WORKPLACES

SPECIFIC

These slides accompany the explanation of the acquis to Albania and North Macedonia and can only be used for that purpose. Their content is subject to further development of the acquis and interpretation by the Court of Justice of the European Union

Council Directive 93/103/EC of 23 November 1993 concerning the minimum safety and health requirements for work on board fishing vessels (thirteenth individual Directive within the meaning of Article 16 (1) of Directive 89/391/EEC)
[OJ L 307, 13.12.1993, p.1]

Objective:

This Directive lays down minimum safety and health requirements applicable to work on board fishing vessels.

Definitions:

The terms "fishing vessel", "new fishing vessel", "existing fishing vessel", "vessel", "worker", "owner" and "skipper" are defined in Article 2.

Contents

Member States must take necessary measures to ensure that:

owners ensure their vessels are used without endangering the safety and health of workers;

occurrences at sea that affect or could affect the safety or health of workers are described in a report that should be forwarded to the relevant competent authorities and are recorded in the ship's log or similar document;

vessels are subject to regular checks by competent authorities;

new and existing fishing vessels must comply with the minimum health and safety requirements laid down in the Annexes; the same applies where a vessel undergoes extensive repairs, conversions or alterations.

Member States must take necessary measures to ensure that owners:

ensure that vessels and their fittings and equipment are technically maintained and that defects found are rectified as quickly as possible;

take measures to ensure that vessels and all fittings and equipment are cleaned regularly to maintain an appropriate level of hygiene;

keep on board the vessel an adequate quantity of suitable emergency and survival equipment in good working order;

take account of the minimum safety and health requirements concerning life-saving and survival equipment (listed in Annex III);

take account of the personal protective equipment specifications (listed in Annex IV) without prejudice to Directive 89/656/EEC;

supply the skipper with the means needed to enable him to fulfil the obligations imposed under the Directive.

Workers and/or their representatives must be informed of all measures to be taken regarding safety and health on board vessels and this information must be comprehensible to the workers concerned.

Workers must be given suitable training on safety and health on board vessels and on accident prevention. The training must cover firefighting, the use of life-saving and survival equipment, the use of fishing gear and hauling equipment as well as the use of signs and hand signals.

Moreover, any person likely to command a vessel – the skipper - must be given detailed and relevant training.

Council Directive 92/29/EEC of 31 March 1992 on the minimum safety and health requirements for improved medical treatment on board vessels
[OJ L 113, 30.4.1992, p. 19]

Objective:

The objective of the Directive is to improve medical assistance at sea since a vessel represents a workplace involving a wide range of risks.

Definitions:

The terms "vessel", "worker", "owner", "medical supplies" and "antidote" are defined in Article 1. Three categories of vessels are defined and described in full in Annex I to the Directive.

Contents

Each Member State shall take the measures necessary to ensure that:

every vessel flying its flag or registered by it always carries on board medical supplies (non-exhaustively listed in Annex II) which meet the specifications for the category of vessel to which it belongs to;

the quantities of medicinal products and medical equipment are determined according to the characteristics of the voyage, the activities to be carried out during the voyage, the nature of the cargo, and the number of workers;

the content of the medical supplies are detailed on a check-list corresponding to the general framework laid down in Annex IV of the Directive;

every vessel carries a watertight medicine chest for each of its lifeboats;

the content of medicine chests is detailed on the check-list;

every vessel that is more than 500 gross tonnes, with a crew of 15 or more workers and is engaged on a voyage of more than three days has a sick bay;

every vessel that has a crew of 100 or more workers and is engaged on an international voyage of more than three days has a doctor on board.

Medical supplies

Any vessel carrying dangerous substances must have medical supplies including antidotes appropriate to the danger presented by such substances. In principle, all antidotes should be carried on ferry-type vessels since the nature of the dangerous substances transported on these vessels is not always known well enough in advance. The content of the supplies must be detailed on a check-list.

The provision and replenishment of the medical supplies are to be undertaken on the responsibility and at the expense of the owner. Responsibility for the management of the supplies lies with the captain.

The medical supplies must be accompanied by a guide to their use. Professional maritime training must include instruction in medical and emergency measures. The captain and the worker or workers to whom he delegates the use of the medical supplies must receive special medical training in accordance with the general guidelines of Annex V.

Medical supplies must be subjected to annual inspection.

SPECIFIC RISKS

BIOLOGICAL AND PHYSICAL AGENTS

Directive 2000/54/EC of the European Parliament and of the Council of 18 September 2000 on the protection of workers from risks related to exposure to biological agents at work (seventh individual directive within the meaning of Article 16(1) of Directive 89/391/EEC)
[OJ, L 262, 17.10.2000, p. 21]

Objective:

This Directive lays down minimum requirements for the health and safety of workers exposed to biological agents at work.

Definitions:

Biological agents, micro-organisms and cell culture are defined in Article 2.

Contents

*Biological agents are classified into **four risk groups** according to their **level of risk of infection**, which will trigger the adequate preventive and protective measures.*

In the case of any activity likely to involve a risk of exposure to biological agents, the nature, degree and duration of exposure must be determined in order to assess any risk and lay down the measures to be taken.

In the case of activities involving exposure to several groups of biological agents, the risk must be assessed on the basis of the danger presented by all hazardous biological agents present.

The assessment must be renewed regularly and in any event when any change occurs in the conditions which may affect workers' exposure to biological agents.

Information used for the assessment must be supplied to competent authorities.

Article 4 contains rules for specific cases.

Principle of replacement and reduction of risks

The employer shall avoid the use of a harmful biological agent if the nature of the activity so permits, by replacing it with a biological agent which is not dangerous or is less dangerous to workers' health.

Workers' risk of exposure to biological agents must be reduced to as low a level as necessary to protect their health and safety.

Where the results of the risk assessment reveal a risk to workers' health or safety, employers shall, when requested, make available to the competent authority appropriate information as listed in Article 7.

Further Employers' obligations

Employers must ensure hygiene and individual protection by inter alia prohibiting eating or drinking in working areas, providing protective clothing, providing appropriate toilet and washing facilities, and maintaining protective equipment properly.

Moreover, workers and their representatives must receive appropriate and sufficient training involving working with biological agents and be provided with written instructions and display notices of the procedure to be followed in case of a serious accident or the handling of biological agents of group 4.

Employers must keep a list of workers exposed to group 3 and/or 4 biological agents for a minimum of 10 years following exposure (or 40 years following exposure resulting in an infection), indicating the type of work done and the biological agent to which they have been exposed (if possible).

Prior notification must be given to the competent authority at least 30 days before the commencement of work with group 2, 3 or 4 biological agents.

Health surveillance

Member States must establish arrangements for carrying out relevant health surveillance of workers both prior to exposure and at regular intervals thereafter.

Where necessary, effective vaccines should be made available – employers should in this regards take account of the recommended code of practice on vaccination in Annex VII, e.g. they should be free of charge for workers not already immune to the biological agent to which they are (or are likely to be) exposed.

If a worker is found to be suffering from an infection or illness as a result of exposure, surveillance should be offered to other workers.

Health and veterinary care facilities

Particular attention should be paid in the framework of the assessment of risks to uncertainties about:

the presence of biological agents in human patients and animals;

the hazards represented by biological agents present in human patients or animals;

the risks posed by the nature of the work.

Appropriate decontamination and disinfection procedures should be implemented for contaminated waste to be handled and disposed.

Industrial processes, laboratories

Laboratories carrying out work involving group 2, 3 or 4 biological agents for research must determine the relevant containment measures in order to minimize the risk of infection.

Adjustments to biological agent classifications are made in light of technical progress, changes in international regulations and new scientific findings.

Directive 2010/32/EU of 10 May 2010 implementing the Framework Agreement on prevention from sharp injuries in the hospital and healthcare sector concluded by HOSPEEM and EPSU [OJ L 134, 1.06.2010, p. 66]

Objective:

The Directive implements the Framework Agreement on prevention from sharp injuries in the hospital and healthcare sector signed by the European social partners HOSPEEM and EPSU on 17 July 2009, annexed thereto.

Definitions:

The definitions of "workers", "workplaces covered", "employers", "sharps", "hierarchy of measures", "specific preventative measures", "workers' representatives", "workers' health and safety representatives" and "subcontractor" are defined in the Agreement.

Content

The purpose of the Directive is to implement the Framework Agreement so as:

to prevent workers' injuries caused by all medical sharps (including needle sticks);

to protect workers at risk;

to set up an integrated approach establishing policies in risk assessment, risk prevention, training, information, awareness raising and monitoring.

Scope of application

*The Directive applies to **all workers** in the hospital and healthcare sector.*

Specific content as detailed in the Agreement

Thorough risk assessment shall be carried out when injury, blood or other potentially infectious material is possible or present.

It should focus on how to eliminate these risks.

Risk management measures are:

specifying and implementing safe procedures (including safe disposal),

eliminating unnecessary sharps use,

providing safety-engineered medical devices,

prohibition of recapping,

coherent overall prevention policy,

training & information,

personal protective devices and offering vaccination.

Workers should report any accident to the responsible person; the accident should be investigated and the victim treated.

Directive 2002/44/EC of 25 June 2002 on the minimum health and safety requirements regarding the exposure of workers to the risks arising from physical agents (vibration) (sixteenth individual Directive within the meaning of Article 16(1) of Directive 89/391/EEC) [OJ L 177, 6.07.2002, p. 13]

Objective:

The Directive aims at ensuring health and safety of workers from adverse health effects arising (or likely to arise) from exposure to mechanical vibration, (in particular musculo-skeletal disorders).

Definitions and exposure limit values and action values:

In its Article 2, the Directive distinguishes between vibration affecting the hand-arm-system and vibration being transmitted to the whole body.

It defines exposure limit values for hand-arm-vibrations and whole-body-vibrations, respectively on basis of a standardized eight hour reference period, simulating a work day.

Additionally it defines exposure action values for both kinds of vibration, on basis of an eight hour reference period.

Obligations of the employer:

The employer shall assess, and if necessary measure the levels of exposure to mechanical vibration on basis of technical specifications given in the annex to the Directive.

Results of risk assessment have to be recorded on a suitable medium and kept up to date on a regular basis.

The risk assessment shall be updated on a regular basis, particularly if there have been significant changes which could render it out of date, or if the results of health surveillance show it to be necessary.

When assessing the exposure, the employer must take into account working practices and working equipment (information submitted by manufacturer). When measuring, he shall use adequate technical apparatus and appropriate methodology.

The employer shall give attention to level, type and duration of exposure, limit and action values defined in the Directive, particular sensitivity of workers, interaction with vibrations caused by other equipment at work place, unusual working conditions (especially cold work) and the exposure to vibration beyond working hours under employer's responsibility.

Based on results of the risk assessment, the employer takes measures that allow to reduce risks at source or to reduce them to a minimum.

If the action values are once exceeded, the employer must implement an action plan to prevent exposure from exceeding the exposure limit values. Action may include adequate technical and/or organizational measures to reduce exposure to mechanical vibration to a minimum.

In any event, workers shall not be exposed above the exposure limit value.

If despite the measures taken exposure limit values are exceeded, the employer must take immediate action to reduce exposure below limit.

The employer shall ensure that workers who are exposed to risks from vibration at work and/or their representatives receive any necessary information and training relating to the outcome of the risk assessment provided for in Article 4 of the Directive.

Health surveillance

Member States must adopt provisions to ensure the appropriate health surveillance of the workers. Surveillance is aimed at the quick diagnosis of any health effect caused by mechanical vibration at work.

Member States shall ensure that in cases of positive diagnosis the worker is informed immediately and receives any required information and advice and that the employer reviews the risk assessment.

Member States must establish arrangements to ensure that health records are made on individual basis that can be consulted by the workers.

Derogations

In compliance with the general principles of health and safety protection for workers, Member States may, in the case of sea and air transport derogate in duly justified circumstances with respect to whole-body vibration where given its specific characteristics, it is not possible to comply with the exposure limit value despite the technical and/or organisational measures taken.

Further derogation may also be granted by Member States, in a case where the exposure of a worker to mechanical vibration is usually below the permissible values but varies markedly from time to time and may occasionally exceed them.

Directive 2003/10/EC of 6 February 2003 on the minimum health and safety requirements regarding the exposure of workers to the risks arising from physical agents (noise) (Seventeenth individual Directive within the meaning of Article 16(1) of Directive 89/391/EEC) [OJ L 42, 15.02.2003., p. 38]

Objective:

The objective of the Directive is to lay down minimum requirements for the protection of workers from risks to their health and safety arising or likely to arise from exposure to noise and in particular the risk to hearing.

Definitions:

The Directive defines the physical parameters that serve as risk predictors, such as peak sound pressure, daily noise exposure level and weekly noise exposure level.

It sets exposure limit values and exposure action values in respect to the daily and weekly noise exposure level as well as peak sound pressure.

The exposure limit values fixed at 87 decibels shall take into account of the attenuation provided by personal protective equipment (hearing protectors) worn by the workers.

The exposure action value is fixed at 80 decibels (lower value) and 85 decibels (upper value).

Risk assessment

The employer shall assess and, if necessary, measure the levels of exposure to noise to which workers are exposed.

Results of the risk assessment have to be recorded on a suitable medium and kept up to date on a regular basis, in particular if there have been significant changes which could render it out of date, or if the results of health surveillance show it to be necessary.

Carrying out the risk assessment, the employer must give particular attention to level, type and duration of exposure, exposure limit/action values, health effects spreading from particular sensitivity of the worker, interactions with other risks (ototoxic substances, vibrations), the exposure to noise beyond normal working hours under his responsibility, and noise caused by warning signals at work.

The risks arising from exposure to noise shall be eliminated or reduced to a minimum, based on the general principles of prevention, e.g. by:

working methods or equipment that require less exposure to noise,

choice of appropriate equipment,

instructions on the correct use of equipment,

technical measures (shield, noise absorbing coverings) or

organizational measures in order to reduce duration and intensity of exposure.

If risk cannot be banned by other means, the employer has to provide properly fitting personal protective equipment (hearing protectors).

The exposure limit values must not be exceeded. If they are exceeded, the employer has to take adequate measures immediately in order to reduce the exposure.

The employer shall ensure that workers who are exposed to risks from noise at work and/or their representatives receive any necessary information and training.

Member States must adopt provisions to ensure the appropriate health surveillance of the workers (preservation of the hearing function).

Derogations

In exceptional situations where, because of the nature of the work, the full and proper use of individual hearing protectors would be likely to cause greater risk to health or safety than not using such protectors, Member States may grant derogations.

Such derogations must be accompanied by conditions which guarantee that the resulting risks are reduced to a minimum and that workers concerned are subject to increased health surveillance.

Directive 2006/25/EC of 5 April 2006 on the minimum health and safety requirements regarding the exposure of the workers to risks arising from physical agents (artificial optical radiation) (19th individual Directive within the meaning of Article 16(1) of Directive 89/391/EEC). [OJ L 42, 15.02.2003]

Objective and scope:

*The Directive aims to improve the health and safety of workers by laying down limit values for exposures of workers to **artificial optical radiation to eyes and skin**. Exposure to natural optical radiation **(sunlight)** and its possible health consequences are **not covered** by the Directive.*

Definitions:

The Directive gives, in Article 2, legal definitions on optical radiation, on wavelength ranges (visible, ultraviolet, infrared), on kinds of artificial optical radiation (laser radiation and non-coherent radiation), on exposure limit values whose compliance ensures the physical health of workers who are exposed to artificial optical radiation at work, and on parameters for measurement such as irradiation, radiance and radiant exposure.

Determination of exposure and assessment of risks

The employer is obliged to assess and if necessary to measure (and/or to calculate) the levels of exposure to artificial optical radiation to which workers are likely to be exposed. To assess the risks, (s)he shall take account inter alia of:

the level, wavelength range, duration of exposure to artificial sources of optical radiation and the exposure limit values set out in the Annexes to the Directive;

special circumstances such as multiple sources, indirect effects (blinding, explosion, fire), particularly sensitive risk groups of workers and possible effects resulting from workplace interactions between optical radiation, photosensitizing chemical substances;

standards of the International Electrotechnical Commission (IEC) in respect of laser radiation respectively recommendations of the International Commission on Illumination (IEC) and the European Committee for Standardization (CEN) in respect of non-coherent radiation;

general principles of prevention.

Risk assessment shall be recorded on a suitable medium. It shall be carried out periodically and be updated, particularly if significant changes in working conditions can be observed or if it is indicated by health surveillance results.

If the results of the risk assessment indicate that exposure limit values may be exceeded, the employer shall devise and implement an action plan comprising technical and organizational measures in order to prevent the exposure exceeding the limit values.

The employer shall ensure that workers who are exposed to risks from artificial optical radiation and their representatives receive any necessary information and training relating to the outcome of the risk assessment.

Health surveillance

Member States shall adopt provisions to ensure appropriate health surveillance of workers in order to prevent and to detect timely any adverse health effects, long term health risks and any risk of chronic diseases resulting from the exposure to artificial optical radiation.

Such health surveillance shall be done by a doctor, an occupational health professional or a medical authority. Individual health records are to be made.

Directive 2013/35/EU of 26 June 2013 on the minimum health and safety requirements regarding the exposure of workers to the risks arising from physical agents (electromagnetic fields) (20th individual Directive within the meaning of Article 16(1) of Directive 89/391/EEC) and repealing Directive 2004/40/EC [OJ L 179, 29.06.2013, p. 1]

Objective:

The Directive covers all known direct biophysical effects and other indirect effects caused by electromagnetic fields. However, the Directive currently only addresses short-term effects and does not concern possible long term effects.

Definitions:

It defines, in Article 2, the terms "electromagnetic fields", "direct biophysical effects", "indirect effects", "exposure limit values (ELVs)", "health effects ELVs", "sensory effects ELVs", "action levels (ALs)".

Risk assessment

Risks assessment of exposure to electromagnetic fields at the workplace (if necessary including measurements and calculations) should be carried out by the employer taking into account the relevant practical guides referred to in Article 14.

Assessment of occupational exposure can be skipped if evaluation for the general public has already been completed and if the specific equipment is intended for the public use.

The employer shall update the risk assessment on a regular basis and he/she shall consider updating the risk assessment and the prevention measures if the results of the health surveillance show this to be necessary.

The employer shall eliminate or reduce to a minimum the risks that arise from electromagnetic fields at the workplace in line with the general principles of prevention of the Framework Directive. If relevant action levels are and relevant exposure limit values may be exceeded, the employer shall implement an action plan in order to ensure that the latter is not exceeded. Certain derogations apply to limit values.

Special attention shall be paid to workers at particular risks (pregnant, living with implanted medical devices) including individual risk assessment, where applicable.

Information and health surveillance

Signs and access restrictions shall be specified and workers shall be trained and thoroughly informed.

Health surveillance shall be carried out and the findings thereof preserved.

Derogations

Exposure may exceed the limit values if it is related to the installation, testing, use, development, maintenance of research related to magnetic resonance imaging (MRI) equipment for patients in the health sector, provided that:

given the state of art all technical/organisational measures have been applied, circumstances duly justify exceeding limit values, the characteristics of the workplace, work equipment, or work practices have been taken into account and the employer demonstrates that workers are still protected.

Member States may allow for an equivalent or more specific protection system to be implemented for personnel working in operational military installations or involved in military activities, including in joint international military exercises, provided that adverse health effects and safety risks are prevented.

Further derogations may be granted, in duly justified circumstances and only as long as they remain duly justified, in specific sectors or for specific activities.

Member States shall inform Commission of derogations granted.

Practical guides

Commission shall, in close cooperation with the Advisory Committee for Safety and Health at Work, make available non-biding practical guides to facilitate the implementation of the Directive.

European Parliament shall be kept informed.