

HOSPEEM response to the first consultation of the European social partners on the protection of workers from the risks related to exposure to electromagnetic fields at work

This paper summarises the responses received from HOSPEEM members to the Commission's consultation on the protection of workers from the risks related to exposure to electromagnetic fields at work.

> Summary

The protection of the health workforce from workplace risks is a key priority for hospital and healthcare employers across Europe and HOSPEEM fully supports the risk assessment-based approach which underpins the legislative framework for health and safety at work. There is a strong safety culture in the hospital and healthcare sector, focussing on minimising risks to both workers and the patients they care for.

In this context, given the lack of evidence for any long-term adverse health effects and the exceptional rarity of even short term effects associated with the use of magnetic resonance imaging (MRI) in the hospital and healthcare sector, HOSPEEM's view is that the directive 2004/40/EC, in its current form, is not fit for purpose. In fact, if implemented it could expose healthcare workers to greater risks as it would be likely to lead to the increased use of other imaging techniques that rely on ionising radiation, the potential negative health effects of which are well known. HOSPEEM would therefore support a revision of the existing directive so that it is based upon the principle of risk assessment, excluding restrictive compliance with exposure limit values for the hospital and healthcare sector which already has alternative adequate safeguards in place.

> Consultation questions

Do you consider the current Directive 2004/40/EC sufficient for the health and safety protection of workers exposed to electromagnetic fields during their work?

HOSPEEM's view is that, if implemented as it stands, Directive 2004/40/EC would not provide an overall enhancement of the health and safety of workers in the hospital and healthcare sector. The healthcare sector has a strong safety culture and there are already safeguards that protect healthcare workers whose activities involve exposure to electromagnetic fields. For example, the magnetic resonance security standard IEC/EN 60601-2-33¹ (as amended), defines thresholds for time-varying magnetic fields that completely rule out any sort of danger for workers or patients.

¹ <http://webstore.iec.ch/Webstore/webstore.nsf/mysearchajax?Openform&key=IEC%2060601-2-33%20&sorting=&start=1&onglet=1>

Adverse incidents and effects in the hospital and healthcare sector are routinely monitored and recorded. To date, there are no known long-term adverse health effects to patients or workers arising from exposure to electromagnetic fields at the frequencies used in MRI. As regards short-term effects, MRI equipment used in healthcare settings is designed to avoid such effects being induced in patients and, as such, incidences are exceptionally rare. For example, data from the UK's Medicines and Healthcare products Regulatory Agency (MHRA) records only two incidences of physiological effects arising from MRI in the period 1995-2005, during which time in excess of 6 million scans were carried out.² We are not aware of any reports of such effects being induced in workers in the hospital and healthcare sector.

In view of this, HOSPEEM concludes that practices in place in the hospital and healthcare sector already provide adequate safeguards to protect workers from any risks related to exposure to electromagnetic fields at work.

In addition, we are concerned that, if implemented in its current form, Directive 2004/40/EC has the potential to negatively impact upon the health and safety of workers in the hospital and healthcare sector. Since it would be difficult or impossible to undertake certain MRI procedures whilst complying with the directive, clinicians would be placed in the position of having to use alternative imaging techniques, which in most cases would mean relying on the use of ionising radiation. Unlike in the case of EMFs, the serious long term negative health effects of exposure to ionising radiation are well known.

Whilst hospital and healthcare employers take all reasonable steps to prevent and minimise exposure of workers to ionising radiation, greater reliance on imaging techniques based on ionising radiation implies a greater risk of exposure to workers, in addition to the exposure of patients to ionising radiation which might be unnecessary if the full range of MRI techniques remain as options.

Furthermore, if the directive was implemented as it stands it would place scientific research and the provision of healthcare in the European Union at a major disadvantage compared to other countries which do not have such stringent requirements. This could put innovation and jobs within the European Union at risk, as well as jeopardising European citizens' access to advances in healthcare.

HOSPEEM considers, therefore, that the best solution would be to amend Directive 2004/40/EC so that it is based on risk assessment but without strict enforceable exposure limit values.

Do you think that a Community initiative is the best way to ensure a high standard of protection of workers exposed to electromagnetic fields?

Do you think that certain categories of workers should be excluded from the scope of any future Community initiative because of reported implementation problems (e.g. medical procedures involving MRI) with some provisions (exposure limit values) of Directive 2004/40/EC?

² See Appendix 14 to House of Commons Science and Technology Committee (2005) *Watching the Directives: Scientific Advice on the EU Physical Agents (Electromagnetic Fields) Directive: Fourth Report of Session 2005-06*. London: The Stationary Office, pp Ev 61-62.

If so, how would you provide for the protection of such workers?

If not, do you think that there should be some flexibility for workers exposed under special circumstances in their sector (e.g. MRI personnel during certain MRI procedures when normal protection measures cannot provide adequate protection by

- a) Introducing higher/other exposure limit values?*
- b) Introducing different methods for evaluating exposure?*
- c) Introducing the possibility of occasional or conditional derogations?*

Given that a Community initiative is already in place, HOSPEEM considers that the optimum solution is to amend the present directive so that it is based on risk assessment but does not have specific, enforceable exposure limit values.

Would you find non-binding measures such as the production of good practices guides, launching of regular information campaigns, setting up of appropriate training programmes, and drawing up of voluntary agreements between the social partners at EU or sector level useful, and for what purpose?

HOSPEEM is fully supportive of initiatives aimed at increasing workers' awareness of, and compliance with, measures to avoid, mitigate or minimise risks in the workplace, including risks associated with exposure to EMF. As regards EMFs, informed use can both help to ensure the responsible, competent, handling of risks and avoid the emergence of unfounded fears. However, given the very great variation between sectors in the circumstances which may result in exposure to EMFs, we believe that, in order to be effective, any such initiative would need to be sector-specific. A good example for the healthcare sector exists in the Dutch Guidelines *Using MR Safely – Practical Rules for Employers*³.

It is important that any EU-wide initiatives are effectively coordinated with relevant national initiatives to ensure they are complimentary and take account of different contexts. HOSPEEM also considers that all parties, including national governments, employers organisations and trade unions, and all other interested organisations at local and regional levels, must work together to ensure that workers fully understand the meaning and implications of any legislation or guidance.

Should a possible future EU Community initiative cover the long-term effects of workers' occupational exposure to electromagnetic fields?

Since, to date, there is no evidence of any long term effects associated with exposure to EMFs, there would not appear to be a need for a Community initiative to cover this area at present. Nevertheless, HOSPEEM members feel that long-term effects of work-related exposure to electromagnetic fields should be the subject of further research, with the main focus on areas that have the clearest insufficiency of data. It would be useful to involve international organisations such as the WHO in such research, as their

³ http://www.alliance-for-mri.org/html/img/pool/20081210_Dutch_Guidelines_on_MR_Safety.pdf

expertise would be of value in the unlikely event any incidences of long term effects arising from EMF exposure were found to occur.

> **About HOSPEEM**

The European Hospital and Healthcare Employers' Association (HOSPEEM) was formed in 2005 in order to represent the interests of European hospital and healthcare employers on workforce and industrial relations issues. HOSPEEM was created by the members of the European Centre of Enterprises with Public Participation and of Enterprises of General Economic Interest (CEEP) who felt that there was a need for a separate, distinct voice on health workforce issues at European level. As CEEP has a remit covering the whole public sector, CEEP's hospital and healthcare members established HOSPEEM as a sector association. CEEP has an observer status within HOSPEEM. HOSPEEM is a full member of CEEP. Since July 2006 HOSPEEM has been officially recognised by the European Commission as a European Social Partner in the Hospital Sector Social Dialogue alongside the European Federation of Public Service Unions (EPSU). HOSPEEM has members across the European Union (EU) both in the state or regionally controlled hospital sector. HOSPEEM members are health employer organisations with the powers to negotiate on pay and on terms and conditions of service with their respective Trade Union partners. HOSPEEM members are also concerned with ensuring good employment practice for healthcare staff.