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## **Report - Working Group: Labour legislation on Health and Safety at Work Development of Health and Safety at Work legislation - the current state of affairs in the Western Balkans and Europe June 20-22, 2018, Trebinje- B&H**

**Participants:** Ratković Igor, Šobat Nikola and Simović Dragan (FTURS), Petak Emin and Nuhic Semir (FITUBH), Zarubica Duško and Božović Ranko (FTUM), Petrova Lile, Dekovska Ljubica and Ajeti Šefki (FTUM), Dimitrijević Saša, Titović Dejan and Straživuk Saša (TUC), Hadzi Dimov Dejan (CFTU), Bojanić Ranko and Kontić Vesna (UFTUM), Vuković Duško and Mihajlović Zoran (CATUS), Dr. Čolović Gordana (Academic Community), Kempa Viktor (ETUI), Clements Laurie (Solidarity Center), Pantović Miodrag and Emilija Grujić (regional project office ETUC)

The meeting was opened by the Executive Secretary and President of the Local Council of Eastern Herzegovina FTURS Dragan Simović, who greeted the participants and highlighted the importance of regional integration of trade union centres primarily in the light of massive labour force fluctuations, especially in the border regions. An example of the Municipality of Trebinje was highlighted where every year more than 2,000 workers leave to work on the neighbouring Dubrovnik coast during summer tourist season, and the Trebinje region has to import labour from other parts of B&H.

### **[Introductory presentation: Ergonomic standards in the workplace and related professional diseases, Gordana Čolović, Ph.D, ppt](#)**

The presentation on the problems of professional diseases with a focus on the issues of modern office work was held by Gordana Čolović, Ph.D with the focus on creating an ergonomic work environment. The question of the quality of the ergo design of each workplace is a component that should be individual depending on the type of work. Professor Čolović also referred to the question of the humanisation of labour, which is increasingly neglected in contemporary working conditions. In order to humanise the



work, it is necessary to adapt it to a person as an individual, and the process of adjustment itself has three aspects:

1. Finding a method that would have the task of creating maximum performance and reducing stress to a minimum
2. Improving working environment
3. Creating an optimum sense of comfort and comfort at work

Standards in the field of ergonomics have not changed in the last 75 years, while the international ergonomic situation and work environment have changed drastically. Mental effort as a result of mechanisation and automation is increasing. The only change was defining of the international work standard ISO 10075: 91 which deals with the principles of reducing mental effort. Even ergonomics as a discipline has undergone changes, although the basic division of physical, cognitive and organisational ergonomics has remained.

**Physical** ergonomics includes work attitudes that are experientially very difficult to change, the issue of material handling, then injuries due to movement and musculo-cognitive disorders. The main goal is to increase comfort in the workplace, reduce pain and the appearance of musculoskeletal disorders. The crucial thing to apply the ergonomic standards is to determine the existence of ergonomic risk. Although physical effort stands out as the main cause of health disorders at work, the effort which employees are exposed to in the office is often identical to carrying a load. People are evolutionarily predetermined for moving, not for sitting, lying or standing, which is an integral part of office work. Constant sitting is more dangerous than obesity or smoking. The nonergonomic body positions due to musculoskeletal problems cause fatigue, exhaustion and stress. Musculoskeletal disorders belong to the most expensive category of work-related illnesses. It is estimated that 2/3 of the total number of office workers have some form of musculoskeletal disorders. The most common disruptions caused by office work are in the lower part of the back, with over 63% of employees and 53% of them suffer from the pain in the neck area. As a disorder, the so-called "office knee" is increasingly being imposed. The cause of this is usually uniform movements that adversely affect the joints and tendons.

In order to identify problems and disorders, ergonomics uses biomechanical analysis of body movement and a study of time spent in the performance of work tasks. Labour organisation is the most important factor. To avoid wasting time, working instruments should be left at the places designated for them. Breaks should be shorter and more frequent, and each break should be adjusted to the appropriate work structure. Work chairs should be adapted to the height of desks. The upright position of the body while sitting or standing is ergonomically healthy and gives the optimum negotiating power because it does not cause aggressiveness.

**Cognitive** ergonomics includes mental effort, decision making, human reliability, work stress as well as learning, remembering and expressing emotions.

**Organisational** ergonomics is based on communication, organisation of work, team work, communal ergonomics, cooperative work and management.

**Participation of workers in OHS: what is necessary for successful implementation of OHS**



[Mapping the current situation, a new form for the ETUI website on employee representation, ESENER, lobbying and various ways of collective bargaining](#)  
[New ETUI campaigns on OHS - raising awareness of workplace health risks in correlation with professional cancer – a carcinogenic route map, ppt ETUI, Viktor Kempa](#)

A major problem in the application of ergonomic standards is the non-implementation of OHS-related regulations, including the ergonomic adjustment of the workplace. The main reason for this is that it is too much work and that it is a big problem for productivity to make breaks every 20 minutes. The challenges the EU is facing are related to the issue of risk assessment and its definition in order to implement preventive measures that would reduce risks for employees. It is increasingly being used on proactive preventive legislation, that is, the need for training and better information so that those who deal with OHS in the next 5 years can better implement them. The question is, what the work environment is and what risks it carries with it. Ergonomic diseases are most often associated with poor management of work organisation at work. The number of muscular and musculoskeletal disorders MSD is growing. The trade unions in the Netherlands are among the first to launch campaigns in connection with the importance of applying ergonomic standards, as 60% of the population in the EU and the Netherlands sit too much and have major problems related to this. By 2021/22, it is planned to conduct a three-year experimental campaign with a focus on sitting jobs and unusual movements at the workplace [www.euti.org/Topics/Health-Safety](http://www.euti.org/Topics/Health-Safety).

The main campaigns in the field of OHS at the European level today concern cancer and carcinogens that are the biggest cause of mortality. Campaigns focus on the costs of preventing and treating carcinogens, as well as stress as the cause of an increase in cancer patients. In the EU, an increase in professional disorders at work caused by stress is also evident. The EU is trying to create a comprehensive list of dangerous and strenuous jobs, then define an acceptable working environment for all working people regardless of age, and reduce or eliminate exposure to stress and carcinogens. The objectives of the campaign at the European level are also linked to this: 1) better implementation of the current legislation, 2) improvement of prevention, and 3) taking into account the aging of the workforce as one of the most important factors related to the future of work in Europe.

In order for safety and health measures to apply, you should define what the main causes of work-related accidents and fatalities are, what the insufficiently organised workplace is, what prevention should be done first and how to define the achievable goals. On a global level in the period 2010-11, 192,200 deaths occurred during work. In the EU, and especially in the new and potential Member States, one of the biggest problems in the field of OHS are accidents that are not reported due to the tacit agreement between employers and workers and other causes related to poor record keeping and statistics. Such a problem is particularly evident in the Balkans where it has been reported that EUROSTAT declared reports of injuries at work unrecognisable because the data were insufficiently reliable. In Romania and Bulgaria, a high number of serious work-related injuries was reported, but a relatively small number of minor work injuries.

The latest EUROSTAT survey on OHS carried out in 28 EU member states has provided results that can serve as a good basis for further work on improving the system of work safety. As risks, the most dangerous chemicals, asbestos, nano particle



exposure and psychosocial risks are most recognised. Regarding legislative deficiencies, there is also the lack of regulation of work from home, which presents an indirect discrimination in the field of gender relations. The survey showed that the employees of Employment Agencies have little information on workplace risks, that young workers in temporary occasional jobs are exposed to high risks, primarily dangerous substances and heavy physical activities, regardless of gender, and that migrants who perform heavy and dirty jobs get a small salary.

In order to harmonise regulations in the field of OHS at the EU level, a common European act should be adopted, as well as a directive that would cover not only the EU area, but also the candidate countries for EU accession. Such legislation should focus on harmonising working environment with a man/woman with the adequate risk assessment definitions. Many EU members have avoided the implementation of existing directives. Since the onset of the crisis in 2008, the European Commission has dealt with the simplification of OHS legislative substance, but without strategic planning. In 2014, the EC launched a strategy on risk assessments and defined the 3 main challenges that labour standards could face in the future (digitisation, automation and robotisation). The question arises as to how to control the work environment of employees if they are working from home and what about the protection of self-employed. In the area of ergonomics, all directives should be combined with a common ergonomic directive.

In Serbia, the current list of occupational diseases is currently expanding, as ergonomic disorders are not listed, and official lists of occupational diseases are very small. There are no studies of the impact of chemicals on the environment, and official statistics have not been made. Many chemicals are forbidden in the world, and in Serbia they are not even recognised as risky. A large number of diseases that have long been on the list of diseases in the world are not recognised at Serbian level. Dentists often suffer from heart disease due to device vibration, and this is not defined as a professional illness. Labour Medicine is the weakest link since only 70 doctors deal with it. A large number of doctors in labour medicine have been retired, and often due to the workload they are invited back to work. In order to get into the core of the problem, doctors must examine all the jobs and get information from other doctors. The data are brutal, because only 6 people per year are declared to be suffering from professional illnesses. The state does not want to be devoted to this problem. Working conditions and lifestyles have worsened due to poor transition, which caused the explosion of the cancer.

Every profession and related working conditions must be defined. Trade unions should provide their data to doctors and everyone else in the occupational health system. Tendencies are aimed at reducing the list of professional illnesses, but with the support of the academic community and ETUI, trade unions can influence its expansion. The cooperation with employers is in the interest of workers because diseases cost them as well, let alone sick workers. Trade unions from the region should launch a regional initiative to governments of the countries of the region through the Solidarity network to improve the state of OHS for which the survival of Solidarnost is extremely important through the project. One of the good things should be the organisation of a major conference after regional research dedicated to this matter. The conference should be organised at the EU level. In the Balkans, it is also necessary to carry out an adequate campaign that would influence the raising of awareness among workers and



employers, especially through automation and digitisation where the work environment is rapidly changing.

### [Best examples of collective bargaining in the field of occupational health and safety Solidarity centre, Laurie Clements, ppt](#)

The activities of the Solidarity Centre in the region are focused on the issues of the OHS, and in connection with this, SC has helped establish regional centres in B&H, Serbia and Albania. The program part of the activities mostly consisted of OHS broadcasts on local television stations and the publication of a magazine dedicated to this topic, with the aim of provoking the interest of local communities in it in order to address these issues. A leading example is the mine in Majdanpek, where there is a large hole that pollutes the water and creates problems for the local community. The focus of the work is also the importance of labour medicine as a preventive mechanism, and therefore seminars are organised with the experts from this field. Young trade union members from Serbia are also involved in training on OHS.

The training of trade unionists on the significance of the inclusion of OHS in collective bargaining is a significant segment of SC activities. Training is usually done through group work where participants exchange best practices in this field. An integral part of collective bargaining is the language of negotiation because it defines how something is done and in what way. When trade unions use the OHS language in the negotiations they need to know what they want to achieve. If the question of injuries and accidents is raised during the negotiation, the trade unions should be aware of how to set things up to the level of the base, that is, how the language of collective bargaining should be understood by all in order for them to know how to satisfy the needs of the trade union, the manner in which it will be applied, as well as to be related to work practice and to be adequate to changes and processes of work that take place at any level.

Communication and education on each step of negotiating with stakeholders should be a priority. The prevention of accidents and illnesses should take place mostly through the implementation of strong workplace risk awareness elements. Developing awareness means getting information about all the injuries as well as the risks that preceded them. Since trade unions often do not have this information, they should exert more pressure on employers and representatives of the OHS committee in companies. Trade union leaders are the most important labour inspectors.

During this session, the work continued with the division into 3 groups. Group 1 dealt with the issue of toxic chemicals and the creation of safety data sheets covering this area. Group 2 dealt with hazardous electricity, i.e. the question of the effect of steam as a product of manufacturing and the pressure produced by it. And Group 3 focused on the best practices on ergonomics as well as on ergonomic arrangement of the workplace. Participants in these groups were supposed to present the best examples of practices in these areas as well as potential points that would enter the language of collective bargaining.

Group 1 primarily focussed on the issue of prevention and proposed the establishment and development of policies in companies that would deal with hazard information from certain chemicals, their safe storage, warning systems and occupational medicine. The main conclusion of the group is that the risks of hazardous chemicals should be an integral part of collective bargaining.



Group 2 focussed on the professional competence of workers, which should define where they work and with what type of electricity. It is also important that the infrastructure follows normative regulations. Dangerous workplaces should be marked with warnings about what type of energy is being used. Workers who work there must declare all shortcomings to the trade unions, and then to the employer. Trade unions should always alert abusers and manipulations to the employer, to always investigate whether there are people responsible for certain segments of production and whether the security and ventilation systems are working. Good communication is the key to everything.

Group 3 dealt with best practices in the field of ergonomics. In order to create an ergonomic job well, financial resources are needed and, therefore, telecommunication and IT companies have the best ergonomic workplaces. It is necessary to define what ergonomic working environment implies and on what types of jobs to apply a particular area of ergonomics. For each workplace, there should be an ergonomic instruction for the employee in order for him/ her to be informed and know how to apply ergonomic standards. Wherever possible, a chapter on ergonomically designed workplace, as well as the issue of recreational time in the form of a break with the appropriate design environment that meets the needs of the worker should be included in collective agreements. In order to convince the employer to respond to trade union demands, he/she must have accurate and verified data, but the occupational medicine should cooperate with the employer.

**Labour legislation: where we were and where we are now in the final year of the project of the working group - National, branch and "home" level ..., Viktor Kempa,**

**Presentation of questionnaires** <https://www.surveymonkey.com/r/TMGP6DS>

**Conclusions and recommendations**

In the last four years of the project implementation, progress has been noted for the benefit of all stakeholders in the field of OHS. This is particularly true of the continuous efforts of employers and trade unions to disseminate information, and not to retain it only for themselves. Great progress has been made in the training of trade union representatives as well as the media dissemination of issues related to the implementation of OHS. The circle of individuals and experts involved in the work on this matter has also been expanded. The significance of OHS in the work environment in terms of health and safety has certainly been in place. The synergy between different trade unions, academia and eminent experts has also been achieved. In Serbia and Montenegro, the legislation is in line with the EU directives, but the implementation has been very weak. In Macedonia, the OHS implementation strategy was adopted by the year 2020 and the trade unions actively participated in its creation. In most countries, the number of risk assessment acts has been increased, but substantial problems have not been resolved. The form is fulfilled, but the essence does not change. It is not the essence of whether there is a Risk Assessment Act, but whether it is good and applicable. Also, most countries have not adopted insurance laws.

More and more visible and tangible involvement of trade unions in OHS issues in both workplaces and at the national level is needed in order to increase workers'



perceptions regarding their role in OHS. Where employees are unionised, those employees have greater knowledge of their rights and protection through OHS.

Collective bargaining is a trade union methodology by which the union expresses what it thinks will solve their problems, and the input of the OHS substance into them is an additional and strong mechanism of labour protection.

Report made by:

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