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**NOTE**

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| From:           | Permanent Representatives Committee (Part 1)   |
| To:             | Council  |
| No. prev. doc.: | ST 14256/19  |
| Subject:        | A New EU Strategic Framework on Health and Safety at Work: Enhancing the implementation of Occupational Safety and Health in the EU<br>- Draft Council Conclusions |

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Delegations will find attached the draft Council Conclusions on the above subject.

The text, tabled at the initiative of the Finnish Presidency, found the agreement of delegations in the meeting of the Committee of the Permanent Representatives (Part 1) on 4 December 2019. In paragraph 14 and on the last page editorial modifications were made compared to document 14256/19. They are marked in **bold**.

The EPSCO Council is invited to adopt these Council Conclusions at its session on 10 December 2019.

# **A New EU Strategic Framework on Health and Safety at Work: Enhancing the implementation of Occupational Safety and Health in the EU**

## **Draft Council Conclusions**

### **ACKNOWLEDGING THAT**

1. Workers in the European Union are to a large extent appropriately protected, with employers being responsible for occupational safety and health (hereinafter 'OSH') at work, despite differences in work circumstances between and within the Member States and in different sectors of the economy. OSH is a cornerstone of workers' wellbeing and protection, and contributes to economic growth and the competitiveness of the Union.
2. OSH is an important element of the Economy of Wellbeing. The Council has invited Member States and Commission to include an Economy of Wellbeing perspective into national and Union policies<sup>1</sup>.
3. Investments in OSH help to prevent work-related illnesses, accidents and harmful physical and psychosocial strain, and have a tangible positive effect on the economy by contributing to better performance and sustainable work careers. OSH leads to less work-related ill-health, thus reducing absenteeism, disability pensions, presenteeism, lost expertise and insurance premiums, and therefore reducing costs. Improvements in both safety and health at work and in wellbeing at work also increase workers' job satisfaction, commitment to their employers and productivity.

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<sup>1</sup> Council Conclusions of October 2019 'The Economy of Wellbeing', OJ C 400, 26.11.2019, p.9

4. The EU has extensive legislation in the field of OSH. A framework for OSH was established through Directive 89/391/EEC (Framework Directive<sup>2</sup>) to introduce measures to encourage improvements in OSH by setting general principles concerning the protection of health and safety of workers in the EU. The Framework Directive is complemented by more than 25 individual directives covering specific hazards at work, specific activities, sectors with higher risks, and certain groups in vulnerable situations.
5. The EU Strategic Framework on Health and Safety at Work 2014-2020 has achieved important results, in particular by giving direction to Members States' efforts towards better and more effective national OSH policies. Most Member States have adopted national action plans based on the Framework. It is therefore important to set up a new EU Strategic Framework on Health and Safety at Work for the period 2021-2027.
6. With the proclamation of the European Pillar of Social Rights (hereinafter 'the pillar'), the European Parliament, the Council and the Commission affirmed their strong commitment to the fundamental rights of workers and improved living and working conditions. Principle 5 underlines the need for quality working conditions, including in innovative forms of work. Principle 10 of the pillar stresses workers' right to 'a high level of protection of their health and safety at work' and to 'a working environment adapted to their professional needs, and which enables them to prolong their participation in the labour market'. Principle 17 highlights the right of people with disabilities to 'services that enable them to participate in the labour market and in society, and a work environment adapted to their needs'. In the Strategic Agenda 2019-2024, the European Council listed the implementation of the pillar at EU and Member State level among the priority actions.

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<sup>2</sup> Directive on the introduction of measures to encourage improvements in the safety and health of workers at work.

7. Setting binding occupational exposure limit values for priority carcinogens and mutagens has been a very important improvement in OSH legislation in recent years. Binding exposure limit values are now set for 25 substances. These exposure limits should reduce the risk of millions of workers developing cancer. Work on identifying further carcinogens and mutagens at the workplace and setting limit values for them therefore needs to continue to be a high priority.
8. The involvement of social partners is essential for the improvement of working conditions in the EU. Through this, law-making and the implementation of legislation can be based on realistic knowledge of actual needs. Such involvement also ensures that social partners are committed to the development and progress of OSH.

#### **RECALLING THAT**

9. The current and rapid changes within the labour market, including digitalisation and increased use of artificial intelligence, may afford positive opportunities and potential for improving working conditions. The appearance of new professions and new methods of work, the increasing number of new kinds of workplaces and forms of work (in areas such as subcontracting, digital work, crowd-work, work on demand, and the sharing and platform economy) and the high number of self-employed persons is a challenge. Measures for the protection of workers and legislation on OSH, including the scope of that legislation, do not always keep pace with these changes. In addition, undeclared work is related to significantly high OSH risks. At the same time, some of the existing EU directives such as the Workplace Directive (89/654) and the Display Screen Equipment Directive (90/270), are outdated.

10. Microenterprises and SMEs represent almost 93 % of all enterprises in the EU<sup>3</sup>. They often lack the knowledge and resources to comply with OSH requirements, and thus face challenges when it comes to implementing OSH legislation. Microenterprises and SMEs are very heterogeneous. They are active in very different fields, and the regional and local circumstances can vary considerably. Consequently, there is no 'one-size-fits -all' solution. In addition, complying with OSH obligations is often seen by enterprises as an unnecessary cost rather than a profitable investment.
11. Solid evidence and comparable data on OSH is often lacking. This is especially true for statistics on occupational accidents and diseases. The EU-OSHA is currently developing the OSH barometer, which should improve the database. In addition, Eurostat<sup>4</sup> has launched a methodological study on the problems of under-reporting. Both will improve the evidence base of OSH policies.
12. Psychosocial risks and work stress are among the most challenging and pressing OSH concerns. Roughly half of all workers in the EU consider that work-related stress is a common challenge in their workplace. Over one-quarter of all workers report that they experience work-related stress in all or most of their working time. The most frequently mentioned causes of work stress are job insecurity, long or irregular working hours, excessive workload, and harassment and violence at work. Nearly 80 % of workplaces in the EU28 identify at least one psychosocial risk factor as being present within their organisation. However, only 76 % of workplaces in the EU28 report that they carry out risk assessments regularly. Of these workplaces, only around two-thirds report that they include psychosocial risks within those assessments, partly because they lack information or adequate tools with which to deal with these risks effectively<sup>5</sup>.

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<sup>3</sup> Eurostat, online data code sbs\_sc\_sca\_r2, reference year 2019.

<sup>4</sup> Eurostat, EStat/F5/ESAW/201904.

<sup>5</sup> Second European Survey of Enterprises on New and Emerging Risks (ESENER-2). EU-OSHA, 2016.

13. Women often work in different sectors in which working conditions and OSH risks are different from those experienced by men. This, and the fact that they often have different tasks than men even when they work in the same sector or profession, results in different physical and psychosocial risk factors for men and women. In addition, many women face sexual harassment in the workplace. Between 45 % and 55 % of women in the EU-28 have experienced sexual harassment since the age of 15 and 32 % of these women state that the perpetrator was someone within the workplace<sup>6</sup>.
14. Exposure to repetitive movements, tiring and painful positions as well as carrying or moving heavy loads still rank among the most prevalent physical occupational risk factors in the EU<sup>7</sup>. Musculoskeletal disorders (hereinafter MSD) are the most prevalent type of work-related health problem<sup>8</sup>. Among workers in the EU who report that they have a work-related health problem, 60 % point to MSDs as their most serious challenge. The EU directives aiming at the prevention of work-related MSDs are outdated.
15. Cancer is still the main cause of work-related deaths in the EU. The related annual costs across the EU for health care expenditure and productivity losses are estimated to be between EUR 4 billion and EUR 7 billion. In addition to carcinogens, workers may be exposed to a variety of other dangerous substances in workplaces. New potential challenges for the management of dangerous substances, such as reprotoxic substances and nanomaterials, are also becoming a problem in workplaces. The EU's OSH legislation and its chemicals legislation sometimes generate overlaps or even contradictory requirements, which risk causing confusion, administrative burden and legal uncertainty. In addition, the health surveillance of workers exposed to dangerous substances is not always regular and systematic, in particular when workers are no longer exposed to those substances, e.g. when they have changed jobs or retired.

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<sup>6</sup> 2018 Report on equality between women and men in the EU. Justice and Consumers. European Commission, 2018.

<sup>7</sup> European Working Conditions Survey (EWCS). Eurofound 2015.

<sup>8</sup> The European Union Labour Force Survey (EU-LFS) 2013.

16. With on-going demographic change, there is a need to promote longer working careers in order to use all available labour force, including more and more workers aged over 65. Therefore, the number and proportion of older workers is increasing rapidly. An older worker may not be able to continue work that requires physical strength, but may be willing and able to do other less physically demanding work. Currently work practices and methods often do not make it possible, attractive, interesting and motivating for older workers and those with partial disability or chronic illnesses to continue to work or to return to work.
17. Labour inspectors have a wide range of functions to promote and help to ensure compliance with national legislation, in such areas as OSH, working conditions and also other aspects of employment, and their resources may sometimes be limited. New risks and new forms of work present additional challenges to effective labour inspection, while new approaches are emerging complementing traditional means and enforcement methods.

**THE COUNCIL OF THE EUROPEAN UNION INVITES THE MEMBER STATES AND THE EUROPEAN COMMISSION**, in close cooperation with social partners, respecting the autonomy and role of the social partners, national competence and the Member States' different labour market models,

In order to address the challenge of the changing world of work, to

18. **STRIVE** to improve the protection of all workers, in particular workers in atypical forms of employment and workers in vulnerable situations aiming to cover and protect them appropriately and adequately by OSH measures.
19. **ADDRESS** the new OSH-related risks of changing work practices and technologies effectively and proactively, also in EU-funded projects and programmes, as appropriate.
20. **BUILD** more comprehensively on the evidence and data in order to improve OSH strategies, action plans, legislation and guidance.

In order to help SMEs and microenterprises, while decreasing the unnecessary administrative burden, to appropriately protect their workers and to turn OSH measures into increases in performance and productivity, to

21. ESTABLISH an EU action plan and national action plans to effectively address the implementation challenges of OSH obligations. These action plans may be part of the EU strategic framework on OSH and national OSH strategies.
22. DEVELOP, on the basis of actual needs, tailor-made tools, notably on-line-tools such as OIRA, to help micro enterprises and SMEs to integrate OSH issues into their strategies, risk assessment and risk management as well as to help them implement OSH measures in everyday work.
23. USE EU funds, where appropriate, to promote the efficient implementation of OSH, by supporting, for instance, awareness raising, education and training .
24. DEVELOP methods and SHARE knowledge and expertise on how to ensure, in supply chains, compliance with high OSH standards by subcontractors and within consortiums.

In order to eliminate hazards and prevent diseases, including cancer resulting from the use of dangerous substances at workplaces, to

25. IMPLEMENT and MONITOR effectively all the existing EU binding and indicative limit values.
26. COLLECT and COMPILE data, information and statistics on hazards and risks as well as on preventive measures and management of dangerous substances.



In order to address the challenge of psychosocial risks and work-related accidents and diseases, including MSDs, to

27. IMPROVE statistical methods, where relevant including indicators that are comparable across the EU, to measure and monitor OSH performance in terms of occupational accidents and diseases and psychosocial risk factors related to the working environment.
28. ENHANCE co-operation between OSH, employment and health experts and competent authorities in order to take overall account of the opportunities, challenges and needs related to the guidance, treatment, rehabilitation and return to work of workers.

In order to take account of the gender aspect in OSH and fight against harassment, including sexual harassment, and bullying in workplaces, to

29. PROMOTE actively full respect for the principles of gender equality and non-discrimination and take the necessary measures aiming at eliminate violence and harassment in the world of work, in line with national laws and practices.
30. ENCOURAGE employers to include a gender perspective in OSH management with a particular focus on work organisation.

**INVITES THE EUROPEAN COMMISSION:**

31. to **ADOPT a new EU Strategic Framework on Occupational Safety and Health for the period 2021 - 2027, paying particular attention to the challenges identified in these conclusions.**

In order to address the challenge of a changing world of work, to

32. CONTINUE improving minimum requirements on OSH and update OSH legislation such as the Workplace Directives on (89/654) and the Display Screen Equipment Directive (90/270).
33. ADDRESS, in cooperation with the competent national authorities, the competent Union Agencies and the Advisory Committee on Safety and Health at Work (ACSH), OSH challenges posed by new forms of work and the implications thereof.

In order to address the challenge of psychosocial risks and work related accidents and diseases, including MSDs, to

34. ISSUE a Communication on psychosocial risk factors, risk assessment, risk management and psychosocial resources at work, with a specific focus on the challenges emerging from the changing world of work.
35. PROPOSE a Mental Health Strategy for the Union taking into account the cross-sectoral impacts of different policies, including OSH, on mental health.
36. PROVIDE ergonomic guidance material relating to MSDs, including in particular awareness raising, practical tools, education and training, other than the material related to manual handling or display-screen work.
37. INCLUDE in the new EU Strategic Framework on Occupational Safety and Health Vision Zero approaches regarding fatal accidents and fatal occupational diseases in the workplace, with the main foci on promoting the prevention culture and on improving workplace safety culture and exchanging best practice.

In order to eliminate hazards and prevent diseases, including cancer, resulting from the use of dangerous substances in workplaces, to

38. PROPOSE further binding limit values for priority carcinogens and other dangerous substances, based on the precautionary principle and on up-to-date scientific evidence, and UPDATE existing limit values, if required for the protection of workers.
39. DEVELOP guidance on measurement of the binding limit values introduced at European level, including, where relevant, biological limit values.
40. CLARIFY the interface between OSH and REACH legislation and IMPROVE coordination by developing transparent procedures and criteria to be used when selecting the most appropriate substance specific regulatory options.

**INVITES THE MEMBER STATES:**

In order to address the challenge of the changing world of work, to

41. ADOPT and continuously IMPROVE national OSH strategies and policies.
42. PROVIDE for national labour inspectorates to be appropriately resourced, and inspectors to be trained and informed on up-to-date inspection and awareness raising methods, notably in relation to new technologies and new forms of work.

In order to help SMEs and microenterprises, while decreasing unnecessary administrative burden, to appropriately protect their workers and to turn OSH measures into increases in performance and productivity, to

43. FACILITATE, in accordance with national legislation, the access of micro enterprises and SMEs to guidance tools and funding with regard to improving their OSH activities management.

44. PROMOTE the benefits of sound OSH in terms of competitiveness, in particular so that it enhances the trust of customers and investors, improves the reputation of enterprises enabling them to achieve greater success in terms of sales and recruitment, and reduces the costs arising from disability and absenteeism.
45. FOSTER the skills and knowledge of employers regarding obligations and best practices in OSH activities management.
46. SUPPORT external OSH service providers, in accordance with national legislation, in developing and improving their services so as to enable them to provide specific, tailor-made solutions for SMEs.

In order to address the challenges with regard to psychosocial risks and mental health and to prevent work related accidents and diseases, in particular MSDs, to

47. ENHANCE health promotion and prevention of work-related diseases especially with regard to psychosocial and ergonomic risks as a part of the obligatory risk assessment carried out in workplaces.
48. IMPROVE collaboration between employers and health care experts with the aim of decreasing work-related illnesses and accidents, with a particular attention devoted to mental disorders and MSDs.
49. PROMOTE a Vision Zero approach pursuing the ambitious objective of preventing all harm at the workplace.
50. INCREASE the awareness of MSDs at work and REDUCE the related risks throughout the course of life, in particular through co-operation between employment, health and education experts and structures.

In order to eliminate hazards and prevent diseases, including cancer, resulting from the use of dangerous substances at workplaces, to

51. IMPROVE, in accordance with national law or practice, the coverage of workers by health surveillance throughout their lives, and, in particular for workers who have been exposed to specific dangerous substances, including for the period after the end of the exposure, as long as the medical practitioner or authority responsible for the health surveillance of workers considers it to be necessary to safeguard the health of the workers concerned.
52. EMPHASISE the importance of risk assessment and the hierarchy of preventive measures in the prevention of occupational accidents and diseases.

In order to adapt workplaces and working conditions to an ageing labour force, and also encouraging previously inactive and disabled people to work, to

53. MAINTAIN and ENHANCE work ability through national OSH strategies and measures in order to achieve a working life that is inclusive for workers of all ages to meet the OSH challenges related to demographic developments, and SUPPORT measures enabling those with failing health or disabilities to participate and contribute.
54. ENCOURAGE employers, while maintaining a high and appropriate level of protection and in compliance with labour law and in line with national laws and practices, to allow for flexible and sustainable working practices and opportunities for working from home in order to help workers to remain in employment for longer.
55. STRENGTHEN the knowledge base of employers in supporting work ability and return to work after sick leave, and ENHANCE cross-sectoral co-operation between different policy areas so as to reduce discrimination and foster equal job opportunities for persons with a partial or restricted work ability, including those with mental health problems.

**INVITES THE SOCIAL PARTNERS**, while respecting their autonomy, competences and national traditions, to

56. CONTINUE to play an active role in the implementation and improvement of OSH, in close co-operation with the competent authorities and other appropriate stakeholders.
57. CONTINUE to participate in efforts to ensure safe and decent working conditions.
58. COOPERATE actively at enterprise, local, regional, national, EU and global level in the various and relevant fora dealing with OSH.
59. ENGAGE actively in the development and implementation of national OSH strategies and policies, and support and encourage the promotion of a prevention culture and participate in the collection of statistical data.
60. PROVIDE support and, where appropriate, training to employers and workers, including workers' OSH representatives, in order to promote the necessary knowledge, skills and measures to identify, evaluate and control OSH risks.

## References

**Council** Directive 89/391/EEC of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work (OSH Framework Directive)

The EU Strategic Framework on Health and Safety at Work 2014-2020: Adapting to new challenges

Towards better health and safety in the workplace - Opinion on Future Priorities of EU OSH Policy. ACSH WP Strategy Doc.1048/19

Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions: Safer and Healthier Work for All - Modernisation of the EU Occupational Safety and Health Legislation and Policy (COM(2017) 12 final)

Council Conclusions of March 2015 'EU Strategic Framework on Health and Safety at Work 2014-2020: Adapting to new challenges'

Council Conclusions of September 2015 'A new Agenda for Health and Safety at Work to Foster Better Working Conditions'

Council Conclusions of May 2019 'The changing world of work: reflections on new forms of work and implications for the safety and health of workers'

Council Conclusions of October 2019 'The Economy of Wellbeing', OJ C 400, 26.11.2019, p.9