

Hristina Blagoycheva¹
Andriyana Andreeva²
Galina Yolova³

Volume 28 (2), 2019

OBLIGATION AND RESPONSIBILITY OF EMPLOYERS TO PROVIDE HEALTH AND SAFETY AT WORK – PRINCIPLES, CURRENT REGULATION AND PROSPECTS

The paper examines the specifics of the obligation and responsibility of employers to provide occupational health and safety in terms of their current state, the requirements, trends and the characteristics of the legal framework. A comprehensive analysis of the issues has been performed in their economic and labour law aspects and the corresponding conclusions and generalizations have been put forward with the aim to improve the practice of enforcing this legal construct.

JEL: J81; K31

Introduction

In the last three decades, the concepts of occupational health and safety management systems (viewed as a wide range of programmatic measures taken by employers voluntarily or under applicable laws and regulations) have received wide international recognition among policymakers, employers, academics and other interested parties. Regulatory authorities in industrialized countries have gradually begun to shift the statutory and political interpretation of the prescribed requirements towards more widely formulated standards for processes or results, in an attempt to persuade employers to implement internal control systems for occupational health and safety.

The paper examines the specifics of the employer's duty to ensure health and safety at work in terms of their current state, the requirements and characteristics at two main levels: economic analysis and legal framework. **The topicality of the subject** is determined by the still insufficient responsibility of employers as regards working conditions and the steady trend of non-compliance with rules on the part of employees.

¹ Assoc. Prof. Hristina Blagoycheva, PhD, University of Economics – Varna, Finance Department, phone: +359882164673, e-mail: hrblagoycheva@ue-varna.bg.

² Assoc. Prof. Andriyana Andreeva, PhD, University of Economics – Varna, Legal Sciences Department, phone: +359882165163, e-mail: a.andreeva@ue-varna.bg.

³ Assoc. Prof. Galina Yolova, PhD, University of Economics – Varna, Legal Sciences Department, phone: +359882164717, e-mail: ina_yolova@ue-varna.bg.

In this line, the **aim of this study** is to perform a comprehensive economic and legal analysis of the economic environment, the existing legislation and European standards, principles and rules, and thus to explore and summarize the current state of the system ensuring occupational health and safety and to propose options for its updating.

Given the set aim the authors pursue the following **main tasks**: 1) analyse comprehensively the specifics and characteristics of the obligation of employers to ensure occupational safety and health; 2) establish the qualitative characteristics of this obligation in terms of scope, parameters and degree of compliance, in the light of the social and economic aspects of health protection at work; 3) analyse and identify in a systematic way the relevant legal provisions and European principles; 4) propose methods of remedying the existing shortcomings.

1. Organizational aspects of occupational safety and health management systems

1.1. Origin and development of the concept of occupational safety and health (OSH)

The International Labour Organization (ILO) defines the occupational safety and health management system as "a set of interrelated or interacting elements to establish occupational safety and health policy and objectives, and to achieve those objectives." (ILO, 2001, p. 19). Such elements may include an elaborated policy, planning of measures and the organizational structure of OHS, risk management, training, communication, monitoring, corrective and preventive measures, etc.

The development of the OHS system can be seen as the culmination of the wave of occupational health and safety regulation that started in the 70's of the last century in most industrialized countries, in combination with mechanisms for employee participation through the introduction of internal work standards and partial self-regulation (Brooks, 2001). Already in 1972 the UK Health and Safety Committee prepared a report on the state of working conditions, which reported a shift from sectoral regulation towards a single regulatory framework covering all industries and employees (ILO, 2011). Accordingly, regulatory reforms in the last decades of the 20th century in many industrialized countries changed some of the attitudes and views on occupational safety and health management systems, putting forward a systemic approach. The obligation imposed on employers to take a comprehensive, programmatic and preventive responsibility for health and safety at work, rather than prescribing specific solutions, emerged as an important new regulatory strategy (Frick, Jensen, Quinlan & Wilthagen, 2000).

ILO's Convention No. 155 of 1981 concerning Occupational Safety and Health and the Working Environment (ILO, 1981a) and Recommendation R164 thereto (ILO, 1981b) introduced some new principles, among which the emphasis on prevention of occupational risks and the tripartite partnership in providing healthy and safe working environment (partnership and mutual consultation between the government and the representative organizations of respectively employers and employees).

The global strategy of ILO adopted in 2003 (ILO, 2003) highlights the need for a strong and sustainable preventive culture of safety and health at national and company level. ILO

Convention No. 187 of 2006 (ILO, 2006), in line with all principles adopted by then, focused on promoting the basic principles of risk management in the working environment.

The main instrument governing the management of occupational health and safety at the European Union (EU) level is Framework Directive 89/391/EEC (European Union, 1989). The Directive is implemented in all Member States and is accompanied by more than 25 related directives on various topics (European Union, 2016, p. 4). Framework Directive 89/391/EEC requires continuous and systematic improvement of the safety and health of employees, the integration of preventive measures in all activities, assessing risks and adopting measures adapted to the changing technological and economic conditions.

After the Community Strategy for Health and Safety at Work for 2007-2012 (European Commission, 2007), which emphasizes the need to strengthen the enforcement of EU legislation throughout Member States, the European Commission adopted a Strategic Framework for Health and Safety at Work 2014-2020 (European Commission, 2014). It identifies key challenges and strategic objectives in achieving OHS. One of the challenges is to simplify the existing rules in order to prevent new risks and occupational diseases in the light of an aging population. The Strategic Framework also defines the tools to achieve these objectives: social dialogue, awareness-raising, law enforcement at the level of EU legislation and synergies with other policy areas.

Once ensured, OHS create the necessary preconditions for effective use of the workforce and the successful achievement of the production and economic goals of the enterprise. The system is also attractive to the political leadership of a country, for three reasons (Saksvik & Quinlan, 2003, p. 34). First, the concept of this system takes a comprehensive, proactive and adaptive approach to identifying and managing risks and is seen as a means to achieve greater involvement of employers in occupational health and safety. Second, the transfer of attention from compliance with standards to compliance with systems monitoring working conditions creates the prospect of a more profitable strategic use of monitored resources. And thirdly, in response to public pressure and media coverage of incidents or dissatisfaction with the failure of existing indicators of occupational health and safety (death, disease and long-term disability), it provides governments with a new remedy with the justification that efforts are being made to improve the situation over time.

In the economic literature, there are many studies demonstrating the effectiveness of OHS systems (ATSB, 2012; MacEachen et al., 2016). However, there are cases where companies with well-designed OHS management systems fail to achieve improvements in the level of safety and security at work (Frick & Wren, 2000). Nowadays the statistics on incidents at work still shows large numbers. This is very clearly indicated in the joint conclusions of the European Agency for Safety and Health at Work (EU-OSHA) and the International Labour Organization (European Agency for Safety and Health at Work, 2017). Worldwide:

- occupational accidents and diseases lead to a loss of 3.9% of GDP with an annual expenditure of approximately 2680 billion euros, and in the EU – 3.3% of GDP with an annual expenditure of approximately 476 billion euros;
- occupational diseases account for 86% of all work-related deaths; in the EU this figure is 98%;

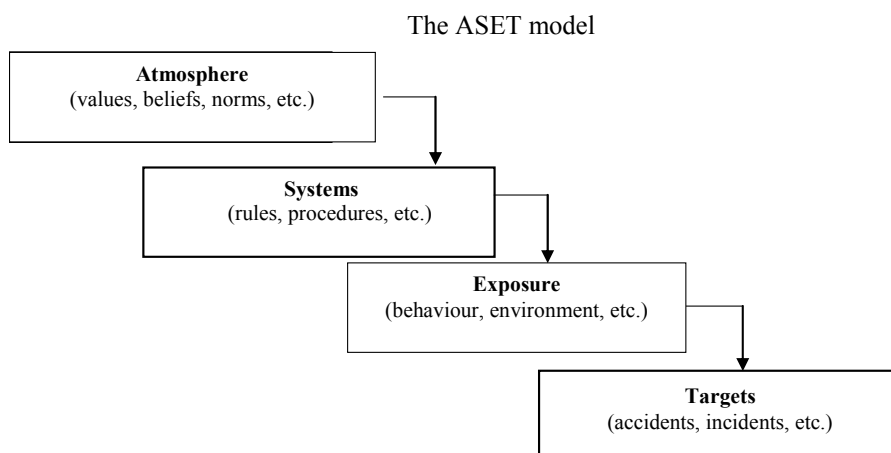
- the value of losses resulting from occupational accidents and diseases is equivalent to 123.3 million (7.1 million in the EU) disability-adjusted life years (DALY). Of these, deaths amount to 67.8 million (3.4 million in the EU) and disabilities to 55.5 million (3.7 million in the EU).

These data show that gaps in the system still exist and the laws are not always enforced in practice. Loopholes are possible, allowing for "circumvention of rules". The responsibility for ensuring OHS in organizations lies with employers. The State creates laws and regulations, but it is the employers who need to protect the health and lives of their employees from the dangers that may arise in the course of employment. Studies on this subject reveal that the most important contributory factor for assuring OHS in a company is compliance with the existing legislation (Van den Broek et al., 2011). But providing a good working environment can be seen not only as a legal obligation, but also as an element of corporate social responsibility and of the understanding that the success of a business hinges on the motivation of its employees. The economic success of a responsibly managed organization is firmly linked to the social preconditions to recruit and retain motivated and able employees. "Through good occupational health and safety you are reducing the chances that your best-qualified mechanic will get badly injured in an accident, that your promising designer will be out of work for weeks because of a burnout, that your experienced accountant will start making mistakes as he is suffering from constant back pain." (European Union, 2016, p. 5). A poor safety and health system will bring losses to organizations, but a good system will generate dividends. Studies show that each euro invested in OHS brings the organization a return of more than two euros (ISSA, 2013). In addition, companies with higher standards for safety and health at work are more stable and more successful due to reduced absenteeism, improved worker productivity and less compensations paid.

The ASET model (Atmosphere-Systems-Exposure-Targets) can be used for effective management and integration of occupational health and safety systems in an organization (Shaw & Blewett, 2000). This model provides insight into the causal relationship between the atmosphere in the organization (its culture of behaviour), the implemented systems, the risks faced by employees and the objectives pursued to prevent possible incidents leading to injury or disease (Figure 1). The application of this model facilitates the decision-making related to reducing the exposure of employees to risk and the control of negative results.

The idea behind the model is that it is not enough for an organization simply to identify emerging risks and seek opportunities to limit them in the future. It is necessary to create a comprehensive organizational culture (of course not without the help of the relevant legal regulations) to promote and support the search for positive solutions in each of the four sectors of the preventive diagnosis model and avoidance of the possible risks for the working environment. The role of the behaviour of the employees themselves should also be noted, as they also can cause situations of incidents. Thus human behaviour can be included as an element of the last stage of the causal chain of the model. But the factors determining whether human behaviour will lead to an incident are generally formed in each of the previous three stages (organizational environment, rules, norms of behaviour, etc.).

Figure 1



Source: European Agency for Safety and Health at Work (2010, p. 14).

In identifying the possible hazards one must also take into account situations which are similar to incidents, but not reported as such. A statement has been made in publications, that for each reported serious injury there are 300 situations similar to incidents that have not been reported because they did not result in serious injury. This is the so-called "Theory of the iceberg" (European Union, 2016, p. 7).

1.2. Occupational health and safety in Bulgaria

Bulgaria has been a member of the ILO since 6 December 1920 and as such has ratified a large number of conventions whose provisions play an important role in shaping the national legislation. As of 7 May 1992, Bulgaria is a member of the Council of Europe and has adopted the European Convention on Human Rights and the European Social Charter. In line with the European Strategy for Promoting Health and Safety at Work 2007-2012, Bulgaria has developed a Strategy for Safety and Health at Work for the period 2008-2012. The aim of the Strategy is to outline the commitments and direct the efforts of state authorities, employers' organizations, employees' organizations, NGOs and others towards ensuring the well-being at work, taking into account changes in the workplace and the emergence of new occupational risks (Ministry of Labour and Social Policy (MLSP), 2008). Reduction of the rate of occupational accidents in Bulgaria by 25% is envisaged. The currently existing National Program for Safety and Health at Work (NPSHW) 2018-2020 (MLSP, 2018) builds on the priorities of Strategy 2008-2012 and follows the guidelines for development adopted in EU's Strategic Framework for Health and Safety at Work 2014-2020. The highlight again is a reduction of the prevalence of occupational accidents and diseases. NPSHW 2018-2020 lays down the objectives, priorities and actions to be pursued in line with the main objectives of the National Development Program: Bulgaria 2020 aimed at boosting the domestic economy's productivity and competitiveness.

The goals are balanced growth, sustainable convergence and welfare in the long term, according to the Governance Priorities of the Government of the Republic of Bulgaria (2017-2021).

The controlling activity is the main instrument of the State to ensure consistency between the legal framework and the actual working conditions in businesses. In 2009 the legislature passed the Labour Inspection Act, which regulates, among other things, the activities related to the integrated control of the provision of healthy and safe working conditions. This is a coordinated control exercised by the General Labour Inspectorate Executive Agency (GLIEA) – unilaterally or jointly with other control authorities, trade unions and representatives of employees in the relevant sector. The National Program for Safety and Health at Work 2018-2020 focuses specifically on the role of the controlling activity in the field of OHS and proposes measures to improve its efficiency.

A current picture of the achieved level of OHS can be derived from the reports on implementation of the activities issued by the General Labour Inspectorate Executive Agency. Table 1 summarizes some of the results indicated in the annual reports of the Agency.

The data in the table represent a sufficiently reliable sample to draw conclusions, as the persons employed at the quite large number of inspected businesses account for more than half of the total workforce in Bulgaria.

One positive result is that almost all inspected businesses had performed a risk assessment. This means that they are aware of the possible hazards at work, and therefore have identified the rate of manifestation and taken preventive measures. At the same time data on the violations identified by GLIEA raise suspicion that some organizations prepare risk assessments just for the sake of government inspections, without the intention of actually implementing them.

The data show that over the years the violations have decreased. But their number is still extremely high. Moreover, violations of HSWA account for about half of all identified violations. This is a very high proportion which reveals both poor OHS culture and a desire to circumvent the rules.

The tripartite collaboration introduced by ILO Conventions requires social dialogue between government, employers' representatives and employees' representatives. Therefore, the organization itself needs to put in place such a dialogue and consultations between the employer and representatives of the employees. Studies have established a link between the lower number of accidents leading to disability and the existence of an OHS committee or a trade union in the organization. Other studies have shown that where an OHS Management System is functioning with the participation of employees, the results in terms of achieving a healthy working environment are better, especially where there is a trade union (ILO, 2011, p. 7). It is obvious that a successfully functioning system requires allocation of initiatives and responsibilities among all hierarchical levels, with the involvement of the employees.

Table 1

Results of GLIEA inspections conducted between 2009 and 2017

Indicator / year	2009	2010	2011	2012	2013	2014	2015	2016	2017
Number of inspected businesses	38,662	33119	37,566	40,347	42,170	41,975	39,272	39,395	37,284
Number of employees in the inspected businesses	1318984	1173902	1407046	1575447	1584372	1462993	1539744	1567267	1661649
Identified violations of the Health and Safety at Work Act (HSWA) ⁴	140 182	110 552	101 713	111 117	101 945	114 135	111 895	99,709	97,615
Proportion of violations under HSWA to the total number of violations	60%	53.40%	43.13%	43%	41.3%	46.4%	50.3%	46.95%	49.9%
Proportion of inspected businesses which had prepared risk assessments	88%	95%	95%	97%	96%	97%	96%	94%	94%

Source: GLIEA (2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018).

In this regard, GLIEA has adopted the practice of inviting representatives of trade unions and representatives of OHS committees or groups in the relevant organization to take part in the inspections.

⁴ Health and Safety at Work Act (Bulgaria).

2. Social and economic impact of occupational health and safety in Bulgaria

1.2. Social challenges for the working environment

Development of new technologies, globalization, heightened competition and demographic changes lead to increasingly complex work processes and changing working conditions. Along with existing risks, a number of new risks have emerged. For instance, an aging population and the need to stabilize the pension system require the increasing of the retirement age and retention at work of older people (Blagoycheva, 2012; Aleksandrov, 2017). Due to the natural wear of the body and difficulties in adapting to new technologies, the elderly are more threatened by risks at work. The development of computer technology and the Internet change the concepts of workplace and working hours. We see an increased number of cases of longer working time (at the expense of the balance between work and free time), flexible working hours, increased information load, stress and tension caused by the state of constant readiness required for rapid response, physical immobilisation, precarious employment or work in isolation. This and many other factors require the OHS system to be integrated as part of the overall management of businesses.

The OHS system in Bulgaria influences the frequency and severity of manifestation of risks to the health and lives of employees in two basic forms: occupational accidents and occupational diseases. Both cause employees to suffer losses from a lost opportunity for work (and consequently, income to provide subsistence for themselves and their households) and the discomfort from the injury and the disease, respectively (incurrence of additional costs for treatment). But not all consequences of ill health are measured in loss of money. The manifestations are much broader, as they affect not only employees but also their families and communities. In the event of injury or disease, the effects are primarily subjective: pain, fear and sense of loss, suffered by the affected persons, their families and their immediate communities (Dorman, 2000).

Due to their social manifestation, occupational accidents and diseases are treated as social security risks and are protected by the social security system. Persons affected by such risks receive benefits from the Occupational Accident and Disease Fund under the National Social Security Institute. Since it is the employer's responsibility to ensure a healthy and safe working environment, the social security contributions paid into the Fund for employees are entirely at the employer's expense. These provisions, however, apply only to people employed under an employment contract. The rest of the working population (hired under freelance contracts, self-employed, etc.) are not covered by such protection and have to cope with the consequences on their own.

According to Art. 55, Par. 1 of the Social Security Code (SSC), an occupational accident (OA) is any sudden impairment of health which has occurred during and in connection with or because of the work performed, as well as during any work performed in the interest of the enterprise where the said impairment has resulted in temporary incapacity for work, permanently reduced working capacity or death. For the purpose of social protection, the legislation expands the spatial and temporal scope of events recognized as an occupational accident, thus including events which are not directly caused by conditions of the workplace, but are linked to the employment of the relevant person at the company.

According to Art. 55, Par. 2 SSC, an occupational accident is also that suffered by a person who is socially secured under Article 4 (1) and Article 4a SSC during the usual commuting to the workplace or from the workplace to:

1. the principal place of residence or to another additional place of residence of a permanent nature;
2. the place where the person customarily takes his or her meals during the working day;
3. the place where remuneration is received.

Table 2 shows the dynamics of occupational accidents (and their effects) in the period 2009-2016. Besides the total number of cases, the table also shows cases under Art. 55, Par. 1 SSC, which are direct reflections of the working conditions in the organization.

Table 2
Social consequences of occupational accidents in Bulgaria in the period 2009-2016

indicator/ year	2009	2010	2011	2012	2013	2014	2015	2016	2017
OCCUPATIONAL ACCIDENTS									
- total	3125	3086	2891	3084	2806	2859	2993	2917	2911
- under Art. 55, Par. 1 SSC	2605	2457	2384	2407	2275	2397	2431	2312	2318
OA RESULTED IN DEATH									
- total	118	103	116	111	108	138	115	105	94
- under Art. 55, Par. 1 SSC	88	92	94	98	87	117	95	81	79
OA RESULTED IN DISABILITY									
- total	87	66	82	64	55	55	57	54	6
- under Art. 55, Par. 1 SSC	86	56	74	56	48	50	54	50	6
CALENDAR DAYS LOST DUE TO OA									
-total	254964	252782	206957	220968	259642	259728	261164	251720	193017
-under Art. 55, Par. 1 SSC	208371	194026	167080	171096	206017	215821	215106	198529	151278

Source: Section "Statistics and Analysis" at the National Social Security Institute⁵

The data in the table show a reduction in the number of occupational accidents compared to the beginning of the period, though not particularly substantial. Most pronounced is the result for the last two years, which may be due to the increased risk assessment culture of employers and employees. Some enterprises have implemented modernization of production, introduction of new technologies and safer equipment, better care by employers to ensure better and healthier workplaces and a greater awareness and responsibility among employees for safety in performing their tasks. Another reason for the reduced number of accidents and resulting deaths may be the employers' respect for inspections conducted by the General Labour Inspectorate Executive Agency.

⁵ <http://www.noi.bg/aboutbg/st/statistic/154-tzpb>.

Blagoycheva, H., Andreeva, A., Yolova, G. (2019). Obligation and Responsibility of Employers to Provide Health and Safety at Work – Principles, Current Regulation and Prospects.

However, occupational accidents remain frequent. What is more, the number of occupational accidents resulting in disability has dropped significantly, but that of accident that caused death remains almost unchanged, and in some years has even grown. These facts confirm the relevance of the problem and require the constant attention of the legislature and strong control by the inspecting authorities.

Working conditions in the various lines of work are examined in terms of the diseases they may cause. In some cases, the classification of a disease as an occupational disease is uncertain, as the effects of the factors and the ensuing injury to the body can remain undetected for a long time and manifest themselves by chance, for example at a time when the body is weakened for any reason or in conjunction with another disease. To avoid controversies in this regard, the legislator has defined which diseases should be categorized as occupational. In Bulgaria, these are specified in the List of Occupational Diseases, prepared and published pursuant to a Council of Ministers Decree, and are managed on the grounds of the Ordinance on the procedure for notification, registration, confirmation, appeal and reporting of occupational diseases. Table 3 presents the dynamics of occupational morbidity in Bulgaria between 2009 and 2016⁶, its impact on the physical condition of the diseased and occurrence by gender and age.

Table 3
New cases of recognized occupational diseases in Bulgaria in the period 2009-2016

indicator/year	2009	2010	2011	2012	2013	2014	2015	2016
Occupational diseases – total	116	41	29	14	16	22	28	33
SEVERITY OF THE DISEASE								
- able-bodied	9	3	-	-	-	3	1	-
- temporarily incapacitated	-	-	-	-	-	-	2	1
- up to 50% degree of permanently reduced working capacity	83	34	23	10	9	14	19	23
- more than 50% degree of permanently reduced working capacity	24	4	5	4	6	5	6	9
- death	-	-	1	-	-	-	-	-
OCCURRENCE BY GENDER								
- men	72	29	19	9	11	13	16	22
- women	44	12	10	5	4	9	12	11
OCCURRENCE BY AGE GROUP								
- 25-34	-	-	-	1	1	1	-	-
- 35-44	10	4	5	1	1	3	2	2
- 45-54	46	12	11	5	8	5	13	17
- 55-64	42	14	11	6	5	11	10	8
- 65 and over	18	11	2	1	-	2	3	6

Source: National Social Security Institute (2017).

⁶ There are no more recent data.

The frequency of occurrence of occupational diseases is much lower than that of occupational accidents, but it too requires serious attention. It is noteworthy that by 2012 the number of occupational diseases decreased, but from 2013 onwards it has increased by each year. This trend shows that some Bulgarian enterprises have not taken all the necessary measures to ensure a healthy working environment.

Almost all occupational diseases in Bulgaria in the above period have led to permanent injury and reduced working capacity of the affected people. For these people this is an extremely unfavourable outcome, as they lose the opportunity to work at full capacity and this affects the level of income earned.

The people most often affected by occupational diseases are those aged 45-54, followed by those between 55 and 64. The social effect on them is stronger than that on younger people. On the one hand, the natural wear of the body increases with age, as its protective functions weaken and the disease unfolds in a more injurious way. On the other hand, such individuals are approaching the retirement age. The loss or decrease of labour income will result in lower pensions.

This is especially unacceptable where the standards of social justice in the workplace were violated, i.e. when the injury could have been avoided, but was not, because of the manipulations of the employer to achieve the greatest possible profit. The evidence of such practices is the significant number of violations of occupational health and safety regulations identified by the General Labour Inspectorate Executive Agency (see Table 1).

It is therefore necessary to take more measures to encourage a healthy working environment, both through on-going implementation of control and punitive measures and by convincing the owners and managers of companies to integrate the concepts of health promotion into the overall company policy. The legal framework and economic analyses must put forward more rules, arguments and justifications so that the application of the OSH system is accepted as attractive and necessary for the operations of organizations.

1.3. Economic results from the implementation of OHS systems

Social considerations and ethical arguments are important in organizing the working environment, but may not be sufficient to stimulate employers to act beyond the minimum requirements of the law. It is therefore necessary to understand the economic results from the proper organization of the working environment. Labour is one of the key factors of production and therefore the health of employees is an indirect component of the production function of any organization (Van den Broek & Kruger, 2010). However, operations and productive resources are managed by the employer (Miller and Haslam, 2009). So the employer must be convinced that it is worthy to develop its objectives in terms of a safe and healthy working environment and to integrate these objectives into the overall objectives of the company (De Greef and Van den Broek, 2004).

In principle, the ultimate goal of any business is the economic benefits. This means that the relevant company will consider any investment in OHS from this perspective. The making of decisions on measures for occupational safety and health is influenced by the economic

evaluation of the end result, i.e. the information on and perceptions of the future financial effects of these decisions.

Direct measurement in financial terms is not possible due to the variety of external factors and the complexity of effects of measures taken to ensure safety and health at work. Interventions concerning health at work are particularly difficult to evaluate.

It is estimated that the costs incurred for occupational safety and health constitute investments that are repaid from the microeconomic point of view and can be beneficial for the company itself (Van den Broek et al., 2011). But like any other investment, the investment in OHS can prove to be either profitable or economically inefficient. In this case it is necessary to explore also the indirect benefits from the outcome. Moreover, the economic effects associated with the organization of the working environment may be caused by external interference (insurance premiums, higher tax burden, fines imposed, order by a controlling body to suspend the operation of machinery and equipment, or the closing down of jobs), intended to provide economic incentives to improve the working conditions in the organization. The effects of these external interventions are different for the different sectors (or even for individual companies) and can have a significant impact on the economic assessment of investment in OSH. Further influence of varying intensity is exercised by other factors such as the type of company, its safety culture, knowledge of health and safety at work, existing structures, procedures and measures, organization of labour, the market and the competition, etc.

A distinction can be made between the direct benefits of costs incurred for improving the working environment (reduction of occupational accidents and diseases) and the indirect benefits (enhanced reputation and improved productivity of the company). These benefits are of both qualitative (e.g. assessment of the importance of occupational safety and health in the company) and quantitative nature (fewer cases of operational disturbances and production downtime caused by accidents). This leads to the conclusion that while the costs of prevention in the workplace are incurred in a short time, the benefits often appear in the long run, but are therefore sustainable (ISSA, 2013).

For example, if an organization fails to pay the necessary costs for providing OHS, it will at a later time have to pay the costs incurred because of ill health and hazards in the workplace. The most common costs are those related to the payment of compensations, sickness benefits and the need to seek an alternate, pay for overtime or outsource the tasks of the affected person. Quality employees specializing in a particular function cannot be easily replaced. Individual productivity losses and reduced return on labour occur. The situation is even more complicated in the case of small businesses, where the interruption of operations can lead to loss of customers or missed opportunity to conclude important contracts. In some cases of more severe accidents, the business can be closed down until the consequences are remedied. All this justifies the assertion that investing in an occupational health and safety system leads to return on investment for the organization, and neglecting it – to a likelihood of serious economic consequences.

For example, occupational accidents and diseases lead generally to social problems for employees, but as they stem from work as an economic activity, they manifest themselves also as an economic problem. The economic perspective of the problem is expressed both

through the reasons (the role of economic factors as a cause of ill health in the workplace) and through the impact on the economic outlook not only of the employee but also of the company (and thus of society as a whole).

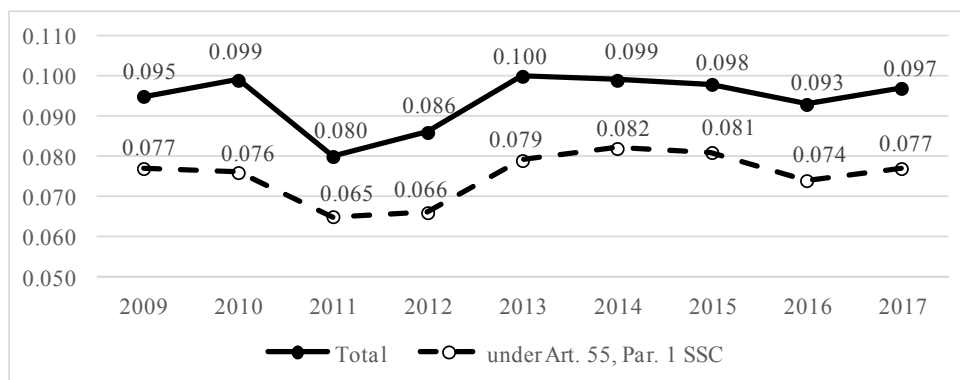
Among the indicators of the level of loss of earnings from employment are the Severity Coefficient and the Severity Index provided for in Art. 16 of the Ordinance on the identification, investigation, registration and reporting of occupational accidents (Figure 3 and Figure 4).

The Severity Coefficient represents the average calendar days lost because of occupational accidents per one person with social security.

$$\text{Severity Coefficient} = \frac{\text{calendar days lost due to occupational accidents, registered in the reporting period}}{\text{average number of people insured against occupational accident and disease in the reporting period}} \quad (1)$$

Figure 3

Severity Coefficient of occupational accidents for the period 2009-2017



Source: NSSI

The results in the graph show an alarming picture. Despite broad regulations, incentives and monitoring by supervisory bodies, the Severity Coefficient does not show a declining trend. With the exception of 2011 and 2012, the coefficient fluctuates within similar ranges. As we saw in Table 2 above, the total number of occupational accidents was in decline. Therefore, the persistence of the values of the Severity Coefficient shows that the reported accidents have occurred with greater severity and/or have entailed longer periods of absence from work. But the fact is that for every 10 persons insured the business loses one day worked⁷. If we examine the values of the coefficient with respect specifically to accidents at workplaces (under Art. 55, Par. 1), we see that for every 20 employees the

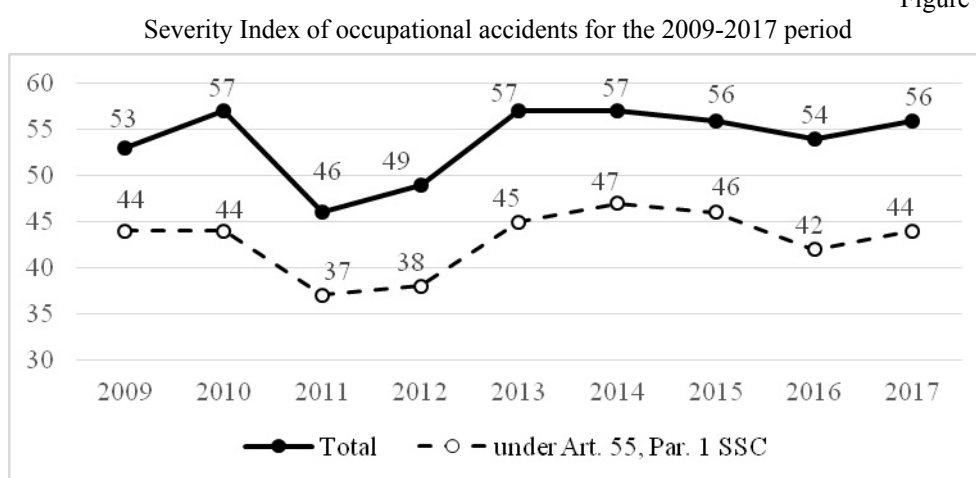
⁷ It should be also recognized that the data for 2017 are estimates and after a certain period of time they may undergo a slight change, which would have an impact on the calculated coefficients.

business loses about 1.5 days worked, due to the inadequate organization of healthy and safe workplaces. total number of man-hours worked in the reporting period

The Severity Index gives an idea of calendar days lost due to occupational accidents per 1 million man-hours worked.

$$\text{Severity Index} = \frac{\text{calendar days lost due to occupational accidents, registered in the reporting period}}{\text{total number of man-hours worked in the reporting period}} \times 1\,000\,000 \quad (2)$$

Figure 3



The dynamics of the Severity Index of occupational accidents matches that of the Severity Coefficient. The end result is that due to occupational accidents, an average of 56 calendar days not worked are lost per 1 million man-hours worked. The days lost due to accidents which occurred specifically within the organization are about 44. Of course, the employer cannot be held responsible for the circumstances under which an accident occurred outside the company, but the consequences of such an accident will ultimately affect the normal course of operations. According to Art. 200 of the Labour Code, for damages caused by an occupational accident or disease that caused temporary disability, permanently reduced working capacity by at least 50% or the death of the employee, the employer is liable to pay pecuniary compensation regardless of whether an executive or another employee is to blame for their occurrence (Aleksandrov, 2018).

To minimize the risks of occupational accidents (both within the workplace and outside it – under Art. 55, Para. 2 SSC) and diseases, in addition to creating healthy and safe working conditions the management needs to pay special attention to preventive measures and care for the health of employees. Medical examinations, training and awareness-raising campaigns about the possible dangers and ways to avoid them, maintenance of personal protective equipment and mutual responsibility of all stakeholders for the working

conditions are all factors regulated by the legislation and constitute the minimum base to build on.

Employers may, within the framework of corporate social responsibility, go beyond the requirements of the law and improve the conditions so that employees feel comfortable in the workplace. In practice, there are numerous cases where fitness facilities, organized catering, events to reduce stress such as team building, joint visits to cultural events, open days, company nurseries, etc. are provided. Equally important are the organized training activities in the form of role-playing games, workshops and the like. Thus, apart from the economic benefits, the organization enhances its reputation, retains loyal employees and achieves higher productivity.

Unfortunately, although existing, such cases are still not widespread in Bulgaria. The majority of organizations, in pursuit of short-term profits, ignore the necessary culture and understanding of the consequences of organizing a healthy and safe working environment; this requires further regulation and intensification of the regulatory sanctions.

3. Legal aspects of the organization of OSH: specifics, current regulations and trends in the synchronization with European standards

3.1 Regulation of OHS standards

The State policy to ensure safe and healthy working conditions has a history related to the development of the legal branch itself. The significance of this issue has been appreciated at each stage of the development of the legal branch, and OHS have been the subject of statutory regulation and process management. In its evolution, Bulgarian legislation has been shaped by the combination of historical⁸ and international factors. The focus of this paper is on the current state of the legal framework and the highlights in the obligations of employers.

Achieving a proper work process in an environment that stimulates quality work and ensures the safety and health of employees requires the commitment of both parties to the employment relationship. The employer, as the organizer of the work process, has the responsibility to abide by the general labour legislation, inseparably combined with the special provisions on the relevant type of work process, and thus to create a working environment focused on protecting the health of the employees.

The provision of safe and healthy working conditions is enshrined in our domestic sources of law at different levels of the legislative hierarchy. First comes the Constitution, which provides a guarantee of the highest level for exercise of labour-related rights and serves as the basis for further detailed regulation of this matter through legal instruments at the lower

⁸ 09.1905: entry into force of the Women's and Children's Labour in Industrial Establishments in Bulgaria Act; 11.1907: entry into force of the Labour Inspectorate Act; 06.1917: entry into force of the Labour Hygiene and Safety Act; 09.1936: entry into force of the Decree-Law on Employment Contracts; 1951: entry into force of the Labour Code, 1951; 01.1987: entry into force of the Labour Code, 1986; 12.1997: entry into force of the Health and Safety at Work Act.

levels of the hierarchy of legal sources. Article 48, Par. 5 of the Constitution of the Republic of Bulgaria contains a basic regulation in this regard: "Employees shall be entitled to healthy and safe working conditions." The main duties of the employer in this field are regulated by mandatory provisions in the general and special laws, in particular the Labour Code, Chapter XIII, and the Health and Safety at Work Act, Chapter III.

Comprehensive regulation is provided by the secondary legislation: Ordinance No. 7 of the Ministry of Labour and Social Policy (MLSP) and of the Ministry of Health (MH) (1999) on the minimum requirements for health and safety at work and in using work equipment; Ordinance No. 5 of MLSP and MH (1999) on the procedure, manner and frequency of risk assessment; Ordinance No. 3 of MLSP (1998) on the functions and tasks of officers and specialized departments of companies in organizing the implementation of activities related to the protection against and prevention of occupational risks; Ordinance No. RD-07-2 of MLSP (2009) on the conditions and procedures for conducting periodic workplace training and briefing of employees on the rules to ensure healthy and safe working conditions; Ordinance No. 4 of MLSP and MH (1998) on the training of representatives in the committees and groups on working conditions in enterprises; Ordinance No. 15 of MLSP and MH (1999) on the conditions, procedures and requirements for development and implementation of physiological working regimes and rests during the working time; Ordinance on the identification, investigation, registration and reporting of occupational accidents (Council of Ministers Decree No. 263, 1999); Ordinance on the procedure for notification, registration, confirmation, appeal and reporting of occupational diseases (CMD No. 168, 2008), etc.

Given Bulgaria's membership in the EU and the commitments arising from this, there is a broad system of transposing European acts into our domestic legislation, and in this sense the law governing labour issues is also based on the principles, rules and norms of the European Union and reflects the requirements of Framework Directive 89/391/EEC (European Union, 1989).

Historically, the state policy to ensure healthy and safe working conditions has passed through all stages of socio-political development of Bulgaria. Nevertheless, the course has always been one of observance and implementation at a national level of the achievements of the international community.

3.2 Systematics of the employer's obligation to provide OHS

In our legal system, the scheme of imposing obligations on the employer to provide OHS is established at three main levels: generalizations in the general law and as part of the content of the employment relationship, at the level of the special law and at the level of the secondary legislation. Thus, with highest priority is the general obligation under the Labour Code, whose Article 127, paragraph 1, item 3 in conjunction with Article 275, paragraph 1 impose on employers the obligation to provide healthy and safe working conditions, so that the dangers to the life and health of the employees are eliminated, restricted or reduced.

Next is the level of the special law, namely the Health and Safety at Work Act (HSWA), whose Article 4, paragraph 1 stipulates the obligation of employers to ensure the health and

safety of employees by taking the necessary measures, including prevention of occupational hazards, provision of information and training and provision of the necessary organization and means. This is elaborated in Article 16 HSWA, which imposes further obligations on employers in the implementation of measures to ensure healthy and safe working conditions.

The most detailed regulation is contained in the provisions of the secondary legislation. It deals primarily with the observance of the minimum requirements for health and safety in workplaces, the work process and the use of work equipment. This obligation is directly linked to the legal capacity of employers and their function in the overall organization of the work process at the company level (Ordinance No. 7 of MLSP and of MH, 1999).

Second is the obligation to carry out an assessment of the risk to health and safety. This employer obligation is a continuation of the previous one, but here the emphasis is placed on the characteristics of the specific work, which is why the assessment should include work processes and work equipment, premises, workplaces and other factors of the working environment. This information must be provided to employees (Ordinance No. 5 of MLSP and of MH, 1999).

Next is the obligation of employers to designate one or more officers with appropriate education and training or create a specialized department for protection and prevention of occupational risks (Ordinance No. 3 MLSP, 1998).

The fourth obligation of employers is to provide their employees with medical care by the Occupational Health Service (Ordinance No. 3 of MLSP and of MH, 2008).

The next obligation of employers is the inclusion of employees in the process of ensuring healthy and safe working conditions. This requires that each employee receives appropriate training and briefing on safety and health at work (Ordinance No. RD-07-2 MLSP, 2009). In the process of establishing and implementing the policy on health and safety at work, employers must consult with employees or their representatives and organizations in the discussion and adoption of all measures relating to the health and safety of employees; the designation of employees who will carry out activities relating to occupational health and safety, first aid, fire fighting and evacuation of employees; the planning and organization of training of employees on occupational health and safety issues.

The individual company or organization should establish a committee or a group engaged in OHS, with the commitment of the employer to provide initial and annual training of members of committees and groups on OHS (Ordinance No. 4 of MLSP and of MH, 1998).

The employers' obligations can be grouped into those concerning the creation of a comprehensive organization for safe and healthy working conditions, and those of more specific nature: for example, to take into account the specific hazards for employees requiring special protection, including those with reduced working capacity, and to provide facilities for such persons enabling them to perform their functions; where the work is carried out under high neuropsychological strain, a certain rhythm, monotony or forced posture, expected minimum rate of production and in shift work, the obligation is to implement physiological regimes of work and rest (Ordinance No. 15 of MLSP and of MH, 1999).

Chronologically viewed in the light of the temporal parameters of employment, the employer has duties that correspond to the development of the labour process and with the requirement to create a safe and healthy environment. In this regard the legislation stipulates the actions to be taken by employers in the event of occupational accident or disease, namely to identify, investigate, register and report each instance, and to implement measures to prevent the harmful consequences in cases of emergency, according to the specifics of the work and the size of the enterprise, by taking steps to eliminate the danger, provide first aid, ensure fire fighting readiness and evacuation schemes for employees. In order to ensure OHS, employers must cause monitoring and control of the measures taken to ensure OHS to be exercised by line managers and other officers in the enterprise, and hold the relevant persons liable in case of violations.

With a view to create additional guarantees, employers must insure their employees against occupational accident if a danger to their life and health exists. The terms and procedures for compulsory insurance against occupational accidents are laid down in the Ordinance on compulsory insurance of employees against occupational accidents (Ordinance No. 24, 2006). Another measure is the compulsory social security within the public social security and the compulsory supplementary social security, for which contributions for the relevant risks are paid solely by the employer.

A level by itself, though one that should not be examined in isolation from the above, consists in the respective obligations of the employee to comply with OHS rules. These are divided into two sublevels: compliance with the general rules and particularisation of the obligations under the individual employment contracts. Thus, on the one hand, the basic obligation of the employee to comply with the rules for OHS within the meaning of Art. 126, item 6 of the Labour Code is imposed as part of the system of employment-related duties, and furthermore as an obligation subject to disciplinary action. In this aspect and under Art. 187, item 5, a violation of OHS rules constitutes a disciplinary offense. On the other hand, the employee's obligation to comply with OHS rules is enshrined in the newer types of employment contracts. For example, Art. 107e of the Labour Code, which governs Work from Home Contracts, prescribes that in performing the home-based work agreed to with the employer, the employee is obliged to observe the existing OHS rules. Similarly, Article 107k of the Labour Code, which regulates remote work, introduces the principle that an employee who performs work remotely is responsible for compliance with the policy of the employer on the organization of the work process and on the safety and health at work. In this regard, the control on the proper application of and compliance with the standards and requirements for occupational health and safety is to be carried out by the employer and/or its representative, representatives of trade unions, representatives of the employees under Art. 7, Par. 2 and the supervisory bodies of the Labour Inspectorate are entitled to access to the workplace in accordance with the terms and conditions of the individual and/or collective agreement, upon compulsory prior notification and with the consent of the employee who performs work remotely. It is obvious that self-control, commitment and responsibility of employees in the exercise of their rights is being permanently established as a norm and best practice, as well as the involvement with the system and interdependence in the fulfilment of OHS obligations.

Based on the above analysis of the current legislation on occupational health and safety and in view of the commitments of employers, certain conclusions and generalizations can be made:

- 1) Bulgarian labour law uses various instruments to regulate social relations in the field of safety and health at work.
- 2) Bulgarian legislation is on the one hand based on historical continuity, and on the other hand follows the achievements of the international community in the study area.
- 3) There are permanent legislative trends of updating the legislation both in order to harmonise and synchronise it with European and international norms and to align the specifics of its norms with the dynamics in the development of social relations.
- 4) Ensuring occupational health and safety is established as employers' responsibility and commitment, and is ever more often associated with the increasingly important forms of involvement of employees in specific forms of assistance in the implementation of the norms in practice, behavioural self-control and responsibility, and participation in the establishment of standards through the bodies of tripartite cooperation.
- 5) There is a growing culture of employers taking a due care to apply the norms in practice.

Conclusion

The occupational health and safety system, viewed in terms of the legal framework, monitoring, implementation in practice and level of commitment of the parties involved, is an absolute prerequisite for the proper development of employment relationships. At the same time the OHS system should not distance itself from phenomena typical of the social reality, namely:

1. The aging population makes it necessary to adapt the working environment to older employees and to make even greater efforts to ensure healthy and safe working conditions.
2. The advent of digitization in industrial relations and the extraordinary dynamics of the recognition of new forms of employment create unusually high levels of new risks for the physical and mental health of employees: stress, tension, mental fatigue and depression.
3. There is still a persistent practice of sporadic, superficial or even lacking application of OHA rules, which creates an environment of risk behaviour at work, low commitment on the part of employers and generally low capacity to respond to monitoring and controlling bodies.

In this regard, it is more than necessary for organizations to be convinced of the benefits of developing an OHS system and integrating it into their overall strategy. When comparing the costs and benefits of improving the working conditions, profitability, capital and economic aspects are important but not exclusive factors influencing the decision whether

or not to make such an investment. Overall, the system ensuring occupational health and safety creates conditions which are favourable to both the social well-being of employees and the competitiveness of companies. As such, the system is a basis for a stable social and economic development of society. In that sense, some of the more typical generalizations are as follows:

- Need for responsible adaptation of legal norms to a stable strategy for safety and health at work, whose results should be tied to the overall business results;
- At the same time, its adequate application should not be viewed separately from the requirement for precise performance of the duties of the relevant actors and the need for a new standard of work and effective monitoring and control over their activities;
- Adopting the understanding that compliance with OHS is an important factor for the competitiveness of individual economic operators and for mitigating the increasing costs of the social security system;
- There is a need for urgent adaptation of the norms to the dynamics of the changing economic and social environment, where new and different forms of employment are emerging with differing requirements in terms of healthy and safe working conditions;
- The positive legislative approach is to permanently establish as a norm and practice self-control, commitment and responsibility of employees in the exercise of their rights as well as the involvement with the system and interdependence in the fulfilment of OHS obligations.

References

- ATSB. (2012). A Systematic Review of the Effectiveness of Safety Management Systems, Cross-modal Research Investigation XR-2011-002 Final Australian Transport Safety Bureau. Available at: https://www.atSB.gov.au/media/4053559/xr2011002_final.pdf.
- Brooks, A. (2001). System Standard and Performance Standard Regulation of Occupational Health and Safety: A Comparison of the European Union and Australian Approaches. – *Journal of Industrial Relations*, Vol. 43, N 3, pp. 361–386.
- CMD No. 168 (2008). Ordinance on the procedure for notification, registration, confirmation, appeal and reporting of occupational diseases. SG No. 6/2000, last amend. SG No. 18/2015
- CMD No. 175 (2008). List of Occupational Diseases. SG No. 66/2008.
- CMD No. 24 (2006). Ordinance on compulsory insurance of employees against occupational accidents. SG No. 15/2006, last amend. SG No. 5/2010.
- CMD No. 263 (1999). Ordinance on the identification, investigation, registration and reporting of occupational accidents. SG No. 65/2008, last amend. SG No. 28/2017.
- Constitution of the Republic of Bulgaria. SG, No. 56/1991, last amend. SG No. 85/2003.
- Convention No. 155 concerning Occupational Safety and Health and the Working Environment, 1981. International Labour Organization.
- De Greef, M. & Van Den Broek, K. (2004). Making the case for workplace health promotion. Analysis of the effects of WHP, European Network for Workplace Health Promotion. Available at: http://www.enwhp.org/fileadmin/downloads/report_business_case_01.pdf.
- Dorman, P. (2000). The Economics of Safety, Health, and Well-Being at Work: An Overview. InFocus Program on SafeWork, International Labour Organisation, Available at:

- http://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---safework/documents/publication/wcms_110382.pdf.
- EU-OSHA. (2007). Safety and health at work is everyone's concern, Report - Risk Assessment Tool. European Agency for Safety and Health at Work. Available at: http://osha.europa.eu/en/publications/other/copy_of_rat2007.
- European Agency for Safety and Health at Work. (2010). Mainstreaming OSH into business management. Luxembourg: Office for Official Publications of the European Communities.
- European Agency for Safety and Health at Work. (2017). Work-related accidents and injuries cost EU €476 billion a year according to new global estimates.
- European Commission (COM). (2007). Improving quality and productivity at work. Community strategy 2007-2012 on health and safety at work. Brussels, 62 final, Available at: <https://www.eurogip.fr/en/projects/eu-official-documents-eurogip/3503-community-strategy-2007-2012-on-health-and-safety-at-work-improving-quality-and-productivity-at-work>.
- European Commission (COM). (2014). EU Strategic Framework on Health and Safety at Work 2014-2020. Brussels, 332 final, Available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52014DC0332>.
- European Union. (1989). Council Directive of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work (89/391/EEC). Official Journal of the European Communities, No. L 183, 29 June 1989.
- European Union. (2016). Health and safety at work is everybody's business. Practical guidance for employers. Luxembourg: Publications Office of the European Union.
- Frick, K. & Wren, J. (2000). Reviewing Occupational Health and Safety Management: Multiple Roots and Ambiguous Outcomes. – In: Frick, K., Jensen, P., Quinlan, M. and Wilthagen, T. (eds). Systematic Occupational Health and Safety Management. Perspectives on an International Development. Pergamon, Amsterdam.
- Frick, K. et al. (2000). Systematic Occupational Health and Safety Management: Perspectives on an International Development. Emerald Group Publishing Limited.
- GLIEA (2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018). Reports on the activities of the General Labour Inspectorate Executive Agency in 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016 and 2017. Sofia. Available at: <http://www.gli.government.bg/page.php?c=40&page=0>.
- Health and Safety at Work Act. State Gazette (SG) No. 124/1997, last amend. SG No. 97/2017.
- ILO (2011). Occupational safety and health management system: a tool for continual improvement. Report of the International Labour Organization on occasion of the World Day for Safety and Health at Work, 28 April 2011. Available at: <http://ncphp.government.bg/files/ILO-28April%202011.pdf>.
- ILO. (2003). Global Strategy on Occupational Safety and Health. Conclusions adopted by the International Labour Conference at its 91st Session, Available in English at: http://www.ilo.org/public/english/protection/safework/globstrat_e.pdf.
- ILO. (1981a). C155 – Occupational Safety and Health Convention No. 155, International Labour Organisation, Geneva. Available at: https://www.ilo.org/dyn/normlex/en/f?p=normlexpub:12100:0::no:p12100_instrument_id:312300.
- ILO. (1981b). R164 - Occupational Safety and Health Recommendation, 1981 (No. 164), International Labour Organisation, Geneva. Available at: https://www.ilo.org/dyn/normlex/en/f?p=normlexpub:12100:0::no:12100:p12100_instrument_id:312502:no:
- ILO. (2001). Guidelines on Occupational Safety and Health Management Systems. ILO-OSH 2001. Geneva, Switzerland: International Labour Office.
- ILO. (2006). C187 - Promotional Framework for Occupational Safety and Health Convention, No. 187, International Labour Organisation, Geneva. Available at: https://www.ilo.org/dyn/normlex/en/f?p=normlexpub:12100:0::no:12100:p12100_instrument_id:312332:no:
- ISSA. (2013). Calculating the international return on prevention for companies: costs and benefits of investments in occupational safety and health, Final report · Version 2, February 2013,

Blagoysheva, H., Andreeva, A., Yolova, G. (2019). Obligation and Responsibility of Employers to Provide Health and Safety at Work – Principles, Current Regulation and Prospects.

- German Social Accident Insurance (DGUV), Available at: http://publikationen.dguv.de/dguv/pdf/10002/23_05_report_2013-en--web-doppelseite.pdf.
- Labour Code. SG No. 26/1986, last amend. SG No. 59/2018.
- Labour Inspection Act. SG No. 102/2008, last amend. SG No. 97/2017.
- MacEachen, E. et.al. (2016). Systematic review of qualitative literature on occupational health and safety legislation and regulatory enforcement planning and implementation. – Scandinavian Journal of Work, Environment & Health, Vol. 42, N 1, pp. 3-16. Available at: http://www.sjweh.fi/show_issue.php?issue_id=315.
- Miller, P. & Haslam, C. (2009). Why employers spend money on employee health: Interviews with occupational health and safety professionals from British Industry. – Safety Science, Vol. 47, N 2, pp. 163-169. Available at: <https://www.sciencedirect.com/science/article/pii/S0925753508000453>.
- MLSP. (2008). Strategy on Safety and Health at Work 2008-2012. Sofia. Available at: www.strategy.bg/FileHandler.ashx?fileId=660.
- MLSP. (2018). National Program for Safety and Health at Work 2018-2020, Sofia. Available at: <https://www.mlsp.government.bg/index.php?section=CONTENT&I=382&lang=>.
- NSSI. (2017). Information on occupational diseases, section "Statistics". Available at: <http://www.noi.bg/aboutbg/st/statistic/154-tzpb>.
- NSSI. (2018). Occupational Accidents 2016: Number, distribution, indicators. Statistical Yearbook, Sofia.
- Ordinance No. 15 of MLSP and MH. (1999) on the conditions, procedures and requirements for development and implementation of physiological working regimes and rests during the working time. SG, No. 54/1999.
- Ordinance No. 4 of MLSP and MH (1998) on the training of representatives in the committees and groups on working conditions in enterprises. SG, No. 133/1998, last amend. SG No. 85/2000.
- Ordinance No. 5 of MLSP and MH (1999) on the procedure, manner and frequency of risk assessment. SG, No. 47/1999.
- Ordinance No. 7 of MLSP and MH (1999) on the minimum requirements for health and safety at work and in using work equipment. SG, No. 88/1999.
- Ordinance No. RD 07-2 MLSP (2009) on the conditions and procedures for conducting periodic workplace training and briefing of employees on the rules to ensure healthy and safe working conditions. SG No. 102/2009, last amend. SG No. 25/2010.
- Ordinance No.3 of MLSP (1998) on the functions and tasks of officers and specialized departments of companies in organizing the implementation of activities related to the protection against and prevention of occupational risks. SG, No. 91/1998.
- Press releases. Available at: <https://osha.europa.eu/bg/about-eu-osha/press-room/eu-osha-presents-new-figures-costs-poor-workplace-safety-and-health-world>.
- Saksvik, P. & Quinlan, M. (2003). Regulating Systematic Occupational Health and Safety Management: Comparing the Norwegian and Australian Experience. – Industrial Relations, Vol. 58, N 1, pp. 33-59.
- Shaw, A. & Blewett, V. (2000). What Works? The Strategies Which Help to Integrate OHS Management within Business Development and the Role of the Outsider. – In: Frick, K., Jensen, P., Quinlan, M. and Wilthagen, T. (eds.) Systematic Occupational Health and Safety Management. Perspectives on an International Development, Pergamon, Amsterdam, pp. 457-473.
- Social Security Code. SG No. 110/1999, last amend. SG No. 64/2018.
- Van Den Broek, K. & Kruger, H. (2010). Cost-benefit-analysis of economic incentives at national level, E-facts 50, European Agency of Safety and Health at Work. Available at: http://www.osha.mddsz.gov.si/resources/files/pdf/50_Cost_benefit_economic_incentives.pdf.
- Van Den Broek, K. et al. (2011). Socio-economic costs of accidents at work and workrelated ill health. Final Report_VT 2008/066, BenOSH (Benefits of Occupational Safety and Health),

April-May 2011. Available at:

<http://ec.europa.eu/social/BlobServlet?docId=7416&langId=en>.

Александров, А. (2017). За връзката между придобитото право на пенсия за осигурителен стаж и възраст и съдбата на трудовото правоотношение. – В: Научни трудове на Института за държавата и правото. Т. 15, С.: ИДП при БАН, с. 274-300.

Александров, А. (2018). За някои аспекти на отговорността на работодателя за трудова злополука. – Труд и осигуряване, N 10 (165), с. 6-10.

Андреева, А., Йолова, Г. (2018). За някои особености на административнонаказателната отговорност за нарушаване на здравословните и безопасни условия на труд. Административно право – съвременни тенденции в правораздаването и доктрината, Варна: Наука и икономика, с. 65-79.

Благойчева, Хр. (2012). По-дългият трудов живот като предпоставка за повишаване на устойчивостта на публичната пенсионна система. – Панорама на труда, N 9-10, с. 41-53.