

Mid-term review of the European strategy 2007-2012 on health and safety at work

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The European Parliament adopted by 371 votes to 47, with 15 abstentions, a resolution on the mid-term review of the European strategy 2007-2012 on health and safety at work.

Parliament recalls that adequate worker prevention in turn promotes wellbeing, quality of work and productivity and that the cost to enterprises and social security systems of occupational accidents and diseases is estimated at 5.9% of GDP. It states that 168 000 European citizens die every year from work-related accidents or diseases and 7 million are injured in accidents. The resolution states that given the labour shortage, it is desirable to prolong older workers' active working lives and measures to promote health and safety at work should take effect in the near future.

In this context, Parliament focuses on the effects of the EU Strategy for health and safety at work and makes the following assessment:

Mid-term review of the strategy: Parliament points out that the European reference framework on occupational health and safety (OHS) does not in itself provide for automatic improvement of working conditions. The major factors for improvement are proper implementation on the ground, notably via employee participation, tripartite dialogue arrangements, gathering and disseminating data, awareness-raising campaigns and networking of training and information services, and supervision of the application of the legislation in Member States. The Commission is asked to take swift action when infringements are detected and to reinforce sanctions when necessary.

The report deplors the fact that in 2009 several Member States did not focus their national strategies on the three priorities of the EU strategy: stress and burn-out at work, RSI, and research into and regular gathering of data on new risks.

It takes the view that OHS policies at European and national level should be made consistent and be reflected in other public policies: health, employment, industry, research, environment, transport, road safety, education, energy, regional development, public procurement and the internal market. It criticises the fact that the Commission has failed to pay sufficient attention to the gender mainstreaming approach when dealing with issues concerning health and safety at work, either in the Community strategy on health and safety at work or in its mid-term assessment. Gender mainstreaming should be implemented across the policies in order to better reflect the specific risks faced by female workers.

Parliament points out that the main aims of the Community strategy for 2007-2012 include both guaranteeing the proper implementation of EU legislation and improving and simplifying existing legislation, inter alia through the implementation of non-binding instruments. It deplors the fact that in 2009 several Member States did not focus their national strategies on the three priorities of the EU strategy: stress and burn-out at work, and research into and regular gathering of data on new risks. Members consider that national strategies should devote greater efforts and resources to prevention. They take the view that OHS policies at European and national level should be made consistent and be reflected in other public policies: health, employment, industry, research, environment, transport, road safety, education, energy, regional development, public procurement and the internal market. Gender-mainstreaming should be implemented across the policies in order to better reflect the specific risks faced by female workers.

The resolution stresses the following:

- with respect to the award of public contracts, safety levels and accident prevention practices should be taken more fully into account;
- the importance of fully implementing REACH and the need for greater synergy between REACH and OHS policies, both at European level and in the Member States;
- the next European strategy should set more measurable goals, together with binding timetables and a periodic evaluation, and Members hope to see the objective of one labour inspector per 10 000 workers, as recommended by the ILO, become binding;
- austerity budgets and cuts in social spending should not harm action to improve health and safety at work;
- Member States should invest more in risk-prevention policies since such investment would be repaid in the form of improved labour productivity, improved business competitiveness and a reduction in social security expenses;
- work-related stress is recognised as a major obstacle to productivity in Europe and Members deplore the accelerating growth of conditions and accidents caused by psychosocial problems among workers, calling on the Commission to ensure that the EU of the Framework Agreement on Work-related Stress of 8 October 2004 is implemented in every Member State;
- the need to strengthen cooperation between the EU, the ILO and the WHO with a view to finding solutions to the issue of European workers and those in non-EU countries competing on social terms;
- ensure the protection of the health of older workers and/or those with disabilities or who have become disabled.

Collection of statistical data: Parliament wants the Commission to develop gender and age-specific statistical means to evaluate prevention not solely in terms of accidents but also in terms of pathologies and the percentage of workers exposed to chemical, physical or biological agents and to dangerous situations from the point of view of the organisation of work. It also calls for the European Agency for Safety and Health at Work (EU-OSHA) to compile national indicators on exposure to cancers and to review the knowledge on exposure of particularly vulnerable workers.

Parliament calls, in addition, for a European programme for the monitoring of occupational hazards (in particular musculoskeletal and psychosocial problems). It criticises the fact that not all Member States set measurable targets related to their national OHS strategies and that the vast majority of them have not set targets on occupational diseases, work-related health problems and illnesses, occupational risk factors or high risk sectors. Neither the mid-term review nor the 2009 scoreboard on the Community Strategy on Health and Safety at Work provide any substantial information on where Member States stand with regard to the EU strategys only quantified target of a 25% reduction in occupational accidents by 2012.

The resolution stresses the problem of implementing occupational health and safety with respect to workers who are engaged in undeclared activities. It takes the view that this injustice can only be prevented by more stringent controls and appropriate sanctions and urges that strong measures be taken against the organisation of such activities. It stresses that OHS is a right irrespective of the worker's status, and that this

right must be made effective through better implementation of current legislation.

Parliament calls on EU-OSHA to carry out a research on the effects of double shift on the health of female workers, i.e. when women have to continue with unpaid work at home after the regular and recognised paid work.

Fostering a prevention culture: Parliament calls on Member States and Commission to make guidelines on the protection of workers easier to apply in practice, without undermining the rules on health and safety at work. It points out that about 50% of workers in the EU still have no access to preventive services, especially as regards SMEs and subcontracting chains. All workers, those in the public and also in the private sector, should be covered by risk-prevention arrangements as well as effective prevention policies. New forms of employment should be taken into account so as to ensure that prevention and monitoring measures cover all workers, in particular vulnerable workers, regardless of the type of work that they do and their employment arrangements. Parliament hopes that the target will be one safety advisor for every 3 000 employees.

Member States are asked to:

- increase the staffing levels of, and the resources available to, their labour inspectorates in order to meet the target of one inspector for every 10 000 workers, as recommended by the ILO;
- assess the quality of the training of their workplace risk prevention managers and supports their exchanges of best practices.
- combat the burden of bureaucracy and the labyrinthine structure of state control mechanisms for health and safety at work and work inspections, by strengthening their dynamics and simplifying time-consuming internal procedures with a view to implementing more and more effective controls;
- bring more searching scrutiny to bear on the failure to report accidents at work.

The resolution also calls for steps to be taken to:

- treat, with the same attention, workers in the private and the public sector;
- strengthen the training of workers but also health and safety public officials;
- enhance the protection of the workplace itself (primary source of risk)
- reduce inequalities in working conditions (source of accidents).

Vulnerable workers and specific risks: in addition to workers who do strenuous work, migrants, young people, old people, women of child-bearing age, the disabled, members of ethnic minorities, low-skilled workers, casual workers, those with insecure working conditions and the long-term unemployed returning to the labour market are particularly at-risk categories. Parliament believes that prior to the employment of these workers special preliminary training should be offered where appropriate. The resolution notes that young workers between the ages of 15 and 24 are at particularly high risk of injury, and that the long-term consequences of an illness or injury at an early age can be significant.

The resolution stresses that measures of health and safety at work need a gender-based and life-cycle approach. Parliament expresses its concern regarding the assessment of the risk thresholds for pregnant women at work. It calls for detailed research to be carried out into the effects of exposure of pregnant women to certain workplace conditions (e.g. exposure to chemical agents, ionising radiation, electromagnetic waves, stress, excessive heat, lifting heavy weights, etc).

The resolution calls for an impact assessment of the potential risks from new technologies, harmful substances and risk factors including work organisation in the workplace.

Parliament regrets the lack of initiatives to tackle the situation of the self-employed, temporary workers, domestic workers and people working on short-term contracts.

Parliament also regrets the fact that there is no single common definition of moral harassment at the European level. It calls on the Commission and the Member States to develop effective national strategies for combating violence at work which are based on a definition of moral harassment common to the 27 Member States.

The Commission is called upon to:

- carry out a conclusive scientific review of the effects of Sunday working on workers' health;
- submit a proposal to Parliament and the Council in 2012 seeking to ban smoking everywhere at the workplace, including indoor catering establishments, on all public transport and in all enclosed public buildings within the EU;
- launch a wide consultation on the list of occupational diseases with the European social partners based on a thorough scientific and medical analyses of the main danger areas recognised today (in particular mental disorders and asbestos);
- accelerate the implementation of REACH, and in particular the substitution of the most worrying chemicals;
- propose a revision of Directive 2004/37 on carcinogens and mutagens by the end of 2012 in order to enlarge its scope to include substances toxic for reproduction by analogy with the substances of very high concern under REACH, and to strengthen the application of the substitution principle;
- promote the use of technologies that reduce the risks posed by dangerous substances in the event of occupational accidents;
- propose measures to adapt working conditions more closely to the needs of those suffering from cancer or other work-related diseases and chronic diseases;
- avoid compromising the level of protection achieved in the European OHS directives when examining the possibilities for simplifying legislation.