

Completing the Notice of Occupational Accident

Read these instructions if you need to fill in the Notice of Occupational Accident. The instructions on how to fill in the Notice of Occupational Disease are given in a different document.

This notice must be used after 1 January 2016 for all accidents, regardless of when the accident has occurred.

The employer must notify the insurance institution of occupational accidents without delay and no later than within 10 working days from the date when the employer or their representative became aware of the accident. Send this notice to the insurance institution which underwrote the employer's insurance policy under the Workers' Compensation Act at the time of the accident. If the employer does not have a statutory insurance, send the notice to the Workers' Compensation Center.

If you have questions about completing the notice, please contact the compensation unit at the Workers' Compensation Center (for contact details, visit www.tvk.fi).

1. INFORMATION ABOUT THE EMPLOYER

Economic activity

Economic activity refers to the most important activity which the employer carries out in the local unit where the injured person worked at the time of the accident. Describe the economic activity by naming the most important products manufactured at the workplace or the nature of the services (such as hairdressers, grocery store) or describing the employer's activity (such as engine works, construction company).

Policy number

The application for compensation is based on the insurance policy which covers the work during which the accident occurred. If the employer has not taken out an insurance under the Workers' Compensation Act, send the notice to the Workers' Compensation Center and leave this field blank.

Company unit or department code

Enter the company unit or department code in letters or numbers if the employer uses such codes.

2. INFORMATION ABOUT THE INJURED PERSON

Occupation

Occupation must describe the nature of the injured person's daily work. Be as specific as you can, using titles such as reeling machine operator, assistant driver, electrician, etc.

Ownership of the company

If the injured person owns part of the company, enter the number of shares owned and the votes held. If the injured person's family members also own shares in the company, enter the number of shares and votes held both personally and jointly with the family members.

If the injured person and/or family members own shares in the company through another company or corporate body, also enter the indirect share of ownership and the number of votes held.

A family member refers to a spouse, a cohabiting partner or a relative who is the injured person's direct ascendant or descendant and lives in the same household. A cohabiting partner refers to a person living in conditions resembling marriage in the same household with the person working in a leading position in the company (section 9 of the Workers' Compensation Act).

3. INFORMATION ABOUT THE ACCIDENT

4. CIRCUMSTANCES OF THE ACCIDENT

The Workers' Compensation Act defines the circumstances of the accident as "accident at work", "accident in the location of the working area", "accident outside the location of the working area" and "accident in special circumstances".

Select only one of the options from 1 to 6. If you select 3, 5 or 6, answer the related question.

Accident at work and work-related travel (if selecting option 1 or 2)

Accident at work is considered an accident that has occurred in the course of work. Work-related travel is comparable to work. It refers to all travel that takes place due to a work assignment. However, if the accident occurred when the injured person had arrived at the destination and was working there, you must choose “at work”.

Work-related travel means all journeys that take place in the course of work, such as moving from one work site to the next, or from home to a meeting or the place of work. Select this option if the accident has occurred during work-related travel or during activity normally associated with travel (e.g. transfers between the means of transport).

Location of the working area (if selecting option 3 or 5)

Working area is the place in which each and any work process is performed. The working area is defined according to the nature and content of the injured person’s work. That means that the working area not only means a fixed workstation but also any place where the employee has the employer’s permission to work.

If the place of work is mobile (e.g. a service engineer), the location of the working area is always where the employee is working at the time.

The working area also refers to the location where the employee must move around in the course of activities normally associated with work. The location therefore includes meal and break rooms, dressing rooms, toilets and other premises which the employees are permitted to access and where they can spend time.

If the accident occurred while the injured person was having a break for a meal or to rest, the location makes a difference. It is important that you enter the correct location depending on whether the break was taken in or outside the location of the working area.

Accident in the location of the working area:

- refers to an accident which occurred in the working area in the course of activities other than the work processes, such as during a meal break. If you select option 3, also select the sub-item which describes the working area where the accident occurred.

Accident outside the location of the working area:

- select option 5 if the accident occurred outside the location of the working area during a meal or recreational break. If you select option 5, also select the sub-item where you describe the working area (outside which the accident occurred).

Commuting between home and work (if selecting option 4)

Work only refers to the permanent workplace. Selection option 4 if the accident occurred in the course of travel between the injured person’s home and the workplace where the injured person usually works.

In other activities (if selecting option 6)

The Workers’ Compensation Act lists the accidents that occur in special circumstances and are considered occupational accidents. Select option 6 if the accident took place in such special circumstances.

If the accident occurred during a training or recreational event (6a or 6c), attach the event programme to the notice. If the event took place in the working area, select option 3.

Activities provided by the employer to maintain the ability to work (6b) only refer to activities which are subject to the Act on Occupational Health Care and which the employer has organised jointly with the occupational health care provider.

A health care appointment (6e) only refers to an appointment that takes place due to an actual or suspected occupational accident or disease, a sudden illness during the working day, occupational health care provided by the employer under the Act on Occupational Health Care, other obligations arising from work, or the employer’s order.

Option 6d means the journey from the employee’s home or working area to the event referred to in options 6a-6e (training event, health care appointment etc.) and the journey from the event to the working area or home. In option 6f, describe the nature of other activities during which the accident occurred.

5. HOW THE ACCIDENT OCCURRED – DESCRIPTION OF THE INCIDENT

Describe the chain of events that led to the accident. Be as specific as you can. Give detailed answers to the questions (what kind of work the injured person performed, how the situation developed and how the accident happened). You must also describe all deviations. These refer to events that differed from the norm and led to the accident (e.g. electrical fault, loss of control of a hand-held grinder, slip).

Information that you enter here is required for the compensation decision and for compiling accident statistics. Example: “The injured person was performing a fitting task and used his hands to position a pipe. The pipe slipped from his hands and the end of the pipe scratched his right thigh. He fell down from the impact of the pipe and hurt his left knee.”

If the accident occurred in the course of travel (options 2, 4 or 6d), describe the destination, the route and the

means of transport. If the injured person diverted from the usual or shortest route, describe the reason for the diversion (e.g. visited a shop).

6. FURTHER INFORMATION ABOUT THE ACCIDENT

If the accident caused a serious injury or death, you must also inform the labour protection authority and the police.

Name and address of the first treatment provider, and details of the occupational health care provider

If the treatment provider is a public health care provider (university hospital, central hospital, regional hospital, health care centre), you only have to enter the name. Be as specific as you can, e.g. Tampere Health Care Centre / Hatanpää Health Care Centre or Helsinki University Hospital / Meilahti Hospital.

In the case of a private health care provider, enter the correct name and address. You can also give the name of the doctor who treated the injured person, if known.

Effect of narcotics / conduct in violation of occupational safety regulations

Describe how narcotics or violation of occupational safety regulations influenced the way the accident occurred. You can continue on a separate sheet.

7. INFORMATION ABOUT THE EMPLOYMENT CONTRACT

Complete the information about the employment contract if the inability to work has continued for at least three (3) consecutive days, excluding the date of the accident.

Employment contract of unlimited duration

A permanent contract (not agreed for a fixed term).

Employment contract of limited duration

If the contract has been agreed for a fixed term, for example for the construction of a house, enter the start and end date of the contract period.

Other employment and self-employment

These details are needed because the injured person may be entitled to claim daily allowance on the basis of another employment contract or self-employment.

Student

Fill in this section if the injured person was a full-time vocational student at the time of the accident.

8. INFORMATION ABOUT EARNINGS

Complete the information about earnings if the inability to work has continued for at least three (3) consecutive days, excluding the date of the accident.

Daily allowance for the four weeks following the accident depends on whether the injured person has received sick pay. If the injured person has received sick pay, the daily allowance for this period will correspond to the amount of sick pay. If the injured person has not received sick pay, daily allowance is determined in accordance with the earnings preceding the date of the accident (earnings of the previous four weeks). If the injured person has worked for less than four weeks, enter the earnings for the entire contract period). If the inability to work continues for more than four weeks, the insurance institution will obtain the information about the injured person's pay in order to determine the annual earnings.

Withholding rates

Copy the information about taxation from the injured person's tax card valid at the time.

Amount of sick pay

If the injured person has received sick pay for more than one period, enter each period and the amount of sick pay earned. Continue on a separate sheet, if necessary. If the injured person receives sick pay after you submitted the notice, you must immediately inform the insurance institution.

Salaries and wages

Fill in the information about salaries and wages if the injured person has not received sick pay for the period of inability to work, either for the full period or for a part of it, or if the rate of sick pay was lower than the normal rate of pay.

Enter the information about pay for the four weeks immediately preceding the date of the accident, excluding the date of the accident. If the period of employment was shorter than four weeks, enter the amount of pay for the entire period.

Pay in money refers to pay earned from work, for example excluding one-time commissions, pay for any other periods, fringe benefits and holiday pay.

DATA COLLECTED FOR THE PREVENTION OF ACCIDENTS

These data are collected for the purpose of compiling statistics. Enter the occupational accident codes in the field. Consult the list of variables with the classification codes at the end of this document.