

Pursuant to paragraph one of Article 4 of the Health and Safety at Work Act (Official Gazette of the Republic of Slovenia [*Uradni list RS*], No. 43/11) and Article 109 and paragraph two of Article 169a of the Rules of Procedure of the National Assembly (Official Gazette of the Republic of Slovenia [*Uradni list RS*], Nos. 92/07 – official consolidated text, 105/10, 80/13 and 38/17), the National Assembly at its 39<sup>th</sup> session on 27 March 2018 adopted

**RESOLUTION**  
**on the National Programme of Health and Safety at Work**  
**2018-2027**

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## LIST OF ABBREVIATIONS

AVP	Slovenian Traffic Safety Agency
ESENER	European Survey of Enterprises on New and Emerging Risks (EU-OSHA)
ESC	Economic and Social Council
EU-OSHA	European Agency for Safety and Health at Work
Eurofound	European Foundation for the Improvement of Living and Working Conditions
EWCS	European Working Conditions Survey (Eurofound)
ICT	Information and Communication Technology
IRSD	Labour Inspectorate of the Republic of Slovenia
MDDSZ	Ministry of Labour, Family, Social Affairs and Equal Opportunities
MF	Ministry of Finance
ILO	International Labour Organisation
MZ	Ministry of Health
ReNPVZD	Resolution on the national programme for safety and health at work (Official Gazette of the Republic of Slovenia [ <i>Uradni list RS</i> ], No. 126/03)
SURS	Statistical Office of the Republic of Slovenia
ZVZD-1	Health and Safety at Work Act (Official Gazette of the Republic of Slovenia [ <i>Uradni list RS</i> ], No. 43/11)

## **INTRODUCTION**

A modern system of health and safety at work based on promoting a culture of health and safety at work and focused on preventing accidents at work, occupational diseases and work-related diseases, is the foundation of every efficient business sector. A well-organised system of health and safety at work established at all levels, which is supplemented by programmes for the promotion of physical and mental health at work, contributes to the well-being of workers at work. Safer and healthier jobs contribute to the economic efficiency of the business sector and sustainability of social budget.

The purpose of this National Programme is to connect all stakeholders in the system of health and safety at work in order to join forces and cooperate in the realisation of the generally accepted vision in the field of health and safety at work in Slovenia according to their best abilities and in compliance with their mission. We must create and maintain a working environment, which will preserve workers' health throughout the entire period of their employment, so they will be able to work longer and the work performed will be to their personal satisfaction.

When forming objectives of the National Programme, social changes, the requirements of employers and employees, and the forecasts of new risks in the working environment were taken into account. The objectives were planned in a way that enables their realisation, but they are nevertheless ambitious and far-reaching.

This National Programme supersedes the Resolution on the national programme for safety and health at work (Official Gazette of the Republic of Slovenia [*Uradni list RS*], No. 126/03; hereinafter: ReNPVZD), which was the first strategic document in the field of health and safety at work in Slovenia. The Resolution was drafted at a time of large-scale economic and social changes and was an attempt to respond to the needs to modernise the system of occupational health and safety and to adapt it to existing conditions. The ReNPVZD defined the objectives, activities and measures for their attainment, but not their holders, deadlines, necessary financial resources or indicators for monitoring implementation. The Resolution was also not supplemented by detailed implementation plans.

When preparing this National Programme, the findings of the Analysis of the implementation of the ReNPVZD and the assessment of the situation in the field of health and safety at work were considered, among others. The assessment was first presented to the public on 15 October 2015, while the Occupational Safety and Work Council discussed it on 13 January 2016.

The assessment of the situation is based on the findings of the most important European research dealing with working conditions, i.e. ESENER-1 (EU-OSHA, 2009), ESENER-2 (EU-OSHA, 2014), EWCS-5 (Eurofound, 2010) and EWCS-6 (Eurofound, 2015), whereby it must be emphasised that for the latter three studies Slovenia commissioned interviews of a

bigger sample of respondents and thus ensured high-quality and internationally comparable data on working conditions in Slovenia.

The bases for this National Programme also include Article 4 of the Health and Safety at Work Act Official Gazette of the Republic of Slovenia [*Uradni list RS*], No. 43/11) and certain international legal instruments, particularly ILO Convention No. 187 on the Promotional Framework for Occupational Safety and Health and the accompanying Recommendation No. 197.

The EU Strategic Framework on Health and Safety at Work 2014–2020 must also be mentioned, which defines the main challenges in regard to health and safety at work and require EU action:

- the first challenge is to improve the implementation of regulations in Member States, in particular by enhancing the capacity of micro and small enterprises to put in place effective and efficient risk prevention measures;
- the second challenge strives for more effective prevention of work-related diseases by tackling new and emerging risks without neglecting existing risks;
- the third challenge comprises demographic changes.

The EU Strategic Framework encourages Member States to adopt and implement national strategies for health and safety at work.

An important role is also played by the Communication from the Commission COM(2017)12 to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions entitled "Safer and Healthier Work for All – Modernisation of the EU Occupational Safety and Health Legislation and Policy", which highlights the following priorities of the EU in the field of health and safety at work:

- stepping up the fight against occupational cancer through legislative proposals accompanied by increased guidance and awareness-raising;
- helping businesses, particularly micro-enterprises and SMEs, comply with occupational health and safety rules;
- cooperating with Member States and social partners to remove or update outdated rules and to refocus efforts on ensuring better and broader protection, compliance and enforcement on the ground.

Increased safety at work in Slovenia and the good health of workers are prerequisites for extending the period of employment, and active and healthy ageing, which requires the provision of a safe and healthy working environment for all workers and the promotion of a culture of prevention. Risk assessment, which takes account of workers' diversity, must become the basis for adjusting a workplace to an individual's abilities, skills and their health condition. To increase the quality of a safety statement with risk assessment, which is a fundamental document of an organisation in the field of health and safety at work, it is imperative that an employer, a safety officer and an occupational health provider work in close cooperation. It has been determined in particular that the inclusion of the above persons in risk assessment procedures has been insufficient.

Successful extension of working life depends heavily on the suitable adjustment of workplaces and work organisation, including working time, the accessibility of workplaces and modifications to workplaces intended for older workers. Well-designed workplaces and good work organisation benefit all age groups. Promoting lifelong learning and reverse mentoring is of key importance. Innovative products and services based on the use of ICT provide a wide range of possibilities to improve the individual's employability. Measures for rehabilitation and a return to a workplace after lengthy sick leave are also important, since they prevent the permanent exclusion of workers from the labour market.

Although health and safety at work has improved in Slovenia in recent years, there are still many accidents at work. Their consequences are incurred by workers who suffer injuries, their relatives, organisations in which accidents happen, the health and pension budget, the business sector and the entire society. The harm incurred by all of the above entities due to injuries at work adds to the harm caused by work-related diseases. According to Eurofound's research findings, particularly the EWCS-6 (Eurofound, 2015), many workers' problems relating to mental health can be attributed to poor work organisation or inappropriate management methods. Effective strategic measures must also be adopted in this regard, especially in the context of demographic changes.

On this note, it must be mentioned that the Health and Safety at Work Act requires that employers plan and promote health in the workplace. Although social partners have done a lot in this field with the financial support of the Health Insurance Institute of Slovenia in recent years, the programmes for promoting workplace health must be constantly upgraded and adjusted to changed circumstances.

It should be noted that changes in the working environment are increasingly radical due to fast technological changes. Automation, robotisation and digitalisation have a great impact on work organisation, working time, skills needed for work, working conditions and social dialogue. Entire industries are changing, and new forms of employment and work are being created. While certain professions are dying out, new ones are emerging. More and more workers are working shorter or longer hours outside the employer's premises, i.e. outside the controlled working environment. Researchers at the University of Oxford who analysed the EWCS (Eurofound) data stress that unpredictable planning of working time is becoming more common, particularly in retail sales, which is reflected in the health of millions of European workers suffering from anxiety. Furthermore, certain physical risks related to work are disappearing or diminishing, while new risks are appearing, of which we know little or nothing. Automation, robotisation and a society with increasing demands also affect the level of health and safety at work. In the current situation, which is termed the fourth industrial revolution, we must reconsider the system of health and safety at work, since the current one does not provide answers to some of the important questions posed by the modern working environment.

If the Government of the Republic of Slovenia and the Economic and Social Council assess that the situation in society and the working environment has changed so much that the National Programme no longer reflects the situation, they will propose amending it or the adoption of a new national programme.

## **VISION**

Safety, health and well-being at work are the highest priorities in a working environment and the foundation of permanent business success.

The efficient assurance of health and safety at work, with no accidents at work, occupational diseases or work-related diseases is in the national interest, the interest of workers and an obligation of employers.

The efforts to raise the level of the preventive culture in working environment must become a joint commitment of the Government of the Republic of Slovenia, social partners, enterprises and workers.

## STRATEGIC OBJECTIVES AND MEASURES FOR REALISING OBJECTIVES

### 1. STRATEGIC OBJECTIVES AIMED AT ENSURING SAFETY AT WORK

- 1.1. To reduce the number of work accidents by 20 per cent in the next 10 years<sup>1</sup>
- 1.2. To ensure the safe use of hazardous chemical substances in work processes and to replace hazardous chemicals with less hazardous ones
- 1.3. To ensure the high-quality implementation of expert tasks relating to safety at work

The strategic objectives aimed at providing safety at work are based on the understanding that **preventing work accidents** is one of the main tasks when ensuring safety at work.

The Analysis of the implementation of the ReNPVZD and annual reports of the IRSD reveal that the number of reported work accidents has been declining steadily since 2007. However, the surveyed stakeholders mostly attribute the statistical decline in the number of accidents to the fact that the definitions of reporting categories changed in 2011, and to the issue of sub-reporting and the economic crisis, which particularly affected the construction sector as one of the main generators of work accidents. No analysis suggests that the number of accidents dropped due to measures implemented on the basis of the ReNPVZD and/or improved level of the preventive culture in Slovenia.

The number of **work accidents that resulted in worker fatalities** also declined in the 2007–2010 period, but the trend shifted after 2010. The number of fatal injuries arising from work-related accidents is thus on the rise.

The relevant data, assessments and findings lead to the conclusion that we cannot be satisfied with the statistical decline in the number of work accidents. It is necessary to adopt suitable measures and also provide incentives for employers. The measures applied must result in a long-term sustainable number of such accidents, i.e. to a situation when the incidence of accidents will be lower due to the higher level of preventive culture in the working environment and independent of the rise or decline of business activities in the country or in individual, particularly high-risk business sectors.

The objectives regarding safety at work include in particular ensuring the **safe use of hazardous chemical substances in work processes**.

Chemicals have become an essential component of our lives; they surround us in the working environment and in the living environment. They support many of our activities and alleviate and treat diseases and health problems. They enter our bodies through inhalation, through the skin and eyes and through consumption. In spite of the fact that chemicals are in some ways beneficial, their incorrect use may have severe negative short- or long-term effects on human health. The field of the safe use of hazardous chemicals is covered well in binding regulations. An information system for chemicals (ISK) is

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<sup>1</sup> The objective must be attained in the 2018–2027 period.

established in Slovenia, which enables a relatively good and comprehensive review of hazardous chemicals used in work processes. In its annual reports, the IRSD found that employers are frequently unaware they are using hazardous chemicals in their work, and are even less familiar with their long-term harmful effects on employees' health. In the absence of an established system for detecting, confirming and reporting occupational diseases and work-related diseases, and in the absence of suitable medical supervision of the health of exposed workers, the otherwise mandatory measurements of concentrations of hazardous chemical substances in the work environment are irrelevant and have no actual effect or consequences.

Since large quantities and varieties of new chemicals and their compounds are constantly being made, whose effects are either poorly known or completely unknown, it is necessary to promptly modify and amend the regulations which determine permitted thresholds for occupational exposure to hazardous chemical substances in accordance with expert findings. By regulating their production or use, it is possible to eliminate health risks already at source. By upgrading regulations on the use of hazardous chemical substances and awareness-raising campaigns for employers, employees and broader public, Slovenia will contribute to controlling this field, to which the EU Strategic Framework on Health and Safety at Work 2014–2020 dedicates special attention, and particularly with the Agreement on raising awareness and exchanging good practice in the field of reducing exposure to carcinogens in the workplace, which was drafted during the Netherlands Presidency of the EU in 2016.

Slovenia will also actively strive to have amendments made to Directive 2004/37/EC of the European Parliament and of the Council of 29 April 2004 on the protection of workers from risks related to exposure to carcinogens or mutagens at work when dealing with limit values for at least the fifty most frequent carcinogens.

In addition to newly emerging risks, traditional risks, such as **exposure to noise at work and other physical risks**, which are still problematic in Slovenia and an important cause of absenteeism and early retirement from the labour market, must also be managed in work processes. The EWCS-6 (Eurofound, 2015) data reveal that 34 per cent of Slovenian workers stated that they were exposed to noise at least one quarter of working time in the working environment (the EU average amounts to 27 per cent). Some 32 per cent reported being exposed to high temperatures for at least one quarter of working time (the EU average is 23 per cent), while 23 per cent are exposed to low temperatures (the EU average is 21 per cent).

Due to the exceptional complexity and interdisciplinarity of health and safety at work, it is necessary to constantly provide the highest possible **level of professional knowledge and skills of expert workers** and morals and ethics when providing services. The expert workers must become ambassadors and promoters of the culture of prevention in the working environment. This applies to all expert workers, particularly those workers and organisations with permits to perform these services. Their clients, who are responsible for selecting and implementing measures within the context of providing health and safety at work, have the right to believe that an expert worker or service, that has undergone

verification procedures of meeting the conditions of health and safety at work, will work according to the rules of the profession and to the benefit of employers and, particularly, to the greatest benefit of employees.

It is understood from the Analysis of the implementation of the ReNPVZD and the assessment of the situation in the field of health and safety at work that seeking synergies and cooperation would have to become more typical also of the **development of university studies and research concerning health and safety at work**. Intensive development of education and scientific-research work in the field of health and safety at work must be enhanced according to the example of already introduced interdisciplinary national studies (such as biomedicine or environmental protection) or comparable foreign programmes. The interdisciplinarity of the field requires cooperation between faculties, which already implement individual programmes and subjects, and other institutions. The fundamental objective of such studies and research is in-depth understanding, creating and transferring knowledge in the field which has an important and comprehensive impact on the individual, organisations and the entire society.

While taking into account the limited funds available to Slovenia for basic and applied **research**, special attention will be dedicated to disseminating the findings of European research institutions, particularly Eurofound and EU-OSHA. Slovenia will try to increase the share of budgetary resources earmarked for basic and applied research in the field of health and safety at work.

In public procurement procedures it is necessary to ensure that employers comply consistently with the requirements of the applicable obligations in the field of environmental, social and labour law determined in EU law, regulations applicable in the Republic of Slovenia, collective agreements or the regulations of international environmental, social and labour law.

## **MEASURES FOR REALISING THE STRATEGIC OBJECTIVES AIMED AT ENSURING SAFETY AT WORK**

- 1.1.1. Preparation and implementation of a programme of targeted supervision campaigns and consulting of the IRSD and other competent inspection authorities relating to the quality and suitability of risk assessment in organisations
- 1.1.2. Preparation and implementation of the programme for raising awareness campaigns on health and safety at work in transport, particularly in cooperation with the AVP and the Police, including targeted supervision campaigns and consulting the inspection authorities
- 1.1.3. Preparation and implementation of programmes for awareness-raising campaigns for employers and employees in the construction sector to prevent work-related accidents, including targeted supervision campaigns and consulting the IRSD
- 1.1.4. Preparation and implementation of a programme for awareness-raising campaigns for employers and employees regarding risks of falling from a height and into a cavity, including targeted supervision campaigns and consulting the IRSD
- 1.1.5. Preparation and implementation of a programme for awareness-raising campaigns for small employers and their employees to prevent work-related accidents, including targeted supervision campaigns and consulting the IRSD
- 1.1.6. Introduction of a differentiated contribution rate for health and pension and disability insurance on the basis of a preliminary analysis and simulation
- 1.1.7. Examination of possibilities for tax relief for investments in safe and healthy working environment and the promotion of health in the workplace
- 1.1.8. Preparation and implementation of a programme for preparing practical e-tools for risk assessment, OiRA, including a plan for their upgrading, promotion, training of employers to work with the tools, and the introduction and operation of the user support service
- 1.1.9. Preparation and drafting of practical e-tools in the field of health and safety at work
- 1.1.10. Introduction of a national award for employers' achievements in regard to a comprehensive approach to ensuring health and safety at work
- 1.2.1. Review and preparation of a new list of binding limit values for occupational exposure to hazardous chemical substances
- 1.2.2. Preparation and implementation of a targeted supervision programme and consulting of the IRSD regarding the correct use and implementation of regulations in the field of

hazardous substances, i.e. chemical, carcinogenic and mutagenic substances, substances toxic to reproduction and asbestos

- 1.2.3. Preparation and implementation of a programme of awareness-raising campaigns for employers, employees and the wider public on risks when working with nanomaterials and endocrine disrupters
- 1.2.4. Preparation of practical guidelines for an assessment of risk due to exposure to hazardous chemical substances
- 1.2.5. Preparation and implementation of a programme of tighter supervision campaigns of the IRSD relating to the quality of risk assessment regarding exposure to hazardous chemical substances
- 1.2.6. Conclusion of, and implementation of, the Agreement on raising awareness and exchanging good practice in the field of reducing exposure to carcinogens in the workplace<sup>2</sup>
- 1.3.1. Reinforcement of the staff of the Health and Safety at Work Section within the MDDSZ, which will also assume the responsibility of the doctrine relating to health and safety at work
- 1.3.2. Reinforcement of the staff of the Inspection for Safety and Health at Work within the IRSD
- 1.3.3. Preparation and implementation of a training programme for labour inspectors and other competent inspectors for supervision and consultation
- 1.3.4. Preparation and implementation of a training programme for expert workers
- 1.3.5. Preparation and implementation of a programme of targeted supervision campaigns of the IRSD of the quality and suitability of performance of expert tasks of safety at work by legal entities and sole traders with permits to implement expert tasks
- 1.3.6. Development of a modern interdisciplinary study in the field of health and safety at work
- 1.3.7. Increase budgetary resources earmarked for basic and applied research in the field of health and safety at work
- 1.3.8. Promotion of interdisciplinary scientific and research work relating to health and safety at work
- 1.3.9. Dissemination of findings of foreign research in the field of health and safety at work

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<sup>2</sup> Roadmap on Carcinogens at Work (<https://roadmaponcarcinogens.eu/>)

1.3.10. Monitoring public procurements from the viewpoint of meeting obligations defined in regulations regarding health and safety at work

## **2. STRATEGIC OBJECTIVES AIMED AT ENSURING HEALTH AT WORK**

- 2.1. Arranging, enforcing, monitoring and upgrading the system of establishing, confirming and reporting occupational diseases
- 2.2. Implementing, monitoring and upgrading programmes promoting physical and mental health in the workplace directed at preventing chronic diseases and maintaining the ability to work
- 2.3. Establishing mechanisms for early detection and assistance in the event of work-related mental overload
- 2.4. Adjusting workplaces to prevent musculoskeletal disorders; reducing sick leave due to musculoskeletal disorders by 5 per cent in the next 10 years<sup>3</sup>
- 2.5. Establishing mechanisms to assist workers when returning to work after long-term sick leave
- 2.6. Ensuring high-quality implementation of expert tasks by occupational health providers

**Preventing work accidents, occupational diseases and work-related diseases** is the foundation of arranging health and safety at work. Knowing the frequency, number and types of occupational diseases for various occupations or activities enables the formation of priorities for preventive action at the national level and at the level of individual employers. Reporting and collecting data on occupational diseases and their statistical processing enable the setting of measurable targets.

The EU Strategic Framework on Health and Safety at Work 2014-2020 focuses on efforts to prevent work-related diseases, while the Communication from the Commission COM(2017)12 to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions entitled "Safer and Healthier Work for All – Modernisation of the EU Occupational Safety and Health Legislation and Policy" particularly highlights the need to enhance the fight against occupational cancer.

On 22 May 1990, the European Commission issued Commission Recommendation 90/326/CEE on a European schedule of occupational diseases. The Recommendation was supplemented and replaced with new Commission Recommendation 2003/670/EC of 19 September 2003. The Recommendation advises Member States to include in their national regulations the list of occupational diseases included in Annex I. It furthermore encourages them to adopt regulations which will govern the right to compensation for persons suffering from an ailment listed in Annex II to which a causal link with work may be proven.

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<sup>3</sup> The objective must be attained in the 2018–2027 period.

The Recommendation also encourages Member States to progressively introduce statistical monitoring of occupational diseases on the basis of Annex I, introduce measurable targets and promote the active role of national health-care systems in preventing occupational diseases, particularly by raising awareness among medical staff with a view to improving knowledge and diagnosis of these diseases. The International Labour Organisation adopted a new list of occupational diseases on 25 March 2010, which was to help Member States to prevent, determine and report occupational diseases, and also when arranging compensation, where this is possible. A particular feature of the list is that it includes certain mental and behavioural problems or disorders for the first time.

Linking the procedure for establishing and recognising occupational diseases with the procedure conducted by the disability and expert authorities of the Pension and Disability Insurance Institute of the Republic of Slovenia, as is determined by the applicable regulations, is not suitable, because disability commissions conduct procedures only to determine disability, which is not a necessary consequence in every case of an established occupational disease (e.g. when a worker suffers from an allergy). A new regulation must be prepared which will regulate occupational diseases (list), workplaces where these occur, conditions considered occupational diseases, and the procedure for determining, confirming and reporting occupational diseases.

**Lifestyle** is the typical way of life of an individual as defined by a group of distinct behaviours in a certain period. From childhood onwards, it is formed by experience and living conditions. The elements of lifestyle, such as food, physical activity, habits and stress management, have a great impact on human health. A healthy lifestyle includes a balanced and healthy diet, limiting salt intake, reducing alcohol consumption, not smoking, maintaining a healthy weight and regular physical activity. A healthier lifestyle can prevent the occurrence of disease or mitigate its course.

A result of extending the period of employment and ageing of the workforce is that there are more people in the active population who suffer from chronic diseases which are the result of an unhealthy lifestyle (e.g. diabetes, cardiovascular diseases). Measures to promote a healthy lifestyle contribute to maintaining health and workers' ability to work, and the health and welfare of the entire population. However, it must be noted that the individual has to take care of his/her own health and healthy lifestyle.

Promoting and maintaining **worker's mental health** is essential for increasing productivity. Only a healthy worker is a satisfied and productive worker, which is why early detection of risk factors for workers' mental health must involve employees and employers. The stress to which workers are exposed in the workplace is particularly one of the risk factors for mental health deterioration.

According to data from the NIJZ, the use of antidepressants in Slovenia is increasing, whereby doctors prescribe the most antidepressants to adults aged between 45 and 64. Doctors in Slovenia registered an average of 18,471 cases of sick leave per year due to mental disorders between 2009 and 2013, which is 2.5 per cent of all cases of sick leave. Women took sick leave due to problems with mental health more frequently than men.

Mental disorders result in lengthy sick leave; the average duration of one absence from work due to mental disorders was 44 days between 2009 and 2013. On average men take longer sick leave due to mental disorders (men 48 days and women 42 days).

We believe that more attention will have to be paid in Slovenia to raising employers' awareness of the importance of preventing conditions which lead to exposure to **work-related stress** and **other forms of psychosocial risks at work**, such as all forms of mobbing and harassment, and psychological and physical violence in the workplace. A typical feature of the modern organisation of production and work processes includes numerous and fast changes in the technology and organisation of work. The feeling of security or of being able to manage one's own destiny is being lost in modern society due to the constant changes which people have to cope with at work. It is necessary to manage stress in the workplace which is the result of poor work organisation, the failure to observe the divide between work obligations and a worker's abilities and capabilities, monotonous work, short deadlines, imbalance between responsibility for work done and inability to affect working conditions, unclear instructions, insufficient possibilities of a worker to harmonise work and family obligations, poor relationships in a work team, particularly poor relations between management and employees.

An employer may thus reduce sick leaves due to problems in mental health if they improve the work environment, which particularly includes determining clear objectives and responsibilities, implementing measures which contribute to the individual's greater role in a work team and improve the atmosphere in the work team, providing free access to information and promoting the free flow of ideas, providing greater worker autonomy when working etc.

In addition to implementing obligations imposed on employers by regulations governing health and safety at work, there are also serious economic reasons for taking a systematic approach to preventing **musculoskeletal disorders**, since such diseases and disorders are one of the main reasons for absence from work in Slovenia.

According to the EWCS-6 data (Eurofound, 2015), 19 per cent of Slovenian workers state that they work in extreme postures for almost their entire working time, while 28 per cent work in extreme postures between one to three quarters of working time (the EU average is 13 per cent or 30 per cent); 42 per cent of Slovenian workers report about their work including repetitive movements of arms most of the working time (the EU average is 31 per cent), 28 per cent claim that they sit during work almost the entire working time, while 32 per cent sit from one to three quarters of the working time (the EU average is 28 per cent or 42 per cent).

Musculoskeletal disorders are disorders affecting the muscular and skeletal systems. Disorders differ according to severity – from mild to extremely severe; problems may also lead to chronic and debilitating diseases. There are several causes for the occurrence of musculoskeletal disorders, but they are mainly ergonomic and organisational. Due to recurrent and frequently long-term sick leaves of workers suffering from such disorders, employers, the business sector and the health insurance fund incur high costs. With

systematic measures directed at preventing work-related causes of musculoskeletal disorders, we will be able to realise the strategic objective of reducing sick leaves due to such diseases by 5 per cent in the next 10 years.

Well-planned programmes that promote health in the workplace, address a healthy lifestyle, mental health, the issue of musculoskeletal disorders, and that also take into account the needs and expectations of employees can contribute significantly to reducing absence from work due to diseases, and to the health and well-being of employees.

Long-term absence from work due to illness can also cause problems of mental health, social exclusion and the early exit of employees from the labour market. The successful **return of an employee to work after a lengthy sick leave** is a difficult and very complex task, and presents a professional challenge for all parties involved, since it is necessary to determine a sensitive balance between the employer's tendency for highly productive workplaces and the worker's inalienable right to work, equal treatment and dignity in the workplace. With changed demographic conditions, particularly with regard to the **rapidly ageing workforce**, it has become imperative that mechanisms exist which facilitate and speed up employees' quicker return to work after longer sick leave, which require a comprehensive approach by experts and all parties involved (including supervisors, other direct superiors and managers). The successful return of an employee to work is also of great significance for the employer, as it reduces the number of lost working days, and as a result, related costs are also reduced. Likewise, the employer avoids replacing staff, hiring and introducing new employees, and losing know-how, all of which affect productivity.

When assessing the results of long-term sick leave, the negative psychological effect of a sick employee's absence on co-workers is often completely neglected. Efficient mechanisms in this field have a wide social value because they contribute to maintaining the number of the economically active population, who are needed by a dynamic economy in the current conditions of increasing global competition and ageing population.

Within the ever-increasing scope of employers' tasks in the field of providing for physical and mental health, the **role of occupational health providers, and including all the health measures** prescribed by the ZVZD-1 for the purpose of protecting and enhancing health, will become increasingly important in the future. A necessary condition for the comprehensive health care of workers at work is thus the adoption of key regulations that are lacking, the doctrinal connection of occupational medicine with other specialist health-care activities and training for the significantly extended scope of work which will be implemented by occupational health providers as per this National Programme.

## **MEASURES FOR REALISING STRATEGIC OBJECTIVES AIMED AT ENSURING HEALTH AT WORK**

- 2.1.1. Preparation, adoption and enforcement of regulations governing the establishment, confirmation and reporting of occupational diseases
- 2.1.2. Revision of the regulation on preventive medical examinations
- 2.1.3. Preparation of expert groundwork for adopting a regulation on implementing biological monitoring regarding workers' exposure to hazardous chemical substances
- 2.2.1. Establishment of a national platform for providing expert support to employers when implementing workplace health promotion programmes
- 2.2.2. Preparation and implementation of training programmes for employers when implementing workplace health promotion adjusted to small enterprises
- 2.2.3. Promotion of examples of good practice regarding workplace health promotion, particularly examples of good practice from small enterprises
- 2.3.1. Preparation of practical guidelines for the early detection of work-related mental overload
- 2.3.2. Approach to concluding a social partners' agreement on work-related stress prevention
- 2.3.3. Approach to concluding a social partners' agreement on implementing the European social partners' autonomous framework agreement on active ageing and an intergenerational approach<sup>4</sup>
- 2.3.4. Preparation and implementation of training programmes for managers on measures regarding work organisation and treatment of people at work which enable the improvement of the working environment and reduce the presence of psychosocial risks
- 2.3.5. Preparation and implementation of a campaign programme for identifying, detecting and assisting in preventing employee burnout
- 2.3.6. Promotion of scientific and research work relating to psychosocial risks in the workplace

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<sup>4</sup> European social partners' autonomous framework agreement on active ageing and an intergenerational approach (<https://healthy-workplaces.eu/sl/news/european-social-partners-framework-agreement-active-ageing-and-intergenerational-approach>)

- 2.4.1. Preparation and implementation of programme of targeted supervision campaigns, consulting of the IRSD and other competent inspection authorities regarding the correct use and implementation of regulations in the field of preventing musculoskeletal disorders, high-quality risk assessment and execution of workplace health promotion
- 2.5.1. Preparation and implementation of training programmes for employers on how to recognise labour law and health consequences of chronic diseases in workplaces and how to adapt workplaces
- 2.5.2. Preparation and implementation of training programmes for occupational health providers, expert workers, HR departments and managers on how to help workers return to work after lengthy sick leaves and how to adapt workplaces
- 2.5.3. Collection and dissemination of information on measures and good practices intended to facilitate workers' return to work after lengthy sick leave
- 2.5.4. Preparation of practical guidelines to assist workers when returning to work after lengthy sick leave
- 2.6.1. Preparation of a situation analysis of the field of occupational medicine and the adoption of suitable systemic changes
- 2.6.2. Adoption of quality standards in occupational medicine
- 2.6.3. Preparation and implementation of a programme of targeted supervision campaigns and consultation with inspection authorities regarding the quality and suitability of implementing expert tasks of providing health at work
- 2.6.4. Review and update of national legislation with the objective of reducing administrative burdens, when this is possible, particularly for micro and small employers

### **3. STRATEGIC OBJECTIVES AIMED AT PROMOTING A CULTURE OF PREVENTION IN THE WORKING ENVIRONMENT, AND THE CONSIDERATION OF WORKERS' DIVERSITY**

- 3.1. Implementation of thematic campaigns directed at promoting a culture of prevention in a working environment
- 3.2. Introduction of health and safety at work and healthy lifestyle in education at all levels and directions
- 3.3. Promotion of the recognition of diversity when ensuring health and safety at work; promotion of providing workplaces for all generations and of intergenerational cooperation

ILO Convention No. 187 on promoting health and safety at work defines a **national preventative safety and health culture** as a culture in which the right to a safe and healthy working environment is respected at all levels, where government, employers and workers actively participate in securing a safe and healthy working environment through a system of defined rights, responsibilities and duties, and where the principle of prevention is accorded the highest priority.

Preventive culture in an organisation encompasses a wide approach to safety management adopted at the level of the organisation or the employer, whereby the leading role and initiative of the management is essential. A preventive culture is the result of individual and joint efforts to take into account generally adopted values, positions, objectives and professionalism in the field of health and safety at work.

**Campaigns** are effective for raising awareness about work-related health and safety issues, whereby they have the potential to change people's behaviour. It is necessary to continue implementing thematic campaigns to inform employers, employees and wider public about key topics on health and safety at work, particularly about specific physical and psychosocial risks, specific aspects of ensuring health and safety at work in certain economic activities and for particularly endangered groups of workers. In addition to participating in Healthy Workplaces Campaigns, which are conducted under the supervision of the EU-OSHA, Slovenia will also implement national campaigns adjusted to national conditions.

One of the fundamental principles of ensuring health and safety at work is to adapt work to an individual by appropriate design of the workplace and working environment, work premises, work and technological procedures, the choice of work and personal protective equipment, and working and production methods, and in particular by eliminating monotonous work and work at a predetermined work-rate and other circumstances detrimental to health (humanisation of work). **The diversity of the workforce** must already be taken into account in the risk assessment procedure. Special attention must be devoted to ensuring the health and safety at work of pregnant workers, young and elderly

workers, workers with disabilities, workers with reduced work capacity, and migrant workers and posted workers.

**The aspect of gender** is important for the efficient management of health and safety of work. The approach to providing health and safety at work which does not observe differences between genders treats an average male worker as the norm. Biological differences between genders, differences in work predominantly performed by men and women, activities, in which they are engaged, working conditions and treatment they receive in the society affect the risks men and women encounter in a workplace. These differences are frequently not recognised in practice in health and safety at work. They must be highlighted and thus contribute to raising the level of health and safety at work, particularly for women.

Because today's young workers will be the elderly workers of tomorrow, it is sensible that all employers' measures are directed towards ensuring safety, health and well-being, and are prepared in a way that includes all generations of workers. Despite the foregoing, certain measures are intended for all workers irrespective of their age, but these have a decisive impact on maintaining **elderly workers'** ability to work and their employability.

Comparatively speaking, Slovenia has achieved good results in the training organised by employers for elderly workers, according to data from the ESENER-1 and ESENER-2 research (EU-OSHA, 2009 and 2014), and when implementing programmes of workplace health promotion, but it has been less successful when introducing measures to facilitate workers' return to work after lengthy sick leave and when managing ageing.

According to Eurostat, the frequency of work accidents in the EU among **young workers** aged between 18 and 24, is over 40 per cent higher than in other age groups. In 2016, Slovenian employers reported 9,420 work accidents to the IRSD, whereby workers aged between 15 and 30 were involved in 22 per cent of accidents, who, according to SURS data account for only about 10 per cent of the economically active population.

As reasons for frequent accidents at work among the young, the EU-OSHA states:

- poor training for carry out work assignments safely;
- inexperience of the young, who are not aware of the risks they are exposed to;
- lack of familiarisation with the employer's duties regarding the provision of health and safety at work;
- lack of familiarisation with employee's rights and duties;
- low awareness of the importance of health and safety at work;
- type of work and working conditions in which young people work;
- immaturity of young employees.

To enable a safe start on their occupational path, young people have to learn about preventive culture as they grow up. Small children have to be taught about the hazards they can encounter at home, at school and at play, so they will know how to take care of their own safety and they will be aware when they are endangering the safety of others. As they grow up, children's knowledge about assessing and managing risks in the

surrounding area must be deepened and upgraded. Children have to be trained to recognise potential hazards and to respond to them appropriately. Special attention must be paid to raising the awareness of children and youth about the responsible handling of chemicals, which may have undesired consequences in some circumstances. The programme of **introducing health and safety at work in education** must raise awareness and train childcare workers, teachers and lecturers at all levels about health and safety at work, and provide them with tools and devices which will help them to introduce health and safety at work to young people in an interesting way. They must also learn about **healthy lifestyle** within the framework of health education, which is a cross-curriculum subject.

## **MEASURES FOR REALISING THE STRATEGIC OBJECTIVES AIMED AT PROMOTING A CULTURE OF PREVENTION IN THE FIELD OF HEALTH AND SAFETY AT WORK, AND THE CONSIDERATION OF WORKERS' DIVERSITY**

- 3.1.1. Preparation and implementation of a programme of national campaigns aimed at promoting a preventive culture in the field of health and safety at work
- 3.1.2. Continued participation in Healthy Workplaces Campaigns implemented on the initiative of the EU-OSHA
- 3.1.3. Preparation of material with fundamental principles of culture of prevention in the field of health and safety at work
- 3.2.1. Preparation and implementation of a modern programme for introducing health and safety at work in education, in cooperation with the Ministry of Education, Science and Sport, the National Education Institute Slovenia and other relevant institutions
- 3.3.1. Preparation of practical guidelines for assessing risk while taking into account workers' diversity – particularly when considering differences in gender, age and reduced work capacity, including special risks to which migrant workers and posted workers are exposed
- 3.3.2. Consideration of special risks to which certain groups of workers are exposed (e.g. pregnant workers, workers with disabilities, workers with reduced work capacity, elderly and young workers, migrant workers, posted workers, women) when preparing practical OiRA e-tools for risk assessment
- 3.3.3. Preparation of practical guidelines for managing health and safety at work while taking into account the age structure, and the promotion of intergenerational cooperation
- 3.3.4. Introduction and promotion of risk assessment which will consider the particular features of elderly workers' work in the workplace
- 3.3.5. Preparation and implementation of training programmes for managerial and HR staff for intergenerational cooperation

#### **4. STRATEGIC OBJECTIVES AIMED AT ENSURING HEALTH AND SAFETY FOR WORKERS WORKING IN NEW FORMS OF WORK AND EMPLOYMENT**

- 4.1. Raising the awareness of workers working in new forms of work and employment about the basics of health and safety at work
- 4.2. Dissemination of the latest findings on how the working environment is changing and new forms of work and employment

While certain professions are dying out, new ones are emerging. More and more workers are working shorter or longer hours outside the employer's premises, i.e. outside a controlled working environment. We cannot say that completely new trends in the labour market are appearing, since fixed-term work, working from home and self-employment have been present for some time – it is essential that **modern technologies enable more flexibility about where and how work is done**. Currently, only a small share of workers work through web platforms (according to certain estimates, 0.5 per cent of workers offered services through web platforms in the USA in 2015), but the percentage is constantly growing. Boundaries are becoming more blurred, between work and leisure time, paid and unpaid work, place and time of work, employment and self-employment. In all new forms of work, it is becoming more and more difficult to establish who is the employer, superior or co-workers, who determines the wages for work, what the rules of the game are, who is responsible for the quality of work, quality of employment, health and safety at work, who is responsible for resolving conflicts, what is the role of social partners etc.

According to SURS data, about 18 per cent of the economically active population in Slovenia regularly or occasionally **engaged in teleworking or worked from home** in the last four years. In 2016, the IRSD received 494 notifications from employers about plans to organise work from home, whereby an individual notification may refer only to one or several employees, or the IRSD may receive several notifications for the same employee, which refer to different periods in a single year. Although teleworking or work from home may contribute to improving the harmonisation of professional and private life and may thus also to some extent prevent stress which arises from rigid working time, other aspects of health and safety at work may not be covered accordingly. In most cases of work from home, specific working conditions remain undetermined, and the labour inspection service cannot conduct supervision in people's homes, since it lacks the authority to enter private premises.

The number of new-age enterprises, which, on **web platforms** operating in clouds, combine clients and workers who offer different services (from legal, translation and architectural to cleaning services) is growing globally. Young, highly educated workers work through web platforms in particular. While this form of work means an additional source of income for some people, for others it is their primary source of income. In such relationships, the worker is completely unprotected, which is why work through web platforms ('crowdsourcing', 'cloudsourcing', 'workforce on demand', 'virtual work') is

considered a precarious form of work. The issue of ensuring health and safety at work also remains unresolved for workers working through web platforms.

**Positive and negative trends** may be expected. On the one hand, we expect an improvement in health and safety at work and workers' health, since robots will eventually replace workers in dangerous workplaces where hazardous chemical substances and biological factors are involved, including work requiring repetitive arm movements and similar tasks. The foregoing also means that these workers will probably lose their work and income. We can also expect worsening of the health and safety at work and workers' health to decline due to increasing levels of stress related to work. According to EU-OSHA data, work-related stress is already the second most frequently reported health problem related to work in Europe. A particular problem in this context is the (ab)use of pharmacological substances to enhance cognitive abilities in healthy workers. Digital technologies will not contribute only to an increase in technological unemployability, but also to more adaptable organisation of work. The possibility of impacting the arrangement of working time and the possibility of harmonising professional and private life may also contribute positively to workers' health and well-being.

The problems of the changing working environment must be **discussed in the light of demographic challenges**. Eurofound established that most countries have tackled these problems by raising the retirement age and limiting early retirement. Although progress has been made in the last 15 years and the employment rate of workers aged 55 to 64 has risen in all EU28 Member States, the objective, i.e. 50-per cent employment of elderly workers, was not obtained, which means that the measures adopted were insufficient, since they failed to take account of the many circumstances that affect someone's decision to work longer or retire early. A Dutch survey conducted in 2015 determined that respondents would be prepared to work longer particularly if their daily or weekly work obligations were reduced, if they were assigned physically or mentally less challenging tasks, if they were healthier, if work was more satisfactory or if they received greater support from employers and co-workers. The good health of workers, satisfaction with working conditions and flexible arrangement of working time, which enable the harmonisation of professional and private life and greater autonomy in the workplace are the best starting points for extending the retirement age.

By 2020, as many as 90 per cent of workplaces will require knowledge of information technologies (47 per cent of workers currently lack suitable e-skills), which is why even greater attention will have to be paid to **lifelong learning**, including the promotion of exchanging knowledge and experience between younger and older workers through **mentoring** and **reverse mentoring**.

Until the adoption of regulations or a collective agreement which regulates at least minimum obligations regarding health and safety at work in new organisational forms, measures must be adopted which aim at training for safe and healthy work, raising the awareness of workers and the promotion of a safety culture based on individuals' preventive behaviour.

## **MEASURES FOR REALISING THE STRATEGIC OBJECTIVES AIMED AT THE HEALTH AND SAFETY OF WORKERS WORKING IN NEW FORMS OF WORK AND EMPLOYMENT**

- 4.1.1. Preparation and implementation of a campaign on health and safety at work for workers working in new forms of work and employment
- 4.1.2. Promotion of lifelong learning regarding health and safety at work, including the promotion of exchanging knowledge and experience between younger and older workers through mentoring and reverse mentoring
- 4.2.1. Disseminating among the wider and expert public the findings of the latest research on new forms of work and employment implemented by ILO, Eurofound, EU-OSHA and other research institutions
- 4.2.2. Promotion of research on the consequences of new forms of work and employment for health and safety at work

## **5. STRATEGIC OBJECTIVES AIMED AT PROMOTING SOCIAL DIALOGUE IN THE FIELD OF HEALTH AND SAFETY AT WORK**

### 5.1. Promotion of social dialogue in the field of health and safety at work

The first condition for a highly developed preventive culture is an efficient flow of information and the readiness of everyone to cooperate and report their mistakes, accidents and hazardous occurrences. In accordance with the applicable regulations, employers and employees or their representatives must inform and consult each other and decide together on health and safety issues at work. The dedication of the management, which must communicate and prove its commitment to health and safety at work on a daily basis through its words and actions and by providing financial, staffing and other resources for this purpose, is crucial. Furthermore, employees must be informed, instructed and trained to work safely, and they must be consulted about key issues regarding health and safety at work.

A highly developed preventive culture in an organisation and the **participation of employees in managing health and safety at work** are seen in:

- elimination, reduction and improvement of managing health and safety risks,
- reduction in the number of work accidents and hazardous occurrences,
- reduction in the number and days of sick leave,
- reduction in production costs and increase in productivity,
- owners' satisfaction with the adopted measures, which leads to improved satisfaction of employees at work and greater motivation,
- safer and healthier working environment,
- improvement in employees' general participation in the company,
- employers' reputation, which results in obtaining the best staff and new orders.

Programmes of joint training for managers and workers' representatives on health and safety at work contribute to establishing a common view of the field and to better cooperation of both sides when examining causes for work accidents and when assessing risks. Employees' participation in managing health and safety at work is beneficial for all parties involved, both employers and employees.

The Government of the Republic of Slovenia will continue to support the work of social partners in the field of health and safety at work within the framework of their independent work programmes.

**MEASURES FOR REALISING THE STRATEGIC OBJECTIVES AIMED AT PROMOTING SOCIAL DIALOGUE IN THE FIELD OF HEALTH AND SAFETY AT WORK**

- 5.1.1. Preparation and implementation of training programmes for employers, employees and their representatives for social dialogue in the field of health and safety at work in organisations
- 5.1.2. Conclusion of social agreements in fields which contribute to improving health and safety at work

## **STAKEHOLDERS AND KEY HOLDERS OF MEASURES FOR REALISING OBJECTIVES**

To realise the vision and strategic objectives of the National Programme, it is necessary for all stakeholders and key holders to play their parts. While the Government of the Republic of Slovenia is responsible for providing the institutional framework, a high level of culture of health and safety at work is possible only if all the interested parties assume their shares of responsibility, mutually cooperate and complement one another.

### **Stakeholders in the occupational health and safety system**

The fundamental task of the **Government of the Republic of Slovenia** is to determine the policy and priorities in the field of health and safety at work, set the rules and ensure these rules are correctly and consistently implemented in practice through both responsible ministries, i.e. the MDDSZ and the MZ. As one of the biggest employers in Slovenia, the Government of the Republic of Slovenia must set an example and ensure a high level of health and safety in workplaces for which it is responsible as an employer. As an important client of goods and services through contracts with providers and suppliers, it must demand from them a high level of health and safety at work.

**The Economic and Social Council** is a tripartite body of social partners and the Government of the Republic of Slovenia established for the purpose of discussing issues and measures related to economic and social policies and other issues relating to special fields of the partner agreement. The ESC thus monitors the situation in economic and social fields; it discusses it and forms positions and proposals. Although, health and safety at work is not particularly included in the fields of the ESC's operations, the ESC nevertheless participates in the preparation of legislation and provides opinions, recommendations and incentives for the adoption of new or amendment of the applicable regulations on health and safety at work. The ESC's opinions are binding on all partners.

The policy of health and safety at work and regulations in this field provide a clear rule that the **employer** or the **self-employed person** is responsible for health and safety at work, since they cause risks at work and must thus also prevent and manage them. Employers, senior management in particular, have an important role when ensuring a high level of safety, health and satisfaction at work in an individual organisation, because they decide how much attention and funds the organisation will dedicate to, and earmark for, this field.

The senior management primarily define and affect the culture of health and safety at work in a company and workers' satisfaction at work. The employer's senior management decide how to rank and where to place the field of health and safety at work in the company's business policy. The employer and senior management must go beyond the consistent implementation of binding regulations. It is thus an issue of ensuring the well-being of employees in the working environment.

It is a **worker's** fundamental right to work in an orderly working environment, where risks to health and safety at work are controlled and managed. Since it is they who are exposed to risks, their participation in health and safety at work is pivotal. Although employers have

to ensure safe working environment, it is workers themselves who must also take care of their own safety and that of others with whom they come into contact at work.

Research reveals that employers who include employees or their representatives in decision-making about issues of health and safety at work are more successful in managing this field. A fair partnership relationship must be developed between management and employees, based on trust, respect and cooperation. Only in such a relationship, can a culture of dialogue be developed, wherein all sides resolve problems and seek solutions together. Participation in the decision-making of **works councils, health and safety representatives and workers** is essential for a high level of health and safety at work, regardless of whether workers are organised in a union or not, and regardless of the size of the employer or type and scope of their activity.

### **Key holders of measures for realising strategic objectives**

The key holders of measures for realising objectives defined in this National Programme are **the Ministry of Labour, Family, Social Affairs and Equal Opportunities, the Ministry of Health and the Labour Inspectorate of the Republic of Slovenia**. In addition to forming the policy of health and safety at work, the aforementioned ministries provide for the legal regulation and organised functioning of the field, and the implementation of regulations and supervision of the implementation of these regulations, including the doctrine in the field of health and safety at work. When implementing their competences and powers, the ministries cooperate with each other, other ministries and bodies within these ministries. When performing their competences, the ministries also cooperate with bodies, working bodies and agencies of the European Commission and the United Nations Organisation. Furthermore, the ministries and the IRSD cooperate actively and exchange information and good practice with other ministries and inspectorates responsible for health and safety at work from other Member States of the European Union.

When realising the set objectives, other ministries and bodies within the ministries also **participate**, particularly: the Ministry of Economic Development and Technology, the Ministry of Agriculture, Forestry and Food, the Ministry of Finance, the Ministry of Education, Science and Sport, the Chemical Office of the Republic of Slovenia, the National Institute of Public Health and the Statistical Office of the Republic of Slovenia, including the National Education Institute Slovenia as the national development, research and consulting institution in the field of pre-school, primary and general secondary school education. The mining inspectorate, the maritime inspectorate, the inspectorate responsible for supervising aviation security and the inspectorate responsible for protection against natural and other disasters must also be mentioned.

The aforementioned institutions plan and provide budgetary resources for implementing measures to realise the objectives of the National Programme.

**Representative organisations, associations of employers and representative unions** participate in the Economic and Social Council; however, the ESC was established to discuss issues and development directions in a certain field, so we cannot consider it a

holder of measures for implementing strategic objectives. The interest groups of employers and unions are interested in the operational implementation of tasks for their members, and they therefore significantly supplement state institutions in their efforts to realise strategic objectives.

**The Occupational Safety and Work Council** is an expert advisory body of the minister responsible for work. The Council discusses and adopts views and recommendations on the situation, strategy and implementation of a uniform policy, and the priority tasks of health and safety at work. The opinions and positions of the Council are not binding on the Ministry.

It must be emphasised that members of the advisory body include esteemed experts in their respective fields who are not appointed from key institutions in order to represent the interests of these institutions in the Council. The aforementioned does not fully apply to members of the Council appointed by employers' organisations and unions, who function on the Council as experts and also represent interests.

**Professional associations** are founded to realise efforts for continuous progress in a certain profession, to contribute to forming doctrinal starting points for their members' work and provide for the ethics of expert work. By forming guidelines, codes of good practice and training their members, they contribute significantly to measures taken by the state.

**Expert workers in the field of safety at work and authorised occupational health providers** must be autonomous and independent when implementing expert tasks regarding health and safety at work. They are obliged to work according to the rules of the profession and ethics in their field when providing for health and safety at work and well-being of workers.

**Workers in other fields**, e.g. HR officers, management and other workers participating in promoting health in the workplace are very important holders of measures for obtaining strategic objectives in this field due to the extended concept of safety, health and well-being of workers as defined by this National Programme. Similarly to expert workers and authorised occupational health providers, they are also obliged to work on behalf of employers in order to ensure the safety, health and well-being of workers according to the rules of the profession and ethics in their respective fields.

Improving cooperation and the flow of information between key holders of measures is fundamental for the realisation of individual strategic objectives and the National Programme as a whole.

## **MONITORING THE IMPLEMENTATION OF THE NATIONAL PROGRAMME**

### **Monitoring on the basis of statistical data**

The monitoring and evaluation of this National Programme is based on statistical data collected on the basis of legislation.

In order to improve statistical monitoring of the field of health and safety at work, an evaluation of administrative and survey sources of statistical data on work accidents, work injuries, sick leave, occupational diseases and work-related health problems is being conducted, on the basis of which the system of statistical monitoring of the relevant field will be recast.

### **Qualitative impact assessment**

The impact assessment will be implemented by determining the results of adopted and implemented measures for end users.

### **Indicators for measuring the performance of implemented measures**

When this is possible, direct impact indicators are used.

### **Surveys and questionnaires**

A useful way to monitor the implementation of the National Programme is by means of standardised surveys and questionnaires conducted by Eurofound, EU-OSHA and Eurostat at regular intervals, which enable the monitoring of trends and comparisons with EU Member States and some other European countries.

The monitoring of the implementation of the National Programme and individual measures will be determined in more detail in three-year action plans.

## **VALIDITY OF THE NATIONAL PROGRAMME**

The implementing documents of this National Programme are three-year action plans, which define measures, implementing bodies of measures, financial resources needed to implement measures, deadlines and the manner of monitoring the implementation of measures. The first three-year action plan will be adopted by the Government of the Republic of Slovenia after consulting with the Economic and Social Council within 90 days of the adoption of this National Programme. After the expiry of each three-year period for which an action plan has been adopted, an analysis of the implementation of the plan will be prepared. A new three-year plan will be prepared on the basis of the analysis or a proposal to amend this National Programme, or, if the conditions in the labour market and as a result in the field of health and safety at work in Slovenia change so radically, a proposal to adopt a new national programme is submitted.