

Project “Promotion and support of the implementation of Directive 2010/32/EU on the prevention of sharps injuries in the hospital and health care sector”

Labour Law in Bulgaria

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The 2012 National Workplace Health and Safety Programme is the fourth annual programme implementing the goals of the 2008-2012 Healthy Working Conditions and Workplace Safety Strategy.

The programme was developed in line with national legislation governing workplace health and safety and EU law. It incorporates all EU directives which are mandatory for all EU Member States. New EU directives on workplace health and safety are introduced and enter into force at the times stipulated by the European Commission and apply equally to all EU Member States. The real basis on which the main principles of the single European market can be complied with is the system of standards and specific requirements and obligations which guarantee healthy and safe working conditions in the workplace. However, several serious problems have arisen with regard to the uniform application of this legislation across all EU countries.

! Through the 2012 National Workplace Health and Safety Programme, the Bulgarian government has approved measures to guarantee favourable working conditions which take into account all of the changes that have arisen in the workplace amid the economic and financial crisis due to new occupational risk factors.

! The Programme sets out priority strategies intended to achieve a steady and uniform reduction in the number of occupational illnesses and workplace injuries, and makes provision for legislative, organisational, technical, healthcare and other preventive measures to maintain safe and healthy working conditions. Scientific and technological advances and the structural and organisational changes that have occurred in various sectors of the economy were taken into account.

Workplace injuries:

❖ The economic and financial crisis in the country is continuing to have an adverse impact on the labour market. The downward trend in employment has continued over the last three years. The number of workplace injuries and the number of calendar working days lost as a result of them over the 2009-2011 period are shown in the table below.

(KCO = Social Security Code; Поал.Ал = a aline)

Year	Injury/number		Consequences/number				Calendar days lost/number/	
	Total	Поал.55,ал.1КСО	death		disability		Total	Поал.55,ал.1КСО
			Total	Поал.55,ал.1КСО	Total	Поал.55,ал.1КСО		
2009	3125	2605	118	88	97	86	254964	20837
2010	3021	2450	94	80	22	17	158324	12398
2011	2752	2280	86	69	20	20	154006	12588

Monitoring compliance with labour law

The monitoring bodies of the “Labour Inspectorate-General” Agency conducted a number of inspections in 2012. During these inspections, it was found that:

- ❖ There is an officer carrying out the functions of the body responsible for workplace health and safety at 97% of the inspected companies;
- ❖ Worker health and safety risk assessments had been conducted at 95% of the inspected companies;
- ❖ Occupational health departments had been set up for workers at 95% of the inspected companies;
- ❖ Working conditions committees or groups had been created at 62% of the inspected companies.

👉 The number of companies where employers approve worker health and safety risk prevention, mitigation and limitation programmes is rising. It was found that 94% of the inspected companies have a system of specific risk-minimising measures developed and approved by the employer with time-limits and responsible officers. When managing occupational risks, particular attention should be paid to introducing an effective risk monitoring and assessment system. This system is directly linked to the use of new technologies and technical solutions and adapted to modern scientific and technical advances and the emergence of new psycho-social risks: stress, pressure and violence in the workplace.

NATIONAL WORKPLACE HEALTH AND SAFETY PROGRAMME

No.	Activity/direction	Description of activity/direction	Responsible institutions/participants	Expected outcomes	Achievement indicators	Benefit/effect	Necessary funds in levs/ Sources of financing
Priority area 1 Guaranteeing proper implementation of legislation in the area of safe and healthy working conditions							
Transposing European Union legislation and ILO international standards into national labour law							
1	Directive 2010/32/EU of 10 May 2010 implementing the Framework Agreement on prevention from sharps injuries in the hospital and healthcare sector concluded by HOSPEEM and EPSU	Drawing up a draft decision on the prevention of sharps injuries in the hospital and healthcare sector	Ministry of Health/ Ministry of Labour and Social Policy, National Centre for Public Health and Analysis	Working draft decision	Publication of a regulation	Effective protection of workers from risks of sharps injuries in the hospital and healthcare sector	State Budget

Health and safety for healthcare workers

- ❖ Healthcare sector workers have to perform a wide range of activities in various environments which endanger their health and pose a risk of occupational illnesses or workplace injuries. This section provides detailed information about these risks and effective ways of assessing, eliminating or minimising them.
- ❖ Very frequently, the circumstances in which healthcare workers work and their various duties present a large number of dangers. The healthcare sector is large: in the EU, it employs around 10% of all workers. More than three-quarters of them are women. In Bulgaria, women employed in the healthcare sector account for about 70% of all workers.
- ❖ Their work, which primarily entails providing direct assistance to people with physical and mental problems, caring for patients or providing cleaning services, means that health and safety are top-priority factors for the sector. Despite this, European statistics show that within the EU, the proportion of healthcare workers who believe that their health and safety are put at risk by the nature of their work is above average in relation to all other sectors. What this means is that the danger of physical violence from colleagues or other persons is significantly higher than it is in other sectors of the economy.

Healthcare workers face the following risks:

- **Biological risks, e.g. being infected by used syringes**
- **Chemical risks, including medicines for cancer patients and disinfectants**
- **Physical risks, e.g. ionising radiation;**
- **Ergonomic risks, e.g. patient care**
- **Psycho-social risks, including violence and shift work**

Preventing sharps injuries in the workplace

- ❖ Healthcare workers face the risk of being injured by syringes or other sharp objects. These injuries are very dangerous as they can cause infections involving blood-borne pathogens (viruses, bacteria, fungi and other microorganisms).
- ❖ The Human Immunodeficiency Virus (HIV), hepatitis B and hepatitis C are the most common risks, but there are over 20 known blood-borne viruses which can also cause infections.
- ❖ Directive 2010/32/EU was adopted in order to solve this problem. The Directive implements a framework agreement on the prevention of sharps injuries in the hospital and healthcare sector entered into by the European social partners HOSPEEM (European Hospital and Healthcare Employers' Association) and EPSU (European Federation of Public Service Unions).

The purpose of this agreement is:

- ❖ To create the safest possible working environment for healthcare workers by preventing injuries caused by all kinds of sharp medical implements (points of ball syringe needles);
- ❖ To protect healthcare sector and hospital workers who are at risk.

BULGARIAN EXPERIENCE

❖ WHAT KIND OF RISK ASSESSMENTS exist for needle or ball syringe injuries?

The EU Framework Directive has been transposed into our national law. In addition, our government has the right to introduce stricter orders to protect workers.

❖ Why are risk assessments carried out?

A risk assessment is the basis for the successful management of the worker health and safety system and the key to the process of reducing occupational illnesses and workplace accidents. A well-planned assessment makes it possible to improve workplace safety.

❖ How is the risk assessed?

The main principles to be obeyed when conducting a risk assessment can be structured into the following multi-step procedure.

Step 1 – Identify the danger and the people who may be exposed to this danger.

This category of people includes:

- Workers with disabilities**
- Migrant workers**
- Young and elderly workers**
- Pregnant women and breastfeeding mothers**
- Untrained and inexperienced workers**
- Workers who service equipment**
- Immunodeficient workers**
- Workers with poor health**
- Workers who take medication which can make them more vulnerable in the workplace**

Step 2 – Assessing risks and grading them in terms of importance

Risks are assessed (in terms of their weighting, likelihood etc.) and graded in terms of their importance. Activities which make it possible to eliminate or prevent higher-order risks are of the highest priority.

Step 3 – Taking decisions to take preventive action

Identifying appropriate measures to eliminate or control risks.

Step 4 – Implementing measures

Implementing preventive or protective measures as part of a plan which outlines the necessary steps to be taken according to the importance of each risk (it is likely that not all problems can be solved immediately), a list of people who will perform these activities, the time-limits for completing individual tasks and the anticipated resources necessary to carry out individual measures.

Step 5 – Monitoring

Risk assessments need to be analysed within set timeframes. This monitoring ensures that they are up-to-date. Analyses are compulsory in cases where significant changes are about to take place within an organisation, the findings of an investigation into a particular workplace accident have been received or there is a “potentially dangerous situation”.

Participation of workers and employers in the risk assessment process

Risk assessments must not be carried out solely by the employer or his/her representative. It is recommended that workers should also be involved in the assessment process through Working Conditions Committees at the relevant healthcare institution. Throughout the process, workers must be consulted and informed of conclusions reached and the need to take preventive measures.

Workers have the right, and Committees have a duty, to do the following:

- ❖ To receive advice about the way in which the risk assessment process is organised and participate in the identification of persons performing the relevant tasks;
- ❖ To participate in risk assessments;

Participation of workers and employers in the risk assessment process

- ❖ to alert their direct managers or employers to existing risks;
- ❖ to report changes which have occurred at their workplace;
- ❖ to receive information about risks directly related to their own health and safety, and about steps which must be taken to prevent or mitigate these risks;
- ❖ to require employers to take measures necessary to eliminate risk, to make suggestions on how to minimise danger, or to prevent it from arising in the workplace;
- ❖ to work together with their employer to maintain the safety of the working environment;
- ❖ to receive advice from their employer when preparing assessment reports.

Participation of workers and employers in the risk assessment process

- ❖ When assessing risks, the possible presence in the workplace of other employees (cleaners, security guards, operators) or other external persons (clients, visitors, random passers-by) must be taken into account. They must be regarded as persons exposed to danger. It must also be noted that their presence can give rise to new risks in the workplace.
- ❖ When considering a specific risk: possibility of injury due to needles, all workers who are potentially at risk of being injured must be identified.
- ❖ Nurses and other healthcare workers are the people most likely to be injured, but this does not mean that cleaners, laundrywomen, laboratory workers and students are not at risk. As a result, all attendants should be questioned about instances of penetration by sharp objects in the course of their work.
- ❖ All places, situations, tasks and equipment which can lead to the transfer of blood-borne pathogens must be investigated. Although nurses who use ball syringes to treat acute illnesses are most at risk, do not overlook all other potential situations where laundrywomen working for companies which wash linen externally may come into contact with sharps in dirty laundry.

Participation of workers and employers in the risk assessment process

- ❖ Although it is very difficult to eliminate the risk of blood-borne pathogens being passed on through needle injuries, especially in healthcare facilities, there are many measures which can be taken to lower this risk significantly.
- ❖ The employer draws up an action plan for needle injuries. This plan should not only focus on the health of the injured worker in terms of medical care and advice, but also include measures to find out how to prevent similar risks from arising. A “culture of identifying the culprit” should not be created in these situations. Adverse events should be dealt with in a constructive manner, rather than in a punitive and repressive way. Medical service providers should feel certain that they can raise the alarm without having to fear negative consequences.

This explodes two prevailing myths:

- ❖ ***The myth of perfection, infallibility***: if we are very careful, we will never make a mistake. A comprehensive system of immunity from punishment when giving warnings and declaring adverse events is created or refined, i.e. a system for recording medical errors is created. The purpose of this system is to record the coverage and use of resources, with subsequent reporting of the results to the European Union.
- ❖ ***The punishment myth***: if people are punished, they will not make a mistake

The overriding principle of the preventive measures developed, and the purpose of the framework agreement, is: ***never assume that a risk does not exist!***

Working together at the appropriate level, employers and trade unions must try to achieve the primary goal of protecting workers' health and safety in the workplace and creating a safe working environment.

A general prevention strategy is therefore developed. This strategy includes:

- ✓ Training programmes covering the proper use of sharp cutting medical instruments; protective measures including standard workplace procedures;**
- ✓ Proper use of containers for used sharp cutting instruments and recycling procedures;**
- ✓ Steps to be taken when injuries occur, including immediate reporting to the employer and subsequent medical monitoring, identifying the causes of incidents, creating a logbook and taking measures to prevent the causes of accidents;**

Strategy:

- ✓ ***Steps that must be taken when someone is infected: taking occupational rehabilitation and assessment measures in future, compensation with absolute confidentiality being maintained;***
- ✓ ***Employers have duties to train, inform and advise employees. These duties are regulated by the Labour Code and the Law on Healthy and Safe Working Conditions.***
- ✓ ***Taking special protective measures, including vaccinations for workers who have not been immunised against the biological agents to which they are exposed. Their immune response must be monitored. Immunisation must be free of charge for all workers and students involved in the provision of medical care and related activities in the workplace.***

Implementing safe practice in hospitals is the joint responsibility of employers and workers' representatives, i.e. Working Conditions Committees. Important approaches which implement basic requirements include advice on the choice and use of safe equipment and regular training on these topics for healthcare personnel, which enables workers to be informed and raises their awareness.

In accordance with the Directive, changes must be made to national law through the provision of information and advice and collective labour agreements.

The requirements of the Directive are being implemented through activities which make it possible to identify the group of people employed within the healthcare system who are responsible for implementing these measures, employers and healthcare workers themselves. These measures make it possible to effectively implement the clauses and agreements laid down in the Directive, explain risks to workers, demonstrate the linking and constructive role of the Directive and legal requirements, and promote and spread positive practices to prevent and limit incidents.

On 24 November 2012, BAPZG (Bulgarian Healthcare Professionals' Association) and the healthcare trade union jointly held a national conference entitled "Health and Safety in the Workplace: Preventing, Protecting Against and Monitoring Sharps Injuries" in Sofia. It was attended by senior nurses from Bulgarian healthcare institutions, representatives of the Association's regional colleges and leaders of union organisations.

BAPZG organisations and trade unions have set themselves a very difficult task: getting the institutions responsible for implementing the Directive to fulfil their obligations to harmonise Bulgarian healthcare law with Directive 32/2010/EU. Why now? Because the final deadline for implementing Directive 32/2010/EU is *11.05.2013*. The Ministry of Health has appointed a working group, which has begun its work. We, as experts, need to prepare and draw up our expert opinion.

The purpose of the Directive is to create the safest possible environment for workers within the health service in terms of preventing staff from being pricked and injured by infected needles. It sets out the minimum compulsory requirements for each country which make it possible to reduce risks as swiftly as possible. Being pricked or injured by sharps are the risks that healthcare workers encounter most frequently, and they place a significant financial burden on both the health service and society as a whole.

Thank you for your attention!

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