

R171 - Occupational Health Services Recommendation, 1985 (No. 171)

Display in: [French](#) - [Spanish](#) - [Arabic](#) - [German](#) - [Russian](#) - [Chinese](#)

Preamble

The General Conference of the International Labour Organisation,

Having been convened at Geneva by the Governing Body of the International Labour Office, and having met in its Seventy-first Session on 7 June 1985, and

Noting that the protection of the worker against sickness, disease and injury arising out of his employment is one of the tasks assigned to the International Labour Organisation under its Constitution,

Noting the relevant international labour Conventions and Recommendations, and in particular the Protection of Workers' Health Recommendation, 1953, the Occupational Health Services Recommendation, 1959, the Workers' Representatives Convention, 1971, and the Occupational Safety and Health Convention and Recommendation, 1981, which establish the principles of national policy and action at the national level, and the Tripartite Declaration of Principles concerning Multinational Enterprises and Social Policy adopted by the Governing Body of the International Labour Office,

Having decided upon the adoption of certain proposals with regard to occupational health services, which is the fourth item on the agenda of the session, and

Having determined that proposals shall take the form of a Recommendation supplementing the Occupational Health Services Convention, 1985:

adopts this twenty-sixth day of June of the year one thousand nine hundred and eighty-five, the following Recommendation, which may be cited as the Occupational Health Services Recommendation, 1985:

I. Principles of National Policy

1. Each Member should, in the light of national conditions and practice and in consultation with the most representative organisations of employers and workers, where they exist, formulate, implement and periodically review a coherent national policy on occupational health services, which should include general principles governing their functions, organisation and operation.
2.
 - (1) Each Member should develop progressively occupational health services for all workers, including those in the public sector and the members of production co-operatives, in all branches of economic activity and all undertakings. The provision made should be adequate and appropriate to the specific health risks of the undertakings.
 - (2) Provision should also be made for such measures as may be necessary and reasonably practicable to make available to self-employed persons protection analogous to that provided for in the Occupational Health Services Convention, 1985, and in this Recommendation.

II. Functions

3. The role of occupational health services should be essentially preventive.
4. Occupational health services should establish a programme of activity adapted to the undertaking or undertakings they serve, taking into account in particular the occupational hazards in the working environment as well as the problems specific to the branches of economic activity concerned.

A. SURVEILLANCE OF THE WORKING ENVIRONMENT

5.
 - (1) The surveillance of the working environment should include-
 - (a) identification and evaluation of the environmental factors which may affect the workers' health;
 - (b) assessment of conditions of occupational hygiene and factors in the organisation of work which may give rise to risks for the health of workers;
 - (c) assessment of collective and personal protective equipment;
 - (d) assessment where appropriate of exposure of workers to hazardous agents by valid and generally accepted monitoring methods;
 - (e) assessment of control systems designed to eliminate or reduce exposure.
 - (2) Such surveillance should be carried out in liaison with the other technical services of the undertaking and in co-operation with the workers concerned and their representatives in the undertaking or the safety and health committee, where they exist.
6.
 - (1) In accordance with national law and practice, data resulting from the surveillance of the working environment should be recorded in an appropriate manner and be available to the employer, the workers and their representatives in the undertaking concerned or the safety and health committee, where they exist.
 - (2) These data should be used on a confidential basis and solely to provide guidance and advice on measures to improve the working environment and the health and safety of workers.
 - (3) The competent authority should have access to these data. They may only be communicated by the occupational health service to others with the agreement of the employer and the workers or their representatives in the undertaking or the safety and health committee, where they exist.
7. The surveillance of the working environment should entail such visits by the personnel providing occupational health services as may be necessary to examine the factors in the working environment which may affect the workers' health, the environmental health conditions at the workplace and the working conditions.
8. Occupational health services should-
 - (a) carry out monitoring of workers' exposure to special health hazards, when necessary;
 - (b) supervise sanitary installations and other facilities for the workers, such as drinking water, canteens and living accommodation, when provided by the employer;
 - (c) advise on the possible impact on the workers' health of the use of technologies;
 - (d) participate in and advise on the selection of the equipment necessary for the personal protection of the workers against occupational hazards;
 - (e) collaborate in job analysis and in the study of organisation and methods of work with a view to securing a better adaptation of work to the workers;
 - (f) participate in the analysis of occupational accidents and occupational diseases and in accident prevention programmes.
9. Personnel providing occupational health services should, after informing the employer, workers and their representatives, where appropriate-
 - (a) have free access to all workplaces and to the installations the undertaking provides for the workers;

(b) have access to information concerning the processes, performance standards, products, materials and substances used or whose use is envisaged, subject to their preserving the confidentiality of any secret information they may learn which does not affect the health of workers;

(c) be able to take for the purpose of analysis samples of products, materials and substances used or handled.

10. Occupational health services should be consulted concerning proposed modifications in the work processes or in the conditions of work liable to have an effect on the health or safety of workers.

B. SURVEILLANCE OF THE WORKERS' HEALTH

11.

(1) Surveillance of the workers' health should include, in the cases and under the conditions specified by the competent authority, all assessments necessary to protect the health of the workers, which may include-

(a) health assessment of workers before their assignment to specific tasks which may involve a danger to their health or that of others;

(b) health assessment at periodic intervals during employment which involves exposure to a particular hazard to health;

(c) health assessment on resumption of work after a prolonged absence for health reasons for the purpose of determining its possible occupational causes, of recommending appropriate action to protect the workers and of determining the worker's suitability for the job and needs for reassignment and rehabilitation;

(d) health assessment on and after the termination of assignments involving hazards which might cause or contribute to future health impairment.

(2) Provisions should be adopted to protect the privacy of the workers and to ensure that health surveillance is not used for discriminatory purposes or in any other manner prejudicial to their interests.

12.

(1) In the case of exposure of workers to specific occupational hazards, in addition to the health assessments provided for in Paragraph 11 of this Recommendation, the surveillance of the workers' health should include, where appropriate, any examinations and investigations which may be necessary to detect exposure levels and early biological effects and responses.

(2) When a valid and generally accepted method of biological monitoring of the workers' health for the early detection of the effects on health of exposure to specific occupational hazards exists, it may be used to identify workers who need a detailed medical examination, subject to the individual worker's consent.

13. Occupational health services should be informed of occurrences of ill health amongst workers and absences from work for health reasons, in order to be able to identify whether there is any relation between the reasons for ill health or absence and any health hazards which may be present at the workplace. Personnel providing occupational health services should not be required by the employer to verify the reasons for absence from work.

14.

(1) Occupational health services should record data on workers' health in personal confidential health files. These files should also contain information on jobs held by the workers, on exposure to occupational hazards involved in their work, and on the results of any assessments of workers' exposure to these hazards.

(2) The personnel providing occupational health services should have access to personal health files only to the extent that the information contained in the files is relevant to the performance of their duties. Where the files contain personal information covered by medical confidentiality this access should be restricted to medical personnel.

(3) Personal data relating to health assessments may be communicated to others only with the informed consent of the worker concerned.

15. The conditions under which, and time during which, personal health files should be kept, the conditions under which they may be communicated or transferred and the measures necessary to keep them confidential, in particular when the information they contain is placed on computer, should be prescribed by national laws or regulations or by the competent authority or, in accordance with national practice, governed by recognised ethical guide-lines.

16.

(1) On completing a prescribed medical examination for the purpose of determining fitness for work involving exposure to a particular hazard, the physician who has carried out the examination should communicate his conclusions in writing to both the worker and the employer.

(2) These conclusions should contain no information of a medical nature; they might, as appropriate, indicate fitness for the proposed assignment or specify the kinds of jobs and the conditions of work which are medically contra-indicated, either temporarily or permanently.

17. Where the continued employment of a worker in a particular job is contra-indicated for health reasons, the occupational health service should collaborate in efforts to find alternative employment for him in the undertaking, or another appropriate solution.

18. Where an occupational disease has been detected through the surveillance of the worker's health, it should be notified to the competent authority in accordance with national law and practice. The employer, workers and workers' representatives should be informed that this notification has been carried out.

C. INFORMATION, EDUCATION, TRAINING, ADVICE

19. Occupational health services should participate in designing and implementing programmes of information, education and training on health and hygiene in relation to work for the personnel of the undertaking.

20. Occupational health services should participate in the training and regular retraining of first-aid personnel and in the progressive and continuing training of all workers in the undertaking who contribute to occupational safety and health.

21. With a view to promoting the adaptation of work to the workers and improving the working conditions and environment, occupational health services should act as advisers on occupational health and hygiene and ergonomics to the employer, the workers and their representatives in the undertaking and the safety and health committee, where they exist, and should collaborate with bodies already operating as advisers in this field.

22.

(1) Each worker should be informed in an adequate and appropriate manner of the health hazards involved in his work, of the results of the health examinations he has undergone and of the assessment of his health.

(2) Each worker should have the right to have corrected any data which are erroneous or which might lead to error.

(3) In addition, occupational health services should provide workers with personal advice concerning their health in relation to their work.

D. FIRST AID, TREATMENT AND HEALTH PROGRAMMES

23. Taking into account national law and practice, occupational health services in undertakings should provide first-aid and emergency treatment in cases of accident or indisposition of workers at the workplace and should collaborate in the organisation of first aid.

24. Taking into account the organisation of preventive medicine at the national level, occupational health services might, where possible and appropriate-

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

(b) take part in campaigns for the protection of health;

(c) collaborate with the health authorities within the framework of public health programmes.

25. Taking into account national law and practice and after consultation with the most representative organisations of employers and workers, where they exist, the competent authority should, where necessary, authorise occupational health services, in agreement with all concerned, including the worker and his own doctor or a primary health care service, where applicable, to undertake or to participate in one or more of the following functions:

(a) treatment of workers who have not stopped work or who have resumed work after an absence;

(b) treatment of the victims of occupational accidents;

(c) treatment of occupational diseases and of health impairment aggravated by work;

(d) medical aspects of vocational re-education and rehabilitation.

26. Taking into account national law and practice concerning the organisation of health care, and distance from clinics, occupational health services might engage in other health activities, including curative medical care for workers and their families, as authorized by the competent authority in consultation with the most representative organisations of employers and workers, where they exist.

27. Occupational health services should co-operate with the other services concerned in the establishment of emergency plans for action in the case of major accidents.

E. OTHER FUNCTIONS

28. Occupational health services should analyse the results of the surveillance of the workers' health and of the working environment, as well as the results of biological monitoring and of personal monitoring of workers' exposure to occupational hazards, where they exist, with a view to assessing possible connections between exposure to occupational hazards and health impairment and to proposing measures for improving the working conditions and environment.

29. Occupational health services should draw up plans and reports at appropriate intervals concerning their activities and health conditions in the undertaking. These plans and reports should be made available to the employer and the workers' representatives in the undertaking or the safety and health committee, where they exist, and be available to the competent authority.

30.

(1) Occupational health services, in consultation with the employers' and the workers' representatives, should contribute to research, within the limits of their resources, by participating in studies or inquiries in the undertaking or in the relevant branch of economic activity, for example, with a view to collecting data for epidemiological purposes and orienting their activities.

(2) The results of the measurements carried out in the working environment and of the assessments of the workers' health may be used for research purposes, subject to the provisions of Paragraphs 6(3), 11(2) and 14(3) of this Recommendation.

31. Occupational health services should participate with other services in the undertaking, as appropriate, in measures to prevent its activities from having an adverse effect on the general environment.

III. Organisation

32. Occupational health services should, as far as possible, be located within or near the place of employment, or should be organised in such a way as to ensure that their functions are carried out at the place of employment.

33.

(1) The employer, the workers and their representatives, where they exist, should co-operate and participate in the implementation of the organisational and other measures relating to occupational health services on an equitable basis.

(2) In conformity with national conditions and practice, employers and workers or their representatives in the undertaking or the safety and health committee, where they exist, should participate in decisions affecting the organisation and operation of these services, including those relating to the employment of personnel and the planning of the service's programmes.

34.

(1) Occupational health services may be organised as a service within a single undertaking or as a service common to a number of undertakings, as appropriate.

(2) In accordance with national conditions and practice, occupational health services may be organised by -

(a) the undertakings or groups of undertakings concerned;

(b) the public authorities or official services;

(c) social security institutions;

(d) any other bodies authorised by the competent authority;

(e) a combination of any of the above.

(3) The competent authority should determine the circumstances in which, in the absence of an occupational health service, appropriate existing services may, as an interim measure, be recognised as authorised bodies in accordance with subparagraph 2(d) of this Paragraph.

35. In situations where the competent authority, after consulting the representative organisations of employers and workers concerned, where they exist, has determined that the establishment of an occupational health service, or access to such a service, is impracticable, undertakings should, as an interim measure, make arrangements, after consulting the workers' representatives in the undertaking or the safety and health committee, where they exist, with a local medical service for carrying out the health examinations prescribed by national laws or regulations, providing surveillance of the environmental health conditions in the undertaking and ensuring that first-aid and emergency treatment are properly organised.

IV Conditions of Operation

36.

(1) In accordance with national law and practice, occupational health services should be made up of multidisciplinary teams whose composition should be determined by the nature of the duties to be performed.

(2) Occupational health services should have sufficient technical personnel with specialised training and experience in such fields as occupational medicine, occupational hygiene, ergonomics, occupational health nursing and other relevant fields. They should, as far as possible, keep themselves up to date with progress in the scientific and technical knowledge necessary to perform their duties and should be given the opportunity to do so without loss of earnings.

(3) The occupational health services should, in addition, have the necessary administrative personnel for their operation.

37.

(1) The professional independence of the personnel providing occupational health services should be safeguarded. In accordance with national law and practice, this might be done through laws or regulations and appropriate consultations between the employer, the workers, and their representatives and the safety and health committees, where they exist.

(2) The competent authority should, where appropriate and in accordance with national law and practice, specify the conditions for the engagement and termination of employment of the personnel of occupational health services in consultation with the representative organisations of employers and workers concerned.

38. Each person who works in an occupational health service should be required to observe professional secrecy as regards both medical and technical information which may come to his knowledge in connection with his functions and the activities of the service, subject to such exceptions as may be provided for by national laws or regulations.

39.

(1) The competent authority may prescribe standards for the premises and equipment necessary for occupational health services to exercise their functions.

(2) Occupational health services should have access to appropriate facilities for carrying out the analyses and tests necessary for surveillance of the workers' health and of the working environment.

40.

(1) Within the framework of a multidisciplinary approach, occupational health services should collaborate with-

(a) those services which are concerned with the safety of workers in the undertaking;

(b) the various production units, or departments, in order to help them in formulating and implementing relevant preventive programmes;

(c) the personnel department and other departments concerned;

(d) the workers' representatives in the undertaking, workers' safety representatives and the safety and health committee, where they exist.

(2) Occupational health services and occupational safety services might be organised together, where appropriate.

41. Occupational health services should also, where necessary, have contacts with external services and bodies dealing with questions of health, hygiene, safety, vocational rehabilitation, retraining and reassignment, working conditions and the welfare of workers, as well as with inspection services and with the national body which has been designated to take part in the International Occupational Safety and Health Hazard Alert System set up within the framework of the International Labour Organisation.

42. The person in charge of an occupational health service should be able, in accordance with the provisions of Paragraph 38, to consult the competent authority, after informing the employer and the workers' representatives in the undertaking or the safety and health committee, where they exist, on the implementation of occupational safety and health standards in the undertaking.

43. The occupational health services of a national or multinational enterprise with more than one establishment should provide the highest standard of services, without discrimination, to the workers in all its establishments, regardless of the place or country in which they are situated.

V. General Provisions

44.

(1) Within the framework of their responsibility for their employees' health and safety, employers should take all necessary measures to facilitate the execution of the duties of occupational health services.

(2) Workers and their organisations should provide support to the occupational health services in the execution of their duties.

45. The occupational health-related facilities provided by the occupational health services should not involve any expense to the worker.

46. In cases where occupational health services are established and their functions specified by national laws or regulations, the manner of financing these services should also be so determined.

47. For the purpose of this Recommendation the term ***workers' representatives in the undertaking*** means persons who are recognised as such under national law or practice.

48. This Recommendation, which supplements the Occupational Health Services Convention, 1985, supersedes the Occupational Health Services Recommendation, 1959.

See related

Key Information

Recommendation concerning Occupational Health Services

Adoption: Geneva, 71st ILC session (26 Jun 1985)

Status: Up-to-date instrument.

See also

Submissions to competent authorities by country
