



Implementation of multi-sectoral guidance on third party violence in the workplace

Report of regional workshop (Prague, 6 September 2011)

A report prepared by GHK

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A report for CEMR, CoESS, EFEE, EPSU, ETUCE, EuroCommerce and UNI Europa
prepared by GHK

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1 Introduction

This document provides the report from the second regional workshop of the project on the Implementation of the multi-sectoral guidance on third party violence in the workplace, which was held in Prague on 6 September 2011.

1.1 Background of the project

On 16 July 2010, EPSU, UNIEuropa, ETUCE, HOSPEEM, CEMR, EFEE, EUROCOMMERCE, COESS, representing the social partners of the commerce, private security, local governments, education and hospital sectors have reached an agreement on multi-sectoral guidelines aimed to tackle third-party violence and harassment at work (<http://ec.europa.eu/social/main.jsp?langId=en&catId=89&newsId=896&furtherNews=yes>).

These Guidelines have been developed following two major conferences organised with the support of the Commission in March 2008 and October 2009 at which the outcomes of a research on third-party violence were presented along with case studies and joint conclusions . Therefore, these Guidelines build on these initiatives and complement the cross-sectoral *Framework Agreement on Harassment and Violence at Work* of 26 April 2007 (http://ec.europa.eu/employment_social/dsw/public/actRetrieveText.do?id=8446).

The organisation which were party to the multi-sectoral guidelines subsequently decided to disseminate the guidelines and obtained funding from the European Commission for a project to assist with the translation of the guidance into all EU languages, for three regional seminars and a final conference to be held with the goal making the guidelines more widely known, sharing good practices in tackling third party violence in the workplace and encouraging national member organisations to think about how the guidelines will be implemented in each Member State. GHK Consulting was commissioned to assist in the moderation of these events and in the preparation of reports.

1.2 Participating countries

The first regional workshop was held in Prague on 6 September 2011 with the participation of 53 representatives of sectoral social partner organisations from Austria, Belgium, Bulgaria, the Czech Republic, France, Germany, Hungary, Slovakia, Romania, Macedonia, Sweden, the UK, as well as Brussels based sectoral representatives. A full list of participants, the agenda of the workshop and the presentations provided are included in the Annex to this report.

1.3 Purpose of this report

The goal of this report is to summarise the discussions of the workshop.

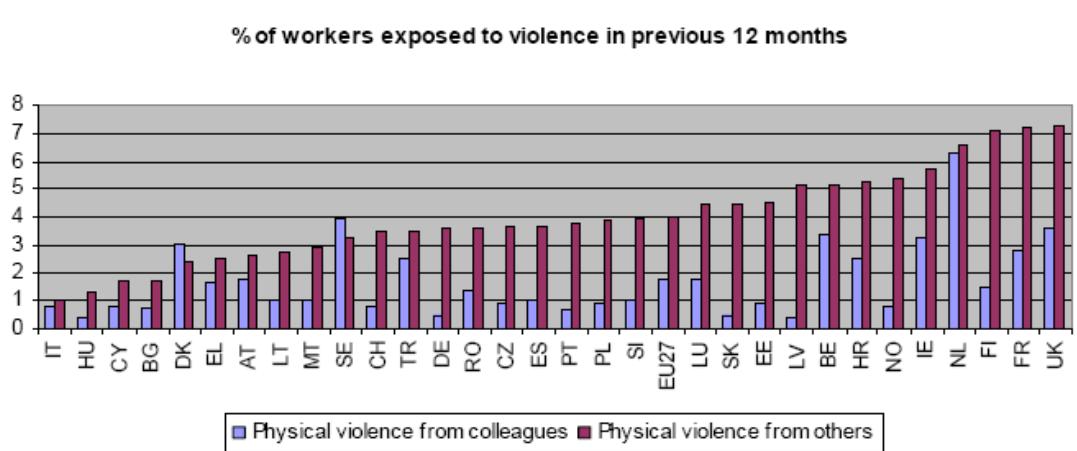


2 The importance of tackling third party violence in the workplace

In opening the workshop, representatives from the secretariats of the sectoral social partner organisations highlighted the importance of tackling third party violence in the workplace in their sectors.

In her presentation, Dr Tina Weber (GHK), who was also responsible for the research conducted for the RESPECT project, carried out prior to the agreement of the multi-sectoral guidelines, underlined the scale of the challenge of third party violence in the European Union, with research from the European Foundation for the Improvement of Living a Working conditions (as part of the European Working Conditions Survey, last carried out in 2007) showing that between 1 and 7.2% of workers in the European Union were exposed to physical violence from service user/customers in the 12 months prior to the survey. This figure is significantly higher than the figure for workplace violence resulting from attacks from colleagues. The differences in the incidence of third party violence between countries is notable (see figure 2.1) and could be linked to "cultural" factors and perceptions regarding the "acceptability" of certain types of behaviour.

Figure 2.1 Worker exposed to violence in the workplace in past 12 months



Source: Eurofound, European Working Conditions Survey, 2007

It was, however, made clear that the social partners involved in the multi-sectoral guidelines, that third party violence in the workplace should never be considered as being acceptable. It is notable that a recent study by OSHA (<http://osha.europa.eu/en/publications/reports/violence-harassment-TERO09010ENC>) found that the definition of third party violence differs significantly from country to country, with an official definition only being found in 10 of the 22 countries which respondent to their study survey. Furthermore, different data collection methods are employed at national level, meaning that it is difficult to come by comparable data on the incidence of third party violence.

The risk of third party violence is clearly shown to be greatest in a number of specific sectors, most of which are represented in the organisations who are signatories to the multi-sectoral guidelines:

- Health care
- Social work
- Education
- Public administration
- Commerce
- Transport (not party to the agreement on the guidelines)
- Hotels and Restaurants (not party to the agreement on the guidelines)
- Private security

The incidence of third party violence experienced was also considered to be linked to the workplace environment, including to the level of training received and control exercised by individual workers over work processes, as well as the clarity of information provided on service standards to be expected by clients.

Evidence clearly shows the important impact of third party violence not only for individuals affected (in terms of their health and well-being), but also for the organisation and the economy as a whole.

Being a victim of third party violence can lead to short and indeed longer term emotional difficulties, which can also manifest themselves in physical ailments (resulting from anxiety, lack of sleep etc). The EWCS found that 35% of workers who experienced third party violence missed work in a given year (compared to 23% overall).

A survey of social partner organisations carried out by GHK in 2009 which found that third party violence was linked to low staff morale, absences from work, as well as retention and recruitment difficulties.

Despite the significance of the problem, the GHK survey, as well as the larger scale OSHA survey found that the number of countries, sectors and organisations having developed specific policies to deal with third party violence remains limited.

The OSHA survey (see figure 2.2) quotes the lack of appropriate tools and methods for assessing and managing the issue as well as the lack of scientific evidence and data as among the main reasons for not having nationwide or sector specific initiatives to deal with the issue.

Figure 2.2 OSHA findings on the reasons for not having national or sectoral initiatives to deal with third party violence

Table 17: The number of selected main reasons for not having nationwide or sector-orientated initiatives to address third-party violence (n = 22, all Focal Point answers)

Reason	Number of selected as one of the reasons
There are no appropriate tools/method for assessing and managing the issue	7
Scientific evidence is limited or lacking	6
Low of prioritisation of the issue	5
Lack of awareness	5
Specific regulation on the subject is limited or lacking	5
Extra-occupational factors are considered to be the main causes of the issue	3
Lack of tripartite agreement	2
Other	2

3 Good practices in tackling third party violence

3.1 Key elements of good practice

The research carried out for the RESPECT project highlighted the following key elements of policies and practices aimed at dealing with third party violence in the workplace:

- A clear definition
- Preventative measures including:
 - Managing expectations by providing clear information regarding the nature and level of service clients/customers/service users should expect
 - Designing “safe workplaces” through risk assessment, including
 - The provision of “tools” aimed at safeguarding employees
 - Workplace design
 - Process design and work organisation
- Training and awareness raising
- Clear monitoring report and follow-up
- Provision of support to victims
- Procedures for policy evaluation and review

In this context, it should be noted that EU and national law already define an employers' duty to protect workers against violence and harassment in the workplace, including through

- Directive 2000/43/EC of 29 June 2000 implementing the principle of equal treatment between persons irrespective of racial or ethnic origin
- Directive 2000/78/EC of 27 November 2000 establishing a general framework for equal treatment in employment and occupation
- Directive 2002/73/EC of 23 September 2002 amending Council Directive 76/207/EEC on the implementation of the principle of equal treatment for men and women as regards access to employment, vocational training and promotion, and working conditions
- **Directive 89/391/EEC on the introduction of measures to encourage improvements in the safety and health of workers at work**

Directive 89/391/EEC stipulates that the employer has a duty to carry out a risk assessment and should take all reasonable measures to prevent identified threats. Measures arising from risk assessment can relate to:

- The provision of clear information regarding the nature and level of service clients/customers/service users should expect
- The provision of “tools” aimed at safeguarding employees
- Workplace design
- Process design and work organisation

Training is identified as a vital part of the prevention of third party violence. Key elements of training packages developed include:

- Raising awareness of potential threats of abusive behaviour, harassment and violence and what is considered to be unacceptable
- Awareness raising of relevant policies and their responsibilities in implementing the policies, including customer care policies

- Information about reporting, monitoring and follow-up procedures and various roles and responsibilities in relation to these processes
- Information about support and counselling services available to victims of third party violence
- Techniques for identifying and dealing with aggressive behaviour and potentially violent situations

Finally, successful policies aimed at tackling third party violence should include clear policies and processes of reporting and follow-up, including procedures for victim support.

3.2 Examples of existing practice presented at the workshop

Four examples of existing practices were presented at the workshop, which are briefly summarised below. Further information can be obtained from the slides which will be lodged on a dedicated website.

3.2.1 Czech public sector (health and local government)

Jindřiška Chválová (Health sector trade unions, Czech Republic) and Radka Soukupová, Union of towns and municipalities, Czech Republic) presented an ongoing ESF-funded project on “Strengthening social dialogue – the prevention of workplace violence, which was carried out jointly by the Czech social partners in the health care and local government sectors.

The goal of the project is to assess the current situation in the health and social services sector in relation to third party violence, to raise awareness of the issue, to facilitate social dialogue and formulate solutions in the form of an education programme for individuals working in the sector to provide them with practical skills to manage third party violence in the workplace.

The decision was taken to implement this project because of the negative consequences of third party violence both on employers and employees in the sector. These consequences include:

- A decline in service quality;
- Lower productivity;
- Absences from work;
- Greater staff fluctuations;
- Cost of compensation to staff who have been harmed.

The project began with a stock-take of the level of third party violence experienced by staff. Over a period of 12 months between 2009-2010, 155 organisations in the health and social care sector were surveyed. It was found that 16.6% of employees had been subjected to physical assaults, 45.2% to verbal attacks, 13% to bullying and mobbing, 2.4% to sexual harassment and 1.1% to race discrimination.

In 90% of cases of physical attack, the perpetrator was a client/patient. In 76% of cases the attack took place inside the workplace. It is concerning to note that in 63% of cases the attack was considered “unavoidable” and in 70% of cases, the attack was not followed up with an investigation. Indeed nearly 40% of staff physically attacked in a health care facility did not report the attack, demonstrating a significant level of “acceptance” that such behaviour is – if not acceptable – then an “expected” part of the job. It could also reflect the perceived level of commitment on part of the management to address the issue of third party violence.

Verbal abuse was also most likely to come from clients/patients (around 60%) with 13% being experienced on the part of colleagues and a further 12% from superiors. Patients' relatives were the source of around 10% of verbal attacks.

The project then went on to assess the existence of workplace strategies to deal with violence in the workplace (including third party violence). Around 80% of workplaces argued that they had a general strategy, however only 40% of organisations had special procedures/guidance to deal with physical assaults. Of these around 45% used alarms and mobile phones as a way to protect staff, with a further 12% using access restrictions to certain areas.

In order to raise the level of awareness and availability of suitable strategies in the workplace to address the detrimental social and economic consequences of third party violence, the project offered training for 60 individuals to act as instructors for a wider number of members of staff in this sector to help them deal with third party violence. These instructors will pass the training on to a further 800 course participants. The 80-hour course has four modules:

- Awareness of the issue and its impact;
- Psychological aspects of workplace violence and crisis communication;
- Basics of self-defence;
- Violence prevention strategies.

Having trained these individuals, violence prevention teams can be established at institutional, local and regional level who can co-ordinate their efforts and learn from/support each other.

Dissemination and evaluation are also important parts of the project, which is set to complete in 2012.

3.2.2 Belgian education sector

Ghezala Gherifi provided a presentation on behalf of the education sector for the French speaking community in Belgium. She emphasised that although the number of incidence of third party violence in the sector had somewhat stabilised in recent years, the overall number remained unacceptably high. Third party violence has a negative impact on the physical and psychological health of teachers as well as on the overall teaching environment. Pupils and parents are the main source of such incidents at school and some schools are significantly more affected than others.

She emphasised the importance of early support and intervention following an incident and provided information on the psycho-social support made available to teachers who have been victims of third party violence.

An observatory has been established to measure the impact of violence as well as the impact of measures taken to assist victims. This is designed to improve prevention and support measures.

3.2.3 Bulgarian health care sector

Slava Zlatanova presented a campaign in the Bulgarian health care sector to help address third party violence. This campaign has been organised in co-operation with the Ministry of Health and the ILO. Training was provided for trade union leaders to help address the issue at workplace level and special training programmes were also organised at local level. Nurses are particularly prone to suffer violence from patients and their relatives and this can also be linked to the situation in the Bulgarian health care sector with poor funding, insecure working environments and staffing reductions.

3.2.4 German commerce sector

On behalf of employers in the German commerce sector, Heribert Jöris presented the challenges facing the sector and the measures which have been taken to seek to protect staff in the retail sector. One important feature of the system in Germany is the existence of occupational health insurances financed by employers and managed by both trade unions employers to improve health and safety in the workplace. The number of physical and mental injuries (leading to absences from work) have fluctuated over the years, but remain at

a rather high level (around 1290 per year). The vast majority of such incidents in the retail sector are linked to robberies and violence perpetrated against staff in the commission of such offences. Over the years, it has fortunately been possible to significantly reduce the number of fatalities linked to such robberies, but any such tragic incidents remain unacceptable. The association responsible for health and safety management therefore developed a bundle of measures including guidance on the prevention of robberies (both for large companies and for SMEs). Much of what is contained in these guides relates to workplace and work process design to help prevent robberies. A correspondence course is available to staff and regular workshops are made available. As a result the number of such incidents leading to death, serious injury or workplace absence has declined significantly over the years.

The approach also emphasises the provision of immediate psychological support to victims to prevent longer terms "damage". As a result of this offer of immediate support it has been possible to reduce the number of pension cases caused by such incidents significantly.



4 Next steps in national implementation

As part of the regional workshop, national working groups began to consider a number of key questions:

- Is the translation of the agreement into your national language accurate and understandable (where appropriate)? Which adjustments are necessary?
- How should the guidance be implemented at national level?
- Has implementation already begun and if so, in what form?
- Which partners should be involved?
- How and when should national discussions on implementation take place (e.g. who should take the lead in convening meetings if necessary/virtual group to discuss implementation etc)?
- What form should implementation take (e.g. collective agreement, national guidance, good practice tools, other possibilities?)
- What are the key elements in the agreement which you consider to be most important for implementation?
- Which elements may prove more difficult than others to implement?
- Which timeline do you put on implementation?
- What practical next steps can be scheduled at this stage?

In the report back from each national group, the following key points were raised:

4.1 Czech Republic (and Slovakia)

- Some of the language of the European text of the multi-sectoral guidelines will have to be clarified – not only the translation – in order to make it understandable and applicable at the national level
- Implementation at the national level has not yet begun but should start soon
- Implementation should be through the tripartite forum, also involving the relevant ministry and should take place through legislation
- This could take a significant period of time which may go beyond the implementation deadline

4.2 France/Belgium

- More time is needed to comment on the translation
- Implementation should be through legislation, but needs to take account of existing texts
- Implementation should take around 1 year
- In implementing the text attention should also be paid to how such incidents are pursued in the courts to ensure that individuals do not “become victims twice”
- Attention should also be paid to newly arising issues such as cyber-bullying

4.3 Bulgaria

- Some activity has already taken place and implementation is likely to be through a manual providing guidance on how to deal with third party violence

4.4 Romania

- Implementation is likely to be through collective agreement

4.5 Austria/Germany

- Translation is OK
- In some sectors significant activity already exists (e.g. commerce), in others there is less work already done
- In Austria it was stressed that the relevant ministry should be involved in implementation
- In Germany it was emphasised that Parliament should be involved
- It was emphasised that implementation should start immediately as violence is increasing
- Implementation should include practical recommendations on how to deal with the impact of violence on the individual
- The text of the guidelines can be a starting point for implementation (maybe by 2013)
- It would be useful if the EU could assist in awareness raising by starting a campaign on the importance to tackle third party violence

4.6 Hungary

- Translation is OK
- Implementation has not yet begun and it must be ensured that guidelines are conveyed to all relevant partners
- All social partners (public and private sector) as well as the government should be involved in implementation
- Would prefer guidelines to be binding, but this will depend on political goodwill

5 Forthcoming events

A closing conference will take place in Warsaw on 27 October 2011.

A report will be prepared following each event.

ANNEXES

Annex 1 Agenda of Regional Seminar Prague

Annex 2 List of participants

Presentations to be lodged on dedicated website (tbc)

Annex 1 Agenda Regional Workshop Prague

Workshop on Implementing the Multisectoral Guidelines on Third Party Violence **6th September, Prague**

09:00 – 09:30 Welcome and registration of participants

09:30 – 10:00 Introduction to the workshop (Steve Comer (CEMR/Co-Chair LRG Social Dialogue Committee), Anders Hammerback (EPSU/ Co-Chair LRG Social Dialogue Committee), Federica Benassi, HOSPEEM, Susan Flocken, ETUCE, Ilaria Savoini, EuroCommerce, Jakob Thielmann, UniEuropa)

- Background to the guidelines and main elements of the text
- Objectives of the workshop for social partner organisations

10:00 – 12:30 Importance of the issue of third party violence and measures to address it

- Findings from the research (Tina Weber, GHK)
- Presentation of existing practices Jindříška Chválová (Health sector trade unions, Czech Republic), Radka Soukupová, Union of towns and municipalities/Union of employer's associations (Local government sector employer, Czech Republic), Pavel Kajml (Public services sector employer, Czech republic), Ghezala Gherifi, CFWB (Education sector employer, Belgium) Slava Zlatanova, FTU-HS (Health care sector trade union, Bulgaria) Heribert Jöris, HDE (Commerce sector employer, Germany)

12:30 – 14:00 Lunch

14:00 – 15:00 National working groups to discuss implementation

- Translation of guidance
- Possibilities for national implementation
- Next steps

15:00 – 15:50 Report back from national groups

15:50 – 16:00 Conclusions and next steps

16:00 Close of workshop

Annex 2 Participants list

Prague

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