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Occupational Risks Insurance in **SPAIN**

Organisation and 2009-2011 Statistical Data

Foreword

This document presents a descriptive overview of the occupational risks insurance of Spain. It deals with its operating modes and a statistical chapter details the accidents at work and occupational diseases data.

The statistical chapter comes from the use by EUROGIP of the Employment and Social Security Ministry and it is presented according to the EUROGIP's knowledge of the Spanish insurance system. These data have not been reprocessed by EUROGIP. For any confirmation, one has to refer to the source which is systematically given.

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1. Main characteristics of the Spanish occupational injury insurance system

1.1 The Social Security system

The Spanish Social Security system includes a general scheme (workers of the industry, construction sector and services) and special schemes covering workers from other sectors (farmers, self-employed, coal mine workers, sailors and fishermen and salaried domestic workers). In 2012, salaried agricultural workers and salaried domestic workers were included within the general scheme.

The management of all these schemes is the responsibility of the following institutions: INSS (*Instituto Nacional de la Seguridad Social*), TGSS (*Tesorería General de la Seguridad Social*), SEPE (*Servicio público de Empleo*), ISM (*Instituto Social de la Marina*), INGESA (*Instituto Nacional de Gestión Sanitaria*) and IMSERSO (*Instituto de Mayores y Servicios Sociales*). Autonomous Regions are also very involved in health matters.

⇒ **INSS** [*Instituto Nacional de la Seguridad Social*, National Social Security Institute] is a unit of the Employment and Social Security Ministry in charge of the management and serving of the benefits in cash, i.e. old-age and disability pensions, survivor's pensions, temporary disability and maternity benefits and family benefits. Concerning the territorial organization, the benefits in cash management is the duty of regional departments, each one having its urban and local offices' network dispatched according to the population importance.

To know more about INSS:

http://www.seg-social.es/Internet_1/LaSeguridadSocial/Quienessomos/InstitutoNacionalde29413/index.htm

⇒ **TGSS** [*Tesorería General de la Seguridad Social*, Public Revenue Office of the Social Security] is a joint department depending on the Employment and Social Security Ministry. This department plays the role of a single fund for the whole Social Security system. It has management and control competences to recover premiums and other financial resources, to register companies, to register and cancel workers and self-employed. As a joint department, it warrants the financial solidarity of the system. It carries out the financial means management and the financial administration of the system.

To know more about TGSS:

http://www.seg-social.es/Internet_1/LaSeguridadSocial/Quienessomos/TesoreriaGeneralde29408/index.htm

⇒ **SEPE** [*Servicio Público de Empleo Estatal*, State Public Employment Service] manages and controls the unemployment benefits. It is also responsible for developing employment schemes in cooperation with the Autonomous Communities through employment agencies (*Oficinas de Empleo*).

To know more about SEPE: <http://www.sepe.es/>

⇒ **ISM** [*Instituto Social de la Marina*, Maritime Social Institute] has a dual function. Indeed, the Institute is responsible for the social problems of the maritime and fisheries sectors and for the seafarers' special scheme management.

To know more about ISM:

http://www.seg-social.es/Internet_1/LaSeguridadSocial/Quienessomos/InstitutoSocialde29421/index.htm

⇒ **IMSERSO** [*Instituto de Mayores y Servicios Sociales*, Old Age and Social Services Institute] runs, alongside the Autonomous Communities, pensions under the non-contributory benefits scheme for the elderly and disabled as well as social services. It also manages long-term care programs.

To know more about IMSERSO: http://www.imserso.es/imserso_01/index.htm

⇒ **INGESA** [*Instituto Nacional de Gestión Sanitaria*, National Institute of Health Management] manages health care through health care services in Ceuta and Melilla.

To know more about INGESA: <http://www.ingesa.msc.es/>

Moreover, **Mutuas** whose purpose is to cooperate to the Social Security management are not exclusively responsible for occupational risks' insurance and their prevention (see below). Indeed, if the employer requests it, *Mutuas* manage temporary disability benefits in collaboration with INSS¹ and on its behalf. They manage for all schemes the health benefits for minor children suffering from cancer or from a serious illness. They also manage self-employed unemployment benefits. Similarly, *Mutuas* cover risks during pregnancy and breastfeeding in the same conditions as for occupational risks.

Finally, it should be noted that the recent Law 27/2011 of the 1st of August 2011 plans to merge into a single public agency: INSS, ISM, TGSS, the processing department and the legal department of the Social Security administration. The same law also includes some rationalization and optimization measures of the resources, among others those of the *Mutuas*.

1.2 The occupational risks insurance

The first insurance law against occupational accidents' risks was enacted on the 31st of January 1900. It establishes the employers' responsibility in case of accidents at work and their obligation to compensate the victims of accidents at work. The *Mutuas* system, i.e. employers' mutual insurance companies, was established at that time. Then, with the 4th of July 1932 Law, the insurance against occupational risks became mandatory for every worker. To be insured, employers could choose between a mutual insurance company and a private insurance company. Since 1947, the occupational diseases are also insured.

The legal basis of the current Social Security insurance against occupational risks system is the Social Security General Law 193/1963 (*Ley General de Seguridad Social*) completed by Royal Legislative Decree No. 1/94 of the 20th of June 1994. The scheme is completed by Decree of the 22nd of June 1956 dealing with accidents at work and the Royal Decree 2609/1982 of the 24th of September 1982 dealing with occupational diseases.

Legislation on health and safety at work is the exclusive prerogative of the State unlike other areas of law in which the 17 Autonomous Communities have some latitude.

In addition, the 1963 Act introduces a single social protection scheme where only the *Mutuas* are allowed to keep on managing occupational risks. As a consequence, private insurance companies were excluded from the occupational risks insurance market which was then exclusively held by the *Mutuas* or ***Mutuas de Accidentes de Trabajo y Enfermedades Profesionales de la Seguridad Social***.

¹ This benefit called *Incapacidad Temporal por Contingencias Comunes* (ITCC) is managed by the *Mutuas* and financed by the Social Security by a TGSS' s transfer of funds from the Social Security budget to the *Mutuas*' budget.

The Mutuas

At the beginning, they were very numerous. Then, due to a strong movement of mergers driven by the successive governments, their number was reduced from 155 in 1985 to 149 in 1986 and to 58 in 1992, then 31 in 1997 and finally 20 in 2012². These mergers were carried out both for efficiency and financial reasons.

The *Mutuas* are non-profit private law organizations. In practice, they must be approved by the Employment and Social Security Ministry. The *Mutuas* must, among other requirements to be approved, gather at least 50 employers and 30,000 employees. They work with the public Social Security, i.e. with INSS.

A large majority of companies take out their insurance from one of the twenty mutual insurance companies to which they are affiliated. Indeed, employers are free to provide to their employees insurance taken out from a *Mutua* or from INSS. For maritime workers, employers should take out insurance from a specific organization, ISM.

At the end of December 2011, 97.77% of employers (1,485,854 companies) were insured by a *Mutua*. These companies accounted for 94.92% of the number of employees or 13,143,990 people. Others are insured by INSS, the autonomous regimes or ISM.

As for the available means in 2010, the 20 *Mutuas* had 24 hospitals, 1,002 ambulatory care centers, 4,780 surgeons, more than 6,250 doctors and 2,465 nurses.

The coordination, representation and management of the *Mutuas* is the responsibility of **AMAT**³ [*Asociación de Mutuas of Accidentes de Trabajo – Mutual Association for Accidents at Work*], a non-profit making entity. AMAT is also responsible for the promotion and defence of general health and safety interests. Established in 1986, AMAT put together the 20 *Mutuas* in operation in 2012. The whole system is under the supervision of the Employment and Social Security Ministry.

The current situation

Insurance is mandatory for workers but not for self-employed⁴. Employees are insured against accidents at work and commuting accidents. Listed occupational diseases are insured. For diseases not listed, once a link with work has been established they are covered as an accident at work according to the occupational risks insurance law.

INSS, *Mutuas* and ISM shape the occupational risks Social Security system. Doctors of these entities are in charge of recognizing accidents at work, commuting accidents and occupational diseases occurring to the employees these entities are insuring.

Mutuas undertake some prevention actions within the scope of the Social Security. They can also act for their members as an external occupational risks prevention service outside of the Social Security's scope. Finally, since August 2010, they may also offer this kind of services to non-member companies. This aspect of the *Mutuas'* action is developed in the chapter dealing with the prevention of occupational risks.

1.3 The funding of the occupational risks insurance

The funding of the insurance is the sole responsibility of the employer. The State does not contribute to the funding of occupational risks insurance.

Premium rates are expressed as a percentage of the payroll. The rate ranges from 1% for offices, for instance, to 8.5% for the mining sector or to 7.6% for the construction sector. The average contribution rate was of 1.98% in 2010.

² There are 20 *Mutuas* since 2008.

³ To know more about AMAT: <http://www.amat.es>

⁴ Roughly 20% of them are insured either by a *Mutua* or the INSS. Others are insured by private insurance companies.

Determining the rate applicable to the company is based on the risks inherent to each business, industry or activity with a total of 99 classifications. A periodic review of the contribution rate is undertaken in order to adjust to changes the claims and to ensure the overall financial balance of the Social Security system which must be guaranteed at all times. Therefore the rate is not an individual one set for each company.

The insurer collects premiums whose rates are set by the State alongside the establishment of the annual budget law. These rates are listed in an identical scale for accidents at work and occupational diseases.

The minimum contribution base is of € 738.85 and the maximum is set to € 3,198 for wage earners. Regarding self-employed workers, the premium is also expressed as a percentage of a contributory basis depending on the level of protection required. The minimum amount of the contributory base is of € 841.80 and the maximum amount is set to € 3,198.

1.4 The financial incentives to prevention

In terms of financial incentives to the prevention of occupational risks, loans and grants may be awarded to companies for them to improve working and safety conditions. Actions that can be supported include training, purchase of equipment to replace poorly secured equipment, for instance buying of modular scaffoldings by SMEs, etc. Hiring safety counsellors is part of the measures eligible for funding.

The scheme⁵ provides a potential rebate of 5 to 10% of the insurance premiums' amount for companies involved in the prevention of occupational risks. Thus, the possibility of setting financial incentives as a premium rebate to the benefit of companies adopting effective prevention measures and, on the contrary, to increase these premiums for companies not meeting their obligations in the field of health and safety at work is introduced into the law.

Companies wishing to take advantage from these loans and grants must submit their applications to the *Mutua* or the management organization insuring them. Eligible projects should contribute to effective and verifiable reductions of occupational injuries.

It should be noted that companies' non-compliance with their obligations in the field of occupational risks prevention is already penalized, either by higher economic benefits in case of accident at work and or occupational disease⁶ or by the loss of subsidies on Social Security contributions or by the possible intervention in such a case of the Employment and Social Security Inspection.

For the first time since the entry into force of Royal Decree 404/2010, which implements the financial incentives system, around 7,700 companies should be granted a premium reduction because they got better results than the average of their activity branch or have undertaken prevention measures. A budget of EUR 35 million should be distributed among these companies during the year 2011.

⁵ Royal Decree 404/2010 of the 31st of March 2010, published on the 8th of April 2010 and completed by the Order TIN/1448/2010 and by the Order TIN/1512/2011

⁶ This measure is stipulated by Article 123 of the consolidated text of the General Law on Social Security, which provides that occupational injuries' victims are better compensated (i.e. get additional economic benefits) when the company has not complied with its obligations of occupational hazards' prevention.

2. Benefits and services

Benefits related to an accident at work or an occupational disease are granted even if the employer has not complied with his/her insurance obligations with respect to the victim.

If the accident at work or the occupational disease is caused by an employer's carelessness, regarding his/her health and safety at work commitments, which has been evidenced by the Employment and Social Security Inspection, all benefits provided to the victim are increased by 30 to 50% at the sole cost of the responsible employer.

2.1 Benefits

Benefits in cash

They are more important for occupational claims than for an illness or a non-occupational accident. They include all therapeutic techniques including cosmetic and reconstructive surgery, all the prostheses necessary for the proper recovery of the victim⁷.

The victim is free to choose his/her doctor but not the place of hospitalization if necessary. Care is provided without any time limit under the National Health Service. No financial contribution is requested from the victim.

Benefits in kind

Cash benefits are paid irrespective to the victim's previous length of membership to the insurance.

If the cause of the temporary disability is professional, daily benefits are paid as soon as the work stoppage is established by the doctor while generally a three-day waiting period applies. A medical certificate must be issued after the medical examination and the employer must receive it within three days of its issuance.

Temporary disability benefits are paid directly by the employer until the 15th day of temporary disability and then by the Social security system if the employer decides not to pursue the payment by himself. The employer keeps on paying the temporary disability benefits most of the time. In case of a temporary disability with no occupational cause, the employer is reimbursed of the equivalent amount by deducting it from the Social security contributions he has to pay. If the cause of the temporary disability is work-related, the employer gets a refund in the form of a rebate on his/her insurance premium.

The daily allowance's amount is of 75% of the reference salary.

- The daily temporary disability allowance is paid for 365 days, possibly extended with an another 180 days if the physician assumes that the victim will recover in the meantime and will return to work. Only INSS (or ISM) is entitled to extend the initial period with another 180-day period.
- For occupational diseases requiring an observation period, the daily allowance is paid for an initial period of six months extendable by six more months to allow the establishment of the final diagnosis.
- When the temporary disability reaches the maximum length of 545 days, the temporary disability condition disappears. The state of permanent disability has to be examined within

⁷ Medical care has to be as complete as possible as specified by Article 11 of the 2766/1967 decision.

three months in order to determine the disability rate. However, if there is a possibility of recovery, a prospect of a return to work, the temporary disability may be extended up to a maximum of 730 days, beginning on the first day of temporary disability.

Permanent disability

The victim, who after the prescribed cure still suffers from incapacity to work because of a serious anatomic and functional diminution which reduces or nullifies his/her working capacity, may benefit from a pension, if the incapacity to work is equal or superior to 33 %.

The permanent disability, whatever its cause, is ranked according to the following degrees of disability:

☞ **Permanent partial disability for the usual activity** (*incapacidad permanente parcial para la profesión habitual*): it causes a reduction of not less than 33 % of the worker's ordinary production in his trade but does not prevent him from accomplishing his main tasks. In case of an accident at work, the usual activity is the one the worker practiced at the moment of the accident. In case of an occupational disease, the activity to consider is the main activity the worker practiced for the last twelve months. The benefit amounts to 24 times the calculation basis of the temporary disability benefit.

☞ **Permanent total disability for the usual activity** (*incapacidad permanente total para la profesión habitual*): it prevents the worker from accomplishing all or the main tasks of his professional activity but he may accomplish a different activity. The disability rate is of 55% or of 75% if the victim is over 55 years and unemployed. If the victim wishes it, the pension may be replaced by a lump sum, whose amount ranges from 12 to 84 times the pension's monthly amount taking into account the age of the victim.

☞ **Permanent total disability for the usual activity** (*incapacidad permanente absoluta*): the worker is unable to accomplish any kind of professional activity, the rate is 100%.

☞ **Severe disability** (*gran invalidez*): situation of a worker suffering from a permanent disability who has to get assistance from a third person for the basic living needs. The disability rate is of 100% with an additional amount equal to 45% of the minimum contribution base for the reference year plus another benefit amounting to 30% of the contribution base salary.

Amount of the pension

The amount of the disability pension is equal to the disability rate multiplied by the base calculation with the exception of permanent partial disability pension whose amount is equal to 24 times the monthly calculation basis.

The calculation basis is equivalent to the real gross salary on which contributions were paid for the month before the disability, divided by the number of days (30 if the salary is paid monthly). If the occupational injury occurs during the first month of work within the company, the contribution basis is the month divided by the effective number of days worked.

The allowance for damage to the physical integrity

The allowance for damage to the physical integrity (*lesiones permanentes no invalidantes*) may be granted in the event of physical injuries, mutilations or deformations that are permanent and consequential to an accident at work or occupational disease. If they don't cause a permanent disability they do cause a decrease of the worker's physical integrity. The lesion must appear on an official list which goes with a schedule⁸. INSS is the entity responsible for payment of the benefit.

⁸ http://www.seg-social.es/Internet_1/Trabajadores/PrestacionesPension10935/Lesionespermanentes32857/index.htm

2.2 Services provided to occupational injuries victims

These services include those provided by law as described above. In addition, all *Mutuas* have an obligation to put in place a CEP [*Comisión de Prestaciones Especiales* Commission on special benefits] which provides additional services to victims. Moreover, some *Mutuas* may go further, perhaps because of their size and financial strength, for instance the mutual insurance company *Fremap* which implements several interesting practices of its own.

2.2.1 Commissions of special benefits

The setting up by each *Mutua* of a CEP is specified by Article 67 of RD 1993 of the 7th of December 1995. The CEP aims to provide social assistance benefits to occupational injuries' victims or to their families. If the setting up of a CEP is mandatory for each *Mutua*, the basket of services offered may differ. The CEP is a joint management entity. It has four representatives of employers affiliated with the *Mutua* and four representatives of the employees of the major trade unions present in the companies insured by this *Mutua*.

Benefits of the CEP are complementary to the statutory Social Security benefits. They have to be requested and are not granted automatically. Each application is individually reviewed by the CEP.

These benefits may include, for example the adaptation of a vehicle or of the housing by removing physical barriers. In the latter case, the *Mutua Asepeyo* provides a financial assistance of up to € 15 000 in 2012 against € 18,000 in 2011. It is specified that these funds are not devoted to the renovation of an old housing but to fit it out in order to facilitate the movements of the victim and of his/her caregivers.

It is via the CEP that each *Mutua* delivers to victims its welfare services during the hospital stay (economic, cultural and social support, etc.), then during the rehabilitation phase (facilitating the information of the victims about the possibilities of obtaining a financial help or a scholarship according to the needs from special entities), and finally during the vocational rehabilitation phase within the victim's company.

If the reintegration of the victim in his/her company is not possible, vocational rehabilitation programs such as vocational training are offered. This kind of program also helps companies meet their obligations to recruit disabled workers.

2.2.2 The Fremap example

Fremap is the largest *Mutua*. It has a network of nursing institutions and practices vocational rehabilitation.

A network of specialized clinics

The *Fremap* health network is composed of more than 200 ambulatory care centres, six specialized hospitals and of numerous hospitals opened through the *Fremap Assistance* system.

Ambulatory care centres are well equipped to attend to occupational injuries' victims and to offer personalized care. They have medical and rehabilitation highly specialized skills. Their geographical distribution on the territory puts them close to the accident sites. They are geographically locatable on the *Fremap's* Internet web site.

Specialized hospitals provide care for accidents at work and occupational diseases' victims. Beyond of the care provided, many of these institutions have the specificity of hosting on the same site but in separate buildings the physical rehabilitation and the vocational training. Thus, all the components of professional exclusion prevention's policy are integrated in a single place.

The *Fremap Assistance* system operates 24 hours a day and maintains a continuous link with the insured persons anywhere in the world. It allows providing coverage and guidance in other Spanish hospitals as well as those of the *Fremap* network and throughout the world.

Vocational Rehabilitation

Medical treatments (physical therapy), vocational guidance, vocational training (rehabilitation to return to the usual activity or to another activity) are among the services provided to victims.

For instance, the *Fremap Mutua* offers occupational injuries' victims a vocational rehabilitation scheme so that they can resume their previous activity or move to a new job in accordance with their remaining physical abilities. The purpose of this program is to prevent the victim from being in a situation of dependency and social exclusion.

A multidisciplinary team (physicians, psychologists, social workers and teachers) supports the victim to explore training opportunities.

It is up to the doctor who treated the victim to tell the appropriate time when to begin the rehabilitation process because he knows about the victim's state of health. Remaining physical abilities, initial skills and aspirations of the victim are taken into account such as his/her family situation and job opportunities where the victim lives. The training program starts at the same time as the physical rehabilitation. These two kinds of services may be offered within the same rehabilitation centre.

Currently *Fremap* provides vocational training in 13 branches and 23 specific professional trades. More than 1,700 people have been trained out of which 80% found employment at the end of these courses. *Fremap* has six rehabilitation centres.

3. Occupational risks prevention

In Spain, the citizens' right to be adequately protected against occupational injuries is specified by Article 40.2 of the Constitution. Measures to achieve this goal are defined by Law 31/1995 of the 8th of November 1995 which transcribed the 89/391/EEC Directive into national law. The mechanisms put in place during this transposition allow the shift from compensation logic to prevention logic. This law specifies the obligations of employers. It also specifies that occupational risks prevention measures taken outside the scope of the Social Security are funded by the employers.

To finance preventive actions within the scope of the Social Security, the law provides that 80% of the *Mutuas'* excess management means will be allocated for prevention and rehabilitation actions once the regulatory reserves are covered. Funds will be especially allocated to the promotion of special occupational risks prevention's actions undertaken by companies. These funds are deposited into an account at the Bank of Spain called *Fondo de Prevención y de Rehabilitación* - Prevention and Rehabilitation Fund⁹. These funds are at the disposal of the Employment and Social Security Ministry and especially used to finance the bonus-malus (see above) and the Foundation for the prevention of occupational hazards (see below).

3.1 Institutions in charge

Among these actors, **INSHT**¹⁰ [*Instituto Nacional de Seguridad en el Trabajo e Higiene*, National Institute of Occupational Safety and Health at Work], created by the 5th of November 1995 Law (Article 8), has a major role in health and safety at work. Its main objective is to conduct research in the field of health and safety at work, to promote and provide the necessary support to improve working conditions.

To do this, it has among its other missions the technical assistance, the conduct of studies and researches as well as the training and information. It provides the necessary technical advice for the development of guidelines and standards. It is in charge of the protective equipment and machinery certification. In addition, INSHT is responsible of the secretariat for the National Commission for Health and Safety at Work and provides it with the necessary scientific and technical assistance.

Moreover, INSHT develops good practice guides. Although they are not legally binding, these guides have been granted in practice almost a compulsory force. They are used by those involved in prevention (companies), inspectors and professional organizations. Judges refer to them to base their decisions.

To accomplish these tasks, INSHT has to cooperate with the institutions of the Autonomous Regions and with the Employment and Social Security Inspection. As a National Centre, it is also the institute responsible for the coordination and transmission of information between Spain and the European Institutions.

INSHT has four specialized national centers: machines monitoring (Bilbao), working conditions (Barcelona), new technologies (Madrid) and personal protective equipment at the workplace (Seville).

⁹ At the end of the year 2011, the Fund had EUR 4.5 billion at its disposal of which a great part was financial assets. Due to the financial crisis, the Government decided in 2012 to use the funds exceeding the expenses to other spending.

¹⁰ www.insht.es

CNSST [*Comisión Nacional de Seguridad y Salud en el Trabajo*, National Commission for Safety and Health at Work] has also been established by the Law of the 5th of November 1995 of which Article 13 lists the missions. Its main role as an organization representing the various health and safety at work actors is to coordinate and to advise public authorities for the establishment of all regulations issued in this field.

NCSH is a quadripartite body in its composition but it is tripartite for its operation. Indeed, although composed of representatives of national governments, Autonomous Communities and representatives of employers' organizations and trade unions, the Commission gives only a consultative role to the regional and national governments.

The **Mutuas**, insurance companies responsible for compensation, play an important role in prevention within the scope of the Social Security. They always had a prevention activity based primarily on training and information. But since 1995, they are also empowered to perform the function of external prevention service for their business members. Therefore this new role includes the development, the implementation and the coordination of programs of preventive actions, technical assistance, risk factors' assessments, information and training of workers. Royal Decree 688/2005 confirmed this activity while establishing the principle of a separation within the *Mutuas* between their activities as external prevention services and their traditional mission of occupational risks management (see below).

In addition, Law 31/1995 also established the **Fundación para la Prevención of Riesgos Laborales**¹¹ - Foundation for the prevention of occupational risks, which aims to promote the improvement of health and safety at work. These actions are specifically aimed to SMEs. The Foundation is funded by the *Mutuas* surplus management means (*Fondo de Prevención y Rehabilitación*). Companies benefit from these services for free.

Finally, to complement these services, various other organizations including **APA**¹² [*Asociación para la prevención of accidentes* - Association for the prevention of accidents], association created on the 2nd of June 1960, are involved in the field of health and safety at work.

3.2 Internal or external prevention services for companies

Law 31/1995 and the Royal Decree 39/97¹³ had for consequence the replacement of the companies' medical departments by interdisciplinary prevention services. These services are either internal or external services. External services are the most common and most of them are managed by private *Mutuas*' subsidiaries.

Based on staff thresholds and risks existing within the company, prevention services may have four different forms.

1) In companies with fewer than 6 workers:

- The employer himself may take in charge the prevention activities with the exception of those related to health surveillance. To do this, he must have been appropriately trained in health and safety matters to perform his/her prevention's duty. The company should not be considered at risk and the employer must perform his/her activity on site.
- The employer may appoint one or several safety representative(s) responsible to deal with prevention activities, with the exception of those requiring a particular skill.

Some actions such as risks assessment or physical measurements may be contracted with prevention services.

¹¹ <http://www.funprl.es/Aplicaciones/Portal/portal/Aspx/Home.aspx>

¹² <http://www.apaprevencion.com/default.asp?m=1>

¹³ <http://www.boe.es/buscar/doc.php?id=BOE-A-1997-1853>

2) An internal prevention department (*SP Propio*) must be created under 3 circumstances:

- as soon as the number of workers exceeds 500 persons,
- in companies with a staff between 250 and 500 workers when it comes to a company considered at risk,
- when the Employment administration requests it because of a high number of occupational injuries.

For the proper conduct of its mission, the department must be provided with the necessary means and equipment. It must have at least two specialists among the four specialties listed below:

- a. occupational medicine,
- b. safety at work,
- c. occupational hygiene,
- d. applied ergonomics and psychology.

The kind of risks present existing the company determines the required disciplines.

The quality of the internal prevention department's prevention scheme is audited at the request of the administrative authority.

3) Companies that do not have in-house sufficient expertise and which don't have to create an internal department due to the absence of specific risks or insufficient staff have to request the services of one or more approved external service (s) (*SP Ajenos*). The employer may contract with one or more external prevention service (s) for all or part of the prevention activities. These external services must include at least one expert from each of the following specialties:

- a. occupational doctor,
- b. safety at work,
- c. occupational hygiene,
- d. applied ergonomics and psychology.

4) Several companies of the same industry or geographical area may join to create a common service (*SP Mancomunado*). These common services must meet the same criteria as an internal prevention department.

Moreover, the legislative amendments introduced by the Law 31/1995 allow *Mutuas* to create a for-profit private law subsidiary which may provide occupational risks prevention services to the *Mutua's* policyholders. This subsidiary provides services identical to those of an external prevention service. These services include risks assessment, the development and coordination of prevention plans, employees' training and information. Thus, employers having to require the services of an external prevention service may call the subsidiary of their *Mutua*.

One of the purposes of Royal Decree 688/2005 was to force *Mutuas* to outsource their preventive actions to a separate mercantile structure in order to avoid distortions of competition with the other occupational risk prevention companies whose setting up was authorized by the 1995 Act and Royal Decree 39/97. Finally, Law 82/2010 taken on the 5th of August allows these mercantile structures to offer their services to any companies and no longer solely to the members of their parent *Mutua*. These *Mutuas'* subsidiaries are financed by their own equities.

3.3 The Labour and Social Security Inspection

The Labour and Social Security Inspection (*Inspección de Trabajo y Seguridad Social*) is primarily responsible for ensuring the implementation of the regulations regarding health and safety at work in all sectors of the economy with the exception of some workplaces (mines, nuclear power, military, etc.). It is also responsible for governmental workplaces. The Inspection established in the early twentieth century is governed by Law of the 14TH of November 1997. In 2010, this body was strong of 1,818 employees of which 915 were inspectors and 903 sub-inspectors.

Labour inspectors may enter workplaces and inspect them with the persons they feel necessary to come along. They may carry on investigations, examinations or tests. Inspectors may order works to stop because of the non-compliance with the prevention of occupational risks regulations if there is a serious and imminent risk to the safety or health of workers. Inspectors may intervene at the request of employees, prevention representatives and unions.

Once an accident is described as serious by the medical services as well as for the fatal ones, investigations have to be conducted. A minor accident at the beginning which may be followed by aftereffects may also be investigated. All these investigations have to be carried out up to one year after the event.

Fines may be imposed by Inspectors. In fact, they may suggest a raise of the economic benefits paid as a compensation of an occupational injury finding its cause in the lack of safety and health at work measures or their non implementation by the company. Similarly, Inspectors may propose to increase or decrease the insurance premiums depending on the companies' behaviour in the field of occupational risks prevention.

Finally, the Labour and Social Security Inspection may propose to the administrative authorities to exclude some companies from public procurements.

☞ In 2007:

- 74,000 minutes were drafted of which 36% focused on prevention,
- Economic sanctions reached an amount of EUR 300 million of which 46% were related to risks prevention,
- Preventive actions undertaken by the Inspection concerned 45% of the workers,
- Inspection responded to 131,000 requests for intervention of which 72% were related to prevention.

☞ In 2010:

- 680,580 workplaces were inspected of which 86,275 cases involved health and safety at work,
- 62,849 minutes were drafted of which 24,594 dealt with health and safety at work,
- On 418 occurrences, Inspectors did stop work because of hazards to workers,
- The total amount of financial sanctions amounted to EUR 250 million of which 70 million dealt with health and safety matters.

☞ Detailed data about the 2010 surveys conducted about accidents at work and commuting accidents

			Accidents at work	Commuting accidents
Surveys				
	<i>Fatal</i>	722	641	81
	<i>Very serious</i>	203	192	11
	<i>Serious</i>	5,140	4,903	237
	<i>Minor</i>	4,563	4,515	48
	Total	10,628	10,251	377
Breaches of the law				
	<i>Number</i>	3,676	3,671	5
	<i>Fines' amount</i>	18,183,149 €	17,174,765 €	8,384 €

Source: *Dirección General de Inspección de Trabajo y Seguridad Social* – 2010 Report

☞ Detailed data about the 2010 surveys concerning occupational diseases

		Occupational diseases
Surveys		
	Total	1,036
Breaches of the law		
	<i>Number</i>	193
	<i>Fine's amount</i>	782,484 €

Source: *Dirección General de Inspección de Trabajo y Seguridad Social* – 2010 Report

4. Basic statistical data

At the end of 2011, the overall population of Spain was of 46.235 million inhabitants.

4.1 2011 working population

Population of 16 years and above	Men	18,800.2
	Women	19,697.1
	Total	38,497.3
Population from 16 to 64 years	Men	15,455.7
	Women	15,250.6
	Total	30,706.3
Population at working age	Men	12,680.7
	Women	10,422.9
	Total	23,103.6
Population at work	Men	9,991.4
	Women	8,113.3
	Total	18,104.7

Data in thousands

Source: http://www.empleo.gob.es/estadisticas/ANUARIO2011/EPA/epa01_top_EXCEL.htm

4.2 Number of wage earners and companies insured against occupational risks

4.2.1 Companies

	Mutuas	% of total	Others	% of total	Total
General scheme	1,386,361	98.19	25,551	1.81	1,411,912
Agricultural scheme	92,318	94.78	5,089	5.22	97,407
ISM	7,107	69.02	3,190	30.98	10,297
Mines scheme	68	89.47	8	10.53	76
Total	1,485,854	97.77	33,838	2.23	1 519,692

4.2.2 Workers

	Mutuas	% of total	Others	% of total	Total
General scheme	12,055,452	95.43	577,668	4.57	12,633,120
Agricultural scheme	485,758	96.55	17,378	3.45	503,136
ISM	41,728	70.99	17,054	29.01	58,782
Mines scheme	3,911	69.17	1,743	30.83	5,654
Self-employed scheme	557,141	86.06	90,283	13.94	647,424
Total	13,143,990	94.92	704,126	5.08	13,848,116

Source: AMAT – end of December 2011

4.3 Distribution of the private sectors' wage earners according to the importance of staff

Staff band	2010	2011	2010	2011
	Number of companies	Number of companies	Number of wage earners	Number of wage earners
from 1 to 2	736,157	729,026	975,753	964,982
from 3 to 4	288,445	283,543	1,077,247	1,057,695
from 6 to 9	124,482	121,344	894,774	872,770
from 10 to 19	92,961	89,454	1,239,746	1,193,044
from 20 to 25	20,978	19,768	466,726	439,839
from 26 to 49	32,278	30,517	1,124,098	1,062,777
from 50 to 100	15,488	14,698	1,072,442	1,019,976
from 101 to 249	8,338	8,090	1,272,086	1,229,113
from 250 to 499	2,580	2,498	890,460	859,877
from 500 to 999	1,111	1,078	766,562	745,736
1 000 and more	992	976	3,775,882	3,751,490
Total	1,323,810	1,300,992	13,555,776	13,197,299

Data on 12/31/2011

Source: http://www.empleo.gob.es/estadisticas/ANUARIO2011/EMP/emp01_top_EXCEL.htm

5. Occupational injuries

Insured population

Occupational injuries data are recorded for the population affiliated to the Social Security i.e. 17,111,792 persons at the end of the year 2011¹⁴. Occupational health insurance's beneficiaries are: workers affiliated to the Social Security general scheme, workers of the special coal miners' scheme, those of the special agriculture scheme (wage earners or not) and those of the special sailors' scheme (wage earners or not). From 2004, self-employed workers are covered if they voluntarily insure themselves against occupational risks.

5.1 Accidents at work and commuting accidents

5.1.1 The notification process

Accidents at work and commuting accidents resulting with at least 1 day off work or fatal ones have to be notified to the insurances within a 0 to 5-day delay after the event. Since 2003, accident's notifications are electronically made by the employer through the Delt@ network [*Declaración Electrónica de Trabajadores Accidentados* – Electronic notification of accidents at work].

The electronic notification form has been designed in a way to integrate the harmonized ESAW (European Statistics on Accidents at Work) system variables in order to simplify the codification process. The employer briefly describes the causes and circumstances variables then he codifies them. He also writes a brief accident's description. Delt@ operates as an expert system made of rolling screens and online helps.

When the employer's initial accident notification is accepted by the Delt@ system (complete information, valid codes and consistent data), the system forwards it to the insurer who checks it, accepts it or returns it for amendment to the employer. Once the insurer accepts the notification, it is forwarded via Delt@ to the Regional Labour Authority which may also check it and return it to the insurer for amendment.

Delt@ is an integrated system made of a single data base towards which each operator (employer, insurer, Regional Labour Authority - and finally the Statistical Department of the Employment and Social Security Ministry), sends online information and from which it gets it. There is an automatic return of information towards each concerned parties furnishing data.

The Labour Inspection receives on line from Delt@ the information but it is not an operator of the Delt@ system.

At the end of the process, the Employment and Social Security Ministry Statistical Department gets the data which have been completed and checked by insurers and the Regional Labour Authority. The Employment and Social Security Ministry is in charge of their compilation and publishing.

Concerning the severity of accidents, accidents at work and commuting accidents are ranked into three groups: minor, serious and fatal ones. This ranking results from the medical data figuring on the sick leave.

¹⁴ Workers covered by an insurance against accidents at work and occupational diseases were 14,581,931 on annual average in 2011. This is the figure used to calculate the incidence rates. The remaining 3 million people are mostly self-employed persons preferring not to be covered by occupational risks work insurance and by a small number of household workers (covered since 2012).

5.1.2 Statistical data

☞ Main data

Distribution per sector of the at work and commuting accidents with day's absence from work

Sector	2009	2010	2011
Agrarian	29,040	28,744	29,310
non agrarian	667,537	617,220	551,840
Industry	153,228	140,348	123,932
Construction	129,234	105,999	83,007
Services	385,075	370,873	344,901
Total	696,577	645,964	581,150

Distribution per sector of the fatal at work and commuting accidents

Sector	2009	2010	2011
Agrarian	70	62	72
non agrarian	761	695	644
Industry	156	156	153
Construction	202	163	140
Services	403	376	351
Total	831	757	716

☞ Accidents at work

Distribution per sector of the accidents at work with days of absence from work

Sector	2009	2010	2011
Agrarian	27,681	27,487	28,059
non agrarian	589,759	542,036	484,525
Industry	142,497	130,321	115,440
Construction	122,614	100,542	78,966
Services	324,648	311,173	290,119
Total	617,440	569,523	512,584

Distribution per sector of the fatal accidents at work

Sector	2009	2010	2011
Agrarian	56	53	59
non agrarian	576	516	492
Industry	124	113	117
Construction	165	134	121
Services	287	269	254
Total	632	569	551

Distribution of accidents at work with days of absence from work according to their gravity

Accidents at work	2009	2010	2011
In absolute value	617,440	569,523	512,584
Minor	611,626	564,019	507,637
Serious	5,182	4,935	4,396
Fatal	632	569	551
Incidence rate	4,130.7	3,870.9	3,515.2
Minor	4,091.8	3,833.5	3,481.3
Serious	34.7	33.5	30.1
Fatal	4.2	3.9	3.8

Incidence rate = number of accidents x 100,000 workers / number of insured workers by the Social Security system

☞ *Commuting accidents*

Distribution per sector of the commuting accidents with days of absence from work

Sector	2009	2010	2011
Agrarian	1,359	1,257	1,251
Non agrarian	77,778	75,184	67,315
<i>Industry</i>	10,731	10,027	8,492
<i>Construction</i>	6,620	5,457	4,041
<i>Services</i>	60,427	59,700	54,782
Total	79,137	76,441	68,566

Distribution per sector of the fatal commuting accidents

Sector	2009	2010	2011
Agrarian	14	9	13
Non agrarian	185	179	152
<i>Industry</i>	32	43	36
<i>Construction</i>	37	29	19
<i>Services</i>	116	107	97
Total	199	188	165

Distribution of commuting accidents with days of absence from work according to their severity

Commuting accidents	2009	2010	2011
In absolute value	79,137	76,441	68,566
<i>Minor</i>	77,624	75,035	67,384
<i>Serious</i>	1,314	1,218	1,017
<i>Fatal</i>	199	188	165
Incidence rate	529.4	519.6	470.2
<i>Minor</i>	519.3	510.0	462.1
<i>Serious</i>	8.8	8.3	7.0
<i>Fatal</i>	1.3	1.3	1.1

Incidence rate = number of accidents x 100,000 workers / number of insured workers by the Social Security system

☞ *Accidents at work without absence from work*

Accidents at work	2009	2010	2011
In absolute value	774,827	778,653	776,162

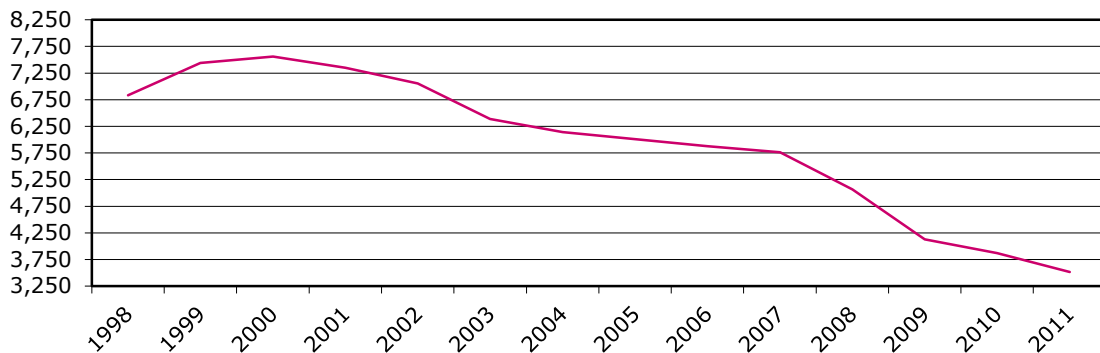
Long-term trends

The following curves are covering agriculture, industry, construction, services and mines. Accidents at work are notified starting from 1 day off work and thus for all fatal accidents. Considering its rather high number of accidents and to avoid statistical distortions, data from the agricultural sector are included in this document. The mine sector is also included in these data.

Incidence rate

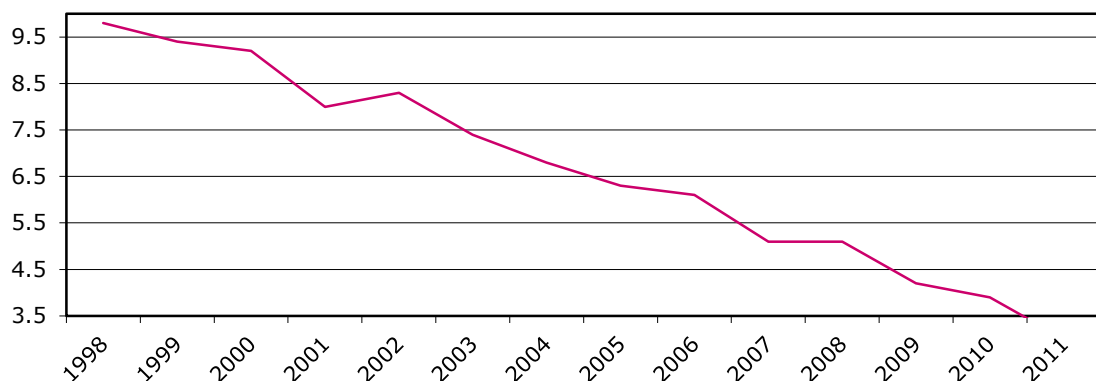
Number of accidents x 100,000 / number of insured workers

Accidents at work with days of absence from work (excluding commuting accidents)



Source: Table ATE-24: Incidence rate of accidents at work with days of absence from work

Fatal accidents at work (excluding commuting accidents)

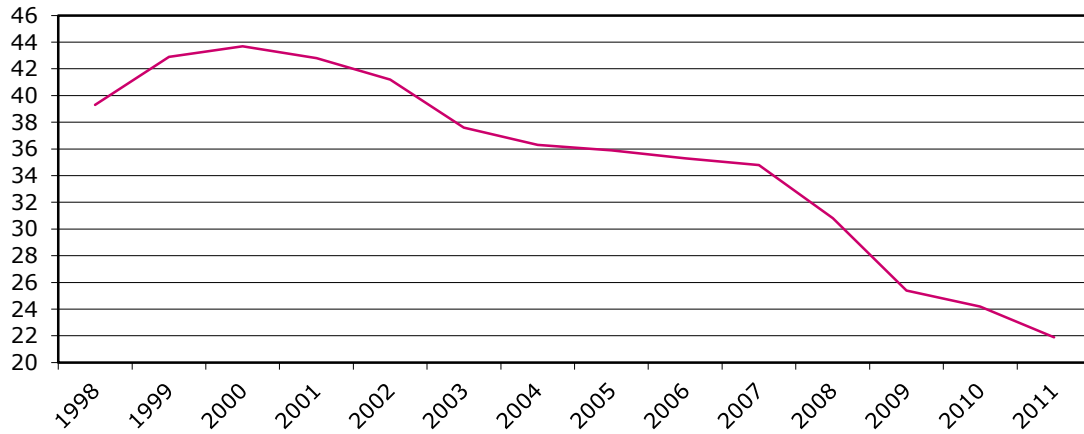


Source: Table ATE-31: Fatal accidents at work incidence rate

Frequency rate

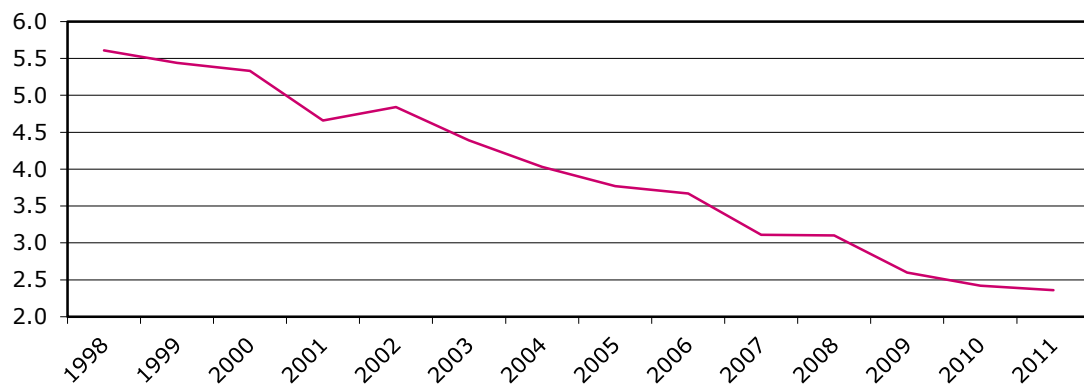
Number of accidents x 100,000,000 / number of working hours

Accidents at work with days of absence from work (excluding commuting accidents)



Source: Table ATE-29: Frequency rate of accidents at work with days of absence from work

Fatal accidents at work (excluding commuting accidents)



Source: Table ATE-31: Fatal accidents at work frequency rate

Detailed data about accidents at work during year 2011

The five activity branches registering the highest number of work accidents with days of absence from work (excluding commuting accidents)

Accidents at work

Activity branch	Work accidents	% compared to total
Specialized construction activities	39,813	7.77
Retail trade, except of motor vehicles and motorcycles	37,088	7.24
Public administration	35,529	6.93
Construction of buildings ; development of building projects	33,145	6.47
Food and beverage activities	27,827	5.43
Others	339,182	66.17
Total	512,584	100.00

Fatal accidents at work

Activity branch	Fatal accidents	% compared to total
Land transport and transport via pipelines	71	12.89
Construction of buildings ; development of building projects	62	11.25
Specialized construction activities	45	8.17
Crops and animal production, hunting and related service activities	34	6.17
Wholesale trade, except of motor vehicles and motor cycles	28	5.08
Others	311	56.44
Total	551	100.00

Serious accidents at work

Activity branch	Serious accidents	% compared to total
Specialized construction activities	439	9.99
Construction of buildings ; development of building projects	438	9.96
Crops and animal production, hunting and related service activities	382	8.69
Public administration	275	6.26
Land transport and transport via pipelines	272	6.19
Others	2,590	58.92
Total	4,396	100.00

Minor accidents at work

Activity branch	Minor accidents	% compared to total
Specialized construction activities	39,329	7.75
Retail trade, except of motor vehicles and motorcycles	36,920	7.27
Public administration	35,226	6.94
Food and beverage activities	27,694	5.46
Wholesale trade, except of motor vehicles and motor cycles	27,099	5.34
Others	341,369	67.25
Total	507,637	100.00

Detailed data about commuting accidents of year 2011

The five activity branches registering the highest number of commuting accidents with days of absence from work in absolute value

Commuting accidents

Activity branch	Commuting acc.	% compared to total
Retail trade, except of motor vehicles and motorcycles	7,895	11.51
Human health activities	6,032	8.80
Public administration	4,944	7.21
Food and beverage activities	4,481	6.54
Wholesale trade, except of motor vehicles and motor cycles	3,330	4.86
Others	41,884	61.09
Total	68,566	100.00

Fatal commuting accidents

Activity branch	Fatal	% compared to total
Public administration	15	9.09
Wholesale trade, except of motor vehicles and motor cycles	12	7.27
Manufacture of food products	12	7.27
Specialised construction activities	11	6.67
Crops and animal production, hunting and related service activities	10	6.06
Others	105	63.64
Total	165	100.00

Serious commuting accidents

Activity branch	Serious	% compared to total
Human health activities	118	11.60
Food and beverage activities	87	8.55
Public administration	81	7.96
Retail trade, except of motor vehicles and motorcycles	52	5.11
Construction	41	4.03
Others	638	62.73
Total	1,017	100.00

Minor commuting accidents

Activity branch	Minor	% compared to total
Retail trade, except of motor vehicles and motorcycles	7,834	11.63
Human health activities	5,909	8.77
Public administration	4,848	7.19
Food and beverage activities	4,388	6.51
Wholesale trade, except of motor vehicles and motor cycles	3,279	4.87
Others	41,126	61.03
Total	67,384	100.00

Percentage of traffic accidents¹⁵ compared to the total numbers of work and commuting accidents distribution according to the gravity level

Accidents	2003	2004	2005	2006	2007	2008	2009	2010
Fatal	36.2	38.0	38.9	39.1	40.3	34.8	34.1	34.9
Serious	17.9	19.2	20.4	19.1	20.7	21.3	22.3	22.0
Minor	6.2	6.6	7.1	6.9	8.4	9.0	9.7	10.0

Source: <http://www.oect.es/portal/site/Observatorio>

¹⁵ Driving or use of a vehicle (2 or 4 wheels) during the course of work or while commuting from home to work

5.1.3 Accidents at work presented according to the SEAT methodology

Spain publishes its national technological statistics distributed according to the SEAT methodology. They cover compensated accidents, i.e. recognized ones (804,959 in 2008, 617,440 in 2009, 569,523 in 2010 and 512,584 in 2011). Commuting accidents are excluded.

Two independent variables are presented:

- Working environment – Table A.4.1
- Working process - Table A.4.2

Three other variables, two of which associated to their material agent, are presented:

- Specific physical activity – Table A.4.3
- Deviation – Table A.4.4
 - Material agent of the deviation – Table A.4.5
- Contact – mode of injury - Table A.4.6
 - Material agent of the contact – Table A.4.7

The definitions of these variables are given for each one of them in the following pages. The web site link is given below each table.

Note: SEAT methodology does not require Member States to organise their national statistics according to its framework. Spain made this choice in addition to its usual mode of presentation.

The variable type of working environment describes the type of workplace, working area or localisation where the victim was present or working just before the accident. It specifies the workplace, work premises or general environment where the accident happened. **(2011 data)**

Simplified presentation of table A.4.1

Type of working environment	Total	Minor	Serious	Fatal
Industrial site	194,531	193,035	1,384	112
Construction site, construction, opencast quarry, opencast mine	56,963	56,109	750	104
Farming, breeding, fish farming, forest zone	33,055	32,513	495	47
Tertiary activity area, office, amusement area, miscellaneous	97,029	96,431	537	61
Health establishment	30,261	30,068	181	12
Public area	63,353	62,525	689	139
In the home	16,629	16,487	131	11
Sport area	7,503	7,443	56	4
In the air, elevated, excluding construction sites	943	880	31	32
Underground, excluding construction sites	2,743	2,719	15	9
On / over water, excluding construction sites	4,087	3,996	74	17
In high pressure environment, excluding construction sites	73	70	-	3
Other working environment not listed	5,414	5,361	53	-
Total	512,584	507,637	4,396	551

The variable type of working process describes the main type of work, task (general activity) being performed by the victim at the time of the accident. It is not the victim's occupation.

(2011 data)

Simplified presentation of table A.4.2

Type of working process	Total	Minor	Serious	Fatal
Production, manufacturing, processing, storing, all types	174,440	173,307	1,068	65
Excavation, construction, repair, demolition	43,114	42,460	567	87
Agriculture type work, forestry, horticulture, fish farming, work with live animals	31,452	30,934	464	54
Services provided to enterprise and/or to the general public ; intellectual activity	85,491	84,935	494	62
Other work related to the tasks listed above	124,527	123,311	1,088	128
Movement, sport, artistic activity	39,761	39,080	527	154
Other working process not listed	13,799	13,610	188	1
Total	512,584	507,637	4,396	551

The variable specific physical activity describes the specific physical activity of the victim at the moment of the accident. The activity covers only a short period of time. Data about the associated material agent have not yet been published.

(2011 data)

Simplified presentation of table A.4.3

Specific physical activity	Total	Minor	Serious	Fatal
Operating machine	22,819	22,345	447	27
Working with hand-held tools	67,915	67,211	605	99
Driving/being on board a means of transport or handling equipment	28,154	27,519	492	143
Handling of objects	145,231	144,271	894	66
Carrying by hand	70,595	70,352	222	21
Movement	161,547	160,055	1,328	164
Presence	10,713	10,383	301	29
Other specific physical activity not listed	5,610	5,501	107	2
Total	512,584	507,637	4,396	551

The variable deviation describes the last event, deviating from normality, leading to the accident. This is a deviation from the normal working process. If there is a chain of events, the last deviation must be recorded i.e. the one which is the closest in time to the injuring contact.

(2011 data)

Simplified presentation of table A.4.4

Deviation	Total	Minor	Serious	Fatal
Deviation due to electrical problems, explosion, fire	3,296	3,170	108	18
Deviation by overflow, overturn, leak, flow, vaporisation, emission	13,129	13,040	83	6
Breakage, bursting, splitting, slipping, fall, collapse of material agent	32,754	32,137	543	74
Loss of control (total or partial) of machine, means of transport or handling equipment, hand-held tool, object, animal	84,288	83,200	921	167
Slipping, stumbling and falling, fall of persons	82,783	81,417	1,318	48
Body movement without any physical stress (generally leading to an external injury)	108,911	108,325	564	22
Body movement under or with physical stress (generally leading to an internal injury)	160,677	160,409	265	3
Shock, fright, violence, aggression, threat, presence	9,309	9,141	161	7
Other type of deviation not listed	17,437	16,798	433	206
Total	512,584	507,637	4,396	551

The variable material agent of the deviation. The material agent associated to the deviation describes the tool, object or instrument involved in the abnormal event. If several material agents are associated with the (last) deviation, the one involved last (the closest in time to the injuring contact) is recorded.

(2011 data)

Simplified presentation of table ATE.4.5

Material agent of the deviation	Total	Minor	Serious	Fatal
Building, structures, surfaces – at ground level (indoor or outdoor, fixed or mobile, temporary or not)	77,159	76,680	467	12
Buildings, structures, surfaces – above ground level (indoor or outdoor)	33,550	32,918	594	38
Buildings, structures, surfaces – below ground level (indoor or outdoor)	1,554	1,529	19	6
Systems for the supply and distribution of materials, pipe networks	4,371	4,327	40	4
Motors, systems for energy transmission and storage	3,704	3,638	56	10
Hand held tools, not powered	34,950	34,781	166	3
Hand-held or hand-guided tools, mechanical	13,121	13,009	112	-
Hand tools – without specification of power sources	5,138	5,109	29	-
Machines and equipment – portable or mobile	8,957	8,761	167	29
Machines and equipment – fixed	20,923	20,621	284	18
Conveying, transport and storage systems	40,951	40,605	306	40
Land vehicles	31,784	31,180	498	106
Other transport vehicles	1,895	1,844	28	23
Materials, objects, products, machine components, debris, dust	113,102	112,609	465	28
Chemical, explosive, radioactive, biological substances	4,681	4,619	58	4
Safety devices and equipment	1,123	1,111	12	-
Other equipment, personal equipment, sports equipment, weapons, domestic appliances	16,079	16,026	53	-
Living organisms and human beings	30,465	30,221	228	16
Bulk waste	1,368	1,363	5	-
Physical phenomena and natural elements	2,501	2,436	59	6
Other material agents not listed	65,208	64,250	750	208
Total	512,584	507,637	4,396	551

The variable contact – mode of injury describes the contact that injured the victim. It describes how the victim was hurt (physical or mental trauma) by the material agent that caused the injury. If there are several contacts, the one causing the most serious injury must be recorded.

(2011 data)

Simplified presentation of table A.4.6

Contact – mode of injury	Total	Minor	Serious	Fatal
Contact with electrical voltage, temperature, hazardous substances	16,702	16,515	164	23
Drowned, buried, enveloped	1,091	1,059	18	14
Horizontal or vertical impact with or against a stationary object	123,915	122,271	1,588	56
Struck by object in motion, collision with...	70,691	69,981	633	77
Contact with sharp, pointed, rough, coarse material agent	50,611	50,244	363	4
Trapped, crushed, etc.	16,287	15,686	533	68
Physical or mental stress	201,536	201,355	181	-
Bite, kick, etc. (animal or human)	7,697	7,635	59	3
Coronary, brain haemorrhage ⁽¹⁾	1,185	503	470	212
Traffic accidents ⁽²⁾	16,429	15,993	344	92
Other contacts not listed	6,440	6,395	43	2
Total	512,584	507,637	4,396	551

(1) The label "coronary, brain haemorrhage" includes accidents having only a medical origin which are excluded from the ESAW (European Statistics on Accidents at Work) methodology's definition of accidents at work.

(1) and (2) These two labels do not appear on the Eurostat classification and have been added by the Spanish authorities in order to increase data readability.

The variable material agent of the contact – mode of injury. The material agent associated to the contact is the object, the tool, the instrument with which the victim came into contact or the psychological mode of injury. If several agents are associated with the injury, the one linked with the most serious injury must be recorded.
(2011 data)

Simplified presentation of table A.4.7

Material agent of the contact – mode of injury	Total	Minor	Serious	Fatal
Building, structures, surfaces – at ground level (indoor or outdoor, fixed or mobile, temporary or not)	82,912	82,179	678	55
Buildings, structures, surfaces – above ground level (indoor or outdoor)	31,770	31,287	478	5
Buildings, structures, surfaces – below ground level (indoor or outdoor)	1,527	1,502	21	4
Systems for the supply and distribution of materials, pipe networks	4,308	4,270	37	1
Motors, systems for energy transmission and storage	3,712	3,644	56	12
Hand-held tools, not powered	34,915	34,785	129	1
Hand-held or hand-guided tools, mechanical	12,876	12,768	108	-
Hand tools – without specification of power sources	4,986	4,959	27	-
Machines and equipment – portable or mobile	8,950	8,757	166	27
Machines and equipment – fixed	21,052	20,738	297	17
Conveying, transport and storage systems	40,662	40,354	281	27
Land vehicles	30,425	29,871	454	100
Other transport vehicles	1,843	1,796	28	19
Materials, objects, products, machine components, debris, dust	116,661	116,361	466	34
Chemical, explosive, radioactive, biological substances	5,212	5,137	68	7
Safety devices and equipment	1,082	1,075	7	-
Other equipment, personal equipment, sports equipment, weapons, domestic appliances	16,138	16,080	56	2
Living organisms and human beings	29,289	29,119	157	13
Bulk waste	1,320	1,317	3	-
Physical phenomena and natural elements	2,250	2,194	44	12
Other material agents not listed	60,494	59,444	835	215
Total	512,584	507,637	4,396	551

5.2 Occupational diseases

5.2.1 Definition

In its article 116, the general Social Security law characterizes an occupational disease as any disease having an occupational origin and resulting from the action of agents and substances associated to each one of the listed occupational diseases. To be recognized as an occupational disease, the disease must be caused by an exposure to agents or substances used during the course of work and which are associated within the list to each one of the occupational disease.

5.2.2 The notification process

Royal Decree n° 1299/2006 (BOE – 12/19/2006) approves a new table of occupational diseases thus updating the 1978 list and among other things integrates the content of European recommendation 670/2003¹⁶. A list of diseases having a potential occupational origin is added to the table.

The same decree sets criteria related to occupational diseases notification and recording. From these criteria, Order n° 1/2007 (BOE – 1/4/2007) specifies the occupational diseases notification report format and its content. It dictates the elaboration and transmission modalities. This decree also sets the creation of the corresponding victim's file of personal data and sets the **CEPROSS** electronic notification system.

Notification modalities

In order to guarantee the greatest number of notifications of occupational disease cases and to ease their transmission, the notification process has been modified. Institutions which diagnose occupational diseases have to notify them and to follow up their processing, in collaboration with the victim's employer. These institutions are mostly insurers but other sources are possible (please see the following paragraph).

The institution who diagnoses the occupational disease drafts the occupational disease notification report. An initial notification report is to be established within the ten working days following the day the occupational disease was diagnosed. It must be completed within a maximum delay of five working days after the initial drafting with all the data listed in the order. Companies and insured independent workers have a duty to provide to the notifying body the requested information needed by them for the drafting of the notification report.

The forwarded notifications are based on final diagnoses and are in fact recognized occupational diseases. The system does not allow figuring out the number of suspicious cases. The notion of claims for recognition introduced by workers does not exist. The number of claims can't be estimated. So, statistics are only describing recognized occupational diseases.

This does not mean the worker can't appeal if the insurer does not recognize the occupational origin of his/her disease. The worker may appeal against the decision to the INSS. The appeal is directly processed by INSS whose decision imposes itself upon the victim's insurer. As a last appeal, the victim may refer to a judge. The number of appeals is very low.

¹⁶ <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2003:238:0028:0034:EN:PDF>

Notification sources

Notifications of occupational diseases may have four sources depending on the choice of the employer in terms of insurer (cases 1 and 2) or according to the employer's prevention commitments (cases 3 and 4).

1. If the employer chooses to get insurance from INSS, health care is provided by the health services of the Autonomous Communities (SPS), that is to say, the doctors of the 17 Autonomous Communities. These doctors have the duty to notify. It is the same for ISM concerning seafarers.
2. If the employer chooses to get insurance with one of the twenty *Mutuas Accidentes de trabajo*, employers' mutual insurance, it is up to the medical service of the mutual to notify. The *Mutuas* cover more than 95% of employees.
3. Moreover, large companies¹⁷ must have an internal prevention department if the number of employees exceeds 500 persons or according to the risks present within the company for those whose staff ranges from 250 to 500 employees. The staff of this service must include an labour doctor, who will notify occupational diseases if necessary.
4. Finally, companies that do not have internal prevention services may contract with companies licensed in the field of occupational risks prevention¹⁸. The team must include an labour doctor. If the provider identifies an occupational disease during his missions, it has to be notified.

Data gathered during the notification process

The notification form in use until 2006 provided that in case of an occupational disease with or without work stoppage, the employer was required to draft a report of occupational disease, which should include the following pieces of information: data to identify the company; information about companies with a risk of an occupational disease; activities of the companies where the worker has previously worked including dates of beginning and end of the work within these companies; personal data about the worker; employment and occupational category; work undertaken at the moment the diagnosis of an occupational disease is done and work previously performed; identification of the works that may have caused the occupational disease and medical data corroborating this point. Some variables were recorded in writing without coding, making the data processing more difficult.

From 2007, the number of variables collected increased and they are now codified directly while filling the report, thereby improving data quality. More information about the tasks and jobs performed by the worker and the prevention initiatives undertaken by the company are collected, as well as medical data on the occupational disease at different stages.

The electronic notification

The occupational disease's file is forwarded by using electronic means thanks to the **CEPROSS**¹⁹ system (*Comunicación of Enfermedades Profesionales, Seguridad Social – Transmission of Occupational Diseases, Social Security*). CEPROSS allows the creation and the feeding of the personal data file. It is the only notification way.

The collected variables are directly codified while drafting the notification, thus increasing data quality. CEPROSS has an internal detection system of the inconsistencies which allows the correction of errors.

CEPROSS provides faster epidemiological statistics facilitating a better tracking of the people employed and the preventive policies' adjustment. Notably, it allows the systematic inspection of companies where cases of silicosis (with or without work stoppage) are reported.

¹⁷ Article 77 of the General Law on Social Security allows, according to some requirements, some companies to self-insure. They may have an internal medical service (*Servicio médico de Empresas Colaboradas*) which must include in its staff a labour doctor who will have to notify occupational diseases when necessary.

¹⁸ Servicios de prevención ajenos

¹⁹ http://www.seg-social.es/Internet_1/Estadistica/Est/Observatorio_de_las_Enfermedades_Profesionales/cepross2k11/index.htm

CEPROSS is managed by the Employment and Social Security Ministry.

A more effective detection of occupational diseases

The need for a better detection of suspected cases of occupational disease is recognized. To answer this need, a program aiming to raise the awareness of doctors to detect occupational diseases is undertaken in the Basque Country and in the Community of Valencia. It assumes that when doctors of the National Health System diagnose among their patients a disease likely to have an occupational origin, they should report the case to the prevention of occupational hazards managing entity (*Mutuas* or INSS) of their geographical area.

Thus, the Community of Valencia developed the computerized system SISVEL²⁰ [*Sistema de información y sanitaria vigilancia epidemiológica laboral* – Occupational Health Information and Epidemiological Surveillance System] by integrating into it a module for the rapid and systematic identification of suspected occupational diseases. During its test phase, this module has detected 46 cases of disease for which an occupational origin was suspected. They were subject to further analysis, followed if necessary by a procedure of recognition and prevention measures.

In practice, with SISVEL, the interconnection of the National Health system's network with the one of the entities responsible for the prevention of occupational risks is performed. This allows to share information and to match past medical conditions of a person with those of the list of occupational diseases in order to trigger an alert if necessary. Doctors can therefore fulfil more effectively their legal commitments to notify suspected cases of occupational diseases and refer their patients to their *Mutua* or INSS.

5.2.3 Statistical data forwarded through CEPROSS

CEPROSS forwards three categories of information:

- Occupational diseases recognized during the year (*partes Comunicados*) with or without work stoppage. These are diseases for which recognition is automatic as soon as it has its origin in the exposure of employees to substances and factors associated with the listed diseases (Article 116 of LGSS - General Law on Social Security).
- Cases of non-listed diseases which have a proved link with work (origin or aggravation of the disease because of work). They are considered as accidents at work and compensated as such if they cause a work stoppage (Article 115 of the LGSS). To this end, the **PANOTRATSS** system- non-traumatic pathologies caused or aggravated by work - has been set up to identify work-related diseases. The system includes a list of 16 categories (see Appendix 1) associated with diseases. The first statistics were published in 2010. Data from the year 2011 (see Appendix 2) is the first full cohort available for analysis. If during this analysis, a disease caused by work appears as dominating the information will be forwarded to various correspondents of which the INSHT thus opening the possibility of its entry into the list of occupational diseases.
- Compensation decisions, as a lump sum, of a permanent injury not disabling for work, i.e. compensation for damage to the physical integrity, or 1,344 cases in 2010.

◀ Number of cases having an occupational origin forwarded through CEPROSS

Diseases having an occupational origin	2010	2011
Occupational diseases – CEPROSS	18,186	19,195
Diseases related to work - PANOTRATSS	11,069	11,067
Total number of diseases having an occupational origin	29,255	30,262

²⁰ <http://www.sp.san.qva.es/sscc/progSalud.jsp?CodProg=PS47&Opcion=SANMS48&MenuSup=SANMS4>

◀ **Details about the occupational diseases' decisions**

	Recognized occupational diseases with days' off work	Recognized occupational diseases without days off work	Total	Compensations for physical consequences	Total
2010	8,765	8,077	16,842	1,344	18,186
2011	8,805	9,117	17,992	1,273	19,195

Slight numerical differences with the following tables are due to different publication's dates of the data.

Source: *Informes sobre CEPROSS y PANOTRATSS y bases de datos de contingencias profesionales de la Seguridad social – Informe anual 2010; Observatorio de enfermedades profesionales (CEPROSS) y de enfermedades causadas o agravadas por el trabajo (PANOTRATSS) – Informe anual 2011*- Employment and Social Security Ministry

◀ **Number of recognized occupational diseases**

Year	Number
2000	19,622
2001	22,844
2002	25,040
2003	26,857
2004	28,728
2005	30,030
2006	21,905
2007	17,010
2008	18,700
2009	16,850
2010	16,928
2011	17,922

Source: <http://www.mtin.es/estadisticas/ANUARIO2010/welcome.htm> Anuario de Estadísticas del Ministerio de Trabajo e Inmigración. Years 2000 to 2010. Tables ATE-34 to ATE-38

The 2011 datum comes from the document: *Observatorio de enfermedades profesionales (CEPROSS) y de enfermedades causadas o agravadas por el trabajo (PANOTRATSS) – Informe anual 2011*

5.2.4 Detailed data about the recognized occupational diseases of year 2011

	Men	Women	Total
With days of absence from work	4,689	4,116	8,805
Without days of absence from work	5,705	3,412	9,117
Total	10,394	7,528	17,922

Source: *Observatorio de enfermedades profesionales (CEPROSS) y de enfermedades causadas o agravadas por el trabajo (PANOTRATSS) – Informe anual 2011* – Employment and Social Security Ministry
<http://www.seg-social.es/prdi00/groups/public/documents/binario/145097.pdf>

Distribution per activity branch

Branches recording the greatest number of recognized cases

Activity branch	Recognitions	% compared to total
Manufacture of motor vehicles, trailers and semi-trailers	1,494	8.28
Manufacture of food products	1,405	7.84
Manufacture of fabricated metal products, except machinery and equipment	1,326	7.40
Retail trade, except of motor vehicles and motorcycles	1,295	7.23
Services to building and landscape activities	860	4.80
Others	11,552	64.46
Total	17,922	100.00

Recognized cases with days of absence from work and with compensation

Activity branch	Recognitions	% compared to total
Manufacture of fabricated metal products, except machinery and equipment	829	9.42
Manufacture of motor vehicles, trailers and semi-trailers	718	8.15
Retail trade, except of motor vehicles and motorcycles	640	7.27
Manufacture of food products	568	6.45
Specialised construction activities	433	4.92
Others	5,617	63.79
Total	8,805	100.00

Recognized cases with no days of absence from work and without compensation

Activity branch	Recognitions	% compared to total
Manufacture of food products	837	9.18
Manufacture of motor vehicles, trailers and semi-trailers	776	8.51
Retail trade, except of motor vehicles and motorcycles	655	7.18
Manufacture of fabricated metal products, except machinery and equipment	497	5.45
Services to building and landscape activities	488	5.35
Others	5,864	64.32
Total	9,117	100.00

Source: *Observatorio de enfermedades profesionales (CEPROSS) y de enfermedades causadas o agravadas por el trabajo (PANOTRATSS) – Informe anual 2011* – Employment and Social Security Ministry
<http://www.seg-social.es/prdi00/groups/public/documents/binario/145097.pdf>

Distribution per occupational diseases

Occupational diseases most frequently recognized

Diseases	Recognitions	% compared to total
Tendonitis, tenosynovitis	8,978	50.09
Nerves compression syndrome including carpal canal syndrome	3,225	17.99
Hypoacusis or deafness because of noise	1,558	8.69
Dermatitis caused by artificial material agent	712	3.97
Teachers' nodules	481	2.68
Others	2,968	16.59
Total	17,922	100.00

Recognized occupational diseases with days of absence from work with compensation

Diseases	Recognitions	% compared to total
Tendonitis, tenosynovitis	4,872	55.33
Nerves compression syndrome including carpal canal syndrome	1,720	19.53
Dermatitis caused by artificial material agent	368	4.18
Diseases caused by the inhalation of substances of molecular weight and of enzymes	224	2.54
Teachers' nodules	190	2.16
Others	1,431	16.25
Total	8,805	100.00

Recognized occupational diseases without days of absence from work without compensation

Diseases	Recognitions	% compared to total
Tendonitis, tenosynovitis	4,106	45.04
Nerves compression syndrome including carpal canal syndrome	1,505	16.51
Hypoacusis or deafness because of noise	1,498	16.43
Dermatitis caused by artificial material agent	344	3.77
Teachers' nodules	291	3.19
Others	1,373	15.06
Total	9,117	100.00

Source: *Observatorio de enfermedades profesionales (CEPROSS) y de enfermedades causadas o agravadas por el trabajo (PANOTRATSS) – Informe anual 2011* – Employment and Social Security Ministry
<http://www.seg-social.es/prdi00/groups/public/documents/binario/145097.pdf>

5.2.5 The five most frequently non-traumatic diseases recorded through PANOTRATSS – non listed occupational diseases - main 2011 final data

Diseases having their origins in work	Number of notifications	% compared to total
Diseases of the spine and of the back	3,143	34.27
Other diseases of the locomotive apparatus	2,276	24.81
Conjunctivitis	992	10.82
Local neurological disorders	684	7.46
Affections of the sclerotic, of the cornea, of the iris and of the ciliary body	347	3.78
Others	1,730	18.86
Total (of which 4,845 with work stoppage)	9,172	100.00

Health disorders or diseases worsened by work	Number of notifications	% compared to total
Diseases of the spine and of the back	856	45.17
Other diseases of the locomotive apparatus	620	32.72
Other skin diseases	73	3.85
Local neurological disorders	71	3.75
Hernias	56	2.96
Others	219	11.56
Total (of which 1,259 with work stoppage)	1,895	100.00

Grand Total (of which 6,104 with work stoppage)	11,067
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Source: *Observatorio de enfermedades profesionales (CEPROSS) y de enfermedades causadas o agravadas por el trabajo (PANOTRATSS) – Informe anual 2011* – Employment and Social Security Ministry
<http://www.seg-social.es/prdi00/groups/public/documents/binario/145097.pdf>

Altogether, 11,067 cases were notified through PANOTRATSS. Only cases with days off work and thus considered as accident at work will be compensated, giving a total of 6,104 cases (refer to Appendix 2).

5.2.6- ALERTA, a built-in alert system

A warning system²¹ (*Servicio de ALERTA*) is integrated to CEPROSS. It allows a real-time detection of companies exceeding preset thresholds and thus creating risky situations. Identified companies are subject to a special attention so that they intensify their prevention measures. ALERTA essentially aims to identify companies where occupational diseases are frequent.

Thus, the Social Security, which manages the statistical registration of occupational diseases system CEPROSS, provides the Labour and Social Security Inspection with a tool targeting companies having a risk of occupational diseases and especially their repetition.

The ALERTA system analyzes the listed occupational diseases and does not take into account the PANOSTRASS cases. In 2010, ALERTA assessed **16,842** cases of occupational disease and **17,922** cases were assessed in 2011.

As the system aims to identify in real time the companies above certain thresholds, the criteria taken into account for the indicators consider the number of employees who suffer from the same occupational disease. The staff criterion differs according to the occupational disease groups.

The indicators in used with ALERTA

In Spain, the list (main and supplementary) is organized into 6 groups.

1	Occupational diseases caused by chemical agents
2	Occupational diseases caused by physical agents ²²
3	Occupational diseases caused by biological agents
4	Occupational diseases caused by the inhalation of agents or substances not listed in other classifications
5	Skin diseases caused by agents and substances not listed in other classifications
6	Occupational diseases caused by carcinogenic agents

Companies will be picked up if the occupational diseases thresholds specified below are reached. The repetition of a similar disease is the main criteria of the selection process.

Three indicators have been elaborated.

Indicator A concerning groups 1, 3, 4 and 5
<ul style="list-style-type: none">• Companies with at least two workers• Two workers or more suffered from the same occupational disease with days off work

Indicator B concerning group 2
<ul style="list-style-type: none">• Companies with at least two workers• Four workers or more suffered from the same occupational disease with days' off work<ul style="list-style-type: none">• For companies with 2 or 3 workers: when all the workers suffered from the same occupational disease with days' off work

Indicator C concerning group 6
<ul style="list-style-type: none">• For any company whatever the workforce• Within which one worker suffered from an occupational disease with days off work

A 0 tolerance level for indicator C, a rather low tolerance level for indicator A and a rather less strict tolerance level for indicator B are to be noted.

²¹ To get a detailed overview of the system please refer to the document « Informe 2011 »: http://www.seg-social.es/Internet_1/Estadistica/Est/Observatorio_de_las_Enfermedades_Profesionales/cepross2k11/SistemaAlertaN/index.htm

²² These cases represent more than 75 % of the total number of occupational diseases.

Results given by the ALERTA system

The figures provided by ALERTA are used for various statistical treatments of which three examples are given below.

1) Distribution of the number of occupational diseases per occupational diseases' groups (ODG) and total number of companies having exceeded the thresholds

Year	ODG 1	ODG 2	ODG 3	ODG 4	ODG 5	ODG 6	Number of ODs	Number of companies
2008	20	139	35	16	28	40	278	220
<i>Of which 2007</i>	1	58	3	1	4	0	67	47
2009	17	84	45	12	17	29	204	164
<i>Of which 2008</i>	3	41	9	3	2	0	58	43
2010	11	106	19	16	14	13	179	131
<i>Of which 2009</i>	4	40	4	4	5	1	58	41
2011	6	99	36	22	18	18	198	158
<i>Of which 2010</i>	0	48	7	3	5	0	63	38

☞ *of which 2007, 2009 and 2010*: this line shows the companies picked up during the reference year and which have been already identified the year before.

In 2010, the 131 companies identified by the ALERTA system represented 1.44 % of the total number of companies where an occupational disease had been recognized during the same year. This percentage was of 1.67 % in 2011.

2) Distribution of the companies having exceeded the thresholds according to the staff and per group of occupational diseases – 2010 data

Workforce	ODG 1	ODG 2	ODG 3	ODG 4	ODG 5	ODG 6	Number of ODs	Number of companies
0 to 5	0	0	0	1	0	2	3	3
6 to 50	0	2	1	10	2	5	20	20
51 to 100	0	1	0	3	0	2	6	6
101 to 250	0	11	4	4	5	2	26	26
251 to 500	3	17	3	2	4	0	29	24
501 to 1,000	2	27	6	0	3	2	40	29
More than 1,000	1	41	22	2	4	4	74	50

3) Activity branches concentrating occupational diseases' repetitiveness during the 2009-2011 period

NACE code	Activity
05-10	Mining of hard coal
10-11	Processing and preserving of meat
10-71	Manufacture of bread; manufacture of fresh pastry goods and cake
22-29	Manufacture of other plastic products
23-70	Cutting, shaping and finishing of stone
28-12	Manufacture of fluid power equipment
29-10	Manufacture of motor vehicles
29-31	Manufacture of electrical and electronic equipment for motor vehicles
29-32	Manufacture of other parts and accessories for motor vehicles
47-11	Retail sale in non-specialised stores with food, beverages or tobacco predominating
47-19	Other retail trade in non-specialised stores
86-10	Hospital activities

6. Financial data

6.1 Financial data related to the *Mutuas*

☞ *Distribution of the workers affiliated to the Mutuas – 2011 data*

Staff	Mutuas	%	Workers	%	Average
More than 1,000,000	6	30.0	10,709,949	75.7	1,784,992
from 500,000 to 1,000,000	2	10.0	1,083,677	7.7	541,839
from 200,000 to 500,000	5	25.0	1,459,222	10.3	291,844
From 100,000 to 200,000	4	20.0	681,348	4.8	170,337
from 30,000 to 100,000	3	15.0	218,466	1.5	72,822
Total	20	100.0	14,152,662 (*)	100.0	

(*) These figures also included protected workers like disabled workers for instance.

This table shows that 75% of the workers are affiliated to 6 *Mutuas* among the 20 in operation.

Weight of each Mutua

Mutua	Market coverage
<i>Fremap</i>	25.11
<i>Asepeyo</i>	16.67
<i>Fraternidad</i>	8.90
<i>Mutua Universal</i>	8.56
<i>Ibermutuamur</i>	8.17
<i>MC Mutua</i>	7.75
<i>Maz</i>	3.95
<i>Umivale</i>	3.59
<i>Activa Mutua</i>	2.84
<i>Mutualia</i>	2.43
<i>Unión de Mutuas</i>	2.08
<i>Egarsat</i>	1.96
<i>Mutua Balear</i>	1.59
<i>Mutua Gallega</i>	1.58
<i>Mutua Intercomarcal</i>	1.48
<i>Mutua Montañesa</i>	1.22
<i>Mac</i>	0.65
<i>Cesma</i>	0.53
<i>Solimat</i>	0.48
<i>Mutua Navarra</i>	0.47
	100.01

Source: AMAT

☞ *Mutuas' financial resources*

Heading	2010		2011	
	Amount	%	Amount	%
Premiums	10,888,090.00	88.58	11,121,160.00	88.85
Non-financial operations	11,225,493.50	91.32	11,540,642.48	92.20
Financial operations	1,066,537.95	8.68	976,193.86	7.80
Total	12,292,031.45	100.00	12,516,836.34	100.00

This table shows the 20 *Mutuas'* receipts to which must be added those of 4 auxiliary centres. Amounts are expressed in thousands of Euro.

☞ *Detail of the Mutuas' spending for the year 2011*

Heading	Amount	%
<i>Temporary disability</i>	4,793,025.66	36.29
<i>Pensions</i>	3,352,815.37	26.79
Benefits in cash	8,145,841.03	65.08
<i>Mutuas' medical expenses for outpatients</i>	1,003,429.44	8.02
<i>Mutuas' medical expenses for inpatients</i>	374,549.20	2.99
Social assistance	1,377,978.64	11.01
<i>Hygiene and safety at work</i>	31,816.02	0.25
Social Services	31,816.02	0.25
<i>Patrimony management</i>	2,311,061.66	18.46
<i>Management and common services</i>	650,138.59	5.19
Assets and common management	2,961,200.25	23.66
Total	12,516,836.34	100.00

Note: some of these expenses are not related to occupational injuries. Staff expenses amount to 7.69 % of the total.

For additional information, refer to the document: *Presupuestos Seguridad Social, Ejercicio 2011*, Budget of the Social Security, Financial year 2011. Amounts are expressed in thousands of Euro.

http://www.seg-social.es/Internet_1/Estadistica/PresupuestosyEstudi47977/Presupuestos/PresupSegSocialanniosant/PresupSegSocial%202011/index.htm

For year 2011, the total of the Social Security's receipts was a little bit above EUR 128.5 billion. The total cost of occupational injuries roughly amounted to EUR 10.57 billion or 8.22 % of the total Social security spending. As for the receipts, their total amounted to EUR 11.5 billion or 8.94 % of the total Social security receipts.

6.2 Number of pensions paid by the Social Security system

On the 1st of June 2012, the Spanish Social Security system reckoned 8,902,683 pensioners among which:

Due to accidents at work					
For permanent disability	Retired ²³	Widowhood	Orphan	Families	Total
86,165	47,557	61,006	13,101	966	208,795

Due to occupational diseases					
For permanent disability	Retired ²³	Widowhood	Orphan	Families	Total
13,243	11,669	15,164	1,229	220	41,525

Distribution of disability (at least 33% and more) pensions for accidents at work (Acc) or occupational diseases (ODs)

	Permanent partial disability	Permanent total disability for the usual activity		Permanent total disability for any kind of work	Severe disability	Total
		55% rate	75% rate			
Acc	375	52,012	20,863	9,460	3,455	86,165
ODs	0	8,083	4,303	840	17	13,243

Source: Employment and Social Security Ministry

²³ Victims of more than 65 years getting only a disability pension

7. Eurostat data

Structural indicators are available only for accidents at work. 2007 data are not yet available.

Index of the number of serious accidents at work per 100,000 persons in employment (1998 = 100) ^(*)

Serious accidents - Total	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
EU (27 countries)	:	:	:	:	:	100	96	88	84	80	78	76
EU (25 countries)	:	:	:	100	100	99	95	87	82	79	77	75
EU (15 countries)	104	103	100	100	100	98	94	86	81	78	76	74
Euro area (12 countries)	105	103	101	100	99	97	92	84	79	76	74	72
Spain	92	95	95	100	107	108	106	103	100	92	87	85

(:) Not available

Index of the number of fatal accidents at work per 100,000 persons in employment (1998 = 100) ^(*)

Fatal road traffic accidents and other transport accidents in the course of work are excluded.

Fatal accidents	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
EU (27 countries)	:	:	:	:	:	100	97	91	90	88	86	81
EU (25 countries)	:	:	:	100	88	87	85	80	78	75	72	72
EU (15 countries)	116	113	106	100	91	88	85	80	78	75	74	73 ^(p)
Euro area (12 countries)	113	110	102	100	88	86	83	78	78	73	72	:
Spain	127	107	115	100	91	85	81	79	67	59	64	64

(:) Not available

(p) Provisory

* The index shows the evolution of the incidence rate of fatal and serious accidents at work in comparison to 1998 (= 100). The incidence rate = (number of accidents with more than three days' absence from work or number of fatal accidents at work that occurred during the year / number of persons in employment in the reference population) x 100,000. An accident at work is "a discrete occurrence in the course of work that leads to physical or mental harm". This includes accidents in the course of work outside the premises of one's business, even if caused by a third party, and cases of acute poisoning. It excludes accidents on the way to and from work, occurrence having only a medical origin, and occupational diseases. Fatal road traffic accidents and other transport accidents in the course of work are also excluded.

Euro area (12 countries): Austria, Belgium, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, Netherlands, Portugal, Spain

EU-15: Euro area + Denmark, Sweden, United Kingdom

EU-25: EU-15 + Estonia, Latvia, Lithuania, Poland, Czech Republic, Slovakia, Hungary, Slovenia, Cyprus (without the northern part of the island), Malta

EU-27: EU-25 + Bulgaria and Romania.

8. Statistical sources

For Spain

Statistical data reproduced within this document come from the Employment and Social Security Ministry. They are available (in Spanish) at the following web address:

<http://www.empleo.gob.es/es/estadisticas/index.htm>

Detailed information is available within an “*Anuario*”. These data are final data for the considered reference year.

<http://www.mtin.es/estadisticas/ANUARIO2010/ATE/index.htm>

Additional data are available in the statistical section of the Social Security website:

http://www.seg-social.es/Internet_1/Estadistica/Est/index.htm

Data about occupational diseases are available from the Occupational Diseases Observatory (*Observatorio de las Enfermedades Profesionales*) which can be found in the statistical section of the Social Security website:

http://www.seg-social.es/Internet_1/Estadistica/Est/Observatorio_de_las_Enfermedades_Profesionales/index.htm

For Eurostat

Structural indicators on health and safety at work in Europe are available only for fatal accidents at work and accidents at work with more than three days’ absence from work. Data are available under various formats: tables, maps and graphics, at the following web address:

<http://epp.eurostat.ec.europa.eu/portal/page/portal/health/introduction>

Appendix 1

List of the non-traumatic diseases that could be related to work and which have to be notified – PANOTRATSS

Group	Diseases
01. Infections and parasitic diseases	Other viral diseases, Other infectious and parasitic diseases
02. Neoplasms	Neoplasms,
03. Diseases of the blood and of the immune mechanism	Coagulation defects, other diseases of the blood and blood-forming organs, Other diseases of blood and of the immune mechanism
04. Endocrine disorders	Metabolic disorders, Other endocrine disorders
05. Mental behavioural disorders	Mood disorders, Stress-related and neurotic disorders, Other behavioural disorders
06. Diseases of the nervous system	Acute diseases of the central nervous system, Local neurological disorders, Polyneuropathies
07. Diseases of the eyes or ears	Disorders of conjunctivitis, Disorders of sclera, cornea, iris and ciliary body, Eye and retina internal disorders, Visual disturbance and blindness, Disorders of the middle ear, Diseases of the inner ear, Other diseases to ear, Other disease of the eyes and ears
09. Disorders of the circulatory system	Ischaemic heart diseases, Diseases of pulmonary circulation, Other heart diseases, Cerebrovascular diseases, Diseases of the veins and of lymphatic vessels, Other disorders of the circulatory system
10. Diseases of the respiratory system	Infectious diseases of the upper respiratory tract, Other diseases of the upper respiratory tract, Chronic diseases of the respiratory system, Lung diseases due to external agents, Other pleural diseases
11. Diseases of the digestive system	Diseases of the mouthparts and teeth, Hernias, Other diseases of the digestive system
12. Diseases of the skin and subcutaneous tissue	Infection of the skin and subcutaneous tissue, Urticaria and erythema, Infections of the skin and subcutaneous tissue caused by external agents, Disorders of skin appendages , Other skin diseases
13. Diseases of the locomotory apparatus	Spine and back diseases, Osteopathies and chondropathies, Other disease of the locomotory apparatus
14. Diseases of the genitourinary system	Diseases of the genitourinary system,
18. Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	Other symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified
19. Injury, poisoning and certain other consequences of external causes	Other injuries of external causes other injury, poisoning and certain other consequences of external causes
23. Factors influencing health status	Tests for persons potentially exposed to infectious and parasitic diseases

This list comes from choices made and based on the ICD-10 (International Statistical Classification of Diseases and Related Health Problems). Additional diseases could be added to the list upon request of the medical services.

Appendix 2

Number of PANOTRATSS cases per kind of diseases – January to December 2011 (preliminary data)

Diseases caused by work – distribution per gender

Diseases	Men	Women	Total
01. Infections and parasitic diseases	13	10	23
02. Neoplasms	0	0	0
03. Diseases of the blood and of the immune mechanism	0	2	2
04. Endocrine disorders	16	92	108
05. Mental behavioural disorders	63	81	144
06. Diseases of the nervous system	361	385	746
07. Diseases of the eyes or ears	1,457	250	1,707
09. Disorders of the circulatory system	102	9	111
10. Diseases of the respiratory system	51	30	81
11. Diseases of the digestive system	107	14	121
12. Diseases of the skin and subcutaneous tissue	371	169	540
13. Diseases of the locomotory apparatus	3,901	2,228	6,129
14. Diseases of the genitourinary system	6	0	6
18. Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	1	20	21
19. Injury, poisoning and certain other consequences of external causes	96	68	164
23. Factors influencing health status	60	83	143
Total	6,605	3,441	10,046

Diseases worsened by work – distribution per gender

Diseases	Men	Women	Total
01. Infections and parasitic diseases	4	1	5
02. Neoplasms	0	0	0
03. Diseases of the blood and of the immune mechanism	0	0	0
04. Endocrine disorders	1	5	6
05. Mental behavioural disorders	8	12	20
06. Diseases of the nervous system	25	48	73
07. Diseases of the eyes or ears	22	2	24
09. Disorders of the circulatory system	48	5	53
10. Diseases of the respiratory system	2	4	6
11. Diseases of the digestive system	46	1	47
12. Diseases of the skin and subcutaneous tissue	76	33	109
13. Diseases of the locomotory apparatus	1,065	507	1,572
14. Diseases of the genitourinary system	1	0	1
18. Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	4	6	10
19. Injury, poisoning and certain other consequences of external causes	3	4	7
23. Factors influencing health status	2	0	2
Total	1,307	628	1,935
Grand total	7,912	4,069	11,981

Diseases caused by work – distribution with or without work stoppage

Disease	With work stoppage	Without work stoppage	Total
01. Infections and parasitic diseases	12	11	23
02. Neoplasms	0	0	0
03. Diseases of the blood and of the immune mechanism	2	0	2
04. Endocrine disorders	4	104	108
05. Mental behavioural disorders	108	36	144
06. Diseases of the nervous system	340	406	746
07. Diseases of the eyes or ears	242	1,465	1,707
09. Disorders of the circulatory system	102	9	111
10. Diseases of the respiratory system	26	55	81
11. Diseases of the digestive system	83	38	121
12. Diseases of the skin and subcutaneous tissue	135	405	540
13. Diseases of the locomotory apparatus	3,686	2,443	6,129
14. Diseases of the genitourinary system	2	4	6
18. Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	8	13	21
19. Injury, poisoning and certain other consequences of external causes	70	94	164
23. Factors influencing health status	25	118	143
Total	4,845	5,201	10,046

Diseases worsened by work – distribution with or without work stoppage

Disease	With work stoppage	Without work stoppage	Total
01. Infections and parasitic diseases	2	3	5
02. Neoplasms	0	0	0
03. Diseases of the blood and of the immune mechanism	0	0	0
04. Endocrine disorders	1	5	6
05. Mental behavioural disorders	14	6	20
06. Diseases of the nervous system	34	39	73
07. Diseases of the eyes or ears	8	16	24
09. Disorders of the circulatory system	51	2	53
10. Diseases of the respiratory system	5	1	6
11. Diseases of the digestive system	33	14	47
12. Diseases of the skin and subcutaneous tissue	47	62	109
13. Diseases of the locomotory apparatus	1,053	519	1,572
14. Diseases of the genitourinary system	1	0	1
18. Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	3	7	10
19. Injury, poisoning and certain other consequences of external causes	6	1	7
23. Factors influencing health status	1	1	2
Total	1,259	676	1,935
Grand total	6,104	5,877	11,981

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Founded in 1991, EUROGIP is a French organization, whose activities are organized around five areas: enquiries, projects, information-communication, standardization and coordination of notified bodies. All have in common European aspects of the insurance or the prevention of accidents at work and occupational diseases.

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