



**Local & Regional  
Europe**



**EPSU  
FSESP  
EGOD**

# EU Occupational Safety and Health

Joint response to public consultation on the new EU occupational safety and health framework

Brussels, September 2013

## “Necessity and nature of a new EU OSH policy framework”

### **1. Do you agree with the assessment of the EU OSH Strategy? Did it lead to tangible results?**

Yes. We think that the past strategy was useful in principle. The evaluation of the strategy is a useful tool in most of its sections to assess what has been achieved and gives in particular an outlook for future priorities (page 172. evaluations of the European Strategy on Safety and Health at work 2007-2012). Concerning tangible results, the strategy has led to awareness-raising of occupational health and safety at the national level in adopting national OSH strategies at the workplace.

While it remains a challenge to reduce work-related diseases, it is important to have quantified targets which encourage achieving results on both sides- employers and employees. This is particularly well documented in the case of work-related accidents, where the strategy aimed at a 25% reduction. This can lead to more strategic visibility but more importantly, it promotes an indicator to measure improvements. In addition, data from the European Working Conditions Survey show that in general work, organisational risks are increasing- it is important to note that the number of employees has at the same time reduced.

### **2. In order to improve workplace safety and health, do you consider it necessary to continue coordinating policies at EU level or is action at national level sufficient?**

Yes. It is important to co-ordinate such policies at EU level; however implementation and target setting is up to the national and local level.

It is important to mention that the public sector- and in particular local and regional government- is affected by restructuring and downsizing measures that need anticipation on the evaluation and handling of safety and health measures at the workplace and beyond. An improved, new coordinated strategic framework also at EU level is therefore needed to tackle the health and safety issues linked to increased restructuring in this sector. The key factors in relation to the economic situation within the EU and demographic change- ageing workforce- have a considerable impact on the sector. This in particular needs to be taken into account in the implementation of occupational health and safety risk assessments in the future with local and regional government employees, but only within a guiding EU framework that should serve as a basis for national and local implementation.

One effect of the crisis is a deepening of a new “EU economic governance” that requires more than ever an appropriate balancing of social policy measures that include the prevention, assessment and compensation of health and safety risk at EU level. As stated in our response to the EC Green Paper on restructuring and anticipation of change (March 2012), social partners in the public sector should be involved, at the very least, in a strategic discussion on the restructuring implications of the economic governance, including health and safety implications.

### **3. If you deem such a framework at EU level is necessary, explain why. Which aspects should be covered?**

In the public sector, changes in public service delivery such as e.g. outsourcing, service-provider splitting, public-private partnership models and public-public cooperation, the use of new technologies (ICT, machinery and equipment), along with a rapidly ageing workforce, all affect the dynamics and priorities of health and safety strategies. It is fundamental that such changes are taken into consideration.

For example, compared to other branches (e.g. manufacturing, craftsmanship), employees in the public sector reported an increase in task multiplicity and work-related stress. Factors such as work intensification and high demands on service quality in municipalities with less financial and human resources will increase and are putting at risk the health of the work force<sup>1</sup>.

Also, violence and harassment at work, and more specifically Third-Party Violence and the disruption of work-life balance can increase. According to different studies, 2% up to 23% of all workers have already become subjected to TPV. These figures can even rise up to 42% when only workers with direct contact with members of the public are surveyed, which is still the case for a lot of municipal workers. Due to the concentration of female workers in the sectors most subjected to contact with members from the public, women are more often confronted with TPV than men.

These are all issues the social partners in the local and regional government sector are discussing on a regular basis<sup>2</sup>.

The main health and safety concerns to be strategized at EU level for the local and regional government sector also include:

- The reduction and prevention of all work-related diseases as musculoskeletal disorders, work-related psycho-social risks (e.g. stress, “burn-out” and series of related diseases), and reducing the trend of increased “sick leave” and absenteeism;
- High-quality risk assessments, including consequences of restructuring and downsizing;
- Compliance and enhancement of social dialogue and workers participation that are key factors in a sound occupational health and safety policy<sup>3</sup>;
- The exchange of good practices across European Member States is vital, as the transfer of knowledge can help to develop strategies and programmes advancing health and safety;
- In addition, it is important to focus on the practical follow-up and implementation of the OSH rules at the individual work place. It is particularly important to ensure inspection of compliance with legislation and the right to elect OSH representatives through, for example, further training of OSH representatives on a continuous basis and facilitating easy access to advice on OSH.

In the local government sector, the *Raisio study*<sup>4</sup> found that major downsizing was associated with a significant two-fold increase in medically certified sickness among employees. The risk of long-term sickness leave after downsizing was especially high for the older employees, employees with a tendency towards hostile reactions, employees with a higher income, and employees in large work units. The risk of health problems, as indicated by musculoskeletal problems and poor self-rated

---

<sup>1</sup> (Trajectory report Local Government Germany/Hires public 2011 [www.healthyrestructuring.eu](http://www.healthyrestructuring.eu) and “CEMR/EPSU Project “The future of the workplace”)

<sup>2</sup> (EU-OSHA (2010): *Workplace violence and harassment: a European Picture, Luxembourg, p. 51-52.*

<https://osha.europa.eu/en/publications/reports/violence-harassment-TERO09010ENC>)

<sup>3</sup> e.g.; Finland <http://guidetoworkinginfinland.fi/E30/co-operation>

<sup>4</sup> (“*The Health impact of restructuring on public sector employees and the role of social dialogue: Finland national sectorial trajectory report*”: <http://www.healthyrestructuring.eu>).

health, was at least two times greater after major downsizing than after no downsizing. Half of this excess risk was attributable to an elevated level of work stress after major downsizing.

The findings of the Finnish 10- Town study<sup>5</sup> have confirmed the same kind of results for sickness absence. This study has also showed that cardiovascular mortality was similarly twice as high after major downsizing than with no downsizing. Researchers who lose their jobs, but also those who remain in work after downsizing may be at increased risk of being granted a disability pensioning attributable to physical illness, such as musculoskeletal disorders. The research group has also found that employees who were exposed to downsizing, but who kept their jobs, were at higher risk of being prescribed psychotropic drugs than those not exposed to downsizing.

#### “Level of commitment”

### **1. With respect to your answer to the above questions, is there a need for a new EU OSH Strategy or should alternative measures be considered? Please explain.**

Yes, a new EU OSH Strategy is a good way to take into account the new challenges of the well-being of workers which employers are confronted with today. A new EU OSH Strategy can also lead to reduced costs by employers if more is invested into health and safety plans. This is confirmed by a study from PriceWaterhouse Coopers (2008) which suggests that the benefits for improving worker well-being outweigh the cost by up to 34 times. For local government, a new EU OSH Strategy will also help to adapt to the current work-related health risk assessments that are needed to confront the re-organization challenges of the workforce in the public sector. (*Re-organization of public sector: see The impact of public sector adjustments in Europe see: ILO/EC study on “Public Sector Adjustments in Europe – Scope, Effects and Policy Issues” ed. Daniel Vaughan-Whithead*).

### **2. If EU level action is necessary in order to improve workplace safety and health, do you consider it necessary to set broad goals and priorities and to coordinate national policies at EU level?**

Yes. A new EU OSH Strategy should coincide with the coordination of national policies. However, adequate resources should be allocated for the effective implementation and coordination of OSH national and local strategies. Any action should be underpinned by the opportunity to exchange experiences in this field between Member States.

### **3. What would be the added-value of including specific targets into a possible new EU OSH policy framework to measure progress in improving workplace safety and health in the EU?**

As the evaluation of the past OSH strategy well documents that including a specific target has helped to achieve the reduction of work-related accidents by 25%, the number set by the target. Therefore, specific targets help to have clearer objectives in the reduction of work-related illnesses. Any goals and targets set by the EU-OSH framework should give Member States impetus to continuously improve the Health and Safety strategies. The setting-up of targets for the inspection of work places should be considered with Social Partners, including Local and Regional Government, and open to further discussions as e.g. for minimum ratios for the proportional relationship between employees and labour inspectorates, or a joint minimum standard on the frequency of inspections, to be discussed by National and Local Social Partners. The European level could support such

---

<sup>5</sup> (“Organizational downsizing, sickness absence, and mortality: 10- town prospective cohort study.” *BMJ* 2004; 328:555).

discussions through the exchange of existing practices and providing a forum to enhance such exchanges and transfer of knowledge.

**4. Should a new policy framework include a list of objectives, actions, calendars and actors involved in the implementation of actions or should it be limited to setting a vision for the future, and a definition of goals and priorities?**

Yes. A new EU OSH Strategy should give a central role to national social partners and EU sectorial social partners.

**“Content of a new EU OSH policy framework”**

**1. What are the key challenges in the OSH area? How would you prioritise them?**

The main health and safety concerns to be strategized at EU level for the local and regional government sector are, as mentioned in section 1/ question 2, the ageing workforce, the reduction and prevention of all work-related illnesses and diseases and musculoskeletal disorders, work-related psycho-social risks (e.g. “burn-out”), and increased sick leave and absenteeism.

Additionally, main risk management measures including high-quality risk assessments, recognizing health threats as to organisational changes due to restructuring and downsizing could be promoted. At the same time, the enhancement of social dialogue and workers participation and adequate resources for labour inspectorates for more effective enforcement should be encouraged. A gender dimension of health and safety is also needed to promote equal access to the workplace.

Promoting active health and safety measures to tackle the challenges of a changing demographic, including both the ageing workforce and young people entering the labour market (through education and training programmes, for example) need to be developed.

**2. What practical solutions do you suggest to address all or some of these challenges?**

An updated existing EU-OSH Framework accompanied by a shift to promoting occupational health and well-being is necessary.

Another concrete step is to promote active health and safety measures to tackle the various challenges affecting a workplace through education and training programmes. Social Partners at all levels should be involved, and experiences should be exchanged between Social Partners in local and regional government and Member States.

**3. Do you consider that such a framework should develop initiatives to provide further protection for vulnerable groups of workers and/or for workers in specific high risk sectors?**

Yes. A risk assessment could be made to identify these groups, with the involvement of social partners (including defining what a “high-risk sectors” is).

**4. Do you consider that measures for the simplification of the existing body of EU OSH legislation should be included in such a political instrument? If so, which ones would you suggest?**

Yes. A modernized and improved EU legislative framework that encourages the effective management of health and safety risks should be promoted. It is important to maintain the simplification and better management of health and safety risks as key. However, simplification does

not in itself lead to increased quality and should therefore not be pursued as an independent objective. We would like to emphasize that improved legislation is however an important objective. Focus in the field of OSH should primarily be on ensuring the health and safety of workers, and all actions must be implemented in a way to best promote this objective, including focusing on implementing existing measures, rather than only focusing on developing new legislative proposals.

**5. Do you think that such a framework should specifically identify and address the challenges posed by the ageing of the working population? If so, which measures would you suggest?**

No. Employers and employees should be vigilant as to the general improvement of working conditions, taking into account the health needs of the whole workforce and the nature of the job. Ageing, as one of the changes, should be addressed within the existing framework, as well as how to increase the number of young workers in the public sector with e.g. quality time for the exchange between older and younger workers allowing for transfers of competences and experience.

**7. Do you have any views on the role of social dialogue at EU and national level to the identification, preparation and implementation of any new initiatives to improve health and safety at work?**

Yes. European and National Social Partner Agreements are important and concrete instruments to tackle OSH issues at the workplace if they are translated into binding EU or national legislation as e.g. sharps injuries directive shows to ensure a proper enforcement.

Social Partners and in particular employers, together with local workplace representatives of Health and Safety, are in the best position to assess the risks of health and safety.

**8. Add any further aspects that in your view were not sufficiently taken into account by the above questions?**

A holistic approach of Health and Safety should be taken at EU level, integrating aspects into all relevant EU policies.

The current economic crisis with ensuing public sector restructuring needs a more mainstreamed debate on health and safety at the work place.

Social Partners should also be consulted in accordance with Art. 154 TFEU rather than public consultations only.

## Contact

Christina Dziewanska-Stringer  
Square De Meeûs 1  
B-1000 Brussels  
Tel. + 32 2 500 05 36  
[christina.dziewanska-stringer@ccre-cemr.org](mailto:christina.dziewanska-stringer@ccre-cemr.org)

## About CEMR

The Council of European Municipalities and Regions (CEMR) is the broadest organisation of local and regional authorities in Europe. Its members are over 50 national associations of municipalities and regions from 41 European countries. Together these associations represent some 150 000 local and regional authorities.

CEMR's objectives are twofold: to influence European legislation on behalf of local and regional authorities and to provide a platform for exchange between its member associations and their elected officials and experts.

Moreover, CEMR is the European section of United Cities and Local Governments (UCLG), the worldwide organisation of local government.

[www.ccre.org](http://www.ccre.org)