



EU OCCUPATIONAL SAFETY AND HEALTH POLICIES

EUChEMS 2016 GENERAL ASSEMBLY

SEVILLE CHAMBER OF COMMERCE, 11 SEPTEMBER 2016

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OSH as a Part of the European Social Model



- ***OSH is a key factor to:***

- Improve job quality and working conditions**
- Enhance productivity and competitiveness of the EU economy**
- Contribute to improving the sustainability of social security systems by addressing the long-term effects of demographic ageing**

in line with the priorities of the overarching Europe 2020 Strategy and its inclusive growth objective

Costs of work-related accidents and ill health

- ***To employers:***
 - **Productivity costs** (sick payments, production losses, production disturbances, damaged equipment, damaged company image)
 - **Administration costs** (administrative and legal costs, cost for reintegration and re-schooling of (disabled) workers)
 - **Insurance costs** (impact on insurance premiums)

Costs of work-related accidents and ill health

- *To workers and families*
 - **Productivity costs** (loss of present and future income)
 - **Healthcare costs** (medical and rehabilitation costs)
 - **Quality of life losses** (physical / moral pain and suffering)
 - **Administration costs** (cost of time claiming benefits, waiting for treatment, etc.)
 - **Insurance costs** (compensation payments)

Costs of work-related accidents and ill health

- *To government ...*
 - **Productivity costs** (sick payments, State benefits (disability, early retirement), tax revenue losses)
 - **Healthcare costs** (medical and rehabilitation costs)
 - **Administration costs** (administrative and legal costs)
- *... and society* (over and above all the previous)
 - **Loss of output** (due to fatality or disability/early retirement)

The Costs of poor OSH

What % of the GDP is lost due to poor OSH practices ?



The Costs of ...



... road accidents (global)?

3 % GDP



... overall health expenditure
in Luxembourg ?

7 % GDP







... tobacco use related diseases ? 1.4 % GDP

Poor OSH = 3 % GDP (2.6-3.8%)

(source EU-OSHA)

This means that every year in Europe:

-  > 4,000 fatalities due to accidents at work
-  6.9 million workers have a work accident
-  c.150,000 deaths due to occupational ill-health
-  23 million people with work related health problems ~10% of workforce (EU-27 source Eurostat)



The best solution: avoidance of direct and indirect costs. This is a benefit in itself

Sick pay, cost of recruiting and replacing workers, medical treatments, but also production loss, human pain and suffering...



Resulting in good health and economic growth

- Increased savings – More opportunities for direct investment
- Investment in human capital – Better skills
- Labour market participation
- Productivity growth



COMPETITIVE ADVANTAGE & HEALTHIER PEOPLE

- ***Article 153 TFEU: Improvement of the working environment in order to protect workers' health and safety***
 - ❑ **Adoption of Directives setting minimum requirements**
 - ❑ **When transposing EU Directives into national law, Member States must meet those minimum requirements, but are allowed to introduce more stringent measures, if they deemed this appropriate**
 - ❑ **Enforcement of national provisions is a Member States responsibility**

- **Directive 89/391/EEC on the introduction of measures to encourage improvements in the safety and health of workers at work (Framework Directive)**
- **23 specific Directives including:**
 - ❑ **General Directives (e.g. workplace, work equipment, PPE, signs)**
 - ❑ **Sector-specific Directives (e.g. construction, mining, drilling, fishing)**
 - ❑ **Risk-specific Directives (e.g. physical agents, chemical agents, biological agents, carcinogens and mutagens, asbestos, ergonomics)**
 - ❑ **Type-of-worker Directives (e.g. Temporary workers, young workers, pregnant workers)**

- **It is the basis of the provisions of the Framework Directive, whose principle can be summarised as the obligation for employers:**
 - to avoid safety and health risks**
 - to assess the risks that cannot be avoided**
 - to update this assessment in the light of changing circumstances**
 - to take the appropriate preventive and protective measures**

The ex-post evaluation of the EU OSH legislative framework



- **In the framework of the Commission's REFIT Programme, the exercise aims at assessing to what extent the existing OSH legislation is still fit for purpose, against the background of a changing world of work**
- **The EU OSH legislative framework is evaluated in terms of relevance, effectiveness and coherence, with a view to:**
 - Closing gaps/overlaps in coverage of OSH risks**
 - Strengthening implementation/relieving admin. burdens**
 - Improving coherence or synergies of different measures**

Commission final report to be published soon

What do we do to prevent occupational ill-health due to chemicals ?

24 EU OSH Directives, among which:

- (i) Chemicals (Dir. 98/24/EC)
- (ii) Carcinogens and Mutagens (Dir. 2004/37/EC)
- (iii) Asbestos (Dir. 2009/148/EC)



How many chemicals exist on the EU market ? **> 100.000**



Do we only deal with those ones ?

No, also process-generated substances and legacy substances, such as:

Welding fumes

Chemical reaction intermediates

Engine exhaust emissions

Wood dust

Asbestos !

1) Fundamental provisions – the employer must:

- Identify the chemicals and assess the potential risks
- Implement risk management measures
 - Eliminate exposure (e.g. substitution)
 - General principles of risk management to control exposure (use only in closed systems, local exhaust ventilation, personal protective equipment...)
 - Other provisions (training and information of workers, health surveillance, ...)

2) Occupational exposure limit values (airborne concentrations not to be exceeded - time averaged over a working day, and additional notations when relevant). Transposed into national law and enforceable.

3) On-going work on:

- Amending the Directive to enlarge the list of limit values
- Reviewing the whole EU OSH legal framework

Commission Proposal to amend the Carcinogens & Mutagens Directive 2004/37/EC COM(2016)248 final

- *adopted by the college of Commissioners on 13th May 2016*
- *to introduce new and revised Occupational Exposure Limit Values for a number of priority occupational chemical carcinogens*
- *will follow Ordinary Legislative procedure for adoption – Council & European Parliament*

How did we get here & next steps ?

Key steps in developing OELs for carcinogens at EU level

Social partner consultation (TFEU) + science/technical basis + the ordinary legislative procedure

1

Selection of chemicals for SCOEL Evaluation

DG EMPL establishes lists of priorities for scientific evaluation based on inputs from various sources and application of priority criteria.

2

SCOEL Recommendation

DG EMPL issues mandates to SCOEL, who will deliver as a rule the exposure-risk-relationships (ERR) for non-threshold carcinogens, or a practical threshold when possible. SCOEL Recs are subject to external consultation before adoption.

3*

WPC - ACSH

The Working Party on Chemicals (WPC) discusses the SCOEL Recommendation and various feasibility issues and comes up with a consensus based suggestion for the OEL value. This is integrated in a draft opinion for adoption by the Plenary of ACSH.

4

Impact Assessment (IA)

DG EMPL drafts IA containing policy options and associated impacts. IA is discussed within and Interservice Steering Group and submitted to the Regulatory Scrutiny Board (RSB). A positive reply is required.

5

Draft legislative proposal

DG EMPL prepares the draft legislative proposal and submits it to inter-service consultation and a final draft legislative proposal is prepared.

6

College of Commissioners

The College of Commissioners adopts the proposal and sends it to Council and Parliament for negotiation and subsequent adoption.

7

Adopted Directive published in EU Official Journal

MSs will transpose text into national legislation by the date set in the Directive.

*2 stages of social partners' consultation have to be carried out in accordance with article 154 of TFEU

Setting OELs: SCOEL and ACSH

1. PRIORITY SETTING

- DG EMPL establishes a list of priority chemicals and mandates SCOEL

2. SCIENTIFIC EVALUATION

- SCOEL evaluates each chemical using the latest scientific available data, following its methodology
- SCOEL prepares a draft Recommendation or Opinion
- External public consultation of the draft text
- SCOEL considers comments and new data, amends if necessary and adopts a Rec. or Opinion
- Closure of mandate. DG EMPL accepts SCOEL's final Rec. or Opinion and publishes it.

3. STAKEHOLDERS CONSULTATION

- DG EMPL consults the ACSH via the WPC
- ACSH adopts a formal Opinion based on SCOEL evaluation and other information, as appropriate (feasibility issues)

4. LEGISLATIVE PROCESS

- DG EMPL consults other relevant Directorates General and initiates the formal legislative procedure

Not realistic nor desirable to set an OEL for every hazardous chemical that may be used at the workplace  need to target priority substances.

Step 1. Selection of candidate chemical agents among

Chemicals with the potential to cause adverse health effects resulting from occupational exposure.

Processes resulting in exposure or combined exposures to chemicals with the potential to cause adverse health effects resulting from a work activity for which markers of exposure are needed.

Emerging specific issues on a basis of reported evidence and expert judgment.

Step 2. Development of lists of priority chemicals

Application of following criteria to create shorter lists of priorities for SCOEL:

Degree of evidence for adverse effects.

Characteristics of the adverse effects (severity, potency, reversibility, specificity).

Estimated number of workers exposed.

Identified exposure patterns that pose difficulties for the control of exposures.

Policy considerations, such as problematic disparities with or between other relevant threshold values, degree of stakeholders' interest in having an EU OELV, or other institutional priorities.

Next steps to address all identified priority carcinogens

There are approximately 50 priority occupational carcinogens identified by EMPL, MSs, employers' and workers' representatives

Wave 1: Current COM proposal – 13 new or revised OELs

- Legislative process ongoing.

Wave 2: Task Force working on IA for next 12 carcinogens

Wave 3 (and beyond)...

Societal evolution, technological development and changes in the structure of the labour market due to globalisation and growth of the service sector are influencing changes in working methods and work environment worldwide

Communication from the Commission on an EU Strategic Framework on Health and Safety at Work [COM(2014) 332 of 6.6.2014]

- ***The main challenges:***

- ❑ **Improving the implementation record of OSH provisions in the Members States, in particular as regards SMEs**
- ❑ **Improving the capacity to anticipate and combat the negative effects of old and new risks on workers' health, in particular in the area of carcinogens, ergonomics and psychosocial risks**
- ❑ **Tackling the demographic change by ensuring sound health and safety for a sustainable working life and active and healthy ageing**

- ***Strategic objectives:***

- ❑ **Further consolidate national OSH strategies and review them in the light of the new EU OSH strategic framework**
- ❑ **Improve the quality of OSH legislation (including simplification, better compliance and better enforcement)**
- ❑ **Ensure better prevention of work-related diseases, including facing the challenges raised by emerging new risks and the ageing of the workforce**
- ❑ **Improve the OSH statistical data collection and information base**
- ❑ **Reinforce the benchmarking role of the EU as a global actor in the area of OSH**

- *The achievement of a high degree of safety and health at work implies that employers must perform risk assessment and implement adequate preventive OSH control measures*
- *To accomplish such objective the employer can rely on either internal or external OSH "protective and preventive services" (Framework Directive, Article 7).*
- *This implies interactions with different scientific areas (and relating specialists) such as occupational medicine, public health, industrial engineering, ergonomics, chemistry and psychology*

- ***What OSH specialists do:***
 - **They review, evaluate, and analyse work environments and design programs and procedures to control, eliminate, and prevent disease or injury caused by chemical, physical, and biological agents or ergonomic factors in all businesses and industries**
 - **They can also be active in the public sector as inspectors to enforce adherence to national OSH laws and regulations**
 - **They can work as experts in national OSH agencies or scientific institutions**
 - **A growing number of occupational safety specialists are employed by consulting firms or are self-employed**

- *Apart from the general provisions of the Framework Directive, the European Union has no specific rules or policy for OSH services. Member States organize these according to their own national systems*
- *There is big variety between the EU-countries, e.g. as regards:*
 - The contracting of internal or external OSH service (in Denmark only 7% of the companies use external OSH service providers; in Slovenia 75%; in the EU as a whole the average percentage is 37%)
 - The way in which the OSH services are organized (in some countries the OSH services are more closely related to the Public Health care sector than in others)
 - The standards set to OSH disciplines and OSH services, especially regarding certification and accreditations

Occupational trends for OSH specialists

- *No EU level data as regards occupation of OSH specialists and distribution of professional profiles*
- *Difficult to make projections on future employability of OSH specialists with a specific profile (e.g. chemists)*
- *Although the number of jobs is expected to continue to increase long-term in response to new risks, changes in the work organisations, etc., reduction of resources due to the economic crisis can continue having a negative impact on the OSH labour market*



Any questions ?

Thanks !