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REPORT

on the Community strategy 2007–2012 on health and safety at work
(2007/2146(INI))

Committee on Employment and Social Affairs

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MOTION FOR A EUROPEAN PARLIAMENT RESOLUTION

on the Community strategy 2007–2012 on health and safety at work (2007/2146(INI))

The European Parliament,

- having regard to the Commission communication (COM(2007)0062) on "Improving quality and productivity at work: Community strategy 2007–2012 on health and safety at work" and the accompanying Commission staff working documents (SEC(2007)0214), (SEC(2007)0215), (SEC(2007)0216),
- having regard to the EC Treaty, and in particular Articles 2, 136, 137, 138, 139, 140, 143 and 152 thereof,
- having regard to the Charter of Fundamental Rights of the European Union¹ and in particular Articles 27, 31 and 32 thereof,
- having regard to the ILO's conventions and recommendations in the field of health and safety at the workplace,
- 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)² and to its individual directives,
- having regard to Directive 2000/54/EC of the European Parliament and of the Council of 18 September 2000 on the protection of workers from risks related to exposure to biological agents at work³,
- 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 conclusions of the European Council of 8-9 March 2007,
- having regard to its resolution of 23 October 2002 on the Community strategy on health and safety at work 2002-2006⁵,
- having regard to its resolution of 24 February 2005 on promoting health and safety at the workplace⁶,
- having regard to its resolution of 6 July 2006 on protecting European healthcare workers

¹ OJ C 364, 18.12.2000, p. 1.

² OJ L 183, 29.6.1989, p. 1.

³ OJ L 262, 17.10.2000, p. 21.

⁴ OJ L 165, 27.6.2007, p. 21.

⁵ OJ C 300, 11.12.2003, p. 165.

⁶ OJ C 304, 1.12.2005, p. 278.

- from blood borne infections due to needlestick injuries¹,
- having regard to its resolution of 23 May 2007 on promoting decent work for all²,
 - having regard to its resolution of 13 November 2007 on Community statistics on public health and health and safety at work³,
 - having regard to its declaration of 29 March 2007 on hepatitis C⁴,
 - having regard to Rule 45 of its Rules of Procedure,
 - having regard to the report of the Committee on Employment and Social Affairs and the opinions of the Committee on the Environment, Public Health and Food Safety, the Committee on Industry, Research and Energy and the Committee on Women's Rights and Gender Equality (A6-0518/2007),
- A. whereas there is a positive correlation between the quality of health and safety standards in the workplace and financial performance in terms of overall performance, absenteeism, staff turnover rates, workers' motivation, improved corporate image and productivity,
- B. noting that the most competitive economies have the best occupational health and safety (OHS) records, and that high levels of health and safety protection have a positive effect on public finances in terms of social security savings and higher productivity; whereas health and safety protection not only contributes to the productivity, performance and welfare of workers but also results in savings for the economy and for society as a whole,
- C. considering that more research on long-term effects of some working activities on health is necessary in order to better protect workers, as some illnesses appear only several years after the activity causing it was carried out,
- D. worried by the fact that the reduction in the number of cases of occupational accidents and diseases has not been evenly spread as certain categories of workers (e.g. migrants, workers with precarious contracts, women, younger and older workers), certain companies (notably SME and micro-enterprises), certain sectors of activity (in particular construction, fisheries, agriculture, transport), and certain Member States present rates of occupational accidents and diseases much higher than the EU average,
- E. whereas occupational health and safety protection measures should consistently form a part of business culture, and whereas this culture should go hand in hand with the lifelong training of workers and managers,
- F. whereas a consistently implemented culture of occupational health and safety protection in businesses could help OHS procedures to be implemented in an un-bureaucratic way and thus ensure effective protection,

¹ OJ C 303 E, 13.12.2006, p. 654.

² *Texts adopted*, P6_TA(2007)0206.

³ *Texts adopted*, P6_TA-PROV(2007)0501.

⁴ *Texts adopted*, P6_TA(2007)0102.

- G. whereas rest periods are of paramount importance for a high standard of protection of workers' health and safety,
- H. whereas the ILO estimates that approximately 167,000 people died in the EU from a work accident or a work-related disease in 2006, and the Commission communication estimates that each year 300,000 workers suffer permanent disability to differing degrees,
- I. considering that a genuine strategy on health and safety at work should be based on the right mix of the following instruments: sufficient awareness by all, focused education and training, adequate prevention services and campaigns, social dialogue and participation of workers, adequate legislation and implementation, tailored attention to specific groups, activity sectors and types of undertakings, efficient inspections and effective, proportionate and dissuasive penalties,
- J. considering that ageing workers should maintain their health, work ability and employability for as long as possible and that measures should be adopted accordingly,
- K. considering that inspections play an important role to enforce the existing legislation and therefore to prevent exploitation at the workplace, thus helping to promote the concept of decent work; considering that the inspectors must be supported by closer cooperation and exchange of information between inspectors in the Member States,
- L. whereas risk assessment at business level cannot be considered as a one-off activity, but it has to be carried out periodically and adapted to new circumstances and/or risks, whereas the lack of it, or its inappropriate performance, is against the law and is one of the main causes for occupational accidents and diseases,
- M. whereas there are no statistics available regarding the negative effects of fires on health and safety at work,
- N. whereas healthcare workers are at risk of contracting more than 20 life-threatening viruses, including hepatitis B, hepatitis C and HIV/Aids,
- O. whereas with the Lisbon Strategy an overall employment rate of 70% as well as an employment rate of 60% for women and of 50% among older workers is targeted by 2010, and whereas workers with chronic diseases or long-term illnesses often do not return to work, although they are deemed fit to do so and that those who return to work are often faced with multiple discrimination as for examples reductions in their income, and whereas this is in particularly true for cancer patients as most recent studies show that one fifth of former breast cancer patients do not return to work, although they would be able to do so,
- P. whereas more women than men are employed in the 'black' labour market without insurance, a fact which inevitably has significant consequences as regards the health and safety conditions under which they are employed,
- Q. whereas women and men do not constitute a homogenous group and therefore strategies and measures to improve OHS must be specifically adapted to particular work places, taking into account the fact that some factors might affect women and men differently,

1. Welcomes the Commission's ambitious target for an average of a 25% reduction in workplace accidents across the EU; recognises that the figure may vary from country to country due to differing points of departure, but considers that it is still important to have clear and well-targeted measures together with a timetable and financial commitments which can then be measured and assessed; in the absence of these, calls on the Commission to undertake to report back to the European Parliament at the half-way stage of the strategy's period on its progress;
2. Calls on the Commission and Member States to take due account of inequalities not just between Member States but also within individual Member States, and to make a commitment to reducing them;
3. Notes the Commission's proposals to use non-binding instruments where binding laws are not feasible or appropriate, allowing Member States the flexibility to find solutions that deliver the best health and safety outcomes in their particular circumstances;
4. Welcomes the Commission's greater emphasis on regulatory simplification and reduction of administrative burdens, and points out that while simplification provides enhanced benefits to citizens, it helps employers and employees alike to concentrate on the practical management of health and safety to secure better health and safety outcomes; considers it to be of paramount importance that such simplification in no way undermines the level of protection offered to workers;
5. Calls on the Commission to give priority in its strategy to those activities and/or industries which involve particular risks (e.g. metal-working, construction, electricity, forestry etc.);
6. Calls on the Commission to involve the European Agency for Health and Safety at Work in Bilbao more closely in this process, and in particular to ask it to submit an assessment of which industries have the highest risk of industrial accidents and occupational diseases and how this can be effectively counteracted;
7. Considers the Commission's strong focus on assisting SMEs to meet their health and safety obligations to be excellent and fully supports its approach;
8. Regrets that the Communication is silent on targets for the reduction of occupational diseases but understands the difficulty in measuring occupational diseases; therefore calls on the Commission to review the use and implementation of existing statistical procedures in order to correctly identify and measure occupational diseases, and in particular occupational cancers with a view to setting targets for their reduction; suggests that the Commission considers the option of transforming the EU recommendation concerning occupational diseases (2003/670) into a minimum directive;
9. Calls on the Commission to broaden the Community strategy's scope so that it also covers social determinants and not merely occupational accidents or illnesses, given that an individual's state of health is determined by various work-related factors such as type of contract, working conditions and the availability of work; points out that changes in work relations and the decline in job security give rise also to environmental, psychological and social problems that need to be addressed;

10. Emphasises the need to mainstream gender when dealing with issues concerning health and safety at work and welcomes the initiative of the Commission calling for the preparation of unique methods of impact assessment in OSH with regard to gender specificity; however, criticises the Commission for failing to take adequate account of gender mainstreaming in its communication, either in its "Objectives of the Community Strategy 2007-2012" or in any its "Impact Assessments"¹;
11. Calls on the Commission to assess the availability of gender-disaggregated statistics at Community level on work-related fatal and non-fatal diseases;
12. Urges the Member States to implement existing OSH directives in a more gender-sensitive way and to implement gender impact assessment of these directives;
13. Stresses that the rehabilitation and reintegration of workers after ill health or an accident at work is vital and applauds the special focus on rehabilitation and reintegration called for in the national strategies; it is important that governments ensure in their health and safety strategies the obligation of job retention (through training, reallocation of tasks, etc) for people who have experienced a physical or mental illness during their working lives;
14. Calls on the Commission to collect more figures and data on workers with chronic diseases and to analyse their working conditions and to draw up a charter for the protection of the rights of cancer patients and people with other chronic diseases in the workplace and, with a view to requiring companies to make it possible for patients to continue in employment during their treatment and to return to the employment market after it has finished;
15. Expresses deep concern regarding the excessively high rate of accidents among temporary, short-term and low-qualified workers, which in some Member States is at least double that of permanent workers, while recognising the correlation between these employment categories and their employment in higher risk industries such as construction; points out that Council Directive 91/383/EEC of 25 June 1991 supplementing the measures to encourage improvements in the safety and health at work of workers with a fixed-duration employment relationship or a temporary employment relationship establishes as a general rule that temporary workers have the same occupational health rights as other workers but that the directive fails to lay down specific mechanisms to make this principle workable in practice; calls on the Commission to address these shortcomings as a matter of urgency;
16. Also notes the increasing number of atypical employment contracts and stresses that their conditions must not pose risks to the health and safety of employees and contractors;
17. Asks for measures to observe the safety and health rights for women in atypical workplaces such as those who care for sick people at home;
18. Calls on the Commission and the Member States to fully take account of the implications of demographic change on occupational health and safety; in particular, invites them to reinforce preventive measures and to adopt measures intended to compensate physical

¹ SEC(2007)0214, 0215, 0216).

decline, notably through ergonomics and workplace design, and through measures and incentives designed to maintain the motivation, capacities and health of ageing workers;

19. Notes the scientifically proven link between growing stress at the workplace and the diseases it gives rise to, particularly chronic illnesses, cardiovascular diseases and musculoskeletal disorders;
20. Considers that it is of the utmost importance to ensure better application of the existing legal instruments on OHS and therefore calls on the Commission and the Member States to use all available means in order to achieve this; measures to be considered should include:
 - a) minimum requirements for the quality of preventive services and work inspection,
 - b) tougher sanctions,
 - c) better assessments of legislative implementation,
 - d) exchange of best practice,
 - e) strengthening the culture of prevention and early warning systems including broadened access of society to information for occupational and safety conditions at the work place,
 - f) greater involvement of employees in the workplace,
 - g) stimulating the employers to fulfil their engagements in the field of occupational safety and health at work,
 - h) strengthening the use of social dialogue agreements;
21. Considers that the Commission is severely lacking in resources in order to properly check the effective transposition and implementation of adopted directives on occupational safety; considers it should make use of all available means at its disposal, including a more widespread use of infringement proceedings;
22. Notes that OHS protection should apply equally to all workers in the European Union, that OHS protection is ultimately founded on the fundamental right to physical integrity, and that opt-outs from OHS protection legislation jeopardise the health of workers and equal opportunities, and may trigger a race to the bottom;
23. Calls on the Commission to give the same commitment to impact assessments on health and safety at work as to those on the environment;
24. Considers labour inspections to be an essential part of implementing health and safety legislation; therefore calls on the Commission to:
 - a) provide SLIC with the necessary resources to ensure it can perform effectively, following an examination of how it can be best effective and provide the best value,
 - b) further develop knowledge sharing systems to ensure effective responses to requests for information and cooperation,
 - c) initiate evaluation research on the efficiency and impact of inspection activities as proposed by the SLIC, with a view to putting into place common quantitative and qualitative inspection objectives, thereby encouraging the use of inspectorates as facilitators in creating an efficient and effective health and safety culture throughout the workforce,

- d) introduce ways and means of evaluating national inspection systems, notably by setting scoreboards,

and calls on Member States to:

- e) provide adequate staff and financial resources for their national inspectorates,
- f) increase the density of labour inspectors, to ensure at the very least a ratio of 1 to 10000 workers, in line with ILO recommendations,
- g) increase the quality of labour inspectors through providing more multi-disciplinary training in areas such as psychology, ergonomics, hygiene, environmental risks and toxicology,
- h) focus inspections on priority areas, sectors and undertakings with high risks of accidents and with high levels of vulnerable groups such as migrant workers, temporary agency workers, low-skilled, young and ageing workers and workers with disabilities;

25. Recognises that prevention is of central importance and calls upon the Commission to implement the following measures in the strategy:

- a) ensure that employers recognise and fulfil their responsibilities in providing appropriate preventive services in all workplaces, while acknowledging that a responsible attitude from employees to their own health and safety is also important,
- b) encourage prevention services to be fully multidisciplinary and reflect the hierarchy of measures provided for in the framework Directive 89/391/EEC,
- c) stress that risk assessment should be a continuous ongoing process and not a one-off obligation, with full involvement of the employee,
- d) ensure that as far as possible preventive activities are carried out in-house,
- e) ensure that health surveillance goes hand in hand with prevention,
- f) adapt its health and safety at work legislation on a regular basis to reflect technological advances;

26. Underlines the importance of Member States ensuring that access to technical documents and norms concerning health and safety at the work place on national level is free of charge;

27. Congratulates the Commission on its proposals on education and training contained in its Communication and considers this to be a key factor in developing a preventive culture and that furthermore it should be a continuous and ongoing process adapted to the new technological situation at the workplace, which also applies to those workers that return to the workforce after illness or career breaks due to family care responsibilities;

28. Considers that tailored vocational training and retraining in the field of health and safety at work must be offered to employees and health and safety representatives with specific attention paid to sub-contracting, temporary work, part-time work, women, and migrant workers; national and EU funds must continue to be used in this respect;

29. Considers that employers should be obliged to facilitate medical examinations for day workers and people with part-time employment contracts;

30. Calls on the Commission to fully use the existing Community funds (notably the ESF) on issues related to H&S (prevention and development of a prevention culture, awareness raising, vocational training, lifelong learning, rehabilitation and reintegration of workers having suffered from an occupational accident or disease) and addressed in particular to SMEs; Other Community funds (for example, from the 7th Framework Programme on Research) and national funds should be allocated to research on occupational diseases;
31. Considers it important, bearing in mind the increased risk to which workers are exposed in the mining, metallurgical, steelmaking and shipbuilding sectors, for the Member States and the Commission to allocate the requisite funds for the necessary investments to guarantee health and safety at work;
32. Asks the Member States and the Commission to ensure a systematic gender-sensitive approach, when developing national and Community OHS strategies and when collecting statistics, conducting surveys and carrying out OHS research; calls on the Member States and the Commission to make use of the funding possibilities provided in this regard by the PROGRESS programme, in particular under the section concerning gender equality;
33. Invites the Member States to assess the adoption of financial incentives to promote H&S in the work place, notably tax rebates or preference in call for tenders for safe enterprises and H&S certified businesses, introduction of a "bonus-malus" system in insurance policies and social security contributions, and financial incentives to replace obsolete or unsafe equipment;
34. Furthermore, suggests that Member States consider the possibility of incorporating certain health and safety standards when awarding public contracts;
35. Considering the ongoing social and economic changes, which influence and change also the labour market, calls on the Commission to encourage good employment policies and decent work conditions and to encourage employers to promote healthy lifestyles at the workplace through occupational health promotion campaigns, enforcement of smoking bans at the workplace and schemes to support smoking employees to quit smoking and to ensure responsibility and policy coherence with other areas, especially public health;
36. Calls on the Commission to initiate a revision of Council Directive 92/85/EEC on the introduction of measures to encourage improvements in the health and safety at work of pregnant workers and women who have recently given birth or are breastfeeding;
37. Considers that the health problems related to exposure to asbestos are well known and that the European regulation on asbestos is acceptable; underlines the fact that asbestos-initiated diseases in Europe are forecasted to be very high for many years ahead; therefore calls on the Commission to organise a hearing on how to tackle the huge OHS problems related to existing asbestos in buildings and other constructions such as ships, trains and machinery; also calls on Member States to draw up national action plans on phasing out asbestos, including obligations to map asbestos in buildings and provide for the safe removal of asbestos;
38. Regrets that, despite repeated and specific requests from the European Parliament, the Commission has yet to bring forward a legislative amendment to Directive 2000/54/EC to

address the serious risks to health care workers arising from working with needles and medical sharps; calls on the Commission to expedite the completion of the impact assessment via the Tender (2007/S 139-171103) and expects a suitable amendment to the directive to be adopted well before the end of the legislature in mid-2009, in line with the European Parliament resolution T6-305/2006; calls on to the Commission to implement appropriate prevention and screening measures to reduce the risk of contracting blood borne diseases such as hepatitis C;

39. Calls on the Commission to take the lead in developing and agreeing an EU code of practice on the prevention of healthcare associated infections;
40. Calls on the Commission to improve health and safety in healthcare settings, including care homes, by initiating measures to encourage routine screening of healthcare staff to enable early detection and treatment to reduce occupationally acquired or occupationally communicable infections, such as MRSA;
41. Welcomes the requirement for Member States to draw up national strategies; stresses that these strategies should cover the same period of time and begin on the same year so as to facilitate the comparison of both the national strategies and their results and that they should also set clear and measurable targets and have a special focus on SMEs and on vulnerable groups such as migrant workers, young and ageing workers, women, temporary agency workers and workers with disabilities;
42. Underlines the fact that it is essential that the workplace be made accessible and safe for workers with disabilities through the provision of reasonable accommodation, the provision of special equipment adapted to individual needs and through the provision of those health services needed by people with disabilities, specifically because of their disability, including services designed to minimise and prevent further disabilities;
43. Asks both the Commission and the Member States to apply and enforce the framework directive and the existing health and safety provisions fully and irrespective of their legal status to all workers and amend current legislation for certain at-risk professions if it has proven ineffective including those often ignored such as farm labour, healthcare workers, professional drivers, domestic workers, home workers, and the military where appropriate; as well as ensuring the full application and enforcement of the Directive establishing a general framework for equal treatment in employment and occupation (Directive 2000/78/EC); also asks them to consider all available options to extend EU health and safety provisions to the self-employed and to sheltered employment services offered to people with disabilities;
44. Calls on the Member States to give serious consideration to the different risks relating to occupational safety and health for female and male employees and to make provision for different social and physical infrastructure to counter those risks;
45. Stresses that the need to analyse the risks that women and men face and take appropriate measures does not mean the reintroduction of protective policies of exclusion, nor does it mean developing different jobs for women and men;
46. Considers that an employer's safety obligation should not just be to those he is legally

bound to by an employment contract but also in subcontracting relations and that to this effect Member States should consider limiting the number of chains in the subcontract sequence and to impose joint liability on the principal contractor for the subcontractors' obligations towards their workers;

47. Awaits the outcome of the second phase of consultation of the social partners on musculoskeletal disorders (MSDs) and asks the Commission to consider coming forward with proposals for a Directive, given the increasing occurrence of MSDs and that the current legislation would appear to be inadequate as it does not address all work situations or cover all risks concerning work-related MSDs; notes that scientific principles have to be fully taken into account;
48. Awaits the outcome of the second phase of consultation of the social partners on the revision of the 2004 carcinogens directive and considers that the preferred option should be to amend that directive to include substances toxic for reproduction and to propose a revision of the binding occupational exposure limit values (BOELVs) for carcinogens and mutagens listed in the directive and to establish new BOELVs for some carcinogens, mutagens and reprotoxins not yet included in the directive with crystalline silica being a priority;
49. Recalls that threats to health and safety at work are not limited to manual labour; calls for more attention to the causes underlying the development of mental illnesses and to mental health, addiction and psychological hazards at the workplace, such as stress, harassment and mobbing, as well as violence and further calls for greater emphasis to be placed on employer policies for the promotion of good physical and mental health;
50. Considers it essential for there to be greater coordination with the new European Chemicals Agency (ECHA) in Helsinki and for a number of issues arising in connection with the relationship between Regulation (EC) No 1907/2006 of the European Parliament and of the Council of 18 December 2006 concerning the Registration, Evaluation, Authorisation and Restriction of Chemicals (REACH)¹ and the other directives concerning health at work to be clarified;
51. Calls on the Commission and Member States to take due account of the simultaneous implementation of the Community strategy and the REACH Regulation: the strategy should seek to complement the REACH Regulation on protection against chemical hazards and should take advantage of the opportunity to enhance preventive action against chemical hazards at the workplace in connection with the implementation of REACH;
52. Welcomes the conclusion of the framework agreements between the social partners on stress at work and on harassment and violence in the workplace; regrets, however, that the latter agreement does not explicitly cover the issue of third party violence; therefore calls on the social partners to conclude a multi-sector agreement on this issue and the Commission to come forward with proposals, should such an agreement not be attainable; notes that studies show that temporary and short-term workers are specially vulnerable to becoming victims of harassment and violence at the workplace; calls, therefore, for agreements to take particular account of these groups;

¹ OJ L 396, 30.12.2006, p. 1.

53. Highlights the difficult working conditions for many lorry drivers driving through Europe due to insufficient access to adequate rest facilities: Article 12 of Regulation 561/2006, on driving and rest time explicitly recognises the importance of a sufficient number of safe and secured rest facilities for professional drivers along the EU motorway network; therefore urges the Commission to follow up the pilot project for secured parking areas initiated by the European Parliament taking account of the recommended measures in the opinion from the European Economic and Social Committee TEN/290-CESE on safe and secure parking places;
54. Calls on the Commission to undertake research into the feasibility and benefits both to health and safety at work and to society as a whole of requiring all new buildings intended to be workplaces to install fire sprinklers where it is safe to do so;
55. Stresses the importance of a continuous dialogue between all interested parties including the public authorities, employers, employees, their representatives and civil society as a key tool in the effective development of high health and safety standards; this dialogue should lead to a better knowledge of the real risks for the health and safety of workers as well of the specific needs and requirements of certain groups of workers at business and sector levels and to an exchange of good practices;
56. Urges Member States to ensure proper representation of women in decision-making in relation to OHS at all levels;
57. Considers the Corporate Social Responsibility (CSR) as one of the effective tools to improve the competitiveness, better occupational and safety at work, better working environment and in this aspect encourages exchange of good practices at local, national and European levels among the Member States and globally at multinational level as well as further applying of CSR on voluntary bases, but as an integrated part of business strategies for development;
58. Considers that employee representation is of major importance to any workplace health and safety policy; considers the positive correlation between the existence of health and safety representatives in the workplace and improved performance cannot be underestimated and calls on the Commission and the Member States to promote the participative approach and ensure as many workers as possible have access to health and safety representatives;
59. Stresses that permanent employment is an important contributory factor to health and safety at work;
60. Considers that excessive working hours/insufficient rest periods are a key factor in increased levels of accidents and illnesses at work and calls for a proper balance of work and family life;
61. Congratulates the Bilbao Agency and the Dublin Foundation for the work carried out to date and takes the view that the expertise and powers of these bodies must be fully exploited; they should continue to be used as instruments for awareness-raising, collection, analysis and exchange of information, exchange of good practices and investigation to anticipate new and emerging risks, whether they are caused by social

change or linked to technical innovation;

62. Considers that it is vital to identify and monitor new and emerging risks – e.g. nanotechnologies and psychosocial risks, in good time; therefore encourages the Bilbao Agency's risk observatory to expand its work on risk assessment and prevention (concerning information flow) and expects the Commission to act on its findings and come forward with the necessary proposals when new risks are identified;
63. Recommends to the Member States that they implement the necessary measures so that work in harsh or dangerous conditions is reflected in the social protection rights of the persons concerned, both while they are working and after retirement;
64. Recommends that the Bilbao Agency conduct specific research into the particular problems and risks facing temporary and agency workers as well as those in subcontracted undertakings in order to facilitate the Commission and the Member States in combating the risks faced and properly implement the existing legislation concerning these groups, while recognising the type of work engaged in by these groups, such as construction, in certain Member States is by its nature more prone to accidents;
65. Takes the view that in a global environment, it is necessary to cooperate with international organisations (WTO, WHO, ILO) and to ensure that international conventions and agreements on OHS are adopted and implemented by all parties; considers that this is an important factor in order to maintain the EU's competitiveness and to avoid EU undertakings being transferred outside the EU in search for a more permissive H&S legal environment; considers, furthermore, that this is a question of protecting human rights and should therefore be addressed when negotiating with third countries;
66. Therefore calls on Member States to respect international provisions on H&S and in particular to ratify ILO Convention C-187 and to implement recommendation R-197;
67. Instructs its President to forward this resolution to the Council, the Commission and the governments and parliaments of the Member States.

EXPLANATORY STATEMENT

The Commission's Communication on a Community Strategy 2007-2012 on health and safety at work

The Commission's Communication is to be welcomed and applauded for its particularly strong focus on accidents at work (setting a 25% target throughout the EU for reduction) and its commitment to support SMEs in implementing the existing regulatory framework. It is also very positive to see its emphasis on education and vocational training, the use of financial incentives and the proposed national strategies. However the rapporteur feels that the Communication is sadly lacking in its focus on occupational diseases and cancers which are by far more serious and more prevalent than accidents and with a greater cost to workers' health, business, productivity and society as a whole. The rapporteur is also disappointed at the lack of any real details regarding how it intends to accomplish the goals and intentions it lays out. What is needed are detailed action plans, with financial and timing commitments, on which progress can be measured and monitored. While few would disagree with the good intentions expressed in the Communication, they will prove to be meaningless if they result in no real action being taken.

Implementation and enforcement

The failure in effective implementation and enforcement and the need for much improvement cannot be stressed enough, although the rapporteur is convinced that this should not be to the exclusion of new initiatives, especially for new and emerging risks. What is required is the right mix of tougher and better labour inspections, effective prevention, appropriate incentives and sanctions, together with sharing best practice and increasing worker participation.

High-risk groups and undertakings

A worrying statistic is that the cases of occupational accidents and work-related illnesses have not been evenly spread among all workers. Groups of workers such as migrant workers, temporary agency workers, women, young and ageing workers all present rates of occupational accidents and diseases which are much higher than the EU average.

Similarly, undertakings such as SMEs, micro-enterprises and sectors such as construction, fisheries, agriculture and transport also present much higher rates, as do certain Member States. It is the rapporteur's position that these easily identifiable problem areas should be addressed as a matter of priority.

The problem is particularly acute for certain groups of vulnerable workers as mentioned in the previous paragraph. These groups are often employed in atypical forms of work such as working from home, on short-term employment contracts, or face increased risk due to the blurred responsibilities inherent in outsourcing and subcontracting. Most of these groups are usually at the lower end of the income scale and are at higher risk due to lack of training and lack of awareness about their rights and the risks involved in their work.

Member States should take full account in their national strategies of high-risk groups and sectors and focus on the problems concerning atypical work contracts.

Additionally, as many high-risk groups are not currently covered by the framework directive on health and safety at work the rapporteur considers that as many workers as possible should be covered and the principle that all workers should have the same occupational health and safety rights should be properly enforced.

There is also a strong obligation to protect pregnant women and a revision of the pregnant worker's directive is now due.

New initiatives

In this field there are two ongoing Commission consultations with the social partners concerning musculoskeletal disorders (MSDs) and carcinogens. The rapporteur considers the regulatory framework to be lacking in both areas and therefore is of the opinion that action is necessary, in line with the Commission's preferred path of action, as expressed in its second-phase consultation documents to the social partners.

The international outlook

The benefits of international cooperation are undoubtedly of great importance and are beneficial in terms of the EU's Member States improving their own levels of health and safety at work and in order to ensure that our trading partners and neighbours do not seek to put themselves at a short-term (but ultimately counterproductive) advantage by using lower standards to reduce costs and undercut those with higher levels of health and safety at work. However the main issue should be one of respect and dignity for all workers in all countries and the EU is in a strong position to ensure this through its negotiations regarding trade, aid and the appetising carrot of EU membership.

Other issues

This draft report by no means includes all the issues and points the rapporteur considers of importance but due to space constraints not all could be included. However they do deserve attention in the European Parliament's final resolution.

22.11.2007

OPINION OF THE COMMITTEE ON THE ENVIRONMENT, PUBLIC HEALTH AND FOOD SAFETY

for the Committee on Employment and Social Affairs

on the Community strategy 2007-2012 on health and safety at work
(2007/2146(INI))

Draftsman: Georgs Andrejevs

SUGGESTIONS

The Committee on the Environment, Public Health and Food Safety calls on the Committee on Employment and Social Affairs, as the committee responsible, to incorporate the following suggestions in its motion for a resolution:

1. Calls on the Commission to follow closely the implementation of Community legislation on health and safety at work and take the necessary measures in case of non-compliance, and to identify areas of shortcomings where new or revised legislative measures are needed in order to avoid inequalities between the Member States;
2. Calls on all Member States who have not yet done so to draw up national strategies and to establish quantitative objectives for the evaluation of progress in the field of health and safety; further calls on the Member States to evaluate those strategies at regular intervals and report the findings to the Commission;
3. Strongly encourages the Commission to use the Structural Funds, in particular the Social Fund, and any other available instruments as economic incentives for companies, particularly small and medium-sized firms, to go beyond compliance with regulations on health and safety at work;
4. Furthermore, suggests that Member States consider the possibility of incorporating certain health and safety standards when awarding public contracts;
5. Recalls that threats to health and safety at work are not limited to manual labour; calls for better identification of occupational health hazards relating to work in all sectors; calls for more attention to the causes underlying the development of mental illnesses and to mental health, addiction and psychological hazards at the workplace, such as stress, harassment

and mobbing, as well as violence; and further calls for greater emphasis to be placed on employer policies for the promotion of good physical and mental health;

6. Calls on the Commission to pay particular attention to technological, organisational and economic developments, e.g. rapid introduction of new technologies and new forms of work, which can lead to the emergence of new risks for health and safety at work;
7. Considering the ongoing social and economic changes, which influence and change also the labour market, calls on the Commission to encourage good employment policies and decent work conditions, and to encourage employers to promote healthy lifestyles at the workplace through occupational health promotion campaigns, enforcement of smoking bans at the workplace and schemes to support smoking employees to quit smoking, and to ensure responsibility and policy coherence with other areas, especially public health;
8. Calls on the Council and Commission to set a timetable for the revision of Directive 2004/37/EC of the European Parliament and of the Council of 29 April 2004 on the protection of workers from the risks related to exposure to carcinogens or mutagens at work¹, with a view to including substances toxic to reproduction and setting compulsory limit values for carcinogens, mutagens and substances toxic to reproduction, which remain difficult to ban;
9. Considers it essential for there to be greater coordination with the new European Chemicals Agency (ECHA) in Helsinki and for a number of issues arising in connection with the relationship between Regulation (EC) No 1907/2006 of the European Parliament and of the Council of 18 December 2006 concerning the Registration, Evaluation, Authorisation and Restriction of Chemicals (REACH)² and the other directives concerning health at work to be clarified;
10. Calls on the Commission and Member States to take due account of the simultaneous implementation of the Community strategy and the REACH Regulation: the strategy should seek to complement the REACH Regulation on protection against chemical hazards and should take advantage of the opportunity to enhance preventive action against chemical hazards at the workplace in connection with the implementation of REACH;
11. Urges the Commission to recognise the importance of worker representation in workplace accident prevention policy and to take due account of 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 work³, which has produced remarkable results in safety and prevention terms in the companies with the best worker representation;
12. Calls for the same commitment to impact assessments on health and safety at work as to those on the environment;
13. Considers that the Commission and Member States should make further efforts to

¹ OJ L 158, 30.4.2004, p. 50.

² OJ L 396, 30.12.2006, p. 1.

³ OJ L 183, 29.6.1989, p. 1.

identify not just high-risk production sectors, as has already been done, but also vulnerable groups such as immigrants, young people and older workers;

14. Calls on the Commission to broaden the Community strategy's scope so that it also covers social determinants and not merely occupational accidents or illnesses, given that an individual's state of health is determined by various work-related factors such as type of contract, working conditions and the availability of work; points out that changes in work relations and the decline in job security give rise also to environmental, psychological and social problems that need to be addressed;
15. Calls on the Commission and Member States to take due account of inequalities not just between Member States but also within individual Member States, and to make a commitment to reducing them.

RESULT OF FINAL VOTE IN COMMITTEE

Date adopted	21.11.2007
Result of final vote	+: 27 -: 2 0: 0
Members present for the final vote	Georgs Andrejevs, Margrete Auken, Irena Belohorská, Johannes Blokland, Avril Doyle, Mojca Drčar Murko, Edite Estrela, Jill Evans, Cristina Gutiérrez-Cortines, Satu Hassi, Jens Holm, Marie Anne Isler Béguin, Dan Jørgensen, Eija-Riitta Korhola, Linda McAvan, Roberto Musacchio, Riitta Myller, Miroslav Ouzký, Dimitrios Papadimoulis, Dagmar Roth-Behrendt, Karin Scheele, Carl Schlyter, Richard Seeber, Antonios Trakatellis, Thomas Ulmer
Substitute(s) present for the final vote	Kathalijne Maria Buitenweg, Philip Bushill-Matthews, Milan Gaľa, Karsten Friedrich Hoppenstedt, Alojz Peterle
Substitute(s) under Rule 178(2) present for the final vote	

27.11.2007

OPINION OF THE COMMITTEE ON INDUSTRY, RESEARCH AND ENERGY

for the Committee on Employment and Social Affairs

on Community strategy 2007-2012 on health and safety at work
(2007/2146(INI))

Draftsman: Romano Maria La Russa

SUGGESTIONS

The Committee on Industry, Research and Energy calls on the Committee on Employment and Social Affairs, as the committee responsible, to incorporate the following suggestions in its motion for a resolution:

1. Expresses its concern that, while the available statistical data shows that the rate of fatal and serious accidents in the European Union continues to fall, a large proportion of workers in the EU still perceive that their jobs pose a threat to their health and safety;
2. Also notes the increasing number of atypical employment contracts and stresses that their conditions must not pose risks to the health and safety of employees and contractors;
3. Considers that employers should be obliged to facilitate firstly medical examinations for day workers and people with part-time employment contracts and, secondly, training in employee protection and the prevention of accidents at the workplace for all categories of employees;
4. Considers it important, bearing in mind the increased risk to which workers are exposed in the mining, metallurgical, steelmaking and shipbuilding sectors, for the Member States and the Commission to allocate the requisite funds for the necessary investments to guarantee health and safety at work;
5. Welcomes the target proposed by the Commission to reduce the incidence rate of accidents at work in the EU by 25% by 2012;
6. Calls on the Commission and the Member States to work towards full health and safety coverage of all workers, including those in the informal economy, part-time and contractual workers and subcontractors;

7. Recalls the objective of increasing the proportion of women at work and emphasises the need to reflect on the duration, times and predictability of work, with a view to ensuring a more favourable work-life balance; calls on the Commission and the Member States to consider investment in half-day or full-day crèches and nurseries as a priority in order to enable young parents to reconcile family life with professional activity;
8. Stresses the role of SMEs as employers, as they employ over 65% of the working population in the EU; notes with concern that the sectors in which employment is most often offered by SMEs are reputedly dangerous; calls, therefore, for increased efforts to be made to assist SMEs with occupational health and safety issues; in this connection, welcomes the initiatives targeted at disseminating information and providing technical assistance, but further emphasises the need for financial support to be given for SMEs; calls on all the Member States to sign and ratify the United Nations Convention on the protection of the rights of migrant workers and members of their families and to take coordinated action to improve access to training, in particular for part-time and contractual workers, in order to help them find more stable employment;
9. Calls on the Member States to adopt legislation whereby insurance companies which cover the risks of occupational accidents and occupational illnesses provide financial support for SMEs;
10. Calls on the Member States to adopt legislative provisions obliging economic actors to provide psychological services for employees; recommends, in this context, that SMEs should call on the services of specialists, whilst employers with more than 500 employees would have to provide one specialist (psychologist, therapist, chaplain) for every 500 employees;
11. Calls on the Commission and the Member States to develop strategies and measures to integrate people with disabilities who can and wish to work into the labour market; considers that these measures should include vocational training courses for people with disabilities;
12. Recommends to the Member States that they implement the necessary measures so that work in harsh or dangerous conditions is reflected in the social protection rights of the persons concerned, both while they are working and after retirement;
13. Supports the active promotion of participation in European trade unions and calls on the Commission to propose a legal framework to encourage the social partners to conduct cross-border negotiations; encourages the Commission and the Member States to finance training for workers' representatives who protect and promote rights relating to safety and health at the workplace.

RESULT OF FINAL VOTE IN COMMITTEE

Date adopted	22.11.2007
Result of final vote	+: 35 -: 0 0: 0
Members present for the final vote	Jan Březina, Jerzy Buzek, Pilar del Castillo Vera, Giles Chichester, Den Dover, Nicole Fontaine, Adam Gierek, Norbert Glante, Umberto Guidoni, András Gyürk, David Hammerstein, Erna Hennicot-Schoepges, Ján Hudacký, Romana Jordan Cizelj, Werner Langen, Anne Laperrouze, Eluned Morgan, Angelika Niebler, Reino Paasilinna, Miloslav Ransdorf, Vladimír Remek, Herbert Reul, Teresa Riera Madurell, Paul Rübig, Andres Tarand, Radu Țirle, Catherine Trautmann, Claude Turmes, Nikolaos Vakalis, Alejo Vidal-Quadras
Substitute(s) present for the final vote	Joan Calabuig Rull, Neena Gill, Lambert van Nistelrooij, Vladimir Urutchev
Substitute(s) under Rule 178(2) present for the final vote	Umberto Pirilli

22.11.2007

OPINION OF THE COMMITTEE ON WOMEN'S RIGHTS AND GENDER EQUALITY

for the Committee on Employment and Social Affairs

on Community strategy 2007-2012 on health and safety at work
(2007/2146(INI))

Draftswoman: Edit Bauer

SUGGESTIONS

The Committee on Women's Rights and Gender Equality calls on the Committee on Employment and Social Affairs, as the committee responsible, to incorporate the following suggestions in its motion for a resolution:

- A. whereas work-related risks to women's health and safety have been underestimated and neglected compared to the risks to men's health and safety, both in terms of prevention and research¹,
- B. whereas more women than men are employed in the 'black' labour market without insurance, a fact which inevitably has significant consequences as regards the health and safety conditions under which they are employed,
- C. whereas, according to studies and calculations, the greatest risks to health and safety in the workplace are faced by women who are employed in sectors characterised by work intensity and a lack of proper ergonomic rules,
- D. whereas the most significant health problems presented by women and caused by their working conditions are musculo-skeletal disorders and psychological problems,
- E. whereas the framework of Community occupational safety and health (OSH) directives is neutral in its approach to gender, and this does not allow sufficient attention to be paid to the specific OSH risks to women workers,
- F. whereas many workers, male and female, across the EU are exposed to different risks in their workplaces: chemical, biological and physical agents, adverse ergonomic

¹ OSHA, Fact sheets 42.

conditions, a complex mix of accident hazards and safety risks, together with various psycho-social risk factors,

- G. whereas women and men do not constitute a homogenous group and therefore strategies and measures to improve OSH must be specifically adapted to particular work places, taking into account the fact that some factors might affect women and men differently,
- H. whereas the risks faced by female employees in the workplace differ significantly from those faced by male employees, on the one hand because in practice women tend to be employed in specific 'female' occupational categories, and on the other hand because the combination of increased responsibilities to be shouldered at work and increased responsibilities elsewhere creates additional burdens and risks to their mental and physical health,
- I. whereas Council Directive 92/85/EEC of 19 October 1992 on the introduction of measures to encourage improvements in the safety and health at work of pregnant workers and workers who have recently given birth or are breastfeeding and Council Directive 86/613/EEC of 11 December 1986 on the application of the principle of equal treatment between men and women engaged in an activity, including agriculture, in a self-employed capacity, and on the protection of self-employed women during pregnancy and motherhood should be borne in mind,
- J. whereas reported accidents and diseases statistics could provide the most direct indicator for comparing the risks women and men cope with,
- K. whereas managing the impact of policies can only be improved by taking into account the health differences between women and men,
 - 1. Emphasises the need to mainstream gender when dealing with issues concerning health and safety at work and welcomes the initiative of the Commission calling for the preparation of unique methods of impact assessment in OSH with regard to gender specificity; however, criticises the Commission for failing to take adequate account of gender mainstreaming in its communication, either in its "Objectives of the Community Strategy 2007-2012" or in its "Impact Assessments"¹;
 - 2. Notes with regret that under-reporting of accidents and diseases is a common practice and official reporting requirements frequently do not cover all categories of workers, for example those working in the informal economy, most of whom are women;
 - 3. Calls on the Commission to assess the availability of gender-disaggregated statistics at Community level on work-related fatal and non-fatal diseases;
 - 4. Urges the Member States to implement existing OSH directives in a more gender-sensitive way, to implement gender impact assessment of these directives and to ratify the ILO Convention of 2006 concerning the promotional framework for occupational safety and health;

¹ SEC(2007)0214, 0215, 0216).

5. Calls on the Member States to give serious consideration to the different risks relating to occupational safety and health for female and male employees and to make provision for different social and physical infrastructure to counter those risks;
6. Calls on the Member States, as part of the drive to promote the employment of older workers, to adopt OSH measures adapted to the needs of older workers and specific to women and men;
7. Calls on the Member States to ensure the operation of an effective inspection body with the aim of improving the application of OSH legislation, paying particular attention to women and maternity;
8. Stresses that permanent employment is an important contributory factor to health and safety at work;
9. Stresses the need to investigate the consequences of the use of work equipment and the working environment for pregnant women and women who are breastfeeding;
10. Urges Member States to ensure proper representation of women in decision-making in relation to OSH at all levels;
11. Calls on the Commission to ensure that women are present on the Senior Labour Inspectors' Committee (SLIC) so that their distinct and specific OSH rights and needs are better taken into account;
12. Urges the Member States to improve the prevention of work-related ill health and occupational risks as part of a holistic approach to OSH, with particular emphasis on informing and training workers, and to include work-life balance as an OSH issue in order to take into consideration the twofold workload undertaken by women and furthermore to promote this balance; considers that, in this context, it should also be taken into account that more women than men are in insecure forms of employment on the labour market;
13. Notes that guaranteeing full access to healthcare services is the most urgent and necessary form of maternity protection; calls on the Member States to take the necessary measures so that full access to healthcare is guaranteed on equal terms for mothers who are employed in the informal 'black' sector of the economy, in jobs without insurance, and for those who are employed in unpaid work at home;
14. Stresses that the need to analyse the risks that women and men face and take appropriate measures does not mean the reintroduction of protective policies of exclusion, nor does it mean developing different jobs for women and men;
15. Asks the Member States and the Commission to ensure a systematic gender-sensitive approach, when developing national and Community OSH strategies and when collecting statistics, conducting surveys and carrying out OSH research calls on the Member States and the Commission to make use of the funding possibilities provided in this regard by the PROGRESS programme, in particular under the section concerning gender equality;

16. Calls on the Member States and the Commission to pay more attention to new risk factors, such as harassment, violence and bullying by clients at the workplace, in public service sectors that employ mostly women;
17. Calls on the Member States to take specific measures to ensure the successful professional reinstatement of people who have had to cease working temporarily owing to an accident at work or an occupational illness; observes that although women are less at risk overall than men, they are more affected by particular health problems, such as musculoskeletal disorders;
18. Asks for measures to observe the safety and health rights for women in atypical work places such as those who carer for sick people at home;
19. Draws attention on the fact that hygienic conditions for employees in small and medium-sized enterprises might be worse than in larger enterprises, even in the same or similar industrial area; therefore calls on the Member States to introduce adequate measures with a view to encouraging and supporting OSH in SMEs and to ensure a high level of protection for subcontracted workers, many of whom are women;
20. Emphasises the need to consider the introduction of hazard, risk and prevention concepts in school curricula and educational systems in general, as effective means of building a strong and sustained preventative safety and health culture.

RESULT OF FINAL VOTE IN COMMITTEE

Date adopted	20.11.2007
Result of final vote	+: 23 -: 0 0: 0
Members present for the final vote	Edit Bauer, Hiltrud Breyer, Ilda Figueiredo, Věra Flasarová, Lívia Járóka, Piia-Noora Kauppi, Rodi Kratsa-Tsagaropoulou, Esther De Lange, Roselyne Lefrançois, Siiri Oviir, Marie Panayotopoulos-Cassiotou, Zita Pleštinská, Anni Podimata, Christa Prets, Teresa Riera Madurell, Eva-Britt Svensson, Anna Záborská
Substitute(s) present for the final vote	Jill Evans, Iratxe García Pérez, Lidia Joanna Geringer de Oedenberg, Donata Gottardi, Anna Hedh, Filiz Hakaeva Hyusmenova
Substitute(s) under Rule 178(2) present for the final vote	

RESULT OF FINAL VOTE IN COMMITTEE

Date adopted	18.12.2007
Result of final vote	+ : 40 - : 2 0 : 0
Members present for the final vote	Jan Andersson, Edit Bauer, Emine Bozkurt, Iles Braghetto, Philip Bushill-Matthews, Alejandro Cercas, Ole Christensen, Derek Roland Clark, Luigi Cocilovo, Jean Louis Cottigny, Proinsias De Rossa, Richard Falbr, Carlo Fatuzzo, Ilda Figueiredo, Joel Hasse Ferreira, Roger Helmer, Stephen Hughes, Karin Jöns, Jean Lambert, Raymond Langendries, Elizabeth Lynne, Thomas Mann, Jan Tadeusz Masiel, Jiří Maštálka, Ana Mato Adrover, Maria Matsouka, Elisabeth Morin, Csaba Öry, Marie Panayotopoulos-Cassiotou, Rovana Plumb, Bilyana Ilieva Raeva, José Albino Silva Peneda, Kathy Sinnott, Ewa Tomaszewska, Anne Van Lancker, Gabriele Zimmer
Substitute(s) present for the final vote	Françoise Castex, Sepp Kusstatscher, Claude Moraes, Ria Oomen-Ruijten, Thomas Ulmer, Glenis Willmott
Substitute(s) under Rule 178(2) present for the final vote	