



**Hello, we would like to inform you  
about an amendment to the decree on  
occupational health services**

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**What is changing for you?**

**Change to Frequency of Supervision**

For categories 2R, 3 and 4 relating to fitness in accordance with a legal regulation and occupational risk, the mandatory frequency is now set at once every 3 years.

For categories 1 and 2, it is up to the employer to decide whether supervision at the workplace should be conducted.

**Occupational Health Examinations**

The times for **periodic examinations** have not changed, but there is a new option for voluntary examinations for non-risk categories on the part of both the employer and the employee.

An **extraordinary examination** is now divided into a full examination, from which a new period is calculated, and an incomplete examination, where the original period remains in force. The wording was also refined.

For an **exit examination**, it was clarified that in the case of a work-related injury, the recognition of incapacity for work in a causal relationship must occur at least twice.

**Time Necessary for Occupational Health Services**

The time allocations for occupational health examinations, counselling and supervision with regard to classification and number of jobs or work positions were deleted.

**Risk Factors and Occupational Risks**

There is a change to the **risk factors** of working conditions concerning the risk of noise, whereby an ENT examination including screening audiometry is now sufficient for an initial examination assessing medical fitness.

The **risk factors** of working conditions that cannot be eliminated as a part of prevention shall be determined by the employer in cooperation with the provider. These are jobs classified in the second category, which include the 30 risk factors concerning working conditions listed in Part I. In this case, the employer is obliged to carry out periodic and exit examinations.

**Occupational risks** no longer cover work in schools and educational establishments, activities of epidemiological significance, driving of motor vehicles for non-professional drivers and voice burdens.

For the **occupational risk of night work**, it is added that it refers to an employee working at night who works at least 3 hours of his/her working time during night time within 24 consecutive hours, on average at least once a week.

**News and Changes to Forms**

In connection with the entry into force of the amendment to the decree regulating the requirements for occupational health services, we are providing our clients as part of the initial documentation with the form "Medical Assessment of Fitness for Work including Request for Occupational Health Examination and Assessment of Fitness for Work" altered with regard to the amendment to the decree.

**Employers are now providing or specifying the following information on the forms:**

**COMPLETE EXTRAORDINARY**

A new time limit for the next periodic examination is set.

**Implemented:**

 upon a change to an employee's medical condition (shortening of the validity of a medical assessment by the examining doctor);

 interruption of work for more than 6 months (unless the interruption is due to maternity or parental leave);

 at the request of the employee or employer.

**INCOMPLETE EXTRAORDINARY**

There shall be no change to the time limit for a periodic examination set at the previous examination.

**Implemented:**

 in all other cases.

**TYPE OF WORK/SPECIFIC WORK ACTIVITY**

Clarification by the applicant of the activities carried out by an employee. E.g. "painter: pressure paint spraying, occasional handling of loads, occasional forced positions bent over."

**WORKING ARRANGEMENTS (WORKING HOURS)**

Specify the required conditions, e.g. the method of setting out the working hours (uneven/even, flexible scheduling, working hours account, number of hours per week, etc.), shift schedule.

Refinement of the time allocation for work - ideally a combination of shifts + number of hours per week.

**Given our over 20 years of experience as an occupational health service provider, we recommend:**

**Continuing to implement periodic inspections in category 1:**

 preventive detection of common population diseases, especially in the absence of regular examinations by registered general practitioners;

 detection of arterial hypertension, diabetes mellitus, arrhythmias of various etiologies, eye defects, hearing disorders, skin problems, etc.;

 a general assessment of fitness for work.

**Continuing to implement periodic inspections in category 2:**

 what is stated above for category 1 applies;

 this is an intermediate category between category 1 and hazardous work;

 there is a higher probability of occupational diseases in predisposed individuals;

 possible underestimation of the risk by the employer.

**In the non-COVID-19 period, about 1/3 of occupational diseases occurred in categories 1 and 2 overall.**

**Continue to conduct surveillance at client workplaces in categories 1 and 2:**

 the duty to regularly assess health risks in the event of the occurrence of risk factors at the workplace remains in Act No. 309/2006 Coll., on ensuring other conditions of occupational health and safety, as amended, and Act No. 262/2006 Coll., the Labour Code, as amended;

 during supervision, workplace health risk evaluations are carried out and the basis for the development of work categorisation is prepared so that it reflects the actual health demands of the work performed, thus avoiding incorrect categorisation of work, which may subsequently be accompanied by inadequate assessment of the health status of individual employees;

 supervision includes consultation on the correct layout and equipment of workplaces to prevent, for example, back pain from prolonged sitting or carpal tunnel syndrome, which often arises in jobs classified in categories 1 and 2;

 where deficiencies are found, the occupational health service provider proposes measures to remedy them on the basis of the monitoring carried out, thereby reducing risks that could lead to harm to employees' health;

 a doctor's assessment of fitness for work is based, among other things, on his/her knowledge of the employee's working environment, for which he/she uses the records of supervision carried out.

**The EUC Occupational Health Service Team**