

# DGUV Kompakt



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## TOP STORY

# Working time in Germany

**BAuA Working Time Report: Overtime and weekend work is widespread**



Nearly one in five employed tradespeople work more than 48 hours a week

**Many employees in Germany work more hours in a normal working week than is stipulated by their regular working hours. This is the finding of the Working Time Report Germany 2016 published by the Federal Institute for Occupational Safety and Health (BAuA) on 10 October. The BAuA report provides an extensive overview of working hours and is based on a representative survey of around 20,000 employees in Germany. According to the report, full-time employees in Germany work 43.5 hours in a normal working week, which is almost five hours more than contractually agreed (38.6 hours).**

Longer working hours and overtime often go hand in hand with deadline pressures, performance pressures, overextension due to excessive workloads, and skipping breaks. Working time is currently a hot topic being discussed, especially in the context of changes to the world of work. The main focus is on the opportunities and risks associated with increased flexibility in working time and location, as well as the corresponding new forms of working

time such as extended availability or mobile work. "One of the things we are interested in is the connection between different forms of working hours and employee health", said Isabel Rothe, President of the BAuA. "The aim is to provide a sound database which can be used for the systematic evaluation and design of working time systems that promote good health."

Working time also plays an important role for the German Social Accident Insur-

"We are interested in the connection between different forms of working hours and employee health."

Isabel Rothe, President of the BAuA

Photograph: auremar / Fotolia

ance with regard to OSH and health promotion. Studies have shown that the risk of a worker having an accident increases exponentially after the ninth hour of working. The Working Time Report also states that respondents are significantly more likely to report health complaints after just two hours of overtime. An increase in overtime is especially associated with an increase in physical exhaustion and sleep disorders.

The BAuA Report shows that a large number of employees also work at the weekend: 43 per cent work at least once a month at the weekend. More than half of these employees not only work on Saturdays but also on Sundays and public holidays. Particularly problematic is the fact that weekend work, which takes away from valuable social time, is associated with high levels of strain on health and satisfaction. Overall, the results of the BAuA survey show that flexible working hours already represent the reality of working hours for many employees.

**Web:** [www.baua.de/Arbeitszeitreport-Deutschland](http://www.baua.de/Arbeitszeitreport-Deutschland) (German only)

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## Complex issue

Dear reader,

The topic of occupational diseases is highly complex, technically demanding and often emotionally charged. It is therefore highly important to provide information about this important issue. Defining what is regarded as an occupational disease is a difficult process which is undertaken by qualified experts – as is determining whether an insured person is affected by an occupational disease. As such, we welcome the fact that the Federal Ministry of Labour and Social Affairs (BMAS) has recently published the names of the members of the Medical Advisory Committee for Occupational Diseases (ÄSVB) for the new five-year advisory period 2016-2021. We also concur with State Secretary Yasmin Fahimi who has expressly acknowledged that the Advisory Committee is a “guarantee for the further development of German occupational diseases legislation” because it plays a crucial role in assessing whether an illness can be officially recognised as an occupational disease. Even more reason why we are so pleased that in this edition of DGUV Kompakt we could interview the Chair of the ÄSVB, Professor Ernst Hallier, about the tasks carried out by the Committee and also the problems that it faces, because this can also contribute to a better understanding of this difficult issue as whole.

**Dr Joachim Breuer**  
Director General of the DGUV

# “Indicating the work-related correlation of diseases”

**Talking with Professor Ernst Hallier, Chair of the Medical Advisory Committee for Occupational Diseases**

**In September 2016, the new five-year advisory period of the Medical Advisory Committee for Occupational Diseases commenced. The Committee is an independent advisory body that assists the Federal Ministry of Labour and Social Affairs with medical-scientific issues. It is responsible, among other things, for reviewing and evaluating scientific findings regarding occupational diseases. DGUV Kompakt spoke with Professor Ernst Hallier, who was re-elected as Chair of the Medical Advisory Committee for Occupational Diseases (ÄSVB), about the work done by the Committee and the newly recommended occupational diseases.**

**Professor Hallier, in short: what is the task of the Medical Advisory Committee for Occupational Diseases and what role does it play in further developing German occupational disease legislation?**

The Medical Advisory Committee is an internal advisory body of the Federal Ministry of Labour and Social Affairs (BMAS). It consists of renowned academic occupational physicians and epidemiologists appointed by the Ministry who carry out their advisory activities on an honorary basis, that is, without remuneration. Depending on the issue at hand, scientists from other disciplines are engaged as external consultants. The Committee reviews the medical-scientific literature and evaluates it with regard to diseases being caused as a result of work-related influences. The opinions and recommendations of the Committee serve as the scientific basis for the Ministry’s policy decisions on occupational disease legislation, in particular for including diseases in the official list of recognised occupational diseases. They also help adapt existing occupational diseases to the current state of knowledge or to clarify older, vaguely defined occupational diseases.

**How do you go about identifying suitable diseases that can be assessed for inclusion in the Occupational Diseases Ordinance?**

There are no strict requirements for this. One reason for an assessment might be the classification of an occupational sub-

stance as carcinogenic to humans. However, it might also be the result of an occupational disease declaration and the “opening clause” procedure (Section 9, Paragraph 2, Book VII of the German Social Code). Another impetus might be several publications in the international scientific literature indicating the work-related correlation of diseases.

Recommending that a disease be included in the Occupational Diseases List is a multi-stage procedure. First, the scientific literature must be comprehensively researched. The second step is to examine whether an influencing factor in the workplace is generally suitable to cause the disease. The basis for this is mainly the clinical and molecular-biological understanding of how a disease develops (pathogenesis), for example, how UV radiation leads to skin cancer. A valuable source of information comes from evaluations carried out by important institutions such as the World Health Organisation or the German Research Foundation. The third and final step is determining the group type. The law for occupational diseases requires that work-related exposure to the danger of a disease for a particular group of persons be much greater than for the general population. Making this distinction is usually far more difficult than determining the general suitability of a disease; it also explains why some diseases have not yet been included in the list of occupational diseases, even though the pathogenesis is quite clear. For exam-

ple, when looking at skin cancer caused by natural UV radiation, one must take into consideration that a significant proportion of the general population is exposed to UV radiation in large doses, such as when they go on holiday. Here it was difficult to differentiate between occupational and everyday exposure.

**You have recently recommended that new diseases be included in the Occupational Diseases Ordinance. Why these ones in particular? What was the basis for selecting these diseases?**

There are currently four diseases which we have recommended for inclusion in the list: Leukaemia caused by exposure to butadiene; laryngeal cancer and bladder cancer from polycyclic aromatic hydrocarbons (PAH); and focal dystonia suffered by instrumental musicians. Butadiene has been classified as carcinogenic to humans. PAHs were already known to cause lung cancer, now it has also been established that the larynx and bladder can be targeted. Here it was difficult to epidemiologically delineate the group of people affected by this through their work because the most common form of exposure to PAHs and the cause of laryngeal cancer and bladder cancer is tobacco consumption; so we had a similar problem to UV radiation. Focal dystonia is a very rare neurological disease which results in the affected musicians no longer being able to practise their profession.

**Which occupational groups are particularly affected by the newly recommended occupational diseases?**

Butadiene is a base substance in the chemical industry used to produce synthetic rubber and certain plastics. Therefore, chemical workers are the ones primarily affected. PAHs result from the incomplete combustion of carbon compounds and are contained in coal oil and petroleum. Examples of occupations affected include coke oven workers and chimney sweeps who are exposed to soot or tar. Focal dystonia affects instrumental musicians who have to practice many hours every day; a notable sufferer of this disease was the pianist and composer Robert Schumann.



Photograph: Syda Productions / Fotolia

Both doctors and employers must report that they suspect an occupational disease exists to the relevant social accident insurance institution

**Is the ÄSVB focusing on particular areas in the new consulting period?**

The focus is currently on the wear and tear of joints, in particular of the hip and shoulder joints. Because these diseases also occur frequently in the general population, it won't be easy to delineate between occupational causes and non-work factors. Other focus areas include ovarian cancer caused by asbestos and kidney cancer caused by the solvent trichloroethylene which was previously used in large quantities. The public often calls for mental illnesses to be dealt with. We consider this issue to be extremely important; however, until now it has not been possible to use epidemiological methods to identify groups of persons who are particularly affected by their work and to distinguish between occupational and non-occupational influences, such as family or financial problems.



Photograph: private

**Professor Ernst Hallier**  
 Institute for Occupational, Social and Environmental Medicine of the Georg-August-University Göttingen and Chair of the Medical Advisory Committee for Occupational Diseases

**TOPIC**

**Occupational Diseases**

The German Occupational Diseases List is found in Annex 1 of the German Occupational Diseases Ordinance (BKV). The list only contains diseases which, based on the findings of medical science, are caused by certain effects and which are considerably more likely to occur in certain groups of people because of their work than in the rest of the population. There are currently 77 diseases on the list. In individual cases, if a disease is not included on the list, it can be officially recognised "like an occupational disease". To this end, there must be new findings from medical science concerning the specific effects which a certain group of people are significantly more exposed to due to their statutorily insured profession than compared to the general population. The possible correlation between a disease and work is not enough for it to be officially recognised as an occupational disease.

**Web: [www.dguv.de](http://www.dguv.de) (Webcode: e40189)**

## RECOMMENDED

# New portal for Work 4.0

More digital, more flexible, more networked – this is what the future of work looks like. But do robots actually make work safer? And is flexible work even healthy? The digitalisation of the world of work still leaves many open questions and room for discussion. The DGUV is also actively involved in the topic and has launched a new portal for “Work 4.0” on its website. The portal contains interesting information about the various activities of the German Social Accident Insurance as well as current developments dealing with the future of work. In addition to reports on the latest research findings, you can also download or order the brochure “New Forms of Work” which provides a detailed look at the subject. The portal is rounded off with information about events and helpful links to further reading.



**Arbeiten 4.0**  
**Warum beschäftigt sich die DGUV mit Arbeiten 4.0?**  
 Die Arbeitswelt der Zukunft wird digitaler, flexibler und vernetzter. Diese Entwicklung wird zusammengefasst unter dem Begriff „Arbeiten 4.0“. Sie ist gekennzeichnet durch neue Arbeitsformen und -verfahren, technologische Innovationen sowie die Nutzung von Daten zur Optimierung von Prozessen. Diese Entwicklung führt zu neuen Chancen, aber auch zu neuen Risiken. Die DGUV ist aktiv involviert und stellt die besten Fachkompetenzen in der Branche für die Sicherheit und Gesundheit am Arbeitsplatz bereit.

**Neue Technologien**  
 In Zukunft werden die Arbeitsplätze durch neue Technologien wie Robotik, künstliche Intelligenz oder Cloud Computing verändert. Die DGUV bietet die Arbeitsplätze aber lassen neue entstehen, die Chancen bieten, aber auch neue Herausforderungen für die Sicherheit und Gesundheit am Arbeitsplatz mit sich bringen.

**Zentrale und dezentrale Arbeitsorganisation**  
 Die digitale Vernetzung führt zu neuen Arbeitsformen wie Arbeit von zu Hause, flexible Arbeitszeiten, die Möglichkeit der Fernarbeit und die Arbeit in dezentralen Teams. Die DGUV bietet die Arbeitsplätze aber lassen neue entstehen, die Chancen bieten, aber auch neue Herausforderungen für die Sicherheit und Gesundheit am Arbeitsplatz mit sich bringen.

**Neue Berufstätigkeiten**  
 An der Stelle von Routinearbeiten werden neue Tätigkeiten entstehen, die neue Fähigkeiten erfordern. Die DGUV bietet die Arbeitsplätze aber lassen neue entstehen, die Chancen bieten, aber auch neue Herausforderungen für die Sicherheit und Gesundheit am Arbeitsplatz mit sich bringen.

**Arbeitszeiten**  
 Die Arbeitszeiten werden sich verändern, da die Flexibilität in der Arbeitswelt zunimmt. Die DGUV bietet die Arbeitsplätze aber lassen neue entstehen, die Chancen bieten, aber auch neue Herausforderungen für die Sicherheit und Gesundheit am Arbeitsplatz mit sich bringen.

**Wissen der Experten und Führungskräfte**  
 In der Arbeitswelt der Zukunft werden die Führungskräfte eine zentrale Rolle spielen. Die DGUV bietet die Arbeitsplätze aber lassen neue entstehen, die Chancen bieten, aber auch neue Herausforderungen für die Sicherheit und Gesundheit am Arbeitsplatz mit sich bringen.

**More online:**  
[www.dguv.de/arbeiten40](http://www.dguv.de/arbeiten40)  
 (German only)

## NEWS IN BRIEF

# Official partnership with the DBS

The DGUV, the German Disabled Sports Association (DBS) and Deutsche Sport Marketing (DSM) signed a cooperation agreement during the Paralympic Games in Rio. The DGUV is now “Co-sponsor of the German Disabled Sports Association” and “Official partner for Prevention and Rehabilitation” of the DBS. The German social accident insurance institutions are tasked with using “all appropriate means” to rehabilitate people who have suffered a workplace accident or occupational disease. Supporting rehabilitation sport and disabled sport plays a significant role in achieving this. The German Social Accident Insurance has long been committed to encouraging and supporting sport as part of prevention and rehabilitation.



Foto: Andreas Joneck / DBS

Heinrich Popov (right) at the 2012 Paralympics

“We want to further expand our cooperation through this partnership”, said Dr Joachim Breuer, Director General of the German Social Accident Insurance. “Occupational and social reintegration of people following an accident is an important issue for us. And athletes with a disability are great examples of courage. That is why we want to support people with disabilities both at the Paralympics and in general sport.”

## IMPORTANT DATES

**2 – 4 November 2016**  
**Grundlagen der Normungsarbeit**  
**DRESDEN**  
[www.kan.de](http://www.kan.de) > Service

**7 Dezember 2016**  
**Kongress Prävention 4.0**  
**BERLIN**  
[www.praevention40.de](http://www.praevention40.de)

## CLARIFICATION

In last edition’s cover story, there was possibly misleading wording. The proper application of the German Occupational Health and Safety Act has always meant including psychological stressors in a risk assessment. However, since 2013, these have been explicitly embedded in the Occupational Health and Safety Act.

## NUMBER OF THE MONTH

# 560,000

**safety officers ...**  
 ... supported companies and institutions with prevention work in 2015.

## LEGAL INFORMATION

**Published by:** Deutsche Gesetzliche Unfallversicherung (DGUV), Dr Joachim Breuer (Director General). The DGUV is the umbrella association of the German Social Accident Insurance Institutions for the public sector and for trade and industry  
**Publishing committee:** Dr Renate Colella (Chair), Udo Diel, Beate Eggert, Professor Dr med Axel Ekkernkamp, Dr Udo Schöpf, Karl-Sebastian Schulte, Dr Franz Terwey  
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**Publishers:** Helios Media GmbH, Friedrichstraße 209, 10969 Berlin, [www.helios-media.de](http://www.helios-media.de)  
**Printed by:** DCM Druckcenter Meckenheim

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