

# EUROGIP

## Main features of occupational injury insurance **BELGIUM**

Collection on **accident at work** and **occupational disease**  
**insurance systems** in European Union countries

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## FOREWORD

This document forms part of a collection which will, progressively, describe country by country the main features of the insurance and prevention systems for accidents at work, commuting accidents and occupational diseases in force in the European Union Member States.

Far from being exhaustive, the information provided can in no case be a precise description of very complex systems, which are the product of the political, economic and social history of each country. EUROGIP's objective in proposing these approaches by country is to provide readers with "keys" to a better understanding of the general principles of the systems outlined, and to put in perspective the statistics for one country relative to another - even though such comparisons should be treated with caution.

## SCOPE OF DOCUMENT

This work comes **within a reference framework which is the French general Social Security regime**. In other words, the data refer mainly to salaried workers. Special features relating to "special regimes" may be mentioned, but accessorially.

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Article published in Eurogip Infos No. 62, "A national strategy and a Royal Order to bolster occupational health and safety"

## 1. Introduction

Belgium is one of the few EU countries in which the management of accident at work insurance is performed by private companies, under the supervision of a public organisation - the Accidents at work Fund (FAT: "Fonds des accidents du travail") - while occupational disease insurance comes exclusively within the competence of a public organisation, the Occupational Diseases Fund (FMP: "Fonds des maladies professionnelles").

In this document, it therefore seemed logical to discuss the characteristics of accident at work insurance and occupational disease insurance separately.

Regarding the working world in particular, out of a total population of 10.667 million inhabitants as at 1st January 2008, the working population amounted to about 4 million people, of which:

- 2,620,481 in the private sector on 31 March 2008;
- 731,039 in the public sector on 31 March 2008;
- 795,000 in the self-employed sector.

To this breakdown correspond three social security systems, respectively for:

- salaried workers;
- civil servants;
- self-employed workers.

This document discusses the social security system for salaried workers.

## 2. Characteristics of accident at work insurance

### 2.1 Competent organisations

#### Private companies

Accident at work insurance is handled by 11 private companies and 4 pooled funds (mutual non-profit organisations, established by employers and whose legal personality is recognised by law; for example Mensura, Securex, etc.).

By virtue of the Act of 10 August 2001, transposing the directive (92/49 EEC) relating to direct insurance other than life insurance, an employer can only take out accident at work insurance with a company that is authorised (by the Accidents at work Fund) for this purpose, or which can operate in Belgium via a branch office or under the free provision of services regime in accordance with the Act of 9 July 1975 regarding the supervision of insurance companies (the latter must also fulfil all the conditions laid down by the

### Accident at work and occupational disease insurance: a few historic dates

*December 1903: After thirteen years of fierce debate, a law lays down the principle of compulsory compensation for the damage caused by accidents at work without the injured worker having to prove the employer's fault. The compensation is a lump sum: neither real nor total, it is calculated on a wage limited by a ceiling and takes into account only bodily injury.*

*The scope of application of the law is limited to industrial firms employing at least five people.*

*1930: All enterprises, whenever they customarily employ a worker for at least two months per year, are subject to the 1903 law.*

*24 July 1927: Act relating to compensation for three occupational diseases.*

*1945: The victims of commuting accidents are also compensated.*

*December 1963: A regulation puts an end to the restrictive "double list" system which, like the French tables, designates a disease and exposure conditions.*

*1971: The employer is obliged to take out accident at work insurance with a company of his choice (until then, he assumed sole responsibility for damages compensation).*

*December 1990: Introduction of the "open" or off-list system (see 3.3).*

*13 July 2006: Introduction of the concept of work-related disease in the occupational disease system.*

*1st April 2007: Creation of an Asbestos Fund within the Occupational Disease Fund in order to compensate environmental casualties also.*

*23 December 2008: A Royal Order finalises the "heightened risk" mechanism by which enterprises having poor accident at work statistics have to pay to their insurer a fixed annual contribution of up to 15,000 euros (see point 5).*

Act of 10 April 1971 - Art. 49 on accidents at work). Companies in the European Economic Area (EEA) that want to operate in Belgium are subject to supervision by the country in which the firm has established its head office. Companies, whether Belgian or not, that are within EEA jurisdiction, are subject to the "prudential" supervision of the Banking, Finance and Insurance Commission (CBFA: "Commission bancaire, financière et des assurances"). Finally, insurance companies must establish a bank

guarantee, in other words have a surety agreement with a banking organisation.

The insurer is alone liable for the compensation, benefits, medical, surgical, pharmaceutical and hospitalisation care for which the amounts, scales and conditions of application are explicitly defined by law.

### The Accidents at work Fund (FAT)

The FAT, set up in 1967, has taken over the roles of various funds, including the "Caisse de prévoyance et de secours en faveur des victimes d'accidents du travail" - Providence and emergency aid fund for accident at work victims (founded in 1890).

The FAT is a public social security organisation, managed by an equi-representational management committee (7 trade union representatives and 7 employers' representatives) and is currently supervised by the Minister for Employment and Equal Opportunities. A government commissioner has a right of veto over the decisions taken by the Fund.

The FAT is responsible for contributing actively to optimal functioning of the accidents at work sector in the social security system for salaried workers. Accordingly, it performs work of technical, social and medical supervision of private insurers in order to protect workers and safeguard the rights of all the stakeholders in the accidents at work sector as well as possible.

For example, the FAT checks:

- For insurers: settlement of accident at work victims' dossiers (in response to complaints and of initiative); refusal to pay medical expenses for the victims of certain injuries; proposals for settlement of injuries (ratification); execution of insurance contracts in the public sector.

- For employers: compliance with the obligation of insuring personnel against accidents at work (in the event of non-insurance, the FAT imposes a fine on the employer) and reporting injuries to the insurers.

The FAT can also pay compensation to accident at work victims under certain conditions, namely when:

- the employer is not insured (an employer who has not taken out insurance is automatically affiliated to the FAT);
- the permanent disability is less than 10% (since 1982), 16% (since 1997), and 20% (since 2003);
- the victim receives a pension or a survivorship benefit, in cases of permanent disability;
- the victim is a sailor (merchant marine or fishing);
- the injury occurred prior to 1st January 1988; on certain conditions, the victim benefits from indexing of his (her) permanent disability compensation or a guaranteed minimum compensation, repayment of his (her) medical expenses, replacement of his (her) prostheses, temporary and permanent accumulation compensation (or a death allowance paid to his (her) legal beneficiaries).

The Fund is also responsible for providing an information service. The FAT management committee gives advice to its supervisory Minister concerning legislation on accidents at work. It has established a data bank on accidents at work in the private and public sectors, which enables it to take joint initiatives with the stakeholders in the Technical Committee for Occupational Risk Prevention: social partners, Directorate general for monitoring of well-being at work in the Federal Public Service (SPF) for Employment, Labour and Social Consultation, and experts from insurers' occupational risk prevention departments.

Lastly, the FAT provides social assistance for the victims and their legal beneficiaries.

To carry out its work, the FAT receives revenues from the social security contribution collection organisations (ONSS, CSPM), insurers, sea fishing shipowners, and employers without insurance.

## 2.2 Beneficiaries of accident at work insurance

The law on accidents at work applies to all persons covered by social security. This means every worker bound by an employment contract, i.e. who performs paid work under the authority of another person. This concerns, in particular: office workers, blue-collar workers, domestics, sportsmen and sportswomen under an employment contract, artists and temporary workers. The field of application is extended to people employed under the same conditions as with an employment contract: apprentices under contract, baby-sitters and carriers of people or goods.

The law has also been extended to certain categories of people not covered by social security:

- domestics not lodged in the house of their employer;
- students performing work under an employment contract for students (casual workers);
- casual labourers employed less than 8 hours a week in household work for their employer (household duties, childminding, gardening, private transport, etc.);
- seasonal workers assigned to certain agricultural jobs on condition that the job does not exceed 25 days in the year;
- remunerated instructors and monitors for socio-cultural and sporting activities;
- non-remunerated trainees within the framework of a training course in an enterprise organised by an educational establishment (since 1st January 2008).

Public service employees, military personnel and permanent staff of the SNCB (Belgian rail transport organisation) are covered by another law on accidents at work.

Others - such as workers employed by local employment agencies and unemployed persons following a vocational

training course - are also covered by another law on accidents at work, but they enjoy similar benefits to those provided for by the Act of 10 April 1971.

There are no specific accident at work provisions for the professions, shopkeepers, self-employed workers, company managers, job-seekers and volunteer workers.

## 2.3 Risks covered

Under Belgian law, an **accident at work** is a sudden event occurring in the course of and due to performance of the work contract, which causes or is one of the causes of an injury.

The injury may be physical (“sprain, fracture, amputation, burn, etc.”) or mental (“nervous breakdown, etc.”), entailing medical expenses, a work disability or death (these consequences need not necessarily occur at the same time as the event).

There is performance of a work contract when the employer can exercise his authority. Accordingly, an accident occurring during a work break or at a company party may be recognised as an accident at work because these are circumstances in which the employer could exercise his authority. The presumption that the injury is the result of a sudden event and that the injury was caused by the fact of performing a work contract may be refuted by the insurance company. If this is the case, the victim may ask the FAT to carry out an enquiry.

**Accidents on the way to work** are covered in Belgium; they are characterised as a sudden event occurring on the normal journey to work, which causes an injury. The normal way to work is that reasonably taken by the worker to go from (the threshold of) his(her) residence to the place of performance of the work, and vice versa.

The journey is still considered as normal in the case of a pause or a detour justified by obligations which the worker cannot avoid or in the case of a substantial detour or pause constituting a case of force majeure, i.e. an unforeseen event which prevents the worker from taking the normal route. The significance of the pause or detour depends on the duration and length of the normal journey. The commuting remains normal in the event of a detour performed as part of a ride sharing arrangement or to drive children to or from school. There are a series of places and routes assimilated to those for work. For example, the return journey between the workplace and the place where the worker takes or buys his (her) meal, the route to the vocational training venue, etc. are assimilated to the way to work.

## 2.4 Accident at work reporting

The employer or its representative is obliged to report

accidents at work to the insurer within a period of 8 days from the day after the injury. The report shall be drawn up using a paper or electronic form.

In the event of a serious injury, the employer has other obligations with regard to the Labour Inspectorate.

In the event of a refusal or negligence by the employer, the victim or his (her) legal beneficiaries may present the accident at work report within a period of at most three years to the insurers of the employer or the Occupational Injuries Fund.

If the insurer accepts the injury, it shall inform the victim or his (her) legal beneficiaries. If it refuses to cover the injury or has doubts about application of the law, it shall notify the victim and his (her) mutual insurance company within 30 days following receipt of the report.

This information given to the mutual insurance company is considered as a work disability report and means the victim is entitled to work disability compensation paid by the insurer.

In the event of a refusal or doubt, the insurer must also notify the FAT within the same 30-day period. The latter may (also at the request of the victim) perform an enquiry into the circumstances of the injury.

## 2.5 Benefits paid

In the event of a temporary total or partial work disability, an accident at work victim is entitled to daily benefits; in the event of a permanent work disability, he (she) receives an allowance during the revision period and benefits following that period. Compensation, allowances and benefits are calculated from the basic remuneration, i.e. the pay received during the year preceding the injury. An allowance can also be paid if the victim's condition requires the assistance of another person.

Medical, surgical, pharmaceutical and hospital expenses are covered by the insurer until expiry of the revision period, then by the FAT for injuries that occurred prior to 1st January 1998. For injuries that occurred after that date, these expenses are covered by the insurer.

In theory, the insured freely chooses his (her) doctor and the hospital and pharmaceutical services, unless the enterprise or the approved insurer has established a service in accordance with the mode provided for by the legislator. In that case, the treatment provided is free of charge.

### In cases of temporary disability

The victim receives daily benefits from the day after the





## 3. Characteristics of occupational disease insurance

### 3.1 Competent organisations

Management of “occupational disease” risk is performed exclusively by the Occupational Diseases Fund (FMP). This fund was set up in 1964, replacing the providence fund for victims of occupational diseases that had existed since 1927.

The FMP is a public social security organisation, administered by a Management Committee consisting of a chairman and seven members representing the employers’ organisations and seven members representing the workers’ organisations; only these members have a right to vote. In addition to its powers regarding Fund administration, the Management Committee can submit to the Minister of Social Affairs proposals for amendments to the laws and orders that it is responsible for applying, together with a funding plan for any extra financial expenses. The Management Committee can send to the same Minister opinions concerning all the bills presented before parliament.

The role of the FMP is to ensure application of the laws governing compensation for damages resulting from occupational diseases and to promote the prevention of such diseases. In particular, it examines claims for reparation, takes the decisions and pays the compensation. The employer is required to take out insurance with it.

A Scientific Advisory Board has been established within the Fund. Its roles are to:

- investigate diseases, check those that could be entitled to compensation and propose their registration on the Belgian list of occupational diseases;
- look for the most appropriate means, needed for the rational treatment and prevention of occupational diseases;
- make all proposals or give advice regarding any issue, both on its own initiative or at the request of the Minister supervising the Fund, or the Management Committee;
- make any proposal or give opinions regarding occupational risks which require extended health monitoring within the meaning of the Codex concerning well-being at work on the one hand, and the conditions under which and the way in which monitoring is performed on the other hand.

The Scientific Advisory Board consists of doctors and experts, renowned for their expertise in the area of occupational diseases.

Note, moreover, that each year the Scientific Advisory Board is required to establish a statistical report on trends for occupational diseases entitled to compensation and on the means of prevention applied or discovered in Belgium or elsewhere.

The FMP also has a prevention role (see point 5).

### 3.2 Beneficiaries of occupational disease insurance

- Workers bound by an employment contract;
- Sailors in the merchant marine;
- Those people who, without being bound by an employment contract, provide artistic services and/or produce works of art in return for payment of remuneration on behalf of the client;
- Those people who, as a result of a physical work disability or unemployment, undergo rehabilitation or occupational adaptation organised by or by virtue of a law or decree;
- Apprentices and trainees, even if they receive no remuneration;
- Pupils and students who, during their education and due to its nature, are exposed to the risk of an occupational disease, under the conditions determined by Royal Order; for this purpose, no contribution is due.

The FMP insurance does not cover:

- public service workers;
- military personnel;
- employees of the SNCB (Belgian public rail transport organisation);
- those people who receive remuneration for holding an executive political office.

### 3.3 Recognition of occupational diseases

#### The list system

The list of occupational diseases was established by the Royal Order of 28 March 1969, regularly updated (at present it contains more than 150 headings for diseases and causal agents).

For the victim, the causal link between the disease and exposure does not have to be demonstrated. A person exposed to the risk of an occupational disease as a result of their work and suffering from that disease is presumed to be the victim of an occupational disease and will be paid compensation for it as such.

#### The off-list system

By virtue of the “open” system, a disease outside of the list, whose direct determining cause can be found in the exercise of an occupation, can be recognised as work-related. The proof of exposure to the risk and of the causal link must in this case be provided by the victim or by his (her) legal beneficiaries.

#### Reporting and claims

For the purpose of prevention, the OH&S adviser/industrial doctor must report the occupational disease to the FMP doctor and the doctor/labour inspector in the Ministry of Employment. The claim for recognition, made in order to obtain compensation, is separate from this report; it is optional. The FMP sends the appropriate form to the victim

(his (her) legal beneficiaries or a representative), because it is incumbent on him (her) to present a claim for compensation.

### 3.4 Benefits paid

Compensation can be paid:

- in the event of death of the victim;
- for a temporary work disability, partial or total;
- for temporarily or permanently ceasing the harmful work;
- for a permanent work disability, partial or total.

An additional allowance may also be allocated if the victim needs regular assistance from another person. The part of healthcare expenditure up to the legal amount of the co-payment rate for healthcare treatment, pharmaceutical supplies, hospitalisation due to an occupational disease, prostheses and orthopaedic devices is covered, as well as the cost of the means of prevention provided for in the FMP list (hepatitis B vaccine, for example).

Compensation is calculated according to the victim's basic pay limited by a ceiling. The amounts are revised each year based on changes in the consumer price index.

#### In cases of temporary disability

A victim unable to perform his (her) job because of an occupational disease is entitled to compensation for total temporary work disability. The daily benefits represent 90% of basic pay. If the victim can work part-time, then he (she) receives compensation for the loss of earnings sustained.

However, this compensation can be granted only on condition that the first period of temporary work disability amounts to at least 15 days and provided that the claim is made during the period of temporary disability or during the period in which symptoms of the disease appear.

#### In cases of permanent disability

There is a right to compensation whenever the victim suffers a permanent disability, however slight it may be. Nevertheless, since the Royal Order of 31 March 1984, the annual allowance is reduced by half if the work disability rate is less than 5% and by a quarter if the rate is between 5% and 10%.

The victim receives an annual allowance calculated according to their basic pay (wages received during the twelve months preceding the start of the disability) and the financial scale of the work disability rate (from 1% to 100%). This compensation takes effect at the earliest 120 days before the date of bringing the claim.

When the victim needs the regular assistance of a third person (even if the disability rate is not 100%), the amount of

the allowance may be increased by up to at most 12 times the guaranteed average monthly minimum income level.

#### In cases of death of the victim

See Characteristics of accident at work insurance, point 2.5.

## 4. Funding of accident at work and occupational disease insurance

Contributions are payable exclusively by the employer, for both accidents at work and occupational diseases. They are estimated in arrears and are payable in advance.

The authorised insurers fix freely (free competition) the amount of the premiums, which vary depending on the nature of the risk and the revenues from capital placed in reserve.

The FAT and FMP form part of the overall social security financial management system for which employers are liable to a contribution at a uniform rate, the so-called solidarity contribution, so as not to penalise high-risk enterprises; this contribution is equal to 0.3% of the payroll without any ceiling for accidents at work, and 1.1% for occupational diseases.

#### Royal Order on heightened risk applicable from 1st January 2009

The aim is to help reduce the number of accidents at work through a financial contribution by enterprises showing little concern for risk prevention. Accordingly, those enterprises which, based on their number of accidents at work, represent a disproportionately higher risk by comparison with the other enterprises in their sector, will have to pay a fixed contribution to their insurers. This contribution will be allocated to injury prevention in the enterprise in question. In practice, for an insured risk to be considered as heightened, the following two conditions must be met simultaneously. Firstly, at least five accidents at work having resulted in a temporary disability of at least one day, not counting the day of the injury, or the death of one of the workers, occurred in the enterprise during the observation period. Secondly, the risk index, on an annual basis, amounts to at least ten times the risk index for the sector of activity which the enterprise comes under, during the past year and another calendar year in the observation period.

The contribution that will be paid by an enterprise representing a heightened risk is set at a fixed sum depending on the number of employees. It is 3000 euros for enterprises with less than 50 full-time equivalent employees and is increased by 2000 euros for each additional tranche of 50 full-time equivalent employees, with a ceiling limit of 15,000 euros.

The enterprise's insurer, in a consultancy role, allocates this fixed contribution to accident at work prevention in the



enterprise in question. He accordingly proposes to the employer an action plan including practical risk prevention measures to be taken to prevent similar injuries from recurring. Moreover, the insurer reports to the Occupational Injuries Fund (FAT) on the measures proposed to the employer and on the latter's observance of the measures and cooperation. All the reports are the subject of a summary report submitted to the FAT Management Committee, which also makes this information available to the Directorate general for monitoring of well-being at work in the Federal Public Service (SPF) for Employment, Labour and Social consultation.

Since 1st January 2009, a bonus/penalty system (which forms part of the federal plan for the reduction of accidents at work, called PHARAON) has come into force.

## 5. Risk prevention competencies of the insurance organisations

Private insurers encourage their member enterprises to improve safety at work, which enables them to adapt their premiums according to the risk mitigation.

The **Accidents at work Fund (FAT)** has been entrusted the task of stimulating preventive measures; in 1994, a Technical Committee for Occupational Risk Prevention was set up for this purpose.

The **Occupational Diseases Fund (FMP)** has a role of occupational disease prevention. It is the fund's prerogative to decide on removal from the harmful environment. Whether this removal is temporary or permanent, a proposal for removal entails special benefits:

- Temporary layoff with sick leave: 90% of the basic wage as for a temporary work disability.
- Temporary layoff with work at a non-exposed work station:

compensation for any loss of earnings.

In the event of permanent layoff:

- Acceptance of the layoff implies a commitment to no longer be exposed to the same risk;
- If the FMP considers it useful, it takes charge of a rehabilitation programme and grants compensation for total permanent disability during the period of this rehabilitation; - A bonus equivalent to approximately three months' (90 days) pay is always granted.

In some cases, a pregnant woman can be removed from a harmful work environment. The FMP's involvement for this temporary layoff is limited to the period between the job leave and the sixth week preceding the presumed date of childbirth.

Within the FMP, a Scientific Advisory Board - consisting of Professors of medicine, engineers, chemists, doctors and civil servants - has the task of looking for the most appropriate means of prevention and rational treatment of occupational diseases. For example, the FMP pays for the cost of healthcare, such as vaccination of nursing personnel against hepatitis B, or vaccination against flu for the beneficiaries of compensation for a respiratory or cardiac occupational disease when the person may be threatened by an occupational disease in their work.

The work-related disease concept enables the FMP to provide initiatives in the sphere of occupational risk prevention.

**PREVENT** is 30% funded by partners (insurers: 21% and public authorities: 9%) and 70% by its sales and products. It is a multi-disciplinary institute for knowledge in the areas of well-being at work. It was set up in its current form in 1997, after the enactment of the law on well-being at work in 1996. Its role is to provide services in the fields of occupational health and safety, and for the improvement of working conditions via research, information and training activities. Prevent also performs appraisal work.

## 6. To find out more

**Fonds des Accidents du Travail (FAT) (Accidents at work Fund):** Tel. +32 (0)2 506 84 11 - [http://fat.fgov.be/site\\_fr/home.html](http://fat.fgov.be/site_fr/home.html)  
Brochure: "Vos droits en matière d'accidents du travail dans le secteur privé" (Your rights regarding accidents at work in the private sector), for downloading: [http://fat.fgov.be/site\\_fr/fat/publications/brochure/document s/BrochureF03-09\\_000.pdf](http://fat.fgov.be/site_fr/fat/publications/brochure/document%20s/BrochureF03-09_000.pdf)

**Fonds des Maladies professionnelles (FMP) Occupational Diseases Fund:** Tel. +32 (0)2 2266211 - <http://www.fmp-fbz.fgov.be>  
e-mail: [secr@fmp-fbz.fgov.be](mailto:secr@fmp-fbz.fgov.be)

**List of occupational diseases:** <http://www.fmp-fbz.fgov.be/Pdfdocs/MedicalF/listBFR.pdf>

**Service public fédéral Emploi, Travail et Concertation sociale** (Federal Public Service for Employment, Labour and Social Consultation)  
Tel. +32223341 11 - <http://www.emploi.belgique.be/home>

**Office national de Sécurité sociale (ONSS) (National Social Security Office)** <http://www.onss.fgov.be/fr/home.html>

**Assuralia** (trade association of insurance companies)

Tel. +32 (0)2/547 56 11 Fax +32 (0)2/547 56 01 <http://www.assuralia.be>

**Prevent** <http://fr.prevent.be/>



**“In 2009, the 100 enterprises in Belgium that have a poor accident at work profile in their sector will have to pay at least 3000 euros which will be devoted to improving the safety of workers in the enterprise.”**

diseases and worker rehabilitation, and modernisation and simplification of the legislation and regulations.

#### **A new “heightened risk” system to responsabilise enterprises**

In an appendix, finally, the Strategy presents seven projects as examples. The first one aims to reduce accidents at work through a new “heightened risk” system for accidents at work to responsabilise enterprises.

On 21 November, the Council of Ministers approved a draft Royal Order which finalises this system, worked out in close consultation with the social partners, which will come into effect on 1st January 2009.

The aim is to help reduce the number of accidents at work through a financial contribution by enterprises showing little concern for risk prevention. Accordingly, those enterprises which, based on their number of accidents at work, represent a disproportionately higher risk by comparison with the other enterprises in their sector, will have to pay a fixed contribution to their insurers<sup>(2)</sup>. This contribution will be allocated to injury prevention in the enterprise in question. In practice, for an insured risk to be considered as heightened, the following two conditions must be met simultaneously. Firstly, at least five accidents at work having resulted in a temporary disability of at least one day, not counting the day of the injury, or the death of one of the workers, occurred in the enterprise during the observation period. Secondly, the risk index, on an annual basis, amounts to at least ten times the risk index for the sector of activity which the enterprise comes under, during the past year and another calendar year in the observation period.

The contribution that will be paid by an enterprise representing a heightened risk is set at a fixed sum depending on the number of employees. It is 3000 euros for enterprises with less than 50 full-time equivalent employees

and is increased by 2000 euros for each additional tranche of 50 full-time equivalent employees, with a ceiling limit of 15,000 euros.

The enterprise’s insurer, in a consultancy role, allocates this fixed contribution to accident at work prevention in the enterprise in question. He accordingly proposes to the employer an action plan including practical risk prevention measures to be taken to prevent similar injuries from recurring. Moreover, the insurer reports to the Occupational Injuries Fund (FAT) on the measures proposed to the employer and on the latter’s observance of the measures and cooperation. All the reports are the subject of a summary report submitted to the FAT Management Committee, which also makes this information available to the Directorate general for monitoring of well-being at work in the Federal Public Service (SPF) for Employment, Labour and Social Consultation. According to the Minister Joëlle Milquet, the principle of “heightened risk” will help to meet the overall objective of the National Strategy which is to “reduce the frequency rate of accidents at work in order to achieve as soon as possible a 25% reduction chiefly in the sectors most exposed”.

(1) National Strategy for occupational health and safety available at the address: <http://www.emploi.belgique.be/assetlibrary/BAE87533-2F8B-4380-A4AED995794005BE/73873c0f6fa04691bda7ae200935ef431.doc>

(2) In Belgium, the management of accident at work insurance is performed by private companies (17, including six pooled funds). These insurance companies pay to the victims compensation and benefits, the amounts of which, and their scales and conditions of application, are explicitly defined by law. The Occupational Injuries Fund (FAT), set up in 1967, carries out about fifteen roles. The most important one is a role of technical, social and medical supervision of private insurers with a view to the protection of workers. The statistics relating to accidents at work are available on the FAT website: [http://www.fatfao.be/site\\_fr/stats\\_etudes/tableaux\\_stats/tableaux-2007/tableaux2007.html](http://www.fatfao.be/site_fr/stats_etudes/tableaux_stats/tableaux-2007/tableaux2007.html)

## Interview with Jacqueline de Baets Assistant Director General of Accidents at work Fund FAT (Fonds des accidents du travail)

### Why was a new National Strategy in the area of occupational health and safety adopted at the end of November, together with a Royal Order on heightened risk?

Heightened risk was the main reason for the tool set up within the framework of the Pharaon plan initiated by secretary of state Kathleen Van Brempt in February 2004. The goal of the plan was a reduction in the number of accidents at work in Belgium.

This plan anticipated the European Strategy 2007-2012 which pursues the same goal. The heightened risk project was submitted to the FAT Management Committee by the previous Minister of Employment, Peter Vanvelthoven, and carried over by the current Minister of Employment, Joëlle Milquet, within the framework of her National Strategy for occupational health and safety.

No worsening of accident at work risk is observed at present, but we take as a starting point the fact that there are still too many accidents at work that could have been avoided if the preventive measures corresponding to the risks in question had been taken. The objective of the draft Royal Order on heightened risk is to oblige enterprises whose risk level is especially high by comparison with the average risk in their sector of activity to take preventive measures to avoid a recurrence of the accidents at work that led them to be considered as representing heightened risks.

### The Strategy is due to be presented to the National Work Council (CNT). Are a reappraisal or amendments possible?

The Strategy is indeed due to be discussed with the social partners within the CNT, but heightened risk, like the bonus/penalty system, another project in the Pharaon plan, have already been discussed with the social partners in the Fund's Management Committee and the legislation has already been adapted as a consequence. The publication of the Royal Order on heightened risk is still awaited. As regards the bonus/penalty system, the legislative and regulatory measures are ready. Recourse to the Council of State is, however, still pending, but we do not think this will be a major obstacle.

### Are there aspects of the Belgian Strategy that differ from the Community Strategy 2007-2012?

The Community Strategy allows each Member State freedom of means to achieve the shared objective, namely a continuous, permanent and uniform reduction in the number



of accidents at work. The Community Strategy has set itself a target figure: a 25% reduction in the incidence rate of accidents at work at the European Union level. However, it stipulates a framework for implementation of the National Strategies: target sectors and enterprises with the worst results, most common risks and protection of the most vulnerable workers. This is the framework for the specific accident at work projects of the Belgian National Strategy.

### What are the most innovative aspects of the Belgian Strategy by comparison with what exists at present?

In the area of accidents at work, the heightened risk plan which has been incorporated in the National Strategy is undoubtedly a novelty by comparison with the instruments available at present. The bonus/penalty system (Pharaon plan) is also carried over into the National Strategy. This system, which comes into effect on 1st January 2009, will allow enterprises which post good accident at work results to see their insurance premium reduced, while on the contrary enterprises with poor statistics will see their premium increase.

The FAT's data bank will be more fully exploited, both through detection of the heightened risks just mentioned, and analysis of typical injuries in the most risky sectors of activity. It will also be used to verify whether the Act of 10 April 1971 on accidents at work suitably fulfils its primary objective which is to restore victims to their pre-injury condition by putting them back to work or through appropriate compensation.

Collaboration between the Fund and the well-being monitoring services will be continued and stepped up, in particular by supplying studies on the sectors targeted by the monitoring services' campaigns and by the annual publication of the list of enterprises considered as representing heightened risks of accidents at work. Occupational injuries in the public sector are not forgotten. The accident at work information collected will be saved electronically so as to ensure uniform, exhaustive collection of injury statistics.

It is only by having statistics of high quality that risks can be identified and assessed efficiently. Reporting of private-sector injuries, which provides data that is input into the Fund's data bank, will also undergo assessment, given the importance of this tool in the context of implementation of the National Strategy.

**Eurogip is a public interest grouping (GIP) founded in 1991 as part of the French Social Security system. Its activities focus on five main areas: surveys on occupational risks in Europe, projects of Community interest, information-communication, standardisation and coordination of notified bodies for the certification of machinery and personal protective equipment. They all have as their common denominator the prevention or insurance of accidents at work and diseases in Europe.**

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