

# A New Impetus for Community Occupational Health Policy

## Debate on future Community health and safety policy

Since 1992, there has been a marked slowdown in Community health and safety initiatives. There are various reasons why, not least employers' campaigns - with the blessing of some governments - for more deregulation, the erosion of Commission resources for occupational health, and so on. More recently, national debates on workplace health issues have flared up again in many Community countries. Worsening working conditions have shown that even a fairly substantial body of laws is just not enough. Three things have to be addressed now :

- members States are not applying the directives anything like properly;
- some provisions of the directives are so weak as to be useless;
- the existing legislative framework needs to be filled out with a Community policy based on the directives, but which also adds other policy instruments.

The Commission served notice of its intention to adopt an action programme on health and safety in 2002. As yet, it has given no details of what might be included in it. The European employers, via UNICE, made their positions clear in September 2000. They want the strict minimum of Community legislation and offer a somewhat rosy assessment of working conditions. The Economic and Social Committee has also published a report on Community health at work policy. On the trade union side, the workers' representatives on the Luxembourg Advisory Committee for Safety and Health have produced a statement spelling out their proposals for a new impetus for Community action. It was approved by the ETUC Executive Committee in a resolution along the same lines, adopted on 15 June 2001.

### A disturbing picture of the health impact of working conditions

Working conditions are getting worse for many groups of workers. The European Union needs to set up ongoing monitoring of working conditions. Work intensification and job insecurity are leading to musculoskeletal disorders, stress and burn-out, and a high accident rate among temporary workers. Health gaps between workers are widening.

### The reopening of national debates and concerted labour action

National debates on health at work are now being set rolling again. Common concerns are emerging: how to enforce compliance with the rules, how to address changing patterns of work, how well have the

prevention policies pursued in recent years performed? In some countries, the debate has gone beyond institutions and is backed up by labour action. Generally, demands related to safety, health and dignity at work have been increasingly frequent themes in industrial disputes across Europe.

### The need for a Community policy debate

The different national debates have not so far led to a real Community debate. The Commission has failed to give a strong political impetus. The Commission's own material and human resources for health at work have shrunk alarmingly. The statement reviews the role played by the other Community institutions, pointing out how little cooperation is taking place between them and stressing the need for the Luxembourg Advisory Committee to have a more prominent role.

### Wanted : a detailed assessment of the application of the Directives

The statement stresses the importance of a Community debate based on a political assessment of the application of the Directives. The general level of application of the Directives is still very patchy between but also within countries, by industry sector, category of worker and type of firm.

### Harmonization of legislation : the basis of Community action on health at work

Harmonization of legislation has a mixed agenda, and the issues have not gone away:

- to give similar protection of workers' lives and health in the different Community States;
- to ensure that competition and free movement of goods do not push health at work into second place. Legislative harmonization must be finished off in line with the following priorities:

#### Ensure consistency of Community legislation

The statement calls for :

- new EU legislation to cover all physical factors;
- the revision of the 1986 Noise Directive;
- expedited development of Community exposure limits for chemical hazards;
- the same level of effective protection for all EU workers against chemical hazards, especially carcinogens;
- revision of the Asbestos Directive;



The full text (in French and English) has just been published by the TUTB and ETUC (see p. 43 TUTB publications), and can also be found on the TUTB website. Other documents on the debate on Communities workplace health policies can be found at : <http://europe.osha.eu.int/systems/strategies/future/>

- revision of the Working Time Directive. We propose to cut the maximum weekly working hours from 48 to 44, and to scrap the provision allowing individual derogations other than collectively-agreed ones;
  - a comprehensive Directive on ergonomic issues, with a special focus on musculoskeletal disorders;
  - more attention paid to workplace mental health.
- Community legislative activities must be stepped up and programmes of action brought in to address problems like stress and bullying at work.

### Extend Community health at work legislation to all EU workers

The statement calls for :

- the scope of Directives to be extended to include domestic staff and self-employed workers;
- effective access to the preventive system for all workers. In particular, measures relating to coverage of workers by specific health and safety representatives; coverage of workers by multidisciplinary preventive services; improvements in labour inspection systems; extending the employer's safety obligations to everyone over whose working conditions he exercises control.

A strategy for workplace health must put a special focus on small and medium-sized firms. The statement sets out a series of different approaches which could usefully be combined.

### For a review of all Community policy instruments

Directive-led harmonization should be supplemented by other policy instruments.

- The Member States clearly remain predominant in developing a national strategy on workplace health.
- The Social Dialogue could help improve the application of the Directives at both industry and inter-industry level.
- The European Union could more routinely supplement Directives with general guidance documents.
- European standardization still plays an important role.
- Interaction between the different Community agencies should be improved.
- Workplace health needs to be made more central to Community research policies.

### Linkages between health at work and other Community policies

#### Market rules and health at work

Market rules on work equipment, personal protective equipment and chemical substances and preparations pay too little heed to workplace health imperatives.

That should be improved by:

- setting up effective market control systems;
- a systematic feedback of experience of workplace health problems actually encountered to inform and improve market rules;
- closer trade union involvement in technical standardization work in both the national and European standards bodies.

#### Gender equality and health at work

The statement underscores that equality and health at work are inseparable issues. It calls for a revision of the Maternity Directive. It stresses the importance of a proactive policy to achieve gender balance in work. The criterion of healthy work is conditions which allow both sexes to access it for the normal length of a working life without damage to their health.

#### Employment policies and health at work

Health at work provisions can have an input into employment policy because quality of work is a factor which increases access to and retention in safe and healthy jobs.

- The coherence of preventive measures must be assessed over the normal length of a full working life.
- Integration of people with disabilities into the workplace is a priority.
- Health-based recruitment must be actively opposed.
- The employment policies should also be audited for their impact on health at work.

#### Social security and health at work

Attempts to harmonize the conditions for recognition of occupational diseases have conspicuously failed. Questions arise about the relevance of a policy based on non-binding instruments when Directives can now be adopted under new article 137 of the Treaty.

#### Public health and health at work

The statement calls for Community public health policies to accommodate working conditions. It sets criteria for a policy to promote workplace health.

#### The environment and health at work

Worker participation machinery should be set up through which to give shopfloor health at work reps wider environmental powers is a trade union priority. The revision of the Seveso Directive should put a bigger focus than has so far been the case on the environmental protection role of workers and their representatives.

### The international dimensions of Community health at work policy

EU enlargement is a major challenge for health at work. Taking over the *acquis communautaire* (established body of Community laws and regulations) must mean more than just implementing the rules - it must lead to real improvements in national situations. That requires substantial funding. A Community Fund for the improvement of the working environment is needed.

The statement calls for:

- more systematic cooperation with the ILO;
- an assessment of the potential effects of the WTO Agreements on Community health at work policy.

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