Royal College of Nursing response to European Commission consultation on EU Occupational safety and health policy framework

With a membership of over 410,000 registered nurses, midwives, health visitors, nursing students, and health care assistants, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

This consultation response forms the formal response from the RCN 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, which the RCN has completed. So that individuals can access the consultation response, a hard copy version has also been published as set out below.

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

The RCN welcomed the development of an EU OSH Strategy covering the period from 2008-2012. The assessment of the strategy is comprehensive, however whilst the strategy has had an impact in some member states it is questionable whether the strategy has had an impact in the UK. The RCN believes that the recent UK Government led review on health and safety regulation has undermined the importance of good health and safety at work, weakened its effectiveness and moved the priorities of our labour inspectorate (the Health and Safety Executive) to focus on proactive inspections only in so called ‘high risk’ areas. Although the latest statistics show that workplace fatalities have fallen; in health care environments and other sectors we are still seeing high levels of musculoskeletal disorders and work related stress leading to sickness absence and ill health retirement.¹

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?

It is essential that we have an EU wide strategy to harmonise and support the improvement of EU wide working conditions, particularly given the undermining of health and safety at work within the UK.

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

In addition to the need to harmonise EU working conditions, an EU level framework can support the work of social partners at an EU and national level. Initiatives emanating for the framework can also aid trade unions in negotiating improvements for the workforce and in discussing priorities with our labour inspectorate and Government departments.
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 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. 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.

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

The RCN believes there is a need for an EU wide OSH strategy to set a framework for member states to follow. The original Communication underlined the major contribution that investing in a high-quality work environment can make to fostering economic growth, boosting productivity and creating employment. The RCN believes that this statement is as relevant, if not more so, in 2013 as it was in 2008 and that austerity measures across Europe have increased the need for greater co-ordination at EU level in relation to health and safety at work. The RCN would strongly support a further strategy which reinforces the EU framework, which focuses on the challenges facing specific sectors and which identifies solutions to those challenges through the social dialogue mechanisms. EU social partners play an important role in informing the strategy and developing and supporting initiatives and policies resulting from the strategic themes.

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?
Goals and priorities need to be broad, informed by EU social partners and must be accompanied by effective ways of monitoring the implementation of the strategy. Goals and priorities should inform and support sectoral priorities and the work of social partners at EU level. There needs to be greater synergy between the EU OSH strategy and the work of social partners at sectoral level EU social dialogue.

When considering priorities, the long-standing issues affecting major employment sectors such as health and social care (i.e. musculoskeletal disorders and psychosocial hazards) must be looked at alongside new and emerging risks. The RCN has been concerned that some of these important issues have appeared to have been subject to delay at EU level in relation to bringing forward new proposals. A new strategy could 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 RCN supports setting specific targets as part of the strategy to help ensure that member states have ownership of the strategy and display in a transparent manner how they have contributed to the targets. However, the challenge will be ensuring that data collection is consistent and evidence suggests that this is not currently the case. For example, the UK does not count road traffic accidents whilst driving at work on the public highways as work related incidents. The RCN also has concerns about the lack of data collection on sharps injury at an EU level as required by Directive 89/391/EEC. Targets could be set for inspection activity as well as occupational disease/accident reduction.

4. Should a new policy framework include a list of objectives, actions, calendar 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?

The strategy should be a practical document that can be understood at all levels from EU institutions to the workplace representative within an organisational setting.

The strategy should be clear about the actors involved so that it is owned by all stakeholders but with a strategic lead at EU and national level.

The strategy should be focused on time sensitive outcomes (which could be identified as targets) and have mechanisms in place for monitoring and evaluating the outcomes and effectiveness of the strategy.

Content of a new EU OSH policy framework

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

- Enforcement
  EU Directives provide a strong legal framework for the protection of workers but the challenge is effective enforcement. Proactive inspection activity in the
UK is focused on ‘high risk’ sectors and fails to recognise the impact of work related ill health in the health and service sectors.

- **Worker representation**
  The RCN welcomed the European wide focus on partnership working on health and safety during the annual European week of safety and health. However, 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 promote the importance of social dialogue at a local level, for example health and safety committees.

- **Competent Advice**
  Many of our members working in small and medium size nursing and care homes do not have access to occupational health advice as set out in Framework Directive 89/391/EEC. This has become increasingly apparent following the implementation of the sharps directive where workers in this sector have difficulties accessing free hepatitis B vaccine, and prompt follow up and support following a sharps injury.

  A skilled and well-resourced occupational health workforce is key to the implementation of EU and National strategies and policies.

**Changing world of work:**

**Shift work**

- Twenty-four seven working has always been a theme in the health care sector and a large percentage of the nursing workforce do shift work. However, we are aware that 24/7 work is increasing across the whole workforce. The EU 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 the emerging evidence 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.

- In addition to promoting the importance of the Working Time Directive, we believe more work is necessary at an EU level to highlight the potential risks of breast cancer and shift work which may impact on a large percentage of the EU female workforce.

**Community/Peripatetic Work Focus**

- Health care is increasingly being delivered in domiciliary environments, which bring unique risks for lone working health care staff who are vulnerable to the risk of assault. They also have challenges with moving and handling in domiciliary environments and are increasingly isolated and working from laptops or tablets in their vehicles, increasing the risk of musculoskeletal disorders.
Work intensity and Work load

- Cuts to the nursing workforce, coupled with an emerging shortage of nurses across the EU has led to increased work intensity, high workloads, major contributor to work related stress and can lead to increased absence and burnout in the nursing workforce. Work related stress along with bullying and harassment and work related violence must remain key priorities. The RCN believes that mandatory staffing levels are necessary to protect patients and prevent ill health in the nursing workforce.

Worker Health

The health care workforce is ageing and changes to pensionable age mean that people are likely to be working longer. It is essential that we protect workers over their whole working life to prevent the cumulative effect of workplace hazards such as continuous lifting which is a frequent activity in professions such as nursing. Prevention of work related ill health must be the priority, however it is also important for organisations to have systems in place to support older workers who may develop long term conditions that can be made worse by work or can impact on their ability to work. With a rise in obesity levels across Europe, employers should offer health promoting opportunities to all workers, for example, access to healthy meals, especially for shift workers who often have poorer health outcomes.

Technological Advances

In health care, medical advancements will mean great strides in the battle against diseases, infectious agents and long term conditions. However, their impact on staff who have regular, long term exposure could be detrimental and is often untested. Work has already started on nanotechnology and we welcome the guidance sheets that EU OSHA have developed on this. We also need to be aware of technological advances that can make the delivery of health care safer for the workforce, for example, safer needle and safety engineered devices.

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

- A range of solutions are necessary to address these challenges, firstly strengthening the legislative framework, for example, in relation to musculoskeletal disorders to reflect changing work conditions and working environments. This is coupled by the importance of the labour inspectorate and the role inspections have in driving up standards with a focus on inspection standards and targets.

- The use of social partners’ agreements leading to directives is another solution which has worked well in relation to the prevention of sharps injuries.
To identify the specific health and safety challenges in the workplace that impact on the health workforce – for example the twenty-four seven nature of healthcare.

To consider further the link between improving the occupational health and well being of workers and the impact this could have on projected staffing shortages in healthcare settings across the EU by 2020.

To ensure greater co-ordination between a new OSH strategy and the ongoing EU Health Workforce Action Plan and specifically to better identify, anticipate potential risks by horizon scanning, exchanging knowledge and developing new knowledge which can be transferred into practice.

Encourage changes in behaviour and promotion of a preventive culture;

- There is a need to actively promote and share best practice for example the work of the Danish to protect shift workers or Finnish work on the ageing workforce.

- There is a need to set targets on work related illness (as well as accidents).

- Working with others parts of the EU and global partners such as the WHO to promote synergy between policies, for example, working with DG Health to link the evidence with good working conditions for staff and improved patient outcomes.

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?**

The RCN has concerns about highlighting high risk sectors as there are high risk jobs in many sectors, for example, a maintenance employee working at heights in a hospital. We also feel that high risk is associated with accident reduction and does not focus enough on work related ill health which is a high risk in some sectors. The combination of high rates of musculoskeletal disorder, work related stress, exposure to shift work and new technology such as nanotechnology means that the health sector should be a priority area for an EU strategy. Furthermore, an ageing health care workforce may be more vulnerable to these hazards and there is a need for effective strategies to support the occupational health of older workers in the health sector.

The UK regulator defines vulnerable workers as those who are at risk of having their workplace entitlements denied, and who lack the capacity and means to secure them. We support this wide reaching statement which would encapsulate many groups.
We also believe that increasingly precarious working conditions have led to more vulnerable workers. Whilst there is evidence to support work being good for health there are studies that show that bad work is even worse for physical and mental health than unemployment. vi Any strategy needs to define and outline the importance of ‘good work’.

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?

We believe that the existing regulatory framework is clear and does not require simplification. Resources would be far better spent on ensuring that legislation is implemented.

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

Social dialogue in the health care sector is already looking at the issue of an ageing workforce with occupational health and safety issues part of that discussion.

We have already mentioned the importance of this issue in other parts of this response and agree there is a need to identify and address the challenge but also recognise the need to protect workers throughout their working lives.

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?

The development of tools and resources to support the implementation of regulations may help SMEs. As mentioned earlier, SME’s must also ensure that they invest in competent advice to support implementation and compliance with legislation.

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?

It is essential that social partners are involved in developing and shaping the strategy. Initiatives resulting from sectoral level dialogue can have a tangible impact on individual workers. For example, the social dialogue that resulted in the framework agreement on the prevention of sharps injuries in the hospital and health care sector has resulted in the Directive being transposed into national law. Health care organisations are reviewing their policies on sharps injuries, investing in safer equipment and training to the benefit of staff. The framework agreement is an example of effective EU social dialogue, with clear objectives, completed in a tight time frame and making a real difference to the working conditions of health care workers.
8. Add any further aspects that in your view were not sufficiently taken into account by the above questions?

As highlighted by the EU Agency for Occupational Safety and Health at Work, men and women are often in different jobs and employment sectors; have different working conditions and can be treated differently by society. It is therefore important that the EU takes a gender sensitive approach to health and safety and recognises these differences as important in strategies to reduce the burden on workplace injury and disease. With a predominantly female workforce, the health sector should be following a gender sensitive approach to health and safety. This is especially relevant to pregnant workers, to those exposed to violence, shift workers and breast cancer and those working through the menopause. 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.

Royal College of Nursing
August 2013


