



SURVEY ON THE RUNNING OF CHSCTs / CHSs

NATIONAL SURVEY ON CHSCTs / CHSs 2004 – 2005

Synthesis Report:

CHSCT (*Comité d'Hygiène, de Sécurité et des Conditions de Travail*): Hygiene, Safety and Working Conditions Committee

CHS (*Comité d'Hygiène et de Sécurité*): Hygiene and Safety Committee

1. Context and motivations;

2. Data synthesis;

- a. Identification of the objectives and method accepted;
- b. Qualitative data on the dynamisation of prevention at the workplace;

3. Other data sources on the running of the CHSCTs in France;

4. Suggestions of method;

For a more systematic analysis and use of the existing data concerning the role and action factors of the workers' representatives as regards health and safety.

1. Context and motivations:

Context elements –

The more recent "general and public" analysis given from the context as regards prevention of occupational risks at the workplace dates back to 2001 when a report on the mission, role and action of the CHSCT entitled "20 years of workplace health and safety committees examined" was submitted by Gérard FILOCHE to the Economic and Social Council within the framework of the 20th anniversary of the creation of CHSCTs. The report was adopted by his "Labour" Department on October 23, 2001.

Publication 44101-0021

(On submission to the Bureau of the Economic and Social Council - NS012110 - May 22, 2001)

(Extracts from page 43)

" ...

*The conditions of the staff that are described in the article L. 231-1 of the French labour regulations are restrictive: **The CHSCTs are required only in companies with a payroll of more than 50 employees. As a result, in theory, around one out of two employees are covered.***

According to the last statistics provided in July 2001 by the UNEDIC, the French national organisation managing unemployment benefit schemes, only 3.1% of companies pass the 50-employee mark, that is to say 8.2m employees out of a total of 15.5m, which makes a proportion of 53%. 96.9% of companies are not legally constrained to set up CHSCTs even though they employ more than 7.3m employees.

The calculation of the workforce of a company is made in accordance with the general rules of the French labour regulations. However, when there is no CHSCT, the staff representatives (if there is any) are granted some rights of the CHSCT, even in companies with fewer than 50 employees.

Finally, it is possible, under certain limited and particular conditions ...and on the justified request of the labour inspector, to set up CHSCTs in smaller companies of 20 to 50 employees.

1. CHSCTs' real coverage of the companies and the employees

There is a big difference between theory and practice.

In reality, the law is not always respected and even though the CHSCTs are given a central part in labour regulations, their sphere of existence is limited.

1.1. According to the size of the company

The report, which we have quoted before, that was issued by the DARES (Direction de l'animation de la recherche, des études et des statistiques), the Ministry of Employment and Solidarity's Office for Research and Statistics, specifies that CHSCTs are present in 73% of the companies theoretically covered by the legislation (the ones with a payroll of 50 employees or more).

The companies that have no CHSCT are generally small companies (with fewer than 100 employees), which are independent from big company groups and which are not covered by a presence of trade unions (73% is a substantial proportion). This reveals that the new CHSCTs have achieved a relative breakthrough in the last twenty years. A coverage rate of 3 in 4 companies concerned remains spectacular, even though it is not enough.

*On the contrary, we have to admit that 27% of the companies do not respect the obligation to set up such committees. Meanwhile, **we have to underline that those companies respect neither public obligations, nor common rules of competition, insofar as they acquire benefits with regard to the companies that respect them and to the detriment of their employees' safety and health.** Then, if we compare that rate to the number of employees, the coverage rate looks much more relative.*

There are 1m companies with fewer than 10 staff, in which 3.1m people are employed: in these cases, law makes no provision for compulsory CHSCTs. We have to point out that those small companies are the ones who experience the greatest number of troubles: duration of work is generally the longest; salaries are the lowest on average; qualifications are mostly the lowest; there is a more prominent lack of job security and more staff turnovers; part-time jobs are more frequent (1 in 3); accidents at work and occupational diseases are the most numerous.

The companies with a payroll of 11 to 49 staff employ 3.7m people: again, in companies with fewer than 20 employees, the presence of a CHSCT is not required. Yet, around 4.5m employees work in companies that do not pass the 20-employee mark. In businesses with 11-19 employees, the problems and risks are globally the same as the ones listed in companies with fewer than 10 employees.

There are 105 000 companies with more than 20 employees, 44 000 companies with more than 50 employees, and 61 000 ones with 20-49 employees. In businesses with 20-49 employees, there is only one special measure concerning CHSCTs: the early precaution measures taken by the employer and/or the specific request from the labour inspectorate.

The DARES report reckons that in 18 % (i.e. less than 1 in 5) of the companies with 20-40 employees, there is a CHSCT. In other words, in more than 8 cases out of 10, there is none, which comparatively corresponds to the proportion of companies where there should be staff representation (required from 10 employees) but there is none. If we render that proportion by using the DARES' assessment only, it would represent around 11 000 companies with 20-49 employees that would plausibly have a CHSCT without being compelled by law. This number may seem surprising in view of the scarcity of such cases with regard to the interventions of labour inspectorates. Even though we have no precise figure, we know that labour inspectorates impose a CHSCT only in very exceptional circumstances.

In other words, the larger a business is, the more likely it is to have a CHSCT: the coverage rate in companies with more than 1 000 employees is 96% as opposed to 60% in the ones with 50-100 employees. There are 35 000 companies with 50-200 employees, 6 000 ones with 200-500 employees, 1 800 ones with 500-1 500 employees, and 1 000 with more than 1 000 employees (who employ 3.4m people and produce 40% of French GDP).

...

**Board 3: The setting-up of Works Councils and CHSCTs
according to the size of companies**

| | In percentage | |
|--|---------------|-------|
| | Works Council | CHSCT |
| 50-99 employees..... | 91 | 60 |
| 100-199 employees..... | 98 | 85 |
| 200-499 employees..... | 99 | 94 |
| 500-999 employees..... | 98 | 96 |
| 1000 employees or more..... | 99 | 96 |
| Set..... | 95 | 73 |
| Field: Companies of 50 employees or more | | |

Source: MES-DARES, survey REPLY 1998.

...

The total number of existing CHSCTs is known as 22 000. In other words, 11 000 are present in companies with more than 50 employees where they are compulsory. First, we have to call to mind that in the private sector, 7.1m out of 14.7m employees (in 1999) work within companies of fewer than 50 staff, that is to say almost 1 in 2.

There are approximately 4.2m people working in companies where the threshold in the workforce number is situated between 50 and 1 000 employees.

...

1.2. According to the line of business

First of all, we have to analyse the way CHSCTs are split up into sectors, without giving a detailed typology for all that. Their setting-up is more limited in the service sector and in building and public works (BTP), where most companies are small or medium-sized enterprises (SMEs).

Board 4: The setting-up of Works Councils and CHSCTs according to the line of business

| | In percentage | |
|--|---------------|-------|
| | Works Council | CHSCT |
| Agriculture and food industries | 99 | 90 |
| Energy – Interm. goods | 95 | 88 |
| Producers durables | 99 | 82 |
| Consumer goods | 96 | 72 |
| Building and public works | 95 | 65 |
| Wholesale/retail trade | 96 | 68 |
| Transportation - Telecommunication | 96 | 79 |
| Bank -Insurance | 100 | 80 |
| Business services | 92 | 66 |
| Consumer services | 87 | 47 |
| Health - Education | 89 | 62 |
| Set | 95 | 73 |
| Field: Companies of 50 employees or more | | |

Source: MES-DARES, survey REPLY 1998.

1.3. According to the age of the company

*Among other findings, the DARES points out that **the more recent companies are, the fewer CHSCTs there will be**. They are present in 60% of the companies aged five years or less and in 79% in companies aged twenty years or more.*

Among the factors that contribute to the setting-up of a CHSCT - apart from the size, the line of business and the presence of trade union (the latter being the clincher) - the DARES defines a process towards a full development of these institutions set up to represent the personnel. With time, they are becoming more aware of the necessity to handle working conditions problems in a specific framework.

Overall, there are 140 000 members of CHSCTs, which represents less than 1 % of the employees covered.

In opposition to other decision-making bodies, law provides no substitute. Considering the growing role of the CHSCT, this point deserves to be analysed. Moreover, there can be withdrawals, in the same way as in works councils or

among personnel delegates, which sometimes leads to the paralysis of the CHSCT.

Globally, 423 000 employees are protected (members of works councils and CHSCTs, personnel delegates, trade union delegates, employees' advisers, advisers from the industrial tribunal...)

Yet, this number does not take into account the number of mandates that may be held at the same time and which sometimes leads to a more important accumulation of working hours within a delegation and a transfer of working hours between one activity to another without erecting an impenetrable borderline.

The members of CHSCTs thus represent around one third of the employees protected.

The figures contained in the recent statistics issued by the UNEDIC in July 2001 reveal a major evolution of the employed population between 1999 and 2000: 630 000 additional jobs were created, which represent a 4.3% increase within a year.

By December 31, 2000, there were 1 515 533 companies employing 15 515 703 people. 73% of the jobs were created in companies of more than 50 employees. From then on, the service sector - the most dynamic sector - represented 67.1% of the total number of jobs.

However, these facts confirm a part of what we already know: CHSCTs are precisely the least numerous in the most recent companies and in the service sector.

The employees who have been hired the most recently are the ones who are subjected to the highest risk rate.

..."

(End of the excerpt)

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The most recent detailed studies on the CHSCTs are **quantitative**. They were issued by the DARES, **based on 1999 data and published on October 16, 2005.**

In short, whatever the field they were conducted in, national studies - the most recent ones in particular - show that **the CHSCTs potentially serve as tools to stimulate and boost prevention (including environmental prevention) at the workplace**. However, none of these studies are liable to provide a response on the efficacy of the CHSCTs' action, on the obstacles they might encounter or even on the new questions they might be asked in the implementation of this approach.

This is a major issue that concerns the personnel representatives as regards the capability of the powers at be to provide a relevant response to the "assessment questionnaire" regularly submitted by institutions in Brussels to each European Union government, concerning the implementation of health and safety policies at work and deriving from the framework directive of June 12, 1989.



2. Data synthesis:



2004 - 2005

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National survey

At the moment when the indicators of health at work are meeting the after-effects of the rationalisation measures taken by companies, it is most essential to deepen our knowledge of the institution in charge of occupational risk prevention which is at the heart of any approach aiming at improving working conditions: the CHSCT. However, no study - already carried out or in progress or even considered - has ever been planned to inquire into this issue.

a. Identification of the objectives and method accepted

a- 1 / Objectives

Émergences and the Work & Health Group of the Confederation have launched an extensive survey in order to collect information about the expectations, the difficulties and the main problems the personnel representatives meet in the practice of their activities within the CHSCT.

Risk prevention is a preoccupying subject that has to take shape in tune with the realities of working situations. In order to improve prevention measures as regards accidents at work, safety regulations as well as the analysis of high risk situations, there has to be first and foremost an active intervention of the personnel representatives in the CHSCT.

In this sense, having a detailed and precise knowledge of the CHSCTs' current running is a precondition for the improvement in their intervention capabilities.

a- 2 / Methodology

The methodology used for the survey combines a quantitative approach (through a widely released thorough questionnaire) with qualitative research studies meant to collect fact-based information about the running of CHSCTs.

Research questions

Our method involves several research questions:

- ✓ In which companies (size and sector) are CHSCTs best set up?
- ✓ Which social dynamics do CHSCTs establish in the company?
- ✓ How are prevention issues treated within CHSCTs?
- ✓ Which role do CHSCTs really play in terms of prevention? Is it a technical control or a large acknowledgement of issues like work organisation, working hours and reduction of working time?
- ✓ Do the recent responsibilities given to CHSCTs - as regards prevention of technological and psychosocial risks as well as mental health (moral harassment) - entirely fit in their work? And how?
- ✓ What are the CHSCTs' missions in terms of prevention (workstation analysis, information collections among the employees...)?
- ✓ What means are available to staff representatives in order to insure the running of CHSCTs?
- ✓ What links do CHSCTs have with other staff representation bodies (works council, personnel delegates...)?
- ✓ What relations do CHSCTs have with other prevention bodies like [occupational health, labour inspectorate, CRAM (*Caisse Régionale d'Assurance Maladie* - the French regional health insurance fund)]?
- ✓ How does coordination work between different CHSCTs within the same company or the same firm?
- ✓ Many more questions might still occur...

And in this regard, we may wonder if the survey could represent a permanent “structuring tool” which links mandated people together and enables:

- a continuous update of quantitative and qualitative targeted data
- with a simultaneous networking and the concentrated / decentralised activity of the network that would facilitate :
 - exchanges,
 - construction of a coherent initiative,
 - development of an endogenous social dynamics on the practices and approaches as regards health and safety prevention at work,

- capitalisation and transfers,
- study sources and punctual evaluations,
- availability of the scientific world,
- trade union organisations (in order to help them have an accurate knowledge of their field work),
- other potential participants.

The sponsors of the survey

CGT (*Confédération Générale du travail*) : General Confederation of Labour

Bodies showing interest :

- French Ministry of social affairs, labour and solidarity
- Works councils or equivalent representatives in EDF-GDF (France's electricity and gas industries), along with people wanting to have knowledge and elements for a better efficiency in the protection and the preservation of workers' health.
- The CGT Federation of the State's Workers (FNTE, *Fédération Nationale des Travailleurs de l'Etat - CGT*) whose activities concern firms - like the DCN (*Direction de la Construction Navale*), the Directorate of Naval Construction or the GIAT (*Groupement Industriel des Armements Terrestres*), the arms manufacturing group - in which the CHSCTs are composed of mandated employees who have been elected on trade union lists by the personnel by direct suffrage.

b. Qualitative data on the dynamisation of prevention at the workplace

First stage: December 2004 – August 2005

Synthesis of the results published in October 2005:

(First sample of 178 questionnaires which represents France's geographical distribution by size of company, economic sector, and trade union sensitivities of the CHSCT secretaries)

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209 questions divided into 3 main parts, each being preceded by a preamble (an identification sheet) and followed by a conclusion (network sheet - satisfaction and declaration for the voluntary participation to the survey and to the constitution of a network)

Response time: 45mn on average.

- **First Part:** Running of CHSCTs and CHSs

- **Second Part:** Responsibility taken for health and safety at work - within a company or a department
- **Third Part:** Place and role of the trade union representatives in the responsibility for health at work

| |
|--|
| Main analysis and synthesis data on the dynamisation of the prevention approach |
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➤ **Meeting rhythm of CHSCTs:**

(The law makes provision for one meeting per quarter)

- **71% of CHSCTs meet once in a quarter**
- 6% meet more frequently (on request of delegates or employers, on account of risks, accidents or change in the work organisation)
- 24% meet less frequently (11% meet once in a semester)

➤ **Who draws up the minutes?**

(The law provides that the minutes are drawn up under the responsibility of the CHSCT secretary appointed by the staff representatives)

- **72% of the CHSCT meeting reports are written by the secretary (employee)**
- 23% are written by the chairperson (employer)
- 5% are written by a third person (most of the time chosen and controlled by the chairperson)

➤ **Are the CHSCT minutes ratified by CHSCTs on deliberation? Are they amendable?**

(No legal clause is provided by law, the meeting report being under the responsibility of the CHSCT secretary)

- **In 25.5 % of the cases, it is ratified after the CHSCT deliberation in the following meeting.**
- In 74.5% of the cases, the report is considered as adopted without being ratified, under the only responsibility of the CHSCT secretary (employee) in conformity with the law, even when it has been drawn up by the president (employer).

➤ **Level of participation of the institutional and functional prevention players in the works of CHSCTs:**

(Law makes provision for members elected and appointed with deliberative or consultative voice) This is the basis of the multidisciplinary action!

1. In the private sector and the hospital civil service (CHSCT)

- **Chairperson of the company (or his official representative):**
83.5% - always or at least twice a year
11% - never
5% - once a year
- **Person in charge of the safety in the company:**
88% - always or at least twice a year
12% - never
- **Labour inspector:**
59.5% - never
- **Consulting engineer from the CRAM:**
64% - never
- **Occupational health doctor:**
68% - always

2. In territory and state civil service (CHS)

- **Decision-making representative of the administration:**
68% - always or at least twice a year
22% - never
10% - once a year
- **ACMO (*Agent Chargé de la Mise en Œuvre*), Agent in charge of the safety management:**
61.5% - never
33% - always or at least twice a year
- **Prevention doctor (occupational health doctor):**
83.33% - always or at least twice a year
12% - never
- **ACFI (*Agent Chargé de la Fonction d'Inspection*), Agent in charge of the inspectorate:**
100% - never

➤ Among the following documents which must be submitted to the CHSCT's opinion every year, which ones have you been notified of in the past year?

- | | |
|---|------------|
| ♦ Annual report on hygiene and safety: | 58% |
| ♦ Annual prevention programme: | 54.5% |
| ♦ Annual report of the occupational health doctor: | 64% |
| ♦ Company sheet drawn up by the occupational health doctor: | 34% |
| ♦ Data sheets of the chemical products: | 32% |
| ♦ Register of the accidents: | 53% |
| ♦ Safety training plan: | 32% |

- ♦ Impact studies (for companies subjected to special authorisation): 35% of the ones concerned

(It is worth noting that in the CHSs of the civil service, there is a better consideration towards consultation obligations - 5% to 10% on average - on each common rubrique.)

- **Did the chairperson of the company instigate the risk evaluation procedure which should result in the drafting of a DUE (*Document Unique d'Evaluation des Risques Professionnels*), a single document on occupational risk assessment, as it is provided for in the decree of December 5, 2001?**

- ♦ Yes : 78.8%
- ♦ No : 21.2%

- ✓ **If yes, how was the CHSCT associated with the procedure?**

- ♦ Through a discussion on the mission statement: 8%
- ♦ Through a consultation during the process: 16%
- ♦ Through a participation to the studies in a working party or a steering committee: 23%
- ♦ Through a consultation for the assessment phase of risks and their prioritisation: 13%
- ♦ **Through the presentation of the DUE to the CHSCT's opinion:** 29%
- ♦ Through a request from the CHSCT to ratify the DUE: 11%

- ✓ **If no, did the CHSCT take initiatives alone in implementing a risk evaluation procedure?**

- ♦ Yes: 25% when the employer did not instigate anything!

- **The CHSCT can take initiatives on its own. In the list below, which initiative did your CHSCT take in the past two years?**

- ♦ **Alert in case of serious or impending danger:** 45.5%
- ♦ Implementation of the right of withdrawal (right to leave one's workstation when one feels in danger): 28.1%
- ♦ Appeal to an expert: 26.4%

- **What were the CHSCT's motives for the implementation of some of these procedures?**

- ♦ **Real danger to the workers' physical or mental health:** 62%
- ♦ Pressure from the employers: 19%
- ♦ External incentives (CRAM engineer, occupational health or prevention doctor, labour inspector, ...): 19%

- **Conversely, what acted as a brake on the procedures?**

- ♦ **No request:** 20.1%
- ♦ **Lack of knowledge on rights:** 24.3%
- ♦ **Refusal from the management:** 17.8%
- ♦ **Cost considered too expansive:** 16%
- ♦ **Pressure on the employees and their representatives:** 13.6%
- ♦ **Other reasons:** 8.2%

➤ **According to you, what are the driving forces behind the health and safety policy within the company?**

- ♦ **The chairman's strategy:** 38.7%
- ♦ **A social pressure on the employees:** 28%
- ♦ **The CHSCT/CHS:** 72.5%
- ♦ **The medical service:** 30%
- ♦ **The safety department:** 24.1%
- ♦ **The production department:** 6.7%
- ♦ **The economic pressure (costs and additional costs due to the absence of consideration of health and safety):** 31%

(Total over 100 insofar as several answers could be given)

➤ **According to you, what are the external driving forces behind the health and safety policy?**

- ♦ **An external occupational pressure (standardisation,...):** 7.8%
- ♦ **CRAM inspectors and engineers:** 20.2%
- ♦ **Labour inspectorate** 33.1%
- ♦ **Engineers from the DRIRE (*Direction Régionale de l'Industrie, de la Recherche et de l'Environnement*), the regional directorate for industry, research and the environment:** 10.6%
- ♦ **Insurance companies** 6.7%
- ♦ **Regulation Constraints** 38.8%
- ♦ **Pressure from the vicinity and the local associations:** 8.4%

➤ **Has there ever been a divergence of stance between the CHSCT and the trade union of your company?**

- ♦ **Often:** 14.4%
- ♦ **Sometimes:** 50.9%
- ♦ **Never:** 34.7%

➤ **Whose advice do you generally take in the execution of your mandate in the CHSCT?**

- ♦ **Your trade union's:** 86.5%
- ♦ **Other employees':** 67.4%
- ♦ **The prevention players' of the company:** 11.7%
- ♦ **External specialists':** 29.7%

(Total over 100 insofar as several answers could be given)

- **Did your responsibility as a member of the CHSCT change the relationship you had with the other employees?**
 - ◆ **Yes: 50%**
 - ◆ **No: 45.4%**
 - ◆ **DK: 4.6%**

- **Do the employees appeal to the representatives of the CHSCT?**
 - ◆ **Often: 34%**
 - ◆ **Sometimes: 59%**
 - ◆ **Never: 7%**

- ✓ **What kind of request do they make?**
 - Occupational diseases: 32.5%
 - Serious and impending danger: 39.9%
 - **Danger related to working conditions 70.7%**
 - **Danger related to work organisation 48.3%**
 - Danger from chemical products and substances 30.9%
 - Harassment (moral, sexual...) 38.2%
 - Other requests: 19.1%

(Total over 100 insofar as several answers could be given)

- **How would you describe your participation and your mandate?**
 - ◆ **Very important: 52.8%**
 - ◆ Useful but limited: 43.2%
 - ◆ Not that important: 4%
 - ◆ Useless: 0%

Synthesis

✓ **Demonstration of a formal running stimulated by the employer:**

It seems that employers tend to make great effort in order to meet the regulation constraints, because if they do not do so, they incur penalties, sanctions and even sentences. (See the question about regular consultations of the CHSCT)

Even though we cannot assert it without more extensive checks - by organising secondary interviews with the people who answered our questions - we notice that the less serious the sanctions are, the less respected the constraints will be (obligation to submit documents to the CHSCT's opinion and to draft the DUE).

✓ **Difficulties for staff representatives to emancipate and take initiatives:**

Nevertheless, we observe that the staff representatives appointed in the CHSCT remain tinged with the social dominator-dominated links which rule over the contractual employer-employee relationship. (Nearly 30% of the minutes of CHSCT meetings are drawn up by the chairman despite the specifications made by law for the reports to be drawn up under the only responsibility of the CHSCT's secretary and despite the importance of such reports, particularly in the case of a trial, insofar as they enable potential victims to assert their rights)

This shows how difficult it is for staff representatives to emancipate from this submission to their employers, even though they have a certain number of rights and legal protections at their disposal that enable them - in the exercise of their mandate - to debate and negotiate with their employers as equals. These means of protection should help them give impetus to an innovative dynamics in health, safety and occupational risk prevention.

This is all the more important since the employers have the exclusive right to decide on the appointment of their employees and since they are not confronted with the risks they cause through their management, their choices, their decisions...The employees and staff representatives are the only ones exposed to danger, and consequently, they have to work out strategies in order to avoid and get round these risks to protect their health or even their lives.

✓ **Demonstration of a will to take initiatives and to innovate**, as it is shown in the questions regarding the "appeal to an expert" (provided for by the article L.236-9 of the Labour Law) in 26.4% of the cases and the implementation of the "right of withdrawal" in dangerous working situations (provided for by the articles L.231-8 and 9 of the Labour Law) in 28.1% of the cases.

However, when we considerably balance the figures resulting from these questions, it is then obvious that the elected and appointed representatives who answered them are probably the most active members in their bodies, insofar as, as it is mentioned in the report by M. FILOCHE for the Social and Economic Council, the CHSCT expertise (L.236-9) is conducted in only 300 CHSCTs out of the 22 000 ones there are in France.

Nevertheless, the annual campaigns organised by the French Ministry of Labour for the assent of CHSCTs' experts relatively increased in the last few years. (See the minutes of the specialised committee n°1 of the CSPRP (*Conseil Supérieur de la Prévention des Risques Professionnels*), the Higher Council for the Prevention of Occupational Risks)

Another survey would have to be conducted in a few years in order to find out if the CHSCTs' capacity of initiative is gaining ground or not.

In this regard, we notice that CHSCTs still do not contribute, as they should, to the generalisation and development of a "social visibility" over real occupational risks and of a "social debate" on avoidance practices in order to elaborate real collective strategies based on meeting and sharing which would suppress risks at their sources or, failing that, reduce them. The CHSCT is the only body able to do it!

This is all the more difficult to achieve since CHSCTs are present only in companies of more than 50 employees (and only 73% of these companies do actually have one). Moreover, there is a tendency for large economic groups to split up in smaller structures which are then often under the social threshold in terms of workforce and which are often subcontractors for the economic groups from which they were excluded, having to deal with the same occupational risks without the aid conferred by their previous size and the benefits gained from the internal synergies operated between the prevention players.

✓ **The preventive measure through the early assessment of risks has not yet materialised!**

In fact, a major part of the action concerning health and safety at work remains on the employer's initiatives only. However, the latter has real legitimacy as an administrator but insists more on economic issues before management decisions, through an evaluation of cost and benefit (cost of prevention measures, benefit from atonement for endangering an employee's health), rather than insisting on health and safety issues.

✓ The survey shows that the activities and concerns are more focused on hygiene and safety problems than on working conditions and work, and on physical risks rather than on mental risks. They tend to deal with risks that already exist rather than preventing them. **Yet it is precisely about these issues that the social request was formulated by the employees to the appointed representatives of the CHSCT.**

✓ **The preventive approach induces us to anticipate and make plans for the future.**

It is difficult to contemplate the future in such a context of job casualisation. Thus it is hard to imagine the after-effects of occupational risks, insofar as risks become present as soon as any working situation takes place!

In this regard, it is worth mentioning the level of interest from trade union organisations in the issues concerning occupational risk prevention. 86.5% of CHSCT representatives seek support and advice from trade unions and 65.3% declare that they sometimes, or often, disagree with their trade union (34.7% never disagree with theirs).

Meanwhile, the CHSCT serves as a place where common stands are elaborated between representatives having different trade union sensitivities and as a place favourable to unity for the 60% who always prepare the meetings with members of a different sensitivity as opposed to the 40% who never do so.

✓ **Elected and appointed members much involved in their mandates.**

When asked about the certainty of being useful, 52.8% answer that they regarded their action as very important but 43.2% consider the limits of their participation. This can be related to the active search of bringing their trade union organisations together, in order to consider that they wish to create a better interaction between their activities and their trade unions'.

✓ **We should point out that the questionnaires are filled by elected and appointed members among whom 73.4% have been mandated for less than 60 months (less than 2 mandates in a CHSCT), which shows a real renewal.**

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|---|
| <p>It is a matter of utmost importance because it gives a sense of reasonably optimistic potential of development.</p> |
|---|

✓ **In conclusion, this survey brings much light on many other parameters**

(209 questions - flat tabulation - cross-tabulation possible) which will not be dealt with in this brief synthesis report, but which enable to consider the construction of a real policy on the trade union action, in the same way as to offer training to the CHSCT elected and appointed representatives. Staff representatives are less confronted with the classical issues of valorisation of job status (salaries, permanent/insecure job, workforce...) and more with the practice of the occupation, its transformations, the conditions to its achievement, the organisation of relations needed for the accomplishment of tasks...which represent daily concerns and are formative in the medium and long term. Furthermore, in terms of claims and network action, activist groups and appointed representatives who have various levels of responsibilities are thus able to make their action more coherent and complementary.

Besides, it is not easy for the author of this synthesis to sort out the results as if they were the most significant, considering that each questionnaire offers a real intrinsic interest as well as when it is combined with others for the quantitative analysis.

This survey is only an experiment and its results, which are being studied, go far beyond the data that result from its answers, in order to analyse what will follow up.

3. Other data sources on the running of the CHSCTs in France.

- Internal survey on the running of CHSCTs and on the expectations of the employees who work for the CGT Federation of the State's Workers (drawn up and conducted by the National Institute of health and labour of the FNTE - CGT - Hervé BAYLAC) - May 16, 2006 - which will be published on June 20, 2006 during the national symposium organised by the Federation.
- **Information held by the DARES** (*Direction de l'Animation des Recherches et Études Statistiques du Ministère de l'Emploi et de la Cohésion Sociale*), the Ministry of Employment and Solidarity's Office for Research and Statistics.
 - [Le comité d'hygiène, de sécurité et des conditions de travail \(CHSCT\)](#) [Health / Working conditions] (August 9, 2005)

The CHSCT has to be present in any company with more than 50 employees. Its assignment is to contribute to the protection of the workers' health and safety as well as to the improvement of their working conditions. Composed of a personnel representation, the CHSCT has a certain number of means at its disposal to help its members achieve their task (information, appeal to experts...). The personnel representatives are given time and granted protection against redundancy. These means are reinforced in companies with higher industrial risks.

- [2001-16.2 - Où sont les CHSCT ?](#) [First pieces of information - First syntheses] (April 1, 2001)
- [61-2256 : Enquête du CHSCT relative à un accident du travail grave.](#) [Surveys of the Hygiene, Safety and Working Conditions Committee (CHSCT)] (July 20, 2005)
- [61-2257 : Enquête du CHSCT relative à une situation de travail relevant un risque de maladie professionnelle ou à caractère professionnel grave.](#) [Surveys of the Hygiene, Safety and Working Conditions Committee (CHSCT)] (July 20, 2005)
- [61-2258 : Enquête du CHSCT relative à des situations de risque grave ou à des incidents répétés ayant relevé un risque grave.](#) [Surveys of the Hygiene, Safety and Working Conditions Committee (CHSCT)] (July 20, 2005)
- [Comité d'Hygiène, de Sécurité et des Conditions de Travail \(CHSCT\)](#) [Personnel representation bodies] (October 16, 2005)

- CHSCT, histoires de comités [Prevention and working conditions] (August 26, 2005)
- Comité Hygiène Sécurité Conditions de Travail CHSCT [Order form] (December 2, 2005)
- **Conseil Économique et Social - Economic and Social Council**
 - « VINGT ANS DE CHSCT » (« 20 years of workplace health and safety committees examined »)
Report by Gérard FILOCHE -
Adopted on **October 23, 2001** -
Publication 41101-0021 - (On submission to the Bureau of the Economic and Social Council - NS012110 of May 22, 2001)

4. Suggestions of method

For a more systematic analysis and use of the existing data concerning the role and action factors of the workers' representatives as regards health and safety.

- Gradual setting-up of a European network based on a widespread and permanent diffusion of the questionnaire and on the implementation of the prevention principles stated for each European country in the European directive of June 1989. **Questionnaire of objectivised qualitative data.**
- Planning of regular times for "freeze frames" (every three years for instance) which would enable to consolidate the data collected through the questionnaire on a regular basis, in order to analyse them before preparing symposiums or European meetings and thus, to debate on the practical experiences.
- This can be set up by creating a website which would be managed in a concentrated/decentralised way by all the partners interested and active in the organisation and the impulsion of data collection and their analysis and use. **The setting-up of a "data acquisition matrix" carefully worked out** on the Internet should greatly help to supply the survey.
- The collection fund would be consulted in a crossed way on the national level or consolidated on the European level, or even available for consultation on the level of national or European "branches".
- For certain issues, the qualitative evaluation requires "a secondary survey" through interviews and its sample would be selected through the indication that appears as a preamble to the questionnaire (preamble identification sheet).

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May 28, 2006.