



Rapport Annuel / Annual Report / Geschäftsbericht



ASSOCIATION POUR
LA SANTE AU TRAVAIL
DU SECTEUR FINANCIER



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Annual Report '10



Introduction

2010 was a particularly busy year for the medical, ergonomic, prevention and training activities pursued by the ASTF.

The number of recruitments rose compared to 2009 when the year had ended with 3,892 newly recruited employees in the companies which are affiliated to ASTF.

However, on the other side of the coin, the number of employees at our member companies remained more or less stable. It follows therefore that, via departures involving many different job profiles, a considerable number of employees left their previous companies, especially as the ASTF saw an increase in the number of its member companies in the course of the year following a recruitment initiative.

Our first aid team (Dr Isabelle Klopp and Dr Colette Petit-Magar) has developed a programme for training in the installation and use of automatic defibrillators. These new installations are accompanied by familiarization with the basic principles of cardio-respiratory

resuscitation. I think it is appropriate to remind readers here of the primary responsibility of companies to train a designated worker and put in place a transparent and effective first aid organisation.

Our prevention team at the Kirchberg Hospital (Dr Tomasini and Dr Thiry) continues to perform extremely valuable work. The check-ups arranged here meet with the satisfaction of employees and companies alike.

Those persons who are thinking of lengthening employees' working hours would be well advised to take an interest in these programmes to keep employees in good health throughout their professional career. The fact is that delaying retirement beyond the present age certainly cannot be imposed automatically by the magic wand of the legislator.



Monitoring the health of personnel at work, as it is currently stipulated by law, should be replaced by measures of the kind pursued by the ASTF Prevention Team at the Kirchberg Hospital. On the negative side of the picture, it is worth pointing out that less than 10% of our member companies take part in this programme.

Still at the level of prevention, I want to call attention to the particularly interesting initiative set in motion by our ASTF Prevention Team and the Kirchberg Hospital for the Deloitte company: a programme of specific training in health, stress management and ergonomics put crucial public health messages across to 200 employees. That action will be continued in 2011 and has been reproduced in a number of companies.

This particularly beneficial action measured in terms of cost/outcomes and repercussions on public health is to be repeated in 2011. Moreover, initiatives such as this show that the ASTF or other employment health services can play a determining role in public health.

This should give cause for thought to the people in charge of health in the Grand Duchy who, through ill-conceived actions to reform health insurance, no longer reach more than half the active population of our country. Because of their status as frontier workers the others are merely passive contributors to our healthcare system.

Our psycho-social team (Mrs Karin Weyer and Mr Patrice Marchal) works in cooperation with our occupational physicians. They are doing an admirable and difficult job. The management of psycho-social problems raises the question every day and at each consultation of the way in which prevention and measures to deal with the psycho-social risk are regarded as determining factors when it comes to the award of the "social responsibility label" to companies.

The Management and the whole team at ASTF wish to thank the Board of Directors for its support. Similarly the Minister of Health and Social Security, Mr Mars Di Bartolomeo, and Dr Steffes and his team support us in our daily work and in our ideas for further improvement.

Dr Claude Bollendorff
Director ASTF

Interview

At the request of Deloitte, the ASTF organized a training day on the sound management of health capital. Deloitte employees were accordingly able to benefit from the “Health Day” during the summer of 2010. We asked Mr Gilbert Renel, a partner at Deloitte S.A., to outline his views on this subject.

For what reasons did you decide to arrange an action with the ASTF?

This action is part of our RSE (Corporate Social Responsibility) policy and charter, one of the pillars of which is the health and wellbeing of our employees. It seeks to make employees aware of the fact that, if they are to feel at ease with themselves, they must take physical exercise and eat a healthy diet. But above all they must take themselves in hand and safeguard their physical and mental balance.

Do you think that young recruits are aware of the scale of the task which awaits them?

When they leave university, young people are not always well prepared for the world of work, especially when it comes to jobs in the professional services (audit, consultancy...). Here too our approach is designed to form part of a training framework which, alongside the professional tools they need, also equips them with the personal tools which will enable them to deal with the demands of their profession.

Does Deloitte already have other projects of the same kind for its employees?

Health Day as such is a first in cooperation with the ASTF. We see this as a test which will enable us to adapt our future training courses to the needs of the different categories of personnel (grade, age...).



What expectations did you place in ASTF Prevention?

Our expectations were very specific: to understand the importance of good life hygiene, learn to anticipate and manage stress and feel more at ease with oneself. The aim is to learn how to listen to your body and adopt in good time effective strategies to preserve your health capital.







How did participants respond?

A first questionnaire enquiring about the degree of satisfaction proved very positive because almost all of the participants felt that the training was useful for their professional and private life. Now we will have to see how things evolve in the long term: how many employees have changed their way of life sustainably after taking the training course. We do not yet have any data on that point.

Will Deloitte be organising another Health Day and, if so, what form will it take?

We will certainly repeat the experience. We wish to put across in a recreational manner the message of a good work-leisure/life hygiene balance. We are looking for effective messages presented in a way that appeals to the emotions and not to reason which already has to be applied sufficiently in the working environment. Taking care of your health is a choice and a pleasure - not an obligation and a duty!

Key figures

| | 2009 | | 2010 |
|--|------|---|------|
| Medical examinations on recruitment | 3892 |  | 3404 |
| Special and psychological examinations | 893 |  | 1107 |
| Medical check-ups | 624 |  | 770 |
| Eyesight tests | 1345 |  | 937 |
| Flu vaccinations | 6100 |  | 4064 |
| Affiliated companies | 449 |  | 530 |

Medical statistics

Statistics on medical consultations

The number of medical examinations upon recruitment remained stable in 2010 (3,404 persons seen) against 2009 (3,892 persons seen).

On the other hand, the number of “special” medical examinations performed at the request of the employer, the employee or on the occasion of a professional regrading, is constantly increasing.

2010 saw a steep increase in the number of these examinations: 696 medical examinations of this type were performed by the medical team of ASTF against 586 in 2009 and 488 in 2008.

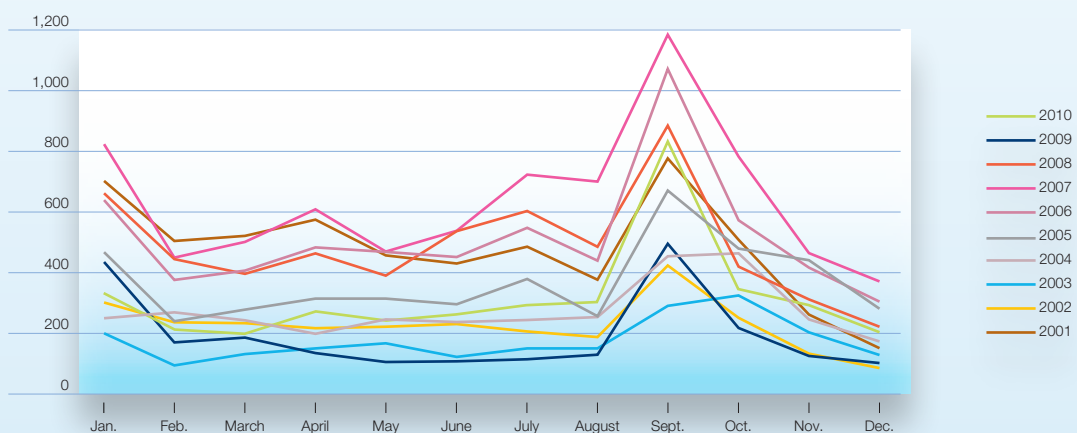
Over and above those medical activities, 411 consultations were given by the psycho-social workers at the ASTF.

- **3,404** medical examinations on recruitment
- **696** special examinations (examinations performed at the request of the employee or employer, handicapped workers, resumption of work after a lengthy absence...) of which **81** examinations upon reintegration into the working environment
- **411** psychological consultations
- **86** dispensations for pregnant women
- **17** periodical examinations
- **12** medical examinations to obtain a residence permit
- **3** medical examinations to obtain a driving licence



Statistics concerning medical examinations on recruitment

Trend in the number of recruits



| | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 |
|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| January | 707 | 307 | 200 | 251 | 470 | 639 | 823 | 664 | 433 | 333 |
| February | 507 | 240 | 97 | 271 | 238 | 374 | 447 | 445 | 170 | 216 |
| March | 524 | 237 | 134 | 244 | 277 | 405 | 499 | 396 | 186 | 201 |
| April | 578 | 220 | 148 | 198 | 314 | 482 | 607 | 464 | 136 | 273 |
| May | 459 | 225 | 165 | 247 | 314 | 467 | 467 | 390 | 106 | 244 |
| June | 432 | 234 | 117 | 238 | 295 | 450 | 536 | 538 | 109 | 263 |
| July | 488 | 209 | 154 | 245 | 380 | 547 | 722 | 605 | 115 | 295 |
| August | 378 | 190 | 157 | 255 | 255 | 438 | 699 | 486 | 130 | 304 |
| September | 782 | 432 | 293 | 462 | 677 | 1,074 | 1,186 | 889 | 495 | 831 |
| October | 511 | 255 | 308 | 472 | 482 | 572 | 782 | 420 | 219 | 348 |
| November | 262 | 134 | 202 | 247 | 443 | 415 | 462 | 311 | 126 | 293 |
| December | 150 | 85 | 126 | 172 | 280 | 302 | 368 | 220 | 103 | 213 |
| Total | 5,778 | 2,768 | 2,101 | 3,302 | 4,425 | 6,165 | 7,598 | 5,828 | 2,328 | 3,814 |

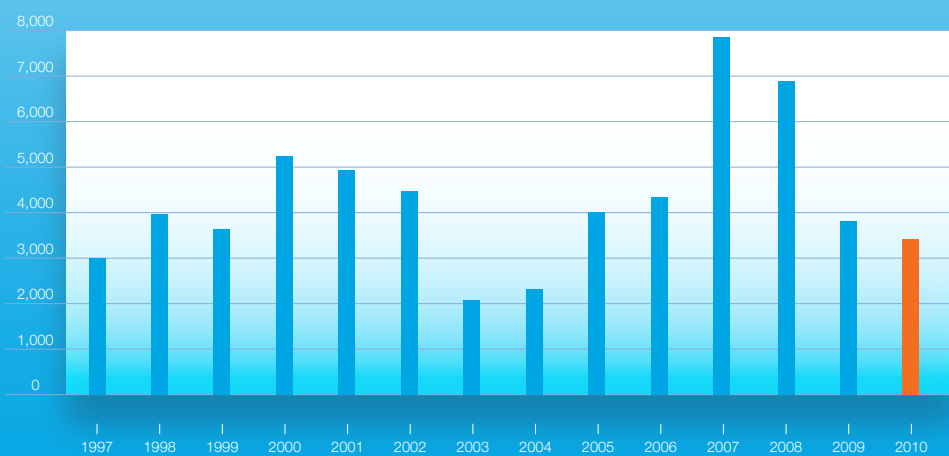
Conclusion

Since the summer of 2008 when the financial crisis burst upon us, the number of new recruits to the financial sector in Luxembourg had fallen steeply. The year 2010 saw a

reversal of this trend and a recovery in the number of recruitments. The ASTF registered just over 3,800 new requests for medical examinations in 2010, i.e. 64% more than in 2009.

The general trend of recruitments as a function of the month of the year is the same as in previous years, with a recruitment peak in September.

Number of medical examinations upon recruitment



Conclusion

In the course of the year 2010, 3,404 persons underwent a medical examination upon recruitment. Although this figure is slightly lower, it remains comparable to the number of employees seen in 2009.



Proportion of men and women



Conclusion

The percentage of men who were seen for a medical examination in 2010 was around 56% against 44% for women. The distribution between men and women remains comparable to that of previous years. However, the difference is slightly higher than in 2009 when men represented 54% and women 46% of the persons seen.

Distribution of recruitments by age



Conclusion

The distribution of persons recruited and seen for a medical examination during the year 2010 is broadly similar to that noted in previous years. Over half of the employees seen are very young, below the age of 30 (55.5%).

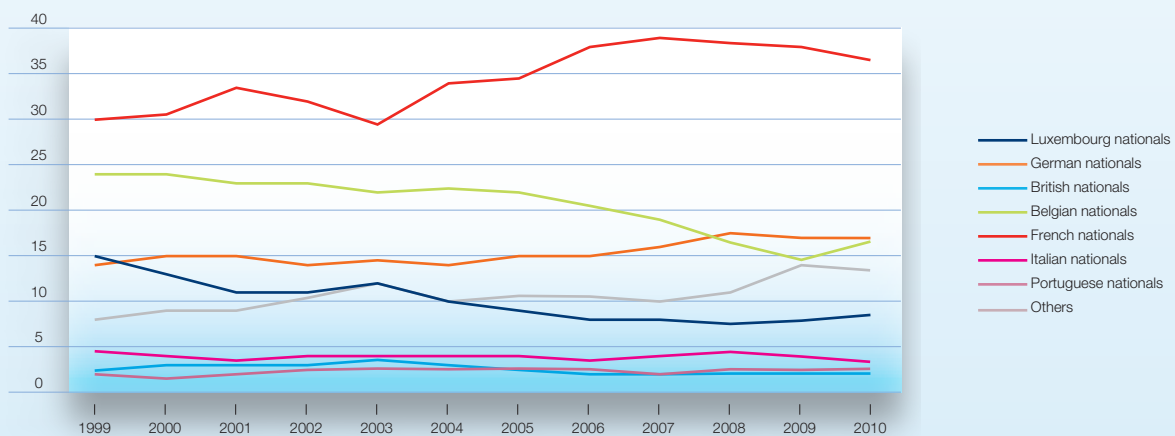
In general, employees below the age of 40 are preferred as recruits. They represent 85% of the persons examined by the ASTF medical team.

Medical examinations on recruitment for employees aged 50 or more represent just 2.5% of activity.

The problem experienced by seniors in finding new jobs is illustrated by these figures and by this chart.



Distribution of recruitment as a function of nationality



| | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 |
|-------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Luxembourg nat. | 15.0% | 13.0% | 11.0% | 11.0% | 12.0% | 10.0% | 9.0% | 8.0% | 8.0% | 7.5% | 8.0% | 8.5% |
| German nationals | 14.0% | 15.0% | 15.0% | 14.0% | 14.5% | 14.0% | 15.0% | 15.0% | 16.0% | 17.5% | 17.0% | 17% |
| British nationals | 2.5% | 3.0% | 3.0% | 3.0% | 3.5% | 3.0% | 2.5% | 2.0% | 2.0% | 2.0% | 2.0% | 2.0% |
| Belgian nationals | 24.0% | 24.0% | 23.0% | 23.0% | 22.0% | 22.5% | 22.0% | 20.5% | 19.0% | 16.5% | 14.5% | 16.5% |
| French nationals | 30.0% | 30.5% | 33.5% | 32.0% | 29.5% | 34.0% | 34.5% | 38.0% | 39.0% | 38.5% | 38.0% | 36.5% |
| Italian nationals | 4.5% | 4.0% | 3.5% | 4.0% | 4.0% | 4.0% | 4.0% | 3.5% | 4.0% | 4.5% | 4.0% | 3.5% |
| Portuguese nat. | 2.0% | 1.5% | 2.0% | 2.5% | 2.5% | 2.5% | 2.5% | 2.5% | 2.0% | 2.5% | 2.5% | 2.5% |
| Others | 8.0% | 9.0% | 9.0% | 10.5% | 12.0% | 10.0% | 10.5% | 10.5% | 10.0% | 11.0% | 14.0% | 13.5% |

Conclusion

The percentage of Luxembourg employees remain stable; it has been in the region of 8% for some five years (8.5% for the year 2010).

As in previous years, French employees remain the most numerous, representing 36.5% of the persons seen for medical examinations on recruitment in 2010.

However, this proportion has been falling slightly since 2007 (-2.5%).

The percentage of newly recruited German employees remains stable. As in 2009 they come in second place and represent 17% of the employees seen by the ASTF Team.

The proportion of Belgian nationals, who for a long time headed up the

table just behind French personnel, fell constantly between 2004 (22.5%) and 2009 (14.5%). This tendency was reversed in 2010 when the percentage of newly recruited Belgian employees rose by 2% (16.5%).

Finally the percentages of employees of other nationalities such as Italians, Portuguese and English remain stable.

Distribution of recruitments according to the place of residence



Conclusion

One-half of the employees seen for a medical examination on recruitment during the year 2010 were living in Luxembourg.

This percentage is rising. In fact in 2007 and 2008 Luxembourg residents represented 42% of the persons who were seen.

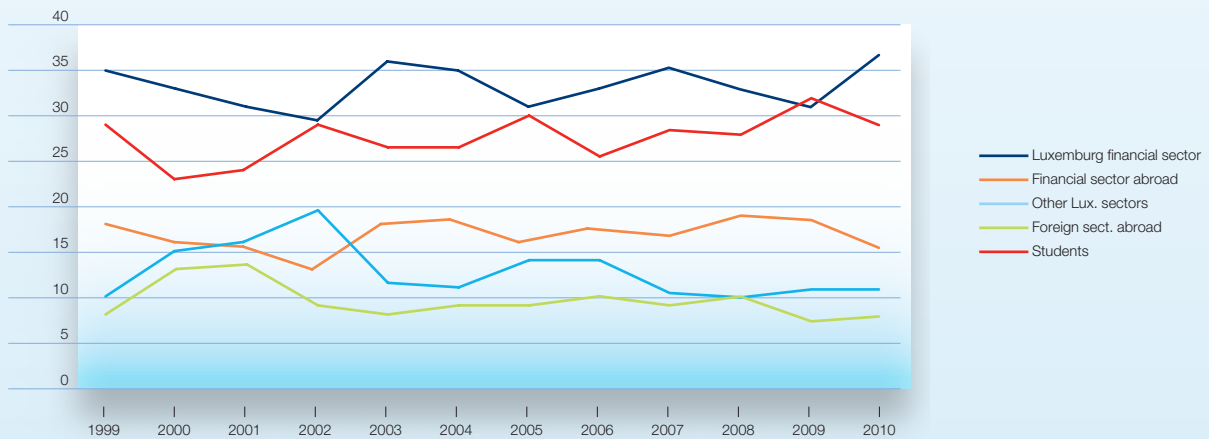
However, the years 2007 and 2008 were “record years” in terms of the number of examinations performed (around 7,000 per year). So even if the percentage of employees living in Luxembourg rose in 2010, the gross number of newly recruited Luxembourg resident employees is lower than it was in 2008 (1,700 in 2010 against 2,894 in 2008).

The distribution of the place of origin of frontier workers is comparable to that of the nationalities of newly recruited persons. The percentage of employees residing in France is falling (28% in 2008, 25% in 2009, 21% in 2010).

The percentage of workers coming from Germany (15%) and Belgium (13%) remains stable.



Distribution of recruitments as a function of the previous professional activity



| | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 |
|------------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Luxembourg financial sector | 35.0% | 33.0% | 31.0% | 29.5% | 36.0% | 35.0% | 31.0% | 33.0% | 35.3% | 33.0% | 31.0% | 36.5% |
| Financial sector abroad | 18.0% | 16.0% | 15.5% | 13.0% | 18.0% | 18.5% | 16.0% | 17.5% | 16.7% | 19.0% | 18.5% | 15.5% |
| Other Lux. sectors | 10.0% | 15.0% | 16.0% | 19.5% | 11.5% | 11.0% | 14.0% | 14.0% | 10.6% | 10.0% | 11.0% | 11.0% |
| Foreign sect. abroad | 8.0% | 13.0% | 13.5% | 9.0% | 8.0% | 9.0% | 9.0% | 10.0% | 9.0% | 10.0% | 7.5% | 8.0% |
| Students | 29.0% | 23.0% | 24.0% | 29.0% | 26.5% | 26.5% | 30.0% | 25.5% | 28.4% | 28.0% | 32.0% | 29.0% |

Conclusion

New recruits in 2010 came primarily from the Luxembourg financial sector. They represented 36.5% of the persons seen. They were followed by students taking up their first job in the Luxembourg financial sector who represented 29% of the employees examined.

15.5% of the new recruits were already working in the financial sector but in other countries.

This distribution is similar to that of previous years, except for the year 2009 during which students had represented a majority of newcomers to employment.

The substantial turnover in the financial sector was observed once again in 2010.

Preventive Medicine

For many years now, the medical team at the ASTF has taken to heart the famous adage “prevention is better than cure”. That being so, and aware of the fact that the health of a company depends on the health of its employees, in 2010 the ASTF once again offered its members a wide range of interventions in the field of preventive medicine.

Pathologies dépistées sur 770 Check Up 2010



| | | | |
|--------------------------|-----|----------------------|-----|
| Cardiology | 47% | Neurology | 1% |
| Dermatology | 1% | ORL | 1% |
| Endocrinology | 4% | Ophthalmology | 1% |
| Gastro-enterology | 8% | Pneumology | 1% |
| Haematology | 6% | Psychiatry | 11% |
| Nephro-urology | 3% | Rheumatology | 2% |
| | | Systeme | 14% |

Check-up

The success of the check-up was repeated in 2010 with 770 examinations made (624 in 2009). Once again the check-up enabled a number of pathologies to be detected, in particular cardiovascular problems, mainly dyslipidemia and arterial hypertension, problems of excessive weight (14%), stress and overwork. In case there was still any doubt, the figures are once again here to prove just how useful these check-up in fact are.

Eyesight tests

The eyes are a precious tool for employees in the tertiary sector. They must look after their eyesight, in particular by taking regular ophthalmological tests (the medical team at the ASTF advises a test every three years). Eyesight tests are performed at the workplace and, in addition to a medical review of the person’s vision, practical ergonomic advice is given to reduce eye fatigue during work on a visual display unit.

Vaccination

As is the case every autumn, the flu prevention campaign organized by the ASTF proved a great success with our member companies.



Trainings

Health Day or the challenge of keeping fit

At the request of Deloitte SA, the ASTF implemented a pilot project in the form of a day dedicated to the topic of good life hygiene. The success of this day was such that Deloitte decided to organize a dozen or so training courses for its employees. In the course of the year other companies benefited from the project which deals with aspects of health and wellbeing: stress, nutrition, sleep disorders, physical activity and ergonomics are presented in a recreational manner, accompanied by suggestions which can be applied on a routine basis from the very next day.

Quit Smoking

The ASTF continues to support companies in their initiatives against tobacco. The Quit Smoking Course comprises five stages and is organised entirely within the company. It deals with the mechanisms of tobacco, the resources available to help people to quit, soft methods and dietary techniques. Employees wishing to give up smoking have a number of personal consultations with the physician and are able to take tests designed to determine the concentration of carbon monoxide and the respiratory functions.

Nutrition

Obesity is no longer regarded by the WHO as a symptom but as an illness. Studies show that a poor diet is a factor which facilitates metabolic disorders including diabetes, hypertension, gout as well as cardiovascular diseases and some cancers. It is also a factor which aggravates osteo-articular problems. The ASTF therefore proposes information conferences on nutrition and hygiene-dietary advice to help employees choose a healthy diet.

Stress management

There is surely no longer any need today to stress the fact that the demands of a job on the one hand and those of private life on the other apply pressure to a good many people. The symptoms range from occasional sleep difficulties to burn-out which sometimes requires an absence from work for six months or more. Training in stress management will help you to understand your symptoms better and listen to the signals given by your body in good time. Ranging from time management to setting objectives via limiting beliefs and the rules of communication, it will give you ideas on how to contend with difficulties and above all how to prevent stress-related illnesses.

Lumbago, lifting weights and ergonomics

The fact that lumbago has been declared the illness of the century was certainly no accident. With our increasingly sedentary life style, our muscular system is less and less well equipped to protect the spinal column. Handling loads is not simply a task encountered in strenuous manual jobs but is in fact necessary in everyday life: lifting a child, a laundry basket, a case of drinks, digging the garden, loading a car are all actions which put a strain on our spinal disks! The same consideration applies to the posture that we adopt at our work involving the use of a visual display unit. The course explains the mechanisms of pain and indicates the actions and postures which should be adopted to keep our back in good health.

Review of 2010

Vaccinations

4,064

Eye tests

937

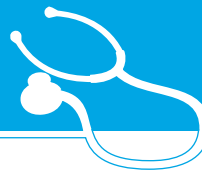
- Allianz Global Investors Luxembourg S.A.
- Alter Domus Sàrl
- Aviva Investors Luxembourg
- Banco Itaù Europa Luxembourg SA
- Brown Brothrs Harriman (Luxembourg) S.C.A.
- Cominvest Asset Management S.A.
- Commerzbank International S.A.
- Crédit Agricole Luxembourg S.A.
- Dealis Fund Operations S.A.
- Deka International S.A.
- DekaBank Deutsche Girozentrale Luxembourg S.A.
- Deutsche Bank Luxembourg S.A.
- Dresdner Bank Luxembourg S.A.
- DZ Privatbank S.A.
- Erste Europäische Pfandbrief-und Kommunalkreditbank
- Eurofid Sàrl
- EUROHYPO Europäische Hypothekenbank S.A.
- International Financial Data Services (Luxembourg)
- Landesbank Berlin International S.A.
- Lloyds TSB Bank plc

- Mitsubishi UFJ Global Custody S.A.
- Société de la Bourse de Luxembourg S.A.
- Société Générale Bank & Trust
- State Street Bank Luxembourg

Check-ups

772

- Accenture Sàrl
- Alter Domus Sàrl
- Aviva Investors Luxembourg
- Axa Assurances Luxembourg SA
- Banca Popolare dell'Emilia Romagna (Europe) International SA
- Banque de Luxembourg S.A.
- Banque Degroof Luxembourg
- BGL-BNP Paribas
- BNP Paribas Luxembourg
- BNP Paribas Investment Partenaire
- BNP Paribas Securities Services
- Caceis Bank Luxembourg
- Clearstream Banking
- Clearstream International
- Clearstream Services
- Colombe Assurances
- Credit Agricole Luxembourg S.A.
- Dexia Asset Management Luxembourg
- Dexia- Banque Internationale à Luxembourg



- DnB NOR Luxembourg S.A.
- Fastnet Luxembourg S.A.
- LBBW Luxembourg SA
- Lombard International Assurances
- LRI Invest SA
- Lux Nordic Wealth Management SA
- Mass Mutual Europe SA
- Nordea Bank SA
- Pictet & Cie (Europe S.A.)
- PriceWaterhouseCoopers Sàrl
- RBC Dexia Investor Services Bank S.A.
- Servitia SA
- Société de la Bourse de Luxembourg S.A.
- Société Européenne de Banque
- Société Générale Bank & Trust
- Svenska Handelsbanken SA
- Swiss Life (Luxembourg) S.A.
- Temple Audit S.C.
- Van Lanschot Bankiers (Luxembourg) S.A.

Health Days

22

- Deloitte (12 days)
- Société de la Bourse de Luxembourg (1 day)
- Société Générale Bank & Trust (4 days)
- Commerzbank (5 days)

Healthware/Softcare

Prevention of cardio-vascular diseases, including a blood test and 1 training day: stress management, nutrition, physical activity and sleep: **3**

- Axa Assurances Luxembourg SA

Health week

- ING Luxembourg SA

Training

- Nutrition: **3**
European Fund Administration (2)
HSBC (1)
- Physical activity & sleep disorders: **1**
European Fund Administration
- Quit Smoking
Banque Privée Edmond de Rothschild Europe
- Stress management: **5**
European Fund Administration (2)
Wildgen (1)
Nordea (1)
State Street (1)
- Lumbago, handling loads and ergonomics: **1**
State Street
- How our values change as life progresses: **1**
Luxembourg International University Institute

Ergonomics

Ergonomic adaptation of the workplace - occupational health today and tomorrow

Companies which perform strongly are keen on implementing a corporate policy which promotes health, often incorporated into the layout of workplaces and the environment. These concepts are not confined solely to the adaptation of the working environment, but are in fact integrated projects with a bearing on every aspect of professional life.

The challenge is no longer confined to planning isolated workplaces, but involves the design of new integrated projects and their creative implementation. Modern “landscaped offices” are increasingly typified by highly sophisticated air conditioning and lighting technologies, by the minimum number of square metres per employee dictated by considerations of economy and by working tools which achieve increasingly high performance. In our experience, optimisation of floor space always takes priority in the development of these new layout concepts and is very often synonymous with space saving.

As a result, tasks which were until now treated separately, such the development of organisational strategies, architectural design, interior fitting concepts, air conditioning and lighting techniques and ergonomic studies, must in future be brought together in an innovative office design in order to produce and implement synergies.

The aim of the designers is to develop strategies which give employees the benefit of a working environment conducive to higher performance, while at the same time maintaining motivation and safeguarding health and, by doing so, increasing productivity.

Traditional offices become landscaped offices known as “open spaces”, while conference rooms become “think tanks” and individual workplaces “non-territorial” office structures. In their modern design concept, thanks to their flexibility, offices should satisfy the variable needs of concentrated work, opportunities for informal communication and relaxation zones. Something

which seems perfectly plausible in theory is, however, often difficult to transpose in practice. The human factor plays a very important role.

Within the framework of our ergonomic workplace analyses, we often find that the person at work plays no part in these well-intentioned concepts and that, in many cases, he has not even been informed of the possibilities which are open to him and is therefore unable to apply them correctly. Examples include closed windows allowing an involuntary exchange of air with the outside world, printers installed at a distance from the workplace, sun shades activated arbitrarily by remote control, lighting systems with detectors which adapt the lighting intensity to the penetration of sunlight and so forth.

We take the view that decisions should not be reached without first consulting the persons who will be directly affected in the end. The ratio advised by experts stipulates 70% of imposed



conditions and 30% involvement of employees so that they design their own space and make their own proposals. The sooner they are involved, the greater will be the likelihood of success.

There is a risk at present that sustainable strategies and well-intentioned changes of corporate policy will be perceived as constraints which have been imposed from the outside and that the human being at work will feel that his individuality is limited because he is unable to find an appropriate place in the work process. The consequences of this are dissatisfaction, a feeling of stress and demotivation. Absenteeism increases.

It is not only a matter of assuring lasting protection of energy resources. Equal attention must be paid to the protection and conservation of human resources.

Christiane **RECKINGER**
Interior Architect

Outlook 2011

Sustainability in the company

Energy passport and occupational health

For some time now the energy passport has been compulsory in Luxembourg for private housing. On 1 January this year, it also came into effect for office buildings. The law stipulates that when a property is sold, rented or refurbished, the owner must calculate the heat losses to inform the purchaser or the tenants of the expected energy or heating costs. Indirectly, the law seeks to optimise thermal insulation and promote other measures intended to reduce energy costs and therefore contribute to the conservation of fossil fuels such as oil and natural gas.

Even if this law is to be welcomed from the point of view of energy savings and sustainability, it is likely to aggravate the problem of interior air pollution by the presence of undesirable chemical substances and mould unless sufficient attention is given to the quality of the air inside the building.

For the record: in the early nineteen-seventies, the oil crisis already sparked off a wave of measures designed to ensure the thermal insulation of buildings. But this was the time when the "Sick Building Syndrome" made its appearance, i.e. the onset of symptoms of illness caused either by the building itself or by pollutants emanating from the building. Heat insulation reinforced in most cases by layers of polystyrene or mineral wool on the outside walls greatly reduced the exchange of natural air between the interior and the exterior; this in turn led firstly to an accumulation of chemical pollutants emanating from the building materials, equipment and furniture, to say nothing of the printers and

photo-copiers present in accommodation and offices, while also reducing the evacuation of humidity from the ambient air to the outside environment, so causing mould to form.

Passive buildings and buildings with low energy consumption make use, while respecting certain sustainability standards, of mechanical ventilation instead of a natural air flow. This involves certain risks when materials which contain pollutants are used or when the ventilation system is either not maintained or inadequately maintained. The limited air exchange gives a new dimension to polluting emanations from furniture and building materials. When chemical pollutants such as formaldehyde, solvents, biocides, plasticisers or fire-proofing materials emanate from floor coverings made of lino, carpets and fitted carpets, wall coverings or wooden beams, wallpaper or paints containing PVC,

wooden cupboards or plywood shelving or cleaning products, they build up in the air and increase the level of pollution of the ambient air. These pollutants are only discharged partially and belatedly towards the outside world because of the reduced intensity of ventilation.

Moreover technical ventilation installations require regular maintenance and the replacement of filters in order to prevent the occurrence of mould. Mould spores and fungi, as well as the toxic substances emanating from mould, known as mycotoxins, are emitted into the ambient air and breathed in by workers present in the offices.

Last but not least, a meta-study by the Massachusetts Institute of Technology already showed in 2006 that a healthy working environment enables sick leave to be reduced by between 9 and 71% and productivity increased by 3 to 18%.

Ralph **BADEN**

*(Graduate Biologist,
Construction Biologist)*



Summary of activities in 2010

Air quality analyses

- CITCO SA
- IKANO SA
- Lux Investment Advisors
- HSBC Trinkaus Investment Managers SA
- Crédit Agricole Luxembourg SA

Ergonomic analyses of workplace layout

- European Fund Administration SA
- Clearstream international
- CITCO SA
- HSBC Private Bank SA
- ATTF
- Banque Raiffeisen sc
- FIL (Luxembourg) SA

- La Luxembourgeoise Société Anonyme d'Assurances
- JP Morgan Bank Luxembourg SA
- Société Générale Bank & Trust
- RBC Dexia Investor Services Bank SA
- EFG Bank SA

Trainings

- Banque de Luxembourg SA
- Banque et caisse d'épargne de l'état, Luxembourg
- Commerzbank International SA
- Deloitte SA
- Cour des Comptes
- Nordea Bank SA
- ING Luxembourg SA

Others matters

- Lux Investment Advisors
- Commerzbank International SA

Health and Security

First aid

Nearly 700,000 persons die every year in Europe from cardiocirculatory arrest and more than 75% of these cases of arrest are caused by a cardiac problem. This is 20 times more than the number of deaths caused by road traffic accidents. In over 95% of these cases of cardiocirculatory arrest, we know that ventricular fibrillation occurs in the first few minutes. That is why the ability to perform defibrillation in the 8 minutes following a cardiac arrest considerably increases the survival rate and also reduces the occurrence of subsequent handicaps suffered by the victims of cardiac arrest.

In 2009, the ASTF had offered to help companies who so wished to choose and place orders for defibrillators, following the adoption of the new law regulating the use of automatic defibrillators.

As a result of that action, the ASTF found that many persons wanted an opportunity to learn how to use defibrillators and to perform the cardio-pulmonary resuscitation that is appropriate in situations which require the use of a defibrillator.

Moreover, the companies which supply defibrillators do not provide adequate training for persons who are not first aid experts.

The decision was therefore taken to offer specific training in the use of the defibrillator and in cardio-pulmonary resuscitation.

The training is provided for groups of 10 to 15 persons over a three-hour period. It consists of a theoretical part followed by practical work on a mannequin to practise the resuscitation movements and then enable participants to familiarise themselves with the automatic defibrillator with the help of a trainer.

The purpose of the theoretical part is to explain defibrillation, cardio-respiratory arrest, the consequences of these situations, the way in which such situations can be recognised, the actions which must be performed, the time limits for doing so and the way in which they must be performed. Among the actions which help to save victims we emphasise the need to make a telephone call to the emergency call centre on No. 112 to avoid any loss of time which is precious to the victim in such circumstances.

The practical part explains the action to be taken when a cardio-respiratory arrest is witnessed, the victim discovered, involving a call to the emergency call centre, cardio-pulmonary resuscitation, arrival of the defibrillator and use of the defibrillator until medical help arrives.

The first training course was held in February 2010 on the premises of the Central Bank of Luxembourg. 27 training sessions were arranged throughout 2010.

The following training sessions were organized:

- At the LCB: sessions on 01 February and 01 March 2010.
- At the SGBT: 5 sessions on 02, 04, 09, 11 and 19 March 2010.
- At ING: 7 sessions on 10, 19 and 24 March, 28 April, 6 and 18 May and 02 December 2010.
- At Carnegie: 1 session on 13 April 2010.
- At Eurésa: 1 session on 17 May 2010.
- At P&V Assurances: 1 session on 28 May 2010.



- At La Luxembourgeoise: 2 sessions on 19 May and 11 June 2010.
- At AXA: 1 session on 21 June 2010.
- At UBP: 1 session on 8 July 2010.
- At SEB: 1 session on 21 September 2010.
- At BPER: 5 sessions on 22, 24, 28, 29 and 30 September 2010.

This training does not familiarize participants with first aid techniques nor is it a substitute for refresher sessions for persons who already hold a first aid certificate, but it does teach participants the basic principles of cardio-pulmonary resuscitation and enables them to learn how to use an automatic defibrillator. Persons who have already acquired these techniques have an opportunity to practise them again.

Feedback from these training courses has so far been positive and the persons who are able to benefit from the course seem to want to have an opportunity to repeat the exercise at least once a year; they want to feel ready to respond in the appropriate way if they are confronted with an urgent situation.

Moreover during these training courses, and on other occasions, the ASTF became aware of the need to train in-company first aid specialists. That is why at the end of 2010 the ASTF made preparations for the possibility of giving such courses in 2011.

Training the Designated Worker

Luxembourg law requires the employer to take all necessary measures to protect the safety and health of his personnel. These activities include information and training, prevention of occupational risks and the need to set up a safety organization.

To meet these obligations, the employer often makes arrangements to be assisted by a suitably trained employee known as the designated worker.

The particular task of this designated worker is to take care of protection and prevention of occupational risks within the business.

The number of designated workers required in each business depends on the employee head count and on the number of workplaces which present a risk.

In September 2010, the ASTF organized training courses for Category A and B designated workers.

The Group A training course lasted 13 hours and was attended by 26 persons.

The Group B training course lasted just under 36 hours and was attended by 27 persons.

Social Medicine

On the occasion of the social medicine consultations given by the ASTF, a growing number of employees state that they are suffering from stress-related symptoms, harassment or violence at work.

These persons develop all kinds of symptoms, ranging from difficulty in concentrating to sleep disorders and stomach pains... All of these symptoms are part of pathologies which cover psycho-social risks, i.e. stress, violence at work, burn-out and moral or sexual harassment.

Attention is focused on two specific factors:

- the psychological impact on the employee;
- the relational impact between employees and their work.

Psycho-social risks do not spare the financial sector in Luxembourg and professionals who provide help at the ASTF, namely the doctors, psychologists and the psycho-social worker, must pay close attention to them.

Quite apart from their effects on the health of individuals, psycho-social risks have a direct impact on the working of companies; this implies a need for individual actions but also a more collective approach to the different working environments in the financial sector in order to take preventive or curative action.

Two essential approaches are used to combat psycho-social risks: the preventive approach and the curative approach.



What do we mean by the “preventive approach”?

This preventive approach to psycho-social risks is adopted in close cooperation with preventive medicine.

Preventive action takes place within the work organisations, but also in relation to the different corporate bodies in the companies concerned such as human resources, staff delegations and trade unions. It consists in giving specific information and also in creating spaces for further reflection on this issue.

And what about the “curative approach”?

The curative approach involves making personalised accompaniment available on psycho-social risk situations in cooperation with the various actors in the company.

These approaches are not inert and require cooperation by the professionals in social medicine and reflection on these issues in daily life and in a constructive dynamic.

Annexes
Appendices
Anhänge



Les membres de l'ASTF

ASTF members

Die Mitglieder der ASTF

Associations Membre | Member associations | Vereinigungs-Mitglieder

- Association des Banques et Banquiers, Luxembourg (ABBL)
- Association des Compagnies d'Assurances (ACA)
- Association des Gestionnaires de Réassurance (AGERE)
- Association Luxembourgeoise des Fonds d'Investissement (ALFI)
- Association Luxembourgeoise des Professionnels du Patrimoine (ALPP)
- Institut des Réviseurs d'Entreprises (IRE)
- Luxembourg International Management Services Association (LIMSA)
- Ordre des Experts-Comptables (OEC)

Membres individuels | Individual members | Individuelle Mitglieder

- Banque Centrale du Luxembourg (BCL)
- CARL KLIEM S.A.
- DIMENSION DATA Financial Services
- FIAD S.A.
- HMS LUX S.A.
- IF Online
- IF Payroll & HR
- IKANO S.A.
- IKANO Capital S.A.
- Luxembourg Fund Labelling Agency (LuxFLAG)
- Pecoma International
- SD Worx
- Société Nationale de Crédit et d'Investissement



Le Conseil d'administration de l'ASTF

ASTF Board of Directors

Der Verwaltungsrat der ASTF

■ **Pierre Krier**

Président (IRE)
Chairman (IRE)
Vorsitzender (IRE)

■ **Claude Birnbaum**

Membre (ALPP) jusqu'au 10/12/2010
Member (ALPP)
Mitglied (ALPP)

■ **Etienne Planchard**

Vice-Président (ABBL)
Vice-Chairman (ABBL)
Stv. Vorsitzender (ABBL)

■ **Christiane Deckenbrunnen**

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Member (ABBL)
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Treasurer (EFA)
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■ **Christian Eilert**

Secrétaire (ACA)
Secretary (ACA)
Sekretär (ACA)

■ **Jean-Jacques Rommes**

Membre (ABBL)
Member (ABBL)
Mitglied (ABBL)

■ **Marc GLESENER**

Membre (ALPP) depuis le 10/12/2010
Member (ALPP)
Mitglied (ALPP)

Le personnel de l'ASTF

ASTF staff

Das Personal der ASTF

Direction | Direction | Direktion

■ Dr Claude Bollendorff

Directeur médical, Médecin du travail
Medical director, occupational health medical practitioner
Medizinischer Direktor, Arbeitsmediziner

■ Paul Kripler

Directeur administratif
Administrative director
Verwaltungsdirektor

■ Dr Sandrine Sculfort-Tomasini

Directrice adjointe, Médecin du travail
Deputy director, occupational health medical practitioner
Beigeordnete Direktorin, Arbeitsmedizinerin

Médecin du travail | Company doctor | Arbeitsmediziner

■ Dr Patrizia Thiry-Curziotti

■ Dr Isabelle Klopp (depuis décembre 2009)

Médecin | Doctor | Arzt

■ Dr Alexandre Magar (jusqu'au 31/03/2010)

■ Dr Colette Petit-Magar

Architecte d'intérieur | Interior Architect | Innenarchitekt

■ Christiane Reckinger

Infirmière | Nurse | Krankenschwester

■ Jacqueline Bugada (jusqu'au 31/01/2011)

■ Eveline Neis

■ Alice Wasmer

Assistante médicale | Medical assistant | Medizinische Assistentin

■ Laure Knob-Schmitt

■ Bernadette Marcher

Assistant administratif | Administrative assistant | Verwaltungsassistent(-in)

■ Sonia Ribeiro

■ Roland Sculfort

Intervenants psychosociaux | Sozialpsychologische Beteiligte | Psychosocial participants

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LA SANTE AU TRAVAIL
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