

F O K U S



SAFE THEMED MAGAZINE nr. 1 2022 HSE AND OCCUPATIONAL INJURY INSURANCE

P. 4 WHAT IS OCCUPATIONAL INJURY INSURANCE?

STIG-RUNE REFVIK, UNION SECRETARY FOR HSE, RESPONDS

“OCCUPATIONAL INJURY INSURANCE SHOULD COVER LOSS SUFFERED, LOSS OF FUTURE EARNINGS AND EXPENSES THE INJURY IS EXPECTED TO CAUSE THE VICTIM IN THE FUTURE. “

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Hilde-Marit Rysst. Photo by: Rebecca Bjerga

SAFE takes HSE seriously

You have SAFE's very first **Focus** in your hands. A magazine that focuses more on one theme, regularly throughout the year.

It's no coincidence that the first Focus takes a long hard look at HSE and Occupational Injury Insurance.

SAFE unfortunately still finds that insurance coverage does not work in the way employees and victims need or expect it to. Loss of health is not covered to any substantial degree. Insurance is bought as cheaply as possible by the companies, and involves a complicated system which makes it difficult for a victim to get help, be believed and taken seriously, or obtain compensation at all for loss of health.

The authorities have started a review of the situation, in which YS and SAFE are both involved.

Read more on the background, experiences and the efforts for change here in our Focus magazine. The objective is for you to be better informed on insurance as a whole, with its positive and negative sides. The most important thing is that you know enough to react, should you or a colleague experience anything at work.

Take care of yourself and have a SAFE day at work!
Hilde-Marit Rysst, Union Leader, SAFE

What is occupational injury insurance?

BY: **STIG-RUNE REFKVIK**, FEDERAL SECRETARY FOR HSE

“Occupational Injury Insurance should cover loss of income, loss of future earnings and expenses the injury is expected to cause the victim in the future” - quote from the Occupational Injury Insurance Act.

Getting an injury categorised as an occupational injury can be more complicated in itself than you might believe, even if it may seem obvious. Others are left with a pro forma insurance payout before they even realised that their working career was over. They find that the money is barely enough, and does not correspond to what their earnings would have been at work.

Nevertheless, insurance is meant as a benefit or compensation for anyone who is the victim of an accident, not as a burden.

It's important that SAFE clubs and members contact SAFE and seek legal assistance, as many cases often end up with a compromise settlement. SAFE and others believe that the insurer's lawyers work exclusively in the interests of the employer and insurer.

It gets worse when legislators require you to prove the extent of the injury yourself.

SAFE, and its HSE department in particular, is active in several forums to ensure the scheme works to maximum advantage for its members at all times. Through our participation on committees, boards, working groups and other forums, we discuss individual cases and problems with the scheme, loss of employment or legal aspects. The work is complicated and requires stamina, the ability to highlight and explain cases and to use the necessary skills to make an impact.

The SAFE clubs and members have access via information (now including this magazine), interviews, SAFE's employees in our central office, and access to legal advice

“*SAFE has realised the importance of gathering and collating all documentation that can be relevant to the case.*”



Stig-Rune Refvik Photo by Rebecca Bierga

and guidance, an increasing array of skills and understanding of how important it is that members affected by occupational injury contact SAFE and the apparatus around the HSE department as early as possible.

Through good support and guidance from their local SAFE club, members will be given assistance to fill in a claim as soon as possible and to ensure that an injury is reported to NAV and the insurance company.

SAFE also provides information and guidance to SAFE clubs and members on how important it is to seek medical advice as quickly as possible and to do so regularly to prove and follow up on the claim. SAFE should be involved at an early stage. We collaborate with Simonsen Vogt Wiig, the

law firm, with whom we have an excellent relationship and use for a number of occupational injury cases to ensure expert handling of such cases, and for the right choice of medical specialist.

SAFE has realised the importance of gathering and collating all documentation, receipts and anything else that can be relevant to the case.

And even if a member believes they have plenty of time, SAFE has found that the three-year statutory limit goes by very fast! It's also important that you check whether you are covered by other insurance policies through your work or privately. These are also aspects the local clubs can inform on and follow up.

Industry's insurance for people?

BY METTE MØLLEROP / SAFE CENTRAL



Halvor Erikstein. Photo by:XXX

The employer can be relieved of liability for the employee by taking out insurance. That means that the company you work for, and which is obliged to take out occupational injury insurance for you and your colleagues, is not liable to you for claims according to the law. In simple terms, it means that an insurance company has taken over liability for the employee, i.e. you.

Occupational Hygienist and Organisation Secretary for HSE, Halvor Erikstein, believes that the likelihood of an insurance company forcing its client to improve a hazardous working environment – should their employees become ill from working there – is virtually non-existent.

“The response is negative when chemicals, gases, exhaust fumes and oil are involved or mentioned, just to name a few. Based on occupational injury cases which an employee has lost, the answer you get can be interpreted as: Yes, you may be ill or injured, but there is no scientific proof that it was caused by these substances. Neither is there any reason to waste time and money on scientific proof that these substances are the cause of the disease or injury.

Arguments you must be able to refute can be that there are few or no emissions that are hazardous to health at your workplace, that the time you actually spend there is so short that it can hardly be damaging, and that others working here have not become ill. People have different levels of tolerance for different substances. What you cannot tolerate much of, may not affect others to any particular degree. What may cause you to be ill is not something you may be aware of. Who tolerates what and for how long is not something we know much about.

The fact that some people have a higher tolerance for certain substances than others, should not determine what emission limits are in the working environment. Employees bear all the risk for the ignorance of their employer and its insurance company. The ones setting requirements for your working environment are neglecting awareness and prevention while taking no risks themselves, sitting in their comfortable offices,” says Erikstein. >>

“FALSE INSURANCE”?

Erikstein believes that employers dodge the requirements for a healthy working environment.

“Insurance companies and employers make you believe that their occupational injury insurance covers all aspects of your health. You are being deceived. When you read what the insurance actually entails, it’s easy to believe that it provides fair cover in the event of injury and disease. But that’s not what it comes down to in practice, as we can see from all the lost occupational injury claim cases. In other words: the fact that an employer is obliged to take out occupational injury insurance is no guarantee that it will make any effort to ensure that every single employee goes home from work in good health. Working in a healthy working environment means in practice that you can go home from work in better shape than when you arrived.

THE CURRENT SITUATION

Many chemical compounds used in the oil industry have not been risk-assessed for toxicology. When employees are injured or become ill from new chemicals, the insurance industry and occupational disease experts will insist that the health risks are not ‘scientifically proven’ and deny that the symptoms are compatible with their very short ‘approved list’. Few occupational disease experts have ever been offshore, points Erikstein out.

“Nevertheless, they operate with absolute certainty that exposure has been far too low to cause any harm to health.” Diagnosis

of an occupational disease is performed by personnel in occupational medicine departments who have little or no awareness of the chemical cocktail the victim has been exposed to, and how such exposure offshore can last for a 12-hour working day over 14 days. The people involved in legal procedures often have little experience of determining working environment exposure and damage to health.

“Working environment surveys are often performed under very unrealistic conditions, and tend to only focus on minimum exposure. The results are attributed heavy significance without any expert assessment, and often lead to rejections. It’s hard to find doctors who report any suspicion of occupational disease,” says Erikstein. That leads to actual examples not being seen in the context of working environment exposure. The desire to have ‘good’ injury statistics can mean under-reporting of working environment incidents. Even though an employer has recognised an occupational disease, their insurance company will insist on new assessments to undermine that recognition.

“The insurance companies have infinite resources for pursuing cases through the legal system, and in practice, they appeal against every case they lose. An injured or sick employee with no paid work can find it extremely risky to demand their rights through the legal system. Insurance companies can choose their own expert without having to think about the costs, and aim for a secret settlement of the case,” explains Erikstein.

“Such settlements make it hard to obtain legal rulings that can be used in occupational injury cases.”

The white vapour. Photo by: Halvor Erikstein

Emission points on platforms must be marked!

BY REBECCA BJERGA



Halvor Erikstein.
Photo by: Rebecca Bjerger

Many people have become ill from working on the platforms over the years. Due to the lack of statistics for which diseases can be linked to a particular form of exposure or groups of workers has made the process of getting acknowledgement that the disease is due to the job almost nearly impossible.

Erikstein has sounded the alarm many times about emission points, and on the

‘white vapour and unpleasant smell’ that oil workers inhale at work.

“Platforms and onshore facilities have exhaust vents everywhere from machinery and process equipment,” says Erikstein. Very little is done to give proper consideration to such sources of pollution, even though the pollutant can cause serious health problems.

The vents are often positioned blowing out into ‘unmanned areas’, and rely wholly on the wind to remove the pollutant. Exhaust vents can also be found in areas which workers pass through on their way to and from work. “Many people just don’t know that they have been exposed to a hazardous gas. We need to continue to press the operator companies to take it seriously,” Erikstein says.

“*Very little is done to give proper consideration to such sources of pollution, even though the pollutant can cause serious health problems.*”



We need a commission

Read SAFE's representative proposal on the necessary changes to the rules for occupational injury presented to the Norwegian Parliament on 9.4.21

BY **HILDE-MARIT RYSST**, UNION LEADER

INTRODUCTION/BACKGROUND

The oil industry has highly advanced requirements for chemical products that would and should not be used onshore. Exposure to these chemicals can be characterised as a chemical cocktail, with very little awareness of its hazardous effects. All chemical risk assessments are based on normal working hours (a 40-hour week), and not on a shift work regime with 12-hour working days over a period of 14 consecutive days.

The current Act on Occupational Injury Insurance, which gives the victim the burden of proof and dictates that the disease must be found on an outdated list of 'approved' occupational diseases, makes the chances of a fair outcome for benefits and insurance very slim.

One aspect of current practice is that the question is not whether an employee has become ill or injured by the working environment, but that their disease must also be on the pre-approved list. If the symptoms should differ, even a serious health claim can be classified as a 'non-approved occupational disease'. One example of such reclassification is toxic encephalopathy (brain damage from chemical exposure) being changed to 'chemical intolerance'. This led to a victim losing in court.

The list of shortcomings in current practice is unfortunately very long. Health outcomes from organophosphates are missing from the approved list, for example. These are neurotoxic compounds that can cause disease in the large group of autoimmune

diseases, and can be confused with multiple sclerosis, for example. The "MS case at Statfjord" is an excellent example of an employee being refused approval of their occupational disease, having to live with an incorrect diagnosis and pain due to the wrong treatment.

Many oil workers contract cancer at an unnaturally-young age. So far, there are no statistics of actual cancer cases in the oil industry, and neither do oil companies provide figures of employees contracting the disease. Most cancer victims are left in an impossible situation where they have to live with their diagnosis and bear the burden of providing extensive proof in a case like this. Many claimants are met with rejection on the grounds that "there is no scientifically-proven link". Anything that is not proven is interpreted to the detriment of the victim.

There are many occupations that cause employees considerable and repetitive muscular strain, which can eventually lead to serious disability. The long working days of 12 hours over 14 days makes employees particularly vulnerable to strain injuries. Without care and rest, there is a high probability that they cannot stay in work until the usual retirement age.

The Act on Occupational Injury Compensation sets out a framework under which the victim has to contact an insurance company, while the employer is kept out of the process entirely. As long as repetitive strain injuries are not approved as an occupational injury, neither will measures to improve the working environment be adequately prioritised. We hope that the Work and Social Committee also reads this presentation, that provides more substance to our engagement.

WHY DO WE NEED A COMMISSION?

Current practice of the Act on Occupational Injury Insurance, under which the victim is given the burden of proof and the list of approved occupational diseases is highly inadequate, means that employees suffering from an occupational disease face a hard life. This will also affect their families, financially and psychologically. Occupational diseases are not currently identified based on realistic working environment exposure, but on whether they appear on an approved list or not.

When it comes to identifying an occupational disease, the victims find that the system is not designed to help, but to look for reasons for eliminating an occupational disease as the cause. And in instances when approval is given by the first instance, the insurance companies will almost automatically insist on a second opinion.

Many claimants are met with rejection on the following grounds: there is no scientifically-proven link. Anything that is not proven is interpreted to the detriment of the victim.



We need a commission able to assess occupational diseases based on actual exposure, and that can understand that the effects of chemical exposure can give a very high number of health outcomes. A commission that can acknowledge that we have little understanding of the effects of chemical exposure, that the exposure situation is extremely complex and that current practice of 'what can't be measured does not exist' is not an acceptable means of assessing the working environment.

We need a commission able to examine the practices of the various institutions who identify occupational disease. The rejection of occupational disease on the grounds of 'insufficient exposure' should be investigated in particular.

We need a commission able to describe the unjust situation that sick people find themselves in when given the burden of proof in occupational disease cases.

We need a commission able to right injustice suffered by those whose case has been dismissed on the grounds of insufficient knowledge of exposure and the unknown health effects of chemical compounds, or due to interpretation of the rules to the detriment of the victim.

We need a commission able to decide whether a separate department for occupational disease identification for injured oil industry workers is needed. Is the oil industry so special, or is it simply ignorance that has pushed so many to the wall during the identification process?

We need a commission able to investigate financial incentives around the identification of occupational disease. Many find that the insurance companies refer cases to specialists, who often – and without even meeting the patient – reject the possibility of it being an occupational disease.

We need a commission that will investigate and highlight the financial risk victims have to take by going to a lawyer to take on the legal system.

We need a commission able to investigate whether current practice under which employers refer their sick employees to their insurance company leads to them expending fewer resources on preventive measures for the working environment. The Act on Occupational Injury Insurance can currently be compared to the 'home vendor insurance' industry.

We need a commission able to determine whether forcing the employer to document the working environment the victim worked in, and to assist with investigation, will have good effect.

We need a commission able to demonstrate that fair treatment of victims of an occupational disease will lead to better prevention of hazardous working environments.

That commission must be independent of the occupational medicine departments and National Institute of Occupational Health (STAMI).

By approving repetitive strain injuries as an occupational disease, whoever is responsible for the preventive working environment precautions will have to take more responsibility for ensuring it is not hazardous to health.

Compensation package for oil pioneers

BY REBECCA BJERGA

The Norwegian Parliament has set up a commission to set in place a compensation package for pioneer workers or 'the oil pioneers' in the North Sea with late injuries.



Halvor Erikstein Photo by: Rebecca Bjerga

This was announced after a meeting of the Work and Social Committee on 4th of May 2021. Work on such a package should be finished by late 2022.

Halvor Erikstein, SAFE's Organisation Secretary and Occupational Hygienist at SYH, was appointed by the King in cabinet as a member of the Commission for Compensation of Oil Pioneers. He is one of the five members elected in this commission. "I have been given one of the toughest jobs of my career with regard to fighting to correct the situation in which many sick oil workers find themselves in. Many of them have been unfairly treated, but there is hope," says Erikstein.

Ended up in a room with three other patients with the same disease and work background in the North Sea – they want to warn their colleagues

"I received this photo from hospital the day before the congress," says Erikstein. "The person in it had just been through a very painful treatment. He sent me the photo with the caption 'the face of cancer'. He wanted to warn his colleagues." Exposure to chemicals offshore is very dangerous.

"It made a strong impression on me when he explained that he found himself in a four-bed hospital room with three other patients with the same disease, who had worked in similar jobs in the North Sea. I felt that the job that I and the rest of SAFE are doing became even more important," explains Erikstein.

There are many oil workers who have been seriously injured and disabled at an early age. Because of the hazardous working environment, many have suffered an early death. Because the 'Act on Occupational Injury Insurance' gives the victim the burden of proof, it's been an almost hopeless task to tackle the legal system and the victims have been left to their own devices without any occupational injury compensation or benefits.

This is the face of cancer

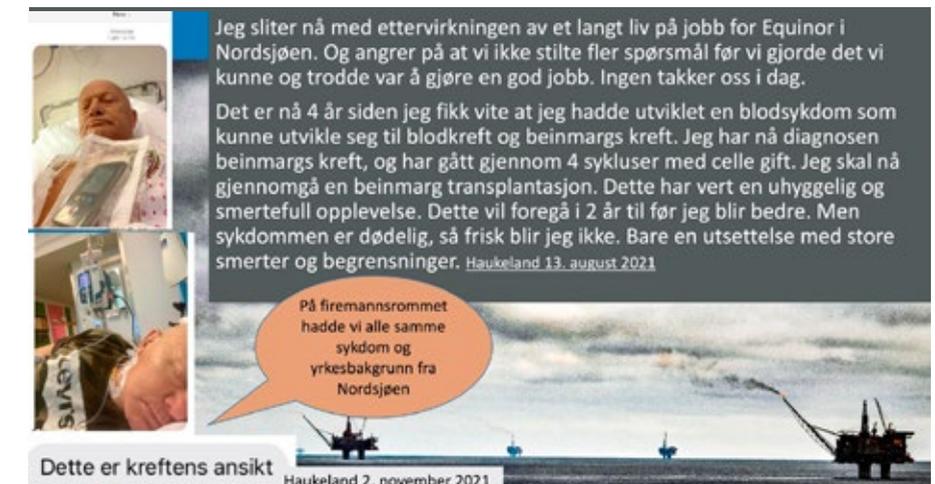
I'm now struggling with the side effects of a long life working for Equinor in the North Sea.

And regretting that we didn't ask more questions before doing all we could, believing it was right, that we were doing a good job.

Nobody's thanking us now.

It's been four years since I learned I had developed a blood disorder that could evolve into blood- and bone marrow cancer. I've now been diagnosed with bone marrow cancer, and have been through four cycles of chemo. I'm about to undergo a bone marrow transplant.

It has been a frightening and painful experience. It will be happening for two more years before I get better. But the disease is fatal, so I'll never be well again. It's just a post-ponement, with immense pain and limitations.



Erikstein's colleague sent this photo with the caption 'the face of cancer'.

What do the air and oil industries have in common?

– Health injuries caused by turbine oil

BY HALVOR ERIKSTEIN

The long case 2001 – 2022
Health hazards from turbine and hydraulic oils

Gas turbines are used on most production platforms. I was contacted by Turbine Engineer Harry Stiegler Brevik in 2001. He had been ill, and was declared too sick to work in 1988. Brevik represented a group of oil workers who had suffered neurological injuries, which were originally suspected to be an accumulation of multiple sclerosis (MS). This later became known as the ‘MS case at Statfjord’. Several others workers on the same platform have since lived with the incorrect diagnosis of MS, while others have been declared disabled without any diagnosis.

An incorrect MS diagnosis has a severe effect on quality of life. The patient is incorrectly treated and has to live with the knowledge that their state of health will gradually decline.

Despite the Working Environment Act requiring that any suspected occupational disease has to be reported, Equinor (former Statoil) refused to report these particular cases. No one from the MS-case was ever examined regarding the special chemical health risk from turbine oils with neurotoxic components, and no one has had their disease approved as related to their occupation.

AN OFFSHORE GAS TURBINE IS IN REALITY A CONVERTED AIRCRAFT ENGINE (AERO-DERIVATIVE TURBINE)

When working on finding the cause of the ‘MS-case at Statfjord’, I came in contact with pilot and cabin crew unions who had experienced similar health cases. The air inside planes is taken from the turbine engines (bleed air). Air taken from such engines can be contaminated with turbine oil leaking through the engine’s gasket system, causing acute intoxication of the pilots. Turbine oil has to tolerate extreme loads, high RPM and temperatures. Such synthetic oils have organophosphates added, which are highly neurotoxic and are particularly suspected of causing acute toxicity or progressive damage to the nervous system (cognitive effects). This form of exposure has serious consequences for air safety.

The internet provides many opportunities

to collaborate, regardless of where you are in the world. Because the victims of the MS-case were met with blank denial, it became important for SAFE to collaborate internationally with others facing similar problems. Our experience with turbine oils was met with considerable interest.

I helped establish the Global Cabin Air Quality Executive (GCAQE) in 2006, which included SAFE in the international cooperation of 29 pilot and cabin crew unions. GCAQE was established to prevent the poisoning of aircrew and passengers by turbine and hydraulic oils from the

An offshore gas turbine is in reality a converted aircraft engine.

aircraft’s air conditioning system (aerotoxic syndrome). The same year, I was elected as an executive committee member, a position I held for the next seven years.

I represented Norway on the CEN/TC 436 (Cabin Air Quality in Civil Aviation - Chemical Compounds) committee in 2015. The mandate for the standardisation committee was to devise a standard to prevent health and safety risks from toxic turbine oils. Unbelievably, and despite that the source can be contaminated by



Harry Stiegler Brevik and Halvor Erikstein. Photo by: Rebecca Bjerga

Turbine Engineer Harry Stiegler Brevik's tireless fight for justice shows how powerless an employee is when new chemical compounds are introduced into the working environment, and how oil companies deal with new knowledge in silence.

extremely toxic lubricants, air quality in an aircraft is not monitored. The standard includes a requirement for the installation of sensors to detect leaks of turbine oils into the cockpit and cabin (fume incident).

This requirement, along with other proposals to improve health and safety, was categorically rejected by airlines. After seven years' work, there is hope that a revised 'technical report' based on the standard can be released. This will be decided in a European referendum among CEN member states in the autumn.

Turbine Engineer Harry Stiegler Brevik's tireless fight for justice shows how powerless an employee is when new chemical compounds are introduced into the working environment, and how oil companies deal with new knowledge in silence. That knowledge could have prevented serious chemical health incidents amongst workers exposed to turbine oils. How many others have had their injuries from neurotoxic turbine oils dismissed?

So far, there is no recognition from Equinor that turbine oils with organophosphates can cause serious damage to the nervous system. Equinor has still not managed to risk-assess and mark exhaust vents with regard to organophosphates being neurotoxic.



Harry Stiegler Brevik, Halvor Erikstein and Idar Martin Herland

COMMISSION COMPENSATION OIL PIONEERS

I hope that 'commission compensation oil pioneers' will conclude and accept that a big injustice has been done to a group of employees, and that fair compensation will be given for the loss and suffering they have been through.



For more background,
scan this QR code

YS is on the case



BY **HEGE HERØ**, RESPONSIBLE FOR INCLUSIVE WORKING LIFE AND EQUALITY

YS started in the spring of 2021 an internal investigation project on occupational injury packages. The objective was to see if it was possible to improve them, to cover employees better. The background for this project was a combination of problem descriptions from the YS unions (not least from SAFE) and experience gained from working with Covid-19. Meanwhile, the Norwegian Labour Party sponsored a white paper in the Norwegian Parliament on necessary changes to the rules for occupational injury, including the 'oil pioneers'. YS and SAFE both took part in the committee consultations for the proposal, and pointed out that it was necessary to address some of the weaknesses in the system: It is difficult for employees to understand the rules. Double processing by NAV and insurance companies and the two-part appeal system mean that the system is complicated and resource-intensive for the individual and society.

These strict requirements for burden of proof can make it very difficult to win a legitimate claim.

The rules are biased against women suffering permanent disability. Far more men than women get occupational injuries or disease claims approved, even for the same

jobs. Also foreign employees are in a very vulnerable position. When the Norwegian Parliament debated the results of the ordered white paper, the following resolution was unanimous:

The Norwegian Parliament asks the government to consult with all parties in industry to submit a proposal for the necessary simplification of the occupational injury rules that is in line with developments in society and industry, and that will protect individual employees. The Norwegian Parliament also asks the government to review and if necessary, update the occupational disease list.

YS looks forward to this process being started by the new government, and will make our demands clear that it must happen in consultation with all the main organisations in industry.

The internal investigation project for YS will continue this autumn, regardless of what the new government plans. It will be up to the executive committee of YS (of which Hilde-Marit Rysst is also a member) to determine what our final standpoints will be in regards to policy within the occupational injury field.

The rules are biased against women suffering permanent disability. Far more men than women get occupational injuries or disease claims approved, even for the same jobs. Foreign employees are in a very vulnerable position.

Checklist for occupational injuries and diseases



BY ATTORNEY-AT-LAW (H) **ØYVIND VIDHAMMER**, SIMONSEN VOGT & WIIG AS

SAFE has a collaboration agreement with the law firm Simonsen Vogt Wiig in Oslo, which applies to assistance for members affected by an occupational injury/occupational disease.

Øyvind Vidhammer, a lawyer at the firm, addresses the basic and key 'rules to remember' in this column that are essential if you get injured or contract a disease at work.

Employees who get injured or contract a disease in connection with their work, will often be entitled to compensation for their financial loss from their employer's occupational injury insurance company. There are often special rights for such employees according to the Social Security Act. For an employee to be entitled to those rights, the claim for the injury or disease must be approved as an occupational injury. In this context, there are a few terms that are important to focus on:

LEGAL ASSISTANCE

SAFE has entered into an agreement with law firm Simonsen Vogt Wiig for its members engaged in occupational injury cases. We have specialised in counselling victims and have over 40 years of experience with filing claims for personal injury and are regarded as one of the leading firms within this field of law in the country.

When an accident occurs, there are many factors that have to be taken into account. The injury the victim may claim for, whilst still meeting all deadlines. Legal assistance frees the victim from spending time and energy on doing so. A lawyer must also ensure that no claims exceed the statutory limit.

If you have any questions on occupational injury/occupational disease, please contact lawyer **Øyvind Vidhammer** on **95 93 61 54**, or **ovi@svw.no**.

There are more details on our personal injury team at: www.personskadeadvokat.no

WE WELCOME YOU TO TEAR OUT THIS PAGE

1. FILL IN YOUR INSURANCE CLAIM AS SOON AS POSSIBLE

If you suffer an injury or accident at work, it's important to make a claim as soon as possible. The same applies after contracting an occupational disease.

Always give a precise description of what happened in the claim. What happened? Simply writing that an incident or accident has occurred is not enough. It's also important to stress that an occupational accident is involved, an unforeseen and sudden incident outside of your control. For example: you may have tripped over something, slipped, been hit by an object, and so on.

Besides describing the event, you should state the nature of the injury (injury to neck, head, back etc.). Notes written down immediately after the accident have considerable value as evidence when it comes to calculating compensation.

2. SEND THE CLAIM TO NAV AND THE INSURANCE COMPANY

If you have suffered an occupational injury/occupational disease, report it to NAV and your employer's insurance company as soon as possible.

Your employer must report the occupational injury to NAV locally. However, we recommend you check this is done yourself. NAV has a claim time limit of one year after an occupational accident has occurred. Your employer must also report the injury/disease to its own insurance company, as employees are also protected through mandatory occupational injury insurance.

3. GO TO A DOCTOR AS SOON AS POSSIBLE

A condition of getting compensation is a causal relationship between the occupational injury/occupational disease and the actual accident.

To enhance the causal relationship between an occupational accident and an injury, it's important that you consult a doctor within 72 hours of the accident, and have your acute medical problems recorded. You should consult a doctor even if you are unsure whether your injury will have lasting effect.

We recommend victims ensuring that the incident and all symptoms are recorded accurately and fully in the acute journal. This may be important and decisive proof which may be required later in connection with a claim for compensation.

4. VISIT YOUR DOCTOR REGULARLY AFTER THE INJURY

It's important to document what are known as related symptoms. This involves the victim being able to prove related problems from the acute phase to the chronic phase, i.e. 1-2 years after the injury. Related symptoms are most easily recorded in patient notes made by your own GP or other treatment providers. You should therefore remember to visit your GP regularly to keep a record of your problems.

5. KEEP YOUR RECEIPTS FOR EXTRA EXPENSES INCURRED

If you have an approved occupational injury/disease, you should be compensated for expenses incurred for treatment, medications, etc. It's important to keep all your receipts for expenses arising from your injury.

In the event of an occupational injury, NAV covers most medication expenditure. It's important to send in your receipts for such expenses to NAV within 6 months.

You can apply for expenses incurred related to an injury/disease but not covered by NAV to be covered through your employer's insurance company.

6. STATUTORY LIMITATIONS

We recommend reporting occupational injuries to the relevant insurance company as early as possible. The statutory limitation for claiming compensation after personal injury is 3 years from the date the victim became or should have obtained the necessary information on the injury/disease and who is responsible. The insurance company have to give written notice that it will use the statutory limitation expiry. A claim will remain valid for 6 months after the notice. This presumes that the victim has reported the claim to the relevant company within the statutory limitation.

7. VICTIMS CAN OFTEN HAVE SEVERAL POLICIES THAT GIVE COVER

You may well have other insurance policies that can pay out in the event of permanent injury. It's important to check through all your policies to determine what rights they give, even if you took them out privately.

Claims usually have to be made within 1 year.

8. CONFER WITH A LAWYER BEFORE CHOOSING A MEDICAL SPECIALIST

Approx. 2 years after the event, a specialist opinion is usually obtained from a medical specialist. The expert will be asked to address the question of medical causal relationship and the degree of medical disability. Their declaration is therefore important to the compensation case.

Which specialist writes that declaration is therefore important. You should not accept the insurance company's suggested specialist without first conferring with a lawyer with experience within personal injury cases. This will help ensure that the injury is assessed by an impartial medical specialist with the necessary skills.

9. CONFER WITH A LAWYER BEFORE ACCEPTING AN OFFER OR A REASONABLE SETTLEMENT

Once you accept the company's offer of compensation, a binding agreement exists between the parties. In principle, that will mean you cannot claim additional compensation from the insurance company at a later date. Getting a case reopened is very difficult. It's therefore a good idea to confer with a lawyer with experience from compensation cases before accepting a final agreement.

HENRIK GUSTAFSSON, aged 45:

– SAFE has done a lot for me!

BY REBECCA BJERGA

Winning a battle for occupational injury insurance is hard, but some claimants have succeeded, which means there is light at the end of the tunnel.

Henrik Gustafsson worked on Stena Don from January 2009 to January 2018, and in common with all loyal, enthusiastic employees he was quick to help on the rig with all sorts of tasks. One of the most common was to lift or lower various items of equipment without a crane, to save time. His back started to hurt, and when he realized he could no longer lift his baby daughter, he knew something was wrong. "It's a windy cold and wet working environment," says Gustafsson. You always want to help others and I thought 'I'm a man, I can lift that.' The injury happened over a long time. Instead of using a crane, I used to simply lift heavy items. My bad decisions brought me to this situation because I was trying to do the job as fast as possible."

Gustafsson's back became so bad that he couldn't stand upright. His body couldn't take any more lifting. He was sent home with two slipped discs. One in the lower back and the other in his neck. He was sent on sick leave, took a rest, but when he went back to work, he experienced severe pain in his back.

"I thought it would get better and went to a physiotherapist. The doctor would not refer me for surgery before I tried physical therapy. There were many things I wanted to do but was unable to. But I've managed to remain positive throughout, which helped me mentally."

While Gustafsson tried to retrain himself to a healthy back, his health certificate expired. Due to the slipped discs and inability to handle an emergency situation on the rig, he could no longer work offshore. He contacted the SAFE



Henrik Gustafsson. Photo by: privat

club on Stena Don and the HR contact onshore. HSE Union Secretary at SAFE, Stig-Rune Refvik, was club manager at the time. Refvik helped Gustafsson to apply for the loss of license insurance.

“Stig Rune Refvik and I worked together on the rig. He was Safety Manager and then manager of our club on Stena Don. I also joined the club committee. Refvik applied for the loss of license insurance, but the insurance company (Protector Insurance) said this type of injury was not covered under its occupational injury insurance. That was when I got help via SAFE’s legal aid insurance. The whole process took three years, and ended with a settlement.” Henrik’s ambition to do his job, find solutions and constantly stay positive, is praised by Refvik.

“His attitude and determination to work was almost a problem, as he pushed things so far at the risk of his own health. When he finally did accept the situation, we worked together with Stena’s HR to find him another job, but it soon became apparent that we’d have to apply for loss of license (LOL).

We’d been in close dialogue and discussed the next step in the case with both Henrik and his lawyer to ensure we got it right. It’s easy to feel lonely when you’re on sick leave, and I was therefore aware of keeping regular contact with him regarding the case,” says Refvik.

Henrik was very grateful.

“It was great that the club management and safety service made the extra effort to keep in touch with me.”

Gustafsson now works as a coordinator to help others in Sweden struggling with physical and mental problems.

He helps them get back to work and has a full understanding of what they’re going through:

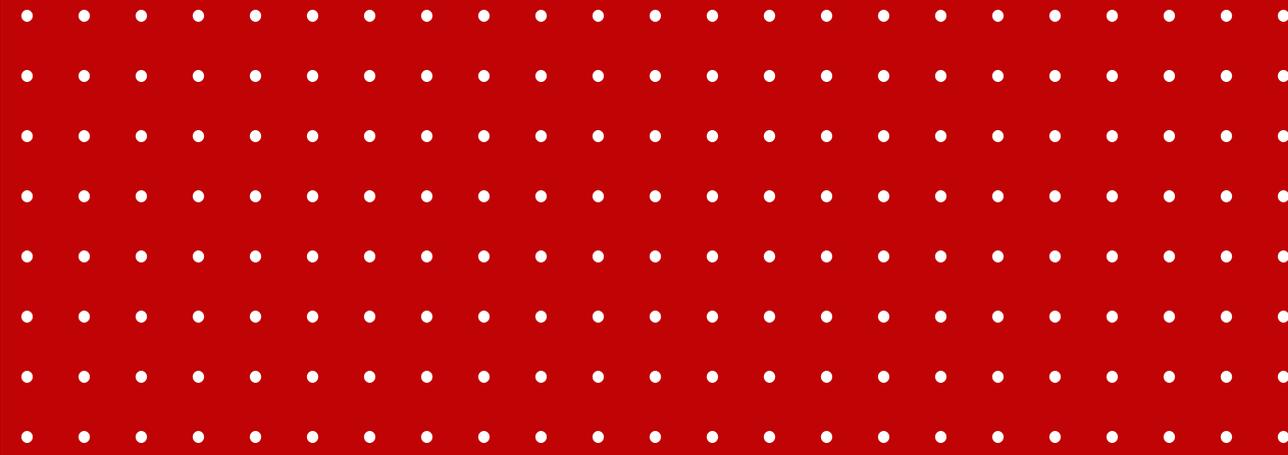
“I understand the situation they’re in, and I give them tips and ensure they get the right help and financial support. When you’ve suffered a physical injury and are prevented from working normally, it means a big financial loss. In the end, people begin to suffer mental problems as well.

SAFE took up the fight for me. I’m really grateful for the help I got from SAFE,” says Gustafsson.

“

Henrik’s belief in sticking to his job, finding solutions and constantly try to keep positive is praiseworthy.

SAFE is a trade union for workers in the energy sector on- and offshore. **We stand for justice at work.**





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