

*More musculoskeletal  
disorders –  
longer sick leave*

*An "alarm report" from LO's work environment project  
(LARM)*



*March 2002*

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## 1. Introduction

Since the end of the 1980s LO has been making its own analyses of the Swedish Work Environment Authority's official occupational injury statistics of **reported occupational injuries** (i.e. occupational accidents *and* occupational diseases) in the LO area. LO's analyses of the official occupational injury statistics are aimed at showing how reporting of occupational injuries has changed, the distribution between blue and white-collar workers, men and women and different sectors of the labour market. Showing this is particularly important now, when the official occupational injury statistics are showing that reports of occupational injuries have again risen.

The number of occupational injuries reported started to fall at the end of the 1980s and this trend continued until the latter part of the 1990s. The latest LO analysis of the statistics carried out up to and including 1998 showed that occupational injuries are again rising.

As was noted in the previous report "Arbets-skadorna ökar inom LO-området" (Occupational injuries increasing in the LO area) occupational injuries did *not* fall to the same extent as shown by the official occupational injury statistics up to 1996. LO's analysis, described in the report "Färre och hårdare jobb" (Fewer and harder jobs), showed that the reason for the decline in occupational injuries in the statistics in the 1990s was hardly an improved working environment. It was probably related to a great extent to other changes, to structural changes in working life, unemployment, more people receiving disability pensions and, perhaps not least, to the worsened occupational injury insurance system.

The improved situation in the labour market means that more people are now in work and may risk suffering work-related ill health. Several studies indicate that the increased incidence of ill health and long-term sick leave no doubt is also to a great extent due to the increased workload experienced by many people in working life. A better labour market situation also probably contributes to an increased tendency to report occupational injuries.

Even if the official occupational injury statistics now as before have deficiencies due to underreporting, not least because of the design of the occupational injury insurance cover, and above all in sectors with a great proportion of occupational diseases, it is important to follow developments. A new analysis of the occupational injury statistics now available for 2000 has therefore been carried out as described in the present report.

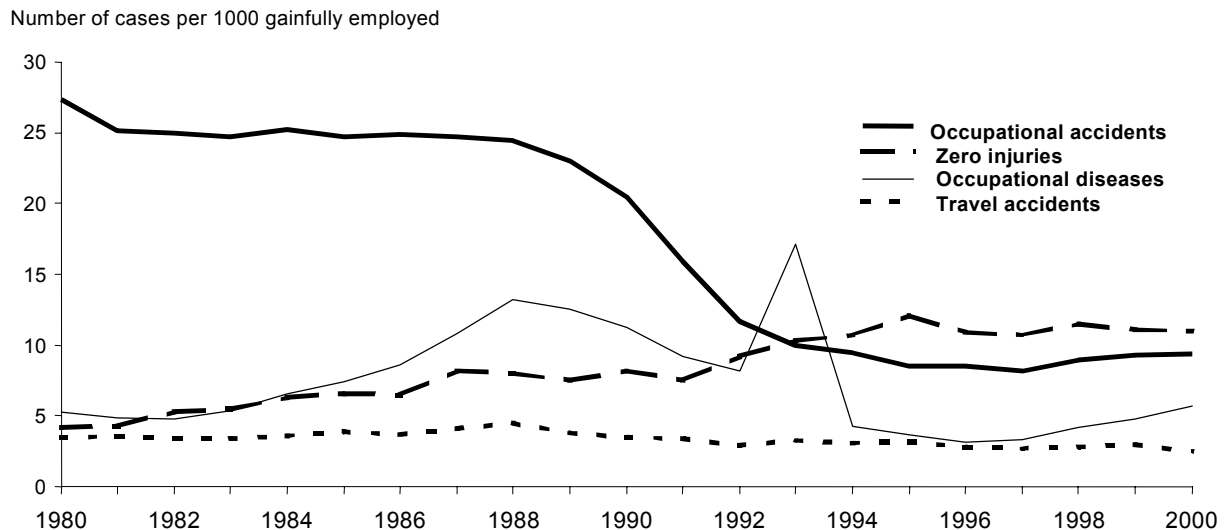
The study was carried out by Carina Nilsson<sup>1</sup>, LO. Ann-Christin Nero was responsible for the administrative work on the report. Tables and diagrams were compiled in cooperation with the statistical unit of the Swedish Work Environment Authority.

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## 2. Trends of occupational injuries in the entire labour market

Diagram 1 Trend for all reported occupational injuries, 1980-2000.  
Women and men



Comment:

In the first half of 1993 an extremely high number of occupational diseases was reported in connection with a change in legislation  
Zero injuries = occupational accidents without sick leave

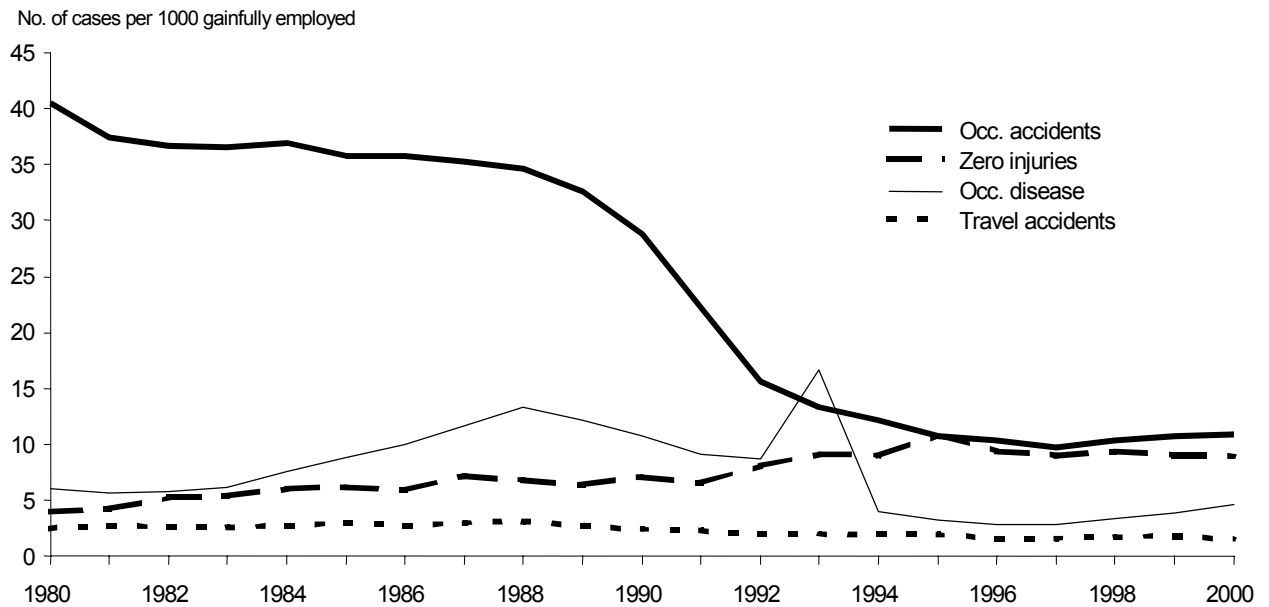
This section describes reported occupational injuries *for the entire labour market*, for all personnel categories, self-employed etc. As the diagram above shows, a decline in the number of reported occupational injuries, mainly occupational diseases but also occupational accidents, took place after the tightening up of the occupational injury insurance schemes in 1993. The reports of occupational injuries started to fall, however, as early as in 1988. From 1996 occupational injuries rise again. The number of reported occupational injuries including travel accidents and occupational accidents without sick leave in recent years has been in total over 100,000 per year – in 1998 about 114, 000 and in 2000 about 118,000.

The trend in reported occupational injuries for the entire labour market is shown in the diagrams up to and including 2000 (diagrams 1-1c and tab 1, appendix 1). Both occupational accidents and occupational diseases increased in 2000 for the third year in a row. The increase in the number of reported occupational injuries per 1000 gainfully employed is, for the entire labour market, 14 percent for accidents and 77 percent for diseases compared with 1997. Between 1998-2000 the corresponding figures were 4 percent for occupational accidents and 41 percent for occupational diseases. Of the accidents, 59 were fatal, a decrease compared with previous years. It should, however, be noted that there are no reliable statistics for fatalities due to occupational disease.

Thus it is mainly occupational diseases that are on the increase. The reported occupational accidents, on the other hand, increased by only one percent between

1999 and 2000. For certain types of accident the increase is, however, greater, for example musculoskeletal strain accidents among women increased by 6 percent.

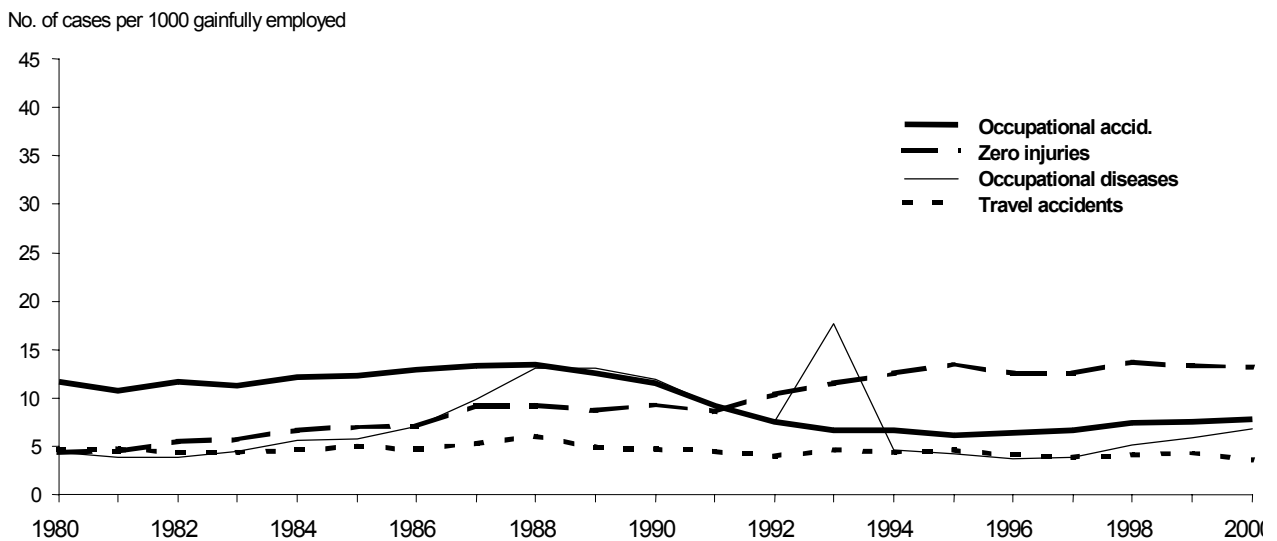
**Diagram 1a** Trend for all reported occupational injuries, 1980-2000. Men



Comment:

In the first half of 1993 a very high number of occupational diseases was reported in connection with a legislation change  
Zero injuries = occ. accidents without sick leave

**Diagram 1b** Trend for all reported occupational injuries 1980-2000. Women



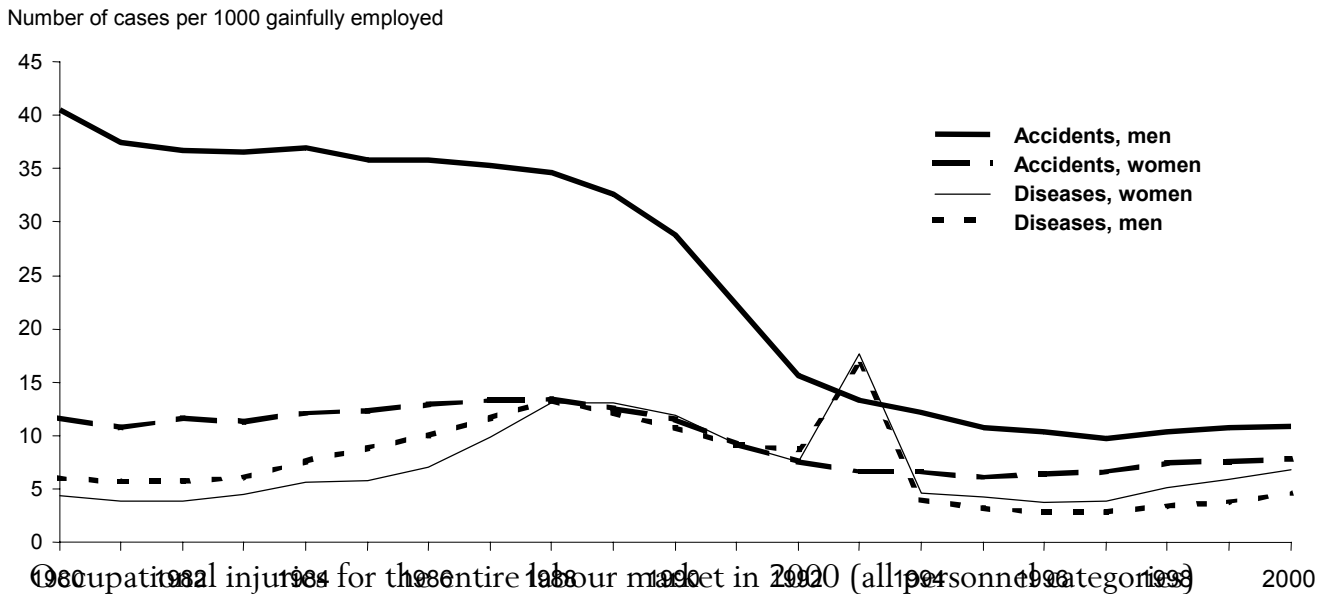
Comment:

In the first half of 1993 a very high number of occupational diseases was reported in connection with a change in legislation  
Zero injuries=occ. accidents with no sick leave

Among occupational diseases, now as before, musculoskeletal disorders are predominant, constituting 62 percent of the reported cases in 2000. Diseases with social/organisational causes have increased by over 300 percent since the middle of the 1990s. They constitute 24 percent of women's and 13 percent of men's reported

occupational diseases in 2000, altogether about 4,400 cases. Almost two thirds of these are related to stress and a heavy workload.

**Diagram 1c** Trend of all reported occupational injuries, 1980-2000



are broken down into types of injury as follows:

Comment:

In the first half of 1993 a very high number of occupational diseases was reported in connection with a change in legislation

- Occupational accidents 40 200
- Occupational diseases 24 300
- Zero injuries 42 000
- Travel accidents 10 000
- Old claims 1 600

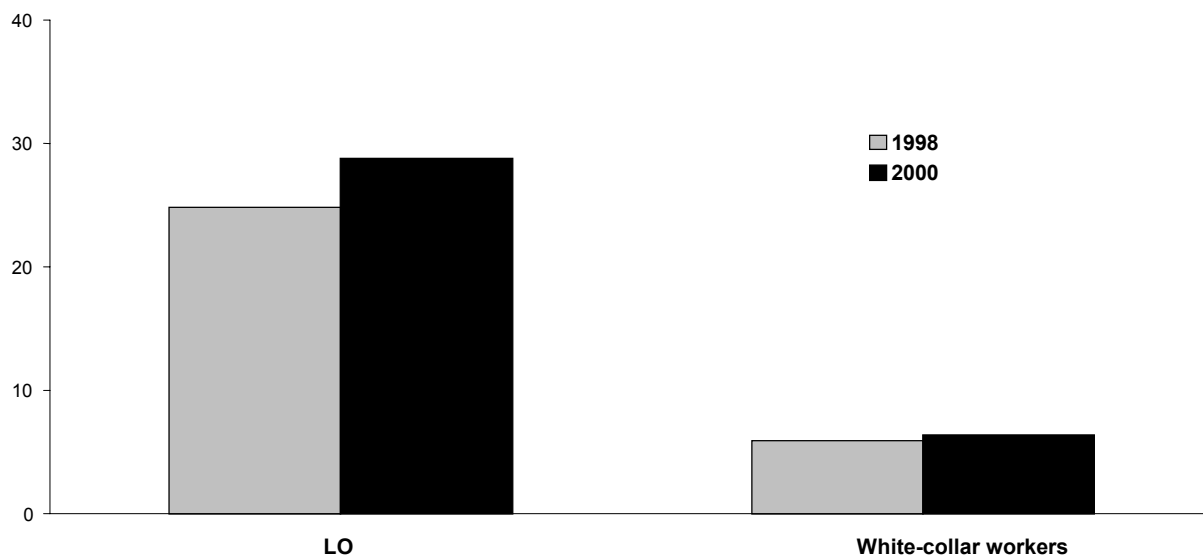
By zero injuries is meant occupational accidents without sick leave, apart from dental injuries, acute psychological reaction (in connection with threats, robbery etc) or acute hearing impairment, which are counted as occupational accidents. By old claims is meant occupational diseases registered in 2000 but with a claim date before 1990. The above figures have been reported by the Swedish Work Environment Authority's Statistics Division and cover the entire labour market. The final statistics for 2000 will be presented in summer 2002.

The statistics that are presented in other respects in this report cover only occupational accidents and occupational diseases. *Furthermore, the statistics cover only employees in the LO (blue collar) area with white-collar workers as a comparative group, hence self-employed and conscripts are not represented. The travel accidents and accidents without sick leave – apart from dental injuries, acute hearing impairment and acute psychological reactions (after threats, violence etc) – are not included in diagrams and tables in this report.*

### 3. Occupational injuries in the LO area

Diagram 2 Reported occupational accidents and occupational diseases, 1998 and 2000

Number of cases per 1000 employees



In 1998 the total number of reported *occupational injuries* (accidents and diseases) in the LO area was about 25 cases per 1000 employees compared with almost 29 cases in 2000. For white-collar workers the corresponding figures were about 6 cases per 1000 employees in 1998 with a weak increase in 2000 (6.4 cases). The increase that has taken place in reported occupational injuries between the years 1998 and 2000 has also mainly taken place in the LO area. Thus, occupational injuries are about four times as frequent in the LO area as in the white-collar sector.

The total number of reported occupational injuries in the LO area *and* among white-collar workers was about 60,000 in 2000. Of these almost 20,000 occupational injuries were reported among women and almost 28,000 among men in the LO area. That is, almost 48,000 in the LO area compared with just over 12,000 among the white-collar workers (table 2, appendix 1).

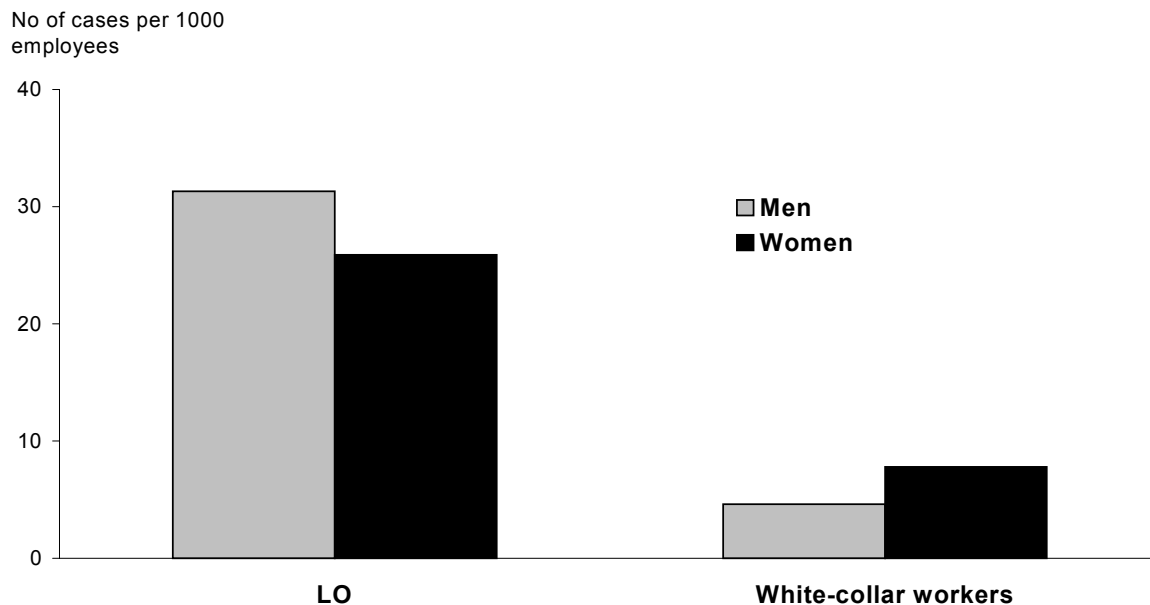
In 1998 the total number of occupational injuries was almost 51,000 in the LO area *and* among white-collar workers. In 1998 LO women reported just over 16,000 occupational injuries and men reported almost 24,000, thus a total of about 40,000 in the LO area and almost 11,000 among white-collar workers.

It should be noted that a very large number of accidents not leading to any sick leave is reported annually, in 2000 about 42,000 accidents. These are *not* included – apart from dental injuries, acute hearing impairment and acute psychological reaction (after threats, violence etc) – in the statistics reported here. The reported occupational diseases without sick leave are, however, included in the statistics. The reason for the relatively large proportion of reports of accidents without sick leave is probably due to the introduction of a qualifying period and sick pay period as well as the fact that the labour market no-fault liability insurance for occupational injury (TFA) can give

compensation for medical and health-care costs, regardless of whether the injury leads to sick leave or not.

#### 4. Occupational injuries among women and men

Diagram 2a Reported occupational accidents and occupational diseases in 2000.  
Women and men



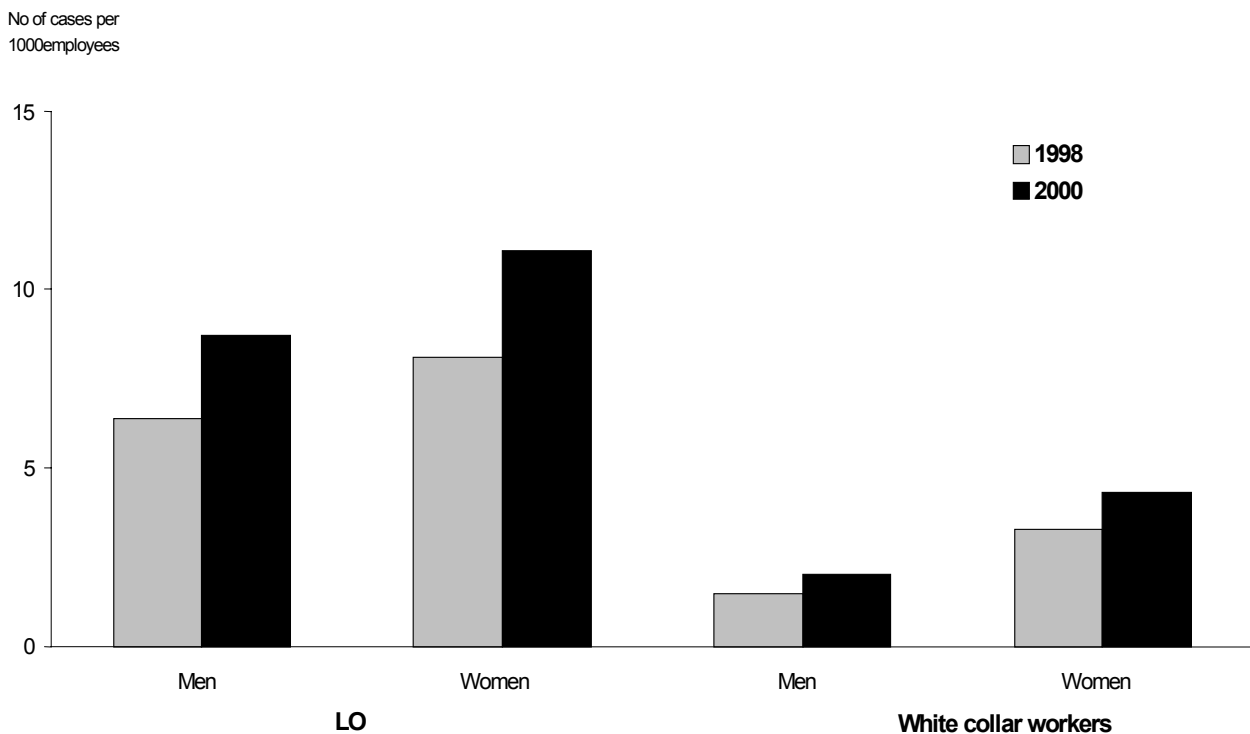
Now as in previous analyses the *total number of occupational injuries* is higher for men in the LO area than for women, while the opposite applies in the white-collar sector. A large number of accidents among LO men explains the difference in the gender distribution of occupational injuries in the LO area. Among white-collar workers a greater incidence of both accidents and diseases among women contributes to a higher frequency of occupational injuries in relation to the men.

The increase in occupational injuries is, however, somewhat greater among women in the LO area, with just over 21 occupational injuries in 1998, compared with almost 26 cases per 1000 employees in 2000, among men about 28 and 31 cases respectively in 2000. Mainly occupational diseases have increased somewhat more among women than men in the LO area (table 2, appendix 1). Among white-collar workers there is a smaller increase than in the LO area, both among men and among women.

The statistics of accidents give a more complete picture of reality than the diseases, which have fallen to a great extent due to the worsened occupational injury insurance coverage. In that way women's total occupational injury levels are affected to a greater extent than that of men by the deterioration in the occupational injury insurance.

## 5. Occupational diseases have increased most among women

Diagram 3 Reported occupational diseases, 1998 and 2000



*Occupational diseases* have increased totally by 36 percent in the LO collective. The trend for occupational diseases both in 2000 and 1998 shows that these have increased somewhat less among men than among women in the LO collective. The relationship is the same among white-collar workers.

Women, both in the LO area and among white-collar workers have, thus, a somewhat greater proportion of occupational diseases than men. In the LO area in 1998 the number of cases per 1000 employees was 8 for women and just over 6 cases for men (the total number of about 6,000 reported diseases for women and 5,500 for men). The corresponding figures from 2000 were about 8,600 for women, about 7,700 for men – per thousand employees 11 cases for women and 9 cases for men.

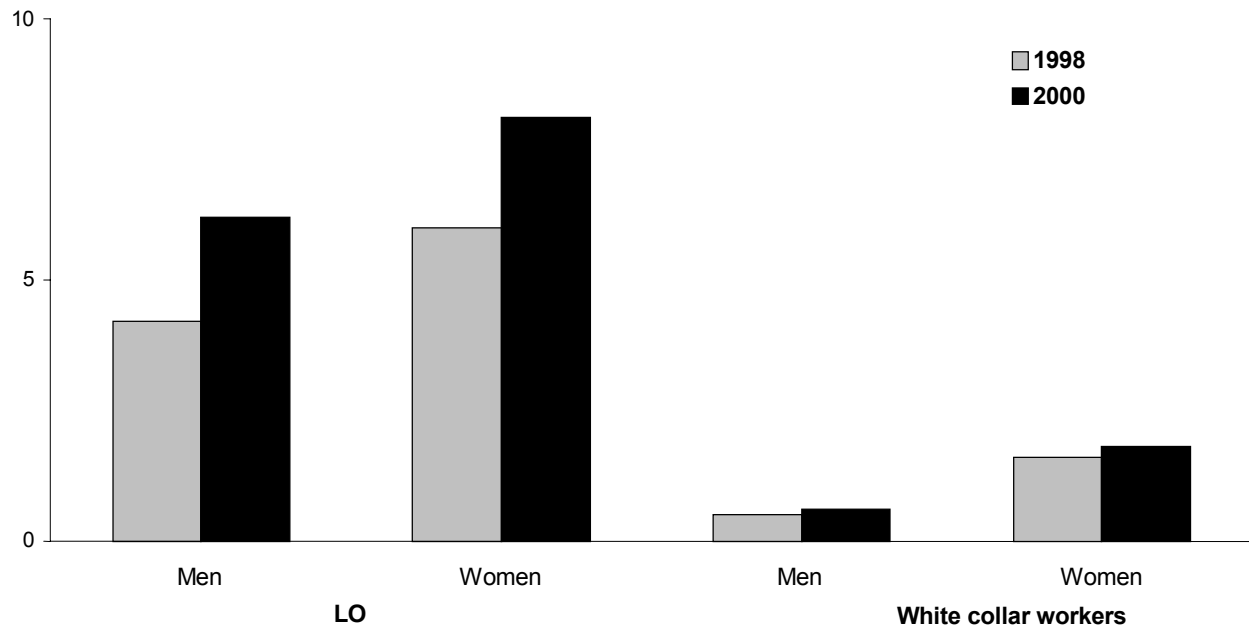
The fact that occupational diseases are more common among women is because of the large number of musculoskeletal disorders among women.

Occupational diseases have also risen among white-collar workers, but are still less in volume, a total of 3 cases per thousand employees (table 2, appendix 1).

## 6. Musculoskeletal disorders are the commonest occupational disease

Diagram 4 Reported musculoskeletal disorders, 1998 and 2000

No of cases per  
1000 employees



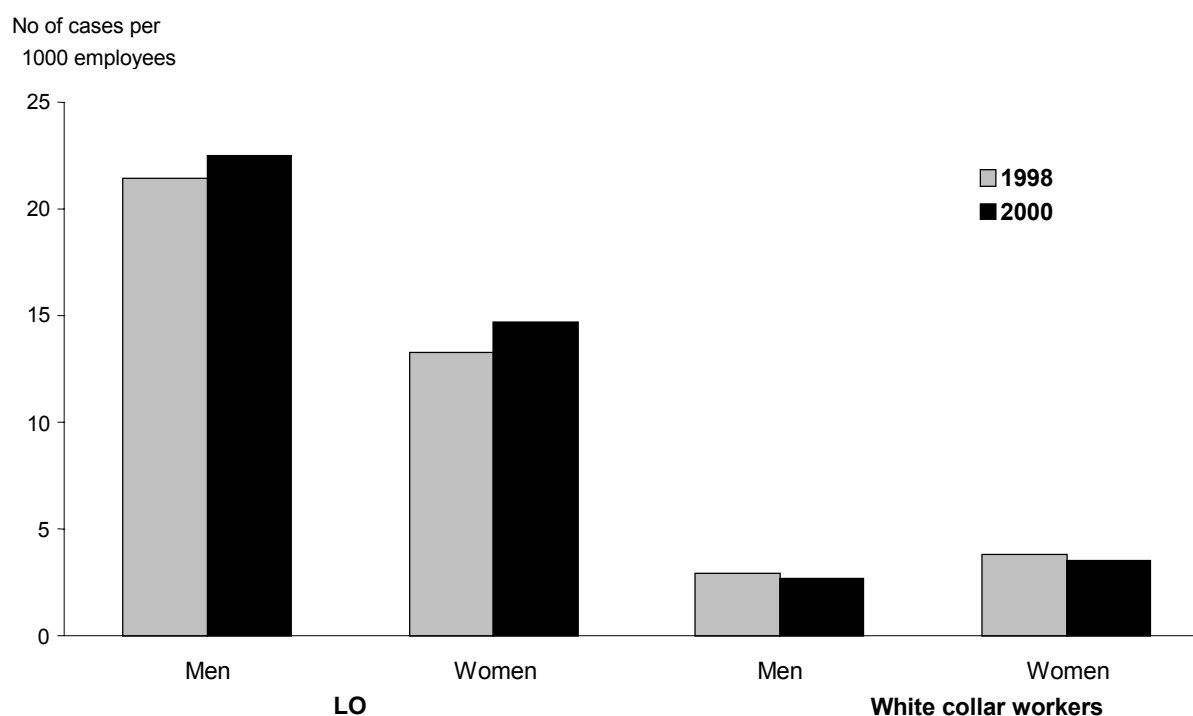
*Musculoskeletal disorders* occur more often among women than among men in the LO area – about 8 cases per thousand employees and 6 among men (altogether about 6,200 and about 5,400 among men). It should be noted that among LO women musculoskeletal strain accidents are more common than among men. Also among white-collar workers there is a somewhat greater incidence of musculoskeletal disorders among women than among men.

The increase in musculoskeletal disorders between 2000 and 1998 is, however, the same for women and men. It is now 2 cases per 1000 employees for both women and men.

The statistics show that now as in 1998 reports of musculoskeletal disorders are rising both for men and women – even though occupational injury insurance has not yet been improved. Underreporting of musculoskeletal disorders is, nevertheless, probably still great. In support of this are the facts that stress and ergonomic problems at work seem to be continuing to grow due to personnel cutbacks (table 3, appendix 2).

## 7. Increase in accidents too

Diagram 5 Reported occupational accidents, 1998 and 2000



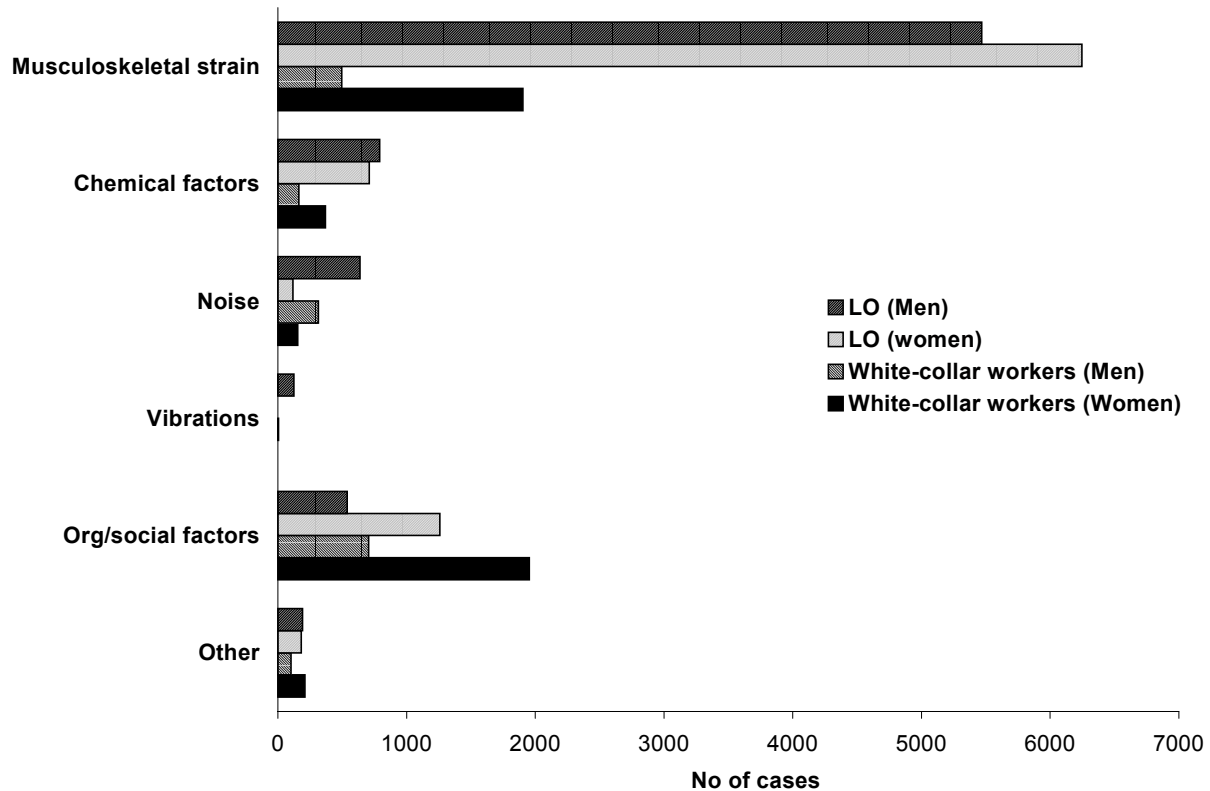
Now in 2000 *accidents* have increased somewhat both among men and women, altogether by 7 percent in the LO area since 1998. The increase is approximately the same for women and men. In 1998 accidents increased among LO women, but not at all among the men. The men had altogether about 21 accidents per 1000 employees and the women about 13 cases in 1998. The corresponding figures in 2000 were just over 22 cases among men and almost 15 among women. Both for women and men the increase in occupational diseases is somewhat greater than the increase in accidents. Among white-collar workers there has been some decline in accidents (table 2, appendix 1).

The fact that accidents are now increasing about the same for women and men in the LO area is probably related to structural changes and a smaller number of employed people – mostly men – in hazardous industries such as mining and forestry. Hopefully improved prevention work has also contributed to some stabilization of the incidence of accidents at work.

The trend for accidents shows, however, that the risk situation for women has also changed. In their work, women must often perform heavy lifts and are often exposed to the risk of overload due to reduced availability of personnel in such sectors as health care and social services (table 4, appendix 2).

## 8. Causes of occupational diseases

Diagram 6 Number of occupational diseases by suspected cause in 2000



Thus, now as before, the *frequency of various types of occupational diseases* shows that musculoskeletal disorders are still clearly predominant among LO women. Noise and vibrations, on the other hand, more often cause occupational diseases in men in the LO area than among women (table 3, appendix 2).

Now as before the analysis also shows that diseases caused by organisational/social work environment factors mainly occur in women, both among white-collar workers and in the LO area. They also, as reported before, doubled in number between 1998 and 2000. The increase in stress at work probably also contributes to the increase in musculoskeletal disorders.

Among women the organisational/social factors are now the reason given in second place for occupational diseases. The stress-related diseases doubled between 1998 and 2000 in the LO area, somewhat more for white-collar workers (table 3, appendix 2). Despite this increase the musculoskeletal disorders are still the predominant reason for occupational diseases and they also show a greater increase in the LO area than the stress-related diseases.

Until the end of the 1990s, reported occupational diseases, but mainly musculoskeletal disorders, were falling in volume, a decline that can partly be attributed to the

worsened occupational injury insurance cover. This also applies to the decline in frequency of diseases caused by organisational/social conditions in the 1990s. The fact that reports of occupational diseases are now again increasing is probably due to the fact that more people are in work and that people "dare" to complain of occupational injuries because of the improved labour market situation.

The former "attendance while sick" phenomenon has no doubt also contributed to the rise in musculoskeletal disorders as well as stress-related diseases. Considering that strain and stress at work are increasing more and more according to various studies, the occupational injury statistics from 2000 and from 1998 reflect the facts somewhat better, but probably not the full reality. This is indicated by the increased incidence of long-term sick leave.

## 9. Causes of accidents

Number of occupational accidents per 1000 employees by principal event in 2000

	<i>LO sector</i>		<i>White-collar workers</i>	
	<i>Women</i>	<i>Men</i>	<i>Women</i>	<i>Men</i>
Injured by machine/moving object	1.1	3.5	0.1	0.2
Struck by falling/flying object	0.6	2.8	0.1	0.2
Vehicle accident	0.6	1.2	0.2	0.3
Injured by person through violence/threat	1.8	0.7	0.7	0.3
Person falling	2.8	4.1	1.1	0.6
Overload of part of the body	4.8	3.2	0.5	0.4
Handling accident	1.0	3.0	0.2	0.1
Impact against stationary object	0.6	1.3	0.1	0.2
Other events	1.5	2.6	0.5	0.5
<b>Total</b>	<b>14.7</b>	<b>22.5</b>	<b>3.5</b>	<b>2.7</b>

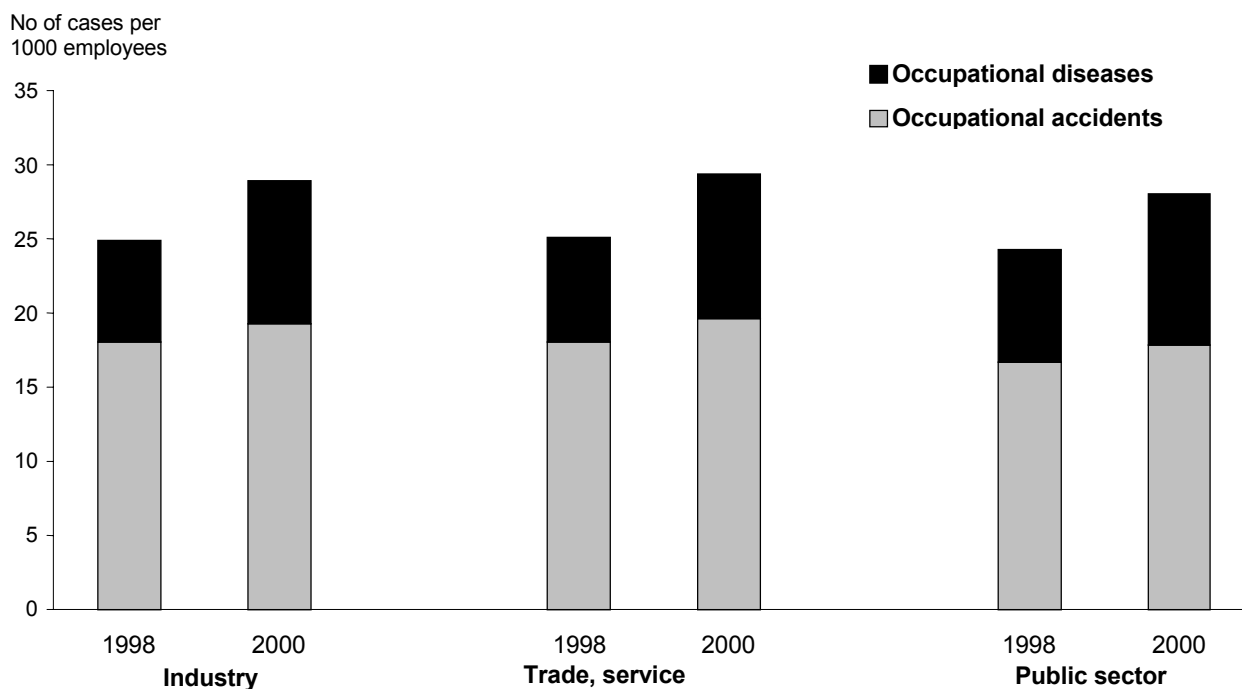
Statistics of *causes of accidents* are probably more comprehensive than the statistics of diseases and their causes, since accidents are more extensively reported than diseases. Accidents are predominant among men regardless of cause – with a couple of exceptions. Overload accidents are more common among women, particularly in the public sector – almost 7 cases per 1000 employees. (See further tables 4 and 4a, appendix 2).

Thus, musculoskeletal strain accidents due to overload affect mainly women - almost 5 cases per 1000 employees, among men the number is just over 3 cases per 1000 employees. Among men falling accidents are predominant, about 4 cases per 1000 employees, almost 3 cases among the women.

The increase that has taken place in reported accidents in 1998/2000 include musculoskeletal strain accidents among both men and women. Altogether reports of threats/violence did not increase between 1998 and 2000 – there are almost 2 cases per thousand female employees and less than half for men in the LO area.

## 10. Occupational injuries in different sectors

**Diagram 7** Reported occupational injuries in the LO area in 1998 and 2000. Different sectors of the economy



For a long time the industrial and manufacturing sector was predominant as regards *occupational injuries*. In the 1990s, however, the private and even the public service sectors reached the same levels. In 2000 as in 1998 the differences between the sectors are marginal. In all the sectors an increase has taken place in occupational injuries, both accidents and occupational diseases, but mainly diseases, with about 3 cases per 1000 employees in all sectors (table 5, appendix 3).

It should be particularly noted that the extent of accidents by and large continues to be the same in all sectors. In 1998 the percentage of accidents in the public sector was lower. The levelling that has taken place between the sectors is probably related now as before to the fact that there are fewer employees in industry and manufacturing, where the accident risk is high. Neither is the distinction between private and public sector as clear as before.

The different sectors include the following activities:

- Industry (manufacturing industry – food, textile, wood, engineering etc – mining and construction industry, forestry)
- Retail trade, private service (retailing, hotel, restaurant, transport sector, building maintenance, shipping)
- Public sector (state, municipality, county council, social insurance offices)

## 11. Occupational diseases most common among women in industry

Diagram 7a Reported occupational injuries, women and men in 2000. Different sectors



**Occupational accidents** predominate among men in the different sectors of the labour market. Musculoskeletal strain accidents due to overload are most frequent among personnel in the caring sector and this contributes to relatively high figures in the public sector and to the fact that women in this sector now as before have a somewhat higher number of accidents than women in other sectors. A continued effect of structural changes in the labour market also probably contributes to the fact that *men* in trade/private services and the public sector now have a greater percentage of occupational accidents than men in industry and manufacturing (table 5, appendix 3).

**Occupational diseases** occur now as in 1998 mainly among women in industry and manufacturing. There has been an increase in all sectors, but to a slightly greater extent among women in industry.

As shown earlier in diagram 4 the **musculoskeletal disorders** are the most common occupational disease. As shown in the tables (see next page) it is also mainly among women in industry that musculoskeletal disorders occur. Both among men and women the extent of musculoskeletal disorders is somewhat smaller in the public sector than in other sectors. It should, however, be remembered that strain accidents due to overload happen most often in the public sector.

## Musculoskeletal disorders in different sectors of the LO area in 2000

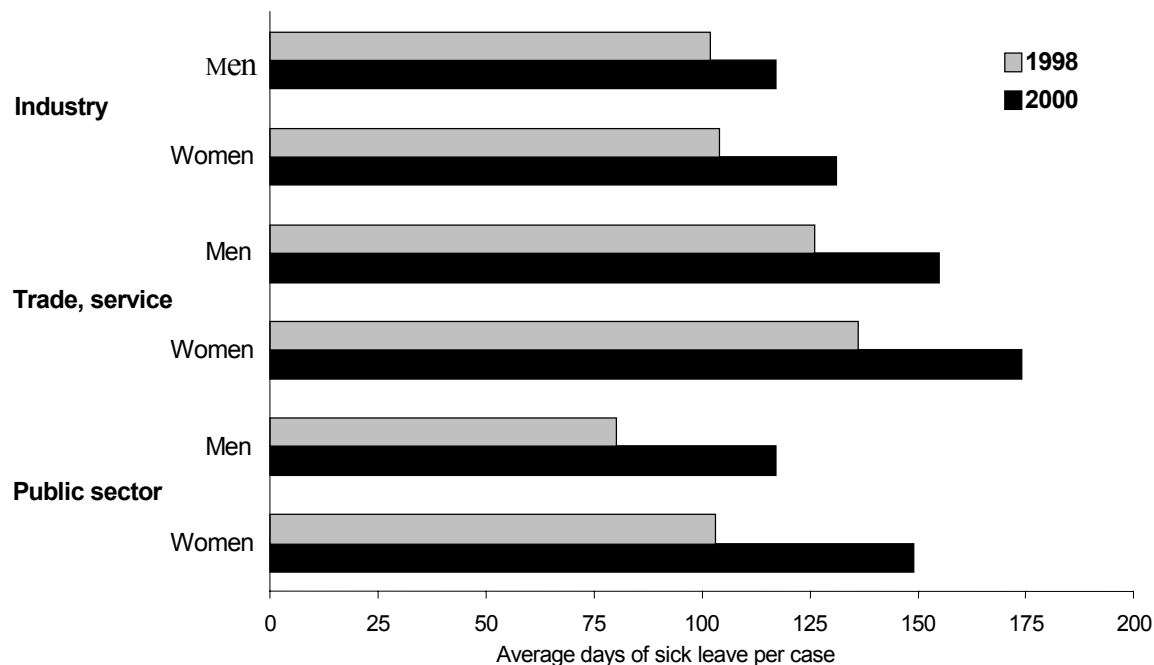
	No of musculoskeletal disorders			No of musculoskeletal disorders per 1000 employees		
	<i>Women</i>	<i>Men</i>	<i>Total</i>	<i>Women</i>	<i>Men</i>	<i>Total</i>
Industry	1811	3502	5313	11.8	6.1	7.3
Trade, service	1661	1572	3233	8.1	7.1	7.6
Public sector	2775	395	3170	6.8	4.2	6.3

## Musculoskeletal disorders in different sectors of the LO area in 1998

	No of musculoskeletal disorders			No of musculoskeletal disorders per 1000 employees		
	<i>Women</i>	<i>Men</i>	<i>Total</i>	<i>Women</i>	<i>Men</i>	<i>Total</i>
Industry	1256	2263	3519	8.4	4.1	5.0
Trade, service	1240	1016	2256	6.1	4.7	5.4
Public sector	2009	342	2351	5.0	3.7	4.8

## 12. Sick leave periods are increasing for occupational diseases

Diagram 8 Reported occupational diseases in the LO area in 1998 and 2000.  
Average number of days off sick



The number of days of sick leave an occupational injury entails gives some idea of how serious an accident or occupational disease is. *The days of sick leave for occupational diseases* has shown an overall increase in 2000 in relation to 1998 in all sectors of the labour market, both for men and women.

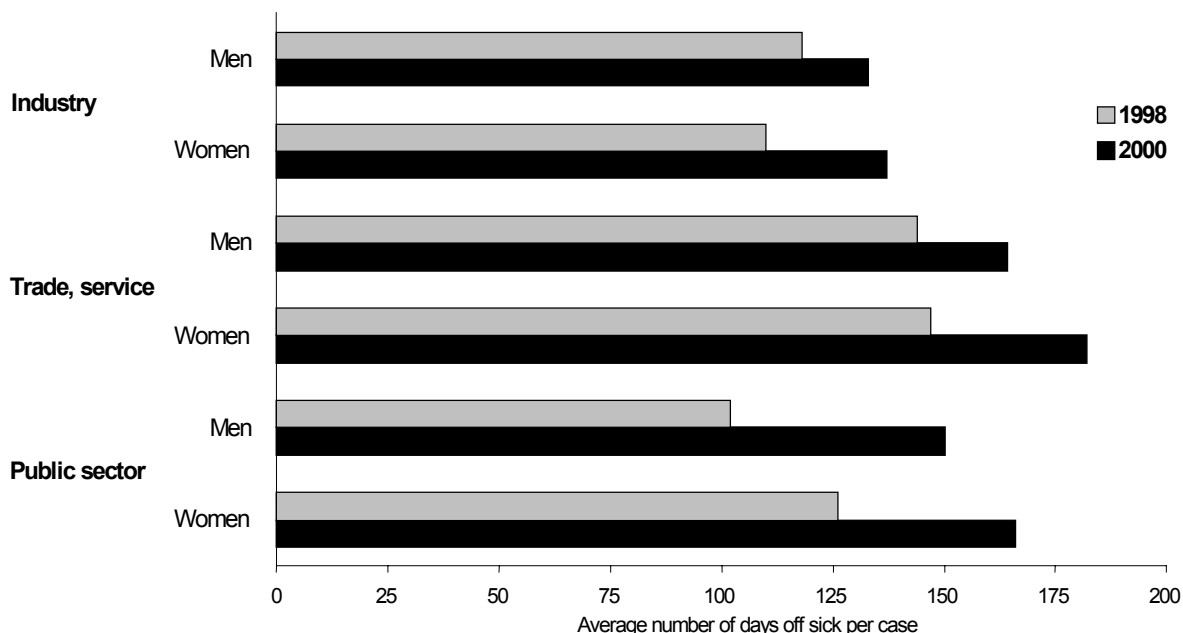
Now as before, however, the increase means almost entirely that no change has taken place as regards the relation between men and women's days of sick leave in the different sectors. The women still have the longest sick leave periods in all sectors. There is *an increase in the number of days* for everyone, but they have mainly increased for men and women in the public sector from 99 to 144 days – and mainly for women in this sector from 103 to 149 days.

*The greatest number of days of sick leave* in connection with occupational disease is taken by women in trade/private sector now as in 1998 – 174 days. The highest number of days for men is also found in the private service sector – 155 days on average. After this come women in the public sector who take about 149 days on average (table 6, appendix 4).

The increase in days of sick leave in connection with reported occupational diseases is in total 15-40 days in the different sectors. The increased sick leave period certainly has several causes, more stress at work but also a harder labour market and worse sick pay may also contribute to the fact that people who are ill go to work, which may make their illness worse and lead to longer sick leave periods. Reduced rehabilitation measures may also contribute to the longer periods of sick leave.

### 13. Lengthening sick leave periods for musculoskeletal disorders

Diagram 9 Reported musculoskeletal disorders in the LO area in 1998 and 2000. Average number of days off sick



Generally in 2000 women had longer sick leave periods in connection with *musculoskeletal disorders* than men in the LO area. The differences in sick leave periods between the sexes are by and large the same for musculoskeletal disorders as for occupational diseases as a whole. **The major increase** in days off sick is in the public sector and then mainly among men.

**The longest sick leave periods** now as in 1998, an average of 182 days, are for women in trade/private services. The increased sick leave period in connection with occupational diseases is closely linked with the fact that musculoskeletal disorders in 2000 in relation to 1998 entail a considerably longer period of sick leave. The increase is on average between about 15 to 50 days off sick in the different sectors (table 6, appendix 4).

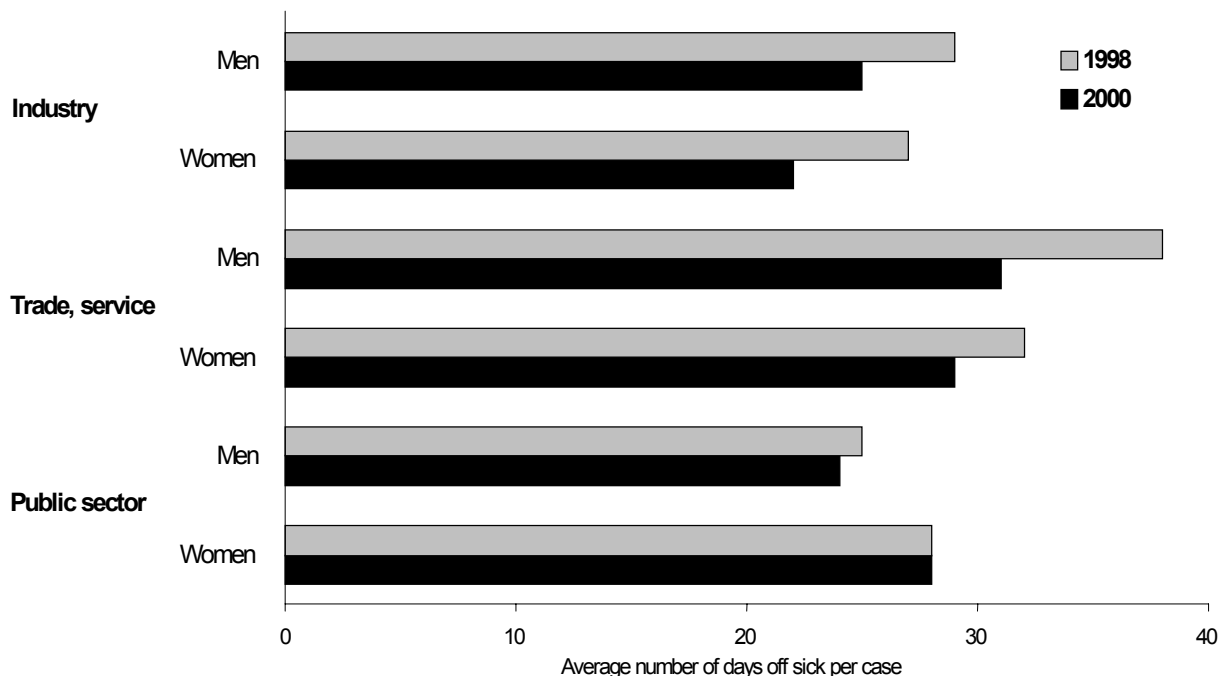
The longer sick leave periods in the private service sector, now as before, may to some extent be due to a greater underreporting of milder diseases because of the large percentage of small enterprises in this sector. The fewer occupational injuries with shorter sick leave periods, the higher the average sick leave period. But the long-term sick leave may also be due to the type of musculoskeletal injuries and the extent of the preventive and rehabilitation measures in this sector of the labour market.

The longer sick leave periods for women in all sectors of the labour market may, thus, be associated with differences in the type of musculoskeletal disorders between men and women. Less investment in women's rehabilitation may also contribute to women's longer sick leave periods in connection with musculoskeletal disorders. The

increase in sick leave in connection with musculoskeletal disorders is alarming and indicates that the rise in long-term sick leave is strongly linked to these disorders.

## 14. Occupational accidents – shorter sick leave periods

Diagram 10 Reported occupational accidents in the LO area in 1998 and 2000. Average number of days off sick



*Occupational accidents* in general have shorter sick leave periods than occupational diseases and here the trend seems to be moving in the right direction. The average number of days off sick for accidents was 24 days in 2000 (almost 28 days in 1998) in industry. In the public sector and in trade/private service 27 days and about 30 respectively (28 and 36 days respectively in 1998). The longest sick leave period of 31 days is for men in trade/private service and the shortest is for men in the public sector with 24 days.

Only in the public sector do women have a longer sick leave period than men, probably due to a large percentage of musculoskeletal strain accidents due to overload among women in the caring sector. Accidents due to overload are among the accidents that have the longest sick leave periods (table 6a, appendix 4).

Days of sick leave in connection with accidents thus have not increased for any sector of the labour market. The fact that long-term sick leave has increased in society as a whole is not, therefore, due to any increase in the number of days of sick leave in connection with occupational accidents. A tendency towards shorter sick leave periods in connection with occupational accidents also indicates that the accidents are perhaps of a less serious nature and/or that treatment/rehabilitation after accidents has improved.

## 15. Summarising comments

The analysis of occupational injury statistics – i.e. statistics of reported occupational injuries (= occupational accidents and occupational diseases) shows the following:

- **Occupational injuries** are about four times more frequent in the LO area than among white-collar workers.
- **The increase in occupational injuries** is also greatest among LO groups, considerably less among the white-collar workers.
- The increase that has taken place as regards occupational injuries principally refers to **occupational diseases** but accidents are still the most common occupational injury.
- **Musculoskeletal disorders**, which are the most common occupational disease are increasing above all in the LO area. They are most common among women in industry.
- Musculoskeletal disorders that are increasing most are also the work-related ill-health that entail **the longest sick leave period** – mainly among men and women in trade/private service.
- The **greatest increase in the sick leave period** has, however, been seen among the women and men in the public sector.
- **Accidents** are also increasing, but to a lesser extent than occupational diseases and they have not increased but decreased somewhat as regards sick leave periods.
- Differences regarding **occupational injuries** between industry /manufacturing, private and public sector services respectively are being levelled more and more.

### Trends for occupational injuries – entire labour market

Occupational injury statistics thus show that reported occupational injuries continue to rise in the entire labour market from a total of about 114,000 in 1998 to about 118,000 in 2000. For the third year in a row from 1998 to 2000 inclusive, accidents increased in the entire labour market including the white-collar sector by 4 percent and diseases by 41 percent per 1000 gainfully employed. It is to be noted that primarily the number of occupational diseases is probably considerably greater than is reported here, due to underreporting. As yet there are only preliminary figures available for 2001, which indicate some stabilization in the trend for occupational injuries.

### Occupational injuries are increasing most in the LO area

The results of the analysis in the LO area show that occupational injuries are increasing most in the LO area. As for the labour market as a whole, it is mainly occupational diseases that are rising. Among these, musculoskeletal disorders are most common and these are also increasing most. Musculoskeletal disorders are more common among women than among men.

In 2000 the total number of occupational injuries was 60,000 in the LO area *and* among white-collar workers. In 2000 almost 20,000 occupational injuries were

reported by LO women and almost 28,000 by the men, thus a total of almost 48,000 in the LO area and just over 12,000 white-collar workers. Or expressed in the number of cases per thousand employees, almost 29 occupational injuries in the LO area, just over 6 cases among white-collar workers, i.e. about four times as many in the LO area.

In 1998 the corresponding figure was a total of 51,000 occupational injuries for the LO area and white-collar workers. Of these, almost 16,000 occupational injuries among the women and almost 24,000 among the men in the LO area. This is a total of just over 40,000 in the LO area compared with almost 11,000 for white-collar workers or expressed as the number of cases per thousand, 25 cases of LO workers and 6 cases in the white-collar sector.

Accidents are increasing at about the same rate among women and men. Men in the LO area are still considerably more exposed to accident risks in their work. No major change can be noted for white-collar workers as regards accidents between 1998 and 2000.

### **Occupational injuries in different sectors**

Occupational diseases are now as before most common among women in industry. Between the years this analysis covers, 1998 and 2000, mainly musculoskeletal disorder have increased both in industry and the public sector, trade and other private services for both men and women. Both as regards occupational diseases and accidents, however, the levelling between different sectors of the labour market and between men and women in the LO area continues. Here changed occupational patterns, as far as accidents are concerned, and the worsened occupational injury insurance as far as occupational diseases are concerned, have no doubt had an effect. Hence to a great extent the reduction in men's accidents due to technical and structural changes has contributed to this levelling. Nor is the distinction between private/public activities as clear as before.

The fact that accidents as a whole are only increasing "marginally" is related to the somewhat slack economic trend in recent years and probably also to continued technical and personnel rationalisation in operations that entail accident risks. For white-collar workers a certain decrease in the incidence of accidents has been noted. It is to be hoped that health and safety work has also contributed to a stabilisation in the number of accidents in recent years.

### **Longer sick leave periods**

The average sick leave periods in connection with occupational diseases increased in 2000 in relation to 1998. The average sick leave period in connection with accidents has not increased, however.

It is particularly serious that musculoskeletal disorders are increasing, considering that they are often very prolonged. The longest sick leave period of an average of 173 days per case is in the private services sector and is even longer for women – 182 days! The public sector, however, had the greatest increase in average number of days per case – 42 days – between 1998 and 2000.

The great increase in the average sick leave period in connection with occupational diseases thus contributes to the increase we are seeing today in long-term sick leave. It is worrying, particularly considering that reported musculoskeletal disorders are showing such a large increase.

The difference in sick leave between men and women is to a great extent due to the segregated labour market and its consequences for differences in the work environment and risks. Apart from the increase in musculoskeletal disorders the increase in stress-related diseases has probably also contributed to the longer periods of sick leave for reported occupational diseases. The increase in musculoskeletal disorders and the lengthening sick leave periods indicate that both the preventive and the rehabilitation measures at workplaces are not functioning. Public health rehabilitation is also insufficient in relation to the need. If sick leave periods are to be reduced the preventive and rehabilitation measures must be improved at workplaces.

### **Steps must be taken now**

LO has long warned of the consequences of personnel cutbacks, the dismantling of occupational health services and the deficiencies of the employers' and public rehabilitation measures. It is now time to reverse the trend and to a great extent focus on preventing musculoskeletal disorders, which still constitute the greatest and ever-growing problem. Among the most urgent measures to be taken are therefore reducing stress in working life through better organisation, reasonable manning and increased influence and variation at work.

We are convinced that other measures that have been proposed by LO – obligatory occupational health services, public rehabilitation insurance, increased resources for regional safety representatives and health and safety education for both managers and safety representatives – can contribute to reversing the trend. But this also assumes that the employers now also realise that they must co-operate in order to achieve improvements at all levels and in particular at the individual workplaces. LO's proposed measures within the framework of the so-called tripartite talks between the parties and representatives for the government are presented in appendix 5.

Occupational injuries are now as before perhaps the clearest indication of class differences in ill-health, differences that can be removed by systematic preventive health and safety work. An important prerequisite for health and safety work is that occupational injuries are reported and investigated. The improvement to occupational injury insurance that is now being made may contribute to reducing the underreporting of occupational injuries. Above all, however, it is the implementation of systematic work environment management at *all* workplaces that can contribute to the investigation and reporting of occupational injuries as a foundation for the preventive work. This is one of the goals of the LO work environment project and something to which the tripartite talks can hopefully also contribute.

**Table 1 – Occupational injuries - occupational accidents and occupational diseases - LO**

Trend for all reported occupational injuries in 1980-2000

<i>Year</i>	<i>Ao/1000<sup>1</sup></i>	<i>As/1000<sup>2</sup></i>	<i>Fo/1000<sup>3</sup></i>	<i>Year</i>	<i>Ao/1000<sup>1</sup></i>	<i>As/1000<sup>2</sup></i>	<i>Fo/1000<sup>3</sup></i>
1980	27.4	5.4	3.5	1990	20.4	11.1	3.5
1981	25.1	4.9	3.6	1991	16.1	9.2	3.4
1982	24.7	4.8	3.4	1992	11.6	8.0	2.9
1983	24.7	5.3	3.4	1993	9.9	16.8	3.3
1984	25.2	7.0	3.6	1994	9.4	4.3	3.0
1985	24.7	7.4	3.9	1995	8.4	3.7	3.1
1986	24.9	8.6	3.6	1996	8.0	3.4	2.6
1987	24.8	10.8	4.1	1997	8.0	3.3	2.6
1988	24.3	13.2	4.5	1998	8.6	4.2	2.8
1989	23.0	12.4	3.8	1999	9.3	4.8	3.0
				2000	9.4	5.7	2.5

<sup>1</sup>Occupational accidents per 1000 gainfully employed

<sup>2</sup>Occupational injuries per 1000 gainfully employed

<sup>3</sup>Travel accidents per 1000 gainfully employed

**Table 2 - Occupational accidents and occupational diseases 1998 and 2000**

	<i>LO no. of occupational injuries</i>			<i>White-collar workers no. of occupational injuries</i>		
	<i>Women</i>	<i>Men</i>	<i>Total</i>	<i>Women</i>	<i>Men</i>	<i>Total</i>
Occupational accidents 1998	10063	18388	28451	3739	2450	6189
Occupational diseases 1998	6092	5524	11616	3322	1264	4586
<b>Total 1998</b>	<b>16155</b>	<b>23912</b>	<b>40067</b>	<b>7061</b>	<b>3714</b>	<b>10775</b>
Occupational accidents 2000	13111	19970	31281	3721	2387	6108
Occupational diseases 2000	8516	7751	16267	4592	1784	6376
<b>Total 2000</b>	<b>19827</b>	<b>27721</b>	<b>47548</b>	<b>8313</b>	<b>4171</b>	<b>12484</b>
	<i>LO number per 1000 employees</i>			<i>White-collar workers per 1000 employees</i>		
	<i>Women</i>	<i>Men</i>	<i>Total</i>	<i>Women</i>	<i>Men</i>	<i>Total</i>
Occupational accidents 1998	13.3	21.4	17.6	3.8	2.9	3.4
Occupational diseases 1998	8.1	6.4	7.2	3.3	1.5	2.5
<b>Total 1998</b>	<b>21.4</b>	<b>27.8</b>	<b>24.8</b>	<b>7.1</b>	<b>4.4</b>	<b>5.9</b>
Occupational accidents 2000	14.7	22.5	18.9	3.5	2.7	3.1

Occupational diseases 2000	11.1	8.7	9.8	4.3	2.0	3.3
<b>Total 2000</b>	<b>25.9</b>	<b>31.3</b>	<b>28.8</b>	<b>7.8</b>	<b>4.6</b>	<b>6.4</b>

Table 3 – Causes of occupational accidents and occupational diseases - LO

## Number of occupational diseases by suspected cause 1998

	<i>LO area</i>		<i>White-collar workers</i>	
	<i>Women</i>	<i>Men</i>	<i>Women</i>	<i>Men</i>
Musculoskeletal disorders	4505	3621	1594	436
Chemical factor	702	766	577	146
Noise	64	546	51	210
Vibration	2	115	1	1
Other physical factors	25	34	76	37
Infection	55	8	37	13
Org, social factors	603	285	817	337
Other, uncertain	136	149	169	84
<b>TOTAL</b>	<b>6092</b>	<b>5524</b>	<b>3322</b>	<b>1264</b>

## Number of occupational diseases by suspected cause 2000

	<i>LO area</i>		<i>White-collar workers</i>	
	<i>Women</i>	<i>Men</i>	<i>Women</i>	<i>Men</i>
Musculoskeletal disorders	6247	5469	1904	495
Chemical factor	711	790	370	163
Noise	117	638	153	315
Vibration	2	124	2	5
Other physical factors	20	38	69	22
Infection	32	11	23	12
Org, social factors	1258	538	1953	705
Other, uncertain	129	143	118	67
<b>TOTAL</b>	<b>8516</b>	<b>7751</b>	<b>4592</b>	<b>1784</b>

Table 3 (cont)

Number of occupational diseases per 1000 employees by suspected cause 1998

	<i>LO area</i>		<i>White-collar workers</i>	
	<i>Women</i>	<i>Men</i>	<i>Women</i>	<i>Men</i>
Musculoskeletal disorders	6.0	4.2	1.6	0.5
Chemical factor	0.9	0.9	0.6	0.2
Noise	0.1	0.6	0.1	0.2
Vibration	0.0	0.1	0.0	0.0
Other physical factors	0.0	0.0	0.1	0.0
Infection	0.1	0.0	0.0	0.0
Org, social factors	0.8	0.3	0.8	0.4
Other, uncertain	0.2	0.2	0.2	0.1
<b>TOTAL</b>	<b>8.1</b>	<b>6.4</b>	<b>3.3</b>	<b>1.5</b>

Number of occupational diseases per 1000 employees by suspected cause 2000

	<i>LO area</i>		<i>White-collar workers</i>	
	<i>Women</i>	<i>Men</i>	<i>Women</i>	<i>Men</i>
Musculoskeletal disorders	8.1	6.2	1.8	0.6
Chemical factor	0.9	0.9	0.3	0.2
Noise	0.2	0.7	0.1	0.4
Vibration	0.0	0.1	0.0	0.0
Other physical factors	0.0	0.0	0.1	0.0
Infection	0.0	0.0	0.0	0.0
Org, social factors	1.6	0.6	1.8	0.8
Other, uncertain	0.2	0.2	0.1	0.1
<b>TOTAL</b>	<b>11.1</b>	<b>8.7</b>	<b>4.3</b>	<b>2.0</b>

Table 4

## Number of occupational accidents by principal event 1998

	<i>LO area</i>		<i>White-collar workers</i>	
	<i>Women</i>	<i>Men</i>	<i>Women</i>	<i>Men</i>
Injured by machine/- moving object	731	2671	60	118
Struck by falling/ flying object	444	2529	129	169
Vehicle accident	461	574	212	244
Injured by person by violence/threat	1288	574	683	270
Person falling	2126	3631	1183	615
Overload of part of body	2948	2364	604	358
Handling injury	667	2474	198	157
Other events	1398	3178	670	519
<b>Total</b>	<b>10063</b>	<b>18388</b>	<b>3739</b>	<b>2450</b>

## Number of occupational accidents by principal event 2000

	<i>LO area</i>		<i>White-collar workers</i>	
	<i>Women</i>	<i>Men</i>	<i>Women</i>	<i>Men</i>
Injured by machine/- moving object	829	3122	84	157
Struck by falling/ flying object	464	2502	120	163
Vehicle accident	468	1081	230	252
Injured by person by violence/threat	1355	664	697	262
Person falling	2153	3665	1120	535
Overload of part of body	3651	2807	563	336
Handling injury	781	2623	187	129
Impact against stationary object	446	1184	138	145
Other events	1164	2322	582	408
<b>TOTAL</b>	<b>11311</b>	<b>19970</b>	<b>3721</b>	<b>2387</b>

Table 4 (cont)

Number of occupational accidents per 1000 employees by principal event 1998

	<i>LO area</i>		<i>White-collar workers</i>	
	<i>Women</i>	<i>Men</i>	<i>Women</i>	<i>Men</i>
Injured by machine/- moving object	1.0	3.1	0.1	0.1
Struck by falling/ flying object	0.6	2.9	0.1	0.2
Vehicle accident	0.6	1.1	0.2	0.3
Injured by person by violence/threat	1.7	0.7	0.7	0.3
Person falling	2.8	4.2	1.2	0.7
Overload of part of body	3.9	2.7	0.6	0.4
Handling injury	0.9	2.9	0.2	0.2
Other events	1.9	3.7	0.7	0.6
<b>Total</b>	<b>13.3</b>	<b>21.4</b>	<b>3.8</b>	<b>2.9</b>

Number of occupational accidents per 1000 employees by principal event 2000

	<i>LO area</i>		<i>White-collar workers</i>	
	<i>Women</i>	<i>Men</i>	<i>Women</i>	<i>Men</i>
Injured by machine/- moving object	1.1	3.5	0.1	0.2
Struck by falling/ flying object	0.6	2.8	0.1	0.2
Vehicle accident	0.6	1.2	0.2	0.3
Injured by person by violence/threat	1.8	0.7	0.7	0.3
Person falling	2.8	4.1	1.1	0.6
Overload of part of body	4.8	3.2	0.5	0.4
Handling injury	1.0	3.0	0.2	0.1
Impact against stationary object	0.6	1.3	0.1	0.2
Other events	1.5	2.6	0.5	0.5
<b>Total</b>	<b>14.7</b>	<b>22.5</b>	<b>3.5</b>	<b>2.7</b>

Table 4a – Causes of occupational accidents in different sectors in 2000

## Number of occupational accidents in different sectors by principal event in 2000

	<i>Industry</i>		<i>Trade, service</i>		<i>Public sector</i>	
	<i>Women</i>	<i>Men</i>	<i>Women</i>	<i>Men</i>	<i>Women</i>	<i>Men</i>
Injured by machine/- moving object	486	2344	189	602	154	176
Struck by falling/ flying object	189	1747	132	587	143	168
Vehicle accident	62	401	182	581	224	99
Injured by person by violence/threat	10	19	298	355	1047	290
Person falling	366	2004	617	1274	1170	387
Overload of part of body	308	1498	501	830	2842	479
Handling injury	271	1858	214	602	296	163
Impact against stationary object	139	761	125	321	182	102
Other events	204	1328	273	666	687	328
<b>Total</b>	<b>2035</b>	<b>11960</b>	<b>2531</b>	<b>5818</b>	<b>6745</b>	<b>2192</b>

Number of occupational accidents different sectors per 1000 employees by principal event in 2000

	<i>Industry</i>		<i>Trade. service</i>		<i>Public sector</i>	
	<i>Women</i>	<i>Men</i>	<i>Women</i>	<i>Men</i>	<i>Women</i>	<i>Men</i>
Injured by machine/- moving object	3.2	4.1	0.9	2.7	0.4	1.9
Struck by falling/ flying object	1.2	3.1	0.6	2.6	0.3	1.8
Vehicle accident	0.4	0.7	0.9	2.6	0.5	1.1
Injured by person by violence/threat	0.1	0.0	1.5	1.6	2.6	3.1
Person falling	2.4	3.5	3.0	5.7	2.9	4.1
Overload of part of body	2.0	2.6	2.5	3.7	6.9	5.1
Handling injury	1.8	3.3	1.0	2.7	0.7	1.7
Impact against stationary object	0.9	1.3	0.6	1.4	0.4	1.1
Other events	1.3	2.3	1.3	3.0	1.7	3.5
<b>Total</b>	<b>13.3</b>	<b>21.0</b>	<b>12.4</b>	<b>26.2</b>	<b>16.5</b>	<b>23.4</b>

**Table 5 – Occupational accidents and occupational diseases. Different sectors**

**Occupational injuries in different sectors 1998 and 2000**

<i>diseases</i>	<i>No of occupational accidents</i>			<i>No of occupational</i>		
	<i>Women</i>	<i>Men</i>	<i>Total</i>	<i>Women</i>	<i>Men</i>	<i>Total</i>
Industry 1998	1861	10860	12721	1495	3408	4903
Industry 2000	2035	11960	13995	2123	4839	6962
Trade, service 1998	2269	5249	7518	1495	1470	2965
Trade, service 2000	2531	5818	8349	2071	2124	4195
Public sector 1998	5933	2279	8212	3102	646	3748
Public sector 2000	6745	2192	8937	4322	788	5110

**Occupational injuries in different sectors per 1000 employees 1998 and 2000**

	<i>Occupational accidents per 1000 employees</i>			<i>Occupational diseases per 1000 employees</i>		
	<i>Women</i>	<i>Men</i>	<i>Total</i>	<i>Women</i>	<i>Men</i>	<i>Total</i>
Industry 1998	12.4	19.7	18.0	10.0	6.2	6.9
Industry 2000	13.3	21.0	19.3	13.8	8.5	9.6
Trade, service 1998	11.2	24.3	18.0	7.4	6.8	7.1
Trade, service 2000	12.4	26.2	19.6	10.1	9.6	9.8
Public sector 1998	14.7	24.5	16.7	7.7	6.9	7.6
Public sector 2000	16.5	23.4	17.8	10.6	8.4	10.2

**Table 6 Days of sick leave for occupational accidents and occupational diseases. Different sectors**

Average number of days of sick leave per accident/disease. Different sectors 1998

	<b>Occupational accidents</b>			<b>Occupational diseases</b>		
	<i>Women</i>	<i>Men</i>	<i>Total</i>	<i>Women</i>	<i>Men</i>	<i>Total</i>
Industry 1998	27	29	28	104	102	103
Trade, service 1998	32	38	36	136	126	131
Public sector 1998	28	25	28	103	80	99
	<b>Musculoskeletal disorders</b>					
	<i>Women</i>	<i>Men</i>	<i>Total</i>			
Industry 1998	110	118	115			
Trade, service 1998	147	144	146			
Public sector 1998	126	102	122			

Average number of days of sick leave per accident/disease. Different sectors 2000

	<b>Occupational accidents</b>			<b>Occupational diseases</b>		
	<i>Women</i>	<i>Men</i>	<i>Total</i>	<i>Women</i>	<i>Men</i>	<i>Total</i>
Industry 2000	22	25	24	131	117	121
Trade, service 2000	29	31	30	174	155	164
Public sector 2000	28	24	27	149	117	144
	<b>Musculoskeletal disorders</b>					
	<i>Women</i>	<i>Men</i>	<i>Total</i>			
Industry 2000	137	133	134			
Trade, service 2000	182	164	173			
Public sector 2000	166	150	164			

Table 6a

Average number of days of sick leave – causes of occupational accidents. Different sectors 1998

	<i>Industry</i>		<i>Trade, service</i>		<i>Public sector</i>	
	<i>Women</i>	<i>Men</i>	<i>Women</i>	<i>Men</i>	<i>Women</i>	<i>Men</i>
Injured by machine/- moving object	30	31	25	35	19	27
Struck by falling/ flying object	17	22	16	30	16	24
Vehicle accident	31	41	38	54	36	51
Injured by person by violence/threat	1	45	21	18	10	8
Person falling	35	39	42	51	37	39
Overload of part of body	37	43	49	51	38	35
Handling injury	13	17	16	19	8	13
Other events	21	20	20	19	18	15
<b>Total</b>	<b>27</b>	<b>29</b>	<b>32</b>	<b>38</b>	<b>28</b>	<b>25</b>

Average number of days of sick leave – causes of occupational accidents. Different sectors 2000

	<i>Industry</i>		<i>Trade, service</i>		<i>Public sector</i>	
	<i>Women</i>	<i>Men</i>	<i>Women</i>	<i>Men</i>	<i>Women</i>	<i>Men</i>
Injured by machine/- moving object	26	27	15	30	15	29
Struck by falling/ flying object	14	20	17	19	13	17
Vehicle accident	18	36	37	39	32	39
Injured by person by violence/threat	13	48	17	12	9	7
Person falling	29	38	38	44	38	35
Overload of part of body	33	33	45	44	37	35
Handling injury	11	14	20	19	11	11
Impact against stationary object	14	15	21	21	19	12
Other events	15	18	15	21	17	17
<b>Total</b>	<b>22</b>	<b>25</b>	<b>29</b>	<b>31</b>	<b>28</b>	<b>24</b>

## ***LO's proposals for the emphasis of tripartite talks***

Today's extensive and increasing long-term sick leave and disability pensions are to a great extent related to musculoskeletal disorders and stress at work. LO's groups, not least women, are particularly affected. We consider that the 11-point programme provides a basis for the tripartite talks. LO wishes to emphasise the importance of the tripartite talks being aimed mainly at achieving improvements in the following areas, which are important for all the sectors of the labour market. The five points below are not ranked in order of importance.

### **1. Musculoskeletal disorders – stress and work organisation**

In the light of the fact that musculoskeletal disorders and stress constitute such major and growing problems in working life the focus should to a high degree be directed to improving work organisation and manning issues – over and above the work concerning regulations that is now to be done under the 11-point programme. Increased influence for the individual over his or her own work, increased skills development and sufficient manning are necessary measures to achieve this. In addition forms of employment, temporary jobs and involuntary part-time work also need to be raised in the talks.

### **2. Local work environment activities/training**

The basis of the local work environment activities is the company management and the safety representatives. More safety representatives are needed, as well as increased government support for regional safety representatives' activities. Vigorous measures must now be taken to improve the training of safety representatives.

Increased support for joint employer/employee work environment training/information for managers/safety representatives – preferably at regional level - is needed. Joint measures should also be taken to improve the systematic work environment management, for example in the form of training/information and good examples.

### ***3. Occupational health services***

An important factor for improved occupational health services – which LO considers should be obligatory – is also their independence. We believe that co-operation questions should be raised concerning how an "independent" occupational health service required by law is to be achieved. Independent occupational health services require, in our opinion, joint participation of the labour market parties in occupational health services. The content and quality of occupational health services should be dealt with in the talks.

The possibilities of achieving industry-oriented occupational health services should also be dealt with.

*4. Adaptation and rehabilitation/older workers*

A basic prerequisite for rehabilitation that leads to a return to work is often an adapted job, changed work tasks, work organisation, working hours etc. Immediate improvement is required here if sick leave is to be reduced. The introduction of a public rehabilitation insurance scheme should also be raised in the talks.

Joint information, good examples are needed to improve adaptation/rehabilitation measures at workplaces.

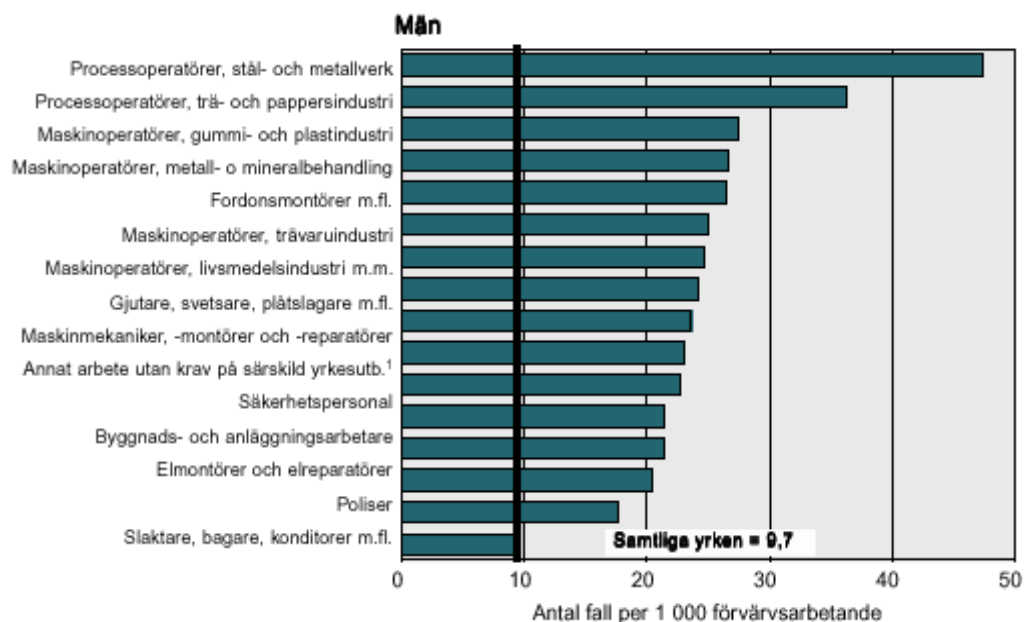
Educational assistance for older workers/people on long-term sick leave should be improved.

*5. Economic means of control*

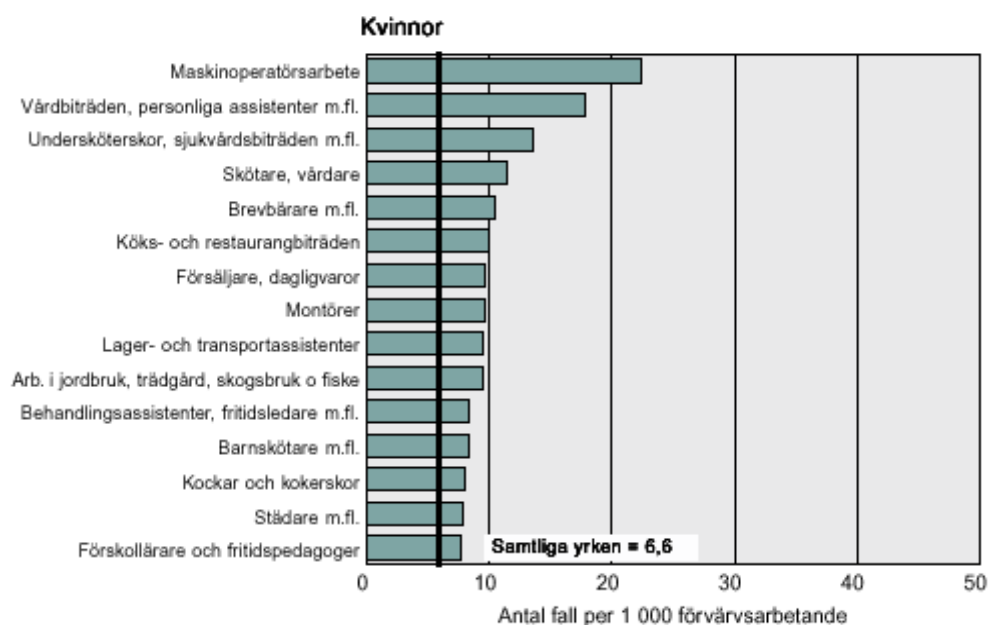
We believe that there is a need for economic means of control to increase preventive and rehabilitation measures. Different forms of economic means of control should therefore be taken into consideration and evaluated within the framework of the talks. An extended employer period is not, however, something we are interested in. Furthermore, we consider that health balance sheets should be possible to introduce for the entire labour market, which should also be discussed in the talks.

## Frequency of occupational injuries in different occupations

**Figur 6a och b**  
**Yrken med högsta relativa frekvenser avseende anmälda arbetsolycksfall 2000.**  
**Arbetstagare och egenföretagare**

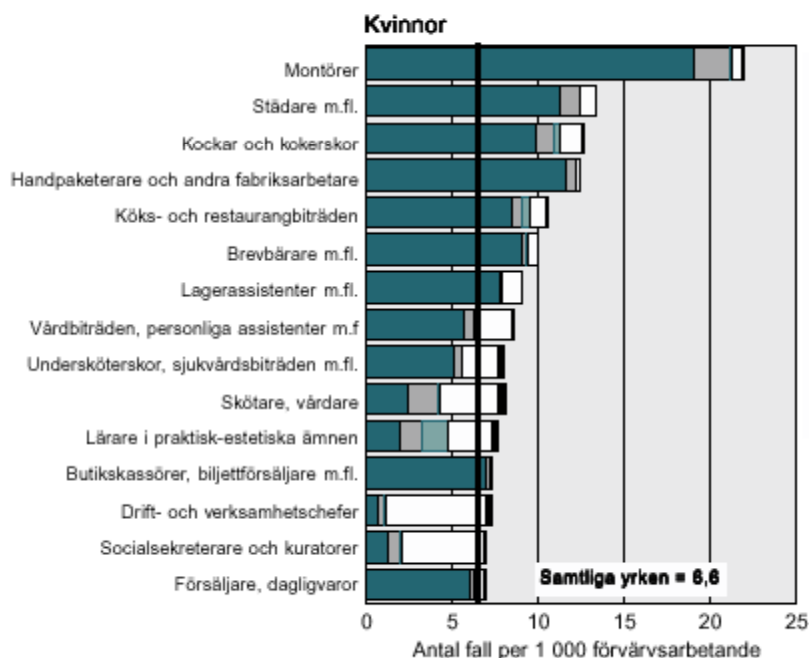
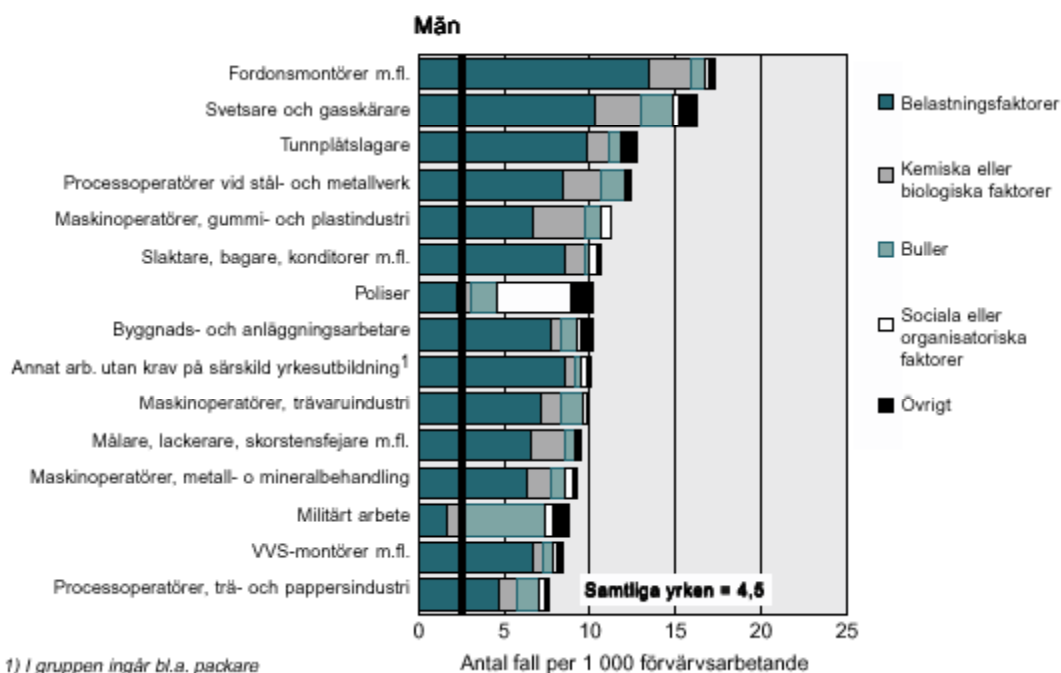


1) I gruppen ingår bl.a. packare



Källa: AV/ISA, SCB/AKU

**Figur 15a och b**  
**Yrken med högsta relativa frekvenser avseende anmälda arbetssjukdomfall 2000.**  
**Arbetstagare och egenföretagare**



Källa: AV/ISA, SCB/AKU