Yearbook 2015/2016

Without Borders and Barriers
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Thinking and acting globally

Most of us hold globalisation in our hands every day. We wouldn’t have our smartphones without rare earths from African mines, Chinese production and research from Silicon Valley.

This means that occupational safety and health must also be without borders as was made painfully clear by the Rana Plaza disaster in Bangladesh. The German Social Accident Insurance has been an exponent of international cooperation for many years. This international experience is now being used in a current project with Bangladesh which is supported by the International Labour Organisation (ILO) and the German Federal Ministry for Economic Cooperation and Development. Two delegations from the Bangladeshi textile sector have already visited the DGUV and learned about OSH and social security in seminars lasting several weeks.

The DGUV is working at a practical level at implementing the “Safe Supply Chain” project. This is just one example of how accident insurance is actively involved in the political sphere: whether at European level regarding free trade agreements and VAT or at national level in developing Work 4.0 and the new Preventive Health Care Act. The latter has an ambitious goal: health promotion in all walks of life—from day-care to retirement. How can this be achieved? The expertise of the accident insurance will also be used here. Prevention issues belong to our core business. The fact that we have a close eye on the future is demonstrated by the upcoming “Culture of Prevention” campaign and Vision Zero.

The last reform shows that social accident insurance benefits from clearly indicating its interests in a timely manner. Only those who constructively participate in social discussion will be heard. This also applies to our core area of rehabilitation. The newly formed Hospital Group has given the BG trauma hospitals a modern profile. Projects for occupational reintegration or participation for people with disabilities are putting us on the path to an inclusive society. A goal which is strongly in line with the historical mandate of the statutory accident insurance system.

Dr Rainhardt Freiherr von Leoprechting and Manfred Wirsch

Dr Rainhardt Freiherr von Leoprechting, Chair of the Governing Committee

Manfred Wirsch, Chair of the Governing Committee
Challenges of tomorrow

When Google’s DeepMind defeated Go World Champion Lee Sedol at the start of 2016, people were completely amazed. Headlines quickly circulated about the computer’s triumph and how this would soon replace human labour. Such forecasts should be taken with a grain of salt. Up until now, technical advancements have not made work redundant, they have “only” changed work. However, this change is progressing rapidly. Digitalisation is not just creating new professions, it is also allowing work to become more flexible and mobile. The once rigid boundary between work and private life is becoming increasingly blurred. New forms of work are arising such as crowdwork and clickwork which, at first glance at least, do not seem to fit in with traditional employment.

All this raises questions. Our current understanding of social security is that an employer takes on responsibility for his or her employees. This changes with the new possibilities that technology offers us. Who is the employer? Who is the employee? Where is the workplace? These definitions are becoming increasingly ambiguous.

We need new approaches to organising accident insurance and occupational safety.

The topic of “Work 4.0” is no longer just about people working with robots or about rules for when it is acceptable to contact employees after hours. Digitalisation requires us to further develop our understanding of prevention and social security. Automation, for example, offers enormous potential to reduce the risk of a workplace accident or occupational disease. However, if we want to leverage this potential, then prevention must be more firmly anchored in companies and in people’s minds than it previously has been.

We need a culture of prevention where it is commonplace to ask: how does a decision or a technology affect the safety and health of workers? As such, we have deliberately chosen to make one of the focus areas of this yearbook about the current transformation of the world of work. We want to present the challenges that we are facing and what answers the statutory accident insurance already has for these.

Dr Walter Eichendorf, Dr Joachim Breuer and Petra Zilch
Not only German politics but also the German economy is increasingly influenced by European and international developments. This also has a direct impact on the work done by the DGUV. All the more reason why it is important to monitor and be involved in initiatives and proposals. The DGUV is extremely active and its involvement through position statements and comment papers covers many areas. In addition, it uses its know-how and international network to champion OSH and social security across the globe. As part of international cooperation, it works together with international and national institutions and organisations.
The basic responsibility for social policy and health policy lies with the Member States. In the area of social policy, the European Union has additional responsibilities that are stipulated in the European Treaties. However, economic integration also has a social dimension and is often flanked by social policy. Thus, European social policy is becoming increasingly important. In an interview, EU Commissioner Marianne Thyssen, who is responsible for employment, social affairs, skills and labour mobility, explained the strategic approaches and future challenges of her work.

In the context of the single market, the EU Commission has highlighted on several occasions the importance of social issues in order to strengthen them. What role does the establishment of a “social pillar” play in this?

I believe that promoting upward convergence both within and between Member States — particularly within the Eurozone is major challenge for the EU. This is why I am proposing to bring forward a Pillar of social rights. Such a reference framework will help to screen employment and social fairness and can be a compass for social convergence.

It is a means of further deepening Economic and Monetary Union. The Pillar of Social Rights should, on the one hand, ensure that the values and social principles of the European Union are safeguarded in the modern world of work; and, on the other, bring together the economic and social policies that promote economic growth, job creation and productivity.

The priorities of the Juncker Commission include the simplification of rules and a fitness check for existing regulations. What specific consequences and developments do you see with regards to safety and health at work? Jobs and growth are at the heart of this Commission’s agenda. This means comprehensive protection for workers ensuring their health and safety while at the same time making sure that the regulation at all levels is fit for purpose and supports competitiveness.

The EU occupational safety and health (OSH) legislation is a comprehensive body of 24 EU Directives, built up over more than 25 years. It covers all occupational risks, establishes a minimum level of protection for all EU workers and creates a level playing field for businesses across the EU.

We are now evaluating this comprehensive set of EU legislation. This includes identifying possible simplifications and reducing administrative burden, including for micro and small enterprises, while preserving a high level of protection for workers’ health and safety.

Simplification is not only about the EU law but also about how it is transposed at national level and how it is interpreted and implemented by businesses. We see that application of the EU legislation varies significantly across Member States and that businesses’ perception of the rules can be very different. For example, according to our latest survey, the complexity of the legal obligations is seen as a major difficulty in addressing health and safety by some 40% by German companies, compared to almost 70% in
Italy but only around 10% in Lithuania. We encourage the Member States to look in parallel at how EU law is put in place at national level and we count on feedback and suggestions from businesses to help us make EU rules more efficient.

In 2016 we will present concrete proposals to modernise the OSH framework, notably in the area of carcinogens.

**What are the biggest challenges for Europe regarding social policy, social security and the safety and health of EU citizens?**

The world of work is constantly changing. Keeping the EU framework up to date and fit for purpose is a major challenge. New challenges are brought about by demographic developments in Europe—not least the refugee crisis, which imply that older workers and migrant workers represent a growing part of the workforce. Some health and safety provisions need to be updated as we gain new scientific knowledge. Changes in technology, work organisation, new contractual arrangements and work patterns give rise to new workplace risks. My aim for 2016 is to reflect on how to best tackle these challenges, through the debate and consultation that we will launch on the European Pillar of Social Rights and other key initiatives that are on the programme this year.

As regards occupational health and safety, one major challenge is to improve implementation of existing health and safety legislation, in particular by helping micro and small enterprises. Small enterprises appear to be generally less compliant with occupational health and safety requirements. As a majority of workers in the EU work in this type of establishments it is important that the Commission together with the Member States develop further measures to support small and micro enterprises and help them to better comply with health and safety rules.

**In your view, how important is “social dialogue” in shaping European social policy?**

Social partners, both at EU and national level, have a major role to play in addressing the challenges the EU is facing, because they stand at the core of our economies and labour markets. They are the oil in the engine of our Social Market Economy. Social partners are key associates in the ambition to push towards upward social convergence, between Member States and within societies, based on productivity, job creation and social fairness.

Since last year, when the Commission launched the new start for social dialogue, we have very consistently ensured that the engagement with social partners is not only a soundbite but delivers concrete results. We have ensured a more substantial involvement of the social partners in the European Semester and greater involvement in key policy initiatives, such as the investment plan, the revamping of the legislation on posting of workers and the proposal to fight against long-term unemployment.
Social policy in Europe: the blurring of boundaries

Comments by the DGUV on social-political initiatives in the EU

Social policy is gaining importance in Europe, as shown, for example, by the goal of creating a “European Pillar of Social Rights”. At the start of European Integration, economic and political issues were the core focus and social issues were more marginal aspects. This changed significantly in 2000 with the plans for a “European Social Agenda”. However, unlike policy areas such as monetary policy, social policy is not one of the original tasks of the European Union (EU). It has only very limited powers which are mainly limited to supporting social-political cooperation between the Member States and establishing minimum standards in certain areas, particularly in the area of occupational safety and health. Yet the guiding principle remains the same — subsidiarity.

Initiatives in focus

Therefore, the DGUV and its Brussels representation is carefully monitoring all initiatives of the EU commission regarding the labour market and social policy. The focus is moving increasingly to European and international standardisation — especially with regard to harmonised European standards and provisions. The European Commission wants to use standards as a means of achieving a digital single market. Standardisation has also played an important role in product safety for years. However, the DGUV is critical of such developments when standardisation is person-related, for example, issues related to OSH, social services or health services which are also provided by the German statutory accident insurance system. The DGUV does not consider it appropriate that there is standardisation of occupational safety and health or the services provided by statutory accident insurance such as rehabilitation and medical care at national, European or international level (see Article on Page 18).

Working Time Directive

The EU Treaty makes it possible for certain aspects of OSH to be regulated at European level. For example, the Working Time Directive (2003/88/EC) is currently being revised. The DGUV was involved in the consultation process through comments it submitted. It highlighted that, in terms of prevention, it is not recommended to have a daily working time of more than eight hours or a weekly working time of more than 40 hours. Scientific studies have shown that the risk of a workplace accident increases exponentially after the ninth hour of...
Negative effects on health and safety are also evident in overly long working weeks.

Creating fair conditions
The German statutory accident insurance system is also affected by numerous other initiatives, for example, the reform of the Posted Workers Directive (96/71/EC) which the EU Commission presented in March 2016. The reform recommends changes to rules regarding remuneration of posted workers, rules on temporary workers and rules for long-term postings with the aim of creating fairer working conditions. Furthermore, the EU Commission has, for some time, been focusing on the joint fight against illegal employment. Accordingly, the “European Platform to enhance cooperation in the prevention and deterrence of undeclared work” was established in May 2016. The DGUV is closely following efforts to prevent undeclared work in Europe. In terms of statutory accident insurance, the German legislature has decided not to interfere with the insurance coverage of salaried workers — even in the event of undeclared work. This serves to protect workers. Instead, various sanctions are imposed against employers providing undeclared work. This system has proven to be successful and, in the opinion of the DGUV, should remain untouched. The European Commission must take into consideration the diversity of national social systems and respect the right of Member States to determine the basic principles of their social systems.

Better regulation?
In May 2015, the European Commission presented its Better Regulation Agenda. This is essentially about reviewing the necessity of current and future regulations in order to reduce unnecessary bureaucracy. This comprehensive package of reforms aims to boost transparency in the EU decision-making process, improve the quality of new laws through better impact assessments and ensure that existing EU laws are constantly reviewed. The EU Commission is looking at the anticipated and actual impact of political and legislative activities as well as other important measures. Part of the Better Regulation Agenda includes the REFIT programme in which existing EU regulations and provisions undergo a “fitness check”.

Generally speaking, the goal of reducing unnecessary regulations and red tape is to be welcomed. However, there is concern and criticism of some proposals — especially regarding the environment, social affairs and labour. There is a fear that protection standards will decline in favour of what appears to be simplification. The supposed reduction in bureaucracy could have an effect on legislation that is important for OSH. Evaluating every directive in the field of occupational safety and health could stall the modernisation and improvement of regulations. These include the necessary reform of the outdated carcinogens directive which aims to protect people against work-related cancers or the modernisation of the EU directive for lifting and carrying loads. In October 2015, the
Value Added Tax (VAT) in the EU

New plans from the EU Commission — more freedom for Member States?

For some time, the EU Commission has been trying to pave the way towards a single European VAT area. The aim is to create a fairer EU single market and boost employment, growth and investment. The EU Commission has released a communication on an action plan for VAT that shows options for dealing with reduced VAT rates in the future. It will provide Member States with more freedom in the future to set their own reduced tax rates. This also affects services which are provided in the public interest. “The German Social Accident Insurance sees this as a welcome development”, said Dr Joachim Breuer, Director General of the DGUV. In 2013, the DGUV, together with the umbrella associations of the German statutory health insurance and pension insurance funds, had already spoken out against the abolition of reduced VAT rates and exemptions, which could lead to an additional burden of 34 billion euros in the area of social insurance.

Special treatment of public institutions

It can be seen from this, that the authorities in Brussels have not put on hold their idea to alter the existing special treatment of public bodies due to competitive reasons in the context of VAT legislation. “As long as the services provided by German statutory accident insurance are based on public law, it is our opinion that there is no distortion of competition to the detriment of private providers”, explained Dr Breuer. During the EU Commission’s public consultation process in 2014, the DGUV, together with the German Pension Insurance Association and the National Association of Statutory Health Insurance Funds, presented and confirmed this position: the status quo for VAT in the public sector must be maintained.

In the interest of its paying members, that is, companies in the private sector and institutions in the public sector, the DGUV will continue to monitor further developments and put forward its position accordingly.

German Bundesrat also pointed out that there could possibly be a weakening of OSH.

In the future, the EU Commission also wants Member States to not go beyond a minimum level set by a directive when transposing EU directives into their respective national legislation. This could affect OSH regulations because protection standards in EU legislation are often lower than in the Member States. Impact assessments have also come under criticism because they should not replace democratic processes or political decisions. There is the danger that expert opinions will take precedence over democratic decisions. The social partner model must not be undermined as a result of these new European processes which increasingly use public surveys. This was stressed by DGUV Director General Dr Joachim Breuer: “Expanding public consultation should not lessen the involvement of the social partners nor call into question the importance of social dialogue in the European legislative process.”

| www.deutsche-sozialversicherung.de/en > Europe
Free trade — opportunity or risk?
The DGUV is monitoring the proposed TTIP, CETA and TiSA agreements

An opportunity for growth and employment or a threat to social standards and consumer rights? This is how the vigorous debate over the current free trade agreements being negotiated by the European Union (EU) can be summed up. The debate is mainly about the proposed Transatlantic Trade and Investment Partnership (TTIP) between the USA and the EU. However, there is also intense discussion over the Comprehensive Economic and Trade Agreement (CETA) between Canada and the EU as well as the Trade in Services Agreement (TiSA). All three trade agreements aim to liberalise trade and open markets between the trade partners. In particular, trade in services and goods are to be simplified for companies in order to improve economic growth in the countries involved. It is the intention of the negotiating parties that CETA and TTIP should also contain provisions for protecting investments and settling potential disputes.

Decline in standards?
However, there are fears that the new generation of free trade agreements will intervene much more in the mutual politics of the partners than had previously been the case in such agreements. Certain ratchet clauses and investment protection clauses as well as arbitration tribunals could have negative consequences. For example, government regulations could be considered a block to free trade or distorting competition. There are also fears that liberalisation of public services and financial services in the area of health care and education will have to be negotiated via free competition in the future. However, DGUV Director General Dr Joachim Breuer has already emphasised: “Increased competition must not endanger the high quality of services provided by statutory accident insurance.”

There are also concerns that in the course of the agreements, the high level of standards and regulations which protect workers, the environment and consumers could be lowered. The German Social Accident Insurance is, therefore, particularly interested in following the negotiations and defending the national sovereignty of social security systems and high standards.

In a 2014 paper, the DGUV clearly expressed their position on TTIP. Together with other social insurance partners, it has also contributed its expertise to the negotiations over CETA and TiSA. The DGUV welcomes the negotiations in principle but also calls for social security and the services provided to be expressly excluded from the scope of the agreements. “Social services are not commodities!”, clearly stated Dr Breuer. The European Social Insurance Platform (ESIP), of which the DGUV is a member, has also argued in a position paper on TTIP that social insurance should be removed from the agreement. Although the EU Commission has repeatedly reaffirmed that the TTIP will not threaten existing high standards in health, safety and environmental protection, not all issues have been resolved concerning the mutual recognition of different regulations, standards and conformity assessment procedures. The dangers posed to workers have been identified in a background document written by the DGUV in cooperation with the Commission for Occupational Health and Safety and Standardisation (KAN) and the Polish Central Institute for Labour Protection — National Research Institute (CIOP-PIB).

The key questions, which were also clearly raised at the panel discussion on TTIP organised by the DGUV in 2015, are still not answered: do the TTIP, CETA and TiSA trade agreements impinge on the freedom of countries to determine their own social security systems? To what extent will the social structures of the trade partners be captured in the treaties? Can we speak of a “system hit” as phrased by Dr Breuer? As long as these questions remain unanswered, the DGUV will contribute its expertise to the negotiations and advocate for social considerations to be integrated into the agreements.

| www.dguv.de (Webcode: d981842) |
Cooperation with Bangladesh

The DGUV is helping Bangladesh to establish a statutory accident insurance system and received a delegation from the Asian country for the first time in 2015.
COOPERATION AT ALL LEVELS
The delegation was composed of government, employer and employee representatives. Together they learned about the German statutory accident insurance system and gained practical insights from company visits.

GOOD WORK WORLDWIDE
High-ranking representatives from politics and various associations discussed how to create sustainable global supply chains at the DGUV podium discussion “Good Work Worldwide: Bangladesh on the way to a sustainable textile economy”.

UNITED FOR OSH
Atiqul Islam, President of the Bangladesh Garment Manufacturers and Exporters Association (BGMEA) and Dr Joachim Breuer, Director General of the DGUV welcome better cooperation between Germany and Bangladesh to promote safer working conditions.
Health services: the limitations of standardisation

INTERVIEW

Under an initiative of the EU Commission, health services are increasingly becoming the focus of standardisation. Areas affected range from long-term care through to the electronic processing of patient data. In Germany, this has been met with criticism — even by the Commission for Occupational Health and Safety and Standardisation (KAN). Angela Janowitz, Deputy Director of the KAN Secretariat, talked about the background to this.

Ms Janowitz, where has this interest in standardised health services come from? And what is KAN’s view on this?

Since 2013, the EU-wide standardisation of health services has been a fixed element in the EU Commission’s annual work programmes. On the one hand, they want to use standards in order to encourage the quality of health services and patient safety. On the other hand, they want to foster the European single market. The European Committee for Standardisation (CEN) helps support this process. Currently on the agenda of the EU Commission is the promotion of European-wide standards in the field of eHealth. The measures are allowed as part of the competencies allocated by the European Treaties. As a result, the standardisation organisations are now exploring their opportunities. KAN views this development with concern. We reject standards for health services which interact with occupational safety and health.

Where are standards helpful?

Standards are helpful when they support the economy and foster the single market by standardising technical requirements. They also help to make medical products safer, for example, hospital beds, heart-lung machines and syringes. However, the various European social insurance and health systems are not compatible with standardisation because they have different legal structures. KAN is of the opinion that standards are particularly unsuitable in two cases: first, when they touch on the health service requirements for workers and other insured persons, for example, preventive measures in occupational medicine, workplace health promotion and the prevention of work-related health hazards. Second, standards are not suitable if they impact the OSH requirements of people who provide health services; for example, when handling medication or infectious material.

What’s going to happen now?

The positions taken by KAN and the DGUV are closely coordinated. This is particularly true when accident insurance provides health services as part of recuperation and rehabilitation. The European Representation of the German Social Insurance (DSVEV), which represents the providers of statutory accident, health and pension insurance in Germany; the Association for Social Security Policy and Research (GVG); medical associations; and the government have also stated their opposition. Due to this broad resistance, the DIN has rejected frequent requests from different countries to standardise health services. However, political opposition towards national and international standardisation organisations continues to be maintained. The European Social Insurance Platform (ESIP) and the European Forum of the Insurance against Accidents at Work and Occupational Diseases are currently in discussions about this. There is also access to the EU Commission via direct contact, comments on annual work programmes and participation in public consultations. Fortunately, many interested parties are working together on this.

| www.kan.de/en Standardisation > Basic documents & KAN position papers |
For better OSH in Europe

DGUV takes position on the Strategic Framework of the EU Commission

In June 2014, the EU Commission released its Occupational Safety and Health Strategic Framework 2014–2020. The Commission has identified three challenges: improve implementation of OSH rules, especially in micro and small enterprises; improve prevention of work-related diseases, particularly regarding emerging risks; and better consideration of the consequences of demographic change. The Framework validates the prevention work done by the German Social Accident Insurance. Many of the issues mentioned have long been on the DGUV’s agenda. The DGUV provides an overview of its prevention work in a position paper on the Framework: it presents concrete answers to the challenges identified by the EU Commission. For example, DGUV Regulation 2 ensures that small and medium enterprises (SMEs) also benefit from consultation services provided by occupational physicians and safety experts. In addition to existing practical aids such as the “Healthy and Fit in Small Companies” series of publications, industry-specific rules will help SMEs to better implement OSH legislation in the future. In terms of preventing work-related diseases, early detection of asbestos-related diseases is of particular importance. The German Social Accident Insurance can identify and assess emerging risks via its “Risk Observatory”. In order to address the consequences of demographic change and to maintain capacity to work, we need a culture of prevention which covers all areas of life. The DGUV sees the Commission’s Framework as confirmation of the importance of restoring or improving the capacity to work of older people and people with disabilities through rehabilitation and reintegration measures.

Harmonised data protection in Europe

The social accident insurance institutions examine EU regulations for collecting and processing social data

The General Data Protection Regulation (GDPR) was adopted by the European Parliament on 14 April 2016 and comes into effect across Europe in summer 2018. When it takes effect, it will be the first time that harmonised data protection rules for companies and public authorities will be in place throughout the entire European Union.

Impact of the regulation

Since the GDPR will introduce many new obligations regarding documentation, registration and authorisation, the Member States now have to revise their data protection legislation. In Germany, the Federal Data Protection Act (BDSG), the federal state data protection acts and special regulations concerning areas such as health and social data will need to be scrutinised. Therefore, the accident insurance institutions for the private and public sectors must check over the following two years that all regulations concerning the collection and processing of personal data of insured persons and insured companies are in line with the new provisions of the GDPR. In particular, this concerns regulations in Book I, VII and X of the German Social Code (SGB). One issue that must be clarified is whether existing options to grant or refuse consent are in line with the new European data protection law. In addition, all data protection clauses must be adapted to changes in terminology. It is also necessary to update references to provisions in other laws. Fines for violating data protection will rise significantly as a result of the GDPR. In the future, any data protection mishaps must be reported within 72 hours to the supervisory authority.
For safe, healthy work worldwide

The DGUV cooperates with international organisations and institutions

The work done by the German Social Accident Insurance does not, as its name might suggest, stop at the borders of Germany, but rather goes far beyond this. The DGUV advocates safety and health at work across the globe. The focus of its cooperative work is on knowledge transfer and personal exchange in order to learn from the experiences of other accident insurance and OSH systems as well as to share its own expertise.

This often involves working with the BRICS countries and developing countries which do not yet have a system of accident insurance and OSH or are in the process of developing them. The extensive know-how of the German Social Accident Insurance covering everything from prevention and rehabilitation through to insurance benefits for workplace accidents and occupational diseases is highly sought-after. There is another important aspect to this as explained by DGUV Director General, Dr Joachim Breuer: “As end-consumers it is our responsibility to ensure that the supply chain is sustainable and that products are manufactured under safe and healthy working conditions.”

Bangladesh
A current example of this is the work being done with Bangladesh. Since 2014, the DGUV has been helping Bangladesh to implement a statutory accident insurance system. Since the tragic collapse of the Rana Plaza textile factory in April 2013, where around 1,100 people died and more than 2000 people were injured, working conditions in Bangladesh have been the focus of the international public. Numerous initiatives have been launched in order to improve the conditions for workers, particularly those in the textile industry.

One of these initiatives is the G7 Vision Zero Fund, which is one of the funds adopted by the G7 in June 2015, and whose aim it is to help improve OSH worldwide. The money from the fund is to be used to create sustainable global supply chains and prevent injuries or deaths in the workplace. The DGUV was actively involved in the development of the fund through its specific initiatives and recommendations.

Against this background, two delegations from Bangladesh visited Germany in August 2015 and April 2016. The delegations consisted of politicians, government officials and representatives from both employers and employees. Seminars spanning several weeks were organised by the Institute for Work and Health of the DGUV (IAG) and conducted in cooperation with several partners. The delegations learned about the structures of the German statutory accident insurance system, experienced social dialogue in Germany and, by visiting companies, gained insights into the practical application of OSH and social partnership.

These visits were preceded by cooperation agreements signed in 2014 and 2015 by the DGUV, the German Federal Ministry for Economic Cooperation and Development (BMZ), the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), the International Labour Organisation (ILO) and the Bangladeshi Ministry of Labour and Employment (MoLE). As part of these agreements, three Bangladeshi students received a scholarship to study Social Security Management at Bonn-Rhein-Sieg University of Applied Sciences.

International qualification
In addition to professional and personal exchange, training and qualification is a key building block of international cooperation. The Institute for Work and Health of the DGUV (IAG) plays an important role in this. The institute offers seminars for international qualification and, thus, trains international experts who use the knowledge they have gained to develop OSH structures in their workplace or who pass on this knowledge to other people in their home country.

In October 2015, a delegation from China took part in a training seminar at the IAG in Dresden which was organised as part of the EUCOSH Project on Occupational Safety and Health in High-Risk Sectors. Managers received training on how to conduct their own training events that are combined with a high level of practical relevance. The aim is to help them conduct training
seminars for employees and decision-makers after returning to their home country.

As part of a cooperation agreement with the academy of the International Social Security Association (ISSA) in Geneva which was signed in 2014, the IAG also works abroad by organising courses and training specialists.

China
The DGUV has maintained close relations with China for more than ten years. It has made a significant contribution to the establishment and expansion of a state accident insurance system based on the German model. The Chinese working world is faced with two main challenges: working conditions in many sectors are unsafe and represent a danger to the health of workers, which means there are many fatalities due to workplace accidents. In addition, the economy is suffering as a result of demographic changes in society. There is a labour shortage in some regions. Systematic promotion of occupational rehabilitation aims to compensate for the loss of skilled labour and to restore and maintain capacity to work.

Personal exchange and intensive consultation
Between 2005 and 2008, the focus was on legal advice regarding how to establish Chinese accident insurance. 2009 to 2011 was about helping to expand the number of people insured. Since 2012, prevention and rehabilitation has been at the centre of cooperation. The aim is to create a comprehensive system of rehabilitation, prevention and insurance benefits from one source which follows the German principles of “prevention before rehabilitation” and “rehabilitation before pension”.

In order to achieve this, there has been a lively face-to-face exchange of ideas and experiences. Experts from the DGUV have visited China in order to advise decision makers as well as to sign cooperation agreements with the Ministry of Labour and Social Security, the State Administration of Work Safety (SAWS) and the China Foundation for Disabled Persons (CFDP) and its rehabilitation institutions.

Conversely, Chinese delegations have also visited Germany in order to gain insights into the German statutory accident insurance system. Furthermore, as part of the EUCOSH project, several experts from the DGUV and its member institutions have been involved in consultations regarding general prevention as well as high-risk sectors.

Several BG hospitals such as the BG Hospital Murnau, the BG Hospital Hamburg and the BG Hospital Berlin have worked closely with Chinese rehabilitation clinics in Guangdong, Bayi and Beijing. Through the exchange of specialists and medical expertise, the partners in China have been able to learn about new approaches to rehabilitation; in return, the German hospitals have received help with expanding traditional Chinese medicine in Germany.

Towards better OSH in their home country:
In April 2016, a delegation from Bangladesh visited Germany for the second time.
International dialogue
The research institutes of the DGUV work closely with scientific institutions around the world

Information networks foster research into prevention. One example is PERSOH: since 2003, the Partnership for European Research in Occupational Safety and Health (PEROSH) has networked 12 institutes from 11 European countries. The Institute for Occupational Safety and Health of the DGUV (IFA) in Sankt Augustin is one of the founding members of the research network.

Driving European OSH research
PEROSH wants to create a European research scene for OSH: the aim is to closely network the twelve PERSOH institutes and their research activities. Lobbying for OSH research in the councils of the European Commission is another objective of the partnership. The Scientific Steering Group (SSG) of PERSOSH meets twice a year to discuss new research projects. The spectrum of projects is broad including topics such as the ageing workforce, the identification of health hazards involving nanoparticles, culture of safety and the Zero Accident Vision in the workplace. “Europe needs its own research scene for OSH in order to deal with challenges in the future”, said Professor Dietmar Reinert, Chairman of PERSOH. “As such, we are looking for a proactive dialogue with the EU and other partners. Once a year, the PERSOSH network meets with OSH experts from institutes in the Americas and Asia. It is vital to increase the added value of OSH research as well as better disseminate and promote it in Europe.”

Network for prevention in occupational medicine
MODERNET (Monitoring Occupational Diseases and tracing New and Emerging Risks in a NETwork) is a network of experts from the field of prevention in occupational medicine. “MODERNET allows institutes from more than 15 European countries and Australia to stay in close contact in order to exchange information and views about future developments in work-related diseases,” said Dr Dirk Pallapies, Head of the Regulatory Committees Department, Institute of Prevention and Occupational Medicine of the DGUV (IPA). Some of the focus areas to which the IPA provides its expertise include the identification of allergens from substances in the workplace or the assessment of potential health risks from occupational exposure to nanomaterials. “The network assists communication about new techniques for identifying trends in work-related diseases and ensures that these diseases are identified and validated faster”, explained Dr Pallapies. Annual conferences attended by experts from the DGUV and IPA promote this exchange.
MODERNET helps build bridges because the EU Member States have different regulations concerning occupational medical care; statistical recording of work-related health issues and diseases; and how occupational diseases are recognised and compensated.

International Study — SYNERGY

The SYNERGY project studies the role played in lung cancer by the joint effects of exposure to occupational carcinogens. The results of this study are particularly important to prevention work and occupational disease legislation. Up until now, each substance has been tested individually to see if it is a cause of cancer. However, there is often mixed exposure to various hazardous substances. SYNERGY is particularly focused on the following carcinogenic substances: asbestos, PAH, chromium, nickel and respirable crystalline silica. The project combined data from 16 lung cancer studies and a job-exposure matrix was developed which makes it possible to quantitatively estimate exposure to selected carcinogens. In a comparison between 20,000 cases of lung cancer with around 25,000 people who did not have the disease, it was established that there is an increased risk of lung cancer for certain occupations such as welders and miners, but also for people working with mixed substances such as diesel engine emissions. The exposure assessment for individual substances such as respirable crystalline silica, chromium and nickel was evaluated in detail; for example, the exposure-response relationship for asbestos was examined thoroughly. The main objective of SYNERGY is to study combination effects.
Prevention in all areas of life
The National Prevention Conference paves the way for a nationwide prevention strategy

Strengthen prevention in the general population and in all areas of life: this is the goal of the National Prevention Strategy. This will be further developed by the National Prevention Conference (NPK) as a working group consisting of the umbrella associations of the accident, health, pension and long-term care insurance providers. The NPK was founded as a result of the Preventive Health Care Act that was adopted in summer 2015. The aim of the act is to help all German citizens develop a healthy lifestyle in all areas of life. “The work done by the German Social Accident Insurance shows just how successful prevention can be when it is included in the everyday lives of people,” said Dr Walter Eichendorf, Deputy Director General of the DGUV. “The Preventive Health Care Act will extend this to all areas of life.”

Across-the-board cooperation
In spring 2016, the NPK adopted nationwide framework recommendations for health promotion that go across the board. This includes the four branches of social insurance, federal and state ministries, the social partners, the highest state authorities responsible for OSH, the local umbrella associations, the Federal Employment Agency and patient representatives. Eichendorf has made it clear that there are clear guidelines for the strategy work of the NPK: “Through better cooperation between all stakeholders and concerted action we can develop synergies and reach more people.” This does not mean starting from scratch: “The fact that we have worked in the past with other stakeholders such as the federal and state governments as part of the Joint German Occupational Safety and Health Strategy (GDA) or with the statutory health insurance funds as part of the Initiative Health and Work (iga) means that we can contribute a great deal of experience,” Eichendorf went on to say.

Health from early childhood
The federal framework recommendations aim to create health-promoting conditions for all people and in all phases of life — from early childhood through working life and into old age. “Growing up healthily”, “Healthy living and working” and “Healthy in old age” are the common goals. By focusing on the entire course of a person’s life, prevention can reach people in all areas of life. This includes prevention activities in day-care centres, schools, companies, municipal facilities and aged-care facilities. The target groups include families, children, adolescents, apprentices and trainees, students, employees, unemployed persons, volunteers, those in need of care and care-givers. The federal framework recommendations not only describe areas of action but also the range of services and contributions provided by the respective social insurance providers, organisations and institutions.

Transparency through the Prevention Report
The federal framework recommendations will be continuously developed and implemented locally based on state-based agreements. In 2019, the NPK will present for the first time a Prevention Report on health promotion and prevention that covers all stakeholders. The Prevention Report will also include sections on how the four branches of social insurance have worked together to meet objectives and notes on the prevention needs and potential of the general population.

“... by the German Social Accident Insurance shows...”

www.dguv.de (Webcode: dp117057)
A strong association
The Joint German Occupational Safety and Health Strategy (GDA) brings together different OSH stakeholders

Working together — each with their own responsibilities: this is the guiding principle of the Joint German Occupational Safety and Health Strategy (GDA) under which the federal government, state governments and accident insurance institutions have worked together since 2008. By coordinating and focusing their prevention work, the various stakeholders have been helping companies to create safe and healthy workplaces. Thus, the GDA contributes to the long-term reduction in costs for companies and the social security system. The participation of all relevant OSH stakeholders, particularly the social partners, means that those involved in the GDA can establish joint OSH objectives and action areas. Planning, coordinating and evaluating OSH objectives and action areas is done as part of the National Occupational Safety and Health Conference (NAK). Three goals have been specified for the period 2013 to 2018: improve the organisation of occupational safety and health; reduce work-related health hazards and musculoskeletal disorders; and protect and strengthen health against work-related psychological stressors.

Each OSH objective has its own programme
“We want to achieve these objectives through three work programmes: “Organisation”, “Musculoskeletal Disorders (MSDs)” and “Psyche”, said Dr Walter Eichendorf, Deputy Director General of the DGUV. The DGUV is chair of the NAK in 2016. This rotates every year between the federal government, state government and the accident insurance institutions. Implementation of the work programmes means close cooperation between the stakeholders of the GDA and the social partners as well as other cooperation partners such as the health insurance funds, trade associations and OSH networks.

“OSH with a method pays off”
The GDA “Organisation” programme helps companies to evaluate and improve the way OSH is organised in their company. The focus is on risk assessments as the core tool of OSH and the integration of safety and health into company procedures and decisions. The programme includes help with implementing an OSH management system (OSHMS), information events and seminars, company inspections and advice, and the GDA-ORGACHECK which allows small and medium enterprises (SMEs) to complete an anonymous questionnaire about the organisation of OSH in their company. An English version of the questionnaire in PDF format can be downloaded at www.gda-organcheck.de.

“Prevention makes you strong — your back too”
The MSD work programme is aimed at employees, company owners, managers and OSH specialists. The objective of the programme is to reduce work-related health hazards and disorders related to the musculoskeletal system by offering training courses, seminars, company inspections, consultation and other information. The main focus is on tasks which have the greatest risk of MSDs such as lifting and carrying heavy loads, repetitive work and work that requires little movement. The www.gdabewegt.de website is for all sectors and provides information regarding the services offered by the GDA partners and the social partners (currently in German only). The work programme focuses on two areas in order to effectively reduce MSDs: firstly, encouraging a workplace culture of prevention, that is, designing healthy working conditions; secondly, improving health literacy by encouraging the healthy behaviour of employees.

“Reduce stress — unlock potential”
The aim of the GDA Psyche programme is to ensure that company owners, managers, employee representatives and OSH specialists receive information and training about the prevention of psychological stress. The programme offers practical tools; qualification of workplace inspectors from OSH authorities and accident insurance institutions; company visits and consultations; and other useful information. This can be accessed via the Internet portal www.gda-psyche.de (German only) or in a brochure with recommendations for conducting a risk assessment of psychological stressors. The Preventive Health Care Act came into effect in 2015. As a result, requirements for networking and coordination have increased. The GDA has proven structures in place which serve as the basis for future cooperation in the area of OSH.

| www.dguv.de (Webcode: d2022) |
Sport and exercise are fuel for rehabilitation and participation.

With all suitable means: companies and insured individuals can rely on this motto following a workplace accident or occupational disease. The German social accident insurance institutions offer a comprehensive catalogue of services for rehabilitation and participation in work and society. When life is radically changed due to an accident or illness, sport and exercise can be lifesavers. Rehabilitation is unthinkable without these. Sport and exercise also help pave the way to an inclusive society: they create a sense of community. The activities that the DGUV carries out in disabled sports help to promote the idea of inclusion.
Making participation possible
Rehabilitation and inclusion are important social issues — not just since the UN Convention on the Rights of Persons with Disabilities. They are also core tasks of statutory accident insurance in Germany. The aim is to enable people who have suffered a workplace injury or occupational illness to have equal participation in both the workplace and society. One of the important elements of this is sport. The DGUV’s action plan makes a sustainable contribution to an inclusive society. But what course needs to be set and what can politics do in order to improve framework conditions? Twelve-time Paralympic champion and Federal Government Commissioner for Matters relating to Disabled Persons, Verena Bentele, answered questions about this issue.

Ms Bentele, you have been a Federal Government Commissioner since 2014 and are responsible for matters relating to disabled persons. What topics are particularly important to you and in which areas have you already been able to see some initial success?

Among the most important for me is the Federal Participation Act. The aim of this act is to make true participation and self-determination possible and to bring about real changes in the everyday lives of people with disabilities. For example, it ensures that people with disabilities can keep more than 2,600 euros of their income and personal wealth. Their partners also shouldn’t have to use their income and personal wealth to finance services they receive to help with integration. It also specifies that there should be independent consultation services and generally move away from welfare towards Book IX of the German Social Code. Particularly with regards to job opportunities, it will put people with disabilities in the position to make use of a person budget or a budget for work. They can use this, for example, to pay for the services which enable them to work in the primary labour market. It is vital that we create this type of personalised support.

Further progress is already being made in terms of accessibility and barriers, regardless of whether we are talking about physical barriers, information barriers or language barriers. The Act on Equal Opportunities for Persons with Disabilities is currently being amended. It stipulates significant improvements that authorities must make, although not as binding as I would have liked. A good thing is that, in the future, all notifications can be viewed in plain language — that’s a big step. Now we need to work towards the private sector also being obligated to provide accessibility, for example, that medical practices, cinemas and restaurants also take into consideration the needs of people with disabilities.

With the ratification of the UN Convention on the Rights of Persons with Disabilities (UN CRPD) in 2009, Germany committed itself to ensuring that people with disabilities can have full participation. How far has Germany come with implementing the UN CRPD?

Given its prosperity and the fact that it is an international role model, Ger-
many hasn’t made as much progress as it could and should have. This was made clear in the closing remarks on Germany’s first National Report from the United Nations in Geneva last year. There were more than 60 action points and recommendations. I expect Germany to quickly and sustainably implement these points through appropriate legislation. An important building block is, of course, to reform integration assistance in the form of federal participation law.

**What activities of social accident insurance do you see as particularly important for inclusion and rehabilitation?**

German social accident insurance plays a particularly important role when it comes to rehabilitation. People who are disabled as a result of an accident or occupational disease have to realign themselves in many areas of their lives. They expect, and rightly so, to receive holistic and individualised support. The DGUV should structure their own services and those of their cooperation partners in such a way that people with disabilities are actively involved. The UN Convention’s principle of “Nothing About Us Without Us” should be the basis for all activities.

In addition to medical benefits, rehabilitation is also about reintegration into the workforce and participation in social life. If a person can’t return to their previous occupation or only in a limited capacity, there must be a variety of flexible opportunities for them to participate in the working life again.

Organising leisure activities, volunteer work and social contacts requires inclusivity. And this is where the DGUV’s rehabilitation management in conjunction with other institutions is both helpful and necessary. Only the highest level of medical care, therapy and rehabilitation aids enable people to participate in all areas following an accident. I also believe it is the responsibility of the DGUV to use research and innovations to compensate for any limitations as effectively as possible.

In 2015, the DGUV presented its Action Plan 2.0 — a continuation of its first action plan. Why are these types of individual commitments so important?

The aim of an action plan is to compile your own goals and tasks in as much detail as possible. This is the only way to adequately assess the work done so that not only can you see what has already been achieved

Inclusivity is the prerequisite for people with disabilities to have equal opportunities: at work, in leisure time — in life
“It’s still about changing the way people think because inclusion is not just about a better life situation for a few, but rather a better quality of life for all people.”

but also what still needs to be done. That’s why I’m pleased that the DGUV has created another action plan. I hope that other institutions will follow suit.

What challenges do you see in the future on the way to an inclusive society? What issues in particular do we have to tackle?
It’s still about changing the way people think because inclusion is not just about a better life situation for a few, but rather a better quality of life for all people. I’m talking about an easier life for everyone: a mum with a baby pram benefits from easier access to the train station just as much as a disabled man does. New migrants to Germany can read information in plain language without difficult words and long sentences, just like a person with learning difficulties can. And a telephone with extra-large buttons is not only good for people with some form of spasticity but also for someone whose hands shake due to old age. I want everyone’s different requirements to be taken into consideration from the very beginning, so that products, buildings and digital services are proactively designed to be accessible to all people.

In your opinion, in which direction do policy makers still need to go?
I would like to see the needs of people with disabilities taken into consideration in every law as a form of mainstreaming disability. In practice, this means avoiding any unpleasant surprises which first become apparent after the event, for example, a new electronic tax return system that is difficult for visually impaired people to use.

As part of Inclusion Days 2015, the Federal Ministry of Labour and Social Affairs presented the working draft of the National Action Plan (NAP 2.0) which contains 120 additional measures for implementing the UN Convention on the Rights of People with Disabilities. Why is this next step so important?
Because there’s always something to do! We still haven’t gotten to where we want to be and have to be. Maintaining the status quo would mean stagnation at the very best. The NAP 2.0 is an important tool to drive implementation of the Convention and meet the requirements specified in Geneva across all policy areas. If we don’t continue to move forward, then there is a danger that awareness of the political agenda for issues relating to disabled persons will diminish. By compiling these national measures, we also have a better understanding of the areas in which work still needs to be done. It’s also important that people with disabilities and their interest representatives are involved in the development process.

Another important aspect of the National Action Plan is continuous monitoring. This can be used retrospectively to assess which measures are actually helping to implement the UN CRPD in Germany. Of course, this also helps to adapt measures in the future, to make them more effective and to incorporate the experience that we have gained.
In the midst of life

Inclusion is a right to permanent, equal participation in society. Everyone benefits from this.

Music plays. With an elegant movement, Jean-Marc Clément leads his partner Andrea Naumann onto the dancefloor, lightning-fast turns follow. The audience is awed by the precision with which he controls his sporting equipment—a wheelchair. Jean-Marc has been a paraplegic for 30 years. He didn’t dance before this, but after a few years in a wheelchair he came into contact with a club. Meanwhile, he and Andrea have become award-winning dancesport professionals ...

Every person has abilities that should be understood and valued. This is why the DGUV is an advocate for inclusion, for the right of people with disabilities to participate in society. The UN Convention on the Rights of Persons with Disabilities (UN CRPD) of 2009 is an important step to achieving this: it requires countries to guarantee that people with disabilities have full and equal access to human rights and fundamental freedoms. This also addresses people who are covered by accident insurance, namely people who are injured in a workplace accident or have an occupational disease. In two action plans, the DGUV has described how the UN CRPD can be implemented in everyday life.

Inclusion starts with coming together

The DGUV and its member institutions want to avoid having separate worlds for people with disabilities: they should be able to lead a self-determined life. The earlier the foundations for an inclusive lifestyle are laid, the better. This establishes a broad understanding of inclusion as a form of social intercourse with diversity and variety. The DGUV has written about the advantages of this in a position paper on inclusion in educational facilities: successful participation not only promotes...
the quality of education but also improves the social climate. However, inclusion does not come for free. Educational institutions need to have enough human, material and time resources to enable people with disabilities to develop their strengths and full potential. A change of thinking in society requires a change in the education system.

At the Bad Hersfeld Campus of the DGUV University of Applied Sciences, the topic of inclusion was integrated into the Bachelor of Social Security programme: 31 students were involved in a research project on how a personal assistant can support the social participation of people with disabilities. The personal assistant is provided either by a social service or is employed by the disabled individuals themselves. They not only assist with self-determined participation in society but also reduce the load placed on relatives. If the disability is the result of a workplace accident, commuting accident or occupational disease, the accident insurance institutions are the contact partner for the provision of individual help and support needs.

The students not only learned about surveys and methods of analysing scientific work, but also met people who use a personal assistant in their daily lives: these meetings created a special sensitivity to the importance of social rehabilitation and lifelong support and care. Survey results also showed that personal assistance is more than just care — it can also relieve the load placed on family members and it makes a significant contribution to participation in community and cultural life.

“Sport and exercise are fuel for inclusion.”

Inclusion is not an illusion

Sport and exercise are fuel for inclusion. Rehabilitation, one of the core tasks of statutory accident insurance, cannot be thought of without sport: it motivates, mobilises and helps people to get back into their job following a workplace accident. Inspirational role models include professional sportsman Jean-Marc Clément and the athletes who participate in the Paralympics. The extraordinary stories and abilities of these athletes is reported in “Paralympics Zeitung” (PZ) (Paralympic Post) which has been published by the DGUV and the German newspaper “Tagesspiegel” since 2004. Young, up-and-coming journalists will be in Rio in September 2016 to report on the next Paralympic Summer Games. PZ has a circulation of one million copies. Regional events also help with inclusion in everyday life. For example, “No Barriers Day” (Tag ohne Grenzen) in Hamburg in 2015 created a place where people with and without disabilities could come together. The day was organised by the DGUV and its member institutions, the BG Hospital Group and the German Wheelchair Sports Association. “No Barriers Day was a resounding success and great example of how sport creates a community for people with and without disabilities,” said Dr Rainhardt Freiherr von Leoprechting, Chair of the DGUV Governing Committee.

| www.dguv.de (Webcodes: d133311, d1121729, d1040212, d958183)
Support when it comes to the worst

Maintaining, promoting and restoring the capacity to work are key tasks of the accident insurance institutions

Sometimes life seems to lead to a dead end: for example, if the consequences of a workplace accident puts a worker’s job future in question. However, the German Social Accident Insurance offers tools that help workers on the path back to work. Not only do employees benefit but companies as well, especially in these times of demographic change where there is a labour shortage and companies need skilled workers.

Proven and unique in the world

Workplace Integration Management (WIM) helps companies to retain rather than lose employees who are limited in their ability to work. This benefits all employees who become unfit for work more than six weeks in a row or a total of six weeks over the course of a year. The provision of Workplace Integration Management is a statutory requirement for all German companies. The prevention work done by the social accident insurance institutions means that they are very familiar with company structures and processes. Therefore, they can help companies implement WIM and a culture of occupational health management. Therefore, they can help companies implement WIM and a culture of occupational health management. The aim of a current project is to have blanket coverage by 2018. At the core of the project is a package of measures with five objectives. Accordingly, the social accident insurance institutions will more proactively inform companies of their WIM obligations, improve their internal and external communication, and help those responsible for prevention and rehabilitation to better network. The DGUV will also develop criteria to assess cooperation with other partners. The DGUV and the social accident insurance institutions want to lead by example by providing WIM, which is based on the package, for their own employees.

“If done early enough, changing to a job that is less demanding or demanding in a different way can help avoid unemployment or incapacity to work.”

Connecting people with jobs

Another instrument is DGUV job, a Germany-wide placement service offered by the DGUV for all employees who are looking for a new career following a workplace accident or occupational disease. Regional contacts from the state associations of the DGUV help place job seekers who bring with them diverse know-how and skills from their previous job. The contact person at DGUV job offers companies individually tailored solutions for job orientation and training of candidates. DGUV job can also help organise financial subsidies quickly and with less red tape.

Signpost for changing careers

A new career opportunity is also needed by workers who, due to health reasons, are unable to continue in their chosen profession until retirement. If done early enough, changing to a job that is less demanding or demanding in a different way can help avoid unemployment or incapacity to work. Ideally, the new profession should match the skill level of the previous one and incorporate the person’s professional experience, interests and skills. It is imperative to take health aspects into consideration when searching for a new job. The German Social Accident Insurance assists workers to make this career change with the help of an online tool: at www.wegweiser-berufsumstieg.de (German only) workers can search for jobs that match their personal profile and health status. Companies can also use the website for human resources planning and development.

Making participation possible
Sport, fun, inclusion

Inclusion is when everyone wins: an example of this was “No Barriers Day” which took place on June 5-6, 2015 in front of the Hamburg Town Hall. It was a glorious sunny day in Hamburg and a great festival for people to come together.

Judo is much more than just a martial art: mutual help and understanding are principles of this sport. Two judoka showed what this looks like on “No Barriers Day”.

ELEGANCE, RHYTHM AND A LOT OF FEELING
Andrea Naumann and Jean-Marc Clément, ten-time German Champions in wheelchair dancing, showed off their skills with a graceful, rhythmic performance at “No Barriers Day”.

ALWAYS MOVING
“Inclusion is not an illusion” was the name of the event’s official song and the public loved it.
Hamburg’s First Mayor, Olaf Scholz, accepted the “Torch of Inclusion” from the “German Network for Inclusion” and promised more accessibility in Hamburg. The impressive tent constructed for the event covered 2,925 square metres and was easy to access for everyone.
Merger of the BG Hospitals
Ensuring quality and innovation at the highest level

When nine BG hospitals for acute care and rehabilitation, two clinics for occupational diseases and two injury treatment clinics merge into one legal entity, it sounds like a mammoth project. However, it also means a firm commitment to closer cooperation and innovative success. The merger of what previously were legally independent institutions at the end of 2015 was not just the most complex hospital merger of recent years; it also resulted in one of the largest non-profit healthcare groups, with the highest rate of investment and fourth largest turnover of all hospital groups in Germany. As a result of the merger, the BG hospitals are now well-prepared for meeting the challenge of providing optimal care to patients both now and in the future. The BG Hospital Group follows the principles of the German Social Accident Insurance: comprehensive care “using all suitable means” that starts at the scene of the accident and goes right through to outpatient aftercare.

Caring for the seriously injured
New procedure improves the treatment of serious accident patients

“At concentrating on these specially qualified and experienced hospitals, treatment and care of accident patients can be more effectively coordinated over the long term.”

At the start of 2013, the DGUV reorganised their system of medical treatment. Since then, there has been a three-tiered system in place which is used by hospitals treating patients who have been injured at work, on the way to work or at school. The DAV procedure is for patients who receive medical treatment from an officially-recognised occupational physician. The VAV procedure is for more seriously injured patients who require immediate medical treatment. The newly introduced SAV treatment procedure is for people who have suffered a particularly severe or complicated injury.

After a one-year transitional period, the SAV procedure came into effect on 1 January 2014. In addition to the nine BG accident hospitals, there are 91 hospitals who are authorised to offer SAV treatment. By concentrating on these specially qualified and experienced hospitals, treatment and care of accident patients can be more effectively coordinated over the long term. The hospital equipment specified by the SAV procedure is designed to provide qualified and interdisciplinary care at the highest level for severely injured patients. Special standards apply for medical professionals and therapists, operating theatres, emergency rooms, intensive care units and hygiene requirements. In addition, there are strict requirements for cooperation with employees of social accident insurance in rehabilitation management.
After a serious injury, which has resulted in a permanent limitation such as an amputation, accident survivors and their relatives are often helpless when it comes to dealing with an entirely new life situation. Following a successful pilot project, the DGUV now offers help to these people via peer counselling during rehabilitation at two of the BG hospitals. A peer, in this case, is a person who has suffered the same or similar injury or illness and is prepared to share their personal experiences of dealing with this new life situation. The “Peer Principle” is an integral component of the current DGUV Action Plan 2.0 to implement the UN-CRPD as a means of supporting people with disabilities by people with disabilities.

Peers are volunteers who act as role models and provide inspiration based on their own experiences. Primarily they help with emotional and other sensitive issues. As confidants and equals, they often have a different relationship with the seriously injured person. Thus, the affected person’s fears about the future can be surmounted, a sense of shame can be overcome and their self-esteem can be improved.

Peer counselling is independent and strictly confidential, it is a supplementary service of rehabilitation management covering acute treatment, medical rehabilitation and participation in working and social lives.

In addition to establishing peer counselling in the BG hospitals, a nationwide network will be established for peers as part of rehabilitation management by the accident insurance institutions. The “National Peer Map” is an initiative of the accident insurance institutions; it is an interactive database of peers with information regarding their type of injury and their place of residence. It also includes contact information for the relevant person who manages the peers at each accident insurance institution. The DGUV University of Applied Sciences also provides seminars to train rehabilitation managers in how to best select and make use of peers. The introduction of the “Peer Principle” is a new way for the DGUV to strengthen self-responsibility and self-determination of accident survivors as well as to help them develop the skills they need to participate in society and the world of work.

Empowerment as equals
The successfully tested “Peer Principle” becomes part of rehabilitation

“We are the ambassadors for a new life.”
Dagmar Marth, amputee and professional peer counsellor

| www.dguv.de (Webcode: d1526) |
What barriers need to be removed in order for people with disabilities to enjoy equal participation in society? Research into participation, including that carried out by the DGUV, helps to answer this question because by the end of 2017, up to 10 per cent of DGUV research funds will flow into projects around participation. Thus, research can make a real contribution to improving rehabilitation and participation.

Mobility coaches encourage an active lifestyle
An example of research into participation is the DGUV-supported research project “Mobility is Participation” (MIT) conducted in 2015 by the Research Institute for Inclusion through Physical Activity and Sport (FiBS) in conjunction with the German Wheelchair Sport Association (DRS). A previous study showed that people with paraplegia who are physically active are less impaired in their everyday and professional life. These active people also stated that they had a significantly better physical and mental quality of life. Following on from this study, the MIT project developed a concept for improving and maintaining wheelchair mobility for a person’s entire life.

The Mobility in a Wheelchair Activity Test (AMR®) and a brief questionnaire on subjective assessment of mobility were used to evaluate a person’s wheelchair use. If they required training, a specially-trained “mobility coach” was provided. The coaches were themselves experienced wheelchair users; they not only gave advice regarding mobility and sporting activities appropriate for the person’s location and situation but also provided motivation and encouragement for an active lifestyle. Due to the positive feedback from those involved, the DGUV has decided to include the AMR® and mobility coaches as an integral component of the rehabilitation process.

The “Hand” Flagship Project
Another example is the DGUV-funded “Hand” project (2011-2016). Around a third of all reportable workplace accidents in 2014 were hand injuries; therefore, research interest in this area is particularly strong. Recommendations for medical treatment (from diagnosis through to rehabilitation) in the form of treatment standards were compiled for selected hand injuries and diseases. These recommendations were developed in cooperation with the clinics participating in the project. An assessment tool based on the International Classification of Functioning, Disability and Health (ICF) was also developed as part of the project. The assessment tool allows aspects of functioning, participation and other contextual factors to be recorded. The tool will be used to implement treatment standards and will be assessed using a long-term study. As part of this, a “practicality check” will be carried out to identify any potential sticking points for the routines which will be used for all BG hospitals.

www.fi-bs.de/mobilitaet-ist-teilhabe-mit (German only)
www.leuchtturmprojekt-hand.de (German only)
Focussing on insured individuals
How satisfied are clients with the DGUV's rehabilitation management?

Accidents can severely undermine a person’s life. The DGUV’s rehabilitation management improves a person’s prospects: following a severe workplace or commuting accident, all necessary measures are coordinated and networked in order to eliminate or reduce the damage to a person’s health. The objective is the timely reintegration of the person into work and society. But how satisfied are patients with this process? This and other questions were addressed in a two-year anonymous survey. The initial results are now available. They clearly show that the effort put into rehabilitation management by the accident insurance institutions has been worthwhile: although approximately two-thirds of those surveyed stated that they were off work for more than six months, almost 56 per cent of respondents could return to their old job after their accident. A further six per cent changed jobs but within the same company. The survey included all people insured by the social accident insurance institutions who completed rehabilitation management after 31 July, 2015. “The results from the project are a building block for quality assurance and show for the first time the good prospects for people who undergo rehabilitation”, said Doris Habekost, Head of Participation and Rehabilitation Management at the DGUV. “One of the things we want to demonstrate is the importance of early intervention in rehabilitation”. A brief questionnaire was developed with scientific support from the Institute for Work and Health of the DGUV (IAG). The questionnaire looks at cooperation with the rehabilitation manager, rehabilitation planning and processes, achievement of objectives, overall satisfaction and anonymous data about the person.

Not just providing care, but learning how to care for yourself
Family caregivers need support in their everyday care work

Taking care of a family member in the home is a task of great responsibility whose consequences are varied and many. Caregivers often only become aware of the strain placed upon them when their daily life suffers. They often underestimate their own emotional and physical limits.

Statutory accident insurance covers non-paid caregivers when they provide care, as such they are entitled to preventive support. The DGUV action guidelines for “Care” came into effect in 2016; the guidelines emphasise the important role that family caregivers play and offers advice on how they can be given support through training and measures to provide relief.

Practical assistance
Practical training in nursing care at BG hospitals accompanied by professional care counselling are important aids when starting to provide everyday care. Since 2005, the DGUV University of Applied Sciences in cooperation with the ZNS — Hannelore Kohl Foundation has offered a seminar on “Guidance and Support for Family Caregivers”. The seminar helps to overcome insecurities about in-home care and to improve skills in caregiving. A broad range of information and tips on caregiving in practice are taught. The topic of “self-care and self-awareness” is also covered. Family caregivers learn to be aware of their own thresholds and to rediscover the needs in their own life that they have neglected.

The increasing demand for this seminar makes it clear that family caregivers need support so that they can provide optimal in-home care and to ensure that the caregivers themselves do not become ill.
Beautiful new world of work? Work 4.0 — safe and healthy design

Digitalisation, globalisation, greater flexibility, demographic changes — these developments are shaping the world of work more than ever. Challenging issues for prevention come from new forms of work, technical innovations and an increase in the way people and machines are connecting and networking. 4.0 processes not only change the way we work but also the rules of the game. This section deals with the key question: how can we work safely and healthily now and in the future? The German Social Accident Insurance is committed to its more than 76 million insured members: to their lives, to their health and to their social security. The work done by the DGUV contributes to the fourth industrial revolution being designed in a decent and human-friendly way.
THE FUTURE OF WORK
How will we work in the future? This is the question that is currently occupying politics and the general public because digitalisation, new work demands and demographic change will all have a long-term effect on our work. The Federal Ministry of Labour and Social Affairs has also stated that the digital transformation of the world of work is a priority issue and in April 2015 it launched the Work 4.0 dialogue process. The aim is to have an open dialogue with companies, workers and policy makers in order to identify the challenges and opportunities of our future working society. In the following interview, the Federal Minister of Labour and Social Affairs, Andrea Nahles, comments on the challenges presented by tomorrow’s world of work.

Minister Nahles, you have started an important dialogue process on the future of work with publication of the Work 4.0 Green Paper. What are your expectations from this initiative?

The world of work is rapidly changing due to digitalisation and social changes. The previous way of thinking that “one size fits all” no longer suits the modern world of work. We have to meet new demands and requirements from both workers and employers. This is why I started a progressive dialogue on Work 4.0. In 2015, we presented the “Work 4.0 Green Paper” which describes the key issues; for example, what changes are we seeing in the economy and what impact do these have on social security, qualifications and labour law? To answer this, we are running workshops with experts and also looking at engaging in a dialogue with the general public; an example of which is our national film festival “Futurale”.

The results of the dialogue will be incorporated into a white paper on design options for Work 4.0 which will be published at the end of 2016. My goal is that the white paper will be used as a blue print for how we design the world of work in the future.

Can you already outline what you believe will be the biggest challenges in the new world of work?

Education and training are the key to success for companies and employees. Work won’t disappear because of digitalisation, but we do know that jobs will change significantly in the future. Many people will have to take on new, more complex tasks. Social skills will become increasingly important because they are something that we can’t automate. We have to prepare people for this. This is a joint responsibility for the social partners and politics. We must work together to develop education and training so that people with a lack of qualifications can find new opportunities and that companies have the right people in the future.

What opportunities and risks do you see for workers and companies as a result of the changes to employment that are coming?

If we set the right course now, then Work 4.0 and digitalisation represent a great opportunity. There is huge potential for innovations and improvements for the organisation of work, which
will also benefit workers. I have already seen some great solutions in many companies. For example, employment contracts with individualised working hours and locations can significantly help employees to achieve a better work-life balance.

We mustn’t lose sight of the fact that these changes mean stress for a lot of people. Some are scared that they won’t be able to keep up in the future. That’s why we have to help people during this transformation and minimise risks. We also have to continually modernise OSH including new services for social security and investment in further education.

**Work where and when you want — the home office or other mobile workplaces appear to be replacing the “presence culture” in companies. How can we design work that is flexible in terms of time and space so that both companies and workers benefit?**

We need more flexibility, but we also need new assurances. In the dialogue for Work 4.0, we have found out that some people would rather switch from a maximum number of daily working hours to a maximum number of weekly working hours. Others want to set new boundaries such as the right to not be contacted after hours. The technological transformation has given us more leeway. I want to use this for more flexible working hours that better suit different phases of life, in order to encourage people to better balance their professional and personal development. The Working Hours Act will be essential in the future to protect workers. In the digitalised world we need more tailored solutions for organising working hours. Basically I would like as many of these solutions to be found directly in companies. They’re the ones that know best what they need.

**What challenges do you particularly see for policy makers? Which statutory rules and provisions can support this development in a positive way?**

We need a whole new way of reaching flexible compromises, where we can combine new assurances and securities with more flexibility for companies and employees. The role for politics, and my role also, is to actively shape this change: the aim must be to cleverly mesh legally binding standards with tariff and employment agreements. We are currently discussing how this can work in the Work 4.0 progress dialogue with all stakeholders including the social partners, academic experts and association representatives.

**What do you think is the role of social accident insurance in dealing with the changing world of work?**

It is important to me that, in the future also, there is an effective framework of occupational safety and health. Work-related diseases and accidents must be prevented or at least minimised. To this end, OSH has to adapt to the changes currently taking place. We need to better understand the risks arising from new technologies and changes in work processes. The BMAS is already working on these issues, for example, as part of the Joint German OSH Strategy, where there is active exchange of ideas and experiences between all those who bear responsibility for OSH.

*Mobile forms of work are increasing significantly.*
In order to lead a long, healthy working life, we need a culture of prevention.

In the evening, Rita writes about holiday destinations that she has never visited; from the comfort of her living room, the 55-year-old searches on an Internet platform for writing jobs posted by travel operators around the world. For each piece she writes, she gets a few euros — extra pocket money to supplement her part-time job. But recently, Rita has been really stressed: the texts have to be finished faster and other web writers offer their services at increasingly cheaper rates …

The example of Rita shows how work has changed: it has become more networked, digital, flexible and global. One of the drivers of this is technological development. Smartphones, tablets, laptops and extensive Wi-Fi networks have resulted in greater flexibility in terms of time and space. People can work almost anytime and from anywhere. New information and communication technologies are also revolutionising industrial production. Processes are being networked with one another, people are becoming part of digitalised production processes.

Work 4.0
Digitalisation is creating new challenges for the statutory accident insurance system
Humans are still integrated into self-organised production systems, but, where possible, they are only there to supervise processes or become involved in critical situations. In other cases, collaborative robots work hand in hand with humans, for example, by reducing the strain of physical activities.

**The rules of the game are different in World of Work 4.0**

New technologies are not only changing the way we work but also the conditions under which we work. Side by side with normal working conditions — permanent full-time employment with a fixed workplace and social security — a range of non-typical forms of work have arisen. These include click-working and crowd-working where companies recruit workers on a needs basis via a virtual network, as in the example of Rita. These workers are often in global competition with one another. Employee sharing is also widespread: this is where workers are jointly employed by multiple companies. The basic principle of flexibility is behind all these forms of work.

**Policy makers start discussion on Work 4.0**

Policy makers have put the transformation of the world of work on their agenda and in April 2015, a dialogue on the topic of Work 4.0 was started. This deals with forms of work and working conditions, not just in the industrial sector but also the entire world of work. The “Work 4.0” Green Paper outlines current trends as well as future values and areas for action. Guiding questions help initiate discussions between the social partners, academics and experts from associations, companies and institutions.

The DGUV has published comments on the Green Paper. It poses numerous questions about the opportunities and risks for safety and health in the working world of tomorrow. These go beyond the guiding questions and areas of action outlined in the Green Paper. An example is Vision Zero: this strategy has been part of the prevention principles of the German Social Accident Insurance since 2008. Its aim is to have a world of work without serious or fatal workplace accidents or occupational diseases. How can this be implemented in the future? Furthermore, to what extent can Work 4.0 contribute to reducing workplace accidents, occupational diseases and work-related health hazards in general? Can a high level of safety and health at work also be guaranteed in a dynamic world of work, in which technology is rapidly progressing and job tasks and forms of work are changing?

The research institutes of the DGUV are already studying the effects of innovative manufacturing techniques and work methods in terms of new accident risks and health hazards. “Research into prevention must take a holistic approach to work systems that are changing as a result of digitalisation in order to investigate the effects on health and to develop solutions and rules for designing humanised work”, said Professor Dietmar Reinert, Director of the Institute for Occupational Safety and Health of the DGUV (IFA). Technical developments,
occupational sciences and occupational health research are equally in demand.

**Risk Observatory detects, monitors and analyses trends**
The proactive work done by the DGUV means that it is well positioned for World of Work 4.0. “We will continue to do what we have always done: early detection of new developments in the world of work and the technology sector, monitoring of these trends using our expertise and analysing their relevance to OSH”, said Reinert. In order to do this, the DGUV has developed a special Risk Observatory. Its aim is to identify which trends in the coming years could lead to significant risks to the safety and health of insured individuals and which preventive measures should be taken.

**Thinking about safety and health from the very start**
One of the biggest challenges is the increasingly flexible nature of working arrangements. How can the accident insurance institutions get their message across to people who are solo self-employed and do not automatically come under the protection of statutory accident insurance? And how can awareness be raised in companies and employees for OSH issues related to telework or mobile workplaces? These issues will be addressed in the new prevention campaign of the accident insurance institutions commencing in 2017. The aim of the campaign is to enshrine safety and health as values for all people, in all organisations and in the community as a whole, as well as to integrate safety and health into how we think and act. Over the long term, this results in a culture of prevention. Companies must extend their responsibilities to include improving the health literacy of employees, especially when the company does not have direct access to their workers. The prevention services offered by the accident insurance institutions help companies and educational institutions. This also benefits Rita: while surfing the Net, she came across the DGUV’s new prevention campaign. She is curious about the practical tips on how even small things related to safety and health can make a difference to her daily life. “I’m going to try that out,” said Rita “because at the end of the day, the little things can have a big effect.”

**Milestones in prevention**
Inspire, provide food for thought, encourage a change of perspective: this is what the German Social Accident Insurance is about. “In order to lead a long, healthy working life, we need a culture of prevention”, stated Dr Walter Eichendorf, Deputy Director General of the DGUV. This must include all phases of life — starting with day-care and going through to education and a person’s entire career. “This will create the right conditions for people to be able to work safely and healthily in a digitalised world.”
Greater freedom or self-endangerment?

Literature study on telework summarises the current state of research

Technological developments have increased the uptake of telework in Germany. Thanks to modern information and communication technologies (ICT), employees can also perform their jobs outside of company premises. Home teleworkers work exclusively from home, whereas telecommuters alternate between home and office. Mobile telework refers to workers who are on the road including working at different locations. Apart from various legal issues, questions also arise about the health and well-being of workers when designing workplaces for teleworkers. The Institute for Work and Health of the DGUV (IAG) in Dresden investigated the opportunities and risks for these forms of work as part of a literature review. The positive effects associated with telework such as greater control over working hours can also have negative consequences such as extended working hours, fewer breaks and working beyond one’s own limitations. “In general terms, you can neither reject nor recommend teleworking. It depends on the circumstances,” said Dr Hiltraut Paridon in a summary of the results. “On the one hand, this suggests limiting the scope of this form of work in order to prevent a lack of social support and limited career opportunities. On the other hand, there is a certain degree of increased flexibility and autonomy”, explained Paridon. “It also appears to make sense to plan to be present in the company on fixed days”, added IAG psychologist Dr Marlen Cosmar. Since research into this field is still not complete, an exhaustive assessment of the effects of this form of work is not yet possible.

How stressed are workers?

A study examines the stress resulting from constant availability and provides an initial prevention concept

One of the phenomena of Work 4.0 is increased availability: work time, leisure time and time for activities such as eating, housework and volunteer work are alternating and blending with one another. The Institute for Work and Health of the DGUV (IAG) has been investigating this issue for some time and is currently working on a study in cooperation with the Initiative Work and Health (iga). The study is investigating the stress and strain experienced by workers as a result of non-regulated availability during their private life and will provide an initial prevention concept. The iga is a joint initiative of the DGUV, the Federal Association of Substitute Health Funds, the Federal Association of the AOK and the Association of Substitute Health Funds; it focuses on prevention and workplace health promotion.

Employees who are constantly available are less capable of recharging

“Constant availability is an additional burden to a person’s actual job”, said Dr Hiltraut Paridon from the IAG. “It can lead to recuperation processes being interrupted or shortened.” The expectation that a person can be contacted outside of their regular working hours also means that they cannot distance themselves sufficiently from work. “The study shows that workers who are constantly available suffer more from the negative consequences of stress such as an inability to fully recharge or poor sleep.” Prevention concepts must include measures to create structures and conditions that promote good health and encourage healthy behaviours. However, Paridon also stated that there are still no universal answers for using digital media in the world of work: “The proactive design of a digital culture is a joint responsibility.”

To download the free brochure in English, go to www.dguv.de/publikationen and type “12282” into the search field “Begriff oder Bestellnummer” on the right-hand side.
The “new world of work” and its effects

What do 4.0 processes mean for social security and the protection of workers?

Who doesn’t dream of it? Simply swap the office for the sofa at home, a nice café around the corner or best of all, a Caribbean beach. Digitisation makes it possible: e-mails and documents can be read and edited anywhere. In Germany, “classic” employment is still the rule, with a single employer, a permanent employment contract, a fixed workplace and social security. However, new, flexible forms of work are emerging as a result of digitalisation. An example of this is clickworking: this refers to people who work on a pay-per-task or pay-per-project basis, but this is done on a freelance basis as a solo self-employed person. Click-workers and companies from all over the world find one another via crowdsourcing platforms.

Where are the limits of individual freedom?

However, the freedom that comes with these new forms of work has its limits: firstly, the volume of work is not always enough to make a living; secondly, there is the issue of social security. The German Social Accident Insurance has made its position clear on this: “Work might be changing but the protection needs of people remain the same,” declared Dr Joachim Breuer, Director General of the DGUV. Under the current social accident insurance system, self-employed persons are obliged to take out cov-

The number of people who are solo self-employed is higher than those who are self-employed with employees. Experts attribute the current decline in the number of people who are solo self-employed to the upbeat economy: solo self-employed people are changing into paid employment and there are fewer start-ups.

Source: Eurostat/DIW
Average in some cases. In the future, the question may arise more frequently of whether it should be mandatory for additional groups of self-employed persons to be protected by statutory accident insurance.

However, one particular challenge is to clearly delineate between work activities that are covered by the social accident insurance system and activities in private life that are not in order to clearly define the responsibilities of the various social insurance systems in Germany. The Association for Social Security Policy and Research (GVG), of which the DGUV is a member, has been discussing whether there should be a duty of care to all workers in all branches of the social security system. “It would be difficult to explain to paying members, if the social security system had to also provide care to people who do not pay any contributions,” said Breuer, who has also been chairman of the GVG since 2012.

Safety and health must be considered a part of all areas of life from the very start. In addition to the debate over a new definition of social security for all segments of the population, the changes mentioned also present new challenges for OSH. In the past, the German Social Accident Insurance has had great success in preventing accidents and health risks in the workplace. What has to change in prevention when, as a result of digitalisation, workers can freely choose where they work? Who makes sure that OSH requirements are met outside company premises? The German Social Accident Insurance will find answers to these questions so that individuals are in the position to take on greater personal responsibility. In addition, safety standards need to be adjusted so that OSH in practice is not diminished.

Safety and health must be considered a part of all areas of life from the very start.
Work 4.0 and occupational diseases

Will digitalisation change the occurrence of occupational diseases?

Hearing loss is one of the most frequently recognised occupational illnesses. Digitalisation can help prevent this: there are already companies that are using robots in loud working environments. It is conceivable that eventually flexible, self-learning and autonomous systems will take over dangerous work for people and that this could have a positive effect on the occurrence of occupational diseases. But the digitalised world of work also holds dangers: for example, the possible adverse health effects of using innovative manufacturing technologies such as 3D printers must be thoroughly researched.

Greater flexibility of work — a challenge

The intensification of work and the blurring of boundaries between work and private life can have a negative impact on the safety and health of workers. The question is how to identify and document these negative consequences and strains when they only occur intermittently. Furthermore, which diseases are specifically a result of work activities? Questions also arise as a result of new forms of freelance work such as solo self-employment: these do not fit with the classic criteria of employment as covered by social insurance. There needs to be clarification regarding which characteristics will be used in the future to decide who falls under the protection of the German statutory accident insurance system. Whether it covers certain accidents and illnesses that occur also depends on the answers to these questions.

The future has begun

The “Internet of Things” is changing testing, certification and standardisation

Nothing to eat at home? The intelligent fridge notices when something is missing, orders it on the Internet and organises its prompt delivery. Fridge, heating, car: an integrated computer can turn all kinds of electronic items into intelligent things that can communicate with one another. The “Internet of Things” creates new business models, forms of work and job descriptions — which has an impact on prevention. New hazards must be identified and risks newly assessed. The DGUV Testing and Certification Body (DGUV Test) at the German Social Accident Insurance Institution for the foodstuffs industry and the catering trade is developing new methods, procedures and measuring devices. In a Workshop on the Future, prevention experts discussed the challenges facing machine safety in the age of Industry 4.0; they also developed theories for testing and certification in the world of work. This includes monitoring and assisting manufacturers of machines and equipment when integrating OSH as part of Industry 4.0.

Clear rules for standardisation

However, solutions for Industry 4.0 have so far been very specific and are not transferable to other systems. In order for these isolated solutions to become complete solutions, standards and norms are required. Standardisation contributes to uniform rules and safe work equipment. And their reach is expanding: OSH services, qualifications and company processes are becoming increasingly standardised. A policy paper from 6 January 2015, which was written with contributions from the DGUV and the Commission for Occupational Health and Safety and Standardisation (KAN), now regulates which standardisation projects for OSH are valid and useful. It emphasises that rules and provisions of the state and the accident insurance institutions take priority. This makes the relationship between standardisation and OSH clearer — a milestone on the path to a modern, unified set of rules and provisions, even in the age of Industry 4.0.

DGUV Yearbook 2015/16
Ready for new forms of work and new technologies

Qualification is one of the keys to successfully shaping the transforming world of work

Whoever does what he already can do, stays forever who he already is”. This is how automaker Henry Ford put it in a nutshell. Training and qualification are key building blocks for a successful career. We often still work in familiar structures but for how much longer? The fourth industrial revolution is in the making. Digitalisation is not only changing our workplaces but also the demands placed on workers and the tasks they carry out. A new lifelong culture of learning will play a key role in coping with these challenges. Ever-shorter innovation cycles mean that not only products but also work structures and processes are being replaced with new ones faster and faster. The half-life of knowledge is increasing. Knowledge is becoming “older” faster. Increasingly, workers need to adapt to changing conditions and adjust or update their level of understanding and know-how. Companies need to recognise this trend early on and prepare a new infrastructure for learning as well as flexible learning systems for their employees.

The German Social Accident Insurance is helping

The services of the DGUV, as the largest non-governmental training provider, are in high demand: training content and methods need to be adjusted in order to meet the rapidly changing requirements of the technological and digital transformation. Changing forms of work and employment conditions associated with more flexibility also require new ways of learning: examples of this include informal learning, e-learning, work-integrated learning and age-appropriate learning. A future task for the DGUV, therefore, will be to develop and implement new content and methods for training. In order to successfully do this, the DGUV has positioned itself as a partner for open dialogue in the field of training and education, particularly for topics related to occupational safety and health. It regularly hosts events and provides training on the topic of learning and working in a digital world.

New forms of learning have many new requirements, including content and presentation of information, particularly OSH information. This is due to changes in training structures for employees and increasing employment polarisation. This is a challenge for the German Social Accident Insurance in terms of tomorrow’s training and qualification. Always at the front of our minds: a new lifelong learning culture not only in companies, government offices and educational institutions but also in the social accident insurance institutions themselves.

| www.dguv.de (Webcode: d76) |
Welcome to tomorrow’s world of work

What does the future of work look like? Experts from the Institute for Occupational Safety and Health of the DGUV (IFA) are using innovative methods to research the answer to this question.

In virtual reality (VR), a person interacts with simulated plant equipment, machinery and work tools. This ensures that prevention is both timely and sustainable. A VR laboratory is available at the IFA.
NEW TEAM MEMBER:
OUR COLLEAGUE THE ROBOT
Processes where humans work hand in hand with industrial robots but without protective guards need to be more closely researched. At the IFA, technologies are being tested and assessed as suitable protection measures for working with collaborative robots.

PLUNGE INTO NEW WORLDS
A system of computers and projectors creates a dynamic, three-dimensional, virtual work environment. VR simulates hazards without actually endangering human lives.

IDENTIFYING RESIDUAL RISKS
Industrial robots can help people and relieve their workload. In order to reduce the risk of a collision, the IFA is researching sensors and safe threshold values for force-pressure. This will limit mechanical risks as much as possible.
Industry 4.0 — from research to practice

The IFA is researching the effects of digitalisation on employee safety and health

The ongoing process of digitalisation is revolutionising the world of work, especially in production. The IFA is investigating the impact of technical innovations on the safety and health of workers. It is helping to shape the structural transformation that is taking place because of digitalisation. One of the tools for doing this is the DGUV’s Risk Observatory which anticipates new challenges in the field of prevention. Following the results of a survey carried out by the observatory, it is clear that prevention work conducted by the accident insurance institutions in the future will be more in demand than ever because of the digitalisation of the world of work. This will include focusing on networking, accessibility and control through new information technologies.

Safe cooperation between humans and robots

The IFA does prevention research on collaborative robots, that is, complex machines which share a work area with humans and help them do their work. For example, a robot can lift and position a heavy work item, while a human wields light iron parts. If there are no protective guards between human and machine, then other technical measures are necessary to prevent collisions: accurate robot control can minimise the risk of a collision.

In order to assess residual risk, the IFA has developed a force-pressure measurement device: it measures, visualises and documents the strain caused by a collision with a robot in order to test that threshold values are not exceeded.

Wherever there is human-robot collaboration, there is a risk of collisions. This should only result in a minimal level of discomfort.
The IFA has defined the technological, medical, biomechanical and testing requirements for working with collaborative robots. Ergonomic requirements for human-robot collaboration can be investigated in the SUTAVE virtual reality laboratory at the IFA. This includes determining the appropriate distance between humans and robots as well as the speed and trajectory patterns for collaborative robots. Results from the first IFA projects were published in 2009 and since then have found their way into standards for robots. The DGUV has compiled an information booklet to help manufacturers with planning a collaborative robot system.

Smart glasses — a minicomputer you can wear
Prevention research into smart glasses and head-mounted displays (HMD) is also part of the work done at the IFA. These are small display devices attached to a worker’s head or integrated into a pair of glasses. The main advantage of these devices is that information such as operating instructions can be displayed directly in a person’s field of view while leaving their hands free for work. They can also be used to call up extra information or get a second opinion. Smart glasses and HMDs are controlled via voice, gestures or external devices. Their use in the world of work raises issues in terms of the physical and mental strain on users.

Therefore, the IFA has started to research the use of smart glasses as part of order-picking in warehouses. Glasses have been programmed to help workers recognise and evaluate hazard symbols. Smart glasses can also be used to collect biofeedback. One possible application of this is to have an online display of head tilt angle with an ergonomic rating. The IFA is currently investigating whether smart glasses can improve the ergonomics of workplaces where sorting is carried out.

3D printers: technical innovations and OSH
Additive manufacturing (AM) has the potential to revolutionise production and logistics: AM is the process of creating a product in successive layers, also commonly known as 3D printing. The question is whether there are hazardous substances involved in the process or whether the finished goods themselves emit hazardous substances. Initial measurement results from several accident insurance institutions and the IFA are now available. The Federal Institute for Occupational Safety and Health (BAuA) is striving towards a cooperation with the IFA. Once sufficient data is available, the IFA and the Social Accident Insurance Institution for the public sector in North Rhine-Westphalia (UK NRW) will develop a set of guidelines to ensure a common approach to measuring exposure in the workplace. A project is also in the planning with the Hazardous Substances Unit of the Raw Materials and Chemicals Division. The aim is to provide evidence for the safe use of 3D printers. These examples show what prevention research at the IFA is about: the beneficial combination of technical innovations and OSH.

Source: IFA

SMART GLASSES: Examples of smart glasses and head-up displays (HUD) in operation:

Monocular see-through smart glasses: the smart glasses project virtual information in front of one eye. The other eye has unobstructed vision. The real world can be seen directly.

Head-up display (HUD) without see-through: the HUD shown is a display system which completely covers the field of vision with virtual information.

Binocular see-through smart glasses: the smart glasses project virtual information in front of both eyes, but at the same time it is possible to see the real world.

Source: IFA
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DGUV Yearbook 2015/16
### Social Accident Insurance Institutions for the Private and Public Sectors

#### German Social Accident Insurance Institutions for the Private Sector

- **BG for the raw materials and chemical industry**
  - [www.bgcri.de](http://www.bgcri.de)
- **BG for the woodworking and metalworking industries**
  - [www.bghm.de](http://www.bghm.de)
- **BG for the energy, textile, electrical and media products sectors**
  - [www.bgtem.de](http://www.bgtem.de)
- **BG for the foodstuffs and catering industry**
  - [www.bgn.de](http://www.bgn.de)
- **BG for the building trade**
  - [www.bgbau.de](http://www.bgbau.de)
- **BG for the trade and logistics industry**
  - [www.bghw.de](http://www.bghw.de)
- **BG for the administrative sector**
  - [www.vbg.de](http://www.vbg.de)
- **BG for the transport industry, postal logistics and telecommunications**
  - [www.bg-verkehr.de](http://www.bg-verkehr.de)
- **BG for the health and welfare services**
  - [www.bgw-online.de](http://www.bgw-online.de)

#### German Social Accident Insurance Institutions for the Public Sector (State)

- **UK Baden-Württemberg**
  - [www.ukbw.de](http://www.ukbw.de)
- **German Social Accident Insurance Institution for local authorities in Bavaria/UK Bavaria**
  - [www.kvb.de](http://www.kvb.de)
- **UK Berlin**
  - [www.unfallkasse-berlin.de](http://www.unfallkasse-berlin.de)
- **UK Brandenburg, UK for the fire services in Brandenburg**
  - [www.ukbb.de](http://www.ukbb.de)
- **German Social Accident Insurance Institution for local authorities in the Brunswick region**
  - [www.bs-guv.de](http://www.bs-guv.de)
- **German Social Accident Insurance Institution for local authorities in the Hanover region**
  - [www.guvh.de](http://www.guvh.de)
- **UK for the fire services in the Hanseatic regions**
  - [www.hfuk-nord.de](http://www.hfuk-nord.de)
- **UK Free Hanseatic City of Bremen**
  - [www.unfallkasse.bremen.de](http://www.unfallkasse.bremen.de)
- **UK Hesse**
  - [www.unfallkasse-hessen.de](http://www.unfallkasse-hessen.de)
- **UK Mecklenburg-Western Pomerania**
  - [www.uk-mv.de](http://www.uk-mv.de)

#### German Social Accident Insurance Institution for the Public Sector (Federal)

- **German Social Accident Insurance Institution of the Federal Government and for the railway services**
  - [www.uv-bund-bahn.de](http://www.uv-bund-bahn.de)
- **UK Baden-Württemberg**
  - [www.ukbw.de](http://www.ukbw.de)
- **German Social Accident Insurance Institution for local authorities in Bavaria/UK Bavaria**
  - [www.kvb.de](http://www.kvb.de)
- **UK Berlin**
  - [www.unfallkasse-berlin.de](http://www.unfallkasse-berlin.de)
- **UK Brandenburg, UK for the fire services in Brandenburg**
  - [www.ukbb.de](http://www.ukbb.de)
- **German Social Accident Insurance Institution for local authorities in the Brunswick region**
  - [www.bs-guv.de](http://www.bs-guv.de)
- **German Social Accident Insurance Institution for local authorities in the Hanover region**
  - [www.guvh.de](http://www.guvh.de)
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  - [www.hfuk-nord.de](http://www.hfuk-nord.de)
- **UK Free Hanseatic City of Bremen**
  - [www.unfallkasse.bremen.de](http://www.unfallkasse.bremen.de)
- **UK Hesse**
  - [www.unfallkasse-hessen.de](http://www.unfallkasse-hessen.de)
- **UK Mecklenburg-Western Pomerania**
  - [www.uk-mv.de](http://www.uk-mv.de)

- **UK for the fire services in Saxony-Anhalt and Thuringia**
  - [www.fuk-mitte.de](http://www.fuk-mitte.de)
- **UK for the fire services in Lower Saxony**
  - [www.fuk.de](http://www.fuk.de)
- **UK Lower Saxony**
  - [www.lukn.de](http://www.lukn.de)
- **UK Schleswig-Holstein and Hamburg**
  - [www.uk-nord.de](http://www.uk-nord.de)
- **UK North Rhine-Westphalia**
  - [www.unfallkasse-nrw.de](http://www.unfallkasse-nrw.de)
- **German Social Accident Insurance Institution for local authorities in the Oldenburg region**
  - [www.guv-oldenburg.de](http://www.guv-oldenburg.de)
- **UK Rhineland-Palatinate**
  - [www.ukrlp.de](http://www.ukrlp.de)
- **UK Saarland**
  - [www.eks.de](http://www.eks.de)
- **UK Saxony**
  - [www.unfallkassesachsen.de](http://www.unfallkassesachsen.de)
- **UK Saxony-Anhalt**
  - [www.ukst.de](http://www.ukst.de)
- **UK Thuringia**
  - [www.ukt.de](http://www.ukt.de)
- **UK Mecklenburg-Western Pomerania**
  - [www.uk-mv.de](http://www.uk-mv.de)
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- **UK Saxony-Anhalt**
  - [www.ukst.de](http://www.ukst.de)
- **UK Thuringia**
  - [www.ukt.de](http://www.ukt.de)
- **UK Mecklenburg-Western Pomerania**
  - [www.uk-mv.de](http://www.uk-mv.de)
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