International Labour Organization

Ministry of Labour, Social Protection and Family of the Republic of Moldova

NATIONAL STUDY ON THE SYSTEM FOR RECORDING AND NOTIFICATION OF OCCUPATIONAL ACCIDENTS AND DISEASES IN THE REPUBLIC OF MOLDOVA

2012
CHISINAU
INTRODUCTION

The ILO estimates that approximately 6,300 people die every day from work-related injuries or diseases as a result of around 337 million workplace accidents which occur every year, and also lead to extended absences from work. Due to widespread under-reporting, and given the diverse systems used by member States to record and notify occupational accidents and diseases, it is impossible to conclude, with any degree of certainty, whether the available global information accurately reflects the real situation or not. In response to these challenges, the ILO has adopted international standards aimed at creating a harmonised approach for OSH management, which includes reporting and notification of occupational accidents and diseases. The primary instruments for the latter include the Protocol of 2002 (Protocol 155) to the Occupational Safety and Health Convention, 1981 (No. 155), and the ILO Code of Practice, also on recording and notification of occupational accidents and diseases. It should also be noted that the ILO SafeWork, with the support of the European Union and the Swedish Development Agency, is currently developing guidelines for improving the system for recording and notification of occupational accidents and diseases.

The National Study on the system for Recording and Notification of Occupational Accidents and Diseases in the Republic of Moldova is mainly based on the above ILO standards and is aimed at:

1. exploring the basic practices and procedures applied at both national and workplace levels; and

2. providing information to promote the application of a coherent and harmonised system for collection, recording and notification of reliable data on the topic, and related statistics at the workplace, at both national and international levels.

While collecting data for this Study, the consultant reviewed the recommended ILO standards and the related national laws and by-laws, as well as the normative acts. Additionally, the consultant met with professionals dealing with the administration of the different aspects of recording and notification of occupational accidents and diseases. They represented the following bodies and institutions: employers’ and workers’ organisations, the Ministry of Labour, Social Protection and Family, the Labour Inspection Services, the National Centre for Public Health, the National Bureau of Statistics and the National House of Social Insurance.

The Study’s preliminary findings and recommendations have been validated by the participants who attended the National Tripartite Workshop, which took place on 26 January 2012 in Chisinau. As proposed by the Government and representatives from the social partners, the above recommendations will be mainstreamed in the National Programme on Safety and Health at Work for 2012-2016 for future implementation.
**SCOPE AND COVERAGE OF THE SYSTEM FOR RECORDING AND NOTIFICATION IN MOLDOVA**

**Systems for recording and notification of occupational accidents and diseases**

In Moldova, there are two systems for recording and notification of occupational accidents and diseases: one for the recording and notification of accidents and the other one for diseases. These systems are the responsibility of two different ministries: a) the Ministry of Labour, Social Protection and Family, and b) the Ministry of Health.

This situation stems from:

- an inconsistency regarding the respective mandates of the Ministry of Labour, Social Protection and Family and the Ministry of Health, as well as their respective Inspection Services, namely the Labour Inspectorate and the National Public Health Centre;
- divergences contained in the laws and normative acts regulating this field; and
- insufficient coordination between various authorities responsible for the design, implementation and review of labour and OSH-related laws and regulations.

The existing systems for recording and notification of occupational accidents and diseases cover all sectors of economic activity and all sizes of enterprises. However, self-employed persons are not covered by the aforementioned systems.

The Regulation for Investigation of Occupational Accidents\(^1\) distinguishes the following types of occupational accidents:

- accidents causing temporary reversible disability (a one-day incapacity at least);
- severe accidents resulting in serious injury to a worker; and
- fatal accidents causing either the immediate death or resulting in the death of a worker.

The national list of occupational diseases, which was approved by the Ministry of Health in 1993, includes seven categories of occupational diseases: i) diseases caused by chemical factors; ii) diseases caused by industrial aerosols; iii) diseases caused by physical factors; iv) diseases which target organ systems; v) diseases caused by biological factors; vi) allergies; and vii) occupational cancer. *The above list deviates from the related present-day international lists.*

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\(^1\) The 2005 Regulation for Investigation of Occupational Accidents.
Related national definitions

Accident causing temporary incapacity - an event that caused partial or total loss of the worker’s capacity to work for at least one day, although of a reversible nature after medical treatment, and confirmed by a medical institution in due course.

Serious accident - an event that caused a serious injury to a worker, and which is confirmed by a medical institution in the established way.

Fatal accident - an event that caused, either immediately or after a certain period of time, the worker’s death, and which is confirmed by the legal, medical institution.

Individual accident - an accident resulting in injury to a worker.

Collective (group) accident - an accident resulting in injury to at least two workers, occurring at the same time, in the same place and due to the same causes.2

Hazardous injury or occupational disease - a source of a possible injury or harm to the worker’s health at the workplace.3

Occupational disease - a disease resulting from a human organ or system of human organs being exposed to physical, chemical or biological hazards at the workplace, or from significantly higher exposure to such hazards at the workplace.4

The above definitions do not contain deviations from ILO standards.

The law5 defines the term “a worker” as “any person employed under the law by an employer, including trainees and apprentices”. This definition is not in line with ILO standards since it does not cover self-employed persons.

Other definitions

There are inconsistencies with some terms (e.g. ‘a worker’, ‘a workplace’, ‘an employee’ etc.) defined by different laws and regulations.

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2 The 2005 Regulation for Investigation of Occupational Accidents, Chapter I, Articles 2 and 5.
3 The 2008 Law on Safety and Health at Work, Chapter I, Article 1.
5 The 2008 Law on Safety and Health at Work; Chapter I, Article 1.
II. RATIFICATION AND PROMOTION OF ILO CONVENTIONS AND TOOLS

The Republic of Moldova joined the International Labour Organisation in 1994. To date, the country has ratified 39 ILO conventions, including all eight under the Declaration on Fundamental Principles and Rights, as well as the most relevant UN and European treaties which promote the principles of decent work, i.e. the Revised European Social Charter of the Council of Europe, the UN Convention on the Elimination of All Forms of Discrimination against Women, and the UN Convention on the Rights of Persons with Disabilities.

Furthermore, it has ratified the Occupational Safety and Health Convention, 1981 (No. 155) and the related Occupational Safety and Health Recommendation (No. 164) and ILO’s Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187). In addition, Moldova has ratified the major international labour standards on labour inspection, namely: the Labour Inspection Convention, 1947 (No. 81), the Labour Inspection in Agriculture Convention, 1969 (No. 129), the Protocol of 1995 to the Labour Inspection Convention, 1947 and the Labour Administration Convention, 1978 (No. 150). More recently, Moldova ratified the Labour Statistics Convention, 1985 (No. 160), with two exceptions.6

The Occupational Health Services Convention, 1985 (No.161), the ILO Code of Practice on recording and notification of occupational accidents and diseases, and the Protocol of 2002 to the ILO’s Occupational Safety and Health Convention, 1981 (No.155) have not been ratified.

The Convention concerning Equal Opportunities and Equal Treatment for Men and Women Workers: Workers with Family Responsibilities, 1981 (C156) has been selected for future ratification.

By ratifying the above conventions, the Government has committed itself to establishing sound prevention, reporting and inspection practices, and making provision for maximum safety at work. Nevertheless, the related development papers, laws and regulations are still not conducive towards establishing and implementing a coherent national system for recording and notification of reliable data on occupational accidents and diseases.

The Decent Work County Programme (DWCP) is the policy framework for cooperation between the ILO and Moldova. In line with the indicators of decent work, the second DWCP (2008-2011) provided for the evaluation of statistics collected by the National Bureau of Statistics. In addition, policy makers and social partners benefited from

6 Article 14.2 of the convention “As far as possible, statistics of occupational diseases shall be compiled covering all branches of economic activity, and in such a way as to be representative of the country as a whole” and Article 15 “Statistics of industrial disputes shall be compiled in such a way as to be representative of the country as a whole, covering, where possible, all branches of economic activity”.  

  

activities aimed at building their capacity to analyse and utilize national, statistical data. These results are important pre-requisites for improving the quality of labour statistics, including data on occupational accidents and diseases.

The Programme “European Integration: Freedom, Democracy, Welfare 2009-2013”, adopted by the Government in 2009, put forward a set of legal and institutional measures aimed at spurring lasting growth in employment. Effective measures on preventing occupational accidents and diseases, derived from a coherent system for recording and notification of accidents and diseases at all levels, should be mainstreamed into regulations concerning employment protection and improvements in labour market efficiency.

Legislation on occupational safety and health has advanced in recent years towards international standards, especially as a result of the Law on Safety and Health at Work7 (OSH Law). This Law has been largely aligned with the provisions of ILO Convention No. 155 and applies to all fields of activity. However, the existing papers in the area of safety and health at work do not establish a system for the effective implementation of indicated measures, nor do they set up any monitoring indicators in this field. This has proved to be an important lack since the ILO’s approach to OSH is based on a policy of prevention.

There are a number of contradictions between the OSH law and the Labour Code, and correction of the latter is required to prevent confusion. Traditionally, the Ministry of Health dealt with health and hygiene issues while the Ministry of Economy and Trade8 dealt with safety issues and occupational accidents. The division of competencies between the two Ministries was then clear. However, along with the adoption of the OSH Law, health issues have also been entrusted to the Ministry of Labour, Social Protection and Family, and the division of tasks in the area of OSH has become obscure. The OSH Law is based on the employer’s responsibility to carry out risk assessment as a preventive tool. Until now, risk assessment was the domain of the Ministry of Health. Public health centres are fairly well-equipped with basic measuring equipment to monitor the work environment. The Labour Inspection Service, on the other hand, is not.

Currently, there are no joint procedures for cooperation between the Ministry of Health and the Labour Inspection Service. Furthermore, public health centres are not obliged to inform regional labour inspection services about cases regarding occupational diseases. Only annual data on occupational diseases is reported to the Labour Inspection Service by the National Public Health Centre.

Lack of a coherent regulatory framework to facilitate the application of the OSH Law is considered to be a major impediment for employers. The Regulation for the Organisation

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8 The new Government was established following the general elections in July 2009. The labour portfolio was transferred from the Ministry of Economy and Trade to the Ministry of Labour, Social Protection and Family (MoLSFP). The Regulation on organisation and functioning of the MoLSFP was approved through the GD No. 691 of 17.11.2009.
of Labour Protection and Risk Prevention Activities in Enterprises\textsuperscript{9} does not set standards to apply the provisions for risk assessment and measurement in an effective way.

The Regulation for the Assessment of Workplaces and Application of the List of Works, where Compensatory Payments for Hazardous Working Conditions are established,\textsuperscript{10} provides guidelines for assessing the workplace and working conditions so that compensatory payments to workers employed in such jobs and working environments can be calculated. This Regulation contradicts the fundamental principles laid down in the OSH Law, namely risk management and prevention, and establishes a system by which workers are motivated to accept high-risk jobs, while employers are not persuaded to improve working conditions.

The Labour Code provides the labour inspectors with the discretionary power to visit an enterprise. However, the Government Decision on Inspections,\textsuperscript{11} which currently applies, prohibits carrying out an inspection at the workplace more than once a year. Based on this provision, planned inspections are announced in advance to the employers. This provision contradicts the Labour Inspection Convention, 1947 (No. 81).

Further difficulties arise from the lack of a training plan for labour inspectors. The Labour Inspection Service also lacks the proper technical facilities and IT system for centralized monitoring of occupational accidents and keeping a record of inspection results and follow-up action needed as a result of issuing written or verbal warnings. Above all, over the years, the number of inspectors has been reduced from 300 to 81. These deficiencies contradict the Labour Inspection Convention, 1947 (No. 81).

\textsuperscript{9} Government Decision No. 95 of 05.02.2009 on adopting of Normative Acts for implementation of the Law on Safety and Health at Work.
III. POLICY AND MECHANISMS ON INVESTIGATING, RECORDING AND NOTIFICATION OF OCCUPATIONAL ACCIDENTS, OCCUPATIONAL DISEASES AND DANGEROUS OCCURRENCES, AND RELATED STATISTICS

Moldova does not have a policy on investigating, recording and notification of occupational accidents and diseases.

The Regulation for Investigation of Occupational Accidents\(^\text{12}\) is the only common framework for documenting, investigating, recording and reporting them. Yet this Regulation does not contain any reference to the procedures used by the health institutions regarding such investigating, recording and reporting of occupational diseases. It covers all sectors of economic activity and employed workers,\(^\text{13}\) but the provisions of the Regulation do not apply to self-employed workers.

The Regulation delegates power to investigate occupational accidents as follows:

i) accidents which occur at places supervised by technical or energy supervision services are also investigated by these services;

ii) accidents incurred by an employee while performing works or service obligations at another company, are investigated by the commission established by the company where the accident happened, and involve a representative from the injured employee’s own place of work;

iii) accidents incurred by an employee required to carry out works on the workplace provided to the employee’s own workplace by another company, are investigated by the company whose employee has been injured;

iv) accidents incurred by pupils/students at the establishment or in vocational training are investigated by the commission at such places, and involve the participation of a representative from the educational institution; and

v) accidents incurred by employees of air, river, sea or railway traffic are investigated by the services supervising this traffic.

Statistics on occupational accidents and diseases are collected by different bodies and no single database exists on the topics.

The responsibility of the National Bureau of Statistics (NBS) to collect and compile national statistics on occupational accidents is based on the requirements of the central

\(^{12}\) The 2005 Regulation for Investigation of Occupational Accidents.

\(^{13}\) The 2005 Regulation for Investigation of Occupational Accidents, Chapter 1, Article 2.
statistical body, which is set by law, and the annual plans on statistical work approved by the Government.

To ensure harmonious reporting on occupational accidents, the Labour Inspectorate and the National Bureau of Statistics developed Statistical Report Form No. 1-SSM “Occupational Safety and Health”, which includes the following data: i) the total number of staff employed (as of 31 December of the reporting year), including women, persons under the age of 18, and persons with limited functional capacities; ii) expenditures incurred for protection and prevention measures; iii) the number of victims of occupational accidents confirmed as having taken place; iv) the number of injured persons based on the circumstances and cause of occupational accidents, as documented in the minutes drawn up on the investigation; v) the description of the work environment, documented as fact, and vi) the number of staff working in hazardous conditions and receiving benefits and compensation provided by law.

Statistical Report Form No.1-SSM covers 79.1% of the total number of employees in Moldova and 12.2% of the total number of entities. National statistics on occupational accidents are processed by approximately 40 statisticians from central and regional statistical offices.

Data on occupational diseases is collected and analysed by the National Public Health Centre. The Centre also deals with recommendations for future preventive measures to be taken. Annual reports are submitted to the Ministry of Health and other ministries and departments, including the Labour Inspectorate.

The Labour Inspectorate compiles statistics on occupational accidents and diseases from: i) records of the visits labour inspectors make to enterprises; ii) records of the minutes drawn up about the occupational accidents’ investigations, and cross-checked with Statistical Report Form No. 1-SSM “Occupational Safety and Health”; and iii) statistics on occupational diseases and temporary work incapacity, as compiled by the National Public Health Centre.

Past and current national activities aimed at improving the investigation, the recording and the notification of occupational accidents and diseases, and related statistics

The National Occupational Safety and Health Programme for 2012-2016 is currently being developed by the Ministry of Labour, Social Protection and Family (MoLSPF) and the Labour Inspection Service, and includes inputs from the relevant public institutions and social partners. This Programme sets as one of the priorities, establishing a harmonised

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16 The 2005 Regulation on Investigation of Occupational Accidents.
17 The 2009 Regulation on Organisation of Labour Protection and Risk Prevention Activities in Enterprises, Chapter III, Articles 41 and 42.
system for collecting, recording and notification reliable data on occupational accidents and diseases, and related statistics at different levels.

**Arrangement made for the progressive provision of information for workers and their representatives on the implementation of the recording and reporting system**

The OSH Law obliges employers to consult with workers and/or their representatives on occupational safety and health issues, and lays down the workers’ responsibilities with regard to the investigation of occupational accidents or diseases - one of which refers to “personal participation” or by workers’ representatives in solving issues related to ensuring safe conditions at the workplace. According to the Regulation for Investigation of Occupational Accidents, workers’ representatives at the workplace participate in investigating occupational accidents, and they receive a copy of the minutes drawn up about the investigated accident as a way ensuring that the required measures are undertaken. The local trade union representatives can call in a labour inspector. In the case of severe injuries or fatalities, the district or national level trade union is involved.

**Arrangement made for the periodic review of the system**

An IT programme, to be used by the Labour Inspection Service for recording and monitoring cases of labour and OSH legislation violations, is being developed with the support of the UN Women’s Programme in Moldova and the International Labour Organization. This IT programme will allow the review of factors and trends related to occupational accidents and diseases. To facilitate the use of this IT programme, the UN Women’s Programme will purchase equipment in 2012 and provide support for training labour inspectors.

**The system in place for comparative analyses and production of annual national statistics**

Annual statistical reports on occupational morbidity, produced by the National Public Health Centre, include the analysis of factors and trends in occupational morbidity and are classified as follows: i) occupational morbidity due to hazardous effects; ii) occupational morbidity due to the person’s occupation; iii) occupational morbidity as a result of disease; iv) the spread of occupational diseases as a result of work experience; v) the spread of occupational diseases through sexual transmission; vi) occupational diseases among health workers; and vii) circumstances and causes that brought about or determined the occurrence of the disease.

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18 The 2008 Law on Safety and Health at Work, Articles 14 and 15.  
19 The 2008 Law on Safety and Health at Work, Article 20.  
IV. LEGAL, INSTITUTIONAL AND ADMINISTRATIVE ARRANGEMENTS ON INVESTIGATING, RECORDING AND NOTIFICATION OF OCCUPATIONAL ACCIDENTS, OCCUPATIONAL DISEASES AND DANGEROUS OCCURRENCES, AND RELATED STATISTICS

4.1. National level

4.1.1. Legal, institutional and administrative arrangements

The related laws and normative acts do not designate any specific authority to be responsible for coordinating the system for investigating, recording and notification of occupational accidents. National legislation provides for the Labour Inspectorate to be fully competent\(^{21}\) regarding occupational safety and health inspection, and obliges the employer to: a) keep records of any accident which has led to the worker’s incapacity to return to work after 3 days; b) prepare reports on occupational accidents for the competent authorities, with the assistance of the relevant workers; and c) ensure that investigating, recording and notification of occupational accidents at the workplace is undertaken, as well as planning and implementing risk prevention measures.\(^{22}\)

The Regulation on Investigation of Occupational Accidents allows labour inspectors to investigate serious and fatal occupational accidents. It further delegates authority to investigate accidents leading to a temporary incapacity to work to the investigation commission established by the employer at the establishment level. The Regulation provides two standard forms: i) Minutes on Investigation of an Accident with Temporary Incapacity for Work; and ii) Minutes on the Investigation of an Occupational Accident.\(^{23}\)

The Minutes on Investigation of an Accident with Temporary Incapacity for Work include the following information:

i) Name of the entity (enterprise or individual employer) relevant to where the accident happened, address of the entity, the Superior Forum (committee with representatives of the holding company), economic activity, property form, number of people employed, including women, and the section, the sector and the scene of the accident.

ii) Name of the entity (name and surname of the individual employer) which employed the injured person, as well as the address (including the name and surname of the individual employer).

iii) Identity details of the injured person: name, surname, home address, gender, age, position held, title of job, years worked, profession, particularly the profession and occupation at the time of the accident, OSH training (date, if not organised, if deemed unnecessary), additional OSH training (date, if not organised, if deemed

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\(^{21}\) The 2001 Law on Labour Inspection, Article 4 and the 2008 Law on Safety and Health at Work, Article 9.

\(^{22}\) The 2008 Law on Safety and Health at Work, Article 13 c, d and p.

\(^{23}\) The 2005 Regulation on Investigation of Occupational Accidents, Annex I and II.
unnecessary), on-the-job training or periodical training (date, if not organised), medical examination (date, if not carried out), medical examination upon start of employment (date, if not carried out), periodical medical examination (date, if not carried out, if deemed unnecessary).

iv) Date and time of the accident.

v) Description of the accident (individual, collective).

vi) Detailed description of the scene and circumstances of the accident: description of the circumstances surrounding the accident (through falling, hitting, being crushed, explosion, fire, criminal attack, electric shock, etc.).

vii) Cause of the accident: a) related to the person performing the work (violation of work rules and instructions, not using protective equipment), b) related to production (equipment out of order, technical condition of the building and/or the road), c) related to the work task (gaps in organisation at the workplace and work process, lack of training etc.), and d) related to the work environment (gas and dust concentration, temperature and humidity, level of brightness, etc.). Diagnosis of the injury (according to the certificate issued by the medical institution).

viii) Persons who violated the labour laws and regulations (name, surname and types of violations).

ix) Measures aimed at dealing with the reasons for the accident to prevent similar occurrences in the future.

The Minutes on Investigation of an Occupational Accident include additional information about the employer, such as: the fiscal code, registration certificate (series, number, date and year when issued).

The Regulation on Investigation of Occupational Accidents obliges the entities, whose employees have been injured, to keep records about the accidents for 50 years. The bodies or local public administrations must also submit statistical reports on occupational accidents, based on records kept on any investigated accidents and registered during the reference period (one year).

The standard forms, issued by the Ministry of Health to facilitate investigating, recording and notification of occupational diseases, comply with ILO instruments.

With respect to confidentiality of personal data, provisions are listed in the Labour Inspection Law, the Law on the Official Statistics and the Law on Social Insurances against Occupational Accidents and Diseases.

National laws and regulations cover all employed workers in all types of economic activity throughout the country.

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24 The Statistical Report Form No. 1-SSM “Occupational Safety and Health”
The national list of occupational diseases, approved by the Ministry of Health in 1993,\textsuperscript{26} has not been updated. An upgraded national list of occupational diseases will be included in the Labour Medicine Concept currently being drafted by the Ministry of Health (there is no deadline).

The cooperation agreement between the Labour Inspectorate and the National Confederation of Workers\textsuperscript{27} provides for bilateral cooperation in the following related fields: i) the design of labour protection and OSH normative acts, and monitoring of their implementation; ii) upgrading the existing legislative and normative frameworks; iii) sharing information about inspections, including those dealing with occupational accidents, as well as knowledge-sharing on the best, international practices in this field; iv) organising public awareness events and training seminars on labour protection and OSH issues, and involving specialised training centres (the Labour Institute and the Labour Training Centre).

Based on the cooperation agreement with the National Confederation of Employers, the Labour Inspectorate sends activity reports on inspection visits in different branches of the economy to help the Confederation of Employers intervene where there are many violations or accidents.

4.1.2. Inspection and enforcement systems \textsuperscript{28}

On behalf of the State, the Labour Inspectorate, created in 2001, exercises control over implementing legislative and normative acts relevant to enterprises, institutions and organisations, irrespective of the type of ownership or legal form of organisation, or whether a local or regional authority.\textsuperscript{29} In practice, the labour inspectors oversee aspects related to safe work processes and investigation of occupational accidents, checking working conditions and the safety of workers (this is called labour protection), etc.

In 2011, there were 81 labour inspectors in 10 regional inspectorates throughout the country. The structure in each region is based on two divisions established at the central authority level, i.e. labour relations and labour protection. On average, there are seven inspectors per inspectorate and each inspector visits between nine and ten premises each month. The inspections are carried out following complaints or inspection plans. The Labour Inspection Service cooperates with the Ministry of Health, the Prosecutor’s office, the National Social Insurance House and Fiscal Inspection, as well as with employers’ and workers’ organisations.

\textsuperscript{26} Ministry of Health Order No. 257 on “Improvement of the Republican System for Identification, Treatment and Prevention of Occupational Diseases” of 8 November 1993.

\textsuperscript{27} Cooperation Agreement between the National Confederation of Workers and the Labour Inspectorate, signed on 21 April 2011.

\textsuperscript{28} Based on the findings of the Labour Inspection Audit, Dialogue, SafeWork 2008-2009.

\textsuperscript{29} The 2003 Labour Code, Article 1.
With no administrative support, the inspectors are in charge of maintaining the registries, planning and conducting visits, reporting, and initiating administrative procedures in cases where sanctions are necessary. In the whole country, only 26 vehicles for transportation are available to labour inspectors. There is no computerised information archive, which means that all registries and minutes are handwritten; no registry with the names of enterprises exists, although if it did this would enable the inspectors to have some basic information before carrying out an inspection. Furthermore, the labour inspectors only have access to information concerning the occupational health status of workers from the enterprise.

Violations of legislative and normative acts revealed during inspections are described in the Labour Inspection Minutes. A term limit of determined number of days can be set for eliminating any infringements and no sanctions are issued during this period. The minutes (i.e. description of facts) can be appealed at the Central Directorate or in the civil court. The OSH Law allows the labour inspectors to carry out inspections according to the Labour Inspection Law, and obliges the employer to ensure that all measures recommended by the labour inspector during the inspection visit, or investigation of an occupational accident, ³⁰ are implemented.

Throughout 2010 and for nine months of 2011, the labour inspectors produced 1,319 minutes on violations of labour and OSH legislation, and imposed fines as set by Articles 55-61 and 349 of the Code On Administrative Offences. Fines, according to labour legislation, are set between 100 Euros and a maximum of 300 Euros, although they do not appear to be dissuasive. There are no specific provisions regarding fines or other forms of punishment for non-reporting or under-reporting occupational accidents. Money acquired through fines is transferred to the local budget. A separate “Inspection Minute” on the proposed administrative sanctions is produced and addressed to the director of the enterprise if the changes requested (in the minutes of the visit) have not been brought into effect within 20 days following the inspection. The sanction is approved or annulled within 15 days by the chief of the regional division; if approved, the amount of the fine is set and the sanction is formalised. The employer can make an appeal in court within 15 days, and the sanction should be confirmed immediately by the court. During the appeal process, the inspector is called as a technical expert on behalf of the administration. There are also penal sanctions which apply in cases of infringements of labour protection laws and in cases of non-payment of fines. If the inspector does not receive notice of payment of the sanction, it is reported to the police and a request is addressed to the Chamber of Commerce to cancel the employer’s business licence. In serious cases, the prosecutor’s office is also notified.

The annual analytical reports, uploaded onto the Labour Inspection website, ³¹ include statistics on accidents and related annual prosecutions.

³⁰ The 2008 Law on Safety and Health at Work, Chapter I, Article 8 1) and 2).
³¹ [http://www.inspectiamunci.md/]
Inspection of work-related activities (mainly concerning diseases) is carried out by occupational hygiene divisions within the 36 public health centres throughout the country. These comprise 52 occupational health doctors and 49 assistants on the operational side. The Central level structure comprises laboratory and research work.

Any worker found to be suffering from a disease has to be diagnosed at the Republican Hospital. The regional public health centre carries out an investigation at the enterprise to ascertain whether the work environment has led to the disease. The minutes comprise information only on the investigation – a description of the workplace, measures of protection in force, monitoring measurements, etc., and are sent to the hospital where a decision is then made about whether the disease is an occupational one or not. In serious or complicated cases where it is difficult to define the risk factors, the case is decided by a council of doctors at the Occupational Diseases Centre.

The Ministry of Health is responsible for compiling statistics on occupational diseases nationwide and its dissemination among different stakeholders, including the Labour Inspectorate. Information on the health status of workers is kept at the regional level; there is no national register of individual cases.

4.1.3. Classification of information to be recorded and notified

Information to be reported is based on information kept at the enterprise level (minutes on the investigation of an accident).

National statistics on occupational accidents are classified according to the International Standard Industrial Classification of Economic Activities (3rd revision).

The National Public Health Centre classifies relevant points detected about the work environment according to international standards. National statistics on occupational diseases, available for the last ten years, cover the following: vibration, noise, dust, toxic chemicals, biological factors, pathogens, pesticides and others (not specified).

4.2. Enterprise level

The OSH Law obliges the employer to pay a single allowance to the employee, if the degree of incapacity to work was the result of an occupational accident or disease which occurred due to the employer’s fault. The calculation of this allowance is based on the average salary per country for each percentage of lost capacity for work, but it should not be lower than the injured person’s annual salary. In case of death resulting from an occupational accident or disease, the relevant body liable for the occupational accident or disease must compensate for material loss, as set by law, and pay a single allowance; this

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is calculated on the basis of the deceased worker’s average annual salary being multiplied by the number of full years the deceased worker has not lived until the age of 62, but it should be not less than ten average annual salaries. Joint liability is applied when work incapacity or death, resulting from an occupational accident, occurred due to the fault of the relevant body and also the injured person. The single allowance will depend on the degree of fault attributed to the injured person. If the relevant body does not have the necessary resources to pay the single allowance, the court stipulates that it must be paid at the expense of any goods or property.

The OSH Law lays down the worker’s obligations, one of which refers to “personal participation or through workers’ representatives, to resolve issues related to ensuring safety at the workplace and investigation of occupational accidents or diseases”. 33

Cooperation between workers and employers is institutionalised in OSH Committees which are composed of an equal number of representatives from the social partners. The regulation for OSH Committees is currently being drafted by the Government.

33 The 2008 Law on Safety and Health at Work, Articles 18 and 20.
V. ARRANGEMENTS FOR RECORDING

Information to be recorded at the workplace level includes information to be notified. National laws and regulations do not contain any provisions regarding the employer’s obligation to keep records on all incidents where no immediate personal injury is recognised.

As set out in the Regulation on Investigation of Occupational Accidents, records on accidents are kept for a period of 50 years by: a) the relevant bodies whose employees have been injured, or b) the local public administrations (in the case of individual employers). In case of liquidation, e.g. local public administrations, the files containing the investigated accidents are sent to the state archive. Records on occupational accidents and transport accidents are maintained separately. The relevant body maintains records of any occupational accidents incurred by pupils and students during work or vocational training. Relevant bodies and local public administrations must report the details of occupational accidents registered during the reference period (one year)\textsuperscript{34} to the statistical bodies.

Standard Form No. 152/E, approved by the Ministry of Health\textsuperscript{35} for recording occupational diseases, includes the following data: 1) the name of the public health centre supervising the relevant body/case; 2) the date the investigation was completed (in compliance with the “Inspection Act; 3) the city/district and district/village; 4) the branch/ministry/department (to which the establishment is subject); 5) the full name of the enterprise/institution/organisation; 6) the full name of the division/section where the disease was identified; 7) the date when diagnosis was made and the date it was reported; 8) the number of persons infected at the same time (a separate form to be filled for each infected person); 9) the name and surname of the infected person; 10) the person’s sex; 11) the person’s age; 12) the infected person’s work assignment; 13) the work experience in the particular job; 14) the number of years worked in contact with hazardous elements; 15) hazardous elements which could lead to an occupational disease (poisoning) are listed according to their aetiology, and further diseases or a complex of chemical effects are listed by priority; 16) risk factors which could lead to an occupational disease being identified, with chronic cases being listed based on the results, if available, of laboratory tests previously carried out, and, if unavailable, actual cases are indicated (lack of equipment, laboratory guidelines or instrumental measurements etc.); 17) risk factors or chemical substance(s) that could lead to an accompanying disease; 18) the circumstances which could result in the development of disease (intoxication), listed according to their importance; 19) contributing circumstances (indirect); 20) basic diagnosis and concomitant diagnoses (if it is the case), with the basic disease (primary) determined, taking into consideration its importance in reducing the normal work capacity; 21) the number of sick leave days prior to establishing the degree of disability as a result of the occupational disease; 22) measures carried out by the regional public health centre.

\textsuperscript{34} The 2008 Regulation for Investigation of Occupational Accidents, Chapter III, Articles 32-36.

\textsuperscript{35} Ministry of Health Decision No. 220 of 6 June 2007 on approving changes on primary medical statistical forms.
One copy of Form No. 152/E is kept by the regional public health centre, and the second copy, along with the “Inspection Act”, is sent by the first day of each month to the National Public Health Centre.

Forms for recording occupational diseases do not contain any reference to a worker’s insurance. This may be explained by the fact that all employers are obliged to insure their workers when drawing up an individual’s labour contract.

Records on occupational accidents and diseases are kept at labour inspection offices and public health centres at the regional level, and there is no national register containing individual cases.

With respect to confidentiality of personal data, provisions about data are included in three related laws. The Labour Inspection Law obliges the labour inspectors to ensure confidentiality regarding the source of complaints about violations of labour and OSH acts. The Law on Official Statistics allows official, statistical bodies to obtain statistics from individuals and legal persons, provided confidentiality of personal data is ensured and the data obtained is used only for statistical purposes. The Law on Social Insurances for Occupational Accidents and Diseases obliges the insurer to ensure confidentiality regarding all information.

VI. ARRANGEMENTS FOR NOTIFICATION

According to the Regulation for Investigation of Occupational Accidents, any victim or witness to an accident should notify the supervisor immediately and, where appropriate, give first aid to the victim. Once notified, every supervisor should: i) organise first aid for the injured person and, if necessary, organise transportation of the injured person to a medical institution; ii) evacuate, if necessary, the staff from the scene of the accident; iii) inform the employer at once about the accident; and iv) prevent any change to the scene of the accident until those in charge of investigating the scene give permission to do so. The employer should notify the Labour Inspection Service about the occupational accident without delay, and by any means of communication. The National Social Insurance House and, where appropriate, any higher level, the branch or inter-branch trade union body, the technical or energy supervision services, the regional public health centre (in the case of poisoning), and the Police and the Prosecutor’s offices (in cases of serious and fatal accidents) should be equally informed without delay by the employer. Furthermore, the employer should inform the workplace’s referent administration service promptly, and likewise the diplomatic mission if it concerns an injured foreign employee. The health institution assisting the injured person should provide the Labour Inspection Service with

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36 Form No. 315/E on Sanitary and Epidemiological Inspection of Entities.
37 The 2001 Law on Labour Inspection, Chapter IV, Article 9 b.
information about the identity of the injured person and the place where the accident happened.

The information provided for notification should include the following: i) the name and address of the entity/individual employer; ii) the name, surname, family status, age and occupation of the injured person(s); iii) the date and time of the accident; iv) the scene and circumstances surrounding the accident; v) the nature of violent injury caused to the injured person; vi) the name, job title and contact number of the person who submitted the notification.\textsuperscript{41}

The existing notification requirements do not include the minimum information (on the entity/employer, the injured person, the injury etc) to be notified. There is no standard form to notify the labour inspectorate and the insurance institutions; no forms exist for all the essential data aimed at all bodies concerned. The registered notifications are not analysed in compliance with established international classification schemes.

As set by the Instructions for Establishment, Investigation, Recording and Documentation of Occupational Diseases,\textsuperscript{42} hygienists from public health centres are allowed to undertake inspection visits to the relevant places to investigate occupational diseases. Two standard forms are used for the notification of occupational diseases: a) Form No. 058/E “Urgent Declaration on an Acute Occupational Disease”; and b) Form No. 051/E “Notification of a Chronic Occupational Disease”. These forms include the following information: i) details about the infected person: a) name, address, gender and date of birth, b) employment status and occupation; ii) details about the suspected occupational disease: a) name and nature of the occupational disease and harmful agents, b) description of the work (if possible) which gave rise to the condition, c) date of diagnosis of the suspected or confirmed occupational disease; and iii) details about the relevant place: a) name of the enterprise, b) address of the enterprise.

\textsuperscript{41} The 2005 Regulation for Investigation of Occupational Accidents, Chapter II, Articles 7-12.

\textsuperscript{42} Ministry of Health Order No. 257 of 8 November 1993 on Improvement of the Republican System for Identification, Treatment and Prevention of Occupational Diseases, Annex V.
VII. EXTENSION OF THE RECORDING AND NOTIFICATION SYSTEM TO SELF-EMPLOYED PERSONS

National provisions on recording and notification of occupational accidents and diseases do not apply to self-employed persons.
VIII. STATISTICS ON OCCUPATIONAL ACCIDENTS AND DISEASES: COMPILED AND PUBLICATION

In Moldova, there is no single, basic database on the number of work-related accidents and diseases, the overall workdays lost due to accidents and illness, the number of inspections carried out, or the amount of fines for non-compliance.

Annual statistics on occupational accidents, which are compiled by the National Bureau of Statistics based on the annual Statistical Report Form No. 1-SSM “Occupational Safety and Health”, are published in the Annual Statistical Report and in the Annual Publication “Labour Force” of the National Bureau of Statistics, and distributed to all central public administration authorities, including the Labour Inspectorate.

Statistics on occupational diseases are compiled and analysed (i.e. causes and circumstances, notably the description of the working conditions, risk factors, length of exposure, etc.) by the National Public Health Centre and reported to the Ministry of Health. They are also submitted to the Labour Inspectorate (which subsequently uses the reports for its submissions to the ILO) along with other ministries and departments. Annual reports on occupational diseases are not published.

The Labour Inspectorate compiles statistics on occupational accidents and diseases. Annual reports are published in the Government’s Official Gazette and uploaded onto the Labour Inspectorate’s website (http://www.inspectiamuncii.md/).

National statistics on occupational accidents and diseases are used by relevant stakeholders for: a) better targeting preventive measures; b) policy planning, action plans and campaigns; c) designing inspection plans for (mainly) high-risk enterprises; d) planning research activities; and e) budgeting for medical and social rehabilitation schemes, etc.

According to the officials from the Labour Inspectorate and Trade Unions, the under-reporting scale on occupational accidents is assessed as 20-30% (no methodology).

IX. **Statistics on occupational accidents and diseases: Classifications**

The National Bureau of Statistics is permitted by law\(^\text{44}\) to develop, in association with interested organisations, and implement the main and functional classification system in conformity with international standards. National statistics on occupational accidents are classified according to the International Standard Industrial Classification of all Economic Activities (3rd revision), in accordance with the ICEA (1st revision, EUROSTAT).

The period covering statistics on occupational accidents does not exceed a calendar year. However, statistics on commuting accidents and occupational accidents for self-employed persons are not collected. Statistics on occupational accidents do not include information on the age group for all categories of persons, except persons under the age of 18. Any lost time shown in the statistics on occupational accidents is measured in working days. Statistics on occupational accidents are classified as follows: i) the total number of injured persons unable to work for three or more days (taking into account those involved in fatal accidents), including women and persons under the age of 18; and ii) the total number of work days lost due to incapacity for three or more days (including occupational fatalities). The type of worker: i) the total number of staff employed (as of 31 December of the reporting year), which includes a) women, b) persons under the age of 18, and c) persons with limited functional capacities. The type of enterprise: i) the name of the enterprise; ii) the address (district/municipality/village and street); iii) the Code (according to the National Classification of Economic Activity); and iv) the name of the enterprise’s chief.

The period covered by the statistics on occupational diseases, and compiled by the National Public Health Centre, does not exceed a calendar year. Working time lost is measured in calendar days for compiling such statistics. Statistics on occupational diseases are classified by way of: i) hazardous exposure (6); ii) occupation (5); iii) description of disease (10); iv) work experience of the infected persons (cases/work experience group); v) sex; vi) infected health workers (cases/100,000 health workers and cases/100,000 employed persons) and vii) by circumstances and causes of occupational diseases (5). Statistics on the morbidity rate among employees in the main areas of economic activity\(^\text{45}\) who were considered temporarily unable to work are classified by: i) frequency rate (number of cases/100 employees); ii) severity rate (calendar days/100 employees); and iii) average duration of cases (in calendar days).

\(^{44}\) Law on the Official Statistics, Chapter III, Article 15 “System of classifications”.

\(^{45}\) The classification used by the National Public Health Centre is not in line with the National Classification of Economic Activity.
X. INVESTIGATION OF OCCUPATIONAL ACCIDENTS AND OCCUPATIONAL DISEASES

The Regulation for Investigation of Occupational Accidents defines the scope of investigating occupational accidents and diseases as including: i) classification of accidents; ii) determination of their circumstances, causes and violations of laws; iii) identification of the liable persons; and iv) identification of preventive measures.

The Regulation allows the labour inspectors to investigate serious and fatal occupational accidents, and delegates the right to investigate accidents which led to a temporary inability to work to an investigative commission established by the employer at the workplace level; this commission includes an occupational safety specialist and both an employers’ and a workers’ representative. The Regulation provides for participation in the investigative process by representatives from local, public administration, the National Social Insurance House, the trade union, the regional, public health centre, etc. It also gives the persons representing the interests of the injured persons the right to participate in the investigation. The investigative commission and the labour inspectors keep records on the investigated accidents by way of Minutes on Investigation of an Accident with Temporary Incapacity for Work and Minutes on the Investigation of an Occupational Accident.

Regional public health centres are responsible for investigating occupational diseases. Form No. 315/E on Sanitary and Epidemiological Inspection in Entities, used for recording data on investigated occupational diseases, includes the following data: i) the name of the inspector; ii) the purpose of the inspection; iii) the establishment’s profile; iii) the commercial product; iv) observations; v) the number of employees, including women (and children in the case of an educational establishment); vi) a description of the hazardous factors; vii) the number of cases and classification of the main diseases registered in previous years; viii) the establishment’s inauguration date; ix) any recommendations; x) the relevant inspector’s name and signature; xi) the number of copies; and xii) the name and signature of the responsible person at the establishment. One copy of Form No. 315/E is kept by the regional, public health centre, and a second copy, along with Form 152/E on Recording of Occupational Diseases, is sent by the first day of each month to the National Public Health Centre.

The Labour Inspectorate and the National Public Health Centre publish and disseminate annual analytical reports based on inquiries about cases of occupational accidents and diseases which reflect serious situations in terms of actual or potential risk to workers or the public in large.

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47 Form No. 315/E on Sanitary and Epidemiological Inspections in Entities, approved by the Ministry of Health Order No. 220 of 6 June 2007 on approving changes on primary medical statistical forms.
48 Form No. 152/E on Recording of Occupational Diseases, approved by the Ministry of Health Order No. 220 of 6 June 2007.
XI. SOCIAL SECURITY, INSURANCE SCHEMES AND COMPENSATION SERVICES

The National Social Insurance House (NSIH) is an independent public institution responsible for managing the national social insurance system, and includes the administration of compensation and insurance schemes covering occupational accidents and diseases. The NSIH was established in 2001 under the law on Public Social Insurances. It has a central office in Chisinau and 41 regional offices with a total number of 1,290 employees.

During the last ten years, the NSIH has assisted approximately 400 persons who were eligible for benefits and allowances due to occupational accidents and diseases (50-60 new cases per year). The NSIH participates in the investigation of accidents and takes action on cases of occupational accidents and diseases when investigations are completed and the final diagnosis (on the occupational disease) has been established.

The Law on Social Insurances for Occupational Accidents and Diseases is the main legislative framework on insurance schemes and compensation for partial or permanent work incapacity and death resulting from occupational accidents and diseases. This Law covers citizens and foreigners who work legally in Moldova and obliges employers to insure their employees when drawing up the labour contract.

As set by law, there are three types of benefits: medical recovery, rehabilitation to work capacity and professional rehabilitation; and four types of allowances: temporary work incapacity, temporary assignment to another job, disability and death. Benefits for medical recovery and rehabilitation to work capacity have priority over allowances. Due to financial constraints, the NSIH has difficulty bearing the costs of the above listed benefits.

Employers must pay monthly social insurance contributions. The amount of insurance contribution is set annually by the State Social Insurance Budget Law, as proposed by the National Social Insurance House. The amount of insurance contribution is determined according to the working conditions (normal, difficult and special) of the insured person. The premium’s value is based on: a) the number of occupational accidents and diseases during the reference period; b) the severity of the consequences following an occupational accident and disease; and c) the cost of benefits and allowances. The calculation and payment of insurance contributions are made monthly by the employer. The contribution of the insurance contribution is calculated based on the total monthly salary fund of the insured.

49 Law on Public Social Insurances No. 489-XIV of 8 July 1999.
51 The 2000 Law on Social Insurance for Occupational Accidents and Diseases, Article 9.
The Occupational Accidents and Diseases Insurance Fund is created from State social insurance contributions. The Fund’s expenditures consist of: a) the value of paid benefits and allowances; b) the insurance system’s operational costs; c) premiums to support national programmes and projects to prevent occupational accidents and diseases.

The insurer is obliged to promote and stimulate prevention activities by increasing or reducing the insurance premiums and other legal forms aimed at: a) maintaining the psycho-physical integrity of the insured persons, b) improving working conditions, and c) eliminating or reducing risks for the insured persons. In practice, the NSIH does not support, in a financial way, any prevention activities.

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53 The 2000 Law on Social Insurance for Occupational Accidents and Diseases, Article 22.
RECOMMENDATIONS CONCERNING COVERAGE AND DEFINITIONS

In partnership with workers’ and employers’ organisations, and in line with international standards, including the ILO conventions ratified by the Republic of Moldova:

• Clarify the respective roles and responsibilities of the Ministry of Labour, Social Protection and Family and the Ministry of Health and their respective inspection services (the Labour Inspection and the National Public Health Centre) in the area of OSH, which includes investigating, recording and notification of occupational accidents and diseases.

• Analyse the relevance of the ratification of the ILO’s Occupational Health Services Convention, 1985 (No.161).

• Analyse the possibility of ratification of the full text of the ILO’s Labour Statistics Convention, 1985 (No. 160), including the exceptions.54

• Extend the provisions laid out in the related legislative and normative acts concerning investigating, recording and notification of occupational accidents and diseases to self-employed persons, craftsmen and agricultural workers.

• Include provisions concerning the role and responsibilities of the National Social Insurance House in the Law on Safety and Health at Work and any other related laws.55

• Take action to reflect the arrangements and procedures concerning investigating, recording and notification of occupational diseases in the Regulation for Investigation of Occupational Accidents.

• Consider the relevance of including the social partner representatives in the Republican Council for Medical Expertise of Vitality56 to assist in medical and health litigation matters related to establishing the degree of disability as a result of occupational accidents and diseases.

• Consider the relevance of creating Regional Centres for Labour Medicine to be responsible for occupational health issues, and of developing the legislative and normative framework on how they will function.

• By way of economic incentives, motivate employers to improve the work environment.

• Increase fines for non-compliance with labour and OSH-related legislation.

54 The ILO Convention No. 160 was ratified by Moldova in 2011 with two exceptions: Article 14.2 and Article 15.
• Improve the process of investigating, recording and notification of occupational accidents and diseases by:

1. Upgrading the existing relevant instruments:
   a. Definitions;
   b. Classifications:
   - listing occupational diseases,
   - classifying economic activities;

   c. Methodology to be used by employers to determine risks at the workplace in conformity with the parameters of risk factors;

2. Creating new electronic platforms:
   a. A single database on the number of occupational accidents and diseases, the overall number of days lost at work due to accidents and illness, the number of inspections, and the volume of fines for non-compliance; and

   b. Electronic statistical forms to notify occupational accidents and diseases, and which should contain the minimum information for all concerned bodies.