the standards applicable to all workers.

Denmark. Yes. The Employers’ Confederation, however, has replied in the negative.

German Democratic Republic. The standards will depend on the number of workers exposed to an occupational hazard and on the nature of that hazard. There are so many different kinds of undertakings that it is not possible to establish general standards.

Federal Republic of Germany. Yes. The standards should also apply to the works physician.

India. No, not at present. They should be left to the undertaking and to the head of the occupational health service.

New Zealand. Yes, but they can only be minimum standards.

Norway. Yes. However, both the Confederation of Trade Unions and the Employers’ Confederation have replied in the negative.

Spain. It should be enough to draw up a description of functions and verify that they are properly carried out.

Uganda. Yes. Standards for occupational health service personnel will vary according to the national health manpower situation. Therefore, the competent authority should review standards periodically in the light of the development of national health manpower.

United Kingdom. This need not be mandatory.

Most of the replies to the question supported this provision, though some governments feel that it is not necessary and others that it should relate to minimum standards only as needs may vary with the nature of the hazards involved. After close examination of the observations received, the Office has decided that, given the broad support for this provision, it can be included in the Proposed Conclusions with a view to a Convention (Point 14). It also appears as Point 47 (b) of the Proposed Conclusions with a view to a Recommendation.

(1) Should the instrument(s) specify that occupational health physicians should enjoy full professional and ethical independence of both the employer and the workers and that, in order to safeguard this independence, national laws or regulations should lay down their terms and conditions of employment and, in particular, the conditions of their appointment and of the termination of their employment?

(2) Should the representatives of the workers on the safety and health committee in the undertaking, where one exists, be consulted concerning the appointment or the termination of employment of a occupational health physician?

Total number of replies: 73.
Affirmative: 40. Argentina, Austria, Bahrain, Bangladesh, Belgium, Brazil, Burundi, Byelorussian SSR, Canada, Central African Republic, Colombia, Cuba, Czechoslovakia, Denmark, Djibouti, Dominica, Dominican Republic, Equatorial Guinea, Ethiopia, France, Gabon, German Democratic Republic, Federal Republic of Germany, Ghana, Greece, Hungary, Kenya, Mexico, Morocco, Mozambique, Netherlands, Norway, Panama, Portugal, Rwanda, Sri Lanka, Trinidad and Tobago, Uganda, Ukrainian SSR, USSR.

Negative: 9. Chile, Ecuador, Finland, Guyana, Jordan, New Zealand, Saudi Arabia, United Kingdom, Uruguay.

Other: 24. Australia, Bulgaria, Cyprus, Egypt, Guinea, India, Islamic Republic of Iran, Italy, Japan, Madagascar, Malaysia, Pakistan, Peru, Philippines, Romania, Spain, Swaziland, Switzerland, Tanzania, Tunisia, Turkey, United Arab Emirates, United States, Zambia.

Australia. Yes, as regards their independence. However, while it may be desirable to lay down terms and conditions of employment, the conditions of appointment and termination of occupational health physicians remain the right of the management.

Burundi. (1) Yes, but the terms and conditions of employment could be drawn up by agreement between the parties or bodies concerned.

Canada. (1) In the form of an official document on which the social partners have been consulted.
(2) Yes, but it would be imperative that an arbiter be designated to take the final decision in cases of disagreement.

Chile (1) This matter should be decided in accordance with the general standards applicable.
(2) No, as the decision to appoint or terminate the physician is the responsibility neither of the workers' representatives nor of the safety and health committees.

Colombia. (1) Yes, but it must not be made impossible to remove the physician.

Cyprus. (1) Yes, as far as the word "workers" in the question. Reference to legislation should be limited to the safeguarding of the professional and ethical independence of the physician and should not involve laying down terms and conditions of employment.
(2) Yes.

Denmark. Yes. This principle should apply to all categories within the occupational health service.

The Employers' Confederation has replied in the negative.

Ecuador. (1) This provision would not seem necessary as every physician is aware of his obligations towards his patients and society.

Egypt. (1) Yes.
(2) Yes. However, such consultation should be limited and not made a general rule, so as to avoid the practice being abused and having repercussions on the work and independence of the physician.

Finland. (1) Occupational health physicians should function as experts independent of the parties. The employer should provide adequate working conditions. The terms of employment should be based on the same principles as those of the other employees in the undertaking.

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1 See under question 36.
German Democratic Republic. (1) Yes, but there would also have to be regulations governing relations with the workers and with the undertaking.

(2) Yes.

Federal Republic of Germany. (1) Yes.

(2) They should at least be consulted. It would be even better to provide for the taking of a joint decision so as to be sure that the occupational health physician enjoys the workers' full confidence.

Guinea. Yes, but the physician must be appointed by the State.

India. The instrument may specify that occupational health physicians should enjoy full professional and ethical independence but the method of achieving this should be left to the national governments.

Islamic Republic of Iran. (2) Yes, in cases of necessity.

Italy. (2) Such consultation must not be mandatory.

Japan. (1) In Japan occupational health physicians have high social status and their professional authority is fully recognised. The Government proposes that this provision read as follows: "In accordance with national circumstances, occupational health physicians should enjoy full professional and ethical independence of both the employer and the workers and this independence should be safeguarded".

Jordan. (1) This should be specified in the Recommendation.

(2) This provision is not necessary.

Madagascar. (1) Yes.

(2) No.

Malaysia. (1) No. This is an ideal.

(2) Yes.

New Zealand. (1) Independence could be achieved by a policy statement. Terms and conditions of employment should not be negotiated.

Pakistan. (1) Yes.

(2) No.

Panama. (2) Yes. Occupational health physicians should be appointed or terminated only when both parties are in agreement.

Peru. Yes, but only for (1).

Philippines. (1) Yes, but the physician must realise that he has a responsibility towards the undertaking and is an integral part of it.

(2) Employment and termination of employment is a prerogative of management, in accordance with guide-lines laid down by national regulations.

Portugal. (1) Yes. This provision should be included in a Convention.

(2) Yes. This provision could be included in a Recommendation as a possible expression of the professional and ethical independence of the physician.

Romania. (1) Yes.

(2) No.

Saudi Arabia. (1) It would suffice for the instrument to refer to the absolute necessity for the physician to be professionally independent and, as far as his appointment and termination are concerned, for him to be governed by the same provisions as the other employees.

(2) Yes, as far as termination of appointment is concerned; as to the recruitment of occupational health physicians, this must be left to the employers.
Spain. (1) The occupational health physician should enjoy such professional independence as is compatible with the organisation of the undertaking.

Swaziland. (1) Yes.
(2) No. This can be achieved by workers' representatives on the management board of the occupational health service.

Switzerland. (1) Yes.
(2) No. The workers should simply be kept informed.

Tanzania. (1) Yes. This provision could be included in the Recommendation.
(2) Such consultation is not necessary.

Tunisia. (1) Yes.
(2) In the Government's view only the physician acting as labour inspector is in a position to give his opinion on the matter.

Turkey. (1) Yes.
(2) No. The physician's professional independence must be safeguarded only by national laws or regulations.

United Arab Emirates. (1) Yes.
(2) No.

United Kingdom. (2) This is for the employer and safety and health committee to decide, subject to any relevant legal provisions.

United States. (1) Yes, but the method of safeguarding this independence may differ according to national law and practice.
(2) Such consultation is desirable, but the ultimate decision should be handled in accordance with national practice.

Uruguay. (1) Yes, as regards their independence, but the definition of the terms and conditions of employment and termination of employment of occupational health physicians should be left to the discretion of the member countries.
(2) No.

Zambia. Although their independence should be safeguarded, the conditions of their appointment should be subject to agreement by the parties concerned.

The first part of the question concerning the professional independence of occupational health physicians received unanimous support, though there were some differences of opinion as to how this should be secured. Some governments observed that it was unnecessary to adopt special legislation for the purpose and that the regulations governing the conditions of employment of workers should suffice. Others felt that such independence could be established in a general policy statement or that the matter should be left to the discretion of the member States. In the light of these observations, the Office believes that it may not be necessary to stipulate a specific procedure, which might cause difficulties at the time of ratification of the instrument, and that it may be enough for the instrument simply to lay down the principle (on which all the governments are agreed) and to leave it to the member States to decide what action might be taken to safeguard the physicians' independence more effectively. The provision has been amended accordingly and now appears as Point 15 of the Proposed Conclusions with a view to a Convention.

The second part of the question refers to consultation of the representatives of the workers concerning the appointment or termination of employment of an
occupational health physician. Although there was a slight majority of replies in favour of such consultation, a considerable number of governments were against it for various reasons, the most frequent being that this was the responsibility of the management or that it was unnecessary.

The Office has examined the various suggestions carefully and has been struck by the fact that some governments look upon the consultation of those involved, especially concerning the appointment of physicians attached to occupational health services, as an essential means of creating a climate conducive to the proper functioning of these services. In the light of all the replies received and their accompanying observations the Office has concluded that, though it may be controversial, this is a particularly important issue which needs to be discussed. A revised version of the provision has therefore been drafted and appears in the Proposed Conclusions as Point 48 (1), supplemented by the provision contained in Point 48 (2).

Should occupational health physicians be recognised as such by the competent authority or by a competent body?

Total number of replies: 72.

Affirmative: 63. Argentina, Australia, Austria, Bahrain, Bangladesh, Belgium, Brazil, Bulgaria, Burundi, Byelorussian SSR, Canada, Central African Republic, Chile, Colombia, Cuba, Cyprus, Czechoslovakia, Denmark, Djibouti, Dominica, Dominican Republic, Ecuador, Egypt, Equatorial Guinea, Ethiopia, France, Gabon, Ghana, Greece, Guinea, Guyana, Hungary, India, Islamic Republic of Iran, Kenya, Madagascar, Malaysia, Mexico, Morocco, Mozambique, Netherlands, New Zealand, Pakistan, Panama, Peru, Portugal, Romania, Rwanda, Saudi Arabia, Spain, Swaziland, Switzerland, Trinidad and Tobago, Tunisia, Turkey, Uganda, Ukrainian SSR, USSR, United Arab Emirates, United Kingdom, United States, Uruguay, Zambia.


Other: 7. Finland, German Democratic Republic, Federal Republic of Germany, Japan, Philippines, Sri Lanka, Tanzania.

Austria. The physicians should have received training recognised by the competent authority.

Central African Republic. Yes, and specifically by the Ministry of Health.

Chile. Yes, if such a procedure corresponds to national practice.

Colombia. Yes, but this provision should not be mandatory. Recognition could become compulsory as the occupational health system develops.

1 See under question 36.
Denmark. Yes. Such recognition could also be required for other employee groups within the occupational health service.

The social partners, however, do not agree with this view.

Dominica. Yes, by the competent authority.

Ecuador. Yes, in so far as he has received academic training, which is somewhat difficult in a country such as Ecuador.

Ethiopia. Yes. The services should also have operating licences.

Finland. The competent authorities should define the general terms of competence for health decisions and each employer should be entitled to choose the expert he considers most competent. The term “competent authority” might be preferred to “competent body”.

France. Yes. Such recognition should relate to the technical and specialised competence of the occupational health physician.

German Democratic Republic. Yes, if occupational health is their principal sphere of activity. In all other cases, such recognition should not be demanded.

Federal Republic of Germany. Such recognition is unnecessary if the basic conditions are fulfilled (authorisation to exercise the profession of physician, professional know-how).

India. Yes, by the competent authority.

Japan. In Japan, where all physicians recognised by the competent authority have adequate knowledge to serve as occupational health physicians, such additional recognition is not necessary. The Government therefore proposes adding the words “Where necessary in accordance with national circumstances” at the beginning of the provision.

Philippines. Occupational health physicians should satisfy the government’s training requirements. This training could be acquired during the early period of employment, in compliance with government regulations.

Sri Lanka. The physician should be recognised by a competent body.

Tanzania. Yes, by a competent authority.

Tunisia. Yes, by the Ministry of Public Health or Ministry of Labour.

Turkey. Yes, provided he has received formal post-graduate training in occupational health.

United Kingdom. Recognition by a competent body is preferable.

United States. Yes. The title “occupational physician” should represent the completion of some level of specified training.

Most of the replies indicate broad agreement on the principle of recognition of the physician, although the accompanying observations are more reticent about the importance of administrative recognition. Some governments stress that the essential factor is that the physician should have the necessary knowledge and qualifications to practise occupational health, and that he should not require administrative recognition upon appointment. It is also felt by some that a physician’s normal training, as recognised by the official authorities, by the academic authorities or by both, is adequate qualification for him to assume responsibilities in the field of occupational health. The Office therefore considers that it is enough to indicate that the physician in charge of an occupational health service should be a specialist in occupational health or have received training in this field. This provision now appears in the Proposed Conclusions with a view to a
Convention as Point 16. Point 49 (1) of the Proposed Conclusions with a view to a Recommendation includes the additional specification that the relevant training should be approved by the competent authority.

Do you consider that when the role of occupational health services is essentially preventive, they should not be required to verify the justification of absence on grounds of sickness?

**Total number of replies: 73.***

**Affirmative:** 46. Argentina, Australia, Austria, Bahrain, Bangladesh, Belgium, Brazil, Burundi, Byelorussian SSR, Canada, Central African Republic, Colombia, Cyprus, Djibouti, Dominican Republic, Egypt, Equatorial Guinea, France, Gabon, German Democratic Republic, Federal Republic of Germany, Greece, Guinea, Guyana, India, Islamic Republic of Iran, Italy, Japan, Mexico, Morocco, New Zealand, Norway, Peru, Portugal, Romania, Rwanda, Saudi Arabia, Swaziland, Trinidad and Tobago, Uganda, Ukrainian SSR, USSR, United Arab Emirates, United Kingdom, Uruguay, Zambia.

**Negative:** 15. Chile, Czechoslovakia, Dominica, Ethiopia, Hungary, Jordan, Kenya, Madagascar, Malaysia, Mozambique, Pakistan, Panama, Sri Lanka, Tanzania, Turkey.

**Other:** 12. Bulgaria, Cuba, Denmark, Ecuador, Finland, Ghana, Netherlands, Philippines, Spain, Switzerland, Tunisia, United States.

**Bulgaria.** Occupational health services should be in a position to determine whether the workers' state of health meets the required standards for the performance of their occupational duties. Other specialised medical units can help them in this task.

**Chile.** This is a function which occupational health physicians can perfectly well undertake and which is part of a global approach to health.

**Cuba.** The Government feels that this question is not clear and has therefore no observation to make.

**Czechoslovakia.** Verifying the justification for an incapacity to work should be one of the tasks of the works physician.

**Denmark.** The examination of an absent worker should be carried out by the occupational health service only if there is a risk that the absence is due to circumstances in the working environment or if it forms part of an examination designed to improve the working environment.

**Ecuador.** This is a difficult matter to decide since, ultimately, it may also represent a service for the workers.

**Finland.** Verifying absence on grounds of sickness is not part of the functions of occupational health services. On the other hand, the statistical follow-up of absences on grounds of sickness is important for the implementation of occupational health care.

**France.** Yes, but the occupational health service must be informed so that it can investigate the cause of a worker's incapacity for work.
Ghana. Yes, unless the verification is to establish whether the absence is due to stresses in the working environment.

Hungary. The occupational health physician should verify whether the person is able to work.

Jordan. The Government considers that the occupational health service should verify the justification of absence on grounds of sickness.

Kenya. No. Occupational health physicians are in the best position to verify absence on grounds of sickness, especially when the sickness is responsible for prolonged or frequent absence.

Madagascar. Occupational health services should also be responsible for verifying the justification of absence on grounds of sickness for two reasons: the sickness may be contagious and it is very important for the community that it be detected and diagnosed; furthermore, the sickness may have an occupational cause.

Mozambique. The occupational health physician must make his contribution to the production programme by investigating cases of absence for reasons of sickness.

Netherlands. The matter is still under discussion.

Pakistan. Occupational health services should play both a preventive and a curative role and should therefore verify cases of sickness.

Panama. No, as the investigation of cases of absence is important for prevention. Moreover, preventive and curative activities should form part of a single process.

Philippines. The duties of the occupational health service should be both preventive and curative in the case of emergencies and first aid. If the objective for a home visit to a sick worker is to diagnose the illness, offer advice and provide free medicine, this would be for the benefit of the worker even though it would not necessarily be part of the work of an occupational health service. If the visit is to verify whether the worker is really sick or not, it would be a matter of policy on the part of the employer and not the concern of the occupational health service.

Romania. Yes. The occupational health physician must investigate absences on grounds of sickness as an indication of the state of health of the staff, as this knowledge will guide him in his work.

Spain. This could be useful for epidemiological purposes.

Switzerland. Verification should be solely from the medical point of view and not from the administrative standpoint, as the physician is not responsible for informing the personnel department of the undertaking of any cases of unjustified absence.

Tunisia. The physician should be able to verify the justification of absence on grounds of sickness but should not be required to verify cases of absence for disciplinary purposes.

United Kingdom. Yes, but they may do so.

United States. The question is unclear. The physician should have a role in verifying the medical validity of absence. However, the question may refer to whether a physician should have the authority to remove workers from a work situation in the absence of any manifestation of a work-related illness if he believes that continued exposure will result in illness. The United States Occupational Safety and Health Act does have such a provision but, because of the complexity of the social issues involved, it has been applied only on a very limited basis.

Although most of the replies were in favour of this provision, the observations sent in by many governments show that their views differ. The point is made, for example, that a physician responsible for providing curative treatment is bound to be required to verify cases of absence on grounds of sickness, if only
to keep a check on developments. Moreover, knowledge of cases of absence on grounds of sickness would help him to keep in touch with the general state of health of the staff, to investigate to what extent working conditions may contribute to absences and to consider ways and means of improving those working conditions. Most governments therefore seem to agree that it is useful for occupational health physicians to be kept informed of cases of absence on grounds of sickness but, with few exceptions, they consider that verifying such absences for disciplinary purposes is not one of the functions of the service. The Office has decided that this point needs to be made more clearly and the provision, which now appears as Point 20, has been worded in the light of the above observations. The Office has also noted that all the affirmative replies and a considerable number of the observations on other questions tend explicitly or implicitly to underline the essentially preventive role of occupational health services. This concept, which is referred to in the first part of this question, is now reflected in Point 25 of the Proposed Conclusions.

(1) Should the physician in charge of an occupational health service: Qu. 41

(a) be, as far as possible, a specialist in occupational health, or (b) have received training in occupational health?

(2) Should he be given the opportunity to keep himself up to date with progress in the scientific and technical knowledge necessary to perform the functions of the occupational health service?

Total number of replies: 72.

Affirmative: 66. Argentina, Australia, Austria, Bahrain, Bangladesh, Belgium, Brazil, Bulgaria, Burundi, Canada, Central African Republic, Chile, Colombia, Cuba, Cyprus, Czechoslovakia, Denmark, Djibouti, Dominica, Dominican Republic, Egypt, Equatorial Guinea, Ethiopia, Finland, France, Gabon, German Democratic Republic, Federal Republic of Germany, Ghana, Greece, Guinea, Guyana, Hungary, India, Islamic Republic of Iran, Jordan, Madagascar, Malaysia, Morocco, Mozambique, Netherlands, New Zealand, Norway, Pakistan, Panama, Peru, Philippines, Portugal, Romania, Rwanda, Saudi Arabia, Spain, Sri Lanka, Swaziland, Switzerland, Tanzania, Trinidad and Tobago, Tunisia, Turkey, Uganda, Ukrainian SSR, USSR, United Kingdom, United States, Uruguay, Zambia.

Other: 6. Byelorussian SSR, Ecuador, Japan, Kenya, Mexico, United Arab Emirates.

Australia. Preferably a specialist.

Byelorussian SSR. The physician must be a specialist in occupational health and be given the opportunity to keep his skills up to date.

Chile. (1) Yes, if possible and according to national conditions and practice.
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(2) Yes, but this need not be mandatory as it will depend on the financial resources of the undertaking.

Cyprus. (1) Yes, but the competent authorities in different countries give different interpretations of the word “specialist”. The instrument should therefore merely refer to the possession of specialised qualifications and adequate experience.

Denmark. Yes. The public authorities should be in a position to set training requirements for occupational health staff.

Djibouti. (1) (a) Yes.

(2) Yes.

Dominica. Preferably a specialist.

Dominican Republic. Preferably a specialist.

Ecuador. (1) (a) Not necessarily.

(b) See under question 39.

(2) This is an ideal which it is perhaps not necessary to mention in the instrument.

Ethiopia. (1) (b) Yes.

German Democratic Republic. (1) Depending on national laws and regulations, but preferably (a).

Federal Republic of Germany. (1) Yes, preferably (a). These qualifications should be required not only of the head physician but of all physicians working with the occupational health service.

(2) Yes, for all medical staff working with the occupational health service.

Japan. (1) See under question 39. The Government proposes adding the words “as far as possible” at the end of the introductory part of the provision.

(2) Facilities vary from country to country. The Government therefore proposes adding the words “in accordance with national circumstances” at the beginning of the provision.

Kenya. (1) The physician should be a specialist as his work requires specialised knowledge.

Madagascar. (1) (b) Yes, in principle, but provision should also be made for training in the course of the physician’s career.

Mexico. This would be the ideal but the application of the provision will depend on national legislation, practice and conditions.

New Zealand. (1) (a) The physician should be an occupational health specialist in large undertakings.

(b) Yes. The organisation of an effective occupational health service requires special knowledge, skills and experience. It is therefore important that the physician in charge of the service receive adequate training. In undertakings where there are special health risks or where the numbers are large, these services should be run by an occupational health specialist.

Norway. (1) Yes.

The Employers' Confederation has replied in the negative and the Confederation of Trade Unions in the affirmative.

(2) The physician in charge should receive training; “on-the-job” training is important.

Sri Lanka. (1) (a) Yes.

(b) No.

(2) Yes.
Switzerland. Yes, depending on circumstances.

Tanzania. (1) (a) Yes.
(b) No.
(2) Yes.

Trinidad and Tobago. (1) (b) Yes.
(2) Yes.

United Arab Emirates. (1) (a) Yes.

United Kingdom. Yes, whoever is in charge. See also under question 36.

Uruguay. (1) (a) Yes.

Zambia. (1) (a) Yes.
(2) Yes.

Almost all the replies received endorsed this provision, although in their observations some governments opted for specialist training and others for more general training. The provision now appears as Point 16 of the Proposed Conclusions with a view to a Convention. Point 49 (1) of the Proposed Conclusions with a view to a Recommendation contains the additional specification that the training must have been approved by the competent authority or body. Paragraph (2) of this question is covered by Point 49 (4).

(1) Should the person in charge of supervising the conditions of hygiene and environmental factors at the workplace be, as far as possible, a specialist in occupational hygiene or have received training in this field?

(2) Should he be given the opportunity to keep himself up to date with progress in the scientific and technical knowledge necessary to perform his functions?

Total number of replies: 72.

Affirmative: 67. Argentina, Australia, Austria, Bahrain, Bangladesh, Belgium, Brazil, Bulgaria, Burundi, Byelorussian SSR, Canada, Central African Republic, Colombia, Cuba, Cyprus, Czechoslovakia, Denmark, Djibouti, Dominican, Egypt, Equatorial Guinea, Finland, France, Gabon, German Democratic Republic, Federal Republic of Germany, Ghana, Greece, Guinea, Guyana, Hungary, India, Islamic Republic of Iran, Japan, Jordan, Kenya, Madagascar, Malaysia, Mexico, Morocco, Mozambique, Netherlands, New Zealand, Norway, Pakistan, Panama, Peru, Philippines, Portugal, Rwanda, Saudi Arabia, Spain, Sri Lanka, Swaziland, Switzerland, Tanzania, Trinidad and Tobago, Tunisia, Turkey, Uganda, Ukrainian SSR, USSR, United Arab Emirates, United Kingdom, United States, Uruguay, Zambia.

1 See under question 41.
Other: 5. Chile, Dominican Republic, Ecuador, Ethiopia, Romania.

Argentina. (1) A specialist.

Bangladesh. Yes, provided specialists are available in the country.

Chile. This should not be mandatory as it will depend on existing conditions in the country.

Colombia. (1) It would suffice for the person in charge to have received training in this field.

Djibouti. (1) The person should have received training.

Dominica. (1) A specialist, as far as possible.

Dominican Republic. (1) A specialist.

Ecuador. (1) Only as far as possible.

Ethiopia. The person in charge should have received training in industrial hygiene. Detailed studies and advice could be provided by the inspection specialist.

German Democratic Republic. Yes. Further training should be the responsibility of the chief of the occupational health service.

Federal Republic of Germany. (1) Supervising the conditions of hygiene and the working environment is one of the responsibilities of the industrial physician and it is preferable for him to have the necessary staff working under him. If the undertaking has a technical safety service, it should be closely involved in occupational health work. There can be no absolute separation between occupational health activities and the work of the safety service.

(2) Yes. See also under question 41.

Islamic Republic of Iran. (1) The person in charge should as far as possible have received training in this field.

Jordan. (1) The person in charge should have received adequate training.

Kenya. (1) Yes. Persons who have not received training may not understand the significance of what they are doing.

(2) Yes. The field of occupational health and hygiene is changing all the time and the specialist therefore needs to keep up to date.

Romania. (1) As a specialist, the occupational health physician receives training in industrial hygiene as an integral part of his work.

(2) Yes.

Tanzania. (1) The person in charge should have received training in this field.

Trinidad and Tobago. (1) The person in charge should have received training in this field.

Turkey. As far as possible, a specialist in industrial hygiene.

Zambia. (1) The person in charge should have received training in this field. In developing countries, however, it may be difficult to recruit such specialists.

Although all the replies support the provision in paragraph (1), a few of the observations emphasise the difficulty for certain countries to enforce paragraph (2) concerning the regular updating of the knowledge of the person in charge.
Given this general endorsement of the principle it contains, the provision outlined in paragraph (1) has been included in the Proposed Conclusions with a view to a Convention (Point 17). With the additional specification that the training should be approved by the competent authority or body, it also appears in Point 49 (2) of the Proposed Conclusions with a view to a Recommendation. Paragraph (2) of this question is covered by Point 49 (4).

(1) Should the nursing staff attached to an occupational health service possess qualifications prescribed by the competent authority?
(2) Should they have received, as far as possible, training in the fields within the competence of the occupational health service?

Total number of replies: 72.

Affirmative: 68. Argentina, Australia, Bahrain, Bangaladesh, Belgium, Brazil, Bulgaria, Burundi, Byelorussian SSR, Canada, Central African Republic, Chile, Colombia, Cuba, Cyprus, Czechoslovakia, Denmark, Djibouti, Dominica, Dominican Republic, Ecuador, Egypt, Equatorial Guinea, Ethiopia, Finland, France, Gabon, German Democratic Republic, Ghana, Greece, Guinea, Guyana, Hungary, Islamic Republic of Iran, Japan, Jordan, Kenya, Madagascar, Malaysia, Morocco, Mozambique, Netherlands, New Zealand, Norway, Pakistan, Panama, Peru, Philippines, Portugal, Romania, Rwanda, Saudi Arabia, Spain, Sri Lanka, Swaziland, Switzerland, Tanzania, Trinidad and Tobago, Tunisia, Turkey, Uganda, Ukrainian SSR, USSR, United Arab Emirates, United Kingdom, United States, Uruguay, Zambia.

Other: 4. Austria, Federal Republic of Germany, India, Mexico.

1 Austria. (1) Yes. However, the term “nursing staff” (Pflegepersonal) should be avoided as medical care cannot be included among the most important functions of the staff attached to an occupational health service. It would be preferable to speak of “auxiliary” or “specialised” staff.

Dominica. Yes, as far as possible.

Ecuador. (2) As far as possible.

Federal Republic of Germany. It would be preferable to replace the term “nursing staff” by “specialised staff”, as the word “nursing” tends to place the emphasis on curative medicine. The specialised staff must be expected to have certain qualifications that are necessary for their work, particularly in the field of occupational health.

India. (1) This should be left to the governments.

Japan. Yes, on the understanding that “qualifications prescribed by the competent authority” means the qualifications of nurses in general.

Kenya. (1) Yes, this should be the aim.

(2) Yes.

1 See under question 41. 2 See under question 42.
Panama. (1) The nursing staff must be qualified. Occupational health services should preferably have at their disposal all the professional staff recommended by the ILO, but this would be extremely costly for the undertakings.

(2) Yes.

Uganda. Yes, depending on national circumstances.

United Arab Emirates. (1) Yes.

United Kingdom. (1) The nursing staff should have appropriate qualifications but it is for the competent authority to decide whether or not it wishes to prescribe them.

United States. (1) Yes, in accordance with national practice and conditions.

(2) Yes.

Virtually all the replies were in favour of this provision. Some governments consider that, in practice, this should be an objective to strive for or that the matter should be left to the national authority. As with the provisions concerning physicians and hygienists, this provision has now been included in a flexible form as Point 18 of the Proposed Conclusions with a view to a Convention and in a more imperative form as Point 49 (3) of the Proposed Conclusions with a view to a Recommendation. Paragraph (2) of this question is covered by Point 49 (4).

Qu. 44  Should the occupational health service also have the administrative personnel necessary for its operations?

Total number of replies: 72.

Affirmative: 67. Argentina, Austria, Bahrain, Bangladesh, Belgium, Brazil, Burundi, Byelorussian SSR, Canada, Central African Republic, Chile, Colombia, Cuba, Cyprus, Czechoslovakia, Denmark, Djibouti, Dominica, Dominican Republic, Ecuador, Egypt, Equatorial Guinea, Ethiopia, Finland, France, Gabon, Federal Republic of Germany, Ghana, Greece, Guinea, Guyana, Hungary, India, Islamic Republic of Iran, Japan, Jordan, Kenya, Madagascar, Malaysia, Morocco, Mozambique, Netherlands, New Zealand, Norway, Pakistan, Panama, Peru, Philippines, Portugal, Romania, Rwanda, Saudi Arabia, Spain, Sri Lanka, Swaziland, Switzerland, Tanzania, Trinidad and Tobago, Tunisia, Turkey, Ukrainian SSR, USSR, United Arab Emirates, United Kingdom, United States, Uruguay, Zambia.

Negative: 1. Uganda.

Other: 4. Australia, Bulgaria, German Democratic Republic, Mexico.

Australia. Yes, depending on the size of the service.

Austria. Yes, or else it should have the possibility of utilising the services or staff of the undertaking.

1 See under question 41.
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Qu. 44, 45

Bulgaria. Yes, depending on the size of the undertaking.

Chile. If necessary.

Finland. Separate administrative personnel may prove to be necessary in large occupational health services.

Gabon. Yes, in large occupational health services.

German Democratic Republic. This may not be necessary in all cases but will depend on the size of the undertaking.

Kenya. Yes. This will help in the surveillance of any anomalies in the workers’ health and in the earlier identification of persons liable to suffer from health hazards, thus ensuring more effective medical control.

Madagascar. Yes. See also under question 36.

Uganda. No. The health personnel should suffice for the administration of the service, except in the case of very large services or services common to a number of undertakings that cover a wide geographical area.

Uruguay. Yes, as far as possible.

Generally speaking, the replies agree that occupational health services should have the necessary administrative personnel, particularly in the case of large undertakings and services that are common to a number of undertakings. Some governments observe that this may not always be necessary and that a certain amount of latitude must be allowed in the matter. The Office feels that the provision as worded takes this point of view into account and has included it as Point 50 of the Proposed Conclusions with a view to a Recommendation.

Should occupational health services open a confidential medical file for each worker on the occasion of the pre-employment medical examination or of the first visit to the service, and keep it up to date on the occasion of each subsequent examination or visit?

Total number of replies: 71.

Affirmative: 71. Argentina, Australia, Austria, Bahrain, Bangladesh, Belgium, Brazil, Bulgaria, Burundi, Byelorussian SSR, Canada, Central African Republic, Chile, Colombia, Cuba, Cyprus, Czechoslovakia, Denmark, Djibouti, Dominican Republic, Ecuador, Egypt, Equatorial Guinea, Ethiopia, Finland, France, Gabon, German Democratic Republic, Federal Republic of Germany, Ghana, Greece, Guinea, Guyana, Hungary, India, Islamic Republic of Iran, Japan, Jordan, Madagascar, Malaysia, Mexico, Morocco, Mozambique, Netherlands, New Zealand, Norway, Pakistan, Panama, Peru, Philippines, Portugal, Romania, Rwanda, Saudi Arabia, Spain, Sri Lanka, Swaziland, Switzerland, Tanzania, Trinidad and Tobago, Tunisia, Turkey, Uganda, Ukrainian SSR, USSR, United Arab Emirates, United Kingdom, United States, Uruguay, Zambia.
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_Australia._ Yes. The instrument should specify that the rules governing the keeping of such files should be the subject of consultation with workers' representatives.

_Bangladesh._ The file should serve for recording occupational diseases and the corresponding treatment. The files should be confidential, but the worker concerned should be notified of any disease and be offered the possibility of treatment.

_Ethiopia._ Yes, but the provision must also state that medical records belong to the service and that no one has the right of access to records by virtue of his position within the undertaking.

_Federal Republic of Germany._ Yes. The medical service should use its files not only for purposes of medical supervision but also in order to propose to the employer ways of improving the working environment and preventing occupational diseases.

_Jordan._ Yes, provided the provision in question 10 is applied.

_Panama._ This will provide more reliable information.

_United States._ Yes. How and where these files are kept will depend on national practice.

All the replies endorsed this provision; the observations on the subject concern the confidential nature of these files and how they should be kept, aspects which will be taken up in connection with question 47. Consequently, a provision concerning the opening of medical files, with some drafting changes so as to make it more general in character, has been included as Point 19 of the Proposed Conclusions with a view to a Convention.

Qu. 46  

_In the case of workers exposed to specified occupational hazards, should occupational health services establish and keep up to date, in addition to the medical file, a file covering the successive assignments or jobs carried out by each worker, the exposure to occupational hazards related to each of these activities, and the results of individual monitoring?_

_Total number of replies: 71._

_Affirmative: 67._ Argentina, Australia, Austria, Bahrain, Bangladesh, Belgium, Brazil, Bulgaria, Burundi, Byelorussian SSR, Canada, Chile, Colombia, Cyprus, Czechoslovakia, Denmark, Djibouti, Dominica, Dominican Republic, Ecuador, Egypt, Equatorial Guinea, Ethiopia, Finland, France, Gabon, German Democratic Republic, Ghana, Greece, Guinea, Guyana, Hungary, India, Islamic Republic of Iran, Japan, Jordan, Madagascar, Malaysia, Mexico, Morocco, Mozambique, Netherlands, New Zealand, Norway, Pakistan, Panama, Peru, Philippines, Portugal, Romania, Rwanda, Saudi Arabia, Spain, Sri Lanka, Swaziland, Switzerland, Tanzania, Trinidad and Tobago, Tunisia, Turkey, Ukrainian SSR, USSR, United Arab Emirates, United Kingdom, United States, Uruguay, Zambia.

_Other: 4._ Cuba, Federal Republic of Germany, Kenya, Uganda.
Replies from governments and commentaries Qu. 46, 47

Australia. Yes, whenever this is practical.

Cuba. This should be kept in the file referred to in question 45.

Denmark. Yes. In some areas, this kind of file might be a possibility.

German Democratic Republic. Yes. This should be part of the file referred to in question 45.

Federal Republic of Germany. This would seem far too detailed and costly a provision. There is also a danger that the information recorded might ultimately harm the worker. The file should be restricted to situations presenting specific health hazards, such as the use of carcinogenic substances. For certain categories of workers, the files referred to in question 45 could contain certain additional data without this requiring special regulations.

Hungary. Yes. On transfer, a worker’s medical file should be communicated to the occupational health service of the new establishment.

Kenya. Instead of keeping an additional file, the information should be kept in the files referred to in question 45.

Mexico. Yes. The procedure for passing on the file when a worker changes undertaking should also be specified.

New Zealand. The method of recording such information should be left to the discretion of the supervisor of the occupational health service.

Uganda. The record of monitoring for exposure to occupational hazards should be kept in the same personal medical file to facilitate follow-up.

USSR. Alongside the information concerning a worker’s state of health, his medical file or medical card must contain details on his entire career (length of service in various jobs, a quantitative indication of any dangerous or harmful factors of production, etc.).

United Kingdom. Yes. Records should be compatible for purposes of comparison but there is no need to restrict the way they are kept.

United States. Yes, in accordance with national practice and condition.

All the replies received agreed that such information should be recorded, though some governments observed that it should be included in the personal medical file. The Office has considered the matter and feels that, as a rule, such information should not be dispersed so that the general health situation at work can be more easily assessed and comparisons more easily made. The recording and utilisation of the results of individual monitoring of exposure to health hazards has been dealt with in the Office’s commentary on question 19. This provision, which now appears as Point 53 of the Proposed Conclusions with a view to a Recommendation, has been drafted accordingly.

Should the competent authority prescribe:

Qu. 47

(a) the conditions under which, and time during which, these files should be kept;

(b) the conditions under which medical files may be communicated or transferred;
(c) the necessary measures to keep medical files confidential, in particular when the information they contain is placed on computer?

Total number of replies: 72.

Affirmative: 67. Argentina, Australia, Austria, Bahrain, Bangladesh, Belgium, Brazil, Bulgaria, Burundi, Byelorussian SSR, Canada, Central African Republic, Colombia, Cuba, Cyprus, Czechoslovakia, Denmark, Djibouti, Dominica, Dominican Republic, Ecuador, Egypt, Equatorial Guinea, Ethiopia, Finland, France, Gabon, German Democratic Republic, Federal Republic of Germany, Ghana, Greece, Guinea, Guyana, Hungary, Islamic Republic of Iran, Japan, Jordan, Kenya, Madagascar, Malaysia, Mexico, Morocco, Mozambique, Netherlands, Norway, Pakistan, Panama, Peru, Portugal, Romania, Rwanda, Saudi Arabia, Spain, Sri Lanka, Swaziland, Switzerland, Tanzania, Trinidad and Tobago, Tunisia, Turkey, Uganda, Ukrainian SSR, USSR, United Arab Emirates, United States, Uruguay, Zambia.

Negative: 2. Chile, India.

Other: 3. New Zealand, Philippines, United Kingdom.

Australia. Yes, in consultation with employers' and workers' groups.

Austria. Yes. Undertakings should on no account be required to keep personal medical files after the departure of the workers concerned. On the other hand, national laws and regulations should ensure that the confidential nature of the files is respected and the information they contain protected.

Burundi. (a) In principle, yes. (b) and (c) Yes.

Canada. Yes. Guide-lines should be developed by the competent authority in collaboration with medical organisations and workers' representatives.

Chile. No. Each country must be free to draw up its own regulations on the matter.

Colombia. Yes, but not in too great detail.

Dominica. (a) Not necessarily.

German Democratic Republic. Yes. These measures could be included in each country's general legislative provisions concerning the keeping of medical files.

Federal Republic of Germany. The protection of personal information must be guaranteed by national laws and regulations.

Greece. Yes, but bearing in mind research requirements.

Kenya. (a) This should only be prescribed for those hazards that are known to be very dangerous. The use of the substances involved, which should include all carcinogens, etc., should be restricted or regulated in such a way that only licensed personnel are allowed to handle them.

New Zealand. The competent authority, in consultation with other interested groups such as the employers' and workers' organisations, should draw up guide-lines for the operation of the record-keeping system and the preservation of confidentiality.

Norway. Yes.

The Confederation of Trade Unions is opposed to this provision on the grounds that any information of a medical nature must be restricted exclusively to the occupational health service and the individual concerned.
Panama. (c) Yes, especially when the information is placed on computer.

Philippines. As long as regulations require medical files to be placed under the exclusive custody and control of the medical personnel and to be made available only to the worker concerned or his duly authorised representative, the purpose of the provision is already served.

Saudi Arabia. (a) Yes, so that reference can be made to a worker’s file when he has been transferred or on his retirement, as certain occupational diseases come to the surface only after the worker has left his job.

(b) and (c) Yes.

Swaziland. Yes. In this case, the competent authority should be the Medical Council.

Switzerland. (b) Yes, in accordance with national laws and regulations.

United Kingdom. (a) Yes.

(b) Only in relation to its own purposes.

(c) No. This would be the function of other authorities concerned with medical records in general.

United States. Yes. Adequate procedures must be established, consistent with national law and practice.

The great majority of replies were in favour of this provision. Some governments observed that the matter may already be covered by legislative provisions concerning the handling of medical files. The Office feels that this possibility should be taken into account and has slightly modified the wording of the provision accordingly. Thus amended, it appears as Point 54 of the Proposed Conclusions with a view to a Recommendation.

(1) Do you consider that the competent authority should prescribe standards concerning the premises and equipment necessary for occupational health services to exercise their functions?

(2) Should occupational health service have, or have access to, the facilities for carrying out the examination and tests necessary for biological and environmental monitoring?

Total number of replies: 72.

Affirmative: 63. Australia, Austria, Bahrain, Bangladesh, Belgium, Brazil, Bulgaria, Burundi, Byelorussian SSR, Canada, Central African Republic, Colombia, Cuba, Cyprus, Czechoslovakia, Djibouti, Dominica, Dominican Republic, Egypt, Equatorial Guinea, Ethiopia, France, Gabon, Federal Republic of Germany, Ghana, Greece, Guinea, Guyana, Hungary, Islamic Republic of Iran, Japan, Jordan, Kenya, Madagascar, Malaysia, Mexico, Morocco, Mozambique, Netherlands, Norway, Pakistan, Panama, Peru, Philippines, Portugal, Romania, Rwanda, Saudi Arabia, Spain, Sri Lanka, Swaziland, Switzerland, Tanzania, Trinidad and Tobago, Tunisia, Turkey, Uganda, Ukrainian SSR, USSR, United Arab Emirates, United States, Uruguay, Zambia.
Negative: 3. German Democratic Republic, India, New Zealand.

Other: 6. Argentina, Chile, Denmark, Ecuador, Finland, United Kingdom.

Argentina. The standards should be contained in the provisions governing occupational safety and health.

Australia. (1) Yes, although attention needs to be given to the size of the undertaking and the work process.

Austria. (1) The standards should relate only to fundamental requirements as detailed needs will depend in each case on the nature and size of the undertaking and on other circumstances.

Chile. Each country should be free to draw up its own regulations on the subject.

Colombia. (2) Possibly, but it must be borne in mind that the instrument is concerned with preventive rather than curative services.

Denmark. (1) No, but the competent authority may prescribe such standards, particularly in areas where technical difficulties exist.

Ecuador. (1) No.
(2) Yes. They should in any case have access to such facilities.

Ethiopia. (2) Yes. If the service is well organised and well distributed, the inspection service will have a chance to study the situation in greater detail.

Finland. The type of equipment used in occupational health care depends on the nature of the activity. The need for equipment increases when medical treatment is also provided. Therefore, the service units should be entitled to choose their equipment in accordance with the principles generally observed in health care in the country concerned. In Finland employers are compensated for the cost of equipment, provided that the purchases are deemed necessary.

Gabon. (1) Yes, depending on the number of employees.

German Democratic Republic. (1) The relevant standards for medical establishments should also apply to occupational health services; there is no need for special standards outside the general system.
(2) This depends on the size of the undertaking, the nature of the hazard to which the workers are exposed and the size of the occupational health service. See under questions 8 and 10.

India. (1) No. This should be left to the personnel in charge of the occupational health service.
(2) No. This should be left to the discretion of the government.

Kenya. (1) These should only be minimal or general standards. Different situations may call for different equipment.

Malaysia. (1) Yes, if necessary.

New Zealand. (1) No. Guide-lines should be prepared in association with the interested groups. See also under question 47.

Norway. Yes. The premises and equipment must be in keeping with the preventive measures that are taken in the working environment. The Employers’ Confederation has answered in the negative.

Panama. (1) Yes, but allowance must be made for the cost of the equipment. Undertakings should be able to establish such services along modest lines and improve them subsequently.
(2) Yes. Where resources are limited, the service could at least have access to such facilities.
Replies from governments and commentaries

Portugal. Yes, but the provision should be in a Recommendation.

Switzerland. (1) Yes, but without going into such details as the choice of methods or the make of apparatus.

United Kingdom. (1) Premises and equipment should be adequate. More detailed prescriptions are a matter for the authorities to decide.

United States. Yes, in accordance with national resources and conditions.

Most of the governments replied to this question in the affirmative; some observed that the provision should relate to minimum standards as requirements vary from one case to the other. One government considered that the choice of equipment, etc., required by the service should be left to the physician. In view of the general endorsement of the principle embodied in this provision, the Office has included it in the Proposed Conclusions with a view to a Recommendation (Point 51).

In order to assess possible relations between occupational exposures and health, do you consider that occupational health services should review the results of health supervision, of the supervision of the working environment, as well as, where they exist, the results of biological and personal monitoring?

Total number of replies: 72.

Affirmative: 71. Argentina, Australia, Austria, Bahrain, Bangladesh, Belgium, Brazil, Bulgaria, Burundi, Byelorussian SSR, Canada, Central African Republic, Colombia, Cuba, Cyprus, Czechoslovakia, Denmark, Djibouti, Dominica, Dominican Republic, Ecuador, Egypt, Equatorial Guinea, Ethiopia, Finland, France, Gabon, German Democratic Republic, Federal Republic of Germany, Ghana, Greece, Guinea, Guyana, Hungary, India, Islamic Republic of Iran, Japan, Jordan, Kenya, Madagascar, Malaysia, Mexico, Morocco, Mozambique, Netherlands, New Zealand, Norway, Pakistan, Panama, Peru, Philippines, Portugal, Romania, Rwanda, Saudi Arabia, Spain, Sri Lanka, Swaziland, Switzerland, Tanzania, Trinidad and Tobago, Tunisia, Turkey, Uganda, Ukrainian SSR, USSR, United Arab Emirates, United Kingdom, United States, Uruguay, Zambia.

Negative: 1. Chile.

Austria. Yes. They should at least be able to ask technical medical bodies or laboratories to carry out the necessary analyses.

Bangladesh. Yes, as far as possible.

Colombia. Yes, but the occupational health service should seek the advice of specialised bodies.

France. Yes. The whole originality and effectiveness of occupational health services reside in this diagnostic process at three levels: worker, working conditions and working environment.
Gabon. Yes, if they have the necessary means at their disposal, but the competent authority should not impose this procedure.

Federal Republic of Germany. Yes. However, more than just review the results, they must draw the necessary conclusions and propose suitable measures. A provision of this nature should be very much in evidence in the section of the instrument dealing with "Functions" or be in a separate section entitled "Procedures", which could also include the points referred to in questions 50 and 53.

Kenya. Yes. However, this will be general information concerning all those exposed to a particular hazard.

New Zealand. Yes. Ideally there should exist a personal health record for each person in employment, as well as a record of work done and environmental monitoring results. Such a data-link system would provide the basis both for good personal health surveillance and for epidemiological research.

Uganda. Yes. Research (in this case epidemiological research) is necessary for planning the activities of the occupational health service.

United Arab Emirates. Yes, if there are chemical experts in environmental monitoring on the staff of the occupational health service.

United States. Yes. These data should also be made available to researchers once adequate procedures have been established to protect the privacy of the worker.

The replies to this question reflect a very broad measure of agreement with the principle involved. Some governments see this provision as constituting one of the essential functions of the occupational health services, representing as it were the synthesis of their activities. The provision has been included in the Proposed Conclusions (Point 60).

Qu. 50 (1) Do you consider that occupational health services should maintain close relations with:
(a) the occupational safety department;
(b) the various production units or departments in order to help them in formulating and implementing programmes of prevention adapted to occupational hazards;
(c) the personnel department and other departments concerned;
(d) the workers' safety delegates and the safety and health committees, where they exist?

(2) Should occupational health services be consulted concerning any proposed modifications in the work processes, job content or the organisation of work which may have an impact on the health or safety of workers?

Total number of replies: 72.

Affirmative: 71. Argentina, Australia, Austria, Bahrain, Bangladesh, Belgium, Brazil, Bulgaria, Burundi, Byelorussian SSR, Canada, Central African Republic, Chile, Colombia, Cuba, Cyprus, Czechoslovakia, Denmark, Djibouti, Dominica, Dominican Republic, Ecuador, Egypt, Equatorial Guinea, Ethiopia,
Replies from governments and commentaries

Finland, France, Gabon, German Democratic Republic, Federal Republic of Germany, Ghana, Greece, Guinea, Guyana, Hungary, India, Islamic Republic of Iran, Japan, Jordan, Kenya, Madagascar, Malaysia, Mexico, Morocco, Mozambique, Netherlands, New Zealand, Norway, Pakistan, Panama, Peru, Philippines, Portugal, Romania, Rwanda, Saudi Arabia, Spain, Sri Lanka, Swaziland, Switzerland, Tanzania, Trinidad and Tobago, Tunisia, Turkey, Uganda, Ukrainian SSR, USSR, United Arab Emirates, United Kingdom, Uruguay, Zambia.

Other: 1. United States.

Australia. (2) Yes. The consultations should also involve the workers' representatives.

Bulgaria. Yes. Provisions on the subject should be drawn up when the services are first organised.

Burundi. (1) Occupational health services should maintain close links with other services and bodies concerned with the health, safety and welfare of the workers, especially the social service, safety service, personnel department, trade union bodies in the undertaking, occupational safety and health committee and other committees.

(2) Yes.

Chile. (2) Yes, provided this does not infringe the prerogatives of the management.

Denmark. (1) Yes.

(b) The occupational health service must already be involved in an advisory capacity at the planning stage.

(c) and (d) Yes, but the provision should mention the need for professional secrecy to be respected.

Dominica. (1) (a) Yes, or with the Labour Division or Industrial Relations Division.

Ethiopia. (1) Yes, but consideration should also be given to relationships with the trade unions.

Federal Republic of Germany. (1) The phrase “maintain close relations” is too vague; “collaboration” would bring out better the idea that the relations should be very close (unlike those referred to in question 51).

(a) Collaboration should as far as possible be institutionalised, for example through an occupational safety committee (see under question 62).

(b) and (c) Collaboration should not be restricted to the production units alone but should extend to the administration and other activities; the Government therefore proposes that the provision read: “the various units or departments of the undertaking and administration”.

(d) Reference to the workers’ representatives (works committees) should be inserted after the words “the workers' safety delegates”; in the Federal Republic of Germany the workers are represented by the works committee which also has general competence in matters of occupational safety.

(2) Yes, so that occupational safety requirements can already be taken into account at the planning stage. This paragraph has no obvious connection with paragraph (1) and would be more in its place in the middle of the instrument (see under questions 49 and 53).

New Zealand. (1) An adequate occupational health programme has four major components: occupational safety, occupational medicine, occupational hygiene, ergonomics. The input for this programme must come from representatives of all those concerned with the health and safety of employees and the efficiency and productivity of the enterprise.
(2) Yes. A major contribution of an occupational health service is in the planning of new developments or alternatives to existing plant or procedures. Adequate consultation at this stage is essential if the health of all in the undertaking is to be adequately safeguarded.

Panama. (1) (a) Should be part of normal occupational health activities.
(b) and (c) An occupational health service must maintain close relations above all with the production units.
(d) The trade unions should also be included.

United Kingdom. Yes, where appropriate.

United States. Safety and health considerations should be an important component of workplace design, but the requisite engineering and scientific knowledge about the impact of design on health may not and need not be part of an occupational health service. The competent authority should encourage awareness of these issues among the various labour and management professionals.

Uruguay. Yes, provided the impact on health is direct.

The governments' replies indicate general agreement on the principle involved, as regards both the service's relations within the undertaking and the advice it may be able to give when there is any change in work processes and working conditions. One government has drawn attention to the advisability of using the term "collaborate" rather than "maintain close relations", which is seen as too vague. The Office considers this suggestion worth following up as it tends to strengthen the role of the occupational health service in the undertaking; considering some of the general and other observations made, it proposes also including a provision along these lines in the Proposed Conclusions with a view to a Convention (Point 21). A number of governments draw attention to the fact that collaboration with workers' representatives in the undertaking, safety delegates and safety and health committees can likewise be extremely positive. This suggestion seems to be a useful addition and the Office has taken it into account in drafting Point 57 of the Proposed Conclusions with a view to a Recommendation.

Some governments emphasised the important advisory role that occupational health services can play whenever there are technological changes or modifications in the organisation of work. The provision in paragraph (2) of this question is thus particularly relevant and the Office has thought it advisable in the Proposed Conclusions to separate it from the preceding paragraph as it relates to a specific and exceptionally important area of activity in the field of preventive medicine. It has therefore been included, unchanged, in the Proposed Conclusions (Point 58).

Qu. 51 Should occupational health services also maintain relations with external services and bodies dealing with questions of health, environment, safety, rehabilitation, retraining, reassignment and welfare of workers as well as with inspection services?
Replies from governments and commentaries

Qu. 51

Total number of replies: 72.

Affirmative: 68. Argentina, Australia, Austria, Bahrain, Bangladesh, Belgium, Brazil, Bulgaria, Burundi, Byelorussian SSR, Canada, Central African Republic, Chile, Colombia, Cuba, Cyprus, Czechoslovakia, Denmark, Djibouti, Dominica, Dominican Republic, Ecuador, Egypt, Equatorial Guinea, Ethiopia, Finland, Gabon, Federal Republic of Germany, Ghana, Greece, Guinea, Guyana, Hungary, Islamic Republic of Iran, Jordan, Kenya, Madagascar, Malaysia, Mexico, Morocco, Mozambique, Netherlands, New Zealand, Norway, Pakistan, Panama, Peru, Philippines, Portugal, Romania, Rwanda, Saudi Arabia, Spain, Sri Lanka, Swaziland, Switzerland, Tanzania, Trinidad and Tobago, Tunisia, Turkey, Uganda, Ukrainian SSR, USSR, United Arab Emirates, United Kingdom, United States, Uruguay, Zambia.

Negative: 2. France, India.

Other: 2. Japan, German Democratic Republic.

Austria. Yes, provided medical secrecy is observed with respect to personal data.

Belgium. Yes, except for environmental matters.

Canada. Yes. It would even be useful for some of the staff of occupational health services to spend part of their time visiting or working with these organisations in order better to understand and utilise their services when necessary.

Chile. Yes, but only for purposes of information.

Ethiopia. Yes. Universities and other scientific institutions also have a major role to play.

France. Some of these relations are already provided for or exist in practice; but requiring that they be maintained systematically or be governed by regulations might tend to place too much emphasis on collaboration with outside bodies.

German Democratic Republic. Yes, as regards services in general and scientific societies, but collaboration with inspection services should be governed by standards at the national level.

India. Generally speaking, no. Such an arrangement might dilute the activities of occupational health services and make them ineffective.

Japan. Report V (1) explains that contacts with external services are necessary for occupational health services to perform their functions. To make this clearer, the Government proposes replacing the words “maintain relations” by “have contact”.

Kenya. Occupational health services should also keep in touch with international organisations concerned with the working environment and health at work.

Pakistan. This is desirable.

The great majority of replies endorsed this provision. Some governments feel that no specific mention should be made of such relations for fear that they be given too much attention, or that it should suffice for occupational health services to have contacts with such services and bodies. Another suggestion is

1 See under question 50.
that the instrument should stipulate that relations with inspection services should be governed by laws and regulations. Along with most of the governments, the Office feels that these relations should be referred to in the Proposed Conclusions but that a measure of flexibility should be introduced by replacing the words “maintain relations” by “have contacts when necessary”. The provision has been duly amended and appears in the Proposed Conclusions (Point 59).

Qu. 52 Should national laws or regulations provide that occupational health services should draw up an annual report concerning their activities and health conditions in the undertaking, in the manner prescribed by the competent authority?

Total number of replies: 72.

Affirmative: 63. Argentina, Australia, Austria, Bahrain, Bangladesh, Belgium, Brazil, Bulgaria, Burundi, Byelorussian SSR, Canada, Central African Republic, Colombia, Cuba, Cyprus, Czechoslovakia, Djibouti, Dominica, Dominican Republic, Ecuador, Egypt, Equatorial Guinea, Ethiopia, Finland, France, Gabon, Ghana, Greece, Guinea, Guyana, Hungary, India, Islamic Republic of Iran, Jordan, Kenya, Madagascar, Malaysia, Mexico, Morocco, Mozambique, Netherlands, Pakistan, Panama, Peru, Philippines, Portugal, Romania, Rwanda, Saudi Arabia, Spain, Sri Lanka, Swaziland, Switzerland, Tanzania, Trinidad and Tobago, Tunisia, Turkey, Uganda, Ukrainian SSR, USSR, United Arab Emirates, Uruguay, Zambia.

Negative. 6. Chile, German Democratic Republic, Federal Republic of Germany, New Zealand, United Kingdom, United States.

Other: 3. Denmark, Japan, Norway.

Australia. There is a need for some reporting, particularly for statistical purposes, but attention must be paid to the size of the service in determining its capacity to produce such a report.

Chile. No. This is a matter for the undertaking.

Czechoslovakia. Occupational health services should be required to submit regular reports on their activities in addition to annual reports, in a form and manner prescribed by the competent authority.

Denmark. There should be rules permitting the competent authority to request either general reports or reports on particular fields.

German Democratic Republic. Each country should be free to determine the procedure, contents and form of the reports to be submitted by the occupational health services.

1 See under question 50.
Federal Republic of Germany. The time and manner of preparing such reports should be left to the discretion of the undertaking. The reports should contain facts which can be used as a basis for follow-up activities.

Japan. Although the entire responsibility for supervising health conditions in the undertaking rests with the employers, it is very useful for the occupational health services to draw up reports if necessary. The Government therefore proposes inserting the words “where necessary” before the words “occupational health services” and to delete the words “annual” and “and health conditions in the undertaking”.

Madagascar. National legislation should require the occupational health service to draw up an annual report on its activities and a quarterly report on health conditions in the undertaking, in the manner prescribed by the competent authority.

New Zealand. No. While it is obviously advisable for individual services to conduct annual audits of their activities and to produce annual reports, this should not be required by statute.

Norway. Not necessarily.
The Confederation of Trade Unions has replied in the affirmative and attaches great importance to this provision.

Panama. This is most important for undertakings as it permits an analysis of the work carried out and serves as a basis for the following year’s programme.

United Kingdom. No, although it may be useful for certain independent services to produce annual reports.

United States. Periodic reports would be desirable but need not be required by law.

Uruguay. Yes, as these annual reports could provide the necessary data for preparing national statistics.

Although most of the replies supported this provision a number of governments were against it, mainly on the grounds that it was essentially a matter for the undertaking and, primarily, for the employer himself. Several observations moreover suggested the need for greater flexibility in this respect. After carefully examining the observations received, the Office has decided to make allowance for the many different provisions that exist on the subject and for the various national practices. It therefore proposes that, instead of referring to “annual” reports and to the “competent authority”, the provision simply stipulate that the reports should be drawn up “at appropriate intervals”. As amended, it now appears in the Proposed Conclusions (Point 61).

Do you consider that occupational health services should establish a programme of activity adapted to the undertaking or undertakings which they serve, taking into account in particular the occupational hazards existing in the working environment as well as the problems specific to the branches of economic activity concerned?

Total number of replies: 72.
Affirmative: 63. Argentina, Australia, Bahrain, Belgium, Brazil, Bulgaria, Burundi, Byelorussian SSR, Canada, Central African Republic, Colombia, Cuba, Cyprus, Denmark, Dominica, Dominican Republic, Ecuador, Egypt, Equatorial Guinea, Ethiopia, Finland, France, Gabon, Federal Republic of Germany, Ghana, Greece, Guinea, Guyana, Hungary, India, Islamic Republic of Iran, Jordan, Kenya, Madagascar, Malaysia, Mexico, Morocco, Mozambique, Netherlands, New Zealand, Norway, Pakistan, Panama, Peru, Philippines, Portugal, Romania, Rwanda, Saudi Arabia, Spain, Sri Lanka, Swaziland, Switzerland, Tanzania, Trinidad and Tobago, Tunisia, Turkey, Uganda, Ukrainian SSR, USSR, United Arab Emirates, United States, Zambia.

Negative: 1. Chile.

Other: 8. Austria, Bangladesh, Czechoslovakia, Djibouti, German Democratic Republic, Japan, United Kingdom, Uruguay.

Argentina. The occupational health service must draw up a complete plan for the protection of the health of the worker and his family, as well as a specific plan taking into account the hazards encountered in his work.

Australia. Yes. Consultation with external specialists may be advisable.

Austria. Yes, as far as possible.

Bangladesh. Yes, as far as possible.

Belgium. Yes, as part of the undertaking’s annual safety and health plan.

Canada. Yes. This programme should be reviewed regularly in order to take into account any change in working conditions.

Czechoslovakia. The occupational health service should only propose the programme of activity, not establish or define it.

German Democratic Republic. This should not be the responsibility of the occupational health service alone. The procedure for the medical supervision of the workers should be strictly regulated. The body to which the occupational health service is attached should assign it its tasks every year. The instrument could of course recommend that provisions be drawn up governing the establishment of annual plans of work.

Federal Republic of Germany. Yes. See also under questions 49 and 50.

Denmark. Yes.

The Employers’ Confederation feels that the occupational health services should prepare such programmes in agreement with the undertaking.

Djibouti. Yes, as far as possible.

Ethiopia. Yes. The trade unionists must have an effective voice in determining the activities of the service.

Hungary. Yes. In Hungary they also participate in the elaboration of the plans relating to health and social issues.

Japan. Since responsibility for establishing a programme of occupational health activity rests with the employer, the Government proposes replacing the word “establish” by “co-operate in the establishment of”. See also under question 3.

Kenya. An annual or half-yearly programme of activity is essential.

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1 See under question 50. 2 See under question 52.
Panama. Yes. The programme must also include the prevention of common hazards and the corresponding treatment. It must be in line with the national health programmes.

Portugal. Such a provision could be included in a Recommendation.

United Kingdom. Yes, as appropriate.

Uruguay. Yes, if advised to do so.

Most of the replies endorsed this provision, though a number of governments felt that it should be more flexible. Several observations drew attention to the importance of establishing a programme of activity so as to plan and organise the activities of the occupational health service. The Office has given these observations close attention and has concluded that it would be preferable to insert the provision in the Proposed Conclusions with a view to a Recommendation, as suggested by one of the governments. It therefore appears unchanged in the Proposed Conclusions (Point 62).

Should the instrument(s) specify that, in order to carry out their functions efficiently, the physician in charge of an occupational health service or any member of the personnel of the service acting on his authority should:

(a) have free access to all workplaces and to the installations of the undertaking for the use of the workers;

(b) have access to information concerning the processes and substances used or the use of which is envisaged and be empowered to take or remove for purposes of analysis samples of products, materials and substances used or handled;

(c) have access to information concerning the work standard applied or envisaged;

(d) be empowered to request the competent authority to monitor compliance with occupational health and safety standards?

Total number of replies: 72.

Affirmative: 59. Argentina, Austria, Bahrain, Bangladesh, Brazil, Bulgaria, Burundi, Byelorussian SSR, Canada, Central African Republic, Colombia, Cuba, Cyprus, Czechoslovakia, Denmark, Djibouti, Dominica, Dominican Republic, Ecuador, Egypt, Equatorial Guinea, Ethiopia, Gabon, German Democratic Republic, Federal Republic of Germany, Ghana, Greece, Guinea, Hungary, India, Jordan, Kenya, Madagascar, Malaysia, Mexico, Morocco, Mozambique, New Zealand, Norway, Pakistan, Panama, Peru, Philippines, Portugal, Romania, Rwanda, Saudi Arabia, Sri Lanka, Swaziland, Tanzania, Trinidad and Tobago, Tunisia, Turkey, Uganda, Ukrainian SSR, USSR, United Kingdom, Uruguay, Zambia.

1 See under question 50.

Other: 12. Australia, Belgium, Chile, Finland, France, Guyana, Islamic Republic of Iran, Netherlands, Spain, Switzerland, United Arab Emirates, United States.

Australia. (a) Yes.
(b) Yes, having regard to the need for confidentiality in relation to any process (see also under question 55).
(c) Yes.
(d) Yes. However, it is recommended that the management be advised when such a request is to be made.

Belgium. (a) to (c) Yes.
(d) No.

Burundi. Occupational health services should also conduct surveys and research into potential health hazards at the workplace.

Chile. Yes, but according to national practice.

Finland. (a) to (c) Yes.
(d) The occupational health physician should function as a medical expert for the employer. Therefore he should keep the employer informed of any situation which he suspects deviates from the approved standards. It should not be his responsibility, however, to request the presence of the competent authority at the place of employment.

France. (a) to (c) Yes.
(d) No. If he is to have the confidence of his partners in the undertaking (employer, management, supervisors and employees), the occupational health physician must be considered and consider himself as a member of the staff of the undertaking. The latter generally has a consultative body to look into occupational safety and health matters. It is this body, in which all the partners are involved, which can take such initiatives. Generally speaking, it is in fact required to report on its activities to the competent authority.

German Democratic Republic. Yes, but in certain cases this should only apply to the person in charge of the service.

Federal Republic of Germany. (b) The phrase “and be empowered” goes too far (see also under question 56); it should read “and should if necessary take, etc.”.
(d) This part of the provision should apply only if the employer has rejected a proposal by the occupational health service to improve safety and working conditions.

Greece. Yes. The instrument should specify that this is indispensable for the physician to be able to carry out his functions.

Guyana. (a) and (b) Yes, subject to prior notification.
(c) On request and where practical.
(d) Yes.

Islamic Republic of Iran. (a) and (b) This depends on national laws and regulations.
(c) and (d) Yes.

Japan. No. In order to enable occupational health services to carry out their function of assisting the employers from the technical and specialised viewpoint, the Government proposes that this provision should read as follows: "In order to enable occupational health services to carry out their function of technical and specialised assistance to the employers in the supervision of occupational health, employers should, as far as possible, provide the physician in charge of the service or any member of the personnel of the service acting on
his authority with: ...". Furthermore, in order to preserve the undertaking's industrial secrets, the Government proposes to delete the words "free" and "all" in (a), the words "or the use of... handled" in (b), the words "or envisaged" in (c), and the whole of (d).

Netherlands. (a) to (c) Yes.

(d) No. This should be the responsibility of the workers' representatives.

Norway. Yes.
The Employers' Confederation is opposed to the provision in (d).

Switzerland. (d) Yes, to the extent that this is necessary to protect the worker's health.

Uganda. Yes, but the occupational health physician must be legally and ethically bound not to divulge any information so obtained without the management's permission, except in cases of dire emergency or imminent danger.

United Arab Emirates. (d) Yes, provided the employer is so informed.

United Kingdom. Yes, but see under question 36.

United States. Yes. However, United States employers consider that, with respect to clause (b), more restrictions are needed and trade secrets must be protected. With respect to (d), the employers believe that the physician should be empowered to request the competent authority to monitor compliance with standards only after informing and consulting all the parties involved.

Uruguay. Yes, with due reference to the body responsible for occupational health services.

Most governments were in favour of this provision. However, a number suggested rendering the first part of the provision more flexible and, with respect to (d), clearly indicated that such a step should be taken only after the management of the undertaking had been informed or when the corrective measures proposed had not been applied. The Office has carefully considered these observations and feels that it would be appropriate to include the words "in so far as is necessary to enable the service to carry out its functions efficiently" in the introductory part of the provision. It also agrees with certain governments that the employer should be informed of any request submitted to the competent authority by the physician and, considering the very special nature of this provision, proposes that it should appear as a separate Point in the Proposed Conclusions.

Consequently, the first part of the provision, including clauses (a), (b) and (c), and amended in its introductory passage as indicated, now appears as Point 63; clause (d), with an indication that such action is possible "after informing the employer", appears as Point 64.

Should the instrument(s) specify that every person attached to an occupational health service should be required to observe professional secrecy as regards both medical and technical information which may come to his knowledge in the exercise of the functions and activities of the service, subject to such exceptions as may be provided by national laws or regulations?
Total number of replies: 72.

Affirmative: 71. Argentina, Australia, Austria, Bahrain, Bangladesh, Belgium, Brazil, Bulgaria,1 Burundi, Byelorussian SSR, Canada, Central African Republic, Chile, Colombia, Cuba, Cyprus, Czechoslovakia, Denmark, Djibouti, Dominica, Dominican Republic, Ecuador, Egypt, Equatorial Guinea, Ethiopia,2 Finland, France, Gabon, German Democratic Republic, Federal Republic of Germany, Ghana, Greece, Guinea, Guyana, Hungary, Islamic Republic of Iran, Japan, Jordan, Kenya, Madagascar, Malaysia, Mexico, Morocco, Mozambique, Netherlands, New Zealand, Norway, Pakistan, Panama, Peru, Philippines, Portugal, Romania, Rwanda, Saudi Arabia, Spain, Sri Lanka, Swaziland, Switzerland, Tanzania, Trinidad and Tobago, Tunisia, Turkey, Uganda,3 Ukrainian SSR, USSR, United Arab Emirates, United Kingdom, United States, Uruguay, Zambia.

Negative: 1. India.

Chile. Yes, in accordance with national legislation.

Cuba. Yes, as far as the medical aspects are concerned.

India. No. The Factories Act and the Mines Act contain the provision that it is obligatory for the medical profession to report occupational diseases to the chief inspector of factories or mines, as the case may be. It may therefore not be proper to stipulate professional secrecy on the part of the occupational health physician.

New Zealand. Yes. This could be done in the form of an “ethical guide-line”.

Except for one government which opposed the provision, all the replies indicated agreement with the inclusion in the instrument of this requirement concerning professional secrecy. It therefore now appears unchanged in the Proposed Conclusions (Point 65).

VII. General Provisions

Qu. 56 Do you consider that the instrument(s) should specify that:
(a) the employer should take all necessary measures to facilitate the execution of the duties of the occupational health service;
(b) the workers and their organisations should collaborate fully in the achievement of the objectives of occupational health?

Total number of replies: 71.

Affirmative: 66. Argentina, Australia, Austria, Bahrain, Bangladesh, Belgium, Brazil, Bulgaria, Burundi, Canada, Central African Republic, Chile, Co-

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1 See under question 50. 2 See under question 28. 3 See under question 54.
Lombia, Cuba, Cyprus, Czechoslovakia, Denmark, Djibouti, Dominica, Dominican Republic, Ecuador, Egypt, Equatorial Guinea, Ethiopia, France, Gabon, German Democratic Republic, Ghana, Greece, Guinea, Guyana, Hungary, India, Islamic Republic of Iran, Japan, Jordan, Kenya, Madagascar, Malaysia, Mexico, Morocco, Mozambique, Netherlands, New Zealand, Norway, Pakistan, Panama, Peru, Portugal, Romania, Rwanda, Saudi Arabia, Spain, Sri Lanka, Swaziland, Switzerland, Tanzania, Trinidad and Tobago, Tunisia, Turkey, Ukrainian SSR, USSR, United Arab Emirates, United Kingdom, Uruguay, Zambia.

Other: 5. Finland, Federal Republic of Germany, Philippines, Uganda, United States.

Finland. The Government's reply relates to Finnish legislation.

Federal Republic of Germany. (a) The employer must facilitate the execution of the duties of the service; he must also ensure that the occupational health service carries out its functions, and for this he must have the support of the workers.

(b) This collaboration should not be imposed. The thrust of this question is in any case not clear. If "collaborate" is taken in the sense of "decide in common", a joint decision of this nature does not rest with the workers themselves but with their representatives in the undertaking (works councils). If, however, it is taken to mean "be required to participate", it could infringe the workers' freedom. Moreover, a worker cannot be obliged to undergo an examination by the occupational health service or to help it carry out its examinations. Since the service is supposed to function in the workers' interests, they would not normally have any reason to refuse to participate but cannot be obliged to do so. Where a medical examination is required by law because of the special hazards that exist in certain workplaces, a worker who refused to undergo an examination would naturally have to bear the consequences as regards the labour legislation.

Philippines. (a) Yes, but the financial means of the employer should be considered with respect to the implementation of the programme.

Uganda. Yes, but in order to make sure that all workers have access to occupational health services governments may have to assist employers in special circumstances.

United Kingdom. Yes, where an occupational health service exists.

United States. Yes, but the words "and feasible" should be added in (a) after "necessary".

Most of the replies were in favour of this provision, but some of the observations showed that the wording could be improved. One government pointed out that the concept of collaboration in clause (b) could imply an obligation for the workers, which should not be the case. The Office has accordingly followed the suggestion that the words "collaborate fully" be replaced by the words "provide support". A further specification, to the effect that, although an employer may entrust the occupational health services with certain functions and facilitate the execution of their duties as far as possible, he is nevertheless responsible for protecting the health and safety of the workers he employs, has been added. Thus amended, the provisions contained in this question appear in the Proposed Conclusions (Point 66 (1) and (2)).
Qu. 57  Should the instrument(s) specify that the facilities provided by the occupational health services should not involve any expense to the workers?

Total number of replies: 70.

Affirmative: 60. Argentina, Australia, Austria, Bahrain, Bangladesh, Belgium, Brazil, Bulgaria, Burundi, Canada, Central African Republic, Cuba, Cyprus, Czechoslovakia, Denmark, Djibouti, Dominica, Dominican Republic, Ecuador, Egypt, Equatorial Guinea, Ethiopia, Finland, France, Gabon, German Democratic Republic, Federal Republic of Germany, Ghana, Greece, Guinea, Guyana, Hungary, India, Islamic Republic of Iran, Jordan, Malaysia, Mexico, Morocco, Mozambique, Netherlands, Norway, Pakistan, Panama, Peru, Portugal, Romania, Rwanda, Saudi Arabia, Spain, Sri Lanka, Switzerland, Tanzania, Trinidad and Tobago, Tunisia, Turkey, Ukrainian SSR, USSR, United Arab Emirates, Uruguay, Zambia.

Negative: 3. Colombia, New Zealand, United States.

Other: 7. Chile, Japan, Madagascar, Philippines, Swaziland, Uganda, United Kingdom.

Bulgaria. Yes. Moreover, the financing of occupational health services should be governed by legislation.

Burundi. The facilities provided by occupational health services in accordance with Convention No. 112 should not involve any expense for the workers.

Chile. Yes, as far as possible and in accordance with the situation of each country.

Colombia. Provision could be made for a minimal contribution by the workers, in view of the limited resources of developing countries.

Federal Republic of Germany. Yes. The points covered by questions 15, 57 and 58 should be combined in a single provision.

Japan. Yes. However, the Government proposes inserting the words “in principle” after “should not” for the following reasons. Some of the facilities provided by occupational health services stem in many cases from the employer’s responsibility for supervising the workers’ health, for example by means of periodic medical examinations, and the cost involved should not be borne by the workers. In the case of facilities provided at the request of a worker, on the other hand, he can reasonably be expected to bear the expense.

Madagascar. Yes, if the possibility of the workers participating in the financing of the service is left to the discretion of each country.

New Zealand. No. While this principle is generally acceptable, it is possible that the workers may wish extra facilities to be provided at their own expense (for example, a gymnasium).

Philippines. Under normal conditions the workers should not be made to pay anything for facilities provided under the Occupational Health and Safety Code. However, if they receive services beyond those prescribed by the Code, their participation should be not only encouraged but required.

Swaziland. No expense should be borne by the workers for purely occupational health work but they should contribute to any treatment outside the scope of occupational health.
Replies from governments and commentaries

Uganda. Yes. For preventive services and for treatment of occupational injuries and diseases, the workers should not incur any expense. However, for non-occupational diseases contracted away from work, employees and employers should negotiate terms for treatment.

United Kingdom. In general, it should not involve any expense, but the instrument should not be categorical.

United States. No. This should be a function of national practice and local laws or regulations.

Most of the replies were in favour of this provision. Some of the observations suggested that the matter should be determined by each country in accordance with national practice and legislation; others advocated a measure of flexibility so as to cover services not strictly within the scope of occupational health. The Office, considering that the provision embodies a generally recognised principle, has decided not to change the wording at this stage, and the provision appears unchanged in the Proposed Conclusions (Point 67).

Should national laws or regulations establish the manner in which the organisation and operation of occupational health services should be financed, taking into account the obligations of the employer?

Total number of replies: 71.

Affirmative: 58. Argentina, Australia, Bahrain, Bangladesh, Belgium, Brazil, Bulgaria, Burundi, Central African Republic, Colombia, Cuba, Cyprus, Czechoslovakia, Denmark, Djibouti, Dominica, Dominican Republic, Ecuador, Egypt, Equatorial Guinea, Finland, France, Gabon, German Democratic Republic, Federal Republic of Germany, Ghana, Greece, Guinea, Hungary, Islamic Republic of Iran, Jordan, Kenya, Madagascar, Malaysia, Mexico, Morocco, Mozambique, Netherlands, New Zealand, Norway, Pakistan, Panama, Peru, Portugal, Romania, Rwanda, Saudi Arabia, Spain, Sri Lanka, Switzerland, Tanzania, Trinidad and Tobago, Turkey, Ukrainian SSR, USSR, United Arab Emirates, Uruguay, Zambia.

Negative: 10. Austria, Chile, Ethiopia, Guyana, India, Japan, Philippines, Swaziland, United Kingdom, United States.

Other: 3. Canada, Tunisia, Uganda.

Argentina. Yes, so that the financing and operation of the services do not have repercussions on the prices of the products.

Australia. Yes, but the instrument should make no statement on the manner of financing the health services.

1 See under question 57.
Austria. The cost of organising and operating occupational health services should be borne by the employers; it is not for national laws or regulations to establish standards in this respect.

Canada. Yes, if the services are established by legislation.

Chile. Each country should be free to establish its own regulations on the subject.

France. Yes.
The employers consider that it is enough to establish the principle of financing by the employer or of the sharing of costs among employers using the facilities of an occupational health service common to a number of undertakings.

Ghana. Yes, especially when the services also provide curative treatment.

Japan. It is unnecessary to regulate the manner of financing these services in all cases.

Philippines. National legislation should only require the establishment of the health service and leave its financing to the employer.

Portugal. Yes. The employer's duties in this respect should be specified in a Convention.

Tunisia. Yes. The financing of the services should be borne by the employers.

Uganda. Laws and regulations should spell out the employer's responsibility for preventive and emergency curative services but should leave some flexibility in the case of other medical services.

United Kingdom. Not necessarily. Financing may be voluntary or a matter for individual employers.

United States. No. This should be a matter of national practice and local laws or regulations. Given the myriad possible organisational arrangements for the delivery of occupational health services, it is inappropriate for the instrument to deal with the means of financing.

Uruguay. Yes, in accordance with national circumstances and provided the principle of the provision of services free of charge for the workers is respected.

Most of the replies were in favour of this provision though a number of governments opposed it or sought further clarification. The Office has reconsidered the question of financing the services in the light of the observations made and of the provisions in the Proposed Conclusions and notes that Points 9 and 67 already provide that the facilities should not involve any expense for the workers. Moreover the observations emphasise that laws and regulations could only lay down standards for financing these services if they made their establishment compulsory. Consequently, the wording of the provision has been modified and, in view of the broad support it has received, it now appears in the Proposed Conclusions (Point 68).

Qu. 59  
(1) Should national laws or regulations specify the authority responsible for supervising the organisation and operation of occupational health services?  
(2) Do you consider that occupational health services should be placed under the supervision of the medical labour inspection service, where it exists?
Replies from governments and commentaries  Qu. 59

Total number of replies: 71.

Affirmative: 54. Argentina, Bahrain, Bangladesh, Belgium, Brazil, Burundi, Chile, Colombia, Cuba, Cyprus, Denmark, Djibouti, Dominica, Dominican Republic, Egypt, Equatorial Guinea, Ethiopia, Finland, France, Gabon, German Democratic Republic, Federal Republic of Germany, Ghana, Greece, Guinea, Guyana, Hungary, Islamic Republic of Iran, Jordan, Kenya, Madagascar, Malaysia, Mexico, Morocco, Netherlands, Norway, Pakistan, Panama, Peru, Philippines, Portugal, Romania, Rwanda, Saudi Arabia, Switzerland, Tanzania, Trinidad and Tobago, Tunisia, Uganda, Ukrainian SSR, USSR, United Arab Emirates, Uruguay, Zambia.

Negative: 3. Central African Republic, India, Swaziland.

Other: 14. Australia, Austria, Bulgaria, Canada, Czechoslovakia, Ecuador, Japan, Mozambique, New Zealand, Spain, Sri Lanka, Turkey, United Kingdom, United States.

Australia. (1) Yes.
(2) The determination of the appropriate supervisory authority for occupational health services should be the province of the competent authority.

Austria. (2) Occupational health services should be placed under the supervision of the labour inspection service. It would not seem desirable to refer to a “medical” inspection service as this may be only one component of the labour inspection service.

Bangladesh. (2) They should be under the Ministry of Labour and under the supervision of the chief physician of the occupational health services, who should have equal status with the Chief Inspector of Factories.

Bulgaria. Yes, but the task should be entrusted to an institution responsible for supervising public health in the country.

Canada. (1) Yes, if the services are established by legislation.
(2) The Government considers that, whatever department is responsible for setting up such services, it is essential that they be under the authority of only one body in order to prevent duplication of effort and to ensure uniformity of application.

Chile. (2) Yes, provided a medical labour inspection service already exists and does not have to be created.

Czechoslovakia. (2) No. This is not necessary.

Denmark. (1) Yes. A certain degree of supervision is reasonable.
(2) In Denmark the Directorate of Labour Inspection is responsible for technical as well as medical adjustments in the working environment. It does not supervise the staff of the occupational health service but gives advice and guidance within the framework of the law and to the extent necessary.

Ecuador. (1) Yes.
(2) These services come under the labour inspection service.

Finland. In Finland the administration of occupational health services is shared by the labour protection authorities and the health authorities. The function of the labour protection authorities is to supervise the general implementation of occupational health care and that of the health authorities to supervise the professional activity of personnel trained in health care.
France. (2) Yes. The employers consider that the medical inspection service would seem inappropriate if the medical service is to be “supervised” from the organisational standpoint. Moreover, along with the workers, they are against this provision as far as the medical decisions of the occupational health physician are concerned.

Japan. (2) This should be left to each member State to decide in the light of national circumstances.

Madagascar. (2) Occupational health services should be under the supervision of the Labour Department. The medical labour inspection service, which is attached to this department, should be responsible for the implementation of the latter’s policy in this domain.

Mozambique. (1) Yes. In Mozambique the responsible authority is the Ministry of Health. (2) Not necessarily.

New Zealand. (1) Yes. (2) As these are health services they should be under the supervision of the national health authority. If there is a separate medical labour inspection service it could well supervise the provision of occupational health services, as long as it is in turn supervised by and works in close co-operation with the national health authority.

Norway. (2) Yes. The Employers’ Confederation is of the view that this supervision must be in accordance with the prevailing conditions in the country.

Philippines. (2) Yes. However, there should be close collaboration between this service and those of other ministries, such as the Ministry of Labour and Employment, whose responsibility covers the working environment and all other aspects connected with the workplace that may affect the workers.

Spain. (1) In accordance with the national laws and regulations of each country. (2) This supervision is the responsibility of the labour inspection service, with the technical collaboration of specialised official bodies or institutions.

Sri Lanka. (2) Not necessarily.

Turkey. (2) Not necessary.

USSR. If there is a medical labour inspection service, it must be responsible for supervising the activities of the occupational health services.

United Kingdom. (1) Legislation on occupational health services is not essential and any national laws or regulations should specify the responsible authority only where it is thought necessary to have such an authority.

United States. (1) Yes, in accordance with national practice and conditions. (2) No. Organisational arrangements are a function of domestic politics, history and culture. It is therefore inappropriate that the instrument should contain such a provision.

Although most of the governments replying to this question were in favour of the provision, a number of them objected to its inclusion in the instrument on the grounds that it was not necessary for it to specify a supervisory authority or that the supervisory authority could be simply the Ministry of Labour, labour inspection service or Ministry of Health. It is apparent from the observations received that many different systems have been adopted in the various countries for establishing occupational health services and that the way in which their activities are supervised also differs. The competent authority may intervene at several levels. It may carry out a purely administrative supervision of the pro-
visions of existing regulations, especially provisions of a medical nature. It may be responsible for supervising the manner in which the service performs its function or for taking action in the event of disputes over medical issues (for example, over the advisability of carrying out or repeating certain additional biological examinations or the need to carry out tests that are not specifically required by the regulations). It may also serve to resolve problems connected with the physicians’ professional independence and the application of principles of medical ethics (for example, in respect of medical files, certificates, the practice of curative medicine, etc.). These various problems may come under different regulations and competent authorities. Some of the observations did in fact allude to this aspect of the matter when they mentioned, for instance, that general supervision of the establishment of occupational health services is a matter for the authorities responsible for the protection of the workers whereas supervision of the occupational activities of the occupational health personnel is a matter for the public health authorities. The Office has examined certain governments’ reservations on the subject and has decided that these aspects should be taken into account as they would be likely to cause difficulties at the time of ratification or application of the proposed Convention. It therefore suggests retaining only the first part of the provision in the Proposed Conclusions; as amended, therefore, the provision now appears in the Proposed Conclusions with a view to a Convention (Point 22).

(1) Are there any particularities of national law or practice which, in your opinion, are liable to create difficulties in the practical application of the instrument(s) as conceived in this report?

(2) If so, how would you suggest that these difficulties be met?

Total number of replies: 69.

**Affirmative:** 23. Australia, Bahrain, Bangladesh, Brazil, Canada, Chile, Dominican Republic, France, Gabon, Ghana, Japan, Kenya, Netherlands, New Zealand, Panama, Peru, Philippines, Rwanda, Saudi Arabia, Tunisia, United Kingdom, United States, Uruguay.

**Negative:** 44. Argentina, Austria, Belgium, Bulgaria, Burundi, Byelorussian SSR, Central African Republic, Colombia, Cuba, Cyprus, Denmark, Djibouti, Dominica, Ecuador, Egypt, Equatorial Guinea, Ethiopia, Finland, German Democratic Republic, Federal Republic of Germany, Guinea, Guyana, Hungary, India, Islamic Republic of Iran, Jordan, Madagascar, Malaysia, Mexico, Mozambique, Norway, Pakistan, Portugal, Spain, Sri Lanka, Swaziland, Tanzania, Trinidad and Tobago, Turkey, Uganda, Ukrainian SSR, USSR, United Arab Emirates, Zambia.

**Other:** 2. Romania, Switzerland,
Australia. In Australia jurisdiction in the area of occupational health is constitutionally vested in the states and not in the Commonwealth Government. This difficulty could be reduced by making the proposed instrument flexible.

Bahrain. As conceived at present, the instrument could only be implemented progressively as resources become available.

Bangladesh. National legislation allows physicians in general health service to have a private practice. If the same type of physicians are employed in occupational health services, they should also be allowed to have private medical practices, inasmuch as they do not go against the objectives of these services.

Belgium. No, provided the services play an essentially preventive role.

Canada. (1) There are a very large number of federal and provincial agencies dealing with matters of occupational safety and health in Canada.

(2) The competent authority should work out a system of consolidation since safety and health do not vary from region to region.

Chile. Problems could arise from the economic situation of countries and make them disinclined to burden undertakings with additional costs, as this would ultimately be bound to have repercussions on employment.

Dominican Republic. A detailed study should be made of national legislation to determine the modifications that would be needed to bring it in line with the provisions of the instrument.

Ecuador. No, apart from specific aspects indicated in the Government’s observations.

France. (1) Yes, the large number of small undertakings scattered all over the country.

(2) Occupational health services common to several undertakings could be developed, while avoiding the creation of excessively large services which might be too remote from the actual needs of the undertakings and of their employees and from the kind of preventive action that occupational hazards call for.

Gabon. Yes. Difficulties would arise for small undertakings which cannot afford such services and are widely scattered.

Ghana. (1) Yes. The national law does not stipulate quantitative standards for personal and environmental monitoring. The use of standards and protective appliances designed for other countries would pose problems as regards the effective protection of the workers. There is also a shortage of qualified medical personnel, of appropriate equipment and of other medical facilities.

(2) ILO help in the form of technical assistance and fellowships could solve some of these problems. Moreover, protective appliances and equipment for use in other countries, especially developing countries, should be manufactured and designed in the light of their specific national characteristics and of the demands of ergonomics and effective personal protection.

Japan. Japan’s Industrial Safety and Health Law requires employers to establish in undertakings occupational health management systems involving the appointment of health supervisors and industrial physicians, the organisation of health committees, the measurement of the working environment and the examination of the workers’ health. The environmental measurement and health examinations are carried out by the inner organisation of the undertaking or through outside facilities and institutions. This system of enterprise health management, medical examination and environmental measurement is considered to constitute Japan’s occupational health service as described by the questionnaire and operates satisfactorily as a contribution to the maintenance and improvement of occupational health in the country. The Government therefore does not consider it appropriate to introduce a new system of which the central part would be a comprehensive occupational health service independent of the employers. Furthermore, the functions of
medical care, which are among those expected of occupational health services, are carried out satisfactorily by medical services and physicians in accordance with Japan’s medical laws and regulations. It is therefore again not appropriate to establish occupational health services separate from the existing medical services for medical care purposes or to establish qualifications other than those of “physician”.

As already mentioned, the systems corresponding to “occupational health services” as envisaged in the questionnaire vary both in Japan and in other member States; these differences are justified by the particular social background of each member State. It would therefore not be desirable to require the creation of an internationally uniform system through an internal instrument.

Consequently, the Government considers it desirable that the instrument describe mainly the functions of the occupational health services and include flexible provisions as regards organisation, qualifications, management, etc., so that member States can adapt them to national conditions.

Kenya. A problem arises in deciding whether the medical labour inspection service should be under the Ministry of Labour or the Ministry of Health, as both may be involved. The instrument should specify that all matters of health, safety and pollution in the working environment should be governed by legislation and administered by a single authority.

Mozambique. No, only problems of financing and quantitative and qualitative shortages of human resources.

Netherlands. A combination of preventive and curative medicine with a sickness-insurance medicine should be avoided.

New Zealand. (1) New Zealand’s Accident Compensation Corporation has responsibilities relating to the prevention of work-related illnesses and accidents and to vocational rehabilitation.

(2) A discussion should be arranged between the various authorities with responsibilities in the area of occupational health.

Panama. National practice in Panama would be liable to create a number of practical difficulties in the application of the instruments as conceived in this report. A first difficulty is the lack of the necessary financial resources. Another major difficulty is that the social security institution has no occupational health services and that employment accidents and occupational diseases are therefore treated by private doctors for whom it is an additional source of income. In other words, Panama has neither a primary health care system nor the possibility of establishing occupational health services because the national public health service is not used and, if it were, it would mean a duplication of the services available to those insured. A third difficulty is that the medical commissions responsible for assessing occupational hazards object to the development of occupational health services governed by law as its activities entail additional income for the physicians involved.

Peru. (2) The instruments should stipulate the responsibilities of the various public authorities and how their functions are to be co-ordinated.

Philippines. (1) The activities of several authorities overlap.

(2) Such overlapping could be removed by legislation and by assigning the function to a single authority only.

Romania. There should be no difficulties if the suggestions made in connection with previous questions are followed up.

Rwanda. (1) Yes, the shortage of competent personnel and appropriate facilities.

(2) These difficulties could be overcome by technical assistance.

Saudi Arabia. The instrument should allow for the fact that many countries have only very few specialists in this field.

Switzerland. It is difficult to answer at this stage, as a new federal law on accident insurance will be coming into force on 1 January 1984 and an ordinance is currently being prepared on the prevention of employment injuries and occupational diseases.

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Tunisia. (1) Tunisian law at present provides for occupational health services only in the case of undertakings employing more than 40 workers. It does not cover small undertakings or the agricultural sector.

(2) National legislation would have to require all sectors of the economy to be covered regardless of the size of the undertakings, and require occupational health services to be extended in successive stages by decree, with due regard to the gravity and frequency of occupational hazards and to the means available to the country.

United Kingdom. As noted in the reply to question 2, the variety of possible arrangements for occupational health services makes a Convention impracticable. There is no legal requirement in the United Kingdom to establish such services, so any Convention which tried to set out specific standards could not be ratified. At the same time, a Convention drafted in general terms would be of no use. However, a Recommendation could be both detailed and useful. There are many functions which an occupational health service could carry out but it is not obligatory for it to take on all such functions. While the Government agrees in principle with most of the suggestions put forward for an occupational health service, this does not mean that such activities or the establishment of occupational health services should be made mandatory.

United States. As conceived in the report, the instrument would focus on a centralised health system rather than on a set of health objectives. The Government is in agreement with virtually all of the objectives of the instrument. However, by focusing on the organisational structure and delivery mechanisms for occupational health services, the instrument raises issues of hiring and employment practices, privacy and confidentiality, labour management relations and, of course, the structure of the health care delivery system. These issues are governed by national legislation in the United States and vary enormously from country to country. Implementation could thus present tremendous problems. A more practical approach would be to focus on the objectives of a health system: maintenance of records on workers exposed to toxic substances, training of personnel involved with occupational health and safety, establishment of safety and health standards, etc.

The United States employers agree with the above and, in addition, believe that the issue of regulations specifying requirements for examinations, etc., has been a relatively non-productive and expensive exercise. Moreover, resource availability (particularly in specialised personnel) will severely limit the application of the instrument. The employers feel that these difficulties could be overcome if a Recommendation was preferred to a Convention.

Uruguay. Certain difficulties have already been mentioned (see question 8 (2)). The Government is therefore in favour of a Recommendation containing guidelines only.

Foremost among the difficulties mentioned are those connected with the availability of specialised personnel, economic circumstances, the need for gradual implementation, and access to occupational health services, especially in the case of small undertakings. The Proposed Conclusions have been drafted so as to give the text sufficient flexibility to take into account the variety of existing situations.

Qu. 61 (Federal States only) Do you consider that, in the event of the instrument(s) being adopted, the subject-matter would be appropriate for federal action, or wholly or in part for action by the constituent units of the federation?

Total number of replies: 9.
Affirmative: 7. Australia, Canada, Federal Republic of Germany, India, Mexico, USSR, United States.

Other: 2. Austria, Peru.

Australia. Implementation of any instrument would be a matter for both federal and state action.

Austria. Allowance should be made for both possibilities.

Canada. The subject matter of the instrument would fall partly under provincial and partly under federal jurisdiction.

Federal Republic of Germany. The federal Occupational Health Act provides a framework for occupational health services. Detailed regulations (governing the prevention of accidents) are drawn up by occupational insurance funds. The law is enforced by the federal states, which make additional suggestions and are responsible for labour inspection. The application of the rules governing accident prevention is supervised by the technical inspection service of the occupational insurance funds.

India. As far as federal action is concerned, the Government would circulate the model rules framed under various enactments to the state governments for adoption. Depending on prevailing circumstances, some states may not adopt them.

Mexico. Application of the instrument should be the responsibility of the federal authorities.

Peru. The instrument should be adapted to the political orientation of each country.

USSR. The system of occupational health services is the responsibility of the Soviet Union and of the Federal Republics.

United States. The subject would appear to be appropriate for both federal and state action.

Are there, in your opinion, any other pertinent problems not covered by the present questionnaire which ought to be taken into consideration when the instrument(s) are being drafted? If so, please specify.

Total number of replies: 20.

Affirmative: 11. Byelorussian SSR, Canada, Colombia, Dominican Republic, France, German Democratic Republic, Federal Republic of Germany, Madagascar, Peru, Ukrainian SSR, USSR.

Negative: 9. Australia, Dominica, Egypt, Ghana, Guinea, India, Mexico, Turkey, United States.

Byelorussian SSR. The instruments could also deal with the following matters: preventive health supervisory systems, the supervision of working conditions from the standpoint of health, the organisation of first-aid and emergency care units in undertakings, the organisation of hospitals and convalescent homes for persons suffering from occupational diseases, protection of the environment, the organisation of special occupational health services for women, adolescents and the elderly, and the establishment of statistics on occupational diseases.
Canada. The problem of handicapped workers, rehabilitation and working women (reproduction aspects).

Colombia. The instrument or instruments must be sufficiently flexible.

Dominican Republic. Other suggestions could be made during the discussion on the instrument.

France. The promotion of research by occupational health services and the development of their technical potential as soon as they have been established – in other words, placing the accent on quality once an occupational health network has been set up.

German Democratic Republic. The questionnaire does not mention the problem of a worker's guaranteed right to work when, for health reasons, he is no longer able to carry out the same activities as in the past, nor the moral obligation that may rest on a physician who diagnoses this incapacity for work.

Federal Republic of Germany. Undertakings with occupational health services should also set up occupational safety committees comprising representatives of the occupational health service and technical safety services in addition to the employers' and workers' representatives (who together make up the works committee in the Federal Republic of Germany). Collaboration within these occupational safety committees has been successful in the country in the past and they have in fact become the main bodies for co-ordinating decisions on safety matters (see also under question 50).

Madagascar. Yes. Occupational health physicians must receive regular information documents, and the number of workers under the supervision of a physician must be in relation to the number of hours of work.

Peru. Arrangements will have to be made for all workers in the urban and agricultural informal sectors to have access to occupational health facilities.

Ukrainian SSR. The following problems are not covered: the organisation of first-aid and emergency care units in the undertakings, the organisation of special hospitals providing proper care for people suffering from occupational diseases, the protection of the working environment, and occupational health facilities for such categories as women and older workers.

USSR. There are a considerable number of problems not covered by the questionnaire which have a direct bearing on the subject: preventive health supervisory systems, supervision of working conditions from the standpoint of health, organisation of first-aid and emergency care units in undertakings, organisation of hospitals and convalescent homes for persons suffering from occupational diseases, protection of the working environment, occupational health facilities for major social groups (women, adolescents and the elderly), procedures for investigating cases of intoxication and occupational disease in the undertaking, compilation of statistics on occupational diseases, intoxication and other diseases resulting in a temporary incapacity for work.

Nine governments have made suggestions of a general or specific nature regarding points which they would like to see covered in the proposed instrument or instruments. Some of these suggestions have been largely taken up in the Proposed Conclusions (research activities, training and retraining for physicians, supervision of the working environment from the standpoint of health) while others relate to precise standards that it seems difficult to include in the Proposed Conclusions at this stage – for example, specific criteria regarding the number of physicians, the organisation of the treatment of occupational diseases, procedures for investigating cases of intoxication and accidents at the place of work, compilation of statistics, occupational health facilities for major groups such as ado-
Replies from governments and commentaries

The latter aspect has already been covered in general terms by the new wording of Point 28 (a). Many of the other suggestions are of a specific and technical nature and should perhaps be included in a code of practice or guide to the organisation and operation of occupational health services. The Office has taken note of these proposals but does not feel that they call for any modification or addition to the Proposed Conclusions at this stage.
PROPOSED CONCLUSIONS

The following are the Proposed Conclusions, which have been prepared on the basis of the replies from governments summarised and commented upon in the preceding section. They have been drafted in the usual form and are intended to serve as a basis for discussion by the Conference of the fifth item on the agenda of its 70th (1984) Session.

Some differences in drafting will be found between the Proposed Conclusions and the Office questionnaire that are not explained in the Office commentaries. These differences are due to concern both for concordance between the various languages and for the terminology to be adapted as far as possible to that already employed in existing instruments.

Form of the International Instruments

1. The International Labour Conference should adopt two instruments on occupational health services.

2. The instruments should take the form of a Convention supplemented by a Recommendation.

Proposed Conclusions with a View to a Convention

I. PREAMBLE

3. The proposed Convention should note, in its Preamble, the relevant international labour Conventions and Recommendations, and in particular the Protection of Workers' Health Recommendation, 1953; the Occupational Health Services Recommendation, 1959, and the Occupational Safety and Health Convention and Recommendation, 1981.

II. DEFINITION

4. The proposed Convention should define occupational health services as services established for the purpose of protecting workers against any health impairments which may arise out of their work or the conditions in which it is carried out and of promoting their health in relation to work.

III. SCOPE

5. Each Member which ratifies the proposed Convention should undertake to develop progressively occupational health services in all branches of economic activity and for all undertakings.
6. (1) When occupational health services cannot be immediately established for all undertakings, each Member which ratifies the proposed Convention should ensure as a minimum that such services are established for undertakings in which the workers are exposed to specified special health hazards.

(2) Each Member which ratifies the proposed Convention should indicate, in the first report on the application of the Convention submitted under article 22 of the Constitution of the International Labour Organisation, the special health hazards specified pursuant to the above paragraph, and indicate in subsequent reports any progress towards wider application.

IV. FUNCTIONS

7. Without prejudice to the responsibility of each employer for the health and safety of his employees, occupational health services should in particular undertake the following functions:

(a) the supervision of the health of workers in relation to work;
(b) the supervision of the factors in the working environment which may affect the health of workers;
(c) promoting the adaptation of work to the workers;
(d) advice on occupational health, hygiene and ergonomics;
(e) information and education in the field of health and hygiene in relation to work;
(f) first aid and emergency treatment.

8. The supervision of the health of workers should include, in the cases and under the conditions specified by the competent authority, a medical examination before assignment, subsequent periodic examinations and biological or other examinations or investigations which may be necessary to detect the effects on the health of workers of their exposure to specified occupational hazards and to supervise their state of health.

9. The supervision of the health of workers should involve no loss of earnings for them and should take place as far as possible during working hours.

10. The supervision of the working environment should entail visits to the workplace at appropriate intervals to examine the factors in the working environment which may affect the health of workers, the environmental health conditions and the working conditions from the point of view of ergonomics and accident prevention.

11. Occupational health services should act as advisers to management and workers' representatives in the undertaking on problems of occupational health, hygiene and ergonomics and on information and education in these fields.

V. ORGANISATION

12. Occupational health services should be established:

(a) by virtue of laws or regulations; or
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(b) by virtue of collective agreements or as otherwise agreed upon by the employers and workers concerned; or

c) in any other manner approved by the competent authority after consultation with the representative organisations of employers and workers concerned.

13. Occupational health services might be organised as a separate service within a single undertaking or as a service common to a number of undertakings, as appropriate.

VI. CONDITIONS OF OPERATION

14. The competent authority should establish the qualifications required for the personnel of occupational health services, according to the nature of the duties to be performed.

15. Physicians in occupational health services should enjoy full professional independence of both the employers and the workers.

16. The physician in charge of an occupational health service should, as far as possible, be a specialist in occupational health, or have received training in this field.

17. The person in charge of supervising the factors in the working environment which may affect the health of workers should, as far as possible, be a specialist in occupational hygiene, or have received training in this field.

18. The nursing staff in an occupational health service should, as far as possible, have received training in the fields within the competence of the service.

19. Occupational health services should record data concerning the supervision of workers' health in confidential medical files.

20. Occupational health services should be informed of absences for health reasons but should not be required to verify their justification.

21. Occupational health services should carry out their functions in co-operation with the other services concerned in the undertaking.

VII. GENERAL PROVISIONS

22. National laws and regulations should designate the authority or authorities responsible for supervising the operation of occupational health services.

23. The competent authority should consult the most representative organisations of employers and workers on the measures to be taken to give effect to the provisions of the proposed Convention.

Proposed Conclusions with a View to a Recommendation

I. SCOPE

24. (1) Occupational health services should be established in all branches of economic activity for the purpose of protecting all workers against any health
Proposed conclusions

impairments which may arise out of their work or the conditions in which it is carried out and of promoting their health.

(2) Provision should also be made for such measures as may be necessary and reasonably practicable to give self-employed persons protection analogous to that provided by the proposed instruments.

II. General

25. The role of occupational health services should be essentially preventive.

26. Taking into account the organisation of preventive medicine at the national level, occupational health services should, where appropriate:

(a) carry out vaccinations in respect of biological hazards in the working environment;
(b) take part in preventive medicine campaigns;
(c) collaborate with the health authorities in the framework of public health programmes.

27. In accordance with national practice, occupational health services might engage in such forms of curative medical care as are authorised by the competent authority.

III. Supervision of the Health of Workers

28. The supervision of the health of workers should include, in the cases and under the conditions specified by the competent authority:

(a) a medical examination before assignment and periodic medical examinations at appropriate intervals for the purpose of supervising the state of health of workers who are exposed to specified occupational hazards or who need special medical supervision;
(b) a medical examination on resumption of work after a prolonged absence for health reasons or when it is medically justified for the purpose of detecting possible occupational causes of health impairments;
(c) medical examinations after the termination of certain assignments involving long-term health hazards.

29. (1) In addition, the supervision of the health of workers should include, in the cases and under the conditions specified by the competent authority, biological or other examinations or investigations which may be necessary to detect the effects on the health of workers of their exposure to specified occupational hazards and to supervise their state of health.

(2) Whenever a valid method is available, biological monitoring of the health of workers for the early detection of the effects on health of exposure to certain occupational hazards might be used to identify workers who need a detailed medical examination.

30. Occupational health services might contribute to research, within the limits of their resources, by participating in studies or inquiries in the undertak-
ing or in the relevant branch of economic activity with a view to collecting epidemiological data and orienting their activities.

IV. SUPERVISION OF THE WORKING ENVIRONMENT

31. The supervision of the working environment should include:

(a) the identification of factors which may affect the health of workers;
(b) the analyses and tests necessary for assessing these factors and for monitoring the working environment;
(c) the personal monitoring of workers' exposure to special occupational health hazards, when necessary.

32. The supervision of the environmental health conditions at the workplace should include, in particular:

(a) the evaluation of the environmental factors;
(b) the examination of engineering control equipment and of personal protective equipment;
(c) the examination of the conditions of hygiene;
(d) the inspection of sanitary installations and other facilities for the workers, such as canteens and living accommodation.

33. Occupational health services should:

(a) collaborate in job analysis and in the study of methods and organisation of work with a view to securing a better adaptation of work to the workers;
(b) participate in the selection of the individual protective equipment best adapted to the occupational hazards.

34. Occupational health services might collaborate with other services in the undertaking, as appropriate, to prevent its activities from having an adverse effect on the environment.

V. INFORMATION, EDUCATION, TRAINING, ADVICE

35. Occupational health services should collaborate in, or at least advise on the drawing up of, programmes of information and education for the personnel of the undertaking on health and hygiene in relation to work.

36. Occupational health services should play a role in the training of first-aid personnel and of those workers who, by reason of their functions, can contribute to occupational safety and health in the undertaking.

37. Occupational health services should act as advisers to management, workers and their representatives in the undertaking on problems of occupational health, hygiene and ergonomics, with a view to promoting the adaptation of work to the workers and the improvement of the working conditions and environment.

38. Each worker should be informed in an adequate and appropriate manner of the results of the medical examinations he has undergone; at his request, these
Proposed conclusions

results should be communicated to his own doctor. In addition, occupational health services should provide workers, at their request, with personal advice concerning their health in relation to their work.

VI. FIRST AID AND MEDICAL CARE

39. Taking into account national law and practice, occupational health services in undertakings should provide first aid and emergency treatment in cases of accident or indisposition of workers at the workplace and should collaborate in the necessary measures for the organisation of first aid.

40. Occupational health services should co-operate, when appropriate, with the services concerned in the establishment of emergency plans for action in the case of collective accidents.

41. Taking into account national law and practice, occupational health services might be authorised, where appropriate and in agreement with all concerned, including the worker himself and his own doctor, to undertake, or to participate in, one or more of the following functions:

(a) ambulatory treatment of workers who have not stopped work or who have resumed work after an absence;

(b) follow-up treatment of the victims of occupational accidents;

(c) treatment of occupational diseases and of health impairments aggravated by work;

(d) medical aspects of vocational re-education and rehabilitation.

42. Taking into account national law and practice concerning the organisation of health care, and distance from clinics, occupational health services might provide medical care for workers or for workers and their families.

VII. ORGANISATION

43. Occupational health services should as far as possible be organised within or near the place of employment.

44. (1) Occupational health services might be organised as a separate service within a single undertaking or as a service common to a number of undertakings.

(2) Taking into account the diversity of national conditions and practices, occupational health services might be organised:

(a) by the undertakings concerned themselves;

(b) by the public authorities or by official services;

(c) by social security institutions;

(d) by any other bodies approved by the competent authority.

45. The competent authority should determine the circumstances in which, in the absence of an established occupational health service, existing medical services may be recognised, as an interim measure, as occupational health services.
46. When obstacles of a geographical or other nature defined by the competent authority make the establishment of an occupational health service, or access to such a service, impracticable, undertakings should, as an interim measure, make arrangements with a local medical service or physician for carrying out the medical examinations prescribed by national laws or regulations, supervising the environmental health conditions in the undertaking and ensuring that first aid and emergency treatment are properly organised.

VIII. CONDITIONS OF OPERATION

47. Each occupational health service should:

(a) be placed under the direction of a physician who should be responsible for the working of the service;

(b) have sufficient personnel suitably qualified for the duties to be carried out.

48. (1) With a view to ensuring that the professional independence of physicians in occupational health services is fully respected, the workers' representatives in the undertaking, or the safety and health committee, where one exists, should be consulted concerning their engagement and the termination of their employment.

(2) The workers' representatives in the undertaking or the safety and health committee, where one exists, should be consulted by the employer before arrangements are made with a medical service or a physician outside the undertaking, as provided for in Points 45 or 46.

49. (1) The physician in charge of an occupational health service should, as far as possible, be a specialist in occupational health, or have received training in this field approved by the competent authority or body.

(2) The person in charge of supervising the working environment should, as far as possible, be a specialist in occupational hygiene or have received training in this field approved by the competent authority or body.

(3) The qualifications of the nursing personnel in an occupational health service should comply with the standards prescribed by the competent authority.

(4) The persons exercising the functions of occupational health services should be given the opportunity to keep themselves up to date with progress in the scientific and technical knowledge necessary to perform their duties.

50. Occupational health services should have the necessary administrative personnel for their operation.

51. (1) The competent authority might prescribe standards for the premises and equipment necessary for occupational health services to exercise their functions.

(2) Occupational health services should have, or have access to, facilities for carrying out the analyses and tests necessary for the biological monitoring of the health of workers and for the monitoring of the working environment.

52. Data resulting from the supervision of the working environment should be recorded in an appropriate manner so that they may be used to provide guid-
Proposed conclusions

and advice on measures to improve the working environment and the health and safety of workers.

53. Occupational health services should record data concerning the supervision of the health of workers in confidential medical files, which should also contain information kept up to date on the successive assignments or jobs carried out by the workers, the exposure to occupational hazards involved in each of these activities, and the results of any personal monitoring of workers' exposure to these hazards.

54. The conditions under which, and time during which, medical files should be kept, the conditions under which they may be communicated or transferred and the measures necessary to keep them confidential, in particular when the information they contain is placed on computer, should be prescribed by national laws or regulations or by the competent authority.

55. (1) On the conclusion of a medical examination for the purpose of determining fitness for a particular assignment, the physician who has carried out the examination should issue certificates to the worker and the employer respectively.

(2) The certificate should contain no information of a medical nature; it might, as appropriate, indicate fitness for the proposed assignment or specify the kinds of jobs and the conditions of work which are medically contra-indicated, either temporarily or permanently.

56. Where the continued employment of a worker in a particular job is contra-indicated for medical reasons, the occupational health service should collaborate in efforts to find other suitable employment for him in the undertaking or another appropriate solution.

57. Occupational health services should collaborate with:

(a) the occupational safety service;
(b) the various production units or departments in order to help them in formulating and implementing programmes of prevention adapted to the occupational hazards existing in these units or departments;
(c) the personnel department and other departments concerned;
(d) the workers' representatives in the undertaking, workers' safety delegates and the safety and health committee, where one exists.

58. Occupational health services should be consulted concerning any proposed modification in the work processes or in the organisation of work which might have an impact on the health or safety of workers.

59. Occupational health services should also, where necessary, have contacts with external services and bodies dealing with questions of health, hygiene, safety, occupational rehabilitation, retraining and reassignment, working conditions and the welfare of workers, as well as with inspection services.

60. Occupational health services should analyse the results of the supervision of the health of workers and of the supervision of the working environment, as well as, where they exist, the results of biological monitoring and of personal monitoring of workers' exposure to occupational hazards, with a view to assess-
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...ing possible connections between exposure to occupational hazards and health, and to proposing measures for improving the working conditions and environment.

61. Occupational health services should draw up reports at appropriate intervals concerning their activities and health conditions in the undertaking.

62. Occupational health services should establish a programme of activity adapted to the undertaking or undertakings they serve, taking into account in particular the occupational hazards in the working environment as well as the problems specific to the branches of economic activity concerned.

63. The physician in charge of an occupational health service, or the persons authorised by him, should, in so far as is necessary to enable the service to carry out its functions efficiently:

(a) have free access to all workplaces and to the installations the undertaking provides for the workers;
(b) have access to information concerning the processes, performance standards, products, materials and substances used or whose use is envisaged;
(c) be able to take for the purpose of analysis samples of products, materials and substances used or handled.

64. The physician in charge of an occupational health service should be able to consult the competent authority, after informing the employer, on the implementation of occupational safety and health standards in the undertaking.

65. Each person attached to an occupational health service should be required to observe professional secrecy as regards both medical and technical information which may come to his knowledge in connection with his functions and the activities of the service, subject to such exceptions as may be provided by national laws and regulations.

IX. General Provisions

66. (1) Within the framework of their responsibility for their employees' health and safety, employers should take all necessary measures to facilitate the execution of the duties of occupational health services.

(2) Workers and their organisations should provide support to the occupational health services in the exercise of their functions.

67. The facilities provided by the occupational health services should not involve any expense for the workers.

68. In cases where occupational health services are established and their functions are specified by national laws and regulations, the manner of financing the operation of the said services should also be so determined.

69. The competent authority should consult the representative organisations of employers and workers concerned on the organisation and operation of occupational health services.

70. The proposed instruments should supersede the Occupational Health Services Recommendation, 1959.