



## Hearing on “Health and safety at work”

Employment and Social affairs Committee,  
European Parliament

EN only

10/07/07

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**Briefing Note Karl Kuhn  
Chief Scientist in the Federal Institute for  
Occupational Safety and Health  
Hearing on Health and Safety at Work  
EP, June 27th 2007**

# THE POLICY CYCLE

## GOVERNMENTAL / SOCIAL ARENA

### 1 POLICY

- Public Health
- Quality of Work/Life
- Employment
- Economic
- Equality
- Occupational H&S
- Demography

### 2 WORKPLACE

#### 3 Policy Domains relevant for workplace

- sickness absence
- accidents & occupational ill health
- health inequity
- social inclusion
- work organisation
- health promotion
- intrinsic job quality
- disability management
- international cooperation and regulations

#### 4 Activities

- services
- structures
- processes
- people
- resources
- ...

INDICATORS

#### 5 Output

- measuring activities
- measuring results of activities

INDICATORS

#### 6 Outcome

- health
- costs
- job satisfaction
- productivity
- retirement
- workability
- ...

INDICATORS

### PUBLIC HEALTH

WORK HEALTH



## Contribution to the 25% - target

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**The 25% reduction target can be seen as realistic and within reach**

- A consequent monitoring of the annually achieved reductions on national level has to be carried out
- The distribution of models of good practice to the states with high levels of accidents has to be organised.
- Innovative approaches to reduce the accidents rates in SME's have to be promoted.
- When Member States develop their national strategies they should set targets and priorities for their national action and choose appropriate policy instruments, based on an in-depth multi-dimensional analysis taking into account social, economic and environmental factors.

# Balance between implementation of existing legislation and new legislation

- To make practical implementation of the legislation easier, the Commission should with the new strategy continue its work on providing non-binding guidelines.
- Legislation should define the frame and goals for activities which can be concretised by codes of good practices.
- Improvements in the practical implementation of the most important tool for the evaluation of workplaces: the risk assessment:
  - long-term effects are neglected
  - no/poor consideration of psychosocial factors

## Insecurity in Working Conditions

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- Support at workplace and at home buffers the negative effects that job insecurity has on health
- The institutional form of such support is counselling employees who feel high job insecurity.
- There is also need for creation of proper illness and injury prevention and intervention strategies concerning precarious forms of work. The linkage to public health should be improved.
- A European wide campaign should be targeted to precarious work; special attention should drawn by SLIC with activities oriented to precarious work.

# Subcontracting, Agency and Migrant workers

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- Outsourced and sub-contracted jobs often three D-jobs: dirty, dangerous and demanding
- Guidance for good subcontracting are needed
- Developing of good practice examples

## Active Ageing

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- Four mechanisms on personal level exist to cope with changes due to ageing:
  - **compensation** (compensate losses in other tasks/functions),
  - **accommodation** (reduce deficiencies, if the nature of work changes),
  - **elimination** (reduce certain working styles which other skills develop),
  - **compilation** (cope with skills in order to stabilize productivity).
- There is a need for social partnership
- The exchange of good practice in Europe should be pushed forward by the EC.
- Awareness raising in companies
- Development/campaigning of golden rules for companies



## SME

- The main reasons for the low levels of compliance observed are ascribed to:
  - lack of specific and comprehensible information and guidance
  - poor ability and skills to manage health and safety
  - lack of resources to ensure adequate basic training of staff and managers
  - difficult access to specific and specialised competent technical assistance.

***This has to be tackled!!!***

- Improvements in the access to protective and preventive services
- Motivation campaigns for SME's: **Make the business case**

# Psychosocial risks

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- Psychosocial risk factors and work organisational factors are often neglected
- Practical tools and guidance are needed
- The linkage to public health has to be improved
- There is a need for mental health promotion in Europe

European Parliament. Committee of Employment and Social Affairs  
Hearing 27 June 2007

## **Commission**

# **Communication *"Improving quality and productivity at work: Community Strategy 2007-2012 on Health and Safety at Work"*** (COM (2007) 62)

Briefing note

by Professor Jorma Rantanen, MD, PhD  
(IP/A/EMPL/IC/2007-26)

IP/A/EMPL/IC/2007-11

DRAFT VERSION

# The Strategy

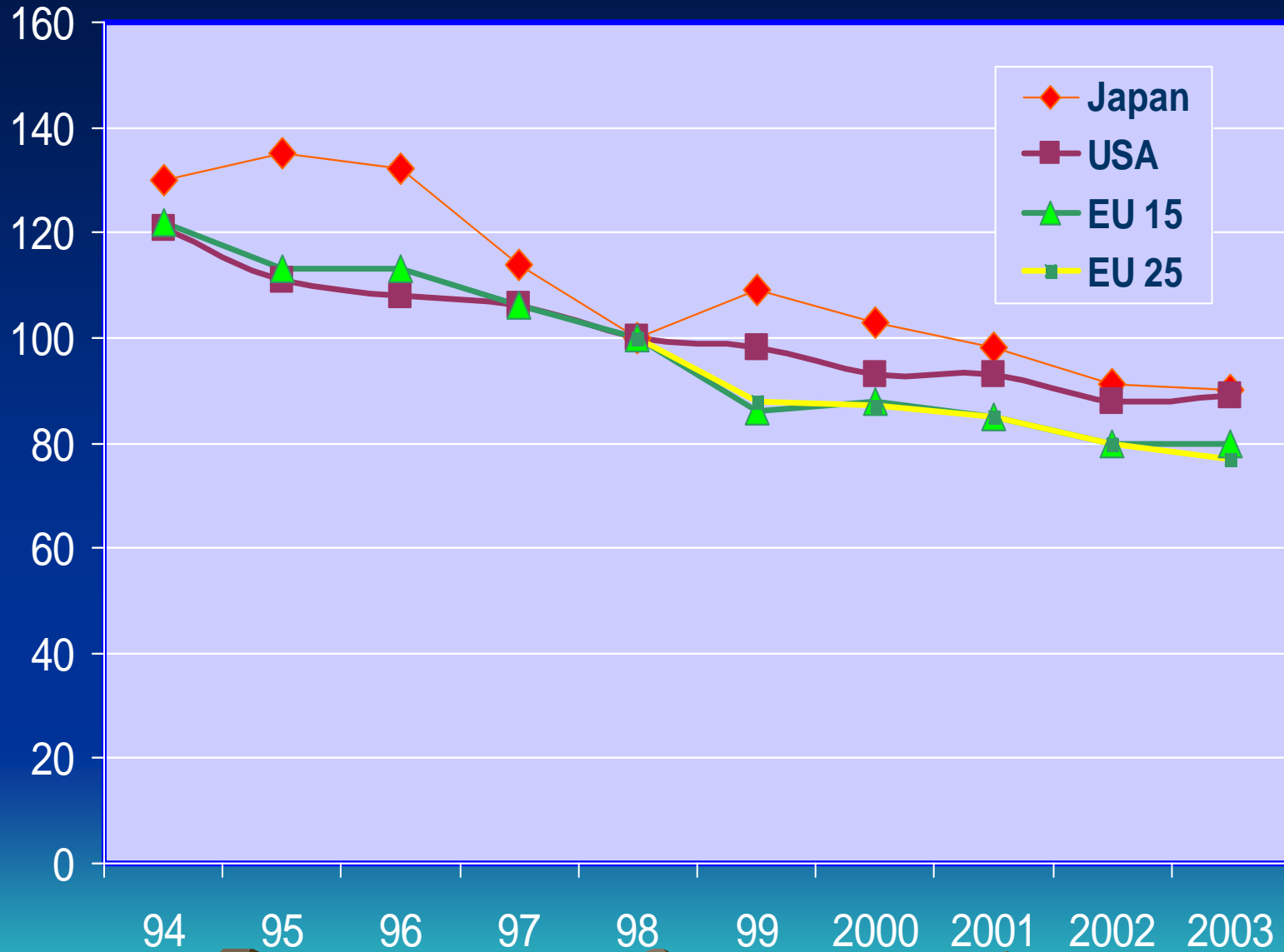
## Strengths

- Well designed
- Addresses to actual and future needs
- Comprehensive
- Covers objectives, targets and means
- Content deserves all support

## Challenges:

- Practical implementation at national level
- Ageing workers as a resource
- New risks, new morbidity
- Need of services
- New culture

# Fatal accident index 1994-2003 (1998=100. Source: Eurostat 2005)

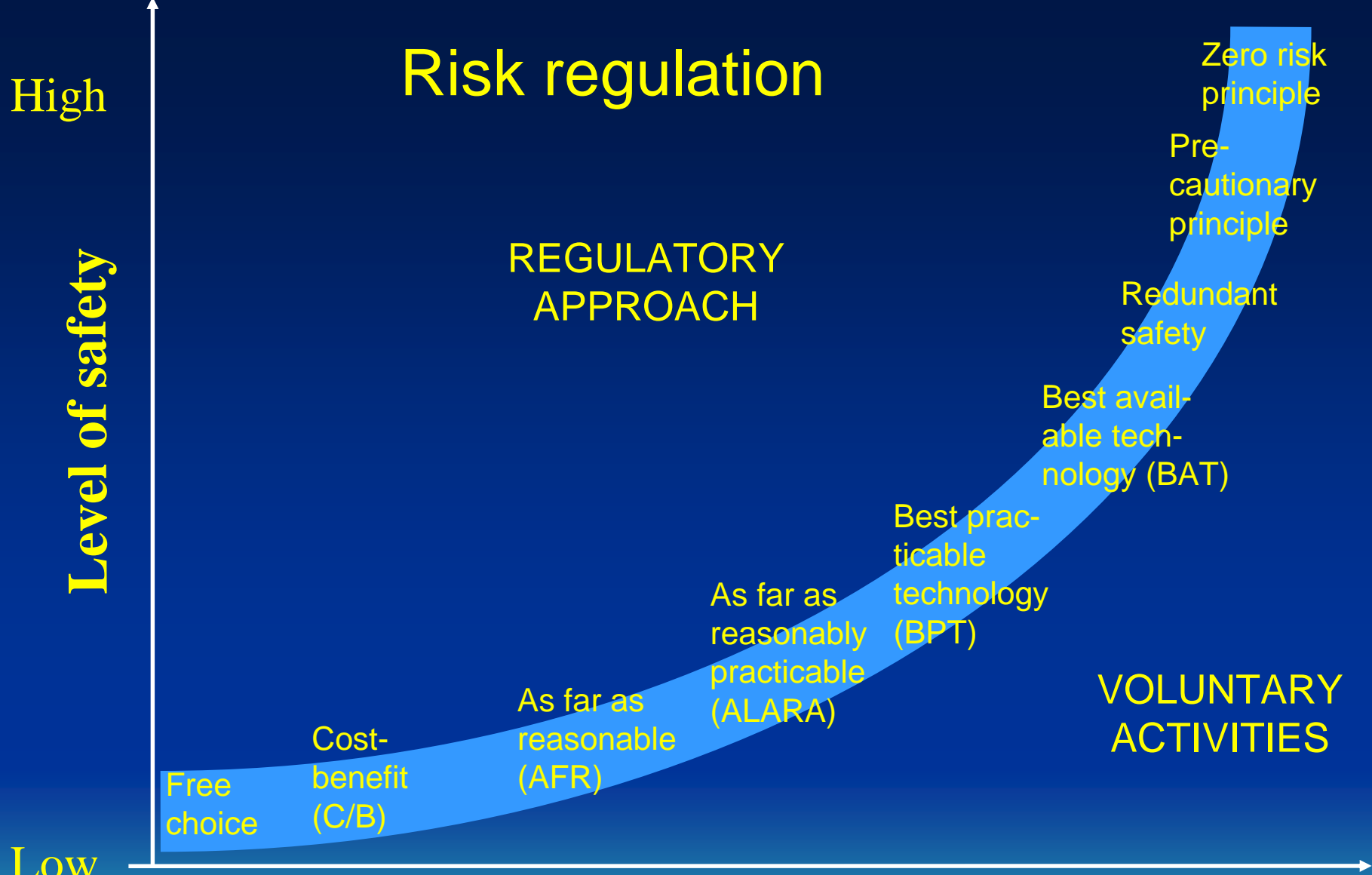


# Occupational diseases 2001 in EU 15

(Eurostat 2003)

Diagnosis (group)	Number
Muskuloskeletal disorders	18490
Dermatoses	7563
Respiratory disorders	7463
NIHL	6734
Carpal tunnel syndrome	4111
Cancers	2481
Others	5208
<b>Total EU 15</b>	<b>52884</b>

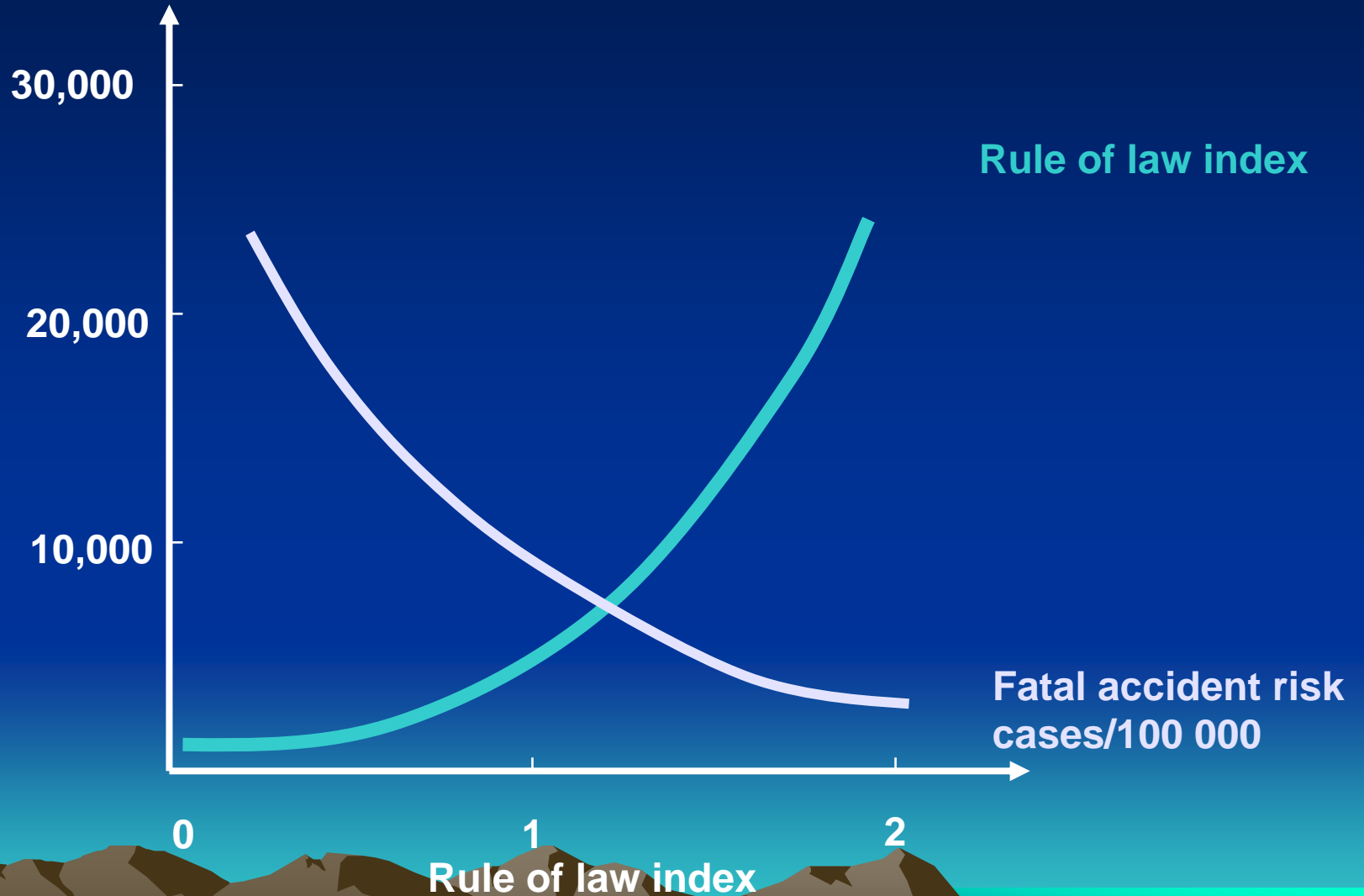
**OBS! Severe underreporting. Should be at least of order of 300 000!**



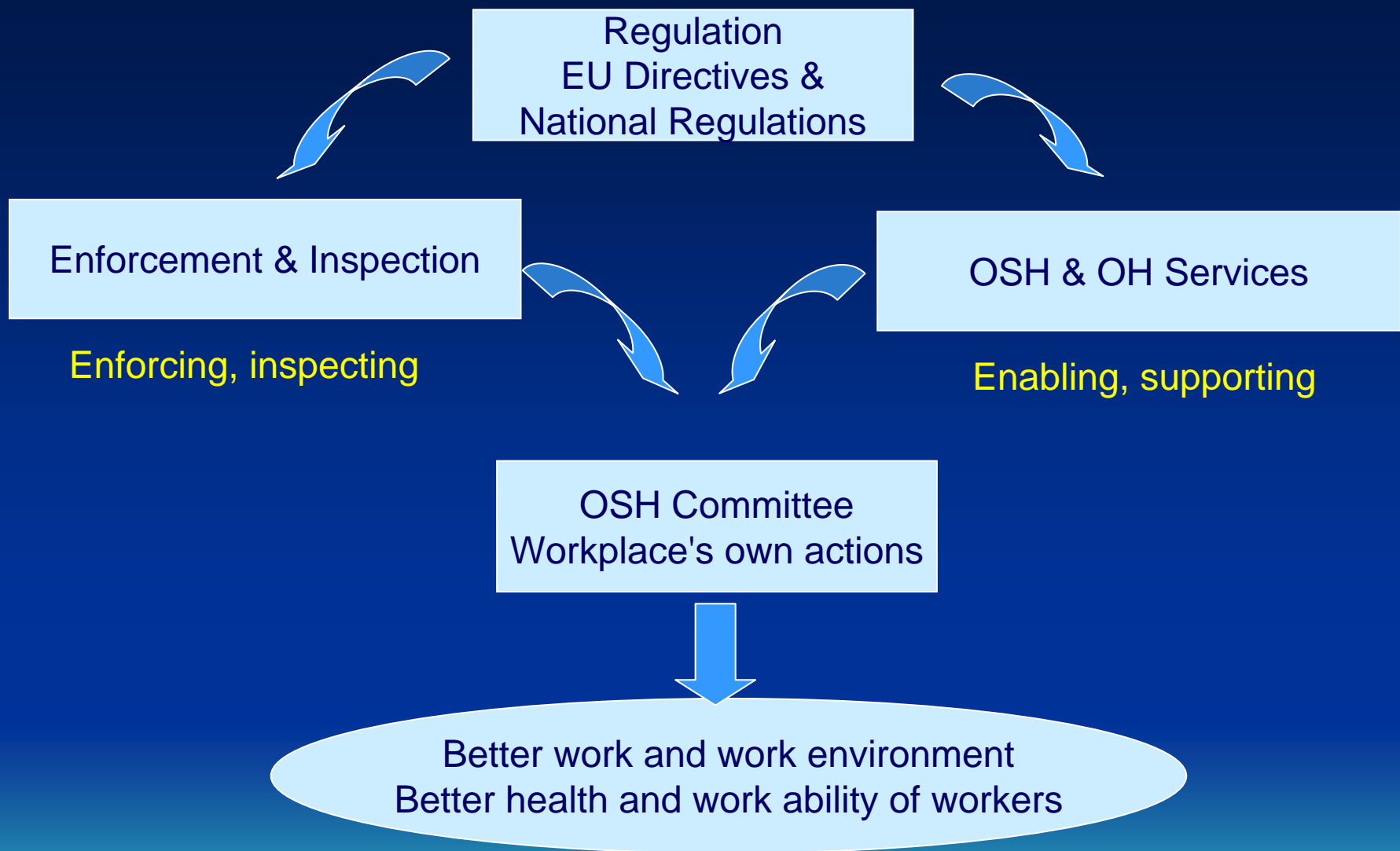
# Rule of law index and safety

(Source: World Development Report 2000/2001)

GDP/CAPITA USD







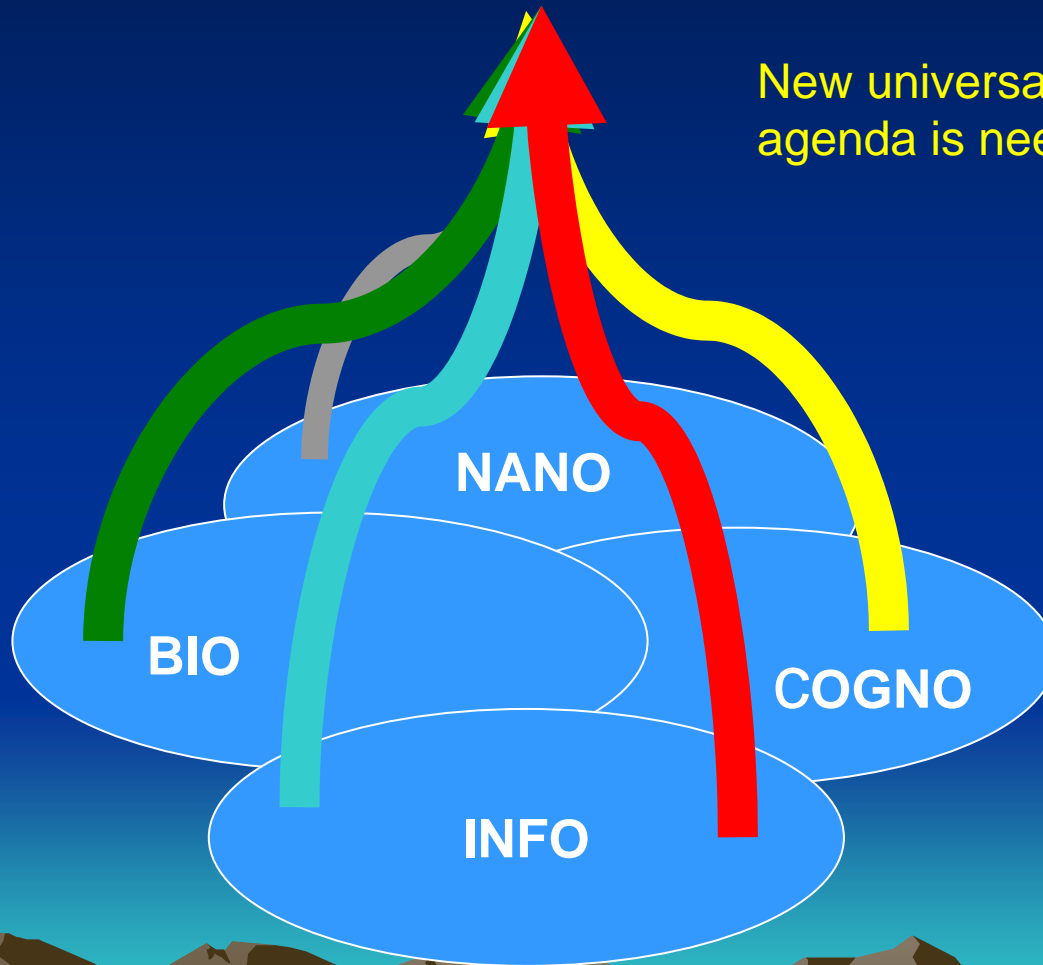
# Nordic Scoreboard: Dangerous substances (The Nordic Group of Director Generals 2005)

	Dk	FIN	ICE	IRE	NL	NOR	SWE	UK
Prevention system for dangerous substances E+OSH or OSH separately	Separately	Combination	Separately	Separately	Separately	Separately	Separately	Separately
National dialogue	+	+	+	+	+	-	+	+
Statistics :Occup. exposures	+	+	-	-	+	+	+	+
Incl. exposure levels	-	+	-	-	-	+	+	+
Including BM	-	+	-	-	-	-	+	+
Including other methods	-	+	-	-	-	-	+	-
Measuring morbidity	+	+	-	-	+	-	+	+
Measuring mortality	-	+	-	-	-	-	+	+
10 year trend: Allergies	↘	↘	?	?	?	?	↔	-
10 year trend: Skin diseases	↔	↘	?	?	?	?	↔	-
Mesothelioma	■ ■ ■	↔	■ ■ ■	?	?	↔	↔	↗
Silicosis	↘	↘	↔	↗	■ ■ ■	↗	↔	↔

# CONVERGING TECHNOLOGIES

Enhanced use of technologies &  
enhanced human performance

New universal research  
agenda is needed!

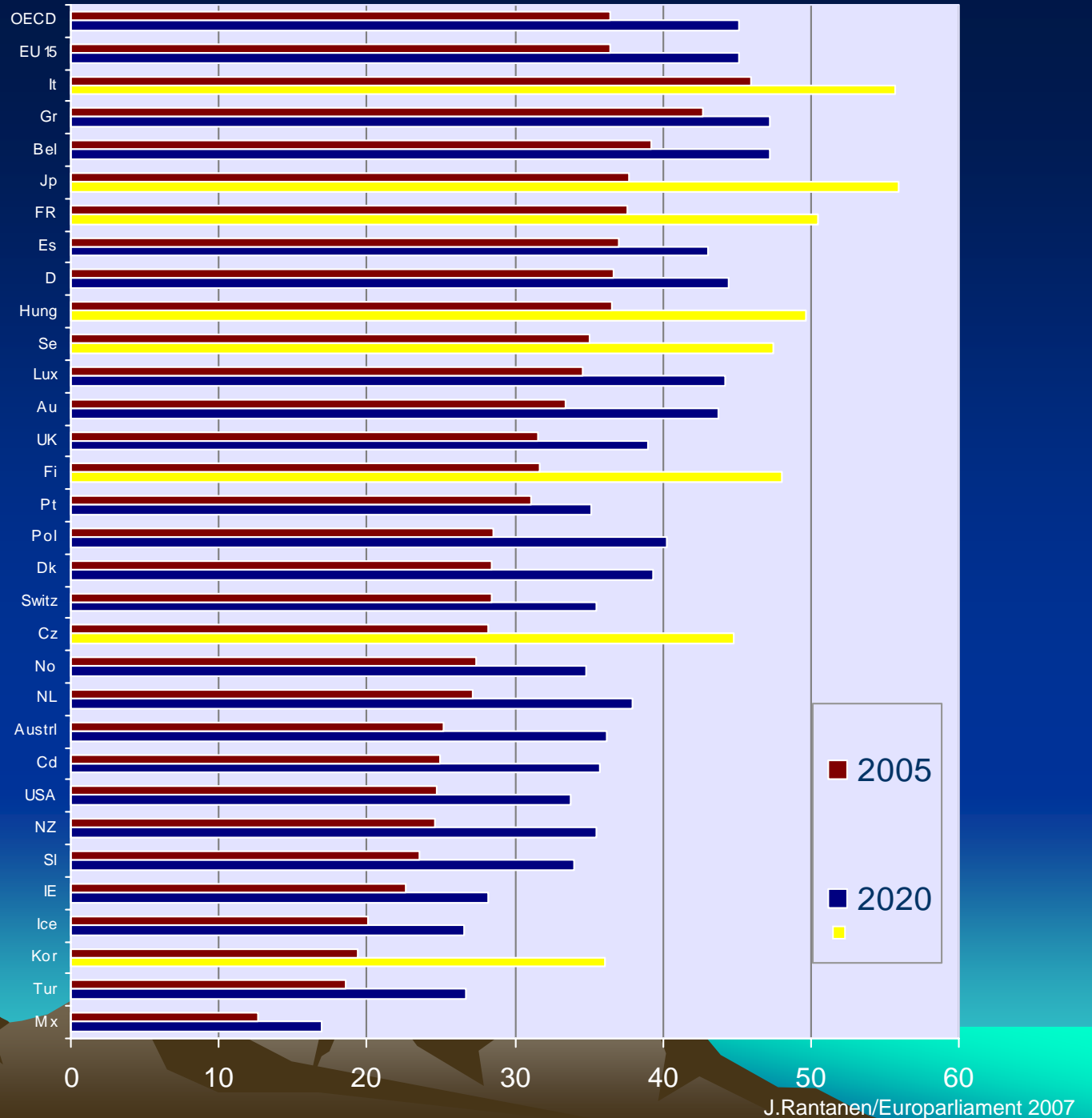


Modified from NSC 2002

## Need of OHS personnel in the Nordic area

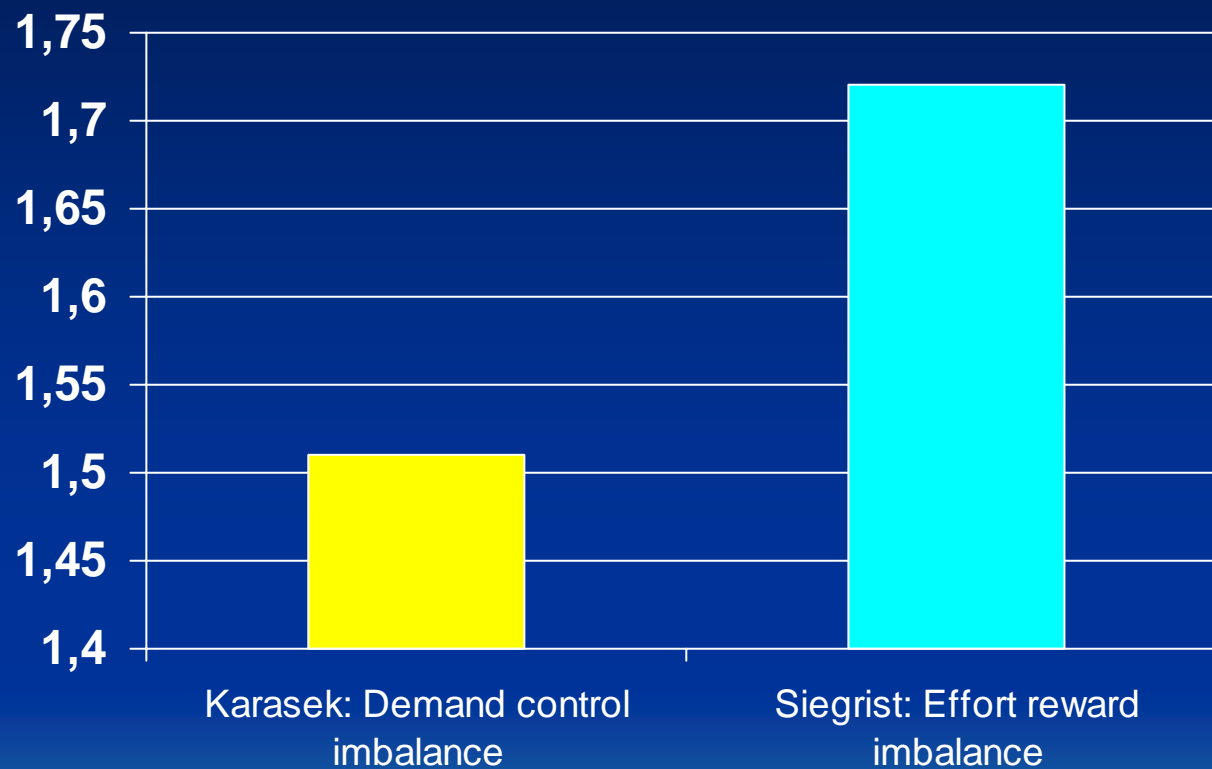
Expert category	Need	Present number
OHP	6000	Ca < 2000
OHNs	12 000	Ca 3000 ?
OHygs	1500	Ca < 500 ?
Psychologists	1500	Ca 1000
Safety inspectors	2400	Ca <1500

# 65+ as % of total workforce in 2005 and 2020



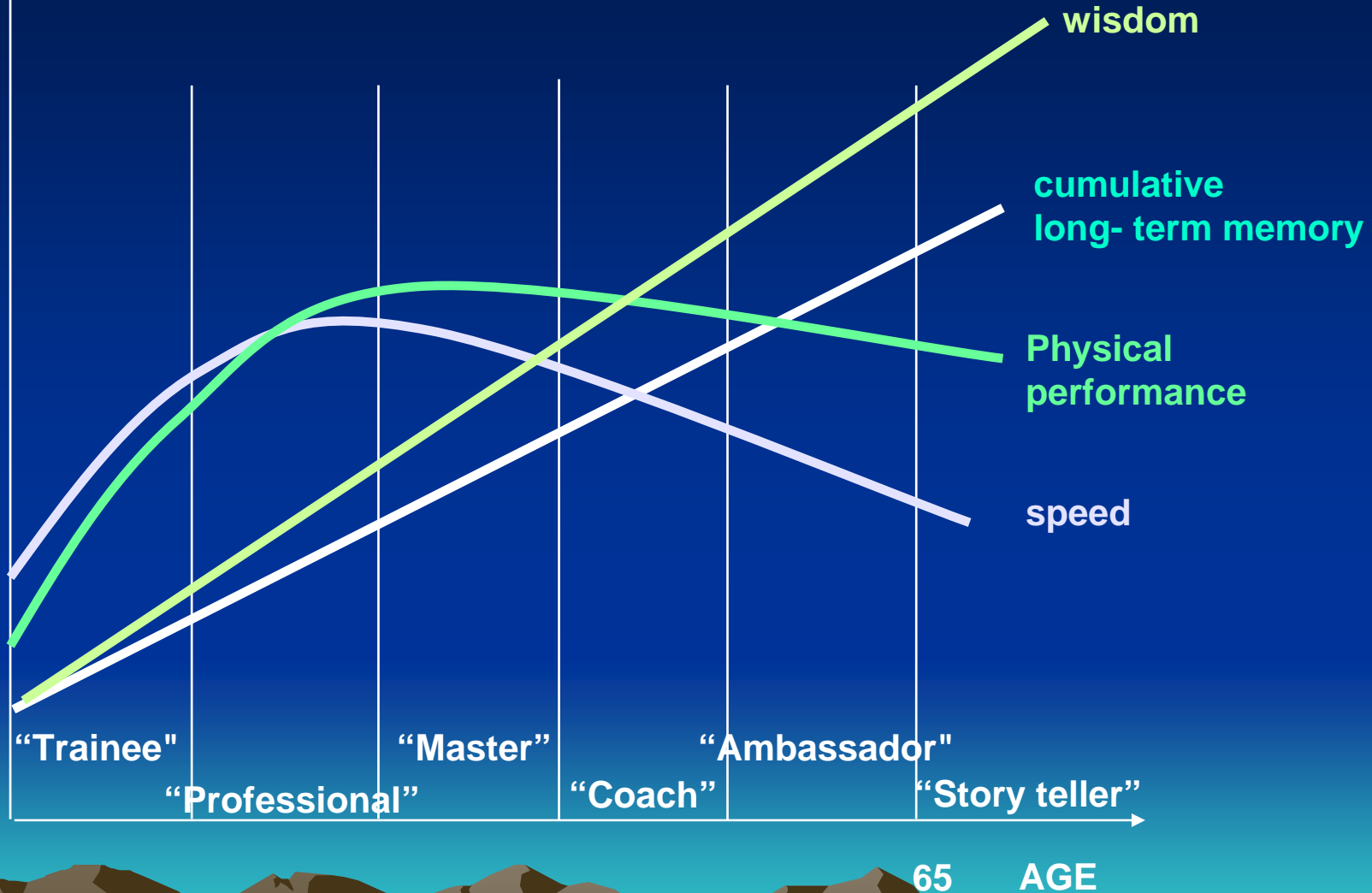
## Intention to early retirement in psychosocially poor quality works

(Siegrist et al. Eur. J.Public Health 14.2006)

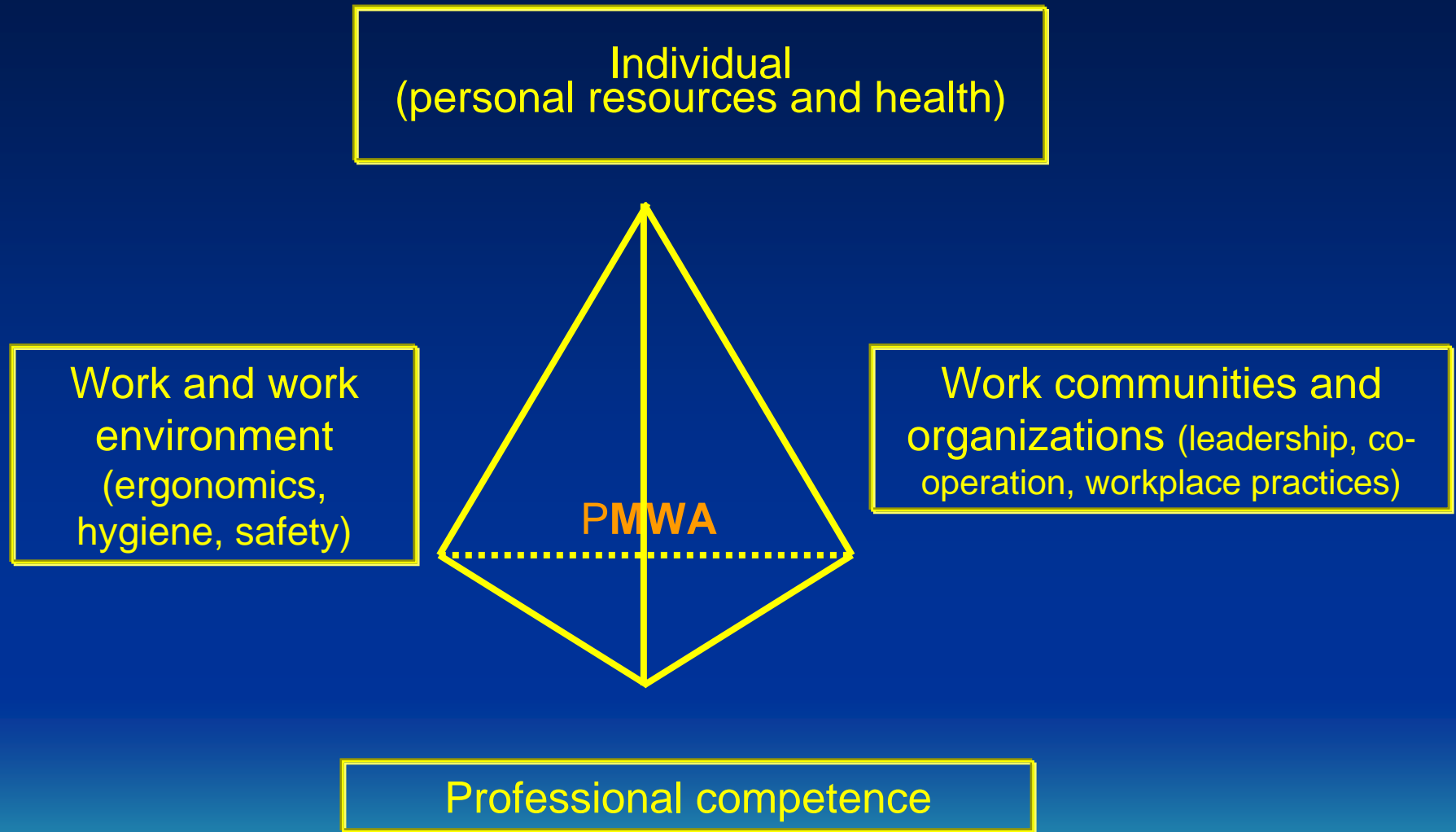


# Age vs. performance

(Rantanen 2000)



# Targets of maintenance of work ability activities at workplaces





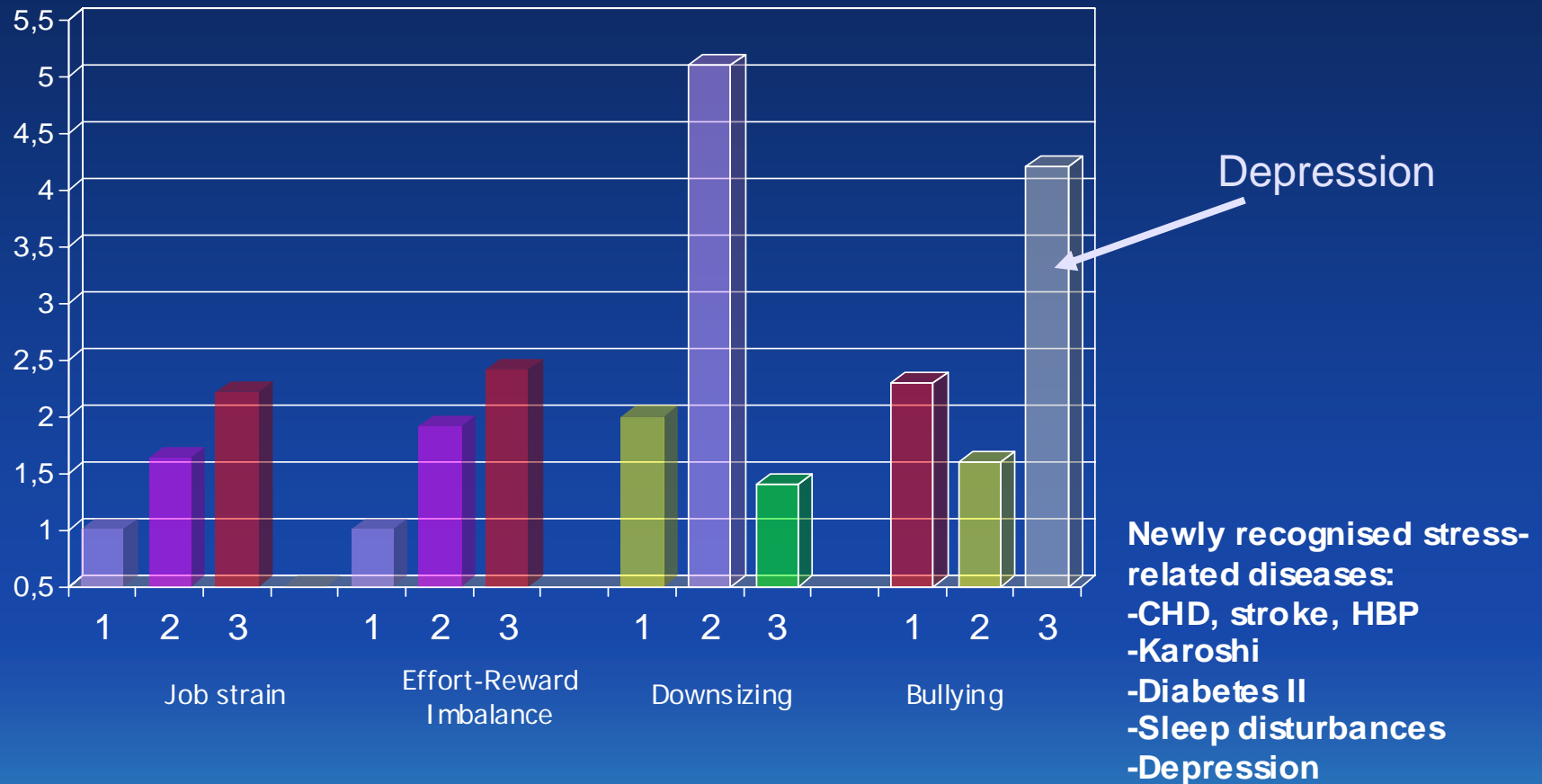
# Work-relatedness of common chronic diseases

	%	
Asthma (adult males)	30	(Karjalainen et al, 2001)
Lung cancer	25-30	(Axelsson 2001)
Cardiovascular disorders		
CHD	5-10	(Leigh 1997)
Cerebrovascular	5	(Leigh 1997)
Musculoskeletal disorders		
Upper extremities	15-40	(EU OSHA)
Low back pain	40-50	(WHO 2002, NAS 2001)

# Job Stress

## Psychosocial quality of work and cardiovascular mortality

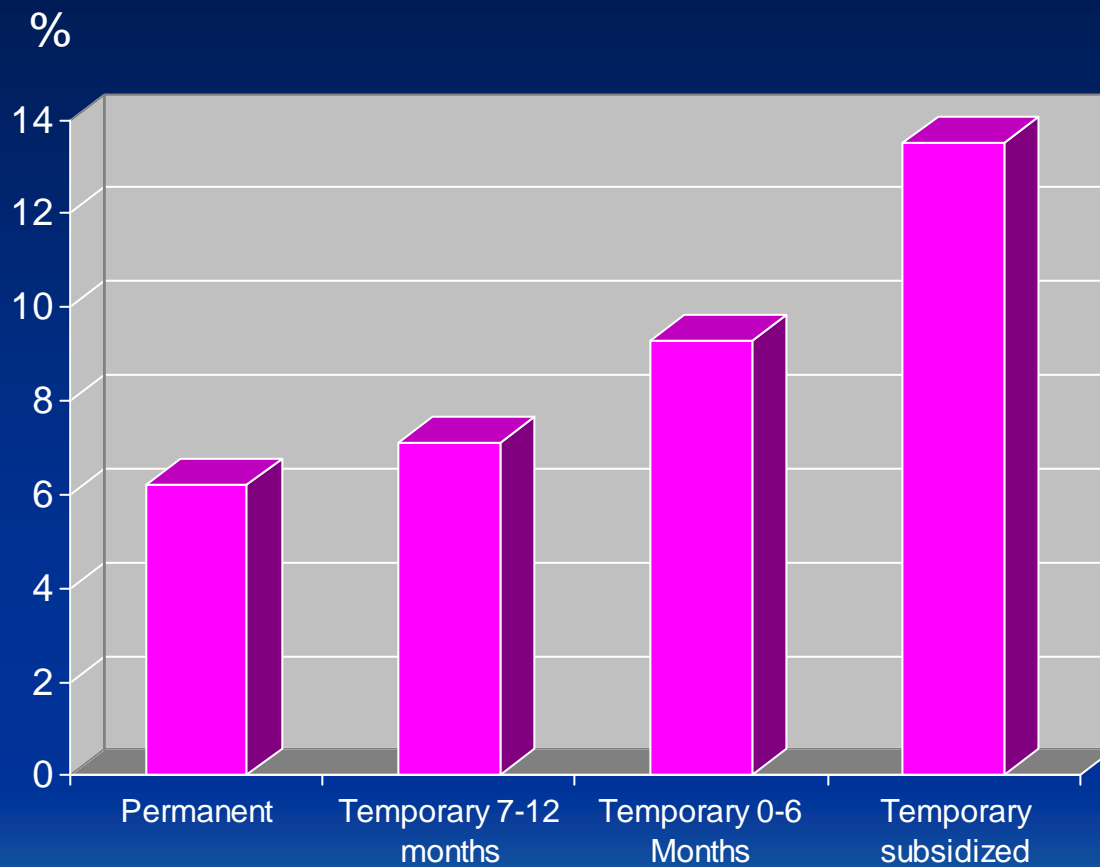
(Kivimäki et al. 2002, Siegrist 2003, Vahtera et al. 2004, Kivimäki et al 2003)



Nmax=812 (73 deaths); mean follow-up 25,6 years

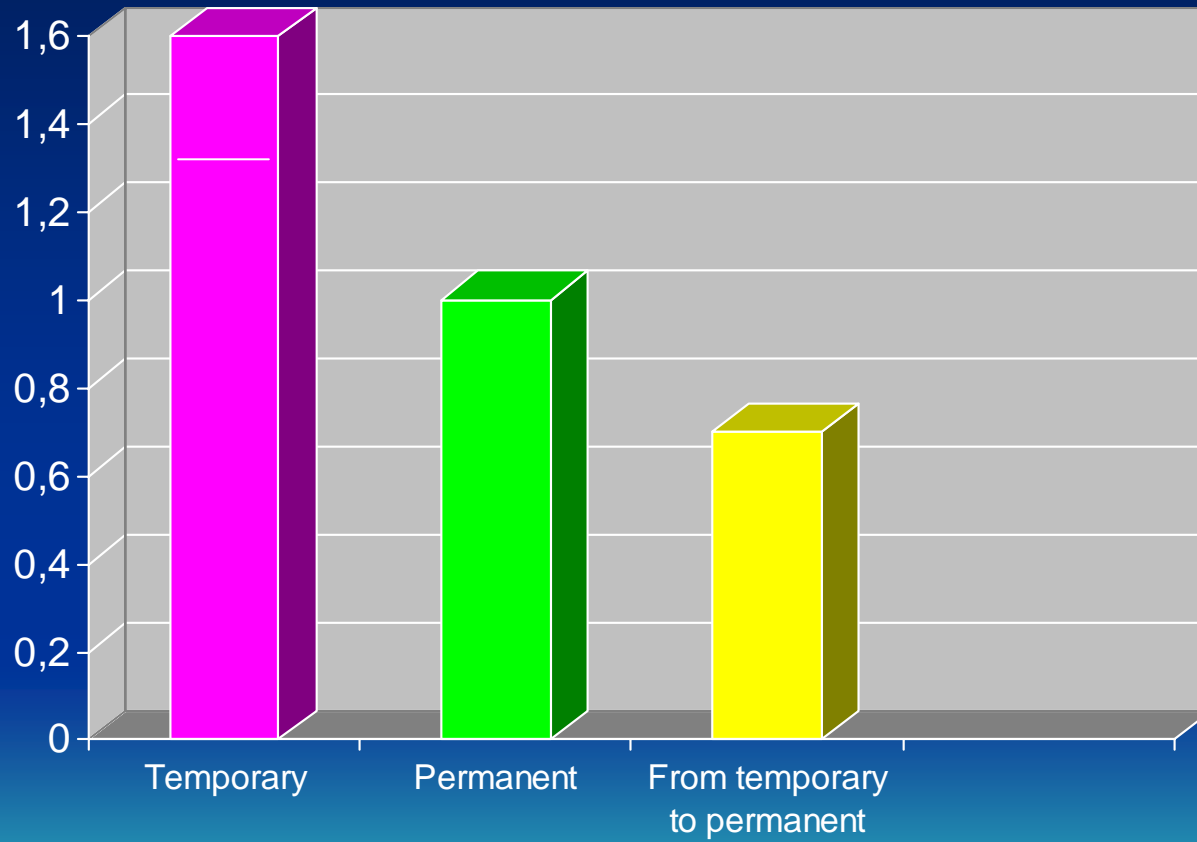
# Proportion of men and women with antidepressant medication between 1998 and 2002 by type of employment, adjusted for age and socioeconomic position.

(Source: Virtanen et al. J.Psychiatric Research)

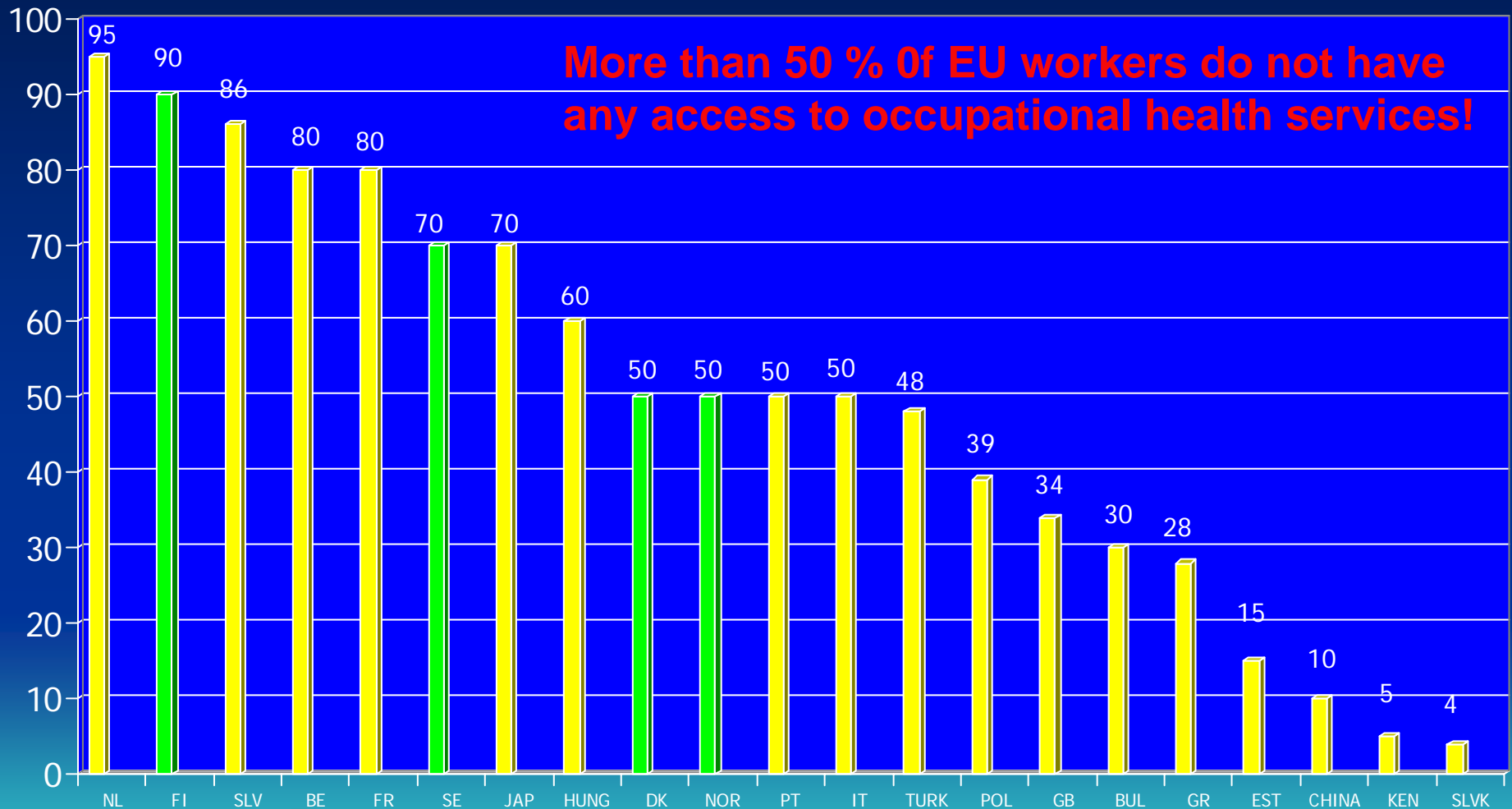


# Mortality of temporary vs. permanent workers

(Source: Kivimäki et al. Am J Epidemiol 2003; 158:663-668).



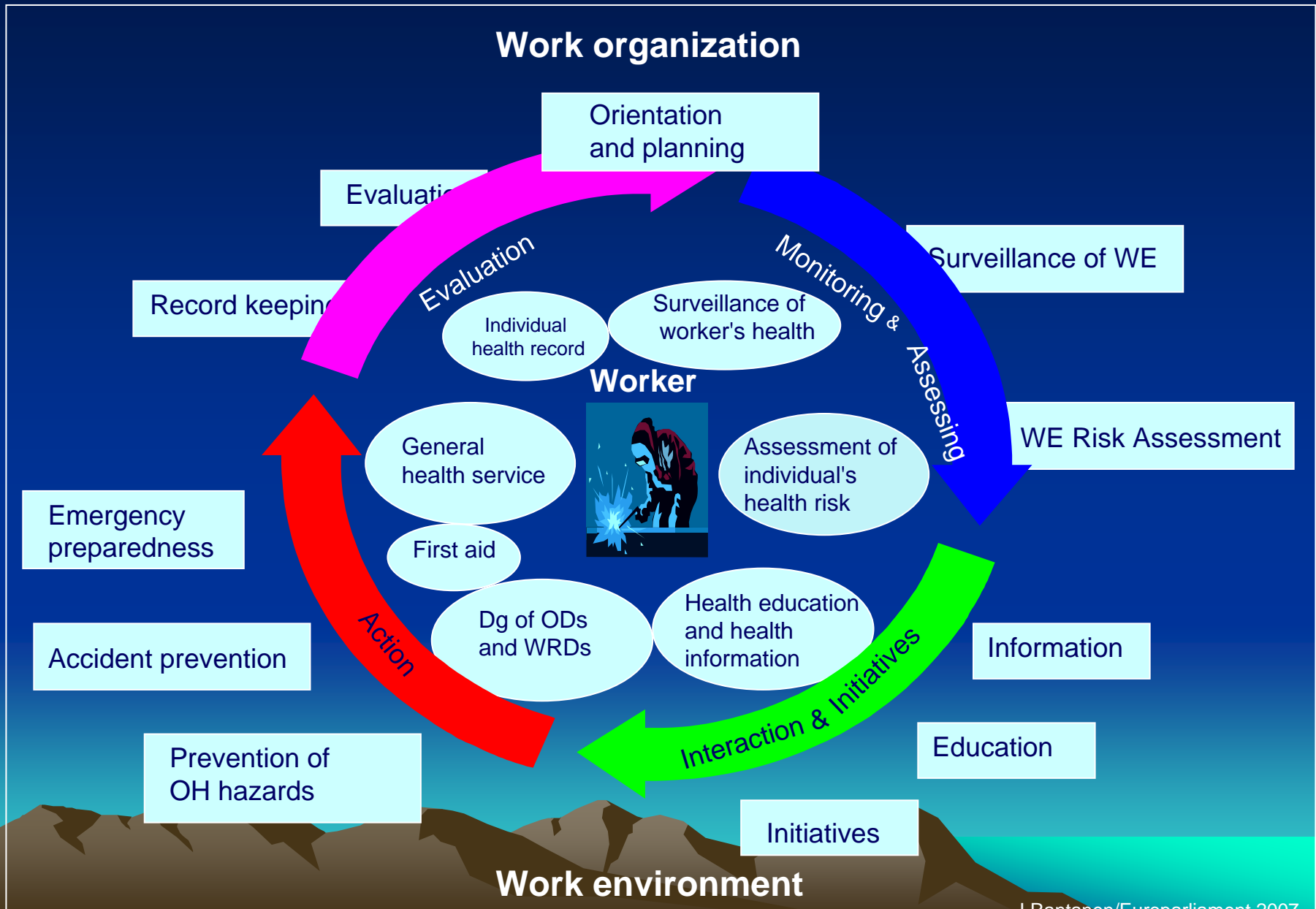
# Coverage of OHS in 21 countries



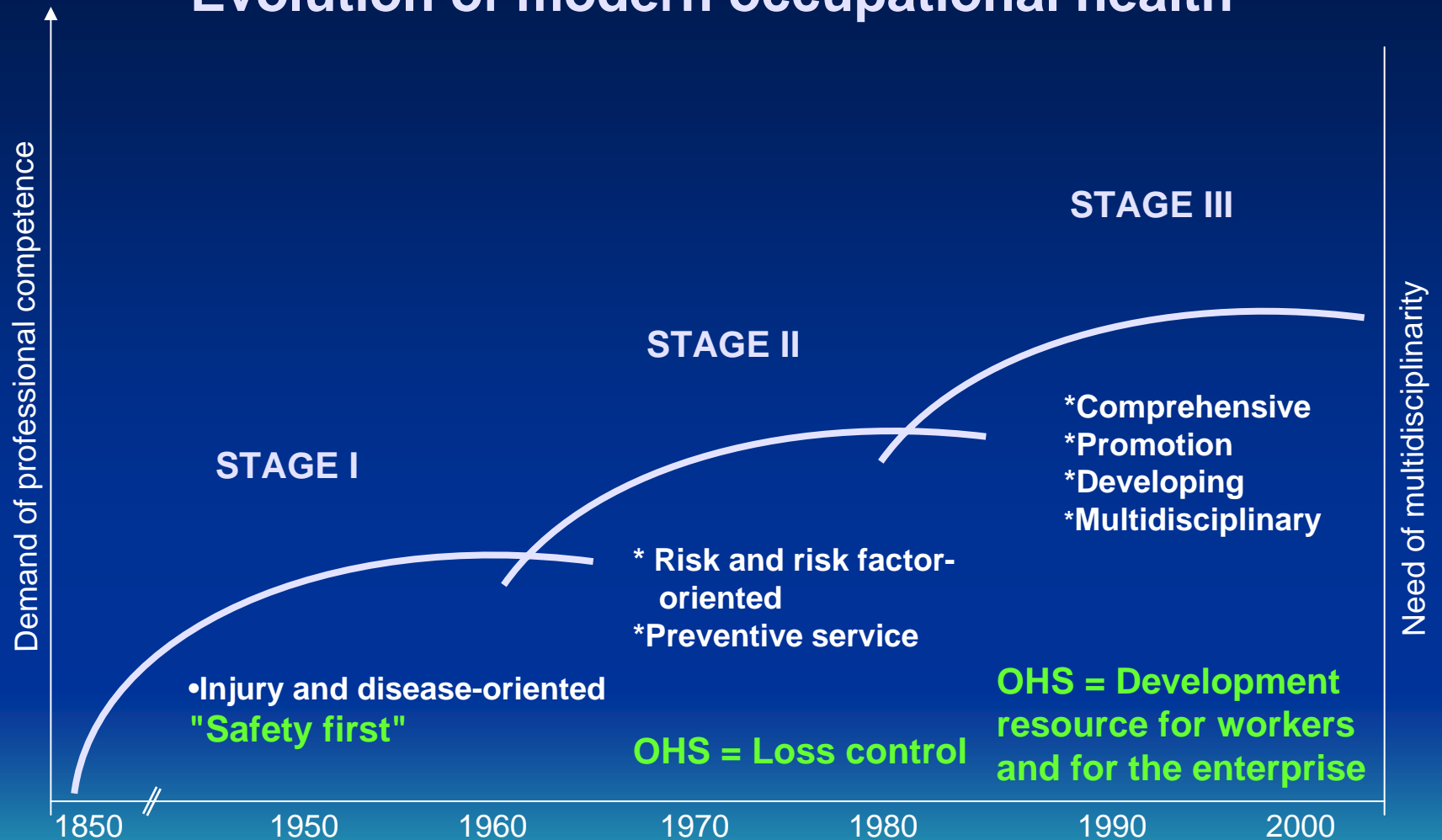
# Coverage

Number of employees	% of workers+ self-employed covered by OHS
>100	100
100- 50	97
10 – 49	91
1 - 9	64
Total	85.1

# The BOHS cycle

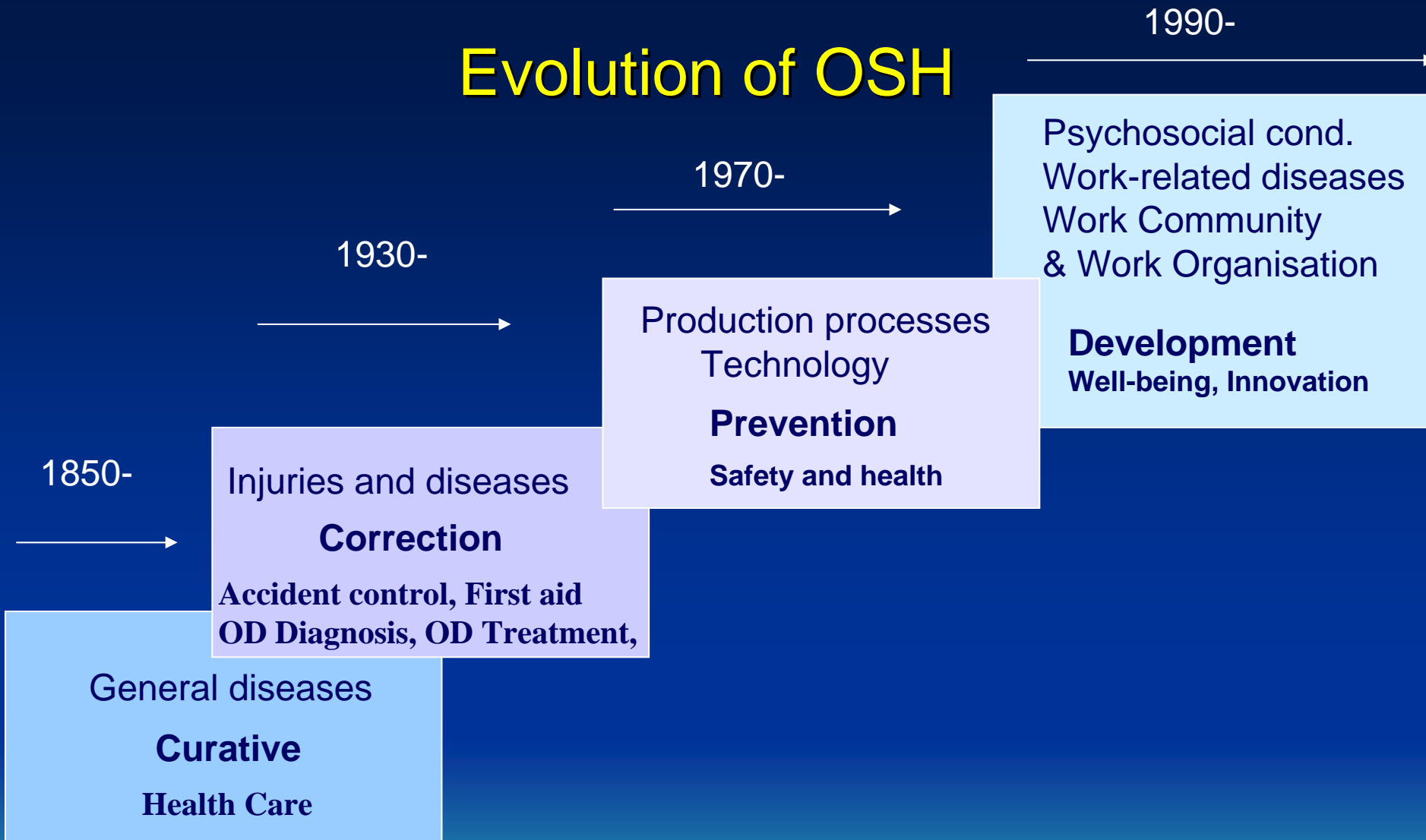


# Evolution of modern occupational health





# Evolution of OSH



# European Parliament Hearing on the Communication "Improving quality and productivity at work: Community Strategy 2007-2012 on Health and Safety at work " COM(2007)62

Brussels, 27 June 2007

<http://osha.europa.eu>

Jukka Takala  
Director



## Question 1:

How can it be ensured that Member States contribute to the 25%-target to reduce work accidents given the diversity of data and statistics? How do you explain that some countries have a significant rate of occupational accidents and diseases compared to others?

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## ➤ National reporting systems differ:

- Insurance vs. labour inspectorate
- Commuting and road accidents
- Acute illnesses
- Coverage of sectors and groups

## ➤ Assess why:

- some sectors, groups of workers or specific accidents have a higher rate in every country
- there are common causes of accidents which occur everywhere, such as falls in construction and needlestick injuries.

- Eurostat harmonised EU system: data and methodology
- Agency info on accident prevention
  - Young workers: "Start safe, stay young"
  - Accident prevention
  - Construction: "Building in safety"



## Question 2:

Which conditions are needed to guarantee simplification without reducing the level of protection? How can the right balance between the effective implementation of existing H&S legislation at national level and the need of introducing new legislation be achieved?

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## Question 2: Implementation at national level

<http://osha.europa.eu>

- **Promotional framework on OSH – ILO – EU – Member States**
- **EU legislation requires employers to be responsible and workers to participate by:**
  - Assessing risks
  - Having appropriate preventive measures
- **Important to provide practical guidance e.g. in:**
  - Good practice
  - Training
- **Council of the EU stressed importance of better regulation and welcomes:**
  - Commission's Regulatory Impact Assessment Board

### Question 3:

Are the directives on H&S implemented successfully at national level and if not, are infringement procedures initiated by the European commission? Please indicate examples for the latter. Does the Commission suffer from a lack of resources which impede it from initiating necessary infringement procedures?

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## Question 3: Infringement procedures

<http://osha.europa.eu>

- This is the Commission's area of competence, and as such the Agency is not in a position to give an opinion on the adequacy of the Commission's resources to carry out this function.

## Question 4:

Are labour inspections sufficient and adequate to monitor the implementation of H&S legislation? How can this instrument be improved?

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- **Labour inspectorates are essential for implementation of Community legislation**
  - As intermediaries to promote compliance (especially in SMEs)
  - Through education, persuasion and encouragement and enforcement measures
- **Labour inspectorates' resources must be sufficient to ensure:**
  - Effective enforcement
  - New challenges are met – e.g. migratory flows and keeping inspectors' skills and knowledge up to date
  - Wide differences in MS capacity

## Question 5:

How to approach insecurity in working conditions (for instance temporary agency work, non-standard employment) creating an additional occupational hazard?

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# Question 5: Temporary workers

<http://osha.europa.eu>

- **Included in Agency's areas of work where relevant (although not specifically studied)**
- **Young workers: recommendations**
  - Target employment agencies and inspection services to raise awareness
  - Special attention: to part-timers and temporary workers
  - OSH in education: especially for precarious jobs
  - Specific targeted measures: in education and training and daily workplace practice
- **Good practice and SME funding schemes:**
  - Describing some initiatives in this field

## Question 6:

Is there evidence that the rate of occupational accidents and diseases is higher in sub-contracted undertakings and undertakings with high numbers of agency or migrant workers? What kind of problems are faced (for instance by labour inspectors) when visiting such undertakings? Do these undertakings have a particularly higher level of non-compliance with H&S legislation?

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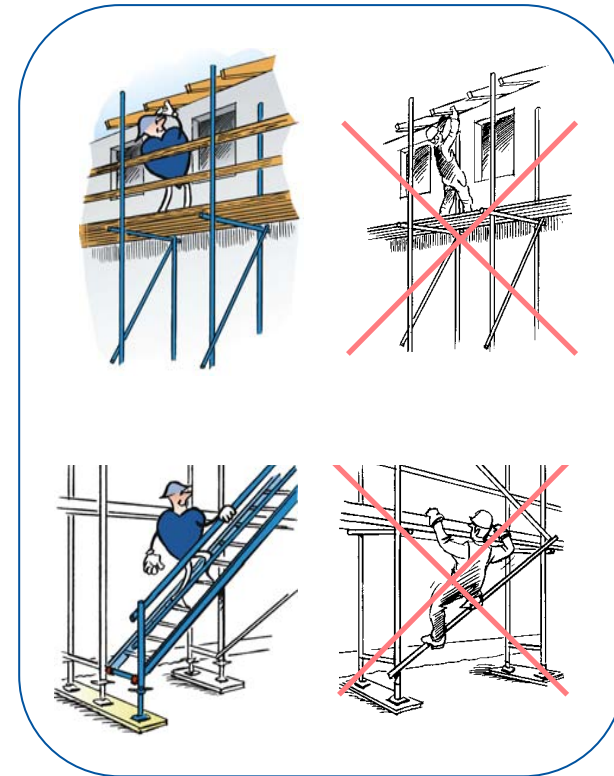
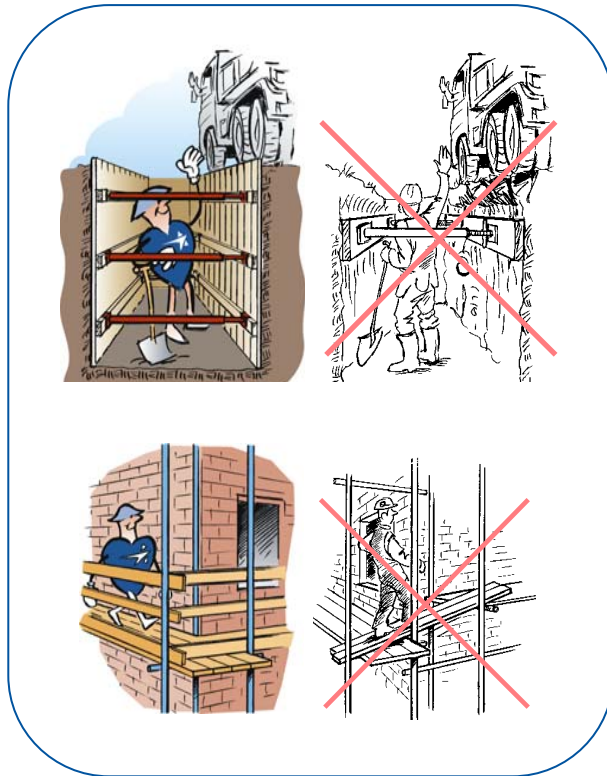
## ➤ Some data:

- Exposure to carcinogens: young apprentices, training, temporary workers
- Almost half of fatal accidents in refurbishment / maintenance / repair projects
- Working conditions of migrant workers are more often unfavourable
- Physically loading and monotonous, longer working hours; more often shift work
- Contradictory results on occupational accidents:
  - many migrants work in jobs with a higher risk of occupational accidents
  - Studies: migrants and nationals with same jobs and in the same organisations, no difference in accidents

# Question 6: Migrant workers

<http://osha.europa.eu>

- **specific challenges sometimes taken into account:**
  - good practice example, published in an Agency report: the Silent Book





## Question 7:

Which measures are taken by, and what is the experience of Member States in paying special attention to the specific situation of an ageing workforce in adapting the workplace and working environment accordingly?

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## Question 7: Ageing workforce

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- **Framework directive (89/391) and related directives provide the main legal framework for the protection of ageing workers**
- **Chronological age is a poor indicator, as ageing occurs differently in each person**
- **MSDs, psychosocial issues and working patterns are core concerns**
- **Workers over 55 suffer the most serious accidents, and have the greatest incidence of illnesses such as occupational cancers**

## Question 8:

How can SMEs be best supported in the implementation of legislation?

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- **A recent review of the literature on OSH in SMEs indicates that:**
  - “There is a lack of evaluation of intervention studies, both in terms of effect and practical applicability”
  - More comprehensive research is needed to study “the complete intervention system: from the intermediaries through dissemination methods to the resulting preventive activities of the SMEs”

- **Difficulty to reach SMEs and get them to act.**
- **Successful schemes (targeting SMEs) should:**
  - Focus on a particular sector or risk
  - Be appropriate: not too complicated or expensive
  - Be disseminated through personal contact
  - Have the involvement of different partners in their planning and implementation
  - Help to create a sustainable risk prevention culture – safety and health culture - in SMEs
  - Combine specific OSH interventions with economic incentives
  - Combine active interventions with practical documentation and tools

## Question 9:

What are the implications and interactions of new forms of physical and psychosocial health risks at work, including increasing third party violence, and could legislative actions in specific areas and for specific groups be identified?

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# Question 9: Interactions physical and psychosocial risks

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- **Combined exposure to risk factors for MSDs and for psychosocial problems:**
  - Excessive job demands, high time pressure, low job control, poor social support, job insecurity and bullying contribute to stress and an increased incidence in MSDs
  - Poor ergonomic design of workplaces also increases workers' mental and emotional strain

# Question 9: Interactions physical and psychosocial risks

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- **2005 data on violence at work:**
  - Sectors most at risk: education and health, public administration, transport and communication, hotels and restaurants, and other service sectors
  - 10-14% of workers in these sectors were threatened with physical violence, 7-8% experienced actual physical violence
  
- **EU Framework Directive (89/391/EEC) refers to physical as well as to psychosocial issues**



# Question 9: Interactions physical and psychosocial risks

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## ➤ Multi-factorial risks in call centres:

- prolonged sitting, background noise, inadequate headsets, poor ergonomics, low job control, high time pressure, high mental and emotional demands

## ➤ Consequences:

- MSDs, varicose veins, nose and throat diseases, voice disorders, fatigue, stress and burnout



*Increasing number of call centre jobs in Germany*

## Question 10:

Have gender specific differences been taken into account at national and EU level considering that women work mainly in the service sector with a particular risk of other illnesses such as allergies, infectious illnesses etc.

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- **General recognition by Member States of the need to take gender into account in OSH**
- **Is this resulting in real actions? Uncertain: No comprehensive picture of activity**
- **Some individual examples of good practice exist**
- **Currently no Agency 'gender' project, but...**
- **Agency aims to mainstream gender into its own activities:**
  - Gender routinely covered in data collection
  - Projects on groups such as cleaning workers

## Question 11:

In your view is there a need for specific legislation on MSDs?

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# Question 11: Need for MSDs legislation

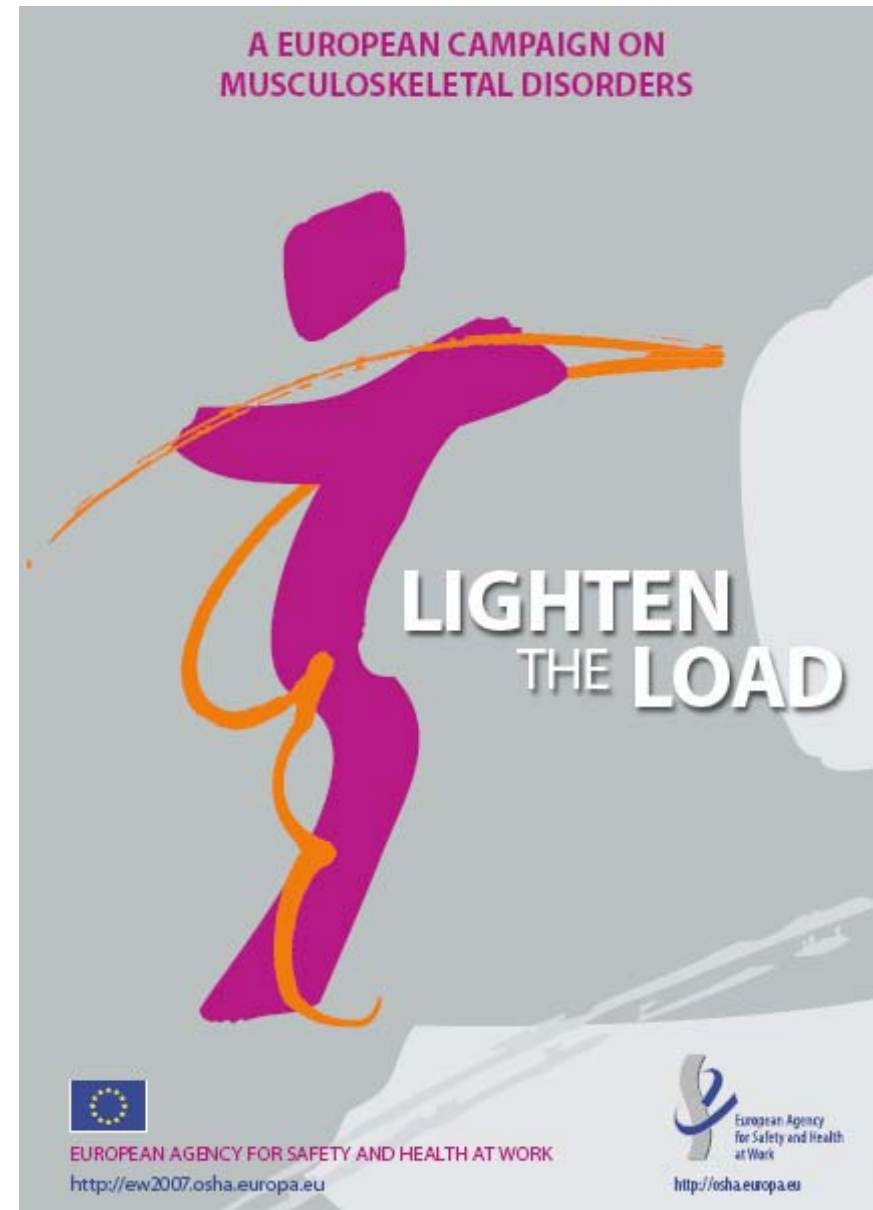
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- **Impact of MSDs is huge. Some estimates:**
  - Up to 40% of the costs of workers compensation
  - Up to 1.5% of the gross domestic product
- **Existing legislation impacting on MSDs:**
  - Framework Directive
  - Manual Handling Directive
  - Display Screen Equipment Directive
  - Whole-body and Hand-arm Vibration Directive
  - Also European Standards for ergonomically designed equipment

# Question 11: Need for MSDs legislation

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- Clear evidence exists of continuing MSDs risks
- Experts agree risks CAN be identified and resolved
- First focus on efficient implementation of the above
- Agency campaign in 2007 and follow-up years to raise awareness



## Question 12:

To what extent are international H&S at work conventions and agreements ratified by third countries, how effective have they been with and how is the implementation controlled?

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# Question 12: Implementation of H&S at work at global level

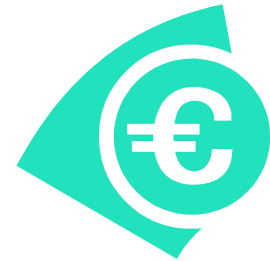
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## ➤ Ratification of international H&S conventions

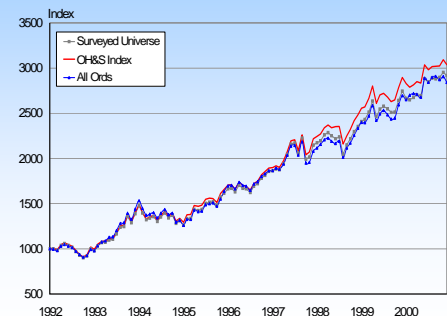
- EU has ratified more conventions than other regions of the world
- Ratification and good practice are generally linked

## ➤ Ratification in no way reduces competitiveness or productivity

- Major Asian competitors are trying to improve their level of safety
- National economies with good H&S have increased economic growth and competitiveness
- Best H&S companies achieve better economic results than the average stock market



Portfolio Index of OH&S universe to 31 December 2000



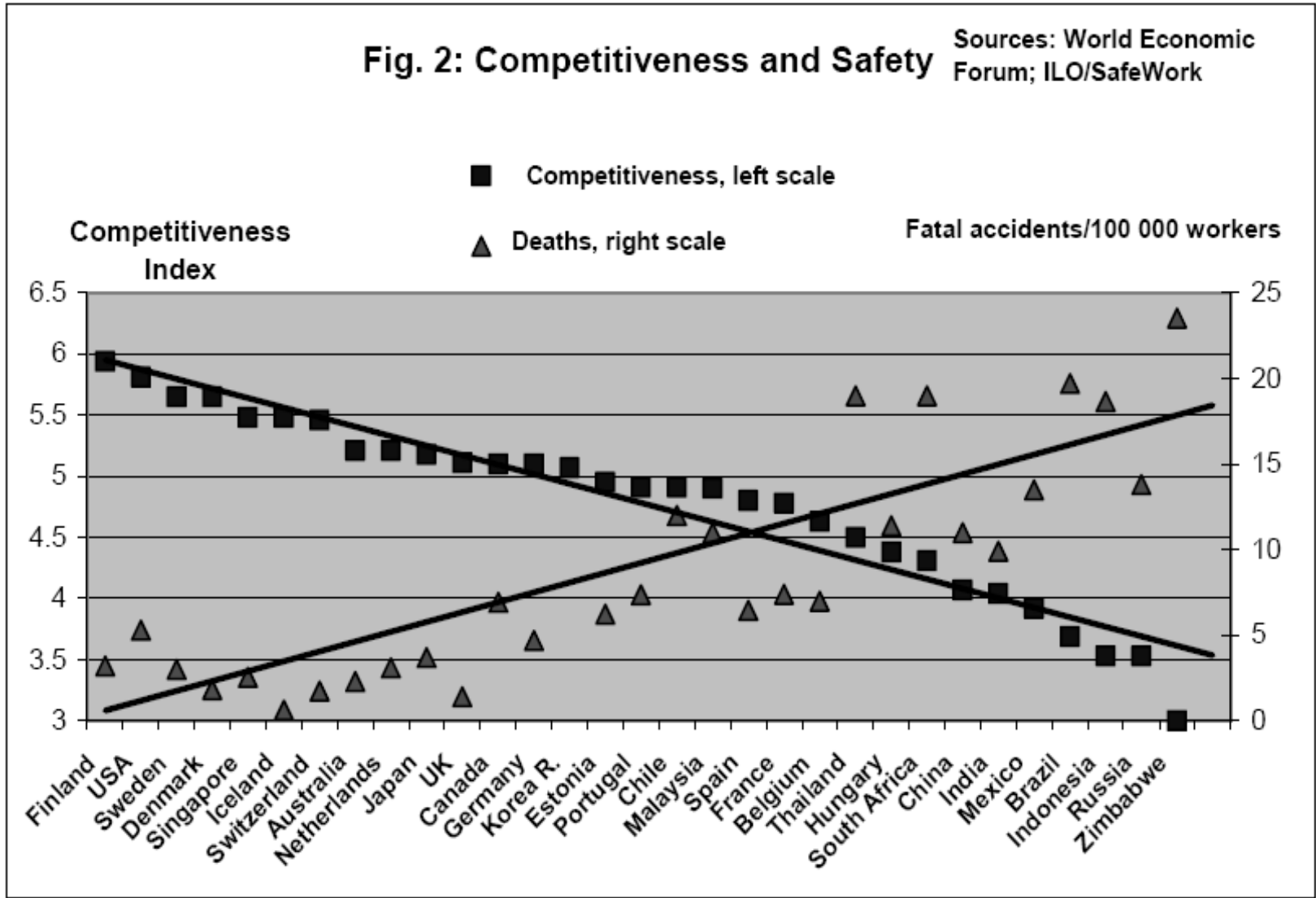


# Question 12: OSH Performance and National Competitiveness

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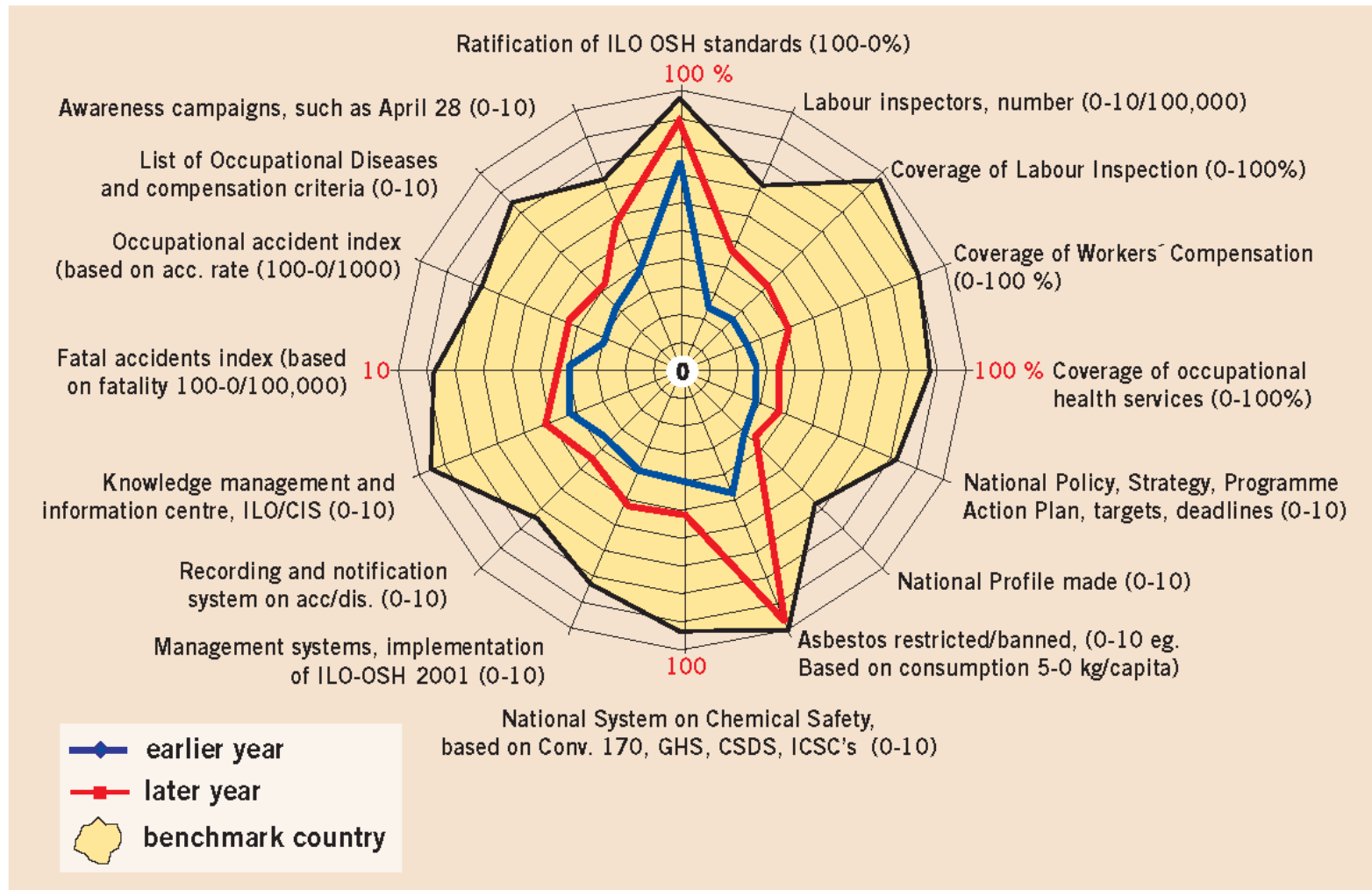
**Fig. 2: Competitiveness and Safety**

Sources: World Economic Forum; ILO/SaveWork



# Question 12: National profile is a review of existing OSH conditions in a country

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**Thank you for your attention**

**Jukka Takala**

**Director,  
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and Health at Work**

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