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DRAFT REPORT

on the EU Strategic Framework on Health and Safety at Work 2014-2020 (2015/2107(INI))

Committee on Employment and Social Affairs

Rapporteur: Ole Christensen

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MOTION FOR A EUROPEAN PARLIAMENT RESOLUTION

on the EU Strategic Framework on Health and Safety at Work 2014-2020 (2015/2107(INI))

The European Parliament,

- having regard to the Treaty on European Union, in particular the preamble and Articles
 3 and 6 thereof,
- having regard to the Treaty on the Functioning of the European Union, in particular Articles 3, 6, 9, 20, 151, 152, 153, 154, 156, 159 and 168 thereof,
- having regard to the Charter of Fundamental Rights of the European Union, in particular Articles 1, 3, 27, 31, 32 and 33 thereof,
- having regard to the European Social Charter of 3 May 1996, in particular Part I and Part II, Article 3 thereof,
- having regard to the Declaration of Philadelphia of 10 May 1944 on the goals and objectives of the International Labour Organisation (ILO),
- having regard to the ILO conventions and recommendations in the field of health and safety at the workplace,
- having regard to Regulation (EC) No 1338/2008 of the European Parliament and of the Council of 16 December 2008 on Community statistics on public health and health and safety at work¹,
- having regard to Council Directive 89/391/EEC of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work (framework directive) and to its individual directives²,
- having regard to Directive 2003/88/EC of the European Parliament and of the Council of 4 November 2003 concerning certain aspects of the organisation of working time³,
- having regard to Directive 2007/30/EC of the European Parliament and of the Council of 20 June 2007 amending Council Directive 89/391/EEC, its individual Directives and Council Directives 83/477/EEC, 91/383/EEC, 92/29/EEC and 94/33/EC with a view to simplifying and rationalising the reports on practical implementation⁴,
- having regard to the Commission Communication on an EU Strategic Framework on Health and Safety at Work 2014-2020 (COM(2014)0332),

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¹ OJ L 354, 31.12.2008, p. 70.

² OJ L 183, 29.6.1989, p. 1.

³ OJ L 299, 18.11.2003, p. 9.

OJ L 165, 27.6.2007, p. 21.

- having regard to the Commission communication on 'Improving quality and productivity at work: Community strategy 2007-2012 on health and safety at work ' (COM(2007)0062),
- having regard to the Commission communication on a 'Renewed social agenda:
 Opportunities, access and solidarity in 21st century Europe' (COM(2008)0412),
- having regard to the Commission report on the implementation of the European social partners' Framework Agreement on Work-related Stress (SEC(2011)0241),
- having regard to the 'EUROPE 2020 A strategy for smart, sustainable and inclusive growth' (COM(2010)2020), and to its main objective which is to increase employment levels to 75% by the end of the decade in the European Union,
- having regard to its resolution of 20 September 2001 on harassment at the workplace¹,
- having regard to its resolution of 24 February 2005 on promoting health and safety at the workplace²,
- having regard to its resolution of 6 July 2006 with recommendations to the Commission on protecting European healthcare workers from blood-borne infections due to needlestick injuries³,
- having regard to its resolution of 23 May 2007 on promoting decent work for all⁴,
- having regard to its resolution of 15 January 2008 on the Community strategy 2007-2012 on health and safety at work⁵,
- having regard to its resolution of 26 March 2009 on corporate social responsibility in international trade agreements⁶,
- having regard to its resolution of 15 December 2011 on the mid-term review of the European strategy 2007-2012 on health and safety at work⁷,
- having regard to its resolution of 14 March 2013 on asbestos related occupational health threats and prospects for abolishing all existing asbestos⁸,
- having regard to Rule 52 of its Rules of Procedure,
- having regard to the report of the Committee on Employment and Social Affairs and the opinion of the Committee on Women's Rights and Gender Equality (A8-0000/2015),

¹ OJ C 77 E, 28.3.2002, p. 138.

² OJ C 304 E, 1.12.2005, p. 400.

OJ C 303 E, 13.12.2006, p. 754.

⁴ OJ C 102 E, 24.4.2008, p. 321.

⁵ OJ C 41 E, 19.2.2009, p. 14.

⁶ OJ C 117 E, 6.5.2010, p. 176.

⁷ Texts adopted, P7_TA(2011)0589.

⁸ Texts adopted, P7_TA(2013)0093.

- A. whereas good health is a fundamental right that has positive value in itself;
- B. whereas administrative burdens and direct costs incurred by companies as a result of occupational health and safety (OSH) policies are significantly lower than those associated with occupational diseases and accidents that the EU regulatory framework aims at preventing¹;
- C. whereas the proportion of workers, who report their health and safety to be at risk because of their work, varies significantly across Member States²;
- D. whereas worker representation at company level and commitment from management is important to successful risk prevention at the workplace³;

The EU-OSH strategic framework

- 1. Stresses that all employees have a right to the highest level of protection regarding health and safety in the workplace regardless of the size of the employer, the underlying contract or the Member State of employment;
- 2. Welcomes that many important fields of action are identified in the EU OSH strategic framework; stresses, in this context, that more concrete legislative measures should be included in the framework, following the 2016-review;
- 3. Calls on the Commission to define and apply quantitative reduction targets at EU level for occupational diseases and accidents at work following the 2016-review of the OSH strategic framework and to rely on the latest research findings when reviewing the framework;
- 4. Stresses that it is necessary to ensure a safe and healthy working environment throughout people's working life in order to achieve the goal of active and healthy ageing for all workers;

National strategies

- 5. Stresses that national OSH strategies are essential and contributes to improvements in OSH in the Member States and stresses that regular reporting on progress made should be encouraged; considers it necessary to continue to initiate and coordinate policies at EU level with a view to ensuring a high level of occupational health and safety for all workers;
- 6. Calls on the Member States and the Commission to ensure that national OSH strategies are fully transparent and open to input from social partners;

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Evaluation of the European strategy on Safety and Health at Work 2007-2012, EC (2013) http://ec.europa.eu/social/BlobServlet?docId=10016&langId=en and Socio-economic costs of accidents at work and work-related ill health, EC (2012) ec.europa.eu/social/BlobServlet?docId=7416&langId=en

^{5&}lt;sup>th</sup> Working Conditions Survey, Overview Report, Eurofound (2012) http://www.eurofound.europa.eu/sites/default/files/ef_publication/field_ef_document/ef1182en.pdf

Worker representation and consultation on health and safety, EU-OSHA (2012) https://osha.europa.eu/en/publications/reports/esener_workers-involvement

7. Urges the Member States to incorporate quantitative and measurable targets into their national strategies;

Implementation and compliance

- 8. Acknowledges the importance of taking into account the situation, specific needs and lack of compliance by micro and small enterprises in the implementation of OSH measures at company level; encourages the Commission, EU-OSHA and the Member States to continue developing practical tools and guidelines, which improve the compliance of SMEs with OSH requirements;
- Calls on the Member States and social partners to take initiatives to upgrade the skills of health and safety representatives and managers; calls on the Commission to draw up guidelines for the involvement of employees in implementing preventive OSH measures;
- 10. Points out that a precondition for good OSH management and performance is documented risk assessment, which allows for appropriate preventive measures to be put in place;
- 11. Calls on the Commission to take all necessary steps to monitor the implementation and enforcement of OSH legislation in the Member States; believes that the ex post evaluation of the practical implementation of EU OSH directives in EU Member States provides a good opportunity for this exercise to be carried out and expects that results relating to inadequate implementation of existing legislation will be taken into account as part of the review of the strategic framework;

Enforcement

12. Believes that ensuring a level playing-field across the EU and eliminating unfair competition and social dumping is crucial; stresses that labour inspectorates play a key role in enforcing workers' rights to a safe and healthy working environment; calls on the Member States to follow the ILO recommendation of a minimum of one labour inspector per 10 000 workers and to increase staffing and resources available to labour inspectorates;

Regulatory framework

13. Welcomes efforts to improve the quality of the regulatory framework; reminds the Commission, however, that the submission of OSH directives to the REFIT exercise and modifications of legislation should be transparent, involve social partners and must under no circumstances result in reductions in occupational health and safety;

Prevention of work-related diseases and new and emerging risks

14. Points to the importance of protecting workers against exposure to carcinogens, mutagens and substances that are toxic to reproduction; calls on the Commission to present a proposal for a revision of Directive 2004/37/EC adding more binding occupational exposure limit values and in cooperation with the Advisory Committee on

- Safety and Health at Work to develop an assessment system that can be used to assess binding occupational limit values based on clear and explicit criteria;
- 15. Points out that many workers are still exposed to asbestos in their workplace; calls on the EU to work closely with social partners and the Member States to promote and coordinate Member States' efforts to develop national action plans for the management and safe removal of asbestos;
- 16. Calls on the Commission to take action on one of the most prevalent work-related health problems in Europe and submit a proposal for a comprehensive directive on musculoskeletal disorders (MSDs) to improve effective prevention and address the causes of MSDs; points out that integrating provisions of existing directives into a comprehensive directive laying down minimum requirements for protecting workers from exposure to ergonomic risk factors can benefit both workers and employers;
- 17. Highlights the uncertainty about the distribution and use of nanomaterials and believes that further research on the OSH risks associated with nanotechnology is needed;
- 18. Calls on the Commission and the Member States to develop and implement a programme for systematic monitoring of psychosocial risks, including stress;
- 19. Calls on the Commission to adopt a targeted approach to improve the health and safety situation of workers in precarious employment and to take into account the negative effects that precarious employment has on occupational health and safety when addressing this issue in general;
- 20. Draws the attention of the Commission to the role that the sectoral social dialogue Committees can play in tackling sector-specific OSH risks through agreements between the social partners using their best knowledge of sector specific situations;

Statistical data

- 21. Calls on the Commission and the Member States to improve the collection of reliable and comparable data on occupational diseases and occupational exposures with a view to identifying best practices and creating a common database on occupational exposures;
- 22. Stresses the importance of providing common definitions of work-related diseases and EU wide statistical data with a view to setting targets to reduce the incidence of occupational diseases;
- 23. Instructs its President to forward this resolution to the Council and the Commission.

EXPLANATORY STATEMENT

Every year more than 4 000 workers die due to accidents at work and the number of fatal work-related diseases amounts to more than 150 000 every single year. Good health is a fundamental right in Europe and even though considerable progress has been made in the area of occupational health and safety throughout the years, major risks to workers health and safety continue to exist.

The workforce in many Member States is ageing and the demographic changes in Europe point to the need to promote a safe and healthy working environment for all workers throughout the working life cycle. The economic benefits of ambitious policies in the area of occupational health and safety are well-documented and include productivity and labour force participation as well as increased sustainability of social security systems. The economic costs of work-related injuries and illnesses are significant and the highly challenging nature of many new and emerging risks calls for immediate measures to be taken at EU level.

In the EU Strategic Framework on Health and Safety at Work 2014-2020, the Commission identifies many important challenges facing European employers and employees in the area of occupational health and safety. Addressing these challenges is of great importance and requires the application of legislative and non-legislative initiatives. Therefore, additional concrete measures should be included in the framework if the objective of ensuring a safe and healthy working environment for all European workers is to be achieved.

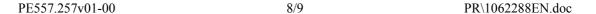
Implementation, compliance and enforcement

All workers, regardless of the size of their employer, the Member State of employment or the type of employment contract under which they are hired, have a right to the highest level of protection regarding health and safety in the workplace.

Fulfilling legal obligations is the main reason for many companies to manage OSH and put in place preventive measures and the proportion of workers, who report their health and safety to be at risk because of their work, varies significantly across Europe. It is necessary to improve the implementation record of the Member States to improve the health and safety situation of workers and ensure a level playing field for businesses. The ex post evaluation of the practical implementation of EU OSH directives in EU should be used to take into account the possible inadequate implementation of OSH legislation in the Member States when carrying out the review of the OSH strategic framework in 2016.

As pointed out in the EU OSH strategic framework, the effectiveness of OSH management continues to remain a challenge for micro and small enterprises. For this reason, action to promote compliance and effective OSH management by these enterprises is essential.

At national level, labour inspectorates play a key role in the effective enforcement of OSH legislation. Companies can benefit from the assistance and information provided by labour inspectors as regards preventive measures and legal requirements and increased staffing and resources is essential for labour inspectorates to carry out their duties.



Social dialogue, worker representation and management commitment is important to successful risk prevention at the workplace and more should be done to, both at Member State and EU-level, to provide training for and promote the use of health and safety representatives.

New and emerging risks and work-related diseases

The labour market in Europe is changing. Precarious employment is on the rise and new forms of employment as well as new technologies have brought about new OSH challenges that remain to be addressed. The negative impact that precarious employment has on workers' mental health in Europe points to the need for a targeted approach to improve the health and safety situation of these workers and there is an urgent need to improve the collection of comparable data on occupational diseases and exposures and to identify good preventive practices.

Many workers are still exposed to asbestos in their workplace and better protection of workers against exposure to carcinogens and mutagens as well as ergonomic risks factors is important and requires new initiatives at EU-level and better integration of OSH with other policy areas.

Lastly, psychosocial risk factors, which are a growing problem for employers and employees across Europe and are perceived to be highly challenging must be addressed. Management of psychosocial risks vary significantly between Member States and initiatives, including better monitoring, are required to improve the psychosocial working environment for workers and reducing absenteeism.