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## **EC Open Consultation on the future EU Occupational Safety and Health Policy Framework**

**EPSU reply**  
(20 August 2013)

### **I) General observations**

This reply forms the formal response from the European Federation of Public Services Unions (EPSU) to the European Commission consultation on a future EU occupational safety and policy framework further to the previous strategy which ran from 2008-2012. The consultation requires organisations to respond through an online format, with some restrictions as to the length of answers, which EPSU has completed. This is the comprehensive version of the reply, the text submitted online is highlighted in light grey.

The EPSU reply follows the structure of the questionnaire.

The response builds on prior work of the sectoral social partners for the sectors covered by EPSU. It also takes on board results and insights from OSH studies commissioned by them or from projects involving them as project partners (e.g. from the projects on the multi-sectoral guidelines to tackle third-party violence and harassment related to work (2010/2011), see <http://www.epsu.org/a/9459>, or on the promotion of the implementation of Directive 2010/32/EU on the prevention of injuries with medical shaprs (2012/2013), see <http://www.epsu.org/r/629>). Joint responses or statements with the EU-level employers are currently being considered for the sectors local and regional government, central administration and hospitals/health care.

EPSU is the European Federation of Public Service Unions. It is the second largest federation of the European Trade Union Confederation (ETUC) and comprises about 8 million public service workers from over 270 trade unions. EPSU organises workers in the energy, water and waste sectors, health and social services, local and regional government and central administration, in all European countries, including in the EU's Eastern Neighborhood. EPSU is the recognised regional organisation of Public Services International (PSI). Its main activities involve providing a European voice for its national affiliates in terms of dealing with European institutions as well as other key stakeholders including partner organisations at EU-level. EPSU represents trade unions and their members in five sectors for which an EU-level sectoral social dialogue committee has been established: central administration, electricity, gas, hospitals/health care, and local and regional government.



## II) EPSU's reply to specific questions

### Section 1 "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, the evaluation of the EU Occupational Safety and Health (OSH) Strategy 2007-2012 was useful to assess what has been achieved and what remains to be done.

EPSU would like to highlight some of the conclusions that emerged from this exercise and as summarised in section "Synthesis of the main evaluation results" of the "Evaluation of the European Strategy 2007-2012 on health and safety at work" (cf. SWD(2013)202 of 31 May 2013). Quotes from this document are mixed with own assessments:

- "The merit of the strategy lies especially in providing a framework for coordination and a common sense of policy direction" (p. 35) for OSH across MS, sectors and workplaces.
- "Setting a quantitative target (25%) for reducing the number of accidents at work had positive effects, because it gave more visibility to this policy area and encouraged Member States to focus on measures to reduce the number of accidents." (p. 41) Setting quantified targets for the EU OSH Strategy 2007-2012 proved to be useful to also encourage social partners – as the main actors on the labour market – to achieve results and to keep issues and concerns of occupational health and safety high on their agendas of collective bargaining and/or social partner cooperation. Measurable and achievable quantitative targets also give strategic visibility and push all actors, including the social partners, to define and use indicators allowing them to measure improvements.
- EPSU agrees with the assessment that setting this target on work-related accidents should not divert attention from the other important field of action, the prevention of occupational diseases. The reduction of work-related diseases insofar remains a big challenge as the evaluation contains evidence that the objective of curbing the incidence of occupational diseases may have not been achieved.
- "The strategy helped improve the implementation of OSH legislation and clarify EU rules, making them easier to interpret." (p. 41)
- A key point for EPSU is the role the EU OSH Strategy played in various MS to help adopting or further elaborating OSH national strategies. All efforts therefore should be done to achieve the same effect with the next EU OSH Strategy.
- For EPSU a key challenge still is (and always will be) to work towards a reduction in exposure to health risks (and insofar to strengthen the preventive action under OSH). Data from the 5<sup>th</sup> European Working Conditions Survey show that in general material risks are relatively stable while work organisation risks are often increasing (see "Overview report", section "Awareness and prevention of safety and health risks at work", pp. 60ff (2012), <http://www.eurofound.europa.eu/pubdocs/2011/82/en/1/EF1182EN.pdf>).
- EPSU also agrees with another insight from the evaluation, namely that there is a need to develop a greater sense of ownership for the forthcoming EU OSH Strategy amongst the social partners at all levels, as otherwise they might tend to be less committed overall. This implies their participation both in the design and the implementation of the new EU Strategy on OSH.

- EPSU is fully in line with the report's conclusion that there are new challenges and an increasing importance for OSH related to the ageing workforce – which is a reality in all sectors EPSU is covering: “(3) The ageing and decline of the EU's workforce increases the need for measures to retain workers in the workplace. Healthier workers are able to work longer and healthier, safer workplaces make for healthier workers” (p. 42) For EPSU it is, however, important to underline that OSH measures and safer work places will support workers to have more healthy years of their professional careers or careers with less impairments as to their health and well-being, not to prolong working beyond the legal retirement age. The sectoral social dialogue committees for electricity and for gas have underlined extensively in their joint toolkits on age management and on demographic change respectively the importance of health and safety for elder workers, see e.g. <http://www.epsu.org/a/4221>. EPSU and HOSPEEM, the sectoral social partners for the hospital/health care sector, during 2012 and 2013 have elaborated guidelines to address the challenges of an ageing workforce in the hospital/health care sector (their formal adoption will be decided upon by EPSU affiliates in October 2013).
- It is correct to pay attention – as referred to in the evaluation of the EU OSH Strategy 2007-2012 – to the identification of health and safety risks of new or emergent risks, such as electromagnetic field hazards that play a role in some fields of the health care sector as well as new risks associated with Green Jobs as identified for the renewable or waste sector by EU-OHSA (see <https://osha.europa.eu/en/publications/reports/summary-green-jobs-and-occupational-safety-and-health-foresight-on-new-and-emerging-risks-associated-with-new-technologies-by-2020>).

And yes, there were tangible results, most importantly that the strategy helped raise awareness on occupational health and safety at national level and was a vehicle to adopt or strengthen national OSH strategies.

## **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 clearly necessary to continue coordinating policies at EU level – and where this adds value to OSH strategies and policies within EU MS also mutually approaching or harmonising key provisions or principles –, both as to the objectives to be achieved and as to procedures to be used in a view to support the improvement of working conditions across the EU.

For EPSU it is important to highlight the need and benefits of flanking OSH measures in the context of restructuring.

- In the last years the public sector has been and strongly remains most affected by restructuring and downsizing measures. This has become in particular true for IMF programme countries and for those EU MS under the surveillance of the so-called Troika.
- In the public sector the crisis has also exacerbated the introduction of marketisation via outsourcing, service-provider splittings, competitive tendering in procurements, public-private partnerships and privatisation. All these have changed the work environment.
- The use of IT and moves towards more e-servicing or e-health applications also have an effect on work organisation and well-being of employees. Employees in the different sectors of public services report an increase in task multiplicity and work-related stress.

(cf. “Trajectory Report Local Government Germany” (2011), HIRE.S.Public (Health in Restructuring: Innovative Approaches and Policy Recommendations), uploaded to pages <http://www.workinglives.org/research-themes/wlri-project-websites/hires/reports.cfm> and [www.healthyrestructuring.eu](http://www.healthyrestructuring.eu), and “CEMR/EPSU Project “The future of the workplace”)

- Restructuring and downsizing measures in most cases are imposed on staff rather than discussed and negotiated. Anticipating the evaluation as well as the handling of OSH measures at the workplace and beyond has thus become and will continue to be in the years to come a central priority for trade unions. The social partners for the electricity sector have underlined this aspect of restructuring and OSH in their joint toolkit on restructuring ([http://www.epsu.org/IMG/pdf/RESTRUCTURING\\_FINAL\\_TOOLKIT\\_EN-2.pdf](http://www.epsu.org/IMG/pdf/RESTRUCTURING_FINAL_TOOLKIT_EN-2.pdf)).

The link with and backwash effects from restructuring measures should therefore be considered when identifying priority issues and when elaborating concrete policies under the forthcoming EU Strategy (this is what EPSU would clearly prefer to a EU Policy Framework).

- Restructuring e.g. in central government including – at different pace and degrees – job and pay cuts or freezes, outsourcing, etc. is much triggered by EU-initiated or coordinated austerity policies. Accordingly, a new improved and coordinated OSH strategy at EU level is all the more needed to tackle the occupational health and safety dimension of restructuring in this sector and other sectors.
- EPSU stated in its response of March 2012 to the EC Green Paper on restructuring and anticipation of change (<http://www.epsu.org/a/8616>) that social partners in the public sector should be involved in – at the very least – a strategic discussion on the restructuring implications of the new European economic governance, including health and safety implications of working conditions and workplace arrangements.
- In addition to the economic situation, demographic changes, notably an ageing workforce across all sectors covered by EPSU, will have a considerable impact on OSH needs and policies to be taken into account in the context of risk assessments. In EPSU’s view EU policies should also facilitate and strengthen the involvement of workers in relation to the definition of priorities in member states and sector-specific action points when implementing the OSH EU framework.

As the internal market regularly leads to dynamics of deregulation, privatisation and marketisation pushed by the fundamental freedoms, common rules and standards for avoiding unbridled competition are needed. It is to be reminded that trade union support for the internal market was conditioned upon supportive social policy and an upwards harmonisation of working conditions. This includes the prevention, assessment and compensation of OSH risks to avoid or to reduce negative effects of intensified internal market integration i.a. on employment conditions and labour rights. An EU-level OSH Strategy insofar is appropriate and helpful to underpin such an approach.

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

Factors as work intensification and increasing demands by citizens regarding service quality on the backdrop of often less financial, material and human resources available, in particularly since

the financial crisis set in (“do more with less”), pose new challenges and most likely also OSH risks for the workforce as well as for the quality and availability of public service provision.

- A number of studies on restructuring in the public sector found that major downsizing is associated with a significant two-fold increase in medically certified long-term sickness among employees.
- The risk of musculoskeletal disorders (MSD) and poor self-rated health is at least two times greater after major downsizing than after no downsizing. Half of this excess risk is attributable to an elevated level of work-based stress after major downsizing processes and no or inappropriate consultation of staff.
- The regulatory, monitoring and sanctioning function of the state, including for health and safety matters, needs well resourced labour inspectorates to properly function. An EPSU study on labour inspectorates has found that budgets for these inspectors are effected, having a negative effect on surveillance, control and sanctions, thus giving companies and employers the incentive not to invest in improving health and safety, <http://www.epsu.org/a/8829>. Effective OSH implies to have the basic structures for prevention in place, i.e. labour inspection, safety representatives and preventive services. EPSU expects that a future EU OSH Strategy will help in this regard, too.

Other OSH risks linked to the trends sketched out above are violence and harassment at work, and more specifically third-party violence as well as an increase in the disruption of work-life balance. According to different studies 2% up to 23% of all workers have already become subjected to third-party violence. This figures can even rise up to 42% when only workers with direct contact with members of the public are surveyed. Due to the concentration of female workers in the sectors most subjected to contact with members from the public, women are often more confronted with third-party violence and harassment than men, see EU-OSHA (2010): Workplace violence and harassment: a European Picture, Luxembourg, p. 51-52. <https://osha.europa.eu/en/publications/reports/violence-harassment-TERO09010ENC>). A project to promote the contents and procedures of multi-sector guidelines to tackle third-party violence and harassment agreed in 2010 was run by eight EU-level social partners from five sectors in 2010/2011, <http://www.epsu.org/a/9459>, with EPSU members from “health care/social services” and “local and regional government” being involved. An evaluation report of the impact of the instrument up to date across the different sectors in the EU27 is currently being elaborated.

An EU-level OSH Strategy would also be instrumental to help better address and reduce the long-term health effects of bad working conditions with musculoskeletal disorders, increasing incidence of skin diseases and the impact of psycho-social factors being of particular importance for the workers in the sector covered by EPSU. The social partners in the hospital/health care sector since 2009 have made the prevention and reduction of injuries with medical sharps one of their core concerns. In 2012/2013 they organised a joint project to take stock of the state of the implementation of Directive 2010/32/EU and to assess the role of social partners in the transposition of this piece of EU-level OSH legislation (<http://www.epsu.org/r/629>).

The issues listed above are being discussed and monitored on a regular level by the sectoral social partners at EU-level (following up to EU-level instruments agreed since 2007) and within MS at the different levels. Some of them feature high on the agendas of joint work programme (or are expected to do so in the case of the work programmes 2014/2015 currently negotiated



about). EPSU knows from regular exchange with its members that initiatives emanating from an EU OSH Strategy (and related EU-level sectoral social dialogue) can help them 1) to negotiate improvements in working conditions back home, 2) to have OSH initiatives taken up (e.g. on tackling third-party violence in the health care sector in Bulgaria) or co-financed by OSH agencies (e.g. on the prevention of psycho-social risks in Spain) or 3) to have OSH priorities discussed in an easier manner with their governments or labour inspectorates.

Trade unions and employers can make the case for an EU-level OSH strategy or policy framework in view of its role to facilitate the sharing of information on OSH risks and of good practice on risk assessment as well as on how to address new or emerging OSH challenges. For EPSU it would be difficult to imagine an effective national and local implementation of joint EU-level policy priorities and initiatives in the field of OSH without such a framework and kind of “OSH EU work programme” for the years ahead.

EPSU fully shares reflections and evidence on OSH relevant for nursing provided by our British affiliate “Royal College of Nursing” (RCN) to underpin the need for an EU-level OSH Strategy:

- “In times of austerity, health and safety protections are often seen as a soft target and an area, which can be cut back on without any immediate consequences. Workers who fear for their job security or are not in receipt of occupational sick pay schemes, will often continue to work through musculoskeletal pain and stress or not report workplace injuries or poor working conditions for fear of being targeted for redundancy. It is essential that the economic case for investment in good health and safety standards at an organisational, national and EU wide level is an integral element of the strategy. It is especially important to stress the societal costs of occupational diseases, which often do not have an immediate impact.”
- “It is also important for an EU strategy to have synergy with other EU wide policies such as those relating to the environment, public health, social policy, active ageing and the provision of health care. ... In relation to public health and social policy, there is evidence that poor working conditions contribute to social inequalities in health so linkage with wider EU policies is key.”
- “In health care, there is an increasing body of evidence linking good working conditions for nursing staff with improved patient outcomes. In order to improve the delivery of health care across the EU we must ensure that health care staff have good working conditions and the health and safety protections afforded by effective transposition and implementation of EU Directives. Equally, recent figures published by the Commission have shown that the EU faces a shortage of over 500,000 nurses by 2020. Ensuring that measures are taken to improve the health, safety and well being of the existing health professional workforce across the EU will help to ensure that this shortage does not grow further.”

The main health and safety priorities to come under an EU-level strategy for EPSU are:

- The reduction and prevention of work-related injuries (including with medical sharps), work-related diseases (i.a. caused by musculoskeletal disorders or dermatological problems) and work-related psycho-social risks (e.g. stress or “burn-out as a consequence of increased up to excessive workload in particular for “front-line workers” and leading to sickness absence and ill-health retirement). All three aspects are also

relevant in view of particular challenges an ageing workforce is facing and in order to promote effective retention and recruitment of qualified staff to EPSU's sectors of activity. The new risks as identified by OSHA for green jobs should be tackled, too; prevention is especially important here.

- The use of high-quality risk assessments (which would include the consequences of restructuring and downsizing processes for those workers “surviving”).
- The strengthening of social dialogue and compliance with collective agreements as a key precondition for workers’ participation in OSH policies on the workplace-level which in turn contributes to design, implementation and evaluation of OSH measures based on risk assessment (see ex. for Finland, <http://guidetoworkinginfinland.fi/E30/co-operation>).
- The adequate resourcing of labour inspectorates for more effective enforcement of OSH provisions. EPSU commissioned a report on the organisation and impact of the crisis on the work of labour inspectors in 15 European countries (see <http://www.epsu.org/a/8829>). The crisis has exacerbated understaffing in labour inspectorates. Based on evidence from the report, EPSU would like to give serious consideration of the possibility of establishing a minimum ratio of labour inspectors to effectively carry out their missions.

## Section 2 “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 measure be considered? Please explain.

Yes. EPSU supports a new EU OSH Strategy, including in the form of legal initiatives (where this would add value to existing regulatory frameworks).

- The implementation of 2007-2012 EU OSH Strategy certainly is a major development and step forward. In EPSU’s view a EU OSH Strategy is the best way to take into account existing and new challenges of well-being of workers. Again recent and ongoing restructuring and re-organisation processes in public services come into play in this regard (cf. ILO (2013): Public sector shock: the impact of policy retrenchment in Europe, [http://www.ilo.org/brussels/WCMS\\_181854/lang-en/index.htm](http://www.ilo.org/brussels/WCMS_181854/lang-en/index.htm)). A new EU OSH Strategy up to 2020 insofar would be instrumental to promote work-related health risk assessments and the adaptation, strengthening or development of OSH measures and help fence off deteriorating working conditions.
- One key demand in EPSU’s reply to the EU consultation on restructuring was the call to involve public sector social partners to at least examine jointly the restructuring implications of the recommendations to MS in the context of the European Economic Governance (European Semester) as they have a clear impact on national budgets, staffing levels, wages, working conditions including health and safety, gender equality and quality of public services. In EPSU’s view it is not least therefore important to maintain and improve an OSH Strategy and not to weaken it its content and/or its form.
- Also from both a macro- and a micro-economic perspective, a new EU OSH Strategy would make sense as it helped to contribute to reducing employers’ costs by investing into OSH measures in the mid- and long-term run. There is evidence from 55 UK case studies included in a study by PriceWaterhouseCoopers commissioned by the Health Work Wellbeing Executive (2008) on the link between productivity and OSH suggesting

that the return on investment for a better health and well-being of workers can outweigh the costs by a factor of 2, 4 or more (and by up to 34 times in a physiotherapy call centre), [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/209547/hw-wb-dwp-wellness-report-public.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/209547/hw-wb-dwp-wellness-report-public.pdf), "Workplace wellness makes economic sense", pp. 6, 21 and 24; a reference to study is also comprised in a HESAPRO background paper of April 2013 (see [http://www.hesapro.org/files/Background\\_Research.pdf](http://www.hesapro.org/files/Background_Research.pdf))

- Looking at the sectoral social dialogue, an EU OSH Strategy would provide a welcomed impetus and clear focus for the work programmes of the different sectors EPSU is being involved in. Such a framework would help e.g. the partners of the sectoral social dialogue committee for central government administration to build upon a common position on stress at work adopted in 2009 in the context of the informal social dialogue for this sector (see joint position of EUPAN and TUNED on work-related stress in central government administrations, <http://www.epsu.org/a/4462>). The same holds for possible further work on third-party violence at work, on the prevention of injuries with biological agents leading to infectious diseases, on the reduction and prevention of musculoskeletal disorders or skin diseases. An EU OSH Strategy would be instrumental for social partners at different levels to identify solutions to OSH challenges through social dialogue mechanisms.
- The implementation is to be carried out at different levels, starting from EU-OSHA (continuing along the tasks and mandates it currently has), then involving national and local authorities as well as labour and/or health and safety inspectors (promoted by the EU OSH Strategy) and also the social partners.

EPSU recalls that an EU OSH Strategy is fully in line with the TFEU (and the values and various objectives of the EU) and the Charter of Fundamental Rights that both promote well-being at work, rights to health and safety, maximum weekly working hours, annual paid holiday, etc., as well as access to healthcare. Already the EC Communication "Community strategy 2007-2012 on health and safety at work" had underlined the major contribution that investing in a high-quality work environment can make to fostering economic growth, boosting productivity and creating employment. It also had stressed that the lack of effective protection to ensure OSH can result in absenteeism, work place accidents and occupational diseases (and in the worst case in permanent disability), with a considerable share of costs falling upon social security systems and public budgets. These statements are as relevant, if not more so, in 2013 as it was in 2008, with austerity measures across Europe having increased the need for greater attention to and better co-ordination at EU level in relation to health and safety at work.

**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 set clear goals (including both quantitative and qualitative indicators to measure progress) and identify several priorities, with a view to coordinate national policies, also to be informed by EU cross-sectoral and sectoral social partners. It should set out a work programme including legislative improvements e.g. in matters relating to psychosocial factors and musculoskeletal disorders. There needs to be greater synergy between the EU OSH strategy and the work of social partners at sectoral level.

In EPSU's view a new EU OSH Strategy therefore should

- take due account of emerging health and safety risks with a view of awareness raising and efforts to find common solutions;
- reinforce prevention;
- help support a smooth ageing transition of the workforce, a common challenge in the EU, by involving social partners. This is e.g. underlined in joint statements on health and safety and the Joint Toolkits on Demographic change and age management by the electricity and gas trade unions and employers respectively 2008 and 2009). And this is also foreseen in the joint EPSU-HOSPEEM guidelines to address the challenges of an ageing workforce in the hospital/health care sector, likely to be adopted by EPSU in October 2013. The situation is further exacerbated by the on-going emigration of young workers from EU countries most affected by the crisis having no other choice than emigrating abroad to find a job or better working conditions.
- provide adequate resources for the effective implementation and coordination of national, sectoral and local OSH strategies, including for adequately staffed labour and/or health and safety inspectorates;
- take due account of the negative effects imposed restructuring has had and continues to have on working conditions, e.g. in central government sector – fewer staff to do the same or more work that increase the risks of ill-health and work accident; anxiety and stress. Imposed job cuts have also a negative effect on the ability of health and safety inspectorates to fulfil their missions. The psychosocial risks, linked directly or indirectly to austerity measures need serious consideration: e.g. fear of redundancy, fear of precarious conditions, transfers to other enterprises, etc..

Some of the important OSH issues such as musculoskeletal disorders or psycho-social stress seem to have been subject to legislative delay at EU level. A new EU OSH strategy in EPSU's view could and should provide fresh momentum in tackling existing issues to improve workplace health and safety as well as identifying new opportunities.

### **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?**

The evaluation of the past EU OSH Strategy 2007-2012 showed that the inclusion of specific targets (as the 25% reduction target for work related accidents) has helped to create momentum and actually to also reduce work-related accidents.

- Against this backdrop EPSU supports the inclusion of specific and quantifiable targets in the new EU OSH Strategy, also on occupational diseases, as this is likely to help to develop policies and set incentives for public authorities and employers to allocate sufficient resources and adequate staffing.
- Targets for a minimal ratio of labour inspectorates (e.g. a minimal ratio of 1 labour inspector active in the field of OSH issues for every 10,000 workers) or increasing the percentage of workers with OSH representation could be targets that should be discussed as part of a broader legislative EU framework.

- Another objective could be improved efforts for the collection of data on injuries with medical sharps (to underpin the implementation of Directive 2010/32/EU) at an EU level as required by Directive 89/391/EEC.

#### **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?**

As said above, EPSU supports the elaboration and implementation of a new EU OSH Strategy 2014-2020, setting out a work programme (including legislative improvements) with a calendar and objectives as well as time-sensitive outcomes (that could be identified as targets) and having mechanisms in place for monitoring and evaluating the outcomes and effectiveness of the strategy.

A new EU OSH Strategy should give a central role to national and EU-level social partners at cross-sectoral and sectoral levels, not least to increase their ownership. In EPSU's view a worthwhile and effective strategy must be based upon the comprehensive involvement of social partners at all levels – as they best know about the needs, realities and possible problem-solving measures on the ground and as they are the one that have a joint responsibility for the improvement of working conditions, including via OSH regulation and measures.

### **Section 3 “Content of a New EU OSH Policy Framework”**

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

For the sectors covered by EPSU there are a number of OSH concerns and related fields of action (as stated above) that should be covered and addressed by a new EU OSH Strategy. The key OSH challenges listed below are interlinked and mutually reinforcing (it is therefore difficult to prioritise them, in general, but in particular at this stage of the consultation):

- Effective enforcement of a strong legal framework provided by the EU OSH directives
- Reduction and prevention of work-related injuries (including with medical sharps), work-related diseases (i.a. musculoskeletal disorders or skin diseases) and work-related psycho-social risks (e.g. stress or “burn-out”; or third-party violence and harassment);
- Promotion of main risk management measures, including high-quality risk assessments and the recognition of health threats as to organisational changes due to restructuring and downsizing;
- Developing and/or strengthening of health and safety measures to accompany and better tackle the challenges of an ageing workforce.
- Inclusion of a gender dimension of occupational health and safety to promote equal access to the workplace for women and men and to better address differences between women and men in the exposure to occupational hazard, accidents and diseases, i.a. due to job segregation as to sectors (e.g. about 80% of the workforce in health and social services are women, with shares of 92% to 99% in different occupations such as nurses or midwives), positions and level of pay. As a result, women are more likely to suffer work-related stress, musculoskeletal disorders (other than back injury) and health

problems such as skin diseases (for examples of gender differences in exposure see table <https://osha.europa.eu/en/faq/women-and-health/what-are-the-gender-differences-in-occupational-safety-and-health> at the EU-OSHA website);

- Enhancement of social dialogue and workers' participation in OSH policies at all levels and involvement in reforms and restructuring as well as promotion of compliance with collective agreements. In EPSU's view more needs to be done to ensure that workers are effectively consulted on health and safety conditions and that the trade union safety representatives are recognised as an important factor in improving working conditions. The EU should therefore promote the importance of social dialogue at a local level, for example health and safety committees;
- Improving access to occupational health advice as set out in Framework Directive 89/391/EEC in small and medium-size health and social care institutions/services. EPSU's British member RCN reports that this has become increasingly apparent following the implementation of Directive 2010/32/EU where workers in this sector have difficulties accessing free hepatitis B vaccine, and prompt follow up and support following a sharps injury.
- Allocation of adequate resources for labour and/or safety and health inspectorates and encouragement of more effective enforcement of OSH and other relevant legislation. In this context a skilled and well-resourced occupational health workforce is also key to the implementation of EU and national strategies and policies.

In a very tense social and economic climate as can be perceived in several EU MS, public sector employees – e.g. employees in justice, employment and social benefit advisers, police – can be more subject to offensive behaviours by users who are themselves under much social and economic pressure. Another general trend in the sectors covered by EPSU – related to cuts in staffing, recruitment freezes or shortages over a longer period of time – is increased work intensity and high workloads as two major contributors to work related stress that can lead to increased absence and burn-out. In both contexts OSH measures play a key role to at least alleviate difficult working conditions.

The prevention, assessment and compensation of OSH risks to avoid or to reduce negative effects of intensified internal market integration i.a. on employment conditions and labour rights is a key challenge and task in our view. Precarious labour that has spread in many sectors across Europe and also often means exposure to lower levels and quality of OSH for an increasing number of workers is another trend linked to more competition, outsourcing, etc.. An EU-level OSH Strategy insofar is appropriate and helpful to better address and balance the effects of both trends.

New risks identified by OSHA for green jobs should also be further tackled and studied.

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

EPSU suggests adopting an EU OSH Strategy that allows to work towards the priorities listed above and to work towards an updated EU legislative framework that is binding for all actors within Member States down to the workplace, to promote OSH provisions and measures. This approach should i.a. comprise the following actions:

- Improved exchange of existing good practice and tested models of OSH, involving trade union representatives, within EU MS and across Europe. The next EU OSH strategy should be designed in a manner to be able to well take into account emerging occupational hazards and risks (related to moving and handling in domiciliary environments and to work outside teams and without the full range of the work equipment, increasing in particular risks of musculoskeletal disorders and third-party violence) in view of accidents and diseases stemming from the re-organisation of service provision, such as trends towards integrated care delivery and more community-based care in the sector of health and social services.
- Better implementation and clarification of OSH legislation and measures. An example in this context is the application of the provisions of the Working Time Directive that remains patchy and fragmented across EU member states in particular for some professional groups, e.g. firefighters or army. 24/7 working is increasing across the whole workforce and has always been an issue in the health care sector where large percentages of front-line workers doing medical treatments and providing care workforce do shift work. The EU OSH Strategy should continue to promote the importance of the Working Time Directive and the controls on working hours that are in place to prevent fatigue, accidents and ill health. With emerging evidence EPSU receives from its members representing the nursing workforce, on studies linking breast cancer to shift work, it is particularly important that protections for night workers are upheld and more work is done to promote the importance of health assessments.
- The use of social partners' agreements leading to directives is another solution which has worked well in relation to the prevention of injuries with medical sharps.
- To ensure greater co-ordination between a new EU OSH Strategy and the Action Plan on an EU Health Workforce, in particular in a view to better identify and anticipate potential risks at the workplace (e.g. 24/7 work; carrying heavy loads; use of products damaging the skin) and their impact on the workforce exposed to these risks.
- Continued and targeted use of the European Social Fund to support national and sectoral initiatives to develop a culture of prevention in the field of health and safety at work and to improve health and safety at work in the context of training or restructuring measures to benefit both the workers and the enterprises.
- Reinforcement of resources for effective implementation of OSH policies including monitoring and controlling functions of the state and relevant agencies (such as labour inspection). This is expected to lead to savings in the mid- and long-term perspective by contributing to reducing ill health, work accidents and occupational diseases.
- OSH training and prevention policy that targets top and middle management. The relevance of this issue has been underlined in an EU-OSHA awareness-raising campaign on risk assessment and safe maintenance (2007-2012) that emphasised the importance of leadership by top management and owners working in tandem, along with active worker involvement, to improve risk prevention at the workplace.
- Integration of OSH measures into other policies – in particular employment, public health and professional training policy – rather than keeping it an isolated policy area.



**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. The social partners should be involved in defining which sectors will be considered as “high-risk” as there is no way to do this in general – except for the exposure to certain dangerous substances and often occurring work accidents.

EPSU would recommend to set one focus of a future EU OSH Strategy on precarious workers which across the public services notably are contractual/outsourced workers, young workers with fix-term contracts or (mostly female migrant) workers providing care outside health and social care institutions, often not (well) protected or lacking proper work equipment.

The development of a two-tier workforce is a key obstacle to a healthy cohesive work environment and effective OSH rules and policies for all workers in order to prevent from negative impacts for both physical and mental health. This is also illustrated by EPSU’s experiences with privatisation, outsourcing and delegation of services to third parties in the context of marketisation processes of public services across many years and in many European countries.

**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?**

In EPSU’s view there is much less need for simplification of EU OSH legislation than for its improvement, modernisation and adaptation of the EU legislative framework.

One example where improved EU legislation would be needed and that is important for many of the workers covered by EPSU affiliates – be it in health or social care or public administration – is the adoption of a directive on ergonomic factors in order to prevent musculoskeletal disorders. OSH risk assessment is a horizontal task and insofar a good example to illustrate the need to modernise the EU OSH legislation.

**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?**

Employers and trade unions must be vigilant as to the general improvement of working conditions and aim to address the health needs of the workforce and the nature of the job independently of the age of the worker. Studies show that efficiency and savings could be increased and good employment practice be promoted by extending deployment of older workers through flexible working arrangements and phased retirement, i.a. to reduce premature turnover and by phasing replacement costs by retaining older workers in key occupations. A safe working environment insofar will support staff to work to their maximum abilities and help support retention and reduce recruitment costs.

Ageing is not a purely biological process, it also very much depends on the quality of one's working life and the framework conditions facilitating to work in good health for more years of the professional career. In many member states the workforce in health and social care, public administration and public utilities already has a high proportion of older workers. With age can come maturity and experience, but it also raises challenges relating to capacity and capability, working conditions and OSH. Social partners have the task to support age-adapted working throughout the career and to cater for possibly longer periods older workers might need to recuperate from work accidents, injuries and occupational diseases.

Work on recruitment and retention involves implementing measures across the entire working life-cycle, strengthening OSH, and promoting cooperation between different generations at the workplace (e.g. in the framework of mentoring programmes to facilitate transfer of knowledge and experiences). Steps taken towards the older workforce should not disadvantage workers in other age groups.

EPSU would like to see that in view of the ageing workforce measures to ensure a safe working environment are given a particular role in the next EU OSH Strategy. This could comprise

- conducting regular risk assessments to make sure all employees are working in a safe environment, taking specific account of their age including any disability they may have;
- the design and reasonable adjustments of work environments in order to reduce stress and ease physical activities;
- investing in (ergonomic) equipment to reduce injury risk to staff;
- adapted/alterd work patterns, e.g. in view of working time, shift and night work, etc.;
- cooperation between the employers, employees and the occupational health care service or similar systems;
- measures of occupational rehabilitation (in addition to what is foreseen on branch level and/or in provisions applying across the whole territories of MS).

These and other measures are e.g. contained in the EPSU-HOSPEEM guidelines to address the challenges of an ageing workforce in the hospital/health care sector (that are likely to be adopted by EPSU in October 2013). The document concludes that "EPSU believes a systematic approach is needed across all age groups to show that health professions are attractive, with good working conditions, and environment, as well as interesting career paths" (p. 12).

**6. What measures would you suggest to reduce the regulatory burden on SMEs and micro-enterprises, including reducing compliance costs and administrative burden, while ensuring a high level of compliance with OSH legislation by SMEs and micro-enterprises?**

OSH regulation cannot be deemed a "regulatory burden", in EPSU's view the question is phrased in a mis-leading manner. A safe, healthy working environment is a crucial factor in an individual's quality of life and is also a duty of all employers as well as a collective concern. Risk assessment and prevention are key and in the long-term run the most cost-effective option. A good cooperation based on trust and not suspicion between employers and labour inspectors and public authorities that provide guidance on how best to implement a good health and safety strategy at the workplace as well as health and safety union representatives should be



enhanced and promoted, not least by the new EU OSH Strategy. SME must also ensure that they invest in competent advice to support implementation and compliance with legislation.

In cases where the institutions/enterprises in the sectors covered by EPSU – i.e. energy, water, waste, health and social services, local and regional government and central administration – have the size of SME, EPSU underlines the need to give their workers the same protection, including on OSH, as to the ones working in bigger “entities”. Employers in SMEs, too, need clear rules about the proper way to address the risks (e.g. as to risk assessment, the consultation and representation of workers or the access to preventive services).

In EPSU’s view the real burden are cases where in our economies in many SMEs workers are denied their fundamental rights to protect their life, safety and health which in turn creates higher costs to our societies to “repair” work-related accidents, injuries and psycho-social problems. The right “answer” is therefore rather a reduction of thresholds of employees allowing for trade union representatives and OSH representatives than a setting up of specific (lighter) OSH regimes for SME.

**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. Directive 2010/32/EU implementing the Framework Agreement on prevention from sharp injuries in the hospital and health care is a good example to illustrate which safeguards and principles are needed to ensure a proper enforcement of a piece of EU OSH legislation.

Social partners and in particular local workplace trade union or safety and health representatives are in the best position to assess the OSH risks and – in cooperation with their employers – to come up with the appropriate measures and solutions in a framework defined and guaranteed at EU-level.

An effective social dialogue and collective agreements covering OSH issues guarantee a good assessment of health risks and an implementation of OSH policy best adapted to the reality of the workplace and worker needs.

For EPSU it is indispensable for all EU institutions to respect the full autonomy of social dialogue and of the social partners. Should social dialogue, however, be subject to blockage or resistance, as witnessed by EPSU in an increasing number of EU MS in particular since the start of the financial crisis, the EU should take the lead and propose directives and other rules, after consultation with social partners, to avoid any legal void or failings in the protection of workers.

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

EPSU would like to mention five points in this regard:

- A holistic approach for OSH should be taken at EU level, including an international dimension by promoting the ratification and implementation of ILO Conventions that protect the safety and health of workers at their workplace.
- OSH should also be integrated into all EU policies. This is of particular importance in view of internal market policies and the role of the four fundamental freedoms. In addition, the current economic crisis with ensuing public sector restructuring needs a more mainstreamed debate on health and safety at the work place.
- It is important that the EU takes a gender sensitive approach to OSH (see also the answer to question 2 under this section 3 above) and acknowledges these differences as important in strategies to reduce the burden on workplace injury and disease, in particular in sectors with a predominantly female workforce such as health and social services and in view to pregnant women. It is also important to recognise the 'double burden' of exposures from domestic and work responsibilities, for example, caring roles at work and for children or elderly relatives and exposures to cleaning chemicals at work and at home.
- EPSU's reply several times emphasizes OSH needs and challenges related to the ageing workforce in the economic sectors covered by our members. Such a focus, however, should not divert attention, in the new EU OSH Strategy, from particular needs young(er) workers have, e.g. when it comes to information on and awareness of OSH provisions and procedures – as they tend to underestimate work-related OSH risks and might not be that familiar with the workplace or the equipment used (see European Commission Report "Evaluation of the European Strategy 2007-2012 on health and safety at work", SWD(2013)202 of 31 May 2013, p. 13). The same risks exist for atypically employed workers (short fix-term employed workers or temporary agency staff (ibid.).
- EPSU is of the opinion that on OSH issues social partners should be consulted in accordance with art. 154 TFEU, rather than in the context of public consultations only.