

# Accidents at work, occupational diseases and healthcare non-expenditure sources

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| 2 Metadata update  |  |
| 2.1 Date of last update  | 17.04.2024   |
| 3 Statistical presentation   |  |
| 3.1 Data description   |  |
| <p><b>Accidents at work</b><br/>An accident at work is defined as „a discrete occurrence in the course of work which leads to physical or mental harm“. Data include accidents at work of employees involving more than 3 calendar days of absence from work, serious bodily harm or death of employee as consequence of accident at work. At national level data on accidents at work in compliance with European Statistics on Accidents at Work (ESAW) methodology are obtained only from administrative data sources in compliance with valid methodology and definitions of Eurostat, namely from the National Labour Inspectorate and the Main Mining Office. The national ESAW sources are declarations of registered accidents at work to relevant national authorities (labour inspectorates or supervisory body) in terms of Act No. 124/2006 on Occupational Safety and Health Protection and on the Amendment of Certain Acts.</p> <p><b>Occupational diseases</b><br/>Data are all new cases of occupational diseases recognised during the relevant reference year. Dataset of occupational diseases includes characteristics of the victim, work of the victim, and of a disease.</p> <p><b>Healthcare non-expenditure sources</b><br/>Statistics on healthcare non-expenditure provide information on healthcare human resources, healthcare facilities, and healthcare utilisation.</p> |  |
| 3.2 Classification system  |  |
| The following classifications are used for ESAW statistics: NACE Rev.2, ISCO-08, NUTS 2016 and ICSE-93. For occupational diseases, the ICD-10 classification is also used.   |  |

For the collection data on healthcare non- expenditure, the classifications used in the System of Health Accounts (SHA) and its related set of International Classification for the Health Accounts are applied.

For hospital discharges, the International Shortlist for Hospital Morbidity Tabulation (ISHMT) is used. For Health Employment, the Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications apply.

Definitions of mandatory variables are laid down in Commission Regulation (EU) 2022/2294. Where possible, the statistics are separated by sex (male/female), age group and NUTS2 region.

### 3.3 Sector coverage

#### **Accidents at work and occupational diseases**

From the reference year 2013 all sectors of economic activities NACE Rev.2 are fully covered, with the exception of sector O (Public administration and defences, compulsory social security). This sector is partly covered as it does not cover service accidents at works of power departments that are subject to national confidentiality rules in terms of Act No. 215/2004 on protection of classified information and on the Amendments of Certain Acts, namely: Ministry of Interior of the Slovak Republic (Police Force, Fire and Safeguarding Brigade), Ministry of Defence of the Slovak Republic (Armed Forces and Intelligence Service), Ministry of Justice of the Slovak Republic (Prison and Judicial Guard) and Ministry of Finance of the Slovak Republic (Customs Offices).

For accidents at work, from the reference year 2013 the coverage of sector B (Mining and quarrying) of NACE Rev.2 classification is ensured due to data from the Main Mining Office.

#### **Healthcare non-expenditure sources**

Public health.

### 3.4 Statistical concepts and definitions

#### **Accidents at work and occupational diseases**

ESAW data sets comprise all required variables in accordance with Commission Regulation (EU) No 349/2011, i.e. all variables of ESAW phases I, II and III. From the reference year 2013 the variable RTA (Road traffic accidents) is provided as well and coverage of sector B (Mining and quarrying) of NACE Rev.2 classification is ensured due to data from the Main Mining Office. The variables are in accordance with the ESAW definitions, bias is in the case of variable "Size of enterprise", which refers to the size of enterprise, not to the size of local unit as it is required by the ESAW methodology. An occupational disease is defined as diseases that have arisen in a causal connection with work, insofar as they arose under the conditions specified in social insurance regulations. Occupational disease is a disease recognized by the competent health care facility that is included in the List of occupational diseases in the Slovak Republic listed in Annex No. 1 of Act No. 461/2003 Coll. on Social Insurance, if it arose under the conditions specified in this Annex to an employee while performing work or service tasks or in direct connection with the performance of these tasks (Act No. 461/2003 Coll.). A wide range of risk factors for the working environment, chemical, physical, biological, psychosocial factors, e.g. noise, dust, vibration, carcinogenic and mutagenic substances, allergens, infectious agents, are involved in the occurrence of occupational diseases.

#### **Healthcare non-expenditure sources**

**Practising physicians** provide services for individual patients.

**Professionally active midwives** include practising and other (non-practising) midwives for whom their education is a prerequisite for the execution of the job.

**Professionally active nurses** include practising nurses and other nurses for whom their education is a prerequisite for the execution of the job.

**Professionally active caring personnel** include practising caring personnel and other caring personnel for whom their education is a prerequisite for the execution of the job.

**Professionally active dentists** are practising dentists and other dentists for whom their education in dentistry / stomatology is a prerequisite for the execution of the job.

**Professionally active pharmacists** are practising pharmacists and other pharmacists for whom their education in pharmacy is a prerequisite for the execution of the job.

Pharmacists licensed to practice include practising and other (non-practising) pharmacists who are registered and entitled to practice.

**Hospitals** comprise licensed establishments primarily engaged in providing medical, diagnostic and treatment services that include physician, nursing, and other health services to inpatients and the specialised accommodation services required by inpatients. Hospitals provide inpatient health services, many of which can be delivered only by using specialised facilities and professional knowledge as well as advanced medical technology and equipment, which form a significant and integral part of the provision process. Although the principal activity is the provision of inpatient medical care they may also provide day care, outpatient and home health care services as secondary activities.

**General hospitals** comprise licensed establishments primarily engaged in providing general diagnostic and medical treatment (both surgical and non-surgical) to inpatients with a wide variety of medical conditions. These establishments may provide other services, such as outpatient services, anatomical pathology services, diagnostic X-ray services, clinical laboratory services or operating room services for a variety of procedures, and/or pharmacy services, that are usually used by internal patients (intermediate outputs within the hospital treatment) but also by outside patients.

**Total hospital beds** are all hospital beds which are regularly maintained and staffed and immediately available for the care of admitted patients. They are the sum of the following categories: somatic care beds and psychiatric care beds.

**Residential long-term care facilities** comprise establishments primarily engaged in providing residential long-term care that combines nursing, supervisory or other types of care as required by the residents. In these establishments, a significant part of the production process and the care provided is a mix of health and social services, with the health services being largely at the level of nursing care, in combination with personal care services. The medical components of care are, however, much less intensive than those provided in hospitals.

**A diagnostic exam** is defined as a medical imaging session to study one (or more than one) body part that yields one or more views for diagnostic purposes - CT or CAT scanner, MRI, PET.

**Surgical procedures** are medical interventions involving an incision with instruments usually performed in an operating theatre and normally involving anaesthesia and/or respiratory assistance. Surgical procedures can be performed either as inpatient cases, day cases or, in certain instances, as outpatient cases. Procedures performed on an inpatient case and day case should be reported for all the procedures on the shortlist. For two procedures, the number of outpatient cases in hospitals and outside hospitals should also be reported where possible.

**Breast cancer screening (mammography)** - number of women aged 50-69 who have received a bilateral mammography within the past two years (or according to the specific screening frequency recommended in each country) divided by the number of women aged 50-69 answering survey questions on mammography (for survey-based data) or eligible for an organised screening programme (for programme-based data).

**Cervical cancer screening** - number of women aged 20-69 who have been screened for cervical cancer within the past three years (or according to the specific screening frequency recommended in each country) divided by the number of women aged 20-69 answering the survey question (for survey-based data) or eligible for an organised screening programme (for programme-based data).

**An inpatient discharge** is the release of a patient who was formally admitted into a hospital for treatment and/or care and who stayed for a minimum of one night.

**A day-care discharge** is the release of a patient who was formally admitted in a hospital for receiving planned medical and paramedical services, and who was discharged on the same day.

**A bed-day (or inpatient day)** is a day during which a person admitted as an inpatient is confined to a bed and in which the patient stays overnight in a hospital.

**Average length of stay (ALOS)** is calculated by dividing the number of bed-days by the number of discharges during the year (see definitions for bed-days and discharges).

### 3.5 Statistical unit

#### **Accidents at work**

The statistical unit of observation for ESAW statistics is an accident at work. Each case of accident at work that caused more than 3 calendar days of absence from work, serious bodily harm or death of employee as consequence of accident at work is recorded. The notification form on registered accident at work is needed to be done at least to 4 days after announcement of happening of accident at work. The employer has a legal obligation to notify an accident at work immediately to relevant Labour Inspectorate or relevant supervisory body, if it is the case of accident with serious bodily harm or with consequence of death and to send a notification form on accident at work up to 8 days (from the day, when employer was informed about it) to relevant Labour Inspectorate or supervisory body.

#### **Occupational diseases**

Data are collected for each case of occupational disease. If a person is a victim of more than one recognised occupational disease, during the reference year, each separate case is reported (one for each recognized case of occupational disease).

#### **Healthcare non-expenditure sources**

Registered health professionals or health care facility categories.

### 3.6 Statistical population

#### **Accidents at work**

- 1) Professional status fully covered – employee (part time workers, casual workers);
- 2) Professional status partially covered - trainees/apprentices, students, others.

#### **Occupational diseases**

Employees in all economic sectors according to NACE Rev. 2.

#### **Healthcare non-expenditure sources**

- 1) all health care staff;
- 2) all available beds or equipment in hospitals or in nursing and residential care facilities;
- 3) all discharges or procedures performed in all hospitals.

### 3.7 Reference area

Reference area is national territory of the Slovak Republic.

### 3.8 Time coverage

#### **Accidents at work**

For the Slovak Republic data of ESAW statistics are available since 2008.

#### **Occupational diseases**

Data are available from the reference year 2013 onwards.

#### **Healthcare non-expenditure sources**

Each variable has a different time period of data coverage. In the part of Health Employment the time period starts at the interval of reference year (1980-2009), Physical resources (1980-2004), Health activities (1990-2018), Eurostat module (1996-2012).

### 3.9 Base period

Not applicable.

## 4 Unit of measure

### Accidents at work

The following measurement units are used in ESAW data:

- numbers of accidents;
- percentages of accidents (in relation to different totals and breakdowns);
- incidence rates of accidents: number of accidents per 100,000 workers;
- standardised incidence rates: number of accidents per 100,000 workers adjusted for the relative sizes of economic sectors at EU level.

### Occupational diseases

The following measurement units are used in EODS data: numbers of occupational disease.

### Healthcare non-expenditure sources

Absolute numbers at end of reference period/average number during reference period.

Rate of phenomenon per reference population (e.g. per 100 000 inhabitants).

## 5 Reference period

The reference period is a calendar year.

## 6 Institutional mandate

### 6.1 Legal acts and other agreements

### Accidents at work

In Slovakia conditions, ESAW statistics is implemented in accordance with relevant EU legislation. This following national legislation is applied in evidence and dissemination of accidents at work:

- Act No. 540/2001 on State Statistics as subsequently amended,
- Directive on the protection of confidential statistical data No. SME – 1/2015 (internal legal enactment),
- Act No. 311/2001 Labour Code,
- Act No. 124/2006 on Occupational Safety and Health Protection and on the Amendment of Certain Acts,
- Act No. 125/2006 Coll. on Labour Inspection and on amendment of the Act no. 82/2005 Coll. on Illegal Work and Illegal Employment and on amendment of certain acts as amended by later,
- Act No. 51/1988 on mining operations, explosives, state mining administration as subsequently amended, Regulation No. 500/2006 on template of record on registered accident at work,
- Act No. 58/2014 on explosives, explosive objects and munitions and on amendment of certain acts.

### Occupational diseases

The statistics on occupational diseases are compiled in accordance with the Regulation on Community statistics on public health and health and safety at work (EC) No 1338/2008.

The Act on State Statistics of the National Council of the Slovak Republic No. 540/2001 regulates the conditions for obtaining statistical information needed to assess socio-economic development,

the position and competence of bodies performing state statistics, the role of public authorities in the field of state statistics, rights and obligations of reporting units, protection of confidential statistical data from misuse, provision and publication of statistical data, ensuring comparability of statistical information and fulfilment of agreements in the field of state statistics.

Act No. 153/2013 Coll. on the National Health Information System and on Amendments and Additions to Certain Laws.

#### **Healthcare non-expenditure sources**

The health care statistics are compiled in accordance with the Regulation on Community statistics on public health and health and safety at work (EC) No 1338/2008 and with Commission Regulation (EU) 2022/2294 on statistics on healthcare facilities, healthcare human resources and healthcare utilisation.

Gentlemen's agreement.

The Act on State Statistics of the National Council of the Slovak Republic No. 540/2001 regulates the conditions for obtaining statistical information needed to assess socio-economic development, the position and competence of bodies performing state statistics, the role of public authorities in the field of state statistics, rights and obligations of reporting units, protection of confidential statistical data from misuse, provision and publication of statistical data, ensuring comparability of statistical information and fulfilment of agreements in the field of state statistics, by which is the Slovak Republic bound:

- Decree of the Ministry of Health of the Slovak Republic no. 10/2014 Coll. on Laying Down List of Statistical Reports in Health System, and Details of Procedure, Methods, Designated Reporting Units and Reporting Deadlines within the Statistical Survey in the Health System and Their Characteristics;
- Decree of the Ministry of Health of the Slovak Republic no. 44/2014 Coll. on Laying Down Details of Procedure, Methods, Designated Reporting Units and Reporting Deadlines for Identifying Events Characterizing Health Status of the Population and Their Characteristics;
- Decree of the Ministry of Health of the Slovak Republic no. 74/2014 Coll. on Laying Down List of Reports into National Health Registries, Their Characteristics, Details of the Content of National Health Registers, Procedure, Methods, Range of Reporting Units and Reporting Deadlines to National Health Registries.

Act No. 153/2013 Coll. on the National Health Information System and on Amendments and Additions to Certain Laws.

## **6.2 Data sharing**

Joint Questionnaire on Non-Monetary Health Care Statistics is coordinated in agreement with the World Health Organisation (WHO) and the Organization of Economic Co-operation and Development (OECD).

For accidents at work and occupational diseases, it is not applicable.

## **7 Confidentiality**

### **7.1 Confidentiality - policy**

At national level REGULATION (EC) No 223/2009 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL and COMMISSION REGULATION (EU) No 557/2013 of 17 June 2013 implementing Regulation (EC) No 223/2009 of the European Parliament and of the Council on European Statistics as regards access to confidential data for scientific purposes, Act No. 540/2001 Coll on state statistics and internal legal enactment is applied for protection of confidential statistical data.

Guarantee the protection of confidential data provided by reporting units is one of principles of the Policy on dissemination of the Statistical Office of the Slovak Republic. As for the release,

dissemination and provision of statistical information to users, protection of confidential data is ensured in line with the Act on State Statistics and Principles of Confidential Statistical Data Protection Use, which are defined based on internal legal enactment.

In accordance with Act No. 540/2001 Coll on state statistics: „Bodies performing state statistics are obliged to ensure protection of confidential statistical data against abuse in way determined in article 25a and 29 and 30 of this act.“ In Principles of Confidential Statistical Data Protection Use there is in article 3 defined method of protection of confidential statistical data and in Article 4 conditions for granting access to confidential statistical data for scientific purposes (available on website: [www.statistics.sk](http://www.statistics.sk), in part: Information service).

As data on accidents at work are collected and processed by the National Labor Inspectorate and the Main Mining Office, the protection of personal data is ensured at these offices under Act No. 18/2018 Coll. on the protection of personal data and on the amendment of certain acts.

## **7.2 Confidentiality - data treatment**

At national level, data are published only in aggregated form.

## **8 Release policy**

### **8.1 Release calendar**

Not applicable.

### **8.2 Release calendar access**

Not applicable.

### **8.3 User access**

In accordance with the Community's legal framework and the Code of Practices for European statistics (Principle 6 on impartiality and objectivity, Principle 13 on timeliness and punctuality and Principle 15 on accessibility and clarity), national accounts data that meet quality standards, including relevant metadata, should be available to users. Users should be informed of the availability of the data and how it can be made available.

In general, only aggregated data on accidents at work are publicly available in form of publications on websites of the institutions: the National Labour Inspectorate and the Main Mining Office and aggregated data is provided to users on request according to the Act No. 211/2000 Coll. on Free Access to Information and on the Amendments of Certain Acts (The Freedom of Information Act) as amended by later regulations.

Aggregated data on occupational diseases are publicly available in form of publications on website of the National Health Information Center. Data is provided to users on request according to the Act No. 211/2000 Coll. on Free Access to Information and on the Amendments of Certain Acts (The Freedom of Information Act) as amended by later regulations.

## **9 Frequency of dissemination**

The data are published annually.

## **10 Accessibility and clarity**

### **10.1 News release**

Not applicable.

## 10.2 Publications

Not applicable.

## 10.3 On-line database

Selected data are published on the website of the Statistical Office of the Slovak Republic, in DATAcube., specifically the following data cubes:

- Disability to work [zd1006rs]
- Disability to work - cases [zd3002rr]
- Working posts, beds in health facilities, pharmacies [zd1004rs]
- Development of selected indicators on disability to work due to disease and injury in the SR [zd1001rs]
- Calendar days of incapacity for work due to disease and injury by economic activities (NACE Rev. 2) [zd2002rs]
- Physicians in health establishments and bed fund in institutional health care establishments by wards as of Dec. 31 [zd2003rs]
- Incapacity for work due to disease and injury [zd2005rs]
- Incapacity for work due to disease and injury by economic activities (NACE Rev. 2) [zd2006rs]

Data can also be obtained from OECD, EUROSTAT and WHO health databases.

## 10.4 Micro-data access

Not applicable.

## 10.5 Other

None.

## 10.6 Documentation on methodology

ESAW statistics is compiled in compliance with Eurostat methodology (ESAW summary methodology 2013) and the Guidelines for ESAW data transmission for the relevant year (methodology available on Eurostat website, at national level methodological documents are available only on the intranet of the Statistical Office of the Slovak republic).

European Occupational Disease Statistics methodological note (version of 2020) that gives detailed information on the calculation of the experimental EU index and national methodological notes explaining the reporting system in force in each participating country are available on Eurostat website. Annually updated guidelines and a form templates at <https://www.nczisk.sk/Statisticke-zistovania/Pages/default.aspx> and <https://www.nczisk.sk/Registre/Stranky/default.aspx>.

Relevant classifications applied in ESAW statistics are available on website of the Statistical Office of the Slovak Republic (www.statistics.sk, in part metadata, classifications).

## 10.7 Quality documentation

The Statistical Office of the Slovak Republic is holder of certificate that confirms that the office meets the requirements of the international standard ISO 9001:2015 in organizing, obtaining, processing and providing official statistics according to applicable standards. At the same time, it provides evidence that the established quality management system creates suitable conditions for further improving the quality of services provided to users and develops the office towards greater efficiency.



## 11 Quality management

### 11.1 Quality assurance

By adoption of the European Statistics Code of Practice, Eurostat and statistical Offices of Member States (including the Statistical Office of the Slovak Republic) are obliged to provide high quality statistics based on definition of quality statistics of the European Statistical System. Quality is oriented to all important area - from institutional environment, through the statistical production processes up to the output of official European statistics. Also release and provision of statistical information have to comply with the criteria of the European Statistics Code of Practice, mainly timelines, accuracy, reliability, relevance, clarity, impartiality, objectivity, professional independence, effectivity of using resources.

Technical validation by Eurostat is ensured by means of the IT tool 'STRUVAL' and numerical validation of data via 'CONVAL'.

### 11.2 Quality assessment

At national level, there is an effort to continuously work on improving the quality of health statistics.

## 12 Relevance

### 12.1 User needs

The main users of data (except Eurostat and international organisations) are:

- Social Insurance Agency,
- Ministry of Economy of the Slovak Republic,
- Ministry of Health of the Slovak Republic,
- Ministry of Labour, Social Affairs and Family of the Slovak Republic,
- Ministry of Environment of the Slovak Republic,
- national institutions in the field of occupational safety and health, such as the Slovak Association for Safety and Health at Work,
- scientific institutions, universities, the public.

### 12.2 User satisfaction

No user satisfaction survey has been conducted recently.

### 12.3 Completeness

ESAW datasets cover all variables required by Commission Regulation (EU) No 349/2011, i.e. all phase I, II and III variables and in compliance with the Guidelines for ESAW data transmission for relevant years. From the year 2013 the variable RTA (Road traffic accidents) is also provided. For more information please, see the metadata for the Slovak Republic.

Slovak Republic provides to Eurostat only aggregated data due to the Act No. 153/2013 Code of Acts on the national health information system and amending certain acts, Article 10 where is mentioned that only aggregated data on occupational diseases can be provided to the Statistical Office of the SR. Therefore the variable Age is missing and instead of it variable Agegroups is provided and it is coded in 10-years age groups. The variable Employment status of the victim is not collected, but in general in the Slovak Republic in terms of employment status, the occupational diseases can be

recognised to following types: 1 Self-employed, 3 Employee, 5 Trainee/Apprentice/Student, 6 Retired person (including early retirement).

## 13 Accuracy and reliability

### 13.1 Overall accuracy

#### Accidents at work

ESAW data is based only on administrative data collection and the original national data sources are notification forms on registered accident at work, which employers are obliged to send to the relevant national authorities (labour inspectorates or supervisory bodies). Potential biases, which can have impact on ESAW data accuracy, can be under-coverage (see parts 3.3, 12.3, 12.3.1 and 19) and under-reporting mainly in case of non-fatal and less serious accidents at work. Potential biases can be caused also by coding errors as coding of data on accidents at work is performed by employers and it could be also cases, where matching of data of National Labour Inspectorate and Social Insurance Agency concerning numbers of lost days (variable SEV) was not successful.

#### Occupational diseases

As about coverage, data collection is designed as exhaustive and response rate is high.

#### Healthcare non-expenditure sources

As about coverage, data collection is designed as exhaustive and response rate is high.

### 13.2 Sampling error

Not applicable.

### 13.3 Non-sampling error

Not applicable.

## 14 Timeliness and punctuality

### 14.1 Timeliness

National data on accidents at work are available about 2 to 3 months after the end of reference year, in which the accident occurred. ESAW database is yearly transmitted to Eurostat up to 18 months after the end of the reference year according to Commission Regulation (EU) No. 349/2011.

National data on occupational diseases are available about 4 to 5 months after the end of reference year. EODS data are yearly transmitted to Eurostat until 30 June of year N+2, where N is the reference year in which the recognition of the occupational disease took place.

National data are available about 4 to 6 months after the end of reference year. Final data are published within app. 12 months after the reference year.

### 14.2 Punctuality

Data are published on time.

## 15 Coherence and comparability

### 15.1 Comparability - geographical

There is no problem of comparability between geographical areas in the Slovak Republic.

### 15.2 Comparability - over time

Data on accidents at work for the Slovak Republic are comparable since 2008. Data on occupational diseases for the Slovak Republic are comparable over time from the reference year 2013. Data on non-expenditure resources are also comparable over time.

### 15.3 Coherence - cross domain

Not applicable.

### 15.4 Coherence - internal

Data are consistent.

## 16 Cost and burden

There is currently no cost/burden analysis available for data at national level — accidents at work and occupational diseases.

9 724 EUR - direct costs, 3 890 EUR - indirect costs (costs are from 2020, there is currently no cost/burden analysis available for healthcare non-expenditure data at national level).

## 17 Data revision

### 17.1 Data revision - policy

The revision policy of the Statistical Office of the Slovak Republic, as central organ of the state administration for the state statistics area, is an important instrument for improving statistical data quality. It builds basic rules and general procedures applied in data revision within the office (document Revision policy of the Statistical Office of the Slovak Republic and Schedule of revisions of the Statistical Office of the Slovak Republic – publicly available on website [www.statistics.sk](http://www.statistics.sk), only in Slovak language).

In terms of Revision policy a revision is each change of statistical value of variables in relevant databases and in publicly released statistical data.

The reason for revision is changes in valid legislation, adjustment of methodological definitions and procedures, revision of classifications and code lists, implementation of new statistical-mathematical methods, accessibility of posterior more exact data as well as errors in source data and calculated values.

The goal of the revision is to achieve or keep content of statistical data consistent.

The need to have defined clear revision rules is also supported by Eurostat requirements, which in the interest of the highest international comparability and consistency of statistical data continues in supporting improvement of quality of national statistics. The European Statistics Code of Practice stipulates for revision area principle no. 8 „Revisions follow standard, well-established and transparent procedures”. This means that revision should be made according to defined rules and their principal attribute are conceptuality, finality, efficiency, transparency and periodicity. The result is a common and transparent system of statistical data adjustments.

### 17.2 Data revision - practice

We review data for relevant reasons:

- changes in methodology;
- changes in data sources;
- changes in legislation.

## 18 Statistical processing

### 18.1 Source data

ESAW data are at national level received from the relevant national administrative sources – the National Labour Inspectorate and the Main Mining Office; the source for data on number of days lost (severity) for relevant accidents at work is the Social Insurance Agency. The original national data sources are notification forms on registered accident at work, which employers are obliged to send to relevant national authorities (labour inspectorates or supervisory bodies) in accordance with Act No. 124/2006 on Occupational Safety and Health Protection and on the Amendment of Certain Acts. The number of employed persons is taken from the EU Labour Force Survey.

The source of data is administrative data source - National Health Information Center that collects, processes and publishes data on occupational diseases on the basis of the Report of occupational disease or threat of occupational disease. It is also a source of data for healthcare non-expenditure sources.

### 18.2 Frequency of data collection

Data are collected on an annual basis.

### 18.3 Data collection

#### Accidents at work

In accordance with the Act No. 124/2006 on Occupational Safety and Health Protection and on the Amendment of Certain Acts the employers have a legal obligation to complete notification form on accident at work and send it to relevant national authorities (labour inspectorates or supervisory bodies). Registration of accidents at work for the Slovak Republic is keeping at relevant 8 Regional Labour Inspectorates and 5 District Mining Offices. From regional and district level all registered cases of accidents at work are regularly sent to higher relevant level of the National Labour Inspectorate (using the special information system) and of the Main Mining Office. These two institutions process the cases of accidents at work into the ESAW database according to the ESAW methodology. The national ESAW database is then compiled from two databases (one from the National Labour Inspectorate and one from the Main Mining Office) at the level of the Statistical Office of the Slovak Republic.

#### Occupational diseases

After data processing the National Health Information Center sends aggregated data to the Statistical Office of the SR. At national level the Act No. 153/2013 Code of Acts on the national health information system and amending certain acts came into force, on the base of which in terms of Article 10 there can be provided to the Statistical Office of the SR only aggregated data on occupational diseases from National Health Information Center.

#### Healthcare non-expenditure sources

Data is collected primarily electronically through a web application with built-in control mechanisms for data entry <https://www.nczisk.sk/Statisticke-zistovania/Pages/default.aspx> .

### 18.4 Data validation

**Accidents at work**

Basic checking of data codes is carried out at the Regional Labour Inspectorates and at the District Mining Offices. Validation of data is performed at level of the National Labour Inspectorate, the Main Mining Office and for the whole national database before its transmission to Eurostat at the level of the Statistical Office of the Slovak Republic. Directly during compilation of ESAW database there are performed automatic and manual checks mainly focused on identification of some errors and inconsistencies with required ESAW methodology. Generally checks focus on verification of: completeness of database (list of required variables in accordance with Commission Regulation (EU) No. 349/2011), correctness of codes for each variable (length, type, coding scale in terms of used classifications) in accordance with the Guidelines for ESAW data transmission, comparing aggregated data with previous years in order to identify some extreme deviations or some potential data processing errors, verification of consistency of totals and various breakdowns.

**Occupational diseases**

Basic checking of data codes is carried out at the National Health Information Center. Validation of data is performed at the National Health Information Center and before its transmission to Eurostat at the level of the Statistical Office of the Slovak Republic. Directly during compilation of EODS data there are performed checks mainly focused on identification of some errors and inconsistencies with required EODS methodology, verification of: completeness of database, correctness of codes for each variable (length, type, coding scale), comparing aggregated data with previous years in order to identify some extreme deviations or some potential data processing errors, verification of consistency of totals and various breakdowns. At the Statistical Office of the SR the checks are related to the Guidelines for EODS data transmission.

**Healthcare non-expenditure sources**

Data validation is continuously performed during the entire process of data collection and data processing based on defined procedures in accordance with the European Statistics Code of Practice.

**18.5 Data compilation**

As data are based only on collection from administrative data, none of the following procedures have been applied: imputation, weighting, calibration and non-response adjustments.

**18.6 Adjustment**

Not applicable.

**19 Comment**