

Protecting workers in hotels, restaurants and catering



European Agency for Safety and Health at Work

WORKING ENVIRONMENT INFORMATION

Protecting workers in hotels, restaurants and catering



European Agency
for Safety and Health
at Work

Prevention report on protecting workers in hotels, restaurants and catering

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EXECUTIVE SUMMARY

The hotel, restaurant and catering (Horeca) sector covers a wide range of different businesses, including hotels, pubs and restaurants, contract caterers in various industrial and commercial premises, fast-food takeaways, cafes and bistros. It plays an important role as a job creator in the service sector and in the economy as a whole in many EU Member States.

Employing as it does more than 7.8 million people, it is important to manage the risks and prevent the causes of accidents and ill health in the Horeca sector.

The aim of this report is to make available information relating to occupational health and safety in Horeca and to provide an overview of good practices at both the policy and workplace levels.

The hotels and restaurant sector includes a range of tasks and jobs that pose different risks. The complexity of the sector makes it difficult to present an exhaustive view of the situation. Much attention goes towards working in kitchens and to a lesser extent, to waiting staff. Supporting activities such as cleaning jobs, goods supply, etc. are randomly represented in scientific literature.

The first part of the report presents the key issues relating to the Horeca sector and the relevant statistics, such as employment market characteristics, occupational accidents, and diseases.

The report then examines policy initiatives that have been undertaken to reduce the risk to workers' health and safety at the national and supra-national levels, providing a representative coverage of activities across the EU, and identifying success factors.

It is difficult to assess the real impact of the existing European, national and local policies on the working conditions of the sector. Over the years the legislation on Occupational Safety and Health has become more complex. Ninety percent of all Horeca venues employ less than 10 people and many of them are family run. Employers often lack the time and resources to understand and follow the legislative issues that are applicable to the sector. The implementation of legislation at company level seems to be a real problem in the sector.

This section also illustrates the fact that branch-specific policies are an exception for the Horeca sector. The discussion and introduction of different miscellaneous policies, e.g. HACCP (Hazard Analysis Critical Control Point) or the smoking ban, has focused the attention of state institutions and prevention service providers more intensely on this sector, and in some cases this has resulted in further measures in the field of health and safety. Looking at the different approaches that can be observed in Europe it is often difficult to assess when a measure or a limited prevention programme can be said to become a 'policy'.

The following section provides — through analysis of existing research and literature — an overview of the state of occupational health and safety in the hotels, restaurants and catering sector and of working conditions, and identifies changes taking place within the sector that (may) affect the occupational health and safety of workers.

The workforce in the sector faces a large number of physical and psychosocial risks.

The sector characteristics give rise to atypical employment and working conditions. This is reflected in working time as well as in the type of contracts. In general, the sector asks



for more flexibility in working relations and the distribution of working time in order to cope with the competition. It is important though that the employees' needs are also taken into account.

The hotels and restaurants sector is rapidly changing with regard to the use of technologies, administration, customer demands, etc. This is also affecting the structure of the sector.

In terms of occupational accidents, slips, trips and falls, as well as cuts and burns represent the largest share. In the field of occupational diseases, musculoskeletal diseases and skin diseases predominate. Hazards and risks, difficult working conditions and work-related accident and disease rates are described in many places for the Horeca sector; the branch-specific prevention strategies in Europe are, on the contrary, hardly described at all.

The next section provides an overview of policy initiatives undertaken to reduce the risk to workers' health and safety at the local, regional and sector levels. These include guides, actions and strategies, including action undertaken by social partners (e.g. through voluntary agreements).

The report then focuses on the prevention of risks to workers in this sector. It provides descriptions of 18 practical actions at workplace level and their background, including the groups who are targeted, and ways of identifying and assessing results, side effects, success factors, and problems.

The case studies included in this report were chosen to show the range of different risks that the Horeca sector sees, reflecting the great variety of working environments in this sector. They cover restaurants and hotels, but also school canteens and clubs and bars. The keys to the success of risk prevention actions include:

- good risk assessment;
- worker involvement;
- management commitment;
- successful partnership for large-scale actions on a regional, national or sector level;
- training being adapted to different groups of people;
- a combination of the various means of action.

The main conclusion of the report is that the future challenge is to develop prevention strategies which protect employees in the Horeca sector effectively. The following factors of success seem to be important here.

- Strategies should be oriented to the specific requirements of this sector and to the specific target groups (e.g. female workers, young workers, migrant workers, entrepreneurs).
- Reliable partners must be found who serve as champions, and promote nationwide implementation (employers' and employees' associations, vocational schools, etc.). Networks should be created for this purpose.
- Enterprises and employees have to be sensitised in relation to health and safety, and as far as possible have to be included in the development of measures.
- Motivated enterprises need to be given practical advice and information.
- Methods of analysis have to be developed in order to identify enterprises with a high risk potential and there should be practical support for putting in place adequate prevention measures.



LIST OF ABBREVIATIONS FREQUENTLY USED IN THE REPORT

- AOK — Allgemeine Ortskrankenkassen
- AUVA — Austrian Social Insurance for Occupational Risks
- BGIA — Berufsgenossenschaftliches Institut für Arbeitssicherheit
- CAO — collectieve arbeidsovereenkomst
- CEHAT — Confederacion Espanola de Hoteles y Alojamiento Turisticos
- CSR — corporate social responsibility
- CWA — collective work agreements
- EF — Eurofound
- EFFAT — European Federation of Food, Agriculture and Tourism Trade Unions
- EHO — environmental health officer
- EMCC — European Monitoring Centre on Change
- ESF — European Science Foundation
- ETS — environmental tobacco smoke
- Eurofound — European Foundation for the Improvement of Living and Working Conditions
- FAS — Swedish council for working life and social research
- FEHR — Federacion Espanola de Hosteleria
- FERCO — European Federation of Contract Catering Organisations
- FIOH — Finnish Institute of Occupational Health
- FPRL — National Foundation for the Prevention of Occupational Risks
- HACCP — Hazard Analysis Critical Control Point
- Horeca — Hotel, restaurant and catering sector
- HRF — Hotel och restaurangfacket's
- HSE — Health and safety executive
- IHF — Irish Hotels Federation
- INRS — Institut National de Recherche et de Sécurité
- ISHST — Instituto para a Seguranca Higiene e Saude no Trabalho
- ISME — Irish Small and Medium Enterprises Association
- ISPESL — National Institute for Prevention and Safety at Work (Italy)
- IV — Federation of Austrian Industry
- MSDs — musculoskeletal disorders



ÖGB — Austrian Trade Union
OSH — Occupational Safety and Health
OUXEB-SEK — Federation of Hotel Industry Employees
PASYXE — Pancyprian Association of Hoteliers
PEO — Pancyprian Federation of Labour
SEK — Cyprus Workers' Confederation
SFA — Small Firms Association
SMEs — small and medium-sized enterprises
STEK — Association of Cyprus Tourist Enterprises
SWEA — Swedish Work Environment Authority
SYXKA-PEO — Union of Hotel and Recreational Establishment Employees of Cyprus
Unihnsnor — Trade Unions of Hotels and Restaurants in the North of Portugal
WKO — Austrian Federal Economic Chamber



1.

INTRODUCTION



The hotels, restaurants and catering sector employs more than 7.8 million people in the EU and is characterised by high job demands (in particular due to direct contacts with clients) and high physical workload. Non-permanent employment patterns, in particular seasonal work, are prevalent. The sector also employs a high proportion of female workers, young workers and migrant workers.

This sector covers a wide range of workplaces, more than just hotels and restaurants. Many persons are employed in catering in other workplaces such as schools and hospitals.

1.1. THE AIM OF THIS REPORT

The aim of this report is to make available information relating to occupational health and safety in Horeca and to provide an overview of good practices at both the policy and workplace levels.

1.2. METHODOLOGY

The Methodology used for this report includes:

- a brief representative European-wide survey, to obtain the relevant information from all EU countries regarding policies and practices in the EU-25, at the sector, local, national, and supranational level;
- research on the prevention of risks in the Horeca sector, outlined in accessible sources such as reports, factsheets, surveys, articles, and guides;
- selection and description of EU-25 actions in the workplace to prevent harm to workers in the sector. A range of cases have been considered from across the EU, showing the various factors relating to the prevention of risks to workers in the sector, with success factors identified and conclusions drawn from them.



STRUCTURE

1.3.

The report is divided into different parts, and presents:

Sector characteristics and working conditions

This section includes a brief description of the key issues relating to the Horeca sector, together with relevant statistics. It provides an overview of the state of occupational health and safety in the sector and of working conditions.

European and national policies, actions, programmes and campaigns

The aim of this section is to examine policy initiatives undertaken to reduce the risk to workers' health and safety at European, national, regional, local and sector levels, providing a representative coverage of activities across the EU and identifying success factors. These also include guides, actions and strategies, including action taken by social partners (e.g. through voluntary agreements).

Examples of good practice

This part of the report focuses on the prevention of risks to workers in this sector. It provides descriptions of practical actions at workplace level and their background, including groups who are targeted, and ways of identifying and assessing results, side effects, success factors, and problems.

Conclusions and discussion

The conclusions bring together all aspects covered in the report and summarise:

- the policy approaches taken within the EU at all levels to minimise occupational risks in the sector;
- success factors in workplace actions to prevent risks; and
- the current state of research on the prevention of risks in this sector.



2.

SECTOR CHARACTERISTICS

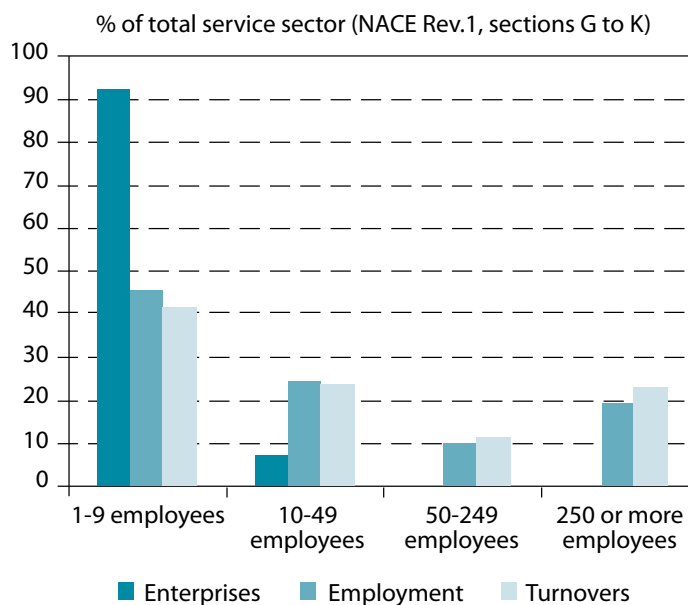


2.1. EMPLOYMENT MARKET

The hotel and restaurant sector — which mainly covers hotels, restaurants, cafés and bars, camping grounds, canteens and catering — has witnessed tremendous development in the European Union. Restaurant chains and fast-food restaurants, in particular, have experienced considerable growth. In 2004, hotels and restaurants provided jobs for nearly 7.8 million people or 4 % of total employment in the EU-25 (Bovagnet, 2005). In recent years, the sector has grown strongly, and hence plays an important role as a job creator in both the whole economy and the service sector in many EU Member States (Schmidt, 2003). Whereas the employment growth rate in 2003/04 was just 0.6 % in the overall EU economy, it was 4.0 % in the Horeca sector (Bovagnet, 2005).

According to the analysis of the European Monitoring Centre on Change, restaurants, bars and catering enterprises (H55.3 to H55.5) dominate the sector (EMCC, 2005). In spite of the increasing presence of big hotel chains and franchises and the success of fast-food restaurants, more than 90 % of companies are micro-enterprises employing 10 employees or less. Many companies are family run. On average, each enterprise in the EU employs around 5.4 employees. Enterprises with fewer than 50 employees account for 99 % of all enterprises and generated 66 % of total turnover (see Figure 1). At the same time, large enterprises (>250 employees) account for only 0.1 % of total enterprises and employ around 20 % of the sector’s workforce (Faes-Cannito, 2004, EMCC, 2005)

Figure 1: Share of enterprises, employment and turnover in hotels and restaurants, by size class in the EU, 2001



Source: Faes-Cannito, F., 'Hotels and Restaurants in Europe', *Statistics in focus*.



EMPLOYMENT STRUCTURE

2.2.

2.2.1. Age

The share of young workers (16-24 years old) is high compared with the services sector and the whole economy in general. People under 35 account for 48 % of total employment in the hotels and restaurants sector, as against 35 % for the services sector. On the other hand, people of 55 years and older represent less than 10 % of total employment (EU-25, statistics for 2004, Eurostat, 2005).

Young workers are mostly concentrated in restaurants and bars. Canteens, camping sites and short stay accommodation tend to have higher proportions of workers in older age categories (45 to 64 years). In southern European countries, young workers are more likely to be found in restaurants and canteens, rather than hotels.

According to a report on the working conditions in the sector (Klein Hesselink, et al. 2004) reasons for this particular age structure can be found in the labour market conditions of this sector.

- Low pay and the demand for unskilled or low skilled labour make it possible for young people to enter the labour market via this sector.
- Since a large amount of seasonal work is required, youngsters can temporarily earn money during the school holidays. The dynamic social environment of the sector attracts them and the unsocial hours and long working time doesn't affect them as much as older workers, since many of them don't have family responsibilities yet. Poor employment conditions make older people hesitate to work in the sector, because they need a more stable environment to meet their family responsibilities.
- The work is physically demanding.
- Only some of the jobs offer a lifelong career perspective.

The sector is considered a good starting point for work, but workers may leave after a few years because of unfavourable working conditions. However, in recent years, most of the employment expansion in the Horeca sector has been among older and part-time workers, which rose significantly from 2000 to 2004, while the number of 15–34 year-olds in the sector remained largely unchanged. Even more, it was among those over 55 years old that there was the biggest rise, of around 30 % (Hay, 2005a; Eurostat). With demographic changes in Europe and increasing unemployment, a further increase in older employees in Horeca can be expected, as the sector offers the possibility of finding a job without any qualifications.

2.2.2 Gender

Women represented the largest part of the labour force in Horeca (54 %) in 2004 and female employment also increased more rapidly than male employment between 1999 and 2001 (5.9 % compared with 5.2 %). Their share also increased in the new Member States. The most important share of female workers was registered in Latvia, Lithuania, Estonia and Finland with more than 70 % (Eurostat, 2005, Klein Hesselink, J., et al. 2004).



In core jobs in the sector such as housekeeping and restaurant work, more female workers are present. According to the Eurofound report on hotels and restaurants (Klein Hesselink, 2004) more women than men work in canteens, etc. Senior positions such as those of supervisory staff, managers and cooks tend to be dominated by men (EMCC, 2005).

2.2.3. Migrant workers and ethnic minorities

Many migrant workers enter the sector via seasonal or casual work. Their jobs are in general more precarious than those of natives. Migrants also work more often in unhealthy environments, take the more dangerous jobs and work more often below the level of their qualifications. The proportion of migrant workers in the EU is estimated at between 6 and 14 percent, but the real figure is unknown, since many of these workers stay unregistered. Barriers to health and safety that are often reported are poor language skills, low levels of education, lack of knowledge of employment rights, not knowing who to turn to in case of a problem, low pay, and difficulties in validating qualifications. Very often differences in nationality or ethnic origin give rise to discrimination, in the access to labour market as well as in the workplace. (Vartiainen, M., Pahkin K. et al. 2006; ILO, 2001; ILO, 2003; AFL-CIO, 2005).

2.2.4. Level of education

In 2000 more than 40 % of employees in the sector were relatively unskilled (EU-15), and less than one employee in 10 had attained a high level of education. Company managers and middle management account for only a small proportion of employees (Faes-Cannito, 2004).

In 2004 a small improvement in the qualifications of the workers was seen and the proportion of employees with low skills decreased slightly (Hay, 2005a, 2005b).

2.2.5. Part-time and full-time contracts

Part-time work is more common in the sector than in the rest of the economy: 28 % of employment was part-time in 2004, compared with only 18 % for the whole economy. Nevertheless, full-time employment in Horeca is of higher importance than part-time employment (74 % to 26 %) except in the Netherlands where part-time employment accounts for about 67 % of total employment.

The rapid increase in numbers of female workers in the sector may be related to the fact that women account for a higher share of part-time jobs than men (73 % compared with 27 %) and in the Horeca sector part-time employment is of greater importance than in the whole economy (26 % compared with 18 %).

2.2.6. Working time and seasonal work

The hotels and restaurants sector has longer working hours than the general economy (EU-25) except in Denmark, Germany, Ireland, the Netherlands, Finland, Sweden and the United Kingdom. In general employees in the sector work 2.2 hours longer than other employees. There is also an important difference between Member States regarding the number of unusual weekly worked hours. They vary



from 24.4 in the Netherlands to 49.9 in Greece. Two thirds of countries are above the EU average of 39.6 hours a week.

The sector is also dependent on tourism, meaning that employment levels also tend to be seasonal (EMCC, 2005). The share of seasonal work in employment varies by country, from 26 % in Austria to 47 % in Spain and more than 50 % in Italy (ILO, 2001).

2.3.

OCCUPATIONAL ACCIDENTS AND DISEASES

2.3.1. Occupational accidents

According to European Statistics on Accidents at Work (ESAW, Eurostat 2004) ⁽¹⁾ 190 736 occupational accidents resulting in more than three days of absence from work and 66 fatal accidents occurred in the hotels and restaurants sector in the EU-15 in 2004. These figures represent 5 % of the total amount of accidents in the economy. Twenty-six per cent of the accidents in the sector causing more than three days absence occurred amongst workers aged between 25 and 34 years old, closely followed by those in the age category 18–24 years old (21 %). In 2004, most fatal accidents in the sector happened to workers aged 35 to 44 years old, and 45 to 54 years old.

Table 1: Eurostat, ESAW, standardised incidence rate of accidents at work by economic activity, severity and age (rate per 100 000 workers), EU-15, 2004

Age category	More than 3 days lost (4 days absence or more)		Fatal accidents	
	NACE AD-K ⁽²⁾	Hotels and restaurants	Nace AD-K	Hotels and restaurants
< 18 years	1 899	1 517	1.0	—
18–24 years	4 481	3 414	2.6	0.4
25–34 years	3 326	3 026	2.7	0.7
35–44 years	2 980	2 755	3.2	1.3
45–54 years	2 820	2 934	4.7	1.4
55–64 years	2 686	2 539	6.6	2.6
> 65 years	2 532	1 741	15.0	5.5
Total	3 176	3 041	3.8	1.0

⁽¹⁾ Data from all old EU Member States (EU-15) and Norway from 1996 to 2004.

⁽²⁾ Agriculture, hunting and forestry; Manufacturing; Electricity, gas and water supply; Construction; Wholesale and retail trade; repair of motor vehicles, motorcycles and personal and household goods; Hotels and restaurants; Transport, storage and communication; Financial intermediation; Real estate, renting and business activities.

Excluding: Public administration; Education, Health and social work; Other community, social and personal service activities; Private households with employed persons; Extraterritorial organisations and bodies.



The incidence rate in Horeca (per 100 000 workers) for accidents causing more than three days' absence from work, is comparable to the rest of the economy (Nace AD-K). More accidents in the sector happen in the age category 45–54 years old compared with the rest of the economy (Nace AD-K). The incidence rate for fatal accidents is lower than for the rest of the economy.

Nature of injury

No overall European statistics exist on the nature of injuries in the sector. However, the sector report on hotels and restaurants from Eurofound (Klein Hesselink, 2004) mentions that most accidents in the EU (EU-15) involve handling, lifting or carrying, slips or falls, hand tools, being struck by falling objects, exposure to or contact with harmful substances, and cuts and burns.

2.3.2. Occupational diseases

Occupational disease statistics exist up to 2003 (Eurostat, EODS data). In 2003, 1 103 new occupational diseases were registered in the sector. The number of reported diseases was on the increase from 2001 to 2003. Biomechanical factors are the most important causative group, followed by unknown causes and industrial factors and products.

In 2003, most of the diseases in Horeca were musculoskeletal diseases (50 %); the amount of MSDs is on the rise and has almost doubled from 2001 to 2003. Skin diseases were second and account for 29 % of the diseases in the sector.

The number of skin diseases is as high in the Horeca sector as in the rest of the economy (8.5 cases per 100 000 workers). The number of MSDs is lower than in the rest of the economy (14.7 against 23.9 cases per 100 000 workers).

Table 2: EODS, number and incidence rate (per 100 000 workers) of occupational diseases by economic activity, disease (ICD-10), 2001–03, EU-15

Diseases	Number						Incidence rate					
	Total			Horeca			Total			Horeca		
	2001	2002	2003	2001	2002	2003	2001	2002	2003	2001	2002	2003
Cancers	1 499	1 977	2 361	6	4	6	1.7	2.3	2.7	0.2	0.1	0.2
Neurological diseases	2 542	4 698	5 124	73	124	155	2.9	5.5	5.9	2.0	3.3	4.1
Diseases of sensory organs	4 077	8 626	9 988	34	26	21	4.7	10.0	11.6	0.9	0.7	0.6
Respiratory diseases	4 507	5 606	6 505	29	38	46	5.2	6.5	7.5	0.8	1.0	1.2
Skin diseases	4 569	6 848	7 377	252	303	321	5.3	8.0	8.5	7.0	8.1	8.5
Musculoskeletal diseases	11 169	19 169	20 645	213	455	551	12.9	22.3	23.9	5.9	12.1	14.7
Total	31 945	50 049	54 250	610	954	1 103	37.0	58.2	62.8	17.0	25.5	29.4



3.

HAZARDS AND RISKS IN THE SECTOR



The hotels and restaurant sector includes a wide range of tasks and jobs which pose different risks. The complexity of the sector makes it difficult to present an exhaustive view of the situation. Much attention goes towards working in kitchens and to a lesser extent, to waiting staff. Supporting activities such as cleaning jobs, goods supply, etc. are randomly represented in scientific literature.

The workforce in the sector is faced with a large number of physical and psychosocial risks, which are summarised in Table 3. According to Houtman, et al. (2002) who analysed sector profiles on working conditions based on the third Eurofound survey, and trends over the last five years, workers in the hotels and catering sector (as well as the transport sector) have to deal with the most unfavourable working conditions in the economy, and have seen a deterioration in working conditions from 1995 to 2000, especially with regard to psychosocial risks (ergonomic conditions, working hours, job demands and job autonomy).

Table 3: Quality of work and employment in the hotel and restaurant sector

Physical work environment		
Risk	Description	Health outcomes
Noise, hearing and high sound levels	<ul style="list-style-type: none"> ■ Kitchens (pots and pans) ■ Discotheques, cafés and nightclubs (sound equipment) ■ In restaurants the noise levels tend to be high due to customers talking, staff shouting orders, clashing dishes, glasses, cutlery, different kitchen appliances, ventilation and hoists 	Hearing loss, mental fatigue, lack of concentration can lead to accidents
Low light conditions	<ul style="list-style-type: none"> ■ A cosy low light environment may be pleasant for guests (restaurants, bars and casinos), but may be a cause of risks, such as falling, burning and eyestrain. 	Higher accident risk
Temperature and breathing problems	<ul style="list-style-type: none"> ■ High temperatures (hot steam) ■ Draughts, because of open doors and air conditioning ■ Warm and humid environments ■ Alternating between cold and hot surroundings ■ Indoor climate problems such as poor air quality and bad smells ■ Annoying, harmful and toxic substances in the air (dirt, grease, oil, vapour, smoke and gases) ■ Artificial cold in food storage is also a serious problem 	Discomfort, heat stress, inability to concentrate, muscle cramps, heat exhaustion, weakness, headaches, heat stroke
Physically demanding work	<ul style="list-style-type: none"> ■ Long periods of standing in kitchens ■ Repetitive activities in kitchens such as chopping, washing dishes, stirring ■ Walking and carrying loads as a waiter, often aggravated by frequent climbing and descending stairs ■ Carrying heavy loads (beds and furniture for room personnel, bulk food packages for kitchen personnel) 	MSDs such as carpal tunnel syndrome, tendonitis, etc.



Physical work environment		
Risk	Description	Health outcomes
Contact with dangerous substances	<ul style="list-style-type: none"> Workers can be exposed to potentially dangerous chemicals such as oven and floor cleaners, disinfectants, soaps and detergents, pesticides Dermatitis, as a result of extensive wet work Skin allergies that result from contact with food, excessive water, cleaning agents and disinfectant materials Chambermaids face the risk of allergies and biological infections 	Eczema, infections, skin, eye and nose irritation, allergies, respiratory diseases
Equipment and technology	<ul style="list-style-type: none"> New equipment and technology is often beneficial in the hotel and restaurant sector. However, new problems may also arise, because of incorrect or clumsy handling of equipment, simplification of tasks and work content, and repetitive movements. 	Stress
Slips, trips and falls	<ul style="list-style-type: none"> Food spills on walkways, objects, slippery mats and coatings, insufficiently illuminated walkways, changes in floor levels, missing signs According to the US National Floor Safety Institute [1], wet or otherwise dangerous floors directly cause most slips and falls that occur in the foodservice industry. Inexperience affects the likelihood of a slip-and-fall, as does age. 	Accidents can cause sprains, broken limbs, injured necks and backs, cuts and bruises from falling, and injuries from falling onto or in machinery, or into deep fat fryers
Safety conditions	<ul style="list-style-type: none"> Sharp objects and working with hot substances and materials among kitchen personnel Risks for waiters and kitchen personnel are related to the physical environment of organisations and include differences in floor levels, stairs, and deficiencies regarding canopy roofing over loading bays and goods entrances Injuries are also common among chambermaids cleaning up broken glass etc. Employees who have to return home late at night after work may face additional safety risks 	Cuts, limbs caught in moving parts, electric shock, lacerations and needle stick injuries
Smoking, alcohol consumption	<ul style="list-style-type: none"> These substances are part of the hospitality service. People have easy access to these materials. Passive smoking is particularly a problem for employees working in nightclubs, cafés, bars and discotheques 	Irritant and respiratory symptoms, lower life expectancy

(1) *Safer surfaces to walk on, reducing the risk of slipping*, J. Carpenter et al., Ciria 2006, http://www.ciria.org/downloads/01/c652_restricted_access.pdf



Risk	Work organisation	
	Description	Health outcomes
Violence, harassment and discrimination	<ul style="list-style-type: none"> Violence and harassment from customers, added to that from colleagues and superiors, is a significant risk factor in the hotel and restaurant sector. Employees who have contact with clients need to stay friendly and calm, which is not always easy in these situations. Contact with the public is especially related to violence, aggression and discrimination for employees working in pubs, discotheques, nightclubs and bars. In this case, it often involves members of the public who have drunk too much. Staff working in food takeaway outlets also faces the risk of violence and abuse from the public Risk factors for doormen include violence or the threat of violence. 	<p>Physical violence includes kicking, pushing, burning someone with hot equipment or food, and throwing objects.</p> <p>Unwanted sexual attention</p>
High workload and stress	<ul style="list-style-type: none"> Continuous customer contact Complexity of certain tasks requiring high concentration levels Workload rises at peak hours and is dependent on customer behaviour Lack of replacement of sick colleagues, which in turn leads to more work for the remaining staff Complaints also result from working additional hours and working with difficult clients 	<p>Workers in the Horeca sector report more than average headaches, stress and fear</p> <p>Impaired work-life balance</p> <p>Depression, increased absenteeism</p>
Organisation, management and working climate	<ul style="list-style-type: none"> Employees often have to perform more than one task, and tasks may be different depending on the time of the day. However, performing more than one task may also expose employees to strenuous work, and to a higher probability of injury due to lack of specific training and professional specialisation Sometimes, employees in the sector feel squeezed between demanding employers and clients Typical of the work organisation in the sector are the peak periods, which put an amount of work pressure on the worker 	



Work organisation		
Risk	Description	Health outcomes
Autonomy and control	<ul style="list-style-type: none"> Problems related to control in and over work, checks by superiors, no time for breaks, uncertainty about the finishing time of the work, and lack of communication are practically inherent in the hotel and restaurant sector Employees report a low degree of influence over their own work and also experience low predictability of work Monotonous work and work without creativity and initiative is widespread in the sector, though this depends on the type of work and organisation 	
Training, learning opportunities	<ul style="list-style-type: none"> Much work tends to be of an unskilled nature Concern also relates to non-completion of training courses Limited structured career development 	

Working time and precarious work		
Risk	Description	Health outcomes
Part time contracts, casual and precarious work	<ul style="list-style-type: none"> In many countries there is a high share of part time work, casual and seasonal work in the sector 	Lack of work-life balance, no control over working time, reduced psychosocial and physical well-being



4.

EUROPEAN AND NATIONAL POLICIES BY TOPIC



The aim of this section is to examine policy initiatives undertaken to reduce the risk to workers' health and safety at European, national, regional, local and sector levels, providing a representative coverage of activities across the EU and identifying success factors. These also include guides, actions and strategies, including action taken by social partners (e.g. through voluntary agreements).

The policy examples described are based on a representative survey of the Topic Centre Work Environment. For the survey at least eight institutions in each EU Member State were contacted via mail. The contacted institutions consisted of accident insurers, Horeca sector associations, trade unions, employer federations and OSH research institutions of each country. Where a successful contact could be established representatives of the different organisations were interviewed via telephone. However, despite all efforts, a complete response rate could not be achieved. Accordingly this is neither a complete list of actions of all countries, nor within the Member States are these the only relevant actions and policies in place.

4.1. EUROPEAN POLICIES

All workers are protected by the framework Directive (89/391/EEC). The directive's basic principle is risk prevention which requires risk assessment by the responsible employer, and imposes a general duty on employers to ensure the health and safety of all employees. <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:31989L0391:EN:HTML>

The seven main points of the directive are the following.

- Employers shall ensure that an assessment is made of the risks to the health and safety of workers.
- They shall put in place the necessary preventive measures.
- They shall ensure that the workers and/or their representatives receive the necessary information, in particular on health and safety risks, preventive measures, first aid, and fire-fighting.
- They shall ensure that each worker receives adequate and job-specific health and safety training.
- They shall consult workers and/or their representatives and allow them to take part in discussions on all questions relating to health and safety at work.
- Each worker is obliged to take care as far as possible of his/her own health and safety and to make correct use of machinery, tools, dangerous substances, personal protective equipment, etc.
- The improvement of workers' safety, hygiene and health at work is an objective which must not be subordinated to purely economic considerations.

The framework directive is supplemented by individual directives to cover the health and safety requirements of employees:

- minimum requirements for the workplace (89/654/EEC);
- use of work equipment (89/655/ECC);



- manual handling of loads (90/269/EEC);
- display screen equipment (90/270/EEC);
- use of personal protective equipment (89/656/EEC)
(<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:31989L0656:EN:HTML>);
- exposure to biological agents (2000/54/EC)
(http://bccm.belspo.be/about/mucl_directive_200054EC.pdf);
- exposure to chemical agents (98/24/EC)
(http://eur-lex.europa.eu/LexUriServ/site/en/oj/1998/l_131/l_13119980505en00110023.pdf);
- minimum health and safety requirements regarding the exposure to the risks arising from physical agents (noise) (2003/10/EC);
- hygiene of foodstuffs (852/2004/EC)
http://eur-lex.europa.eu/LexUriServ/site/en/oj/2004/l_226/l_22620040625en00030021.pdf
- specific hygiene rules for food of animal origin (853/2004/EC)
(http://eur-lex.europa.eu/LexUriServ/site/en/oj/2004/l_226/l_22620040625en00220082.pdf)

4.1.1. Legislation and steps taken to support the implementation of the EU directives

Directive 89/391/EEC introduced employer responsibility, prevention, information, training, consultation and participation of workers. Directive 89/391/EEC and Directives 89/654/EEC, 89/655/EEC, 89/656/EEC, 90/269/EEC and 90/270/EEC led to the rationalisation and simplification of the national legislative corpora. Transposal of these directives obliged the Member States to switch from legislation which was often based on remedial principles to a preventive approach based on individual behaviour and organisational structures.

Although measures at national (action plans and awareness-raising campaigns) and European (through the European Agency for Safety and Health at Work) have contributed greatly to better understanding of the new legislation and better awareness by employers and workers alike of their rights and obligations, the impact of these measures varies depending on the economic players to whom they apply. While things run smoothly from this point of view in bigger companies, this is not the case in small and medium-sized enterprises (SMEs), where a great effort is needed.

As has been shown, more than 90 % of the enterprises in the Horeca sector employ fewer than 10 people, and 99 % of enterprises have fewer than 50 employees.

Analyses show that there are major shortcomings in complying with essential elements of EU health and safety legislation in SMEs, in particular as regards risk assessment, workers' participation and training, and in the traditionally high-risk sectors of agriculture and construction. These shortcomings stem primarily from:

- lack of information and specific (targeted information distributed locally) and comprehensible guidelines;
- poor capacity and skills in terms of health and safety;
- lack of resources to ensure appropriate basic training of the workforce and managers;
- poor access to effective, specific and specialised technical assistance (?).

(?) European Communities, 1995–2006



Regarding statements and agreements by social partners at the EU level, in December 2004, the social partners in the hotels and restaurants sector signed a joint document on corporate social responsibility (CSR), covering areas such as equality, working conditions, pay, training, health and safety, and restructuring.

On 10 December 2004, the European Federation of Food, Agriculture and Tourism Trade Unions (EFFAT) and the Confederation of National Associations of Hotels, Restaurants, Cafés and Similar Establishments in the EU and EEA (Hotrec), for employers, signed a joint document entitled 'An initiative to improve corporate social responsibility (CSR) in the hospitality sector'.

The document covers the following areas.

- Equal opportunities and non-discrimination: enterprises should develop policies to cover recruitment, pay, promotion, training and termination of contract.
- Working conditions and work organisation: practices such as 'job-splitting', flexitime and other forms of work life balance should be encouraged. Further, enterprises should seek to re-employ seasonal employees from one season to the next in order to ensure stability and continuity.
- Fair pay: the principle of non-discrimination should apply to pay at all levels, and non-financial incentives that have a financial and 'family-friendly' impact, such as the organisation of day care for children, should be considered.
- Vocational and continuous training and life-long learning: training should enhance the 'professionalisation' and employability of employees. Enterprises should offer more apprenticeships and traineeships where this is economically and socially feasible.
- Health and safety: policies in this area should be drawn up by enterprises, in discussion with employees, and specific programmes that are aimed at tackling health and safety problems that are specific to the sector should be developed.
- Restructuring: employees and their representatives should be kept aware on a regular basis of the situation of their company, and informed and consulted on planned restructuring exercises in good time, so as to avoid or at least limit any negative consequences for employment.
- The relationship between the social partners in the hotels and restaurant sector: the signatory parties note that there has been a social dialogue at EU level in this sector since 1987, resulting in a range of texts (EU0407202N). They state that they hope to continue and develop this dialogue.

4.1.2. Examples of steps taken to support the implementation of concrete EU directives in specific Member States

Le plan collectif de mise en conformité des machines dans l'industrie hôtelière, France (Collective plan for the compliance of machines in the hotel sector)

This plan is based on Directive 89/655 of 30/11/1989 (transposed into French legislation by two decrees Nos 93-40 and 93-41 of 11 January 1993, code du travail, art. R 233-14 and following and R 233-1 and following).

In order to help hotel companies to comply with the legal safety measures for machines, a plan was set up in collaboration between the Ministry of Work, Social Dialogue and Participation and the Confédération générale de l'alimentation en détail (General Confederation of Retail Foodstuffs). A step-by-step priority management plan was distributed, together with a checklist for companies to verify whether their machinery



was compliant with the safety legislation. If the response was negative, solutions were provided to adapt the machines ⁽³⁾.

Safety check for catering establishments, Luxembourg

Assessment of occupational health and safety risks in the selection of work equipment, chemical substances or preparations and in the layout of workplaces.

Framework Directive 89/391/EEC of 12 June 1989 on health and safety at work requires employers to produce an assessment of the health and safety risks in the workplace.

Small firms in particular usually find it difficult to comply. The 'safety check' leaflet provides firms with a practical aid to carrying out the risk analysis. It is intended to be used as a model and was produced with assistance from the Berufsgenossenschaftliches Institut für Arbeitssicherheit (BGIA, Germany), and in cooperation with the European Commission.

OSH-POLICIES IN DIFFERENT MEMBER STATES

4.2.

4.2.1. Austria

Sector-specific risk assessment tools

There is no sector-specific regulation in Austria. However, to provide information and checklists for the obligatory risk assessment, the Austrian Social Insurance for Occupational Risks (AUVA), the Austrian Federal Economic Chamber (WKO), the Association of the Safety Representatives, the Federation of Austrian Industry (IV) and the Austrian Trade Union (ÖGB) have made available documents for a proper accomplishment of the risk assessment on their website (www.eval.at).

They provide specific risk-assessment documents for many different sectors, for hotels as well as for restaurants. There, the documents are specifically adapted to the features of different work places and activities. Thus, there are specific documents for work places, dealing with things such as:

- cutting machines
- workstations
- dishwashers
- ironing presses
- manual handling

⁽³⁾ See: http://www.synhorcat.com/IMG/pdf/Plan_collectif_de_mise_en_conformite_des_machines_dans_l_industrie_hoteliere.pdf



- deep fat fryers
- passing machines
- cookers
- dispensing equipment.

4.2.2. Belgium

General legislation

In Belgium, there are no specific provisions for the sector regarding occupational health and safety.

The only legal obligations that specifically apply to hotels and restaurants are those regarding food hygiene. The required measures are designed from a public health point of view and aim more at consumer protection than protection of the workers, but they have without any doubt a beneficial impact on the working conditions in the sector. European and Belgian regulations have been completed by a HACCP guide on hygiene, the Royal Decree of 7.2.1997 on the hygiene of foodstuffs (OG 25.4.1997) and general rules of hygiene for foodstuffs.

The smoking ban, from which the hotels and restaurants were excluded before, came into force in the hotels and restaurants sector starting from January 2007.

There are certain social provisions for the sector. These include general provisions for all sectors on night work and non-discrimination against part-time workers, and for night work and employment on Sundays or holidays for young workers in the hotels and restaurant sector.

Collective work agreements (CWA), drawn up for the hotels and restaurants sector, also have an impact on health and wellbeing of workers. They include derogations that are often more advantageous than those of the general framework. They apply to the whole sector, or to one or more branches.

The recommendation of the National Joint Committee on the introduction of new workers in the hotels and restaurants sectors is that information provided for new workers should include working conditions, hygiene and occupational safety.

Besides that, a covenant, renewed every one or two years, between the Flemish government and the social partners in the sector, was concluded in 2002. Most of the measures are targeted at increasing the level and quality of employment in the sector, but there are also measures on non-discrimination and improvement of the diversity of staff, lifelong learning and work-life balance ⁽⁴⁾.

In addition, there are several actions and programmes concerning health and safety in the Horeca sector:

The Ministry of Employment and Labour has produced a safety guide for the hotels and restaurants sector, aimed at the improvement of working conditions and including practical guidelines on the prevention of fire, on electricity, the risk of falling, working with machinery, protection against burning, measures for good air quality in the workplace, sanitary installations, clothing, etc.

The Centrum voor vorming en vervolmaking in de Horecasector (Centrum Horeca – Centre for education and training in the hotels and restaurants sector), which is part of

⁽⁴⁾ See also <http://www.Horecanet.be/Horecavorming/default2.asp?w=opleidingen.asp>



the social fund for the hotels and restaurants sector, provides education and training for different target and risk groups and develops specific training material. Every course has a well-defined target group. The sessions are available all over the country in order to optimise participation and minimise the distance and the time expenditure for the participant. The centre offers different courses ranging from quality control and improvement to human resources, professional know-how and OSH. OSH themes include, for example, fire prevention, working with cleaning agents, ergonomics, first aid, how to handle difficult or aggressive customers, stress, diversity at work, and work-life balance.

Guidea is a Flemish knowledge centre on tourism and the hotels and restaurants sector. It gives advice to employers, employees and professionals in the sector. It also provides information, brochures, tools and courses on diverse topics such as corporate organisation, occupational health and safety corporate economics, marketing and communication, and HRM. The sector finances this initiative through Centrum Horeca and Toerisme Vlaanderen (Tourist Office of Flanders).

<http://www.guidea.be>

SERV (Sociaal-economisch raad Vlaanderen) provides sector profiles in cooperation with organisations in the sector (Federatie Horeca, Centrum Horeca, Cevora). The research is carried out in collaboration with different partners (Social Fund Horeca, European Social Fund, the VIONA-programme, the Flemish Ministry of Employment and several partners from the sector, e.g. Federatie Horeca Vlaanderen). The objective of the sector profiles is to map the necessary competences and educational needs of the sector in order to anticipate the changing context on the corporate and sector level. The aim of the project is to attain a coordinated approach and a uniform result that can serve multiple purposes and users. It also includes recommendations on health and safety for different job functions.

<http://www.serv.be> (Roskams and Hermans, 2003)

The action group RookVrij v.z.w. – Vereniging voor een rookvrije leefomgeving has striven over the years for a smoke-free hotels and restaurants sector. Their efforts are directed towards protecting the public visiting restaurants and bars as well as towards providing employees with a smoke-free work place.

Prevention et Interim is the central prevention service for the temporary employment agency sector. In this sector, many workers are employed in hotels and restaurants. The main target of the prevention service is to reduce the number of accidents in the sector through awareness-raising on health and safety issues and presenting practical prevention measures to improve wellbeing among the workers. The centre provides training packages, brochures and information sheets. The hotels and restaurant package contains a technical sheet with the main tasks, risks and prevention measures for workers, and prevention information sheets on the use of specific tools and instruments, personal hygiene, HACCP, ergonomics, etc.

<http://www.p-i.be/p/AB30029B1E1DC819C12570EB00310A6D?open>

<http://www.p-i.be/p/608D75DBA2C35B56C1256D090054CFAF>

In 2001, there was a project supported by the European Agency for Safety and Health at Work, called Switch: innovative tools for the catering and hotel industry. In this project (run with the cooperation of the Netherlands, Belgium and Germany), a prevention concept for small enterprises in the catering trade was developed. The aim was to reduce accident risks and simultaneously minimise health risks in small and medium-sized enterprises. The long-term objective was to prove the economic efficiency and competitiveness of these service companies. It was intended to create networks with the assistance of institutions that play an important role in qualification



and prevention in order to benefit from the resulting synergy effects. The project partners were union organisations, vocational schools and institutes of occupational health and safety, situated in the three countries' national health services. The contact institution was the German statutory accident insurance and prevention institution for the Horeca and the foodstuff industry, Berufsgenossenschaft Nahrungsmittel. und Gaststätten.

Workshops Federatie Horeca organised, in cooperation with Unizo and Prevent, 12 workshops in several regions of Flanders. The subjects covered were: safety and prevention in the kitchen, safety and prevention in the restaurant and ergonomic aspects of kitchens and restaurants. The target groups were schools and employers in SMEs. The sessions were completely free and were widely announced. Opportunities for advanced training in the field of occupational health and safety were offered to specific target groups who act as champions, particularly entrepreneurs and their wives, trainees, and other employees, as well as company trainers and teachers. The sector-specific orientation of the seminars, imparting practical advice, clearly shows the special benefits that health and safety can have on the quality and competitiveness of small enterprises. Integrating the subjects of occupational health and safety into professional training emphasises their positive effect in terms of productivity and product quality. The catering trade traditionally operates on an international level. Cross-border exchange of personnel takes place between Belgium, the Netherlands and Germany. With the aim of providing optimum service with regard to occupational health and safety issues and to minimise the time expenditure for employees in small and medium-sized enterprises, cooperation between hospital and accident insurance institutions is envisaged, offering cross-border consulting services (Roskams and Hermans, 2003).

4.2.3. Cyprus

Guideline of the Ministry of Labour

In Cyprus, the Labour Inspectorate of the Ministry of Labour has published a short guideline on managing OSH in hotels. The guide is in Greek and it is addressed to employers. It contains general information about risk assessment and basic risks. Then it identifies specific risks in hotels such as legionella, cuts and burns, violence from clients, fire risks, etc. Finally, it has a table with basic risks and prevention measures for each work area in hotels, namely the kitchen, rooms, restaurant, bar, outdoors, etc. The guideline can be found on the Cypriot Labour Inspectorate's website:

[http://www.mlsi.gov.cy/mlsi/dli/dli.nsf/All/5DEC8637D09A795CC22570420034FB38/\\$file/XENODOXEIA.pdf](http://www.mlsi.gov.cy/mlsi/dli/dli.nsf/All/5DEC8637D09A795CC22570420034FB38/$file/XENODOXEIA.pdf)

Agreement between the sectoral social partners

There is also an agreement affecting employees, which was signed by the sectoral social partners: the Union of Hotel and Recreational Establishment Employees of Cyprus (SYXKA-PEO), which is affiliated to the Pancyprian Federation of Labour (PEO), and the Federation of Hotel Industry Employees (OUXEB-SEK), affiliated to the Cyprus Workers' Confederation (SEK), which represents employees, the Pancyprian Association of Hoteliers (PASYXE), and the Association of Cyprus Tourist Enterprises (STEK), representing employers. The agreement's most important provisions regarding non-pay issues are those pertaining to workplace health and safety and the inclusion of new occupations in pay scales. With regard to health and safety, the unions' demand for the immediate establishment and operation of health and safety committees in all hotels, based on the provisions of current legislation, was accepted.



The agreement can be found on the website of the European industrial relations observatory, the Eurofound for the Improvement of Living and Working Conditions: <http://www.eiro.eurofound.eu.int/2004/10/inbrief/cy0410101n.html>

The recommendations for prevention in the guideline include the immediate establishment and operation of health and safety committees in all hotels, based on the provisions of current legislation.

4.2.4. Czech Republic

According to the Ministry of Health, the Czech Republic does not have any special law regarding the issue of protection of employees at work that is specifically focused on work in hotels, restaurants and catering. Work in canteens and their supportive premises, as well as the work of chambermaids, barmen, and waiters, are covered by occupational health laws.

Additionally, there is a non-governmental policy. The main non-governmental organisations active in this field are trade unions, namely the Czech-Moravian Trade Union in the hotel and catering industry and tourist trade. The programme and goals of the union are available at <http://www.phcr.cz/dokum.html>. The document also deals with the issue of occupational health and safety.

Furthermore, for all sectors, the Centre of Industrial Hygiene and Occupational Diseases offers, according to its website at <http://www.zupu.cz/>

- measurement and examination of living and working conditions and biological materials;
- physical examination to safeguard occupational health;
- participation in public health protection and promotional programmes with local and regional authorities and institutions;
- education of the public on protection and promotion of health, including the organisation of public courses, information campaigns and clinics;
- collection and analysis of epidemiological data to prevent the spreading of infectious diseases as well as to prevent workplace hazards and drug abuse;
- cooperation with the National Institute of Public Health, other regional Public Health Institutes and Offices and medical facilities;
- to put data into informational systems for statistical and scientific purposes.

4.2.5. Denmark

In Denmark, there are no specific laws or regulations on occupational safety and health for the Horeca sector. The Danish Work Environment Authority (Arbedstilsynet) provides a legislative and governmental platform and inspects and guides workplaces on work environment issues. It also participated in the preparation of instructions and regulation on these issues. For the Horeca sector it provides some checklists, guidelines and recommendations concerning various risks and hazards in the sector.

There is also the BAR-Service (Branche Arbejdsmiljøråd), a cooperative organisation of the social partners in the Horeca, cleaning and laundry workers, police, guarding services, hair dressers and entertainment sectors, which provides information on work environment. The BAR-Service maps out the special health and safety problems in the sectors it represents and helps the enterprises to solve them through information, seminars, thematic meetings, education and by proposing research.



For example, it provides information for Horeca concerning risk assessment and checklists in different workplaces and on specific subjects, such as kitchens, doormen, mental stress and strain, fire protection in hotels, etc.

The BAR-Service has been in operation since 1999, and has an annual budget of five million Danish Krone, which is provided through accident insurance fees collected from the members of the related unions and associations.

4.2.6. Finland

In Finland there is statutory occupational accident insurance, which covers all employees who work at least 12 days a year. The insurance covers unexpected and sudden external events, which cause injury or illness to an employee as well as occupational diseases and certain slowly developing injuries. The compensation covers medical and rehabilitation costs to their full amount, as well as examinations necessary to establish whether the disease or injury is related to work.

There are no specific laws on OSH targeted at the Horeca sector, but new provision of the tobacco laws have concerned mainly the protection of the restaurant workers.

Occupational health and safety administration is the responsibility of the Department of Occupational Safety and Health at the Ministry of Social Affairs and Health. The country is covered by eight Occupational Safety and Health Inspectorates. Inspections are carried out annually on about 30 000 workplaces out of the 240 000 workplaces in the country. The inspectorates' actions have been focused on hotels and restaurants as decided by the Ministry of Social Affairs and Health. Hotels and restaurants have been one of the target groups because of the accidents, violence and occupational disease risks associated with them. They have also been inspected more often due to the policing of the Finnish Foreign laws in relation to grey and black economic activity. More resources have been allocated to inspections in this sector, enabling inspections to reach about 21 % of enterprises in 2004–2006.

Actions focus particularly on prevention of noise exposure, protection against ETS exposure, and reducing the threat of violence from customers and improper management of working hours.

Concerning noise protection for employees, a code of conduct has been prepared in cooperation with stakeholders in the entertainment sector and experts at the Ministry and at the Finnish Institute of Occupational Health (FIOH), which is entitled to state subsidies. There is also a Finnish Code of Practice relating to noise exposure of Horeca staff serving in the music and entertainment sector (see the noise in the entertainment sector report).

Apart from research concerning exposure to noise, the FIOH's other research fields include ergonomics, work organisational factors and heat exposure.

OSH governance has set the general goals for action in 2007 that apply also to Horeca. FIOH has, in cooperation with OSH governance, prepared checklists for risk identification and assessment in the Horeca sector. Additionally, both FIOH and the Centre for OS have published the following guidance and information for the sector.

- The guide for violence prevention from the Centre of OS (ehkäise ennalta, vältä väkivaltaa).
- The code of conduct for noise abatement and noise risk assessment for the entertainment sector (to be published in 2007).
- Guidance on the smoking prohibition in restaurants from the National Product Control Agency for Welfare and Health, which is the central coordinating body for



the Tobacco Control Act (it also guides the Inspectorates both for OSH and municipal and regional monitoring of environmental health) at:
http://www.sttv.fi/ylo/tupakka_frameset.htm

- Safety checklists from FIOH at http://www.ttl.fi/NR/rdonlyres/A163CDBE-2287-487D-988C-9DB959A0CC99/0/hotellit_ja_ravintolat.pdf (for hotels and restaurants) and http://www.ttl.fi/NR/rdonlyres/EAF53D15-8349-4213-B9F0-A619A0E59727/0/ravintolat_ja_suurkeittiot.pdf (for restaurants and catering).
- Further guidance on ETS exposure and its prevention in workplaces and on shift work can be found on the FIOH website <http://ttl.fi>

This information is mainly disseminated through the Internet, through personal communication in inspections, and through guidebooks. The main target group was employers in the Horeca sector.

4.2.7. France

General legislation

France has transposed and ratified the European directives into national legislation.

Working time in hotels and restaurants

In some professional sectors such as hotels and restaurants, a specific regulation applies to working time. This is called a 'régime d'équivalence'. This means that an employee's presence at work for a certain time (e.g. 38 hours) is equivalent to the legal working time (35 hours). The overtime hours are deducted from this equivalent working time. This equivalent working time has to be introduced by decree.
<http://epmtth.org/employeur/journal7.htm>

Collective work agreements for the Horeca sector

Different collective working agreements (convention collectives de travail) exist for the sector: e.g. hotels and restaurants, hotels, cafés, restaurants, tourism, hotels with three, four, five stars, luxury hotels, canteens, etc.
<http://www.cncorg.com/conventions/listenumconventions.php>

They lay down the specific social provisions for the sector such as working time, night work, leave and holidays, the regulations concerning working conditions and food and accommodation for staff (healthy food, suitable and healthy accommodation if relevant), working uniforms and equipment, and concerning occupational accidents and diseases, etc. Depending on the region there can be extensions and alterations ^(?).

The Anti-tobacco Law (loi No 91-32 du 10 janvier 1991, called loi 'Evin' and the provisions of articles R. 3511-1 à R.3511-13 of the Code de la santé publique')

The objective is to protect workers from passive smoking but also from risks such as fire and explosions. It contains strict hygiene and safety measures for the workplace. It is forbidden to smoke in all covered or 'closed' places that are used as a working place by all employees (reception desks, catering establishments, meeting and training facilities, rest rooms). It may be tolerated in individual offices. In cafes and restaurants the prohibition of smoking is aimed at workers as well as customers.

^(?) See <http://cncorg.com>



Comité d'hygiène, de sécurité, des conditions de travail

A committee for occupational hygiene, health and safety has to be present in companies that have at least 50 employees. They watch over OSH for all workers in the company, contribute to improving working conditions, and raise the alarm in case of imminent danger.

http://www.synhorcat.com/article.php3?id_article=92

Le plan collectif de mise en conformité des machines dans l'industrie hôtelière

(Collective plan for the compliance of machines in the hotel sector)

This plan is based on the European Directive 89/655 of 30/11/1989 (transposed into French legislation by two decrees No 93-40 and 93-41 of 11 January 1993, code du travail, art. R 233-14 and following and R 233-1 and following). In order to help hotel companies comply with the legal safety measures for machines, a plan was set up in collaboration between the Ministry of Work, the social partners and the Confédération générale de l'alimentation en détail (General Confederation of Retail Foodstuffs). A step-by-step priority management plan was distributed to the companies. A checklist was distributed for companies to verify whether their machinery was compliant with the safety legislation. If the response was negative, solutions were provided to adapt the machines.

http://www.synhorcat.com/IMG/pdf/Plan_collectif_de_mise_en_conformite_des_machines_dans_l_industrie_hoteliere.pdf

SYNhorcat (Syndicat National des Hôteliers Restaurateurs, Cafetiers, Traiteurs (trade association for hotel, restaurant, cafés and catering professionals) also provides training and consultancy on legislative issues (health and safety, social provision for employees, etc.) and several kinds of information to help companies meet their OSH obligations (e.g. cleaning and disinfection plan, checklist for the reception of new workers, fire safety).

http://www.synhorcat.com/IMG/pdf/Plan_de_nettoyage_et_de_desinfection-2.pdf
<http://www.synhorcat.com/>

Working and living conditions of seasonal workers

In February 2000, France's Secretary of State for Tourism launched an action programme to improve the working and living conditions of seasonal workers working in tourism (most of them work in the hotels and restaurants sector). The programme included 15 measures, and was inspired by the 31 recommendations put forward by the 1999 Le Pors report on seasonal employment. The plan's aim was to improve housing conditions for seasonal workers, to provide better information for seasonal workers on their rights, to facilitate access to employment-related health check-ups, to enable workers with several jobs to pay into a single social security fund, and finally, to strengthen vocational training during the low season (Le Pors, 1999).

<http://www.tourisme.gouv.fr/fr/navd/mediatheque/publication/economie/att00006306/rapcomplet.pdf>

Seasonal workers: organisation of social dialogue on a local level

In order to improve the working conditions of seasonal workers, the local director of work of Haute-Savoie (Direction départementale du travail de Haute-Savoie) launched a social dialogue. The aim was to combine the efforts of the social partners of the department of Haute-Savoie and the local hotels and restaurants' representatives in order to introduce delegates at tourist sites.



Winter sport centres have 3 500 employees during winter. These employees are contracted mostly in SMEs that generally do not have any trade union representatives. The working conditions are mostly very difficult for seasonal workers. In the past, employers also complained that it was hard to find qualified and motivated staff. The contracted employees brought attention to the increase in social problems among seasonal workers and an increased intake of alcohol and drugs, leading to important health and safety risks and even to suicide. In order to establish a social dialogue in this region, the trade unions have installed local representatives that can deal with these problems during the winter season. A basic text has been developed defining the role, status, necessary means and the protection of employees.

Evaluation

Putting the delegates in place was complex: there was no precedent, and it took almost three years to draw up a memorandum of understanding regarding the creation of a joint committee between the social partners. There were also conflicts of interest between the different levels of consultation (at local and department level). However, the lesson learned is that the local social dialogue is pertinent if it meets a real need in the field and on condition that the local employers' organisation is supportive of the project.

(ANACT— <http://www.anact.fr>)

In-company training for Horeca – Asforest

(Organisme de formation des métiers de l'hôtellerie et de la restauration.)

This organisation provides in-company training and internships for Horeca. Although its activities are mostly aimed at technical schooling and management issues, aspects of hygiene, and health and safety are also included in some of the training (e.g. efficient work organisation, manual handling and slips and trips).

<http://www.synhorcat.com/asforest/>

The INRS (l'Institut National de Recherche et de Sécurité) provides publications covering the implementation of OSH in specific sub-sectors and jobs, such as:

- Work as room maids
- Work in fast-food restaurants
- Delivery of food and drink
- Work in 'traditional' restaurants

The INRS also provides advice regarding specific social issues in the sector such as aggression and violence, mobbing, psychosocial issues, etc.

In addition, the Institute provides legislative, methodological and public health information concerning the sector for occupational physicians as well as seminars on different OSH subjects. In May 2006 it organised a workshop on current thinking on OSH problems in the sector and how to prevent them. The target audience was professionals in the sector.

Preventive services on health and safety across all sectors are provided by the **Caisse régionale d'assurance-maladie**. In addition to undertaking health and safety inspections of companies, the Caisse régionale d'assurance-maladie provides advice on how to avoid occupational risks, and general information to increase awareness of health and safety issues. It also promotes good practice within organisations. For example, Cramif (Caisse régionale d'assurance maladie d'Île-de-France, <http://www.cramif.fr>) offers services to companies, individuals and health professionals. It also makes contributions in case of occupational disease. The prevention part of their actions includes training on



risks in Horeca. The target audiences are employers, employees, prevention officers, occupational physicians and ergonomists. The aim is to provide — starting with the most important problems in the sector (such as accidents and manual handling) — the ground rules for a risk evaluation in the hotels and restaurants sector in order to attain a suitable level of prevention.

4.2.8. Germany

In Germany, the most important legal basis for the prevention of occupational accidents and diseases and work-related health hazards is provided by Part VII of the Code of Social Law (Sozialgesetzbuch Teil VII), describing the duties of the accident insurance institutions, which is one part of the German social insurance system. Their job is to ensure, by all appropriate means, that occupational accidents and diseases and work-related hazards are prevented and that effective first aid is available. For the purpose of performing these tasks, insurers must advise and consult with both employers and insured persons. In addition, insurers are also obliged to supervise the implementation of accident prevention measures. Their duties further extend to the fields of research, education and training and the creation and distribution of motivational media presentations. Another legal basis is provided by the accident prevention regulations enacted by the accident insurers themselves.

The statutory accident insurance and prevention institutions (Berufsgenossenschaften) in Germany are branch-oriented. It is in the **Berufsgenossenschaft Nahrungsmittel und Gaststätten (BGN)** that the Horeca sector (apart from the foodstuff industry) is insured. The BGN deals with over 400 000 enterprises with about three million insured persons, of which 350 000 are small companies, and 292 000 firms with two million insured persons belonging to the Horeca sector. All employees and trainees are compulsorily insured by way of the statutory accident insurance. This is exclusively financed through contributions from employers, and is contribution-free for all employees.

Tasks

The tasks of the BGN as a statutory accident insurance institution comprise: prevention of occupational accidents, occupational disease and work-related health hazards; provision of medical treatment or services; reintegration of the insured into working and community life; and compensation in the form of cash benefits (and pensions).

Measures

For the purpose of preventing occupational accidents and diseases and work-related hazards, the following services are provided.

- Advising and supporting employers and insured persons in embracing aspects of technical safety, occupational medicine and organisation.
- Investigation of possible causes of occupational accidents and disease or work-related health hazards, and integrating the results in future prevention work.
- Providing occupational and safety-related medical support.
- Supervision of the operational measures taken to prevent occupational accidents, diseases and work-related health hazards.
- Providing training: the BGN trains and qualifies various target groups in matters of occupational health and safety protection, for example employers and managers, health and safety specialists, safety delegates or teachers, trainers and trainees. The seminars are always practice-oriented and especially developed for the target group. For example, for the Horeca sector there are topics such as 'Health and safety in



kitchens', 'Hygiene and HACCP in Horeca', 'Fire protection in hotels', 'Safety and health for executives', 'Skin protection', 'Coping with mental stress', 'Successful handling of customer complaints', 'Communication for cooks', 'Time management and organisation in the Horeca', etc.

- Providing information material such as teaching units, audiovisual media, magazines and brochures, signs, etc.
- Providing accident prevention regulations, which help simplify the practical implementation of governmental orders.
- Providing certification to support manufacturers, traders and operators of technical facilities ('GS mark').
- Carrying out research and development addressing practice-oriented problems such as displacement ventilation in kitchens.
- Providing information and communication, for example through campaigns such as 'Step safely' (2003-2005) or the new campaign 'Mach mit — Haut fit' (2007/2008) in the framework of the skin-prevention campaign, launched by both statutory accident and health insurance institutions, which aims to prevent occupational skin diseases. For this purpose, the BGN intensified its already existing media, qualification and information offers.

Characteristic of the German social insurance system is the self-administration principle: the organisation, rendering and financing of the services of the BGN lies in the hands of autonomous administrations supported by the social partners. Employers and employees are represented equally on their boards. The result is an efficient structure with sector-specific and demand-oriented services.

The regional OSH programmes of BGN

One special offer for small and medium-sized enterprises are the BGN's Regionalen Arbeitsschutzprogramme (regional OSH programmes). In 12 regions the BGN has established networks consisting of institutions which represent the interests of enterprises such as the Deutsche Hotel- und Gaststättenverband (Dehoga) or which play an important role in the field of qualification and prevention, such as the health insurance institution Allgemeine Ortskrankenkassen (AOK). Opportunities for advanced training in the field of occupational health and safety are offered to specific target groups which act as champions, in particular entrepreneurs and their wives, trainees, and other employees as well as company trainers and teachers.

These networks ensure the development of a participation, demand and practice-oriented information and training scheme which offers small enterprises in the Horeca sector sensible assistance in dealing with challenges concerning health and safety. The branch-specific nature of the seminars imparting practical advice clearly shows the special benefits that health and safety have for the quality and competitiveness of small enterprises. Integrating occupational health and safety into professional training emphasises the positive effect in terms of productivity and product quality. Thus, the uptake of the measures and offers is significantly increased. As well as being sent by letter to every enterprise in the different regions every year, the offers in the regions are presented at:

http://qualifizierung.portal.bgn.de/webcom/show_article.php/_c-545/_nr-2/_lkm-7103/i.html

Past initiatives

Switch: innovative tools for the catering and hotel industry – 2001

This proposed transnational project, which was supported financially by the European Agency for Safety and Health at the workplace, has already been mentioned in the description of policies in Belgium.



New media for small enterprises in the Horeca sector

Taking into account the often low levels of qualification among employers and employees in the Horeca sector, the BGN recently developed 'low-level' media: a portal referring to stress in the Horeca sector (www.gastronomie-stress.de), an audio CD entitled 'The emotional parachute' focusing on the topic of emotional competence, an educational game for trainees and a concept for a television programme for companies.

Integration of health and safety in vocational education

The ministries of education in Germany set the general curriculum for vocational education. The curricula in each sector have to observe the principles and measures of both accident prevention and health protection.

www.kmk.org/beruf/rlpl/rlplggb.pdf

4.2.9. Greece

The Hellenic Chamber of Hotels frequently informs its 9 000 members all over Greece, via e-mail and fax, regarding measures to prevent against legionnaires' disease, avian influenza, heat stroke, etc. The information is addressed to employees and customers. The information derives mainly from the Ministry of Health and Welfare, the National School of Public Health and Hellenic Centre for Infectious Diseases Control. The Chamber of Hotels reports that the OSH recommendations sent to the hotels are being followed by them.

4.2.10. Ireland

According to the Health and Safety Authority in Ireland, there are no initiatives currently underway for the sector. Some years ago, they produced a DVD/CD on manual handling in the sector funded by the agency.

There are several organisations in Ireland offering training and information concerning health and safety to various target groups.

One of these is the Irish Small and Medium Enterprises Association (ISME), an independent business organisation providing advisory services and training/development programmes for their members. They offer seminars such as 'Health and safety', 'Health and safety management', 'Time and stress management', 'Customer care', etc. with contents applying also to employers and employees in the Horeca sector.

A further organisation is the Small Firms Association (SFA), a national organisation exclusively representing the needs of small enterprises in Ireland, with over 8,000 member companies. The SFA provides OSH brochures and training courses specifically for small enterprises.

The **Irish Hotels Federation (IHF)**, the national hotel and guesthouse industry representing almost 1 000 hotels and guesthouses nationwide, provides practical guidelines to HACCP (such as 'Implementing Hazard Analysis') and other information concerning Health and Safety.

4.2.11. Luxembourg

There are no specific laws concerning health and safety in the Horeca sector.

However, there is certain legislation that are of a specific relevance for the Horeca sector:



Loi du 11 août 2006 relative à la lutte antitabac (Anti-tobacco Law)

This law stipulates that the employer is obliged to have a prevention plan to prevent passive smoking among employees. Smoking is forbidden in restaurants, teahouses and bakeries. It is also forbidden to smoke in bars where food is served between 12.00 and 14.00 and between 19.00 and 21.00. The law is mostly targeted at the general public and less to employees. It provides for:

- Protection of young workers (15–18 years old).
- Employment of young workers (adolescents) for no longer than eight hours a day and 40 hours a week.
- Resting times and breaks.
- Young workers being entitled to a paid break of at least ½ hour after four hours of work. In a period of seven days, they are entitled to a period of rest of two consecutive days.
- Work on Sundays with general legislation on young workers prohibiting their employment on Sundays and public holidays. However, the government authorities can grant permission on a case-by-case basis (and for a specified time period) for young workers in hotels, restaurants and cafés to work on Sundays and public holidays. (Law of 23.03.2001 concerning the protection of young workers, *Mémorial A*, No 40, 09.04.2001).
- Night shifts, with adolescents being prohibited to work during nights (from 22.00 until 6.00). In the context of continuous shifts and in the hotel and catering industry, young workers are allowed to work until 22.00. Exceptions for hotels and restaurants are possible if permitted by the Ministry of Employment (see 'Work on Sundays' above). In addition, young workers must not be employed for work that is disproportionately stressful physically or mentally, including 'piecework' or conveyor belt work where pay is governed by the speed of work.
- OSH measures for young workers with employers having to take measures to protect the health and safety of young workers. Every employer who employs a young worker must keep a record containing his personal data, the nature of the occupation, the amount of vacation he gets, working hours and dates of medical examinations.

Safety check for catering establishments

A specific safety check for catering establishments was also provided: small firms in particular find it difficult to comply with the framework Directive 89/391/EEC of 12 June 1989 on health and safety at work, which requires employers to make an assessment of the health and safety risks in the workplace. The safety check was produced with assistance from the Berufsgenossenschaftliches Institut für Arbeitssicherheit (Germany), and in cooperation with the European Commission. A field study at supra-regional level was conducted.

The evaluation showed that in Luxembourg, the booklet was well received by larger firms. The smaller firms (3–15 workers) found the checklist too elaborate and inconvenient, and did not have time to complete it on their own. Larger firms generally have a person responsible for safety and hygiene matters in house. Regular instruction and training is also given within the firm. According to the Handwerkskammer Trier a compulsory introduction of the safety checklist would improve general safety standards in the catering sector ⁽⁶⁾.

⁽⁶⁾ Source: 'Assessment of the safety check for catering establishments', Chambre des Métiers du Grand-Duché du Luxembourg, 1996



4.2.12. The Netherlands

Official policies from the government

In the Netherlands, there are no specific provisions for the sector regarding occupational safety and health. However, a general OSH Regulation applies to the hotels and restaurants.

The Working Hours Act provides standard norms for the maximum length of work days, work weeks, overtime, non-working time, breaks, shift work, on-call work, etc.

Since 1 January 2004 there has been a new smoking regulation that gives the employee the right to a smoke-free workplace. For the hotels and restaurants sector the application will go in phases until 31 December 2008. The sector strives every year for a gradually higher number of companies that are smoke free.

Collective work agreements and health and safety covenants

Most agreements in the collective work agreements (collectieve arbeidsovereenkomst – CAO) refer to the terms of employment and not to the quality of work itself. That is why specific covenants on health and safety at work were concluded to reduce exposure of employees to risky and unfavourable working conditions (the so-called Arboconvenanten), improving working conditions, curbing sick leave and reducing the number of cases of occupational disability. Covenants have been concluded on a sector-by-sector basis since 1999.

To begin with the current status is analysed and goals are determined for a period of two to four years. An action plan is developed, actioned and evaluated at the end (?). Safety & health covenants are agreements between employers' organisations, trade unions and the government.

There are collective agreements for the hotels and restaurants sector as well as for the catering sector. They lay down the specific rules for the sector on quality of work, safety, health and environment, covering things such as working conditions, the duty to designate a prevention officer within the company, to carry out risk analysis and to take the appropriate prevention measures.

In addition, there is a specific health and safety covenant for contract catering. Topics covered include work-related stress, physical work loads and absenteeism. Good practice examples and a manual for prevention officers on how to implement OSH policies are also available.

http://www.das-pas-lekker.nl/net-book.php?op=cms&pageid=68&pageid_up=60

Part of the collective agreement for the hotels and restaurant sector, as well as for the catering sector, involves guides providing job descriptions and tasks for every function in Horeca. A part of the sheet is dedicated to occupational health and safety risks that the employer must act upon.

One specific covenant is the covenant on work-related stress, 'Werkdruk Horeca', signed in 2000 by employers and employees as well as the Ministry of Social Affairs and Employment. The purpose was to decrease the number of stress complaints in hotels and restaurants by 10 % by 2004. The project (which is also included in the case study report) started with a pilot including eight companies in the hotels and restaurants sector. From this, a number of new measures and tools were created, such as the Quicksan Horeca. This led to a monitoring system to decrease pressure on workers.

(?) Ibid.



Various solutions were presented via a website (www.happyHoreca.nl) and a specific consultancy was set up. The actions were nationally accredited and framed in the Dutch legislation on working conditions. A standardised 'model' agreement (model contract) between companies and occupational health and safety services was developed, with statutory regulations regarding mandatory services for companies, and background information on optional services. The main goal of the model agreement is to help companies choose between different service packages.

The project has now finished for the hotels and restaurants sector, although the social partners continued working together. See <http://www.arboportaal.nl>.

Another covenant was concluded for the contract-catering sub-sector. It was valid for the period October 2001–July 2004. The covenant was concluded between Veneca, FNV Horeca, CNV Bedrijvenbond and De Unie. A second covenant was signed in 2005 (Arboplusconvenant). It focused on work-related stress, physical work load, and reintegration.

The results of the covenant were that work-related stress decreased by 14 %. It created awareness of the problem in companies, and has drawn attention to the importance of good working conditions. Sick leave has decreased by 1.2 %. Several measures to improve work load and work organisation have been put in place. Important conclusions from these activities include the following.

- The isolated focus on 'work pressure' was an approach that did not engage companies. Once the focus was broadened to the general management of the company, cost-benefit, job satisfaction and the motivation of employers as well as employees, it worked.
- It helps to approach companies by offering something that is complementary to the approach they already use to improve working conditions and OSH. These are sometimes already very practical measures, e.g. work organisation, dialogue regarding time schedules, etc.
- Instruments such as Quickscan also help workers discuss the risks they find the most stressful and the solutions they find the most interesting.
- Small companies have to be provided with very practical information and material that is specific for their sub-sector and company.

The Social Fund Horeca finances activities that aim to improve work relations between employers and employees, such as training activities, and subsidies for workplace learning. Specific training covers handling conflicts, aggression and violence, diversity, safety, HACCP, ergonomics and hygiene.

<http://www.Horeca.nl/cao/Fonds CAO/FONDS-CAO 2004-2008.pdf>

Continuous research on working conditions, the sector structure, mobility, the labour market, job satisfaction, etc. is being carried out (or coordinated) by the Bedrijf Horeca en Catering, a branch organisation. The Bedrijf Horeca en Catering also conducts research on the communications with small catering establishments (small bars, hotels, restaurants, etc); information on occupational health and safety often fails to reach these small companies. Possibilities are being explored for communicating typical OSH-related issues in a better way (Van den Bossche, Jettinghoff, Houtman, 2003).

The Horeca Branche instituut, which carries out training and educational tasks on behalf of the social partners in the sector, also provides a wide range of information for and on the sector. It also enables a safety plan to be developed by means of an interactive tool, that can be found at <http://www.horeca.nl>

Labour inspection focuses especially on the prevention of aggression and unwanted behaviour.



4.2.13. Poland

General legislation

Concerning workplace health promotion, general OSH policy covers all sectors, including Horeca. A specific policy for the Horeca sector has not been developed, nor are there any unofficial policies.

Information on health and safety

CIOP-PIB is a legally and organisationally independent state institute, which conducts research and development work and carries out other tasks set for the institute by the Council of Ministers in long-term programmes. It is the main research institute conducting studies and disseminating information on working conditions in Poland. Regarding Horeca, it issues OSH checklists, including employer guidance for restaurants (*Listy kontrolne bhp, poradniki pracodawcy. Opracowanie zbiorowe/*. Wyd. CIOP, Warszawa, 1998, 1999, 2000, 2001).

The information resources are published by institutions involved in OSH promotion (CIOP-PIB, National Labour Inspectorate, other editors). The materials are prepared in Polish, in the majority of cases in printed versions.

In response to the information needs of SMEs, a dedicated website is provided by CIOP-PIB, covering the food industry among other things. (<http://www.ciop.pl/11121.html>).

4.2.14. Portugal

A prevention manual developed by trade unions

For the Horeca sector, a prevention manual was developed in 2005 by Unihsnor (Trade Unions of Hotels and Restaurants in the North of Portugal) and published by ISHST (Instituto para a Seguranca Higiene e Saude no Trabalho; the Institute for safety hygiene and health at work).

This manual initially provides information regarding prevention and the other obligations of employers and rights of employees in hotels and restaurants. It gives basic definitions for accidents at work and presents the more frequent types of accidents in the sector. It offers basic information on occupational physical services in the sector.

The larger part of the manual consists of a guide in the form of tables presenting basic occupational risks and related measures, including physical, biological, ergonomic, machinery and electrical risks, for different places of work such as reception, laundry, restaurant, conference rooms and other. Basic instructions for methods of risk assessment follow. Finally, relevant legislation for the sector is listed.

4.2.15. Spain

Existing principles for prevention

In Spain, there are no specific provisions for the Horeca sector regarding occupational safety and health. There is an agreement for the constitution of a bipartite sectorial commission on health, safety and environment matters, as part of the collective sectorial agreement signed by employers' federations the Federacion Espanola de Hosteleria-FEHR (Spanish Federation of the Hotel Industry) and the Confederacion



Espanola de Hoteles y Alojamientos Turísticos-CEHAT (Spanish Confederation of Hotels and Touristic Lodgings) and workers' representatives Fecoht-CCOO and Fecoht-UGT in 2005.

Actions that have taken place

The Federacion Estatal de Comercio, Hosteleria y Turismo de Comisiones Obreras, Fecoht-CCOO (State Federation of Commerce, Hotel and Tourism of the Workers' Unions General Confederation), the representative body of all workers' unions in the Horeca sector, has organised an information campaign aimed at workers in the sector in order to increase their awareness of health and safety matters, highlight the predominant risks in the sector (especially musculoskeletal disorders), and inform workers of the actions they can take in order to enjoy a safer workplace. Representatives of Fecoht-CCOO participate in the bipartite sectorial commission on health, safety and environment matters.

The information campaign launched by Fecoht-CCOO focuses on the prevention of musculoskeletal disorders in the hotel industry. In general, it classifies the dangers in the workplace as physical and psychosocial. It also highlights the risks associated with the tasks involved and promotes the need for prevention measures. A successful prevention policy involves four phases:

- (1) Evaluation of dangerous tasks
- (2) Recognition of risks to the musculoskeletal system
- (3) Preventive action
- (4) Intervention to reduce the risk.

The Fecoht-CCOO information campaign involves a brochure which is distributed to workers in the sector. Finally, advice is provided to workers on what practices to avoid and how to report any problems in the workplace and ask for help from their safety representatives.

The National Foundation for the Prevention of Occupational Risks (FPRL) has financed many projects aimed at the promotion of health and safety in the workplace. These can be classified as information actions, technical assistance actions, vocational training actions and actions to promote the implementation of the Act on Occupational Risks. Some of these projects take place in the Horeca sector, including:

- 'technical advice on the prevention of occupational risks in restaurants, bars, cafeterias and small hotels';
- 'Health and safety in the housekeeping sector in offices and the hotel industry';
- 'difficulties in the implementation of preventive actions in the hotel industry: practical solutions from the point of view of employers and employees'.

A complete list of the FPRL projects, listed by sector of interest and region of Spain, can be found on the FPRL website: <http://www.funprl.es/acciones/Acciones.htm>

INSHT has also organised a training programme offering training to workers in general, prevention delegates, workers entrusted with special prevention duties, professionals who are aiming to act as advanced technicians in prevention, and experts. More information can be found on the website (http://www.mtas.es/Insht/en/formacion/index_en.html).

INSHT has issued many technical guides, information pamphlets, a magazine about health and safety matters, and studies. They are all available in print format and some of them are also on the website pages (<http://www.mtas.es/insht/>) with some material available in English.



4.2.16. Sweden

General legislation

In Sweden, there are no specific laws on OSH in Horeca. Some relevant regulations from the Swedish Work Environment Authority (SWEA) for the sector are the following:

- H282 Cleaning book — why and how we should clean?
Provisions — (on the basis of the Work Environment Act SFS 1977:1166)
- 1988:02 — Work in cold food supplies
- 2005:16 — Noise
- 1994:53 — Simple pressure vessels
- 2000:01 — Manual handling
- 2005:06 — Medical examination in working life
- 2005:01 — Microbiological risks in the work environment (mites, effects of toxins and hypersensitivity)
- 1982:20 — Restaurant and institutional kitchens
- 1993:02 — Violence and (its) threat in the work environment

Brochures

- ADI 161 — Declare your work accidents
- ADI 344 — Noise and protection of hearing
- ADI 314 — Safety delegates (representatives)
- ADI 514 — Receiving, storing and delivery of goods
- ADI 495 — Dare to try new work environment (conditions) in restaurants
- ADI 553 — Violence and (its) threat at work

SWEA's provisions and general recommendations for the work environment in restaurants entered into force in 1984 (1982:20 Restaurant and institutional kitchens). Since then they have been developed in accordance with the observed risks and changes in working life, as well as new EU directives.

The report 'Service till varje pris' (which can be found at http://www.av.se/dokument/publikationer/rapporter/RAP1999_13.pdf) describes work-related illnesses among waiters and waitresses.

In addition, SWEA has created a database/registry programme to register all types of reported occupational accidents and work-related diseases among employees in all working sectors in Sweden, as well as the hotels, restaurants and catering sector.

SWEA meets and discusses new programmes or strategies for health and safety in hotels, restaurants and catering with representatives both from trade unions and employer organisations. SWEA has also arranged these types of meetings in some of its inspection offices in 10 districts throughout the country.

Inspections of the work environment in hotels and restaurants in Sweden are carried out by inspectors from the SWEA. Inspectors check whether the workplace (e.g. a restaurant) has an effective organisation for systematic work environment management. Inspectors also check the work environment in terms of the risks (physical, mental and social) which the operation entails, though there are also situations where the inspector targets a particular hazard (such as a certain type of machine or a certain type of job).

SWEA and others organise and participate in various conferences on health and safety in hotels, restaurants and catering, and thereby get the opportunity to discuss practices, programmes and strategies for health and safety in these environments. A new



brochure on the work environment in restaurants will be produced, as well as a website for the restaurant sector. This website will provide information on health and safety in restaurants for employees, employers, architects, interior designers, consultants, installation engineers, etc. SWEA's aim is to spread this information on health and safety in restaurants and thereby reduce the occupational injuries within this sector.

Unofficial policies and activities in the sector

The Hotel and Restaurant Workers' Union (Hotel. och restaurangfacket's, HRF) produced a report in 2002, describing its view of the state of the working conditions in the sector. The report also introduces the actions of the labour union to improve working conditions, relevant legislation and what they think should be done to improve the situation.

There are also several governmental and non-governmental institutes which carry out and support research, and implement programmes or training in various sectors in Sweden:

- The Swedish Council for Working Life and Social Research (FAS) works to promote the accumulation of knowledge in matters relating to working life and the understanding of social conditions and processes. FAS has contacts with research-funding bodies in other countries through its membership in the European Science Foundation (ESF), a collaborative organisation for a number of European research councils and academies.
- VINNOVA (the Swedish Governmental Agency for Innovation Systems) is a State authority which aims to promote growth and prosperity throughout Sweden.
- Other organisations which carry out projects and training in different sectors include Prevent, which carries out various projects and conducts training to promote healthy, sound and safe workplaces. Swedish insurance companies also support various kinds of research and preventive measures for the development of healthy work environments and better quality of life.

4.2.17. United Kingdom

Campaigns and information material relevant for the sector

In the UK, general OSH legislation applies to the Horeca sector. However, there are several campaigns relevant to the sector which are run by the Health and Safety Executive (HSE), who, together with the local government, are the enforcing authorities who work in support of the Health and Safety Commission in Great Britain.

The following are some examples of these campaigns.

- The 'Better Backs' campaign (see <http://www.hse.gov.uk/msd/campaigns/index.htm>), which includes workplace inspections, mass media advertising and events. The campaign aims to reduce the incidence of back pain caused or made worse by work, its impact and the number of working days lost due to back pain. The focus is on the holistic approach needed to manage back pain, promoting sensible workplace precautions that reduce the risk of back pain and emphasise the positive benefits of staying active with back pain. At the same time, employers and employees are encouraged to work together to help people return to normal activities including work.
- The 'Slips and Trips' campaign (see <http://www.hse.gov.uk/slips/index.htm>), which was created to develop a national strategy that would achieve a reduction in the number of fatal and major injury accidents caused by slips and trips by 5 % by 2004 and 10 % by 2010. By the end of 2007/08 the programme aims for an annual reduction of 525 fewer major injuries from slips and trips (from a baseline of 10 300).



- The sector-specific campaign 'Stop Slips in Kitchens' emphasises the importance of floor cleaning regimes and footwear in slips prevention. Information and publicity materials can be found at <http://www.hse.gov.uk/slips/kitchens/index.htm>
- There is also another free sector-specific leaflet on dermatitis: <http://www.hse.gov.uk/pubns/misc762.pdf>

The European Week campaign 'Safe Start' was aimed at young people, who are strongly represented in the hotel and restaurant sector (see <http://www.hse.gov.uk/campaigns/euroweek/index.htm>).

The HSE has furthermore developed a range of website material which is aimed at the hotel and catering industry (<http://www.hse.gov.uk/pubns/caterdex.htm> <http://www.hse.gov.uk/catering/index.htm>), some of which is also available in other languages.

For example, the following topics are covered:

- slips, trips and falls on wet or contaminated floors;
- manual handling/musculoskeletal injuries;
- exposure to hot or harmful substances (e.g. hot oil, or cleaning chemicals);
- being struck by something (e.g. sharp knives or falling objects);
- heat stress in the workplace;
- dermatitis;
- chronic ill health effects from manual handling and work-related upper limb disorders.

4.3. MISCELLANEOUS POLICIES

Compared with some industries, the hotels and catering sector is subject to less regulation and government intervention. However, the sector is now being directly affected by initiatives and legislation in areas relating to smoking, alcohol consumption and food safety and labelling. Regarding alcohol and anti-smoking legislation, bars are likely to be most affected, followed by restaurants and hotels. Food safety and hygiene legislation can be expected to affect restaurants the most.

More legislation, which is not profession-related but person-related, affects the Horeca sector, for example, legislation relating to part-time workers, seasonal workers and young workers.

4.3.1. Anti-tobacco legislation

Until now, the EU has merely invited Member States to tackle the issue of passive smoking and smoking in public places. Some Member States have taken the initiative by banning smoking in public places such as bars and restaurants. Hotrec is opposed to EU-wide legislation, believing instead that the sector can solve this problem on a voluntary basis. However, this is likely to be opposed by unions. Smoking bans have already been introduced on a national level and are having an immediate impact.



Passive smoking in Horeca

Many studies have been published on the effects of passive smoking in the hotels and restaurants sector. It can have a detrimental effect on the health of workers. A study by Dimich-Ward, et al. (2005) tried to determine whether workplace-smoking policy was linked to respiratory health effects among food and beverage servers (non-smokers). It found that the prevalence of irritant and respiratory symptoms among non-smokers was consistently higher among the participants from businesses where there was no restriction on smoking.

A study (Gorini, et al. 2004) investigated whether dedicated smoking sections in restaurants, bars and discotheques had an impact on the amount of nicotine concentration in workplaces. They conducted research in seven restaurants. The conclusion was that in the restaurants with smoking and non-smoking areas, the average nicotine level in the smoking section was not significantly higher than the level measured in the non-smoking section (2.54 microg/m³ to 2.14 microg/m³).

Another study looked into the effects of the Irish smoking ban on second-hand smoke exposure among Horeca workers, and found that the exposure to air nicotine and passive smoking and the risks associated were considerably reduced but not totally eliminated. Exposure is still possible for those working where smoking is still allowed and where the second-hand smoke migrates through open doors.

According to an article by Coombes (2004) one hospitality worker a week died from passive smoking in the UK. The findings were based on a survey by Professor Jamrozik of the University of London and were collected before the smoking ban in British hotels and restaurants came into force. Jamrozik calculated the figure from the number of employees in the industry, their exposure to second-hand smoke and their likely risk of dying as an outcome. He based it on the conclusions that a worker in a bar or restaurant suffers three times more exposure to second-hand smoke than a non-smoker who is married to a smoker.

Member State examples

Belgium

The Royal Decree of 13.12.2005 stipulated that starting from 1 January 2007, it is forbidden to smoke in the hotels and restaurants sector. Under certain conditions, the owners of Horeca venues can install a smoking zone. The zone has to be closed and cannot be part of a passage zone and it has to be equipped with a good ventilation system. The zone can take up a maximum of 25 % of the total space. It has to be clearly marked. It is only allowed to serve drinks in this area, not food.

Owners of pubs, bars, night clubs, discos and casinos and 'French fries stands' can install a smoking zone if they comply with the following requirements.

- The turnover of food must be limited to a maximum of a third of the total turnover (except for French fries stands).
- The smoking zone has to be clearly delimited and marked.
- The smoking zone has to take up less than 50 % of the total space, unless the café is smaller than 50m².
- In the smoking zone only beverages may be served.



Finland

There are no specific laws on OSH in the Horeca sector, but new provisions of the tobacco laws have been concerned mainly with the protection of restaurant workers. According to the latest prohibitions, it is forbidden to smoke tobacco in restaurant premises in any other place than a smoking room. The serving and consumption of food and drinks are not allowed in the smoking room.

Earlier changes to the Tobacco Control Act (an injunction prohibiting smoking at the bar and around game tables and areas (pool tables, dartboards, etc.) has reduced exposure to ETS, according to studies by FIOH.

Guidance is available on the smoking prohibition in restaurants from the National Product Control Agency for Welfare and Health, which is the central coordinating body for the Tobacco Control Act (as well as guiding the Inspectorates both on OSH and on municipal and regional monitoring of environmental health). It is available on the STTV website at <http://www.sttv.fi>

Further information from FIOH on ETS exposure and its prevention in workplaces can also be found on the FIOH website at <http://www.ttl.fi>

France

Anti-tobacco Law (loi No 91-32 du 10 January 1991, called loi 'Evin' and the provisions of articles R. 3511-1 à R.3511-13 of the 'Code de la santé publique'). The objective is to protect workers from passive smoking but also from risks such as fire and explosions. It contains strict hygiene and safety measures in the workplace. It is forbidden to smoke in all covered or 'closed' places that are used by employees (reception desks, catering establishments, meeting and training facilities, rest rooms etc.). It may be tolerated in individual offices. In cafes and restaurants the prohibition applies to workers as well as customers.

Netherlands

Since 1 January 2004 a new smoking regulation has given employees the right to work in a smoke-free workplace. For the hotels and restaurants sector the regulation will be applied in phases until 31 December 2008. The sector strives every year to increase the number of companies that are smoke free.

Lithuania

On 11 May 2006 the Lithuanian parliament voted for an amendment to the Lithuanian Tobacco Control Law to ban smoking completely in bars, restaurants, cafés, clubs and discotheques as of 1 January 2007 (no separate smoking rooms are permitted). Smoking in Lithuania was until then allowed in public places in specially designated areas. Members of parliament voted in favour of such a ban. An exception is that smoking will still be permitted in special cigar and pipe clubs. The Lithuanian Association of Bars and Restaurants was not in favour of the amendments, but support for the ban was very high (some 73 %) (ENSP, 2006).

Hungary

No specific anti-smoking regulations exist for Horeca. According to Act XCIII of 1993 on industrial safety, employers are required to provide adequate protection to non-smokers in the workplace. Designated smoking areas may be provided. The most important smoking regulation is Act XLII of 1999 on smoking in public places. Workplaces are regulated by the employer's policy and not by this act. However, it is



forbidden to designate smoking areas in premises (e.g. restaurants) that are part of the following institutions: primary healthcare and outpatient specialist care units; retail pharmacies that are open for access by patients, institutions of public education that are accessed by students, day-care or residential care service units for children, social care units, public transport facilities including commuter trains as well as buses in scheduled domestic interurban public traffic (e.g. the management of MALÉV Hungarian Airlines introduced a total ban of smoking on all its flights as of November 1999), and indoor areas of sports facilities. Workplaces can be declared totally smoke free if the majority of employers agree (ENSP, 2006).

4.3.2. Working time

As European statistics show, the hotels and restaurant sector has longer working weeks than the rest of the economy in most countries of the EU-25 (LFS, 2004). Various sources (Klein Hesselink, 2004; ILO, 2003; Gleeson, 2001) mention the unfavourable working hours in the sector, characterised by long shifts, irregular and unusual working hours. In the analyses of the data from the *Third European survey on working conditions* (Houtman, 2002), the sector is classified as 'unfavourable' with regards to non-standard working hours and long working hours.

Changing timetables as well as unsocial hours are also typical in this sector. Much of the work is done when other people are not at work. The working schemes range from shift work and, especially in restaurants, split shifts (where the normal working day is split up into two or more segments), to working on Sundays and Saturdays, evenings, nights and holidays. (Klein Hesselink, 2004; ILO, 2003; Roskams and Hermans, 2003). The length of the working week is often regulated by compulsory regulation. Employers' associations often ask for more flexibility with regard to the length of the working week and the scheduling of their staff (Klein Hesselink, 2004). Irregular working hours involving evening, night and weekend work especially affect students and workers with part-time contracts (Klein Hesselink, 2004).

Variable working hours, shift and night work can have negative health outcomes resulting in work–life conflict. Different factors come into play: the unpredictability of working time, the length of working days and weeks, control over working time, the type of contract, etc. Various researchers concluded that the more unpredictable the working hours and the less control the worker has over them, the more negative health effects will be (Bohle, 2004). This is confirmed by a study by Janssen and Nachreiner (2004) on the effects of irregular, variable working hours on the health of employees. They also found that a high variability in working hours and a lack of control over their working hours increases the impairments in the health of the employees. If this inflexibility is paired with company controlled shift work, this leads to a further decrease in the psychosocial and physical wellbeing. It is also noted that autonomy (see below) works as a buffer in this respect, and the type of contract is also important. Shift, weekend, and night work can be especially disruptive for work–life balance when the employee is in a precarious employment situation (e.g. in casual and temporary work). This is probably linked to the fact that they have less control over their hours than full-time employees.

Member State examples

France

In some professional sectors such as hotels and restaurants, a specific regulation is applied for working time. This is called a 'régime d'équivalence'. This means that being present at work for a certain time (e.g. 38 hours) is equal to the legal working time



(35 hours). The overtime hours are deducted from this equivalent working time. This equivalent working time has to be introduced by decree.
<http://epmtth.org/employeur/journal7.htm>

In addition, different collective working agreements (conventions collectives de travail) exist for the Horeca sector, covering hotels and restaurants, hotels, cafés, restaurants, tourism, hotels with three, four, five stars, luxury hotels, canteens, etc. They lay down the specific social provisions for the sector relating, for example, to working time, night work, leave and holidays, regulations concerning working conditions and food and accommodation for staff (healthy food, suitable and healthy accommodation if relevant), working uniforms and equipment, occupational accidents and diseases, etc. Depending on the region there can be extensions and alterations.

Belgium

Several collective work agreements (CWA) among the social partners in the hotels and restaurants sector on working time and reduction of working time have been concluded; a coordinated text has been valid since 1 July 1999.

The Netherlands

A collective work agreement for the hotels and restaurants sector (from 1 July 2005 to 31 March 2008) lays down the specific rules for this sector. Specific rules on health and safety relate to working time and work organisation, overtime, holidays and special leave.

4.3.3. Part-time workers and precarious work

In most countries the share of part-time work is greater in hotels and restaurants than in the rest of the economy. According to the sector report of the Eurofound (Klein Hesselink, 2004), part-time work is also related to gender. Women work more often in part-time jobs than men in the sector. Many women work part-time in canteens and catering and in the fast-food subsectors.

There is a large amount of casual work in the hotels and restaurants sector. This is often linked to seasonal variations in the sector, with short periods of sometimes rather unpredictable employment. On-call work and so-called zero hours contracts, which give the worker no guarantee of work, mean that the worker is sometimes notified on very short notice⁽⁸⁾. This leaves the worker in a very vulnerable situation. Casual workers report greater work–life balance problems than full-time employees (Bohle, 2004).

According to a report by London Economics (2003) on working conditions in French hotels and restaurants, seasonal workers have very little access to social protection. This means they often fail to have access to benefit rights because they are subject to many different regimes during their working life and consequently do not build up the required level of contribution. Young seasonal workers who work short periods of time and alternate between seasonal employment and unemployment have particular problems in qualifying for national security programmes.

(8) In this case there is a formal agreement between employer and worker but without a fixed commitment by the employer concerning the number of days a week, month or year on which workers will have work. It gives the workers no guarantee of work, but they agree to be available if and when the employer demands. In this case the employer is not obliged to find work and the worker stays without any remuneration when there is no work available. Generally the relationship between the employer and worker is not characterised by 'mutuality of obligation'. The employer is not obliged to find work and the employee is not obliged to accept what is offered.



Annualised working hours schemes, where workers are contracted for a fixed number of working hours a year that are worked in various quantities according to need, can be used to solve the employer's problem of irregular workload peaks (ILO, 2000).

Member State example

Belgium

Non-discrimination Act for part-time workers of 5 March 2002 (OG 13.3.2002). Royal Decree of 28 January 2002 implementing the EEE Agreement and Council Directive 97/81/CE of 15 December 1997 concerning the framework agreement on part-time work concluded by UNICE, CEEP and CES (OG 13.02.2002). General provisions for all sectors on night work and non-discrimination for part-time workers.

4.3.4. Young workers

Young workers are considered a vulnerable group in the workplace. They are more at risk from occupational accidents, diseases and violence at work. Several factors come into play: the physical and psychological characteristics of young workers such as lack of experience, lack of self-confidence, unfamiliarity with job demands, risk-taking behaviour, e.g. due to a feeling of invulnerability, and a physical mismatch between the young person and the task, as well as the failure of employers to create a safe work environment for their young employees (Eeckelaert, 2006). Many young workers also work temporarily in precarious jobs, which makes them more vulnerable. According to the ILO (2003), the combination of low status, low educational levels and youth among workers is linked to their vulnerability and susceptibility to stressors such as unclear responsibilities, demanding customers and (sexual) harassment.

A study by Mayhew and Quinlan (2002), describing the health and safety knowledge of young workers who worked for a fast food chain on the basis of temporary contracts, found on the contrary that the young workers in this chain did not have a higher injury incidence rate. These young workers had a superior knowledge of risk assessment, control strategies and occupational health and safety (OSH) legislation. This means that young and casual workers are also receptive to preventive OSH messages — even if their training is sometimes difficult — and the investment in OSH for young temporary workers can have a real impact on their health and safety. On the other hand, the young

The 2006 European Week campaign of the European Agency for Safety and Health at Work was dedicated to young people to ensure a safe and healthy start to their working lives. The Safe Start campaign is backed by all Member States, candidate and EFTA countries, then Austria and Finland EU Presidencies, the European Parliament and the European Commission, and by the European Social Partners.

European Week campaigns focus on promoting improved prevention at the workplace level by involving all the relevant stakeholders. As there is a large share of young people working in Horeca, the agency also provided resources targeted to the sector, e.g. a collection of good practice examples of catering and accommodation establishments:

http://osha.europa.eu/good_practice/priority_groups/young_people/index_atoz?letter=C&kwpath=54161A/56761B57281C&kwname=Catering%20and%20accommodation%20establishments



workers in this sector were more exposed to violence than temporary workers in other branches. The researchers also found that the problem was inadequately managed.

Member State examples

Belgium

Royal Decree of 11 April 1999 on night work for young workers in the hotels and restaurants sector (OG 20.5.1999): Young workers can work until 23.00 on condition that they can return home by public transport and if not, the employer should organise the transport or pay for the journey home.

Royal Decree of 10 July 1972 on the employment on Sundays or holidays of young workers in the hotels and restaurants sector (OG 21.7.1972): Young workers are allowed to work one Sunday out of two, but the local inspectorate must be informed.

4.3.5. Seasonal workers

Member State examples

Belgium

Prevention et Interim is the central prevention service for the temporary employment agency sector. Its main target is to reduce the number of accidents in the sector through awareness-raising around health and safety issues and presenting practical prevention measures to improve the wellbeing of workers. Many temporary workers are employed in the hotels and restaurant sector. The centre provides training packages, brochures and information sheets. The hotels and restaurant package contains a technical sheet outlining the main tasks, risks and prevention measures for workers, and prevention information sheets on the use of specific tools and instruments, personal hygiene, HACCP, ergonomics, etc.

<http://www.p-i.be/p/AB30029B1E1DC819C12570EB00310A6D>

In addition, there is a recommendation of the National Joint Committee on the introduction of new workers in the hotel and restaurant sector: among the information given to new workers, including information on working conditions, hygiene and occupational safety is recommended.

France

Working and living conditions of seasonal workers and seasonal workers: organisation of the social dialogue on a local level (see 3.2.4).

4.3.6. Worker mobility and prevention of racial discrimination in Horeca

Policy issues

The pursuit of greater labour mobility between the regions and countries of the EU, as well as between jobs, is part of the EU's Lisbon Strategy. Increased long distance geographical mobility and flexibility in the labour market, leading to a higher level of mobility between employers, sectors and occupations, are considered necessary to improve company adaptability and essential to deal with new challenges such as globalisation, technological change, etc. Even though the EU showed a keen interest in enhancing worker mobility, most EU countries limited the free movement of labour forces for a transitional period of



time. The Commission recommended the suspension of the transitional agreements in 2006, but some Member States communicated their intention to keep the existing restrictions of access to national labour markets (Krieger, 2006).

View of the social partners

In a joint response to the Commission consultation on '2006 — European Year of Mobility for Workers — Towards a European Labour Market' from the social partners in the European hotels and restaurants sector, EFFAT and Hotrec emphasise the positive effects of the free mobility of workers on growth and employment. They mention the importance of foreign workers for the sector. Some countries (e.g. Italy and Ireland) have taken initiatives at the national level to facilitate the entry and insertion of foreign workers into the Horeca sector.

It is too soon to tell whether the efforts to promote the free movement of workers in the EU has had an effect on the Horeca sector in particular. EU-wide sector figures are non-existent at this moment. Hay (2005) mentions that although the enlargement of the EU has positive economic consequences for the sector, the migration of the workforce from the new to the old Member States has turned out to be lower than expected before accession.

Some aspects — linked to certain socioeconomic barriers as well as the specific characteristics of the sector and the type of workers that are needed — can be mentioned to explain the potential of the sector to attract and retain foreign workers. Various sources mention the difficulty of achieving worker mobility towards and within the sector. One of the causes revealed is the lack of comparability and recognition of qualifications between the Member States.

According to the social partners, to promote worker mobility within the EU, it is crucial to eliminate the uncertainty that people face regarding their social rights (social security, pension rights, etc), and to streamline the different administrative requirements that are imposed on EU citizens who use their right to free movement. It is important to safeguard 'the occupational and supplementary pensions rights of workers that use their mobility right' and coordinate 'the social security for EU nationals, and extend this to non-EU nationals' (Hotrec, 2001).

Migrant workers and ethnic minorities in Horeca

Many migrant workers enter the sector via seasonal or casual work. Their jobs are in general more precarious than the jobs of natives. Migrants also work more often in unhealthy environments, they take the more dangerous jobs and they work more often below the level of their qualifications (Vartiainen and Pahkin et al. 2006; ILO, 2001; ILO, 2003; AFL-CIO, 2005).

Around 15 years ago the UK Commission for Racial Equality undertook a formal investigation into recruitment and selection in hotels (CRE, 1991) in response to concerns that the sector was failing to consider equal opportunities in employment practices. Its main interests were in jobs that provided a career, so the investigation focused on certain job categories with management responsibilities or trainee management roles. It found that ethnic minority staff were disproportionately concentrated in unskilled jobs, and found only one manager from an ethnic minority in 117 hotels investigated.



Undeclared labour is also a feature of the sector. In some countries, this involves clandestine employment of illegal foreigners who are inclined to accept less favourable working conditions. According to the ILO (2003), undeclared labour is mainly used in smaller enterprises.

A study from the British Citizen's Advice Bureau (CAB) confirmed that migrant workers, particularly those in the low-skilled sectors of the economy, are often vulnerable to exploitation in employment. The CAB has collected evidence from clients who use their services of the vulnerability of migrant workers in the low-wage sectors, such as agriculture, care homes, cleaning, food processing and hospitality, (CAB, 2004).

The problems connected with the employment of irregular migrants are particularly severe in catering and hospitality as well (Anderson and Rogaly, 2005). The study also mentions the problems with certain employment agencies in Britain, who are ready to use poor and illegal employment practices, and the presence of 'unscrupulous middlemen' often attracting people in their home countries with false promises of good pay, working conditions, and housing. They warn of the consequences in the long run, leading to a downward spiral in wages, working conditions and occupational health and safety, and increasing the pressure on good employers to use the same kind of practices if they want to make a profit.

Member State examples

Netherlands

Code of conduct for the control and prevention of racial discrimination in the Horeca, recreation and catering sectors (Code ter bestrijding en voorkoming van rassendiscriminatie in de Horeca, recreatie en catering): The aim is to prevent and control racial discrimination in every form. The code of conduct explains how racial discrimination can manifest itself in the sector and in the HRM policies of a company. Another chapter explains how to react to and handle cases of discrimination. The branch parties who have signed the code declare that their intention is to fight against racial discrimination.

In practice, the mentality is only changing slowly. Every employer is formally bonded to follow the code, but the lack of clear guidance, supervision and evaluation hinders effectiveness in the field. <http://www.bedr-Horeca.nl/content.jsp?objectid=6735>

Belgium

The covenant, renewed every year or two years, between the Flemish government and the social partners in the sector includes measures on non-discrimination and increasing the diversity of staff (see 3.2.2).

4.3.7. Food hygiene, HACCP (hazard analysis critical control point)

More policy challenges for the Horeca sector arise from the areas of food safety and labelling legislation. The EU has been working to strengthen existing food-labelling rules, partly in response to increasing consumer concern and interest in the provenance of their food.



In the area of food hygiene, Regulation No 852/2004 on the hygiene of foodstuffs came into force in 2006. Further amendments to be adopted relate to compliance with microbiological criteria. While both Hotrec and FERCO (the European Federation of Contract Catering Organisations) accept the importance of food safety, they are concerned with the scope and implementation of the regulation. Hotrec is campaigning on several provisions in the regulation to make it more sensitive to the needs and realities of small businesses.

Member State examples

Belgium

The only legal obligations that specifically apply to hotels and restaurants are those regarding food hygiene. The required measures are elaborated from a public health point of view and aim more at consumer protection than protection of workers, but they do without any doubt have a beneficial impact on working conditions in the sector. European and Belgian regulations have been completed by a HACCP guide on hygiene, the Royal Decree of 7.2.1007 on the hygiene of foodstuffs (OG 25.4.1997), and general rules on hygiene for foodstuffs.

Netherlands

A new regulation with regard to the prevention of legionnaires' disease came into force on 28 December 2004. It compels employers to take measures to protect workers (and guests) against contamination. The regulation is only applicable to the accommodation sector and not to restaurants, fast-food and catering venues. The sector has developed a checklist for companies to help them to set up a prevention plan.

<http://www.bhenc.nl/content.jsp?objectid=11207>

<http://www.Horeca.org>

The code of conduct Hygiëncode Horeca 2004 focuses mainly on the hygiene rules in the sector, but also on personal hygiene.

IMPACT OF OFFICIAL POLICIES ON WORKING CONDITIONS

4.4.

It is difficult to assess the real impact of the existing European, national and local policies on working conditions in the sector. As mentioned above, 90 % of all Horeca companies are small, employing less than 10 people, and many of them are family-run. Employers often lack the time and resources to understand and follow the legislative issues that are applicable to the sector.

The quality of work in the sector is strongly related to the large percentage of small companies. Smaller companies often lack in-house expertise to carry out an extensive risk assessment and sometimes are reluctant to call in (expensive) external expertise. The implementation of legislation at company level seems to be a real problem in the sector (Klein Hesselink, 2004).



Employers' associations often oppose too much regulation. Although in comparison to some other industries, Horeca is less subject to regulation and government intervention (Hay, 2005), general initiatives and legislation related to alcohol consumption, smoking, and food safety and labelling, working time, etc., have a direct impact on the sector. The legislation is often formulated at a general level, sometimes not fitting the unique situations in the sector and sometimes even leading to the opposite of what the legislator wants to accomplish.

A concrete example of this is mentioned in the Horeca report of the Eurofound, where a new regulation for 'marginal' part-time workers caused chaos in the sector and led to the encouragement of illegal work instead of regulating this form of flexible employment (Klein Hesselink, 2003).

4.4.1. Smoking regulations

At the moment, a number of non-binding EU resolutions and recommendations encourage the Member States to increase protection from second-hand smoke. Regulations to reduce the impact of second-hand smoke have been implemented in most of the Member States. Although some Member States excluded the sector as a whole or partly from the legislation at first, specific measures in the sector are increasingly being implemented (e.g. prohibition of smoking in restaurants except in designated, closed, ventilated smoking rooms). Bars and nightlife venues are often excluded from these measures (ENSP, 2007).

Where the smoking ban is total, it has improved the working conditions of workers in the sector. It is too soon to assess the economic impact of the smoking ban since the existing data is ambiguous.

4.4.2. Food hygiene

Regulations on food hygiene are aimed at consumer protection (Regulation No 853/2004 on the hygiene of foodstuffs) and urge companies to apply general rules of hygiene for foodstuffs to be observed at the time of preparation, processing, manufacturing, packaging, storing, transportation, distribution, handling and offering for sale or supply to the consumer. This is achieved by the use of hazard analysis, risk assessment and other management techniques to identify, control and monitor critical points. Several provisions in the regulation can also benefit worker health and safety, e.g. the need for clean ventilation, control of contamination from biological or chemical substances, effective waste management, special storage rooms, facilities for the washing and drying of hands, sanitary arrangements and changing facilities, etc.

The regulations refer to HACCP standards that are similar to the principles of risk assessment in the OSH regulations, and call for a systematic approach. Therefore the philosophy of the system can help the company to combine hygiene, OSH and customer care all at once (Roskams and Hermans, 2003).

On the other hand, the extensiveness and complexity of the regulations has an impact on the work organisation and vocational knowledge that workers need to carry out their tasks. A concern of Hotrec and FERCO regarding the regulation is that it covers a broad range of activities and does not distinguish between large and small companies. They emphasise that it needs to be made more sensitive to the realities of small companies, and stress the importance of practical guidance for small businesses (Hay, 2005, Ferco 2001, Hotrec, 2005).



4.4.3. Working time

The legislative framework on the EU level is the Working Time Directive. The Directive was designed to protect workers from excessively long working hours. It also provided for statutory minimum rest-break entitlements, annual leave and working arrangements for night workers. The Directive has been under revision since 2004. Efforts to reach an agreement between the social partners have failed until now. Two main issues that are particularly difficult to reach an agreement on are the regulations on the opt-out and the definition of an on-call duty.

Especially in terms of working time, employers stress the need for (more) flexibility in order to adapt to seasonal changes in the sector. This implies that for part of the year workers need to work overtime, whereas at other times, they need to work less than the normal working time. Employers suggest that flexibility can be achieved by extending the reference period for calculating average working time, and they support the general reference period of 12 months. They are also in favour of the opt-out clause (Hotrec, 2005). This clause enables employers to get round the maximum 48-hour working week under certain conditions: workers must sign individual opt-out agreements, and must not suffer any penalty if they refuse to do so. Employers must keep records of staff who work more than 48 hours a week, and make them available to the appropriate authorities (ETUC, 2006).

National legislation in the Member States mostly allows limited flexibility. Most countries have legislation regarding the maximum duration of the working week. At the national level, sector-specific collective agreements regulate working time in the sector (e.g. in Belgium and France). The demand for more flexibility also partly explains the existence of illegal work (Klein Hesselink, 2004).

Employee associations stress the link between long hours, fatigue and the increased risk of occupational accidents or occupational disease (heart disease, stress-related diseases, etc.). They are in favour of shorter working hours that are adapted to workers. Limited working hours leading to higher productivity and flexibility allow for a better work–life balance.

4.4.4. Impact of working time patterns on social provisions

Social protection provisions can be problematic for workers in precarious situations, seasonal workers, on-call workers, etc. Due to the fact that they do not work long enough, or because they have to contribute to many different regimes during their working life and hence do not build up social rights, these workers have only limited (or sometimes no) possibilities to receive benefits and disability pensions if they fall ill (Klein Hesselink, 2004). It is clear that flexibility patterns asked for by the employers only work if they are adapted to the needs of employees as well.

4.4.5. Young workers

Young workers are protected under the Young Workers Directive (94/33/EC)⁽⁹⁾. This Directive includes measures to prohibit the employment of children (with certain

⁽⁹⁾ Commission of the European Communities, 'Report from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of Regions on the application of Directive 94/33/EC on the protection of young people at work', Brussels, 2004 (<http://europa.eu/eur-lex/pri/en/dpi/rpt/doc/2004/act0105en01/1.doc>).



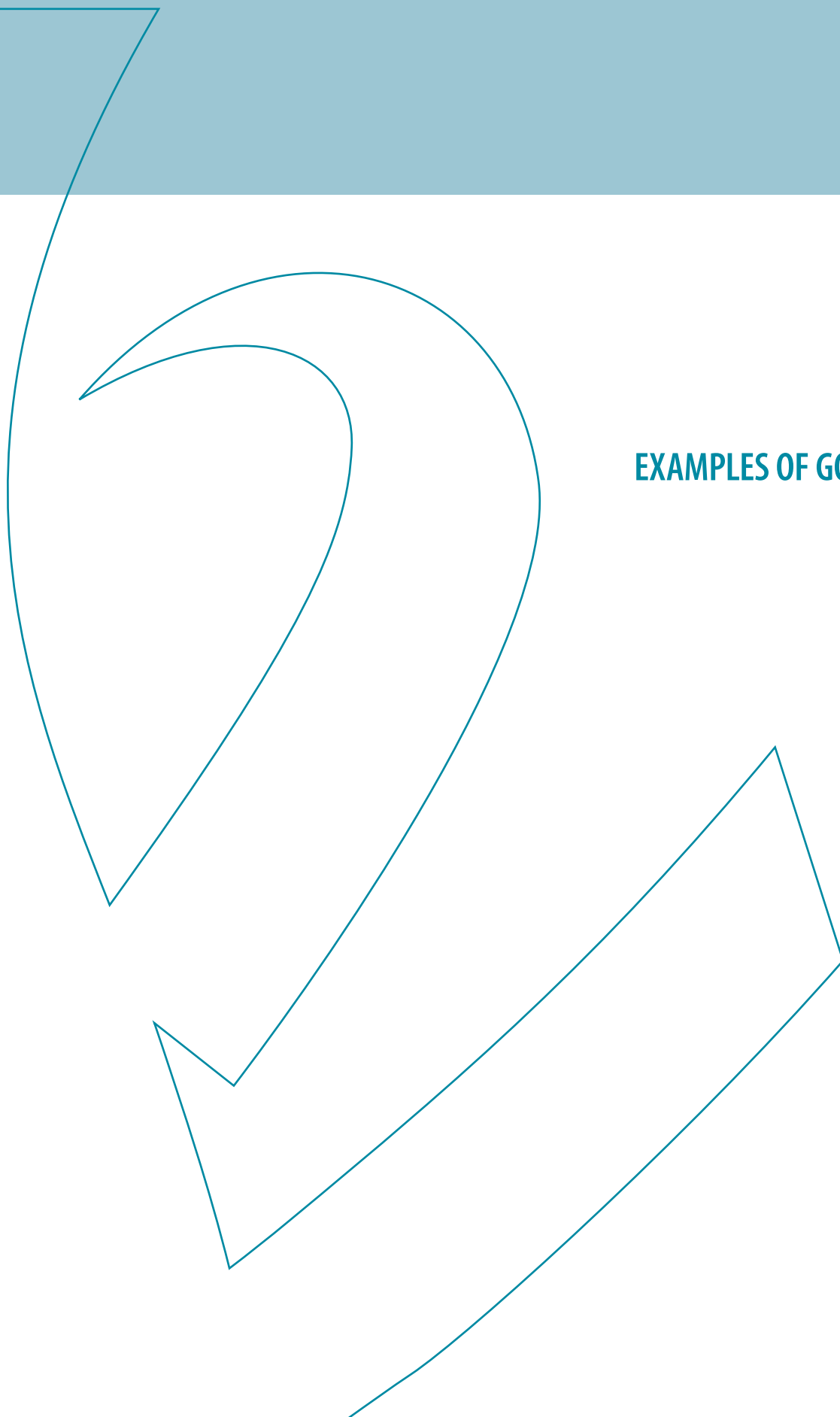
exceptions), to oblige employers to guarantee working conditions appropriate to their age, and to protect the health and safety of young workers in every aspect of the work. Certain activities are prohibited for young workers under 18 (exceptions exist for students under 18).

Member States are obliged to report on the practical implementation of European directives and to indicate the views of social partners. According to a 2004 report, most Member States have transposed and implemented the regulations into national legislation. According to the Member States, the directive has led to an increased awareness of the vulnerability of young workers and the need to protect them at work (European Agency for Safety and Health at Work, 2005). It is unclear to what extent the national regulations are implemented in the Horeca sector, a sector traditionally employing a lot of young people. In some countries (e.g. Belgium and Sweden) collective agreements for young workers exist on the sectoral level.



5.

EXAMPLES OF GOOD PRACTICES



This part describes 18 cases of good practice in the Horeca sector. The actions described are very different from one another, both as regards the risks incurred by the workers and the types of workplaces, and the methods used. The objective of these examples is to provide information on good health and safety programmes and practices addressing the key OSH issues in the sector. They demonstrate practical preventive actions that have been taken in the workplace to eliminate or reduce risks in the Horeca sector.

The good practice examples are aimed primarily at policy-makers, but they should also be very useful for practitioners and social partners.

The 18 studies included in this report were suggested by the Member States. They were chosen for their diversity and the different risks they are dealing with, which reflects the great variety of working environments in this sector. They cover restaurants in hotels, but also in school canteens or in clubs and bars.

The 18 cases are grouped in four categories:

- those concerning hotels;
- those concerning restaurants/catering/canteens;
- those concerning clubs and bars;
- those concerning the Horeca sector more generally.

Each of these working environments has specific risks, and so the cases have been grouped by activity and not by risk.

Examples of good practices in hotels

France — Risk prevention for hotel housekeepers

The Île-de-France regional health insurance fund (CRAM) decided to undertake a review of the working conditions of chambermaids. The initial aim of this initiative was to create and disseminate a supporting document to raise awareness among the players in the hotel sector. It set up a hotel industry working group consisting of inspectors, instructors, industrial doctors and communications departments. An initiative was carried out in particular with Sofitel Hotel, at the request of the management. The training objectives for this hotel were to develop an autonomous, permanent preventive approach within the hotel, based on ergonomic analysis of the chambermaids' actual work, and to reduce the work stress involved.

Greece – Risk assessment in the hotel sector in Athens

The Hellenic Institute for Occupational Health and Safety in collaboration with five five-star and six-star hotels, carried out a risk assessment study in Athens. The purpose of the study was to investigate working conditions, in order to develop a model risk assessment for the sector. The methodology followed included administration of a subjective questionnaire for risks in the workplace and taking industrial hygiene measurements for noise, lighting, dust, chemicals, thermal environment and biological agents such as legionella. In addition, targeted medical surveillance took place. The basic working areas examined were the kitchens where the preparation of cold hors d'oeuvres and hot snacks takes place, boilers, hotel rooms and lobbies.



Italy — Health and safety in the hotel sector: guidelines for operators and a pamphlet for workers

The project aims at developing a protocol on the main work-related risks in hotels, focusing also on hygiene and sanitary requirements in accommodation facilities and the restaurant industry. This protocol has been presented and approved in meetings held with the Associations of hotel keepers, local trade union associations, and workers' safety representatives. Guidelines have been produced and distributed to hotel operators. Furthermore, a convention was organised in 2004 at Chianciano Terme to introduce the project and to present 'Safety and health in the hotel sector — A few helpful hints', an information pamphlet for personnel, containing brief messages and vignettes, illustrating the correct behaviour to be adopted.

Italy — Safety enhancement in swimming pool chlorination systems

This involved analysis of the causes of accidents, and investigation of the main techniques for the treatment of thermal swimming pool waters, integrated control of the interactions between the various system plants that incur water quality control (chemical, hydraulic, electrical, and electronic), definition of enhancement procedures, identification of methods of communication and the dissemination of information.

Italy — Hotel distance learning, a training plan for hotel operators

The aim of this project is to provide enterprises in the hotel industry with an organisational and methodological training instrument that meets the requirements and needs of employers and their employees who are hired on atypical or standard employment contracts.

Slovenia — Terme Radenci

The targets for this three-year project are: (a) to reduce the frequency of injuries by 10 %, (b) to reduce the negative influence of poor health and safety in the workplace, reducing absenteeism by 0.5 %, (c) to comply with the law, and (d) to eliminate fire risks.

Spain — Substitution of beds

This project involves the substitution of traditional rigid beds by new units that include a hoisting mechanism to reduce physical effort in the tasks performed by maids in hotel rooms. The idea is to introduce a lifting mechanism to elevate the beds and adapt the job to workers, making it more ergonomic. Both the preventive service and workers' representatives demanded such a measure based upon the available information, and on similar experiences in other hotels. Action was taken to reduce back injuries in the group. It involved trade union reps, employees, the staff of the preventive services, the mutual insurance company, and the manufacturing company.

Examples of good practices in restaurants/catering***Finland — Participatory ergonomic intervention in the workplace: randomised controlled trial and ethnographic study***

In 2003 there were 22 600 different professional kitchens in Finland. A participatory intervention project in communal kitchen work began in 2002. The field phase



involving 119 kitchens in Vantaa, Turku, Espoo and Tampere was finalised at the end of 2004 and follow-up continued until the end of the 2005. The study aimed to investigate the effectiveness of participatory ergonomic interventions in the prevention of work strain and promoting musculoskeletal health and general wellbeing among kitchen workers. Another important goal of the study was to scrutinise how the workplace culture interacts with the effects of the interventions.

Finland — Can improvement of work and work process knowledge support wellbeing at work?

In a multi-level intervention 123 kitchen workers participated aiming to improve their work, work process knowledge, wellbeing, and work ability. The intervention was based on systematic and participative analysis and improvement of work process. Assessments of psychosocial work factors, conceptual mastery of work, wellbeing and work ability were followed-up. Both quantitative and qualitative workload decreased, and job control increased. Also, during the intervention, the clarity of work roles and work process knowledge improved, and mental wellbeing increased. The results of the interventions seem to be promising on all levels.

Finland — Good practice to prevent stress and burnout in the restaurant sector

The aim of the intervention was to study supervisors' burnout and stress, and to evaluate the feasibility of prevention groups in the catering and restaurant business. The groups aimed to alleviate stress and burnout during major changes in the organisations and in work life. The competence to control one's work and to have realistic personal work goals was assumed to decrease stress and enhance psychological wellbeing and productivity in the long run. The intervention measures were expected to improve the managers' ability to cope with stress, and to increase group cohesiveness.

Germany — Feuchtarbeit

Three regional OSH authorities in the west of Germany (North-Rhine Westfalia) started, in 2001, a common project to reduce the high number of skin diseases due to wet work in canteen kitchens. Among the reasons for the diseases were low levels of implementation of good practice and non-compliance with existing regulations. The action consisted of four major parts: identification and assessment of the status quo regarding skin diseases in four large hospital canteen kitchens; development of a prevention strategy to introduce good OSH-practices; testing of the prevention strategy in other hospitals and similar workplaces; and dissemination of the strategy. The institutions and all interested parties and enterprises now have practical leaflets at hand, which can be used in all types of kitchens.

Netherlands — Contract catering

Reduction of workload and absence rates in contract catering is the aim of a continuing state-supported OSH agreement ('arboconvenant') between the social partners and the government from 2004 to 2007. The government and employers contribute 50 % each to the budget. The target is to reduce the workload and the rate of absenteeism by a significant degree. The project has a strong focus on dissemination, risk assessment and training of line managers.



UK — Fast food restaurant owners ponder options

A local authority environmental health officer (EHO) visited a fast food restaurant (one of a chain) to investigate a slip accident which broke the arm of a female employee. The EHO identified several good aspects about the safety standards on site — a generally positive company attitude to safety, adequate training, well-kept documentation and records, proper floor cleaning systems — but the servery area was found to be very slippery. The nature of the business meant that the floor in the busy servery area was bound to become wet at some stage. When the EHO spoke to members of staff they stated that the incident ‘had been waiting to happen’.

UK — University kitchen case study

Workers in kitchens perform many tasks, which pose a risk of musculoskeletal discomfort. But it was found that aches and pains experienced by employees were not reported, due to employees not being aware that their discomfort may have been related to work. Employees often thought that their discomfort was related to their age, making comments such as ‘when you get to my stage in life you have to expect the odd twinge or ache’.

Examples of good practices in clubs and bars***Estonia — Safety in two clubs***

The administrators of a nightclub and a lounge bar made changes to their work places to reduce the hazards and risks associated with the noise, vibration, use of equipment and temperature changes related to night time work environments of a social nature. The changes were extensive, including the amplification level of music, the bar areas, the kitchen areas, the entrances and the floors.

Sweden — Kroger mot Knark – Clubs Against Drugs

Thirty-three clubs are jointly working to provide a drug-free, safer work place for employees. The restaurants have developed a policy that outlines how to handle drug-users (both guests and co-workers). The project also provides guidance and training on, for example, how a doorman can recognise drug-users and how to design a safe club. An action group representing the Licensing Board, the Police Authority, the National Institute of Health, the County Administration, the Swedish organisation for restaurant owners, the trade union and leading restaurants has been mobilised and meets regularly.

Examples of good practices in the Horeca sector***France — Partnership in the Horeca sector on different risks and ergonomic problems***

The Aquitaine regional health insurance fund (CRAM) proposed in 2004 to support the project for collective action initiated by the local OHS service, in partnership with the departmental hotel industry trade associations, and to assist enterprises in the hotel and restaurant industry in occupational risk prevention. The overall initiative included the production of a film and a practical guide to ergonomics in the hotel and restaurant industry and the funding of innovative projects in this sector.



Netherlands — Werkdruk

The outcome of the agreement between the social partners, and related activities, was to reduce stress in the Horeca sector in the Netherlands from 2000 (possibly extended to the follow-up agreement for the catering sector in 2005). The main aspects of the action were an information campaign, an Internet website, very practical, well structured and well designed guidance tools and documents, and the use of risk assessment tools for workload in Horeca.

5.1. EXAMPLES OF GOOD PRACTICES IN HOTELS

5.1.1. The chambermaids' work: Ergonomic approach — France



Key points

- Creation of a hotel industry working group by the Île-de-France Regional Health Insurance Fund (Cramif).
- Development of an autonomous, permanent preventive approach in an hotel.
- Ergonomic analysis of the actual work of a chambermaid so as to reduce stress and pain.

General framework

The occupational health and safety issues in the sector are as follows.

- The sector is constantly adapting to trends in society (customer demand and fashion).
- It faces problems of recruitment, employee loyalty, absenteeism and fear of MSD risk (musculoskeletal disorders).
- It acts pre-emptively for occupational injury and disease prevention.

More than 200 000 employees are concerned (Source: Cnamts 2004, hotel industry branch (hotels with and without restaurants)).

The Île-de-France regional health insurance fund (CRAM) therefore decided to undertake a review of the working conditions of chambermaids, the initial aim of this initiative being to create and disseminate a supporting document to raise awareness among the players in the hotel sector.

Special framework and background

Cramif's approach therefore began with the following observations.

- Hotels are faced with difficulties concerning their chambermaid personnel in a changing environment: occupational injuries, absenteeism, demotivation, recruitment problems, population ageing, etc.



- The hotels' response to these problems is to organise training sessions for chambermaid personnel, focusing on gestures and postures.

Accordingly, Cramif set up a hotel industry working group consisting of inspectors, instructors, industrial doctors and communications departments, in which the French national research and safety institute INRS took part (providing assistance and advice, a work and safety review, etc.) together with occasional guests such as ergonomists, the ARACT, etc.

Description of the action

The objectives of this working group were to capitalise on experience and propose paths of action (either extending the actions underway or developing new actions such as training of reference groups, creation of awareness-raising tools and establishment of contact with trade associations, societies, etc.).

An initiative was carried out in particular with Sofitel Hotel, at the request of the management. The reference group for this hotel was formed of two chambermaids, two housekeepers, a human resources assistant, a member of the CHSCT (committee for health, safety and working conditions), a maintenance employee and an instructor from the ACCOR Academy. The training objectives for this reference group were to develop an autonomous, permanent preventive approach within the hotel, based on ergonomic analysis of the chambermaids' actual work, and to reduce the work's stress and pain.

Key aspects of this training

- *Mobilisation*

The players were mobilised chiefly by the presentation of the group's approach and the results to the hotel management, the partners (industrial doctors, Île-de-France Regional Health Insurance Fund (Cramif), instructors from the academy, etc.) and to the other floor staff teams.

- *Training*

Training for the Sofitel reference group was provided by dispensing theoretical knowledge and through practical work in real-life situations to learn how to analyse work activities in order to look for solutions for improvement.

- *Implementation*

Finally, in 2005, the first occupational health and safety measures were implemented. They consisted of a new work organisation, i.e. the establishment of an operating procedure for room cleaning and the appointment of expert chambermaids for training new recruits and supervising compliance with the procedures, and the purchase of new equipment.

In 2006, new measures were introduced, especially concerning work organisation.

For example, the process of integration was formalised with the expert chambermaids, the breakdown of working hours was modified (to create a better balance between working hours and rest periods), a catalogue of ideas was introduced, research was carried out on less painful work methods, and a document was produced summarising all the good practice rules of the job and ideas and tips found during the group work.

Work was also carried out on cleaning performance aids, with a constant search for suitable high-quality equipment.

The rooms were reconfigured based on identification of the painfulness of work, and training was provided following the changes in work organisation.



At present, a practical data sheet dealing specifically with chambermaids' and valets' work is in preparation; it describes the sector, the job, the need to understand the actual work activity, and pointers to attenuate work constraints. The latter may be, in particular:

- with regard to work organisation; the work pace (number of rooms in a given time), freedom of personal organisation, impact of quality requirements, etc.
- with regard to tools and equipment; considerations before making a new purchase (of vacuum cleaners, trolleys, etc.), appropriate tools, choice of maintenance products, storage, operating instructions, etc.
- with regard to premises and furniture; type of materials, shape, weight of furniture, space and accessibility of equipment and decorations, layout of ancillary rooms (linen room, pantry, etc.).
- with regard to training; creation of internal resources for research on the work, the participatory approach, professionalism and enhancement of the job's image.

This project was followed by the publication of the practical data sheet (autumn 2006), an article in *Travail et Sécurité* (Work and Safety) a review of the INRS (autumn 2006), the manning of an exhibition stand at the Equip'hôtel show, and attendance at conferences (November 2006).

New data sheets are expected to be created on other jobs, or else specific brochures on the hotel industry.

Results and evaluation of the project

An evaluation of this project was made through the questionnaire 'one year later'. In the second quarter of 2006, questionnaires were produced by the two leaders of the reference group and questions were asked by the two chambermaids in the reference group. The questions prepared made it possible to gain an impression of a representative sample of chambermaids (10 in all) of different ages, length of service in the establishment and morphology (size).

The overall situation for Sofitel is as follows.

- Improvement in the work atmosphere: development of mutual aid between chambermaids and job enrichment.
- Reduction in the number of occupational injuries (two fewer injuries = seven in 2004, five in 2005 and a single one in the first half of 2006). Increase in occupational health and safety and raised team awareness of the various risks related to gestures and postures.
- Reduction in the time to make the bed: average reduction of three minutes 15 seconds for twin beds (which represents a time saving of 48 minutes and 45 seconds per day) and of one minute 35 seconds for a large bed (which represents a time saving of 23 minutes and 51 seconds per day). (Comparison between February 2005 and August 2006).
- Chambermaid satisfaction: with respect to the equipment installed, the new work organisation and follow-up by expert chambermaids (positive feedback confirmed by means of the 'one year later' questionnaire).
- Transmission of good practice rules: conveyed by expert chambermaids trained in the ergonomic approach (role as catalyst in team cohesion).
- But difficulty in finding equipment for cleaning bathrooms: problems faced regarding the functionality of telescopic handles (end-piece hard to fit) and their quality (sponge).

Following this initiative, the training department of ACCOR extended this approach to 10 Sofitel hotels in France during 2006. All the Sofitel hotels in the French network are encouraged to develop this training within two years, on a voluntary basis.



Problem identification and description

The problems faced in putting the project in place are:

- poor understanding of the objective of the approach;
- scepticism from the chambermaids (waiting for results);
- difficulty of mobilising the reference group to maintain a group dynamic;
- work organisation (finding the time to meet).

The solutions adopted are:

- communication with the personnel to have them support the project;
- mobilisation of certain heads of department;
- follow-up by and involvement of two Cramif members;
- immediate action by introducing occupational health and safety measures.

Assessment

The factors of success of this action are:

- involvement of the reference group in a large-scale project;
- preliminary training carried out by Cramif;
- inter-department discussions;
- recognition of the chambermaids' job;
- involvement of the floor service team, which helped improve the work atmosphere among the floor staff;
- encouragement of mutual aid between chambermaids, hence reducing the chambermaids' isolation and stress.

Transferability

This action can be transposed to other countries and other hotel groups.

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5.1.2. Risk assessment in the hotel sector in Athens, Greece



Key points

- Hotels are complex work environments with multiple health and safety hazards. These may include physical, chemical, biological and ergonomic hazards.
- Our ability to involve workers in the hotel business is considered by far the greatest success in this study. This helped us to develop its approach and methods.

General framework

Due to its tourism industry, Greece has a large numbers of hotels and accommodation units employing many workers in a diverse number of activities. For this reason we chose to investigate a number of activities and services in the hotel business for potential health and safety problems, with the ultimate aim of developing a model for risk assessment for hotel employees.

Description of the action

The study was brought to completion in three phases:

- (1) literature research
- (2) field study, and
- (3) evaluation of experimental results and conclusions.

In the first phase, basic information about the hotel business was sought. This included an inventory of hotel businesses and their number of employees, legislation concerning regulations and support systems for the business, and good practices concerning health and safety measures.

The second phase contained the main body of the study and included the following.

- The filling of questionnaires. Here employees were required to provide information on health and safety aspects for each group work or service activity.
- Formation of a model for assessing and preventing occupational hazards.

Statistical elaboration of the questionnaire showed that the prevalent health hazards are poor air quality, due to dust, and high noise levels. Safety hazards identified included slippery floors and falls, and possible explosions from the misuse of combustible materials. It should be noted that a significant percentage (35 %) of workers stated that there was inadequate information and generally a lack of training on matters of health and safety in their workplace. In addition, the employees seemed to place emphasis on ergonomic hazards arising from intense working rhythms, high levels of responsibility, mental stress and from manual handling of loads such as stacks of plates, trolleys, linen, etc. Within this field study, measurements were made of noise levels, thermal stress, suspended solids, carbon dioxide and carbon monoxide levels, and for pathogenic and non-pathogenic micro-organisms.



The main sections or activities that were examined were:

- the boiler room
- hot and cold plate kitchens
- the housekeeping section
- offices and reception desk.

Noise levels were measured using a dosimeter, calibrated according to the relevant technical specifications. The noise level value was estimated using the method published in the Presidential Decree 85/1991, in compliance with the method published in the European Directive 86/188/EOK.

An examination of the stationary measurements revealed that the equivalent continuous noise levels (L_{eq}) ranged from 63.9 dB(A) to 96.0 dB(A). According to the Presidential Decree 85/1991, a limit value of 55dB(A) is set for an office work environment and a limit value of 90 dB(A) is set for the boiler room. In the office work all six noise level measurements exceeded the set 55 dB(A) limit value, while in the boiler room only one of the two measurements exceeded the 90 dB(A) limit value.

Light intensity or illuminance was measured with an illuminance meter. Since Greece does not have legislation regarding light intensity levels, our results were compared with acceptable light intensity values (for different work activities) recommended by the British and American Illuminating Engineering Society (IES). The results were expressed in lux units. Our measurements showed that for each work activity examined the measured light intensity was below the accepted level.

Thermal stress was determined using a thermal environment station. The method followed was according to the international standards, ISO/DIS 7726, ISO/DIS 7730 and ISO/DIS 7243. Having worked out the predictive mean vote (pmv) and the predictive percentage dissatisfied (PPD) it was found that 86 % of the workers were working in a thermal stress zone and 14 % in a thermal comfort zone.

As for carbon dioxide (CO_2) and carbon monoxide (CO), in no circumstances did we find concentrations above the threshold limit values (tlvs). These are, according to the American Conference of Governmental Industrial Hygienists (ACGIH) published in 2005, 5 000ppm for CO_2 and 25 ppm for CO. Despite this result, 33 % of measurements were equal to or above 600 ppm for CO₂ and a large number of measurements were found to be as high as 11 ppm for CO₂.

In the hot and cold plate kitchens, where a large number of workers were involved and where cooking procedures generate heat, it was observed that temperatures and CO_2 and CO concentrations were slightly elevated with respect to other areas of activities.

Air was sampled for the presence of micro-organisms. This was done in the hot and cold plate kitchens, linen cupboards and laundry rooms. Pathogens such as E.Coli, Salmonella and Staphylococci were not detected. However, non-pathogens such as yeasts and other species of fungi were found in the kitchen areas. From these observations suggestions were made to facilitate the renewal of air in the kitchens. Also, in conjunction with the National School of Public Health, water was sampled from the air-conditioning system and the water supply system for the presence of the gram negative aerobe responsible for legionella disease. Of the 57 sites from which samples were taken, two (from the cooling system), exhibited the presence of this bacterium.



Climate and surrounding temperatures in Horeca

High surrounding temperatures can lead to discomfort and even heat stress. Heat stress occurs when the body fails to control its internal temperature. Different factors, such as air temperature, clothing, work pace and the amount of humidity can contribute to heat stress. Some people are more susceptible than others. A worker's age, medical factors and physical characteristics can influence individual tolerance. Symptoms can vary, ranging from an inability to concentrate and severe thirst to heat rashes, muscle cramps, heat exhaustion (weakness, headaches, etc) and heat stroke (hot and dry skin, fatigue, accelerated pulse, unconsciousness, confusion, convulsion) (HSE, 2003).

Waiting, kitchen and laundry staff are most at risk. Causes can be heat from machinery and cooking equipment, worsened by poor ventilation (ILO, 1998). Temperatures in the kitchen can sometimes even exceed 30°C (dry temperature, WBGT-index: 26.8) (Devliegher, 2002).

Additionally, the combination of high temperatures with draughts due to air conditioning, open doors, alternation between warm (humid) and cold environments (e.g. storage rooms), exposure to steam and cooking fumes, etc., create thermal discomfort. Poor ventilation, bad smells and toxic substances in the air (e.g. smoke — see below) are a considerable problem in the sector (Klein Hesselink, 2004). Especially in the catering subsector, the temperature in the production area is kept low to maintain the hygiene standards of the food. According to a case study in airport catering (Devliegher, 2002), adequate clothing can prevent the cooling down of the body, but the hands suffer from these temperatures; it hinders finger dexterity and can lead to cutting injuries.

Results and evaluation of the project

The questionnaire was generally well accepted at all hotels and the response was high, except in one case, where a particularly small reply level was noticed. This was attributed to intense working rhythms and lack of disposable time. In this particular hotel a change in management had recently occurred. The new management was indifferent to the distribution of the questionnaire, and their general attitude created an atmosphere of uncertainty and general anxiety.

From this study a number of conclusions can be drawn about the state of health and safety in the hotel business. For a number of areas, such as the hot and cold plate kitchens and the laundries, where unfavourable working conditions may prevail, recommendations were made for improving the work environment. The observations and conclusions derived from the study could be used to conduct seminars and instruct many more employee groups in the hotel business.

Problem identification

The study faced a problem in sampling the hot and cold water circulatory system for the legionella bacterium. Due to full or near full accommodation, the management was unable to make available to us more than two or three rooms at a time. For this reason it was difficult to obtain representative samples for given time periods. A third problem faced in the study was due to the multiple tasks assigned to the safety officers. Although each hotel had its own safety officer, they not only had to oversee matters on health and safety but were often obliged to perform other duties, which tended to



impede them in their official task. In addition, the intense working rhythms observed in the majority of hotels imposed restrictions on the movement of the safety officer. This meant that at times it was difficult for us to have easy access to the different sections of the hotel and at times we were unable to have the assistance of the safety officer, during sampling or during on-the-spot measurements.

Assessment

Our ability to involve workers in the hotel business is considered by far the greatest success in this study. This in turn enabled us to better record and register the health and safety problems in their work place.

Transferability

The approach used to conduct this study could be used as a guide for the assessment of occupational hazards in the hotel business. The reason for this is that the study was able to obtain a holistic picture of the problems encountered in this sector.

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5.1.3. Targeted plan for health and safety in the hotel industry, guidelines for operators and brochure for workers — Italy



Key points

- The aim of the project is to gain more detailed knowledge of accidents and why they happen
- This knowledge has led to guidelines being made available for the benefit of workers in the sector.

General framework

The tourist zone of Valdichiana Senese has about 400 hotel facilities, 200 agri-touristic facilities and 150 bed and breakfasts.

The hotel accommodation sector in the area of Valdichiana Senese consists of small and micro-enterprises which report difficulties in applying the rules on prevention (regarding safety of workers and food safety).

It emerges, from an historical analysis of the activities of the prevention services of the LHU (Local Health Unit), that the hotel industry has only marginally been included in targeted plans, as in many cases surveillance is bound up with investigation of accidents. Furthermore, it should not be forgotten that this sector is of some importance in our territory both as regards the number of local units, which is



approximately 500, and the number of employees (1 100 for the thermal pole of Chianciano Terme alone) relative to the presence of thermal centres and the corresponding tourist flows. Another feature which distinguishes this working sector is the high turnover of workers on a seasonal contract, partly of non-EU origin, which can make it difficult to create coherent training programmes and to plan for prevention activities in the working environment.

The new problems that came in the wake of the development of the rules (especially on chemical risk, fire prevention, and food safety) and the specificity of the 'hotel' working environment make it necessary to provide suitable working instruments (guidelines, protocols) for personnel whose function is that of surveillance and control.

Special framework and background

Accident indexes (of frequency and gravity) in the sector are comparable to those in other manufacturing sectors, but some workstations (for example, kitchens) report indexes comparable to sectors where an elevated risk has been highlighted (e.g. in the metal and mechanical sector).

Involved in the project are the Prevention Department of LHM 7 of Siena, trade union organisations and the association of hoteliers, the Bilateral Tourism Agency of Chianciano, in the Tuscany Region.

The control and surveillance project is targeted at the local area of Valdichiana Senese. The guidelines and information brochure, due to their content, may be circulated to operators (employers, designers, advisers, workers, trade union organisations and trade associations) from all other territories.

Description of the action

The aim of the project is to gain more detailed knowledge of accidents, based on the recording and analysis of data provided by accident reports, through a computer database. Further detail is provided by accident investigations which the service carries out as part of its institutional function. This greater knowledge has led to guidelines being made available for the benefit of personnel in the sector (managers, employers, workers, advisers, trade associations, etc.), in harmony with the rules and based on the experience of the control agency (Operational Unit — PISLL, Accident Prevention and Safety at Work of LHM 7 of Siena). This working instrument was made available with the collaboration of trade associations and trade union organisations, a convention was organised for the purpose and an information brochure was circulated. Following these initiatives, a surveillance and control operation was conducted involving all the enterprises in the sector which were situated in the territory (Valdichiana Senese). These activities are now all conducted by the Operational Unit of the PISLL.

The Operational Area for Prevention of the zone of Valdichiana Senese has, for about seven years, been directing a targeted plan for the hotel and accommodation sector, after having drawn up a protocol dealing with the main risks relating to hotel working environments ('guidelines for personnel in the hotel sector'), with reference also to the hygiene and sanitary requirements for accommodation facilities and the restaurant industry.

This protocol was clarified during informative meetings with the hotelier associations and the trade union organisations. Following circulation, a process of verification of the guidelines' implementation was conducted, which lasted five years.



The results of the study were circulated at the convention held at Chianciano on 2 April 2004, with the aim of spreading the word and deepening technical understanding of the key risks in relation to health, safety and food hygiene, in collaboration with trade organisations, universities and ISPESL.

The convention was also the occasion on which to present a brochure displaying short messages and vignettes aimed at encouraging suitable behaviour by workers in keeping with the aims of prevention.

It was also agreed that orientation should be provided for the development of a training model for workers which would take account both of the results of the research and of the peculiarities of the work contract character (seasonality, precariousness and high turnover), also taking into account the multi-ethnic origin of workers in this sector. As a consequence of this policy, collaboration with ISPESL arose in order to develop a computerised training tool for the purpose of training personnel in the sector.

The main means used in carrying out this project are as follows.

(1) Guidelines for Personnel in the Hotel Sector

These are subdivided into three main areas.

- Hygiene and safety prevention at work where the risks inherent in the different working environments are identified and described, such as in the kitchen, laundry and ironing-room, sanitary services, car repair workshop and garage, office and porters lodge, and in the different working phases: room cleaning and maintenance, table service, etc.
- Hygiene in accommodation facilities.
- Food hygiene.

(2) Information brochure 'Health and safety in the hotel sector'

This brochure gives short messages and vignettes aimed at encouraging suitable behaviour by workers in keeping with the aims of prevention. Useful information and advice are provided on the main risks present in working environments, relating to portable ladders, manual handling of loads, food preparation machines in the kitchen, electrical hazards and risks of a sanitary/environmental kind, product hygiene and legionnaires' disease.

(3) Financial resources

A total of EUR 8 000 has been required each year, to which should be added the cost of personnel engaged as follows:

- two prevention experts at 10 % of their hourly commitment (350 hours);
- one work physician at 10 % of his hourly commitment (175 hours);
- one engineer at 10 % of his hourly commitment (175 hours).

Results and evaluation of the project

The data available following seven years of surveillance and control in the hotel sector by the Operational Unit of Hygiene and Safety Prevention at Work and the Operational Unit of Hygiene and Public Health, allows the evaluation of factors such as:

- frequency of accidents;
- percentage of workers complying with the compulsory training requirements/controlled workers;
- percentage of firms complying with the compulsory training requirements/controlled firms;



- percentage of firms complying with the requirements for compulsory prevention in the workplace/controlled firms;
- percentage of firms complying with the requirements for food safety /controlled firms.

The data are currently nearing completion.

Problem identification and description

The practical problems in attracting enough support were:

- maintenance and updating of information tools, with frequent variations in content and constant and unexpected changes in the rules;
- initial suspicion amongst operators in the sector, who feared disadvantageous economic consequences and the possible requirement to make interventions, especially of a structural kind, at a time when the market might be contracting.

Transferability

In the future it is planned to promote interventions coordinated with other LHU prevention departments (in Pistoia, Padova, Venezia, Marche) which have already initiated specific interventions in the sector to give wider circulation to initiatives of a regional character.

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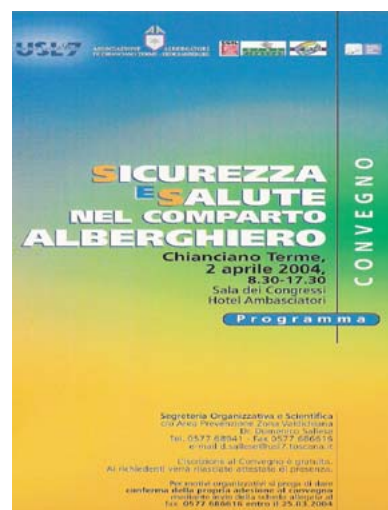
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Cover of the brochure 'Health and safety in the hotel sector — useful advice'



Poster for the convention at Chianciano, 2 April 2004



5.1.4. Safety enhancement in swimming pool chlorination systems — Italy

Key points

Major actions included:

- analysis of the causes of accidents;
- investigation of the main techniques for the treatment of thermal swimming pool waters;
- integrated control of the interactions between the various system plants that incur water quality control.



General framework

The working process focused on the water treatment plants for swimming pools in order to reduce the accidental spillage of chemical products and consequently to prevent possible intoxication of bathers from gaseous chlorine inhalation.

Special framework and background

The reason for undertaking the action was the analysis of the accidents that occurred over time in the Euganean Hill thermal district.

Initiators and groups involved from the outset were: Local Health Unit of Padua, Regional Agency for Environmental Prevention and Protection in Veneto (ARPAV), Association of Thermal Hotel Keepers of Abano Montegrotto.

Description of the action

The first action was the creation of a mixed working group made up of technicians from control agencies and representatives from the associations of entrepreneurs that are participating together in order to identify the necessary interventions required to avoid further accidents.

The major actions consisted of the analysis of the causes of accidents, investigation of the main techniques for the treatment of thermal swimming pool waters, integrated control of the interactions between the various system plants that incur water quality control (chemical, hydraulic, electrical, and electronic), definition of enhancement procedures, identification of methods of communication, the dissemination of information and sharing of work experience.

These actions led to the creation of guidelines for the management of chlorination system plants, covering both the management aspects and the system plant modifications aimed at improving safety.

No change of methods, targets etc., occurred during the action, which required about 400 man-hours to complete the guideline, and involved around 20 individual technicians, designers and plant system managers.

Results and evaluation of the project

Comparison of the situation before and after the circulation of the guidelines shows that no further accidents have been recorded. Moreover, the quality of service offered to tourists, as well as working conditions, seem to have improved as a direct result of system plant operators' enhanced professionalism and improved awareness.



Problem identification and description

One feature of the Euganean Hill thermal pole is its high number of bathing establishments (approximately 200), considered a key resource from the viewpoint of tourism. In fact, swimming pools are becoming an indispensable aspect of thermal establishments, annexed to hotels, that are used by all age groups, not only for recreation, but also for curative purposes and for activities associated with well-being. Such demands have pushed entrepreneurs in this sector to make long-term investments, proposing efficient and ever more complex structures, designed to accommodate the multiplicity of services requested by clientele (covering fitness, rehabilitation, hydro massage and cures). It is therefore of fundamental importance that water treatment system plants will be able to guarantee the highest conditions of safety both for in-house guests and for employees.

To date there have been gaps in the provisions relating to auxiliary plants in swimming pools, probably because of the range of different professional competencies necessary to understand the different parts of the systems themselves. This fact has probably contributed to the creation of certain critical junctures in the management and maintenance of treatment plants; in certain cases accidents have occurred which have seriously compromised the safety of users. This is the context within which, on the initiative of the ULSS 16 (Health Social Local Unit) of Padua, the working group was set up which drafted a 'guideline for safety' with the intention of enhancing understanding of these problem areas amongst managers and technicians, encouraging the spread of information and promoting those remedial interventions deemed appropriate, by means of the Association of Thermal Hotel Keepers.

Also included within the guideline, in addition to some provisions of a technical nature, is information of a general nature that will increase understanding of the most important variables contributing to safety, for those who are not employed in this sector. Such information does not pretend to be exhaustive, but is to be seen as a summary of the main features of those systems used in water treatment.

The analysis of accidents has permitted certain conditions to be identified under which there is a risk of uncontrolled emission of high-concentration chemical agents into the main pools. The study of the international literature on the subject, as well as examination on a local scale, reveals that significant accidents have occurred which have had serious consequences due to exposure to those chemical agents most commonly used in water chlorination: powerful acids and sodium hypochlorite. Injuries from exposure to such substances are rare, though always possible, but they are more frequent where there is exposure to chlorine gas emitted from the hypochlorite-acid mixture. These cases understandably get higher exposure in the media, and may lead to alarmism amongst swimming pool users in general.

The following are two categories of interventions required to minimise risk:

- plant restructuring and safety logics;
- aspects relating to management and the spread of knowledge.

As to the first point, the required modifications to systems for the chlorination of chemical products in liquid phase by volumetric pumps have been identified, with the introduction of a safety rationale in the electrical connection and the insertion of a safety flow switch capable of interrupting the flow of reagents where there is a blockage in the recirculation system.

As regards the aspects relating to management and the spread of knowledge, on the basis of the experience acquired, it has been shown that even a well planned system is not immune from the risk of accidents, whenever those persons in charge of the



operation of the system lack the requisite knowledge. The issue of suitably qualified personnel employed to deal with such systems is still live; there is currently no precise body of rules on the subject, which brings us back to the general rules provided for by the corpus of safety norms. While there has been quite careful supervision over the years, through sporting federations, of the professional recognition given to bathing attendants who act as lifeguards, the training of personnel employed to manage such systems has been neglected in light of the fact that they have nearly always been entrusted to this professional group. This specialist area is considered to be growing in importance, particularly due to the increase in complexity and the automation of control systems, which have become ever more widespread over time. Therefore the contents of the guideline aim at making a training instrument available which is uncomplicated, even for personnel who are not highly specialised.

Difficulties have also been encountered in acquiring technical information due to the evident reticence of companies that supply the systems. Nearly all chlorination plants today are lacking instruction manuals that can be easily understood and used by non-specialised operators with just an average qualification. Furthermore, standardised schemes for plants with information regarding their safe management are rarely made available.

It is important to stress the fact that different kinds of expertise required for the construction of water treatment systems do not tend to be coordinated amongst themselves. It has been shown that having different systems — which taken individually, turn out to be well-designed — may not guarantee optimal safety. For instance, a firm which provides automatic chlorine control systems for swimming pool water is rarely concerned with the electric cabling of the dosing pump; on the other hand, the installer of electric cabling is unaware of the key importance of the chemical system. Even updated versions of the UNI standards fail to confront the problem of plant safety in an integrated way, citing general considerations and failing to lay down a strict logic of control to guarantee safety, even in cases of anomalous functioning.

Assessment

Objectives have been met regarding the immediate improvement of the structures. Still only partially achieved is the objective to raise awareness among industrial designers, constructors and maintenance staff. The involvement of the Association of Thermal Hotel Keepers of Abano Montegrotto has encouraged dissemination of the document and greater awareness amongst entrepreneurs. It is significant that enhancement techniques set out in the guidelines can be extended to all system plants, even where their application might vary, depending on the area involved.

The logic of improving the quality and safety of the systems of chlorination has a strong foundation which is also shared by control agencies and trade associations. On the other hand, the industrial designers and suppliers of system plants are less interested in taking on the role of guarantors of the total safety of the chlorination system plants, in that they are not regarded as commercially viable. Even the current Italian provisions (Law 46/90, UNI standards) do not approach the subject in an integrated way. Finally, it should be stressed that the State-Region's agreement of the 16 January 2003 calls for the adoption of a self-control plan for aspects relating to the sanitation and safety of swimming pools, to be compiled by the manager even where there are obvious difficulties in getting hold of complete information on the nature of the systems in question and on the overall logic behind their assembly. In addition, it is considered to be important as a future development, to encourage the integration of diverse documents, as defined by the policy norms. Currently the following have been laid down.



- A 'manual of use and maintenance' called for by UNI 10637 in paragraphs 7.2 and 7.3 (including analyses of failures and of the maintenance log. Such a document, in the survey carried out, was rarely found or, if it was, contained obvious deficiencies).
- A 'self-control manual' including the analysis of sanitary risks and the register of technical-functional requirements of the system, drafted in accordance with paragraph 6 of the State-Region's agreement of January 2003.
- A 'corporate risk assessment document' made compulsory by Legislative Decree 626, for all those aspects to do with the risk analysis of plant systems, the equipment, the working environment, the area open to the public, the chemical and biological agents.
- The 'declarations of conformity' of the various systems when viewed individually, which taken together comprise the chlorination system as a whole (electric-hydraulic).

It is perfectly clear that the documentation should be brought into a coherent management instrument, so as to avoid superfluous superimposition of documents which can cause confusion or, even worse, multiply bureaucratic functions, with poor added value. It is believed, in fact, that it is impossible to approach aspects of sanitary hygiene, relative to the management of system plants, without taking into account the influences on safety and technical knowledge of the system plants. Thus it is necessary to produce an instrument capable of connecting and cross referencing the various documents, if necessary even referring them back to technical attachments, so that the duties of the persons in charge of system plants can be fulfilled in a coherent and comprehensive way.

Transferability

The contents of the guidelines are applicable across the board for all types of swimming pool system treatment plants, and they encourage the spread of knowledge.

The system plant alterations are the responsibility of entrepreneurs and they have sought variable expenses of between zero and about EUR 60 000, depending on the features of the system.

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Contact with dangerous substances (chemical and biological) in Horeca

To ensure the hygiene of hotels and catering venues, use of different kinds of chemicals is widespread. Workers can be exposed to potentially dangerous chemicals such as oven and floor cleaners, disinfectants, soaps and detergents, pesticides, etc. Ammonia, frequently used as a cleaning agent, and chlorine solutions used as a disinfectant in dishwashers, can cause skin, eye and nose irritation. Employees most at risk include chefs and cooks, cleaners and waiting staff. Contact with and inhalation of these products can cause skin dermatitis and respiratory diseases such as allergies, asthma, etc.

It is not only chemical products that lead to negative health effects. Biological agents also cause problems. Occupational dermatitis can be caused when skin is, or has been, in contact with chemical or biological agents at work. Symptoms include itching skin, redness, blistering of the skin etc. Hands and forearms are most affected (HSE, 2000). The type of substance determines the seriousness of the disease. Occupational dermatitis is not only caused by chemical substances. Certain types of allergens in food (flour, vegetables, proteins, etc.), or natural products (e.g. latex or rubber gloves) can also be the cause. Prolonged and frequent use of water can also weaken the skin, which makes it more vulnerable to dermatitis. According to the Health and Safety Executive (2000), prolonged contact with water, soaps and detergents causes about 55 % of dermatitis cases in the UK every year. About 40 % of dermatitis cases in the industry were caused by contact with foods such as flour/dough, fruits (especially citrus fruits), vegetables, spices, fish and meats.

Meding (2000) reported a difference between the number of reported work-related skin diseases among men and women. Epidemiological studies of hand eczema also showed that women, especially young women, are more affected than men. The most common type is irritant contact dermatitis, often caused by frequent wet work. Since no differences in skin irritation exist between men and women, the higher prevalence of irritant contact dermatitis is most likely due to exposure, occupational as well as non-occupational. Many female-dominated professions such as catering and cleaning occupations involve extensive wet work.

The interdisciplinary skin disease prevention programme in the baking, hotel and catering industries (Bauer et al., 1999) studied the occupational exposure of employees and their individual occupational disease stories and the efficiency of prevention programmes. The results showed that most of the occupational skin diseases were caused by a lack of or unsuitable skin care and protection. The implementation of focused prevention activities leads to improvement or even disappearance of the symptoms of skin diseases.

Food preparation contains risks of infection by bacteria that can spread from food, or the lack of personal hygiene (e.g. hand washing after toilet use). Chambermaids and cleaners can be exposed to biological agents in waste or towels and bed linen (e.g. blood and other body fluids) while cleaning bathrooms and toilets. It is recommended that kitchen workers as well as housekeepers are offered vaccination against tetanus and hepatitis B.

Oven cleaners can release toxic vapours. Another important risk is the unwanted mixing of dangerous substances, producing gases (e.g. toxic poisoning caused by contact of bleach or decalcifiers with and acid) (Roskams and Hermans, 2003).



5.1.5. Distance learning for the hotel sector – training project for personnel in the hotel industry — Italy



Key points

- Testing out a participative model of prevention actions intended to resolve specific difficulties in the sector in the area of training.
- Production of software and a CD-ROM for distance training.

General framework

The project is aimed at employers and employees in the hotel accommodation sector. It is intended to confront the sector's specific difficulties in the area of training in prevention, required by standards on health and safety at work, and hygiene in the area of food and accommodation facilities.

The model will be applied in the tourist area of Chianciano Terme and the Valdichiana where there are around 400 hotel facilities, 200 agri-tourism facilities and 150 bed and breakfasts.

Special framework and background

Following around seven years of vigilance and control of the hotel industry, the Operational Area of the LHU 7 (Local Health Unit) of Siena — the zone of Valdichiana — organised a convention held at Chianciano Terme on 2 April 2004. From this it emerged that hotel industry personnel (trade associations and trade unions) complain about the singular difficulty of creating consistent training plans in line with the planning of prevention activities. The LHU is engaged in preparing a project financed by the Tuscan Region, inspired by the rationale of the development pact (signed and agreed by the Tuscan regions and the trade associations, both employer and trade union), which provides for the participation of all interested parties.

The aim of the project is to test out a participative model of prevention actions intended to resolve specific difficulties in the sector in the area of training, such as:

- high turnover of personnel;
- seasonal nature of the business;
- precariousness of the work;
- high number of non-native born workers;
- need for certification of training provided for by regional rules.

The project was created by ISPEL which has looked after the software, and by the LHU 7 of Siena which has provided the material relating to training and documentation, and it has been financed by ISPEL and the Tuscany Region. The Hoteliers Association of Chianciano Terme has provided space and equipment to set up an IT classroom for free attendance by employers and workers. Confcommercio (Italian General Federation of Commerce and Tourism) will provide workers with tutoring and will coordinate administrative/teaching support with a view to certification of the training to meet regional standards. The LHU will provide assistance and tutoring to employers and workers. Trade unions will provide the support necessary to properly disseminate and promote the product.



The trial will be carried out at the local level in the area of Chianciano Terme, but its aim is to assess the feasibility of applying the model at the regional level and to other tourist areas at the national level.

Description of the action

The promoters of the ISPEL initiative, the LHU 7 of Siena in collaboration with the Hoteliers Association, trade unions and the Tuscany Region, all hope to provide businesses in the hotel industry with a training tool which is geared to the needs and requirements of employers and of their workers hired under atypical or standard employment contracts. The trade associations are providing the IT classroom for free attendance by workers, supervised and assisted by Confcommercio, which will certify some training modules. The trade unions will provide certain equipment, the LHU has helped to prepare the IT product for the technical materials and is coordinating the project and providing tutoring to the workers, while ISPEL has prepared the software.

In this way, interested parties (employers and employees) will have very easy access to a training service offering training materials validated by accredited bodies, and high-quality professional, technical and logistical back-up.

The software has been produced for employers' self-teaching and for their employees, and provides for a differentiated training programme which can be tailored to the specific duties performed, depending on the tutor's initial definition of a user profile:

- clerk and receptionist
- kitchen assistant
- barman
- waiter
- chambermaid
- porter
- maintenance man
- car park attendant
- laundry operator
- lifeguard.

The product is also provided on CD-ROM, to be distributed within firms. The software is user-friendly and allows users to integrate the training programme with images, photographs and maps of their own facility.

An online version of this software will also be provided to carry through the experimentation in freely open classrooms placed at the disposal of the Hoteliers Association for all workers in the sector. In this case, it will be for the personnel of the LHU to coordinate the training programme for the workers in accordance with their particular tasks.

As for training content, the product is divided into two areas, 'prevention at work' and 'Hygiene and public health', each one comprising two modules:

The 'prevention at work' module includes:

- general section;
- risks specific to the hotel industry;
- risks specific to the tasks identified in the hotel industry.

The 'Hygiene and public health' module includes:

- hygiene in accommodation facilities;
- food safety (simple activities in compliance with DGR (Resolution of the Regional Council) 1038/04).



A system of assessment with a multiple-choice questionnaire has been devised.

Where the experiment has a positive outcome and establishes a fully applicable model, the institutional bodies involved plan to hand over the system and the tools of the project — without charge — to other organisations assigned to the training activities who declare an interest in continuing the process and ensuring its safe future.

- Finances available for the action (incl. personal resources):
 - production of the software (EUR 29 200);
 - production of the documentation and the technical contents (*);
 - availability of the facility and premises;
 - availability of infrastructure, equipment and hardware;
 - Logistical assistance;
 - Technical assistance, teaching and tutoring (*);
 - Dissemination and advertising;
 - Maintenance of facilities and equipment;
 - Maintenance of the software and informational materials.

(*) Two prevention experts at 10 % of their hourly commitment (350 hours), a work physician at 10 % of his hourly commitment (175 hours) and an engineer at 10 % of his hourly commitment (175 hours).

Results and evaluation of the project

The data which will become available, following a period of observation of one year from the first experience, allow certain indicators to be assessed such as:

- the frequency of accidents;
- the percentage of workers complying with the compulsory training requirements/ controlled workers;
- the percentage of firms complying with the compulsory training requirements// controlled firms;
- the percentage of firms complying with the requirements for compulsory prevention in the workplace/controlled firms;
- the percentage of firms complying with the requirements for food safety/controlled firms.

Problem identification and description

There were long delays in accomplishing the project during all phases of financing and organisation, despite the interest and goodwill demonstrated by all parties concerned and by the social partners. This was due to the complexity of the model and the large number of organisations involved.

Practical problems were faced in attracting enough support (there were costs of maintenance of facilities and equipment, and maintenance of software and updating information was required due to constant and unexpected changes in the body of rules.)

No person directly or indirectly involved has to date demonstrated any signs of antagonism. It is possible that where the true purpose of the project is not properly understood by everybody concerned, persons operating in the field of education might possibly interpret the project to their potential detriment. This danger is to be discounted: the purpose of the project is not to break into the training market but to put on trial an innovative and participatory model of preventive actions which, once validated, can then be expanded in a freer manner to other areas to benefit other parties.



Transferability

The novelty of the model proposed lies in the participation and involvement of all interested parties in the issue of prevention in these areas:

- hygiene and safety in the workplaces;
- food hygiene and hygiene requirements in accommodation facilities.

ISPESL will distribute for free the CD-ROM to encourage maximum distribution locally and nationally.

It is hoped in the future to promote interventions in tandem with other Departments of Prevention of the LHUs (Pistoia, Padova, Venezia, Marche) which have already initiated specific interventions in the sector, so that there can be a wider circulation of regional initiatives.

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5.1.6. Health and safety management system in the Radenci health resort — Slovenia



Key points

- Setting concrete quantitative OSH targets can support the application of the relevant policy.
- Training of all employees is essential in order to improve working conditions.
- The main goal is to ensure a safe and healthy environment for employees and clients of Terme Radenci.

General framework

Terme Radence is among the three most distinguished spas in Slovenia. Its basic activities are:

- health and spa tourism.
- hotel and catering (gastronomy).
- sports and recreation.
- meetings, congresses and seminars.



- programmes for health and prevention.
- rehabilitation (after cardiac and vascular operations).
- wellbeing and beauty programmes.
- summer holidays with all-inclusive programmes.
- seasonal holidays.
- thermal spa with water surface of 1 460 m².
- hotel capacities: 641 beds.

In 2005, Terme Radenci employed 337 workers, of whom 215 are women and 122 men. The average age of employees is 43.6 years.

The company has been certified as meeting several quality standards, namely:

- ISO 9001:2000 (quality management systems), since 1997, and ISO 14001:2004 (environmental management systems), since 1999;
- OHSAS 18001:1999 (occupational health and safety management systems), since 2005;
- HACCP (hazard analyses critical control points), since 2002;
- EFQM Excellence Model, since 2002;
- 20 Keys, since 2002.

Thus, the health and safety programme initiative comes as a natural continuation, once this certification was acquired and implemented in the company's management system.

Special framework and background

The Terme Radenci d.o.o. has developed a health and safety policy with the following general goals.

- (1) Meeting legal requirements;
- (2) Activities for continuous improvement through the annual plans;
- (3) Comply with the demands for health and safety in any new activity which is planned to take place in the hotel.
- (4) Replace dangerous materials with non-dangerous ones such as new types of detergents which have less harmful effects on employees.
- (5) Audit systematically the state of health and safety.
- (6) Inform employees about their own responsibilities in health and safety.
- (7) Inform trade unions and workers' councils when accepting new regulations.
- (8) Create a synergy to improve partnerships, relations with customers and the local community.
- (9) Assure financial and other necessary resources for health and safety.
- (10) Have health and safety policy documented and make it available to the public, including guests, citizens of Radenci, employees and business partners.

In addition, every year the company set distinct quantitative targets for OSH improvement for a three-year period. Last year, goals were set for the period 2005–2007, and this year plans are for the period 2006–2008. In order to reach these goals, the company determines a programme which must be completed by the end of each year.

The targets of these OSH improvement programmes are the following:

1. reduce the frequency of injuries by 10 % (frequency of injuries is defined as the number of accidents at work/working hours X 200 000);
2. reduce negative influences on the health and safety of employees at work (including smoking and drinking) to reduce absenteeism by 0.5 % ;



3. meet legal obligations;
4. ensure that there are no fires.

Description of the action

In 2005 a total of 22 different programmes were introduced; 17 were successful, four were carried over to 2006, and one was unsuccessful because of equipment failure. For 2006 the company has organised 10 programmes. The information below indicates the programmes to be implemented in 2006, as well as the persons responsible and the respective cost.

Organisational measures — Training

Resources for education and training for health and safety have been provided for in the annual budget. We provide internal training for every employee in Terme Radenci.

The average number of training hours per employee in 2005 was 11.48 hours, of which health and safety training took 3.14 hours per employee (in 2004, this was 2.64 hours per employee) totalling 1 058 hours of OSH training (in 2004, this was 925 hours).

The company provides the information bulletin 'Srečko advise and warn' for attention and continuous improvement (KC Varstva PS SAVA).

Technical measures — Ergonomics

A new kitchen was installed and equipped for employees, with ergonomical design and brand new furniture and apparatus. Some of its features included:

- higher desks;
- furniture repositioned at a lower level in order to avoid overstretching postures among employees;
- drawers put below desks, instead of chests;
- ergonomically designed desks, whose height can be easily adjusted.

Results and evaluation of the project

Work-related accidents

In Terme Radenci accidents at work have been monitored since 1998, and systematically processed and analysed since 2002.

Table 4: Number of injuries in the period 2002–05

	In the work place	On the way to work	Near-miss incidents	R	IO
2002	6	7	0	13.67	0.23
2003	3	2	3	43.33	0.37
2004	8	1	1	20.11	0.46
2005	11	5	6	15.11	0.49

R = seriousness – average number of lost work days per injury with absence from work
 IO = disablement index – number of lost work days per employee

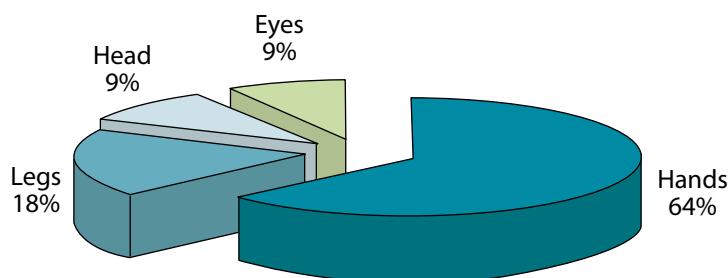
The number of serious injuries has been decreasing since 2003, and so there are fewer work days lost per injury. The increase in the disablement index (IO) is due to the decrease in the number of employees.



The most common reason for injuries is still the human factor. In 9 % of cases injuries occur because of losing control over objects, in 28 % because of losing control over machines and in 27 % of cases injuries occur because of careless walking.

Among employees hand injuries occurred the most (64 %), followed by leg (18 %), and then head and eye injuries (9 %).

Figure 2: Injured parts of the body



Sickness status means temporary absence of the employee from work due to illness, injury, nursing, escort or any other medical reasons.

Table 5: Sickness status at Terme Radenci compared with the Slovenian average and regional average

	Terme Radenci		Slovenian average		Region of Radenci average	
	% BS	IO	% BS	IO	% BS	IO
2002	4.56	14.23	4.70	14.0	4.43	—
2003	4.42	13.81	4.65	13.7	4.58	—
2004	5.26	16.43	4.56	13.7	4.81	—
2005	4.10	12.80	4.28	12.5	4.36	—

% BS = sickness status – percent of lost work days per employee

The percentage of sickness status has been decreasing from 2002 to 2005, except in 2004. Terme Radenci is below the Slovenian average and also below the Radenci region average. The disablement index, which shows the number of lost work days, is also decreasing as sickness rates decrease, but in this case the company is slightly above the Slovenian average.

In Terme Radenci there are 27 disabled persons employed, of whom 24 have a level-three disability. Two of them have a level-two disability. Altogether just over 8 % of employees in the organisation are disabled. No employee has become disabled during the last five years.

Objective rotation of employees (due to retirement) was 6 % in 2005 (in 2004 it was less than 2 %), whereas subjective rotation of employees due to other reasons (terminated work contracts, terminated time-limited work contracts, change of employer, etc.) was 6 % (in 2004 it was 4.8 %). The low rotation clearly shows that employees feel part of the company and have a high level of commitment to it, which was also shown by SIOK research (3.43 %).

Health status analysis of Terme Radenci employees shows that about 30 % of employees smoke.



Table 6: Percentage of smokers

	Women	Men	Employees
2002	16.3	46.1	27.1
2003	22.2	30.7	32.0
2004	23.4	38.9	27.7
2005	24.3	41.9	33.8

Problem identification

One OSH programme was unsuccessful because of equipment failure.

Assessment

The major success factor was the fact that specific resources for education and training for health and safety have been included in the annual budget.

Another main success factor is the systematic and integrated way that safety matters are addressed in Terme Radenci. Employees are shown how to perform their tasks safely in the workplace and develop their safety awareness in their personal life as well, an attitude that they convey to their families.

Transferability

The commitment of the management to the accomplishment of the goals that have been set could be a good example for enterprises of the same size and capacity. This commitment is expressed mainly by the provision of adequate resources (financing the HSE system), auditing and evaluation of the programmes undertaken, and an effort to increase the OSH training hours per employee.

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5.1.7. Substitution of beds, Meliá Hotels, Balearic Islands, Spain

Key points

The introduction of beds with a lift mechanism in hotels can reduce the efforts that chambermaids have to make in bed preparation and in floor cleaning.

General framework

Making beds is one of the usual tasks carried out by hotel maids. The task of making single or double beds involves adopting forced postures, crouching and several



stretching and twisting movements to arrange the sheets and blankets under the mattress. Maids also handle heavy pillows. They usually push trolleys loaded with sheets, blankets, towels, cleansers, soap, gifts and brochures for the guests.

They use vacuum cleaners to clean the bedroom floor and they have to carry them from one room to another. To clean under the beds they have to crouch and to drag or push the beds. Certain old-style beds in luxury hotels are quite heavy and moving them requires a considerable physical effort.

Special framework and background

The idea of introducing a lifting mechanism to elevate the beds and adapt the job to workers had been identified as a possible solution some time ago. Both the preventive service and workers' representatives demanded such a measure based upon the available information, and on similar experiences in other hotels.

Action was taken to reduce back injuries in the group. It involved trade union reps, employees, the staff of the preventive services, the mutual insurance company, and the manufacturing company. A project was initiated both by trade unions and preventive

Ergonomic conditions: physically demanding work, manual handling and strenuous positions

Working in the Horeca sector is characterised as physically demanding and strenuous. Ergonomic risk factors include prolonged standing and static postures, carrying and lifting and repetitive movements. This can cause all kinds of musculoskeletal disorders such as back pains, neck and shoulder strains, muscle fatigue and upper limb problems. These factors are often combined with other unfavourable conditions due to poor design of workplaces such as different floor levels, and working in narrow spaces.

Research by Grimaud, et al. (2002) found that carrying plates on a tray happens less often than would be assumed. Waiting staff are frequently involved in the delivery of ingredients and other goods. Strenuous positions such as in carrying loads are often aggravated by frequent climbing and descending of stairs. Physically demanding work for waiting staff includes carrying heavy plates, bending and reaching to set tables, putting packages on shelves, etc.

Key risks for hotel cleaners arise from making beds, vacuuming, working in bent, twisted and other uncomfortable postures while cleaning, handling trolleys and trays etc. Receptionists, waiting and kitchen staff, and porters have to deal with long periods of standing upright (ILO, 1998).

Repetitive activities in kitchens such as chopping, washing dishes, stirring, etc. can lead to potential MSDs such as carpal tunnel syndrome, tendonitis, etc. (HSE, 2006; Klein Hesselink et al. 2004).

A study by Frumin et al. (2006) on work-related musculoskeletal disorders among hotel housekeepers in 107 hotels in the US, found that overall housekeeping jobs in hotels have a very high (76 %) risk of low back injuries. This is especially the case for the making of beds (70 %) and bathroom cleaning (74 %). This even exceeds the risks of nurses in the hospital sector. Repetitive work such as cutting, peeling, the use of machines, making beds, serving food, etc. are widespread (Kluwer, 1999).



services, during which they acknowledged the need for this action to be taken. The employer eventually approved and implemented the measures. The initial target was to address musculoskeletal disorders during the bed-making and room cleaning processes in the hotels of the Melia brand, part of the tourism group Sol-Melia with a regional scope.

Description of the action

Training and providing information on musculoskeletal disorders has been carried out in the company since 2000, through a trade union initiative in cooperation with the preventive service and the employers. Training activities included workshops, in which maids participated, to raise awareness of the risks related to their daily tasks, especially risks of musculoskeletal disorders.

The preventive service had also studied the statistics on absenteeism and noticed that maids had high indicators; 33 % of total sick leave in the hotels of the group were registered among maids and 40 % of this was due to back injuries.

Preventive criteria for the acquisition of new beds included a mechanism to elevate the bed, thus making the maids' work easier. The idea was to lift the bedstead to reduce lower back efforts and torsion. Workers could use a lever to place the bedstead in either of two positions: 'high' or 'low'. The high position makes it easier to clean that part of the floor under the bedstead.



Using an adjustable bed to reduce the risk of MSDs.

A hydraulic company developed a prototype model. The modified beds can be raised to a height of 90 cm, which makes it possible to clean and the vacuum underneath, with no need to move the bed.

A preliminary assessment was carried out on the model by the preventive service and experts of the mutual insurance agency (Mutua Universal). The assessment consisted of watching a worker perform her tasks and taping the scene for ergonomic research. Three different methods were used for research:

- postural research, comparing the posture adopted with the regular beds and with the new prototype;



- bio-mechanical research to define the movements involved;
- research on physical load, measuring heartbeat rates.

The findings were presented as a paper at the National Congress of Occupational Medicine (2002) held at Palma de Mallorca.

The opportunity to replace the beds came when a thorough overhaul was conducted in one of the hotels: the Palas-Athenea in Palma de Mallorca. A total reconditioning was carried out, aimed at raising the quality standard of the facility from Sol standards to Melia's (a higher category), including the upgrading of the infrastructure.



Adjustable bed designs

Results and evaluation of the project

Workers and their representatives expressed a high level of satisfaction with this solution. A significant reduction of absenteeism among maids was observed within the next two years. The reduction of efforts in the arrangement of beds and the cleaning of the rooms was highly valued.

Problem identification and description

These improvements and the higher category achieved by the hotel generated a side effect: an increase in the number of rooms to be cleaned by one maid and an increase in the tasks to be carried out in each room. Workers complained about an intensification of work and the extension of their responsibilities to additional tasks (to empty and clean flower vases, to fold toilet paper, to bring and assemble advertising material stuff (brochures and gifts for the guests) and other similar assignments).

During health surveillance activities, the Preventive Service staff identified complaints among the chambermaids concerning shoulder aches and strain. A new risk assessment was carried out to find the reasons and to identify the efforts related to the new work process. As a result, a new protocol was implemented for bed tasks specifying which parts of the process must be carried out when the bed is lifted or lowered (for example, spreading the sheets in the lower position, since it is the most adequate method, and then to continue with the bed lifted).



Assessment

The replacement of beds in the rest of the hotels has not been completed yet. Improvements were carried out as part of the firm's investment project to enhance the quality of the facilities in order to meet market requirements. It also complies with the investment plan supported by the Balearic Islands Authority Tourism Department, to encourage public and private investments in order to attract younger, 'quality', tourism.

Balearic Island's Health and Safety Secretary of the Union of Hotel Workers' of Comisiones Obreras expressed the Union's dissatisfaction with the pace of the process. According to them, the reason behind the slow pace is that the replacement schedule does not depend on the preventive requirements (effectively recognised by the employer) but on the general restoration plan that is being carried out by the company in different hotels of the Meliá brand in the Balearic Islands.

Thus, it can be said that linking preventive measures to a company's general improvement plan has the advantage that the company is ready to accept a plan that requires a vast investment effort. But at the same time, it has the inconvenience of depending on strategic changes in the company, more than on the company's preventive policy and programme.

Transferability

The action is transferable to any facility of the hotel sector, and has in fact been implemented in other hotels of the Sol-Meliá group in Europe. Today the group has 350 hotels and 85,000 rooms in 30 countries, although only 180 of them use the Meliá brand.

Quotes

'The introduction of such measures definitely improves working conditions although the number of tasks to be performed by the maids has also increased.' (Ginés Díez González)

'The introduction of this measure was a central move to improve maids' ergonomic working conditions.' (Antonio Siquier)

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5.2. EXAMPLES OF GOOD PRACTICES IN RESTAURANTS AND CATERING

5.2.1. Participatory ergonomic intervention in kitchen work: a randomised controlled trial and an ethnographic study on work development — Finland



Key points

- This project involved ergonomic changes in kitchen work carried out by kitchen workers themselves, and facilitated by workshops of trial kitchens and ergonomists.
- Good solutions were shared during the interventions phase and included on an Internet database.
- A study was carried out on the effects of workplace culture on intervention and its effectiveness.

General framework

In 2003 there were 22 600 different professional kitchens in Finland; 1 500 of them were in staff restaurants and more than 5 700 kitchens belonged to a public body, such as a school. These kitchens employed more than 70 000 workers. Communal kitchen workers have more hospitalisations than their age group on average. Their health and physical ability to work is also poorer than any other occupational groups in the municipal sector. They estimated their work to be physically more strenuous and to have a faster pace than all the other workers surveyed. Kitchen assistants also considered themselves more likely to be exhausted by their work and to risk losing their ability to work.

A participatory intervention project in communal kitchen work started in 2002. The field phase with 119 kitchens in Vantaa, Turku, Espoo and Tampere was finalised at the end of 2004 and follow-up continued until the end of the 2005. In 2005, focus group interviews were conducted to evaluate the success of the project. The result of the scientific study and publication of an Internet database is anticipated during 2006–2008.

Special framework and background

The project is carried out by the Finnish Institute of Occupational Health and Work Research Centre in Finland. Following the participatory methodology, individual changes in the kitchen work were both planned and implemented by the workers and managers of the workplaces. During the field phase, the ergonomists and scientist mainly had a supporting and monitoring role in the action.

The study aimed to investigate the effectiveness of participatory ergonomic interventions in the prevention of work strain and promoting musculoskeletal health and general wellbeing of kitchen workers. There are few scientific studies showing the effectiveness of ergonomic interventions on health. Kitchen workers were selected because their work includes heavy physical and psychosocial demands and the



workers have plenty of musculoskeletal symptoms. In kitchen work, work tasks and workplaces are also quite similar in different organisations and countries.

Another important goal of the study was to scrutinise how the workplace culture interacts on the effects of the interventions. The ethnographic culture analysis aimed to describe the positive and negative features of the kitchen work and work environment as perceived by people in different occupations and positions in kitchens. This part of the study was conducted in four kitchens in one of the participating cities.

Description of the action

The interventions were conducted in 59 trial kitchens, and 60 other kitchens were monitored for reference. Both the trial and reference kitchens were in communal schools, day-care centres or senior care homes. Altogether, the kitchens had 504 participating employees. The selected kitchens were randomly allocated either to the trial or reference group. Nine to 12-month-long interventions were carried out in series of four trial and four reference kitchens. The targets for the ergonomic changes were selected by the kitchen workers who were also performing the actions to improve their working conditions.

After the randomisation, all the employees of the four trial kitchens in the series were invited to the first preparatory workshop. In this workshop, the ergonomists presented basic information about the ergonomic problems relevant to kitchen work and the results of the ergonomic risk assessment in the participating kitchens. Ergonomic changes were advised to target tasks that were performed by several workers, that were physically strenuous, and that were repeated weekly, or those that involved a sudden risk of overloading the worker. The workers were also taught to analyse their work. After the workshop the workers analysed their work and selected one to four targets for development in their kitchen. The targets and plans were accomplished in the second preparatory workshop a month later.

Later during the intervention period, six three-hour-long workshops were arranged so that staff from the kitchens visited each other. In these workshops, the ergonomists lectured first on specific issues in kitchen work, such as repetitive work. Then the participants discussed the progress and further actions of the ongoing developments. The kitchens also had the opportunity to consult the ergonomist during the implementation phase. Good solutions encountered during the developing work were collected into an idea folder that was used to disseminate the experiences during the project. The reference kitchens continued their usual activity during the intervention phase.

An ergonomic risk assessment in the workplace was performed before randomisation in all kitchens. After the intervention period all the trial kitchens and one of the reference kitchens were assessed. The targets of the interventions were video-recorded before and after the changes, whenever possible. Additionally, the workers filled in questionnaires on their health and work strain before the intervention, during the intervention period and immediately after the interventions were completed, and one year afterwards. The ethnographic study was based on interviews, observations, and free-form writing from the participants. The whole intervention was evaluated by focus-group interviews of three to four representatives of both workers and managers in two of the cities and questionnaires filled in by the workers.

The study was carried out with the financial support of the Finnish Work Environment Fund, Academy of Finland, Ministry of Labour and Local Government Pensions Institute.



Results and evaluation of the project

At the base line, the reference and trial kitchens were similar with regard to the variables in the questionnaire, proving that the randomising was successful. The response rate to questionnaires was over 90 % . Over 400 changes were completed, most of them being targeted at work organisation, methods and habits, machines, equipment and tools, and layout and furniture. Most of the interventions were directed at dish washing, and preparing and serving food.

An important practical outcome was an Internet database on good practices identified in the project. Over 100 examples were included in the database, which is freely available on FIOH's website at <http://www.ttl.fi/keittiovinkit>. Keywords on tools, working methods and ergonomic issues were attached to the examples as well as photographs taken during the intervention. Each entry lists the benefits and potential problems related to the case. The database is provided in simple and clear language applying terminology that is familiar to kitchen employees.

In the baseline questionnaire, most of the respondents reported that they had had plenty of musculoskeletal symptoms during the past three and 12 months. Workload was considered to be most burdening in cleaning and maintenance, dishwashing and receiving and storing goods. Over half of the workers replied that they had suffered from stress to some extent during the past year. Less than half of the workers felt that they have plenty of possibilities to influence decisions concerning themselves in their workplaces.

According to the ethnographic study the excessive workload and pressing pace of work was considered to be the central burdening factor. On the other hand, workers considered the fast pace of work with numerous tasks meaningful if the atmosphere prevailing in the kitchen is positive, open, happy, and functional. Another important observation of the culture study was that employees committing themselves to a larger entity such as a day-care centre, are likely to cooperate better and cause less conflicts than workers committing themselves just to their own job, closest colleagues and the kitchen.

The ethnographic study also revealed that the kitchens conducted the intervention in two different modes. In more hierarchically and supervisor-centred kitchens, the development project was not a shared endeavour but was carried out mainly by the head of the food producing unit. This decreased the motivation of the employees and caused passivity and disappointment. Another mode of action was based on collective responsibility and shared development, in line with the principle that 'everybody does everything'.

The research group is continuing the analyses on the effectiveness of the intervention. Preliminary results are presented in the literature listed. The results will be discussed in detail in scientific papers and two academic dissertations to be published in 2007–2008.

Problem identification and description

The lack of resources, in terms of money, personnel and time, was the major hindering fact for the entire project. The cities did not allocate extra money to the kitchens and therefore procurements had to be modest. Significant changes would have required financial investments. The development work was carried out as an extra work and it had to fit in with the tight schedules of the kitchens. Vacations and renovation work in the kitchens forced changes of plan several times.

The developments were also hindered by problems in the cooperation and collaboration between the different stakeholders. For example, the cooperation with the technical personnel in charge of delivery and transport did not work until the ergonomists arranged a meeting with the kitchen employees and the technical personnel to discuss the ergonomic aspects of their cooperation. Many everyday flaws and problems were



brought up and entered into the agreement. Also the managers and administration from the cities were often cooperating less than the workers appreciated.

According to the ethnographic study, the most important obstacles to developments were the resistance by some individuals against the change, passivity, and outright refusal to make jointly accepted changes in their work. This reveals the power of the routines, negative attitudes and commitment to one's own work only; changes may represent a threat to one's work and job security. Simultaneously to the intervention, some cities were reorganising their Food Services, including some participating kitchens. The kitchens were also faced with demands for higher efficiency of the work.

Assessment

The participatory intervention model proved to be feasible. The cooperation with the stakeholders, including the administration and management of the food services of the cities, was generally good. According to the questionnaire on the success of the intervention, the participants were generally satisfied with information transfer, practical arrangements, and learning during the intervention. The changes in the kitchens were rated to be of satisfying or very satisfying quality by over 60 % of the respondents. The respondents were most satisfied with the professional skills of the ergonomists and workshop arrangements, and least satisfied with the collaboration between the kitchens and the support from the city administration.

In the focus group interviews, the employees valued the workshops that kept the process underway and nurtured discussions on the work tasks and conditions, both within and between the participating kitchens. The sharing of experiences enhanced collective learning and creativity in finding the solutions. The idea folder of good solutions also helped to find solutions and to develop them further. The attendance at workshops was over 60 % in every city. The process improved team spirit and raised awareness of the importance of work habits and methods. The questionnaires filled in for scientific purposes were considered strenuous. The workers also felt that they did not have enough time to consider the ergonomics together within the kitchen. Often the paper work was delegated to the head of the food producing unit. To the disappointment of the employees, managers and the administration in general were often too busy to attend the workshops.

Even though this kind of participatory approach was not familiar to the kitchen employees, the interventions were mainly successful and the workers enjoyed the opportunity to make choices concerning themselves and the entire kitchen personnel. As key success factors for this project, the ethnographic study highlighted the inspiring and motivating attitude of the ergonomists and appreciative attitudes of the participating employees. Still some participants complained that they would have needed more detailed and thorough guidance in the first stages. Sometimes the employees also felt that their views were ignored in the development process.

As there was no additional money to spend on the development project, more significant changes in the design of the worksite and processes were not possible. On the other hand, this made the participants consider what can be done with almost no expense.

Transferability

The participatory intervention in kitchen work was a significant undertaking both to study the effectiveness of the participatory intervention and to improve working conditions. For the participating kitchens, it lasted a year from the planning phase to completion and took several person-months. This kind of participatory work development should, however, be a continual process in all workplaces.



The model of participatory work development itself proved to be effective. A lighter version of this model could be feasible when applied by workplace OSH personnel and/or occupational health services. An important feature of this model is the sharing of knowledge in regular meetings. The workshops maintained progress as the kitchens did not want to report to each other that nothing had been done since they met in the previous workshop.

The idea folder that was built up during the interventions contained simple descriptions of the solutions within the kitchens. It boosted the exchange of information between the kitchens and it is used further in the Internet database, with pictures and clear instructions to improve kitchen work.

Cooperation with the manufacturers of kitchen equipment and furniture could potentially lead to improvements in kitchen work. The ergonomists will try to convey the knowledge gained in the study to the designers of kitchen equipment and furniture. Additionally, workplaces in general would benefit from procurement registers on good equipment, tools and furniture. During the project, this sort of knowledge was accumulated by the researchers, but has not yet been formulated in listings or databases.

Both the participants in the interventions and the researchers recommend that information on (ergonomic) risk assessment and practical solutions to work should be included in the vocational training in kitchen work.

Quotes

Quotation by Professor Riihimäki (Stranius, 2005): *'Decisions on procurement should not be based just on the cheapest price, but should consider also ergonomics and usability. The consequences and long-term economy should be evaluated throughout the procurement chain. Equipment that is cheap to purchase may become expensive when it makes workers fall ill.'*

Quotation by a participating worker in the focus group interview after the intervention phase (Työn kehittäminen, 2005): *'Nowadays, when I need something, I can also give ergonomic reasons for my inquiry. Now that we have made some comparisons between different tools, we can think whether a tool is good for me or for us in the kitchen.'*

Quotation by another participating worker in the focus group interview after the intervention (Työn kehittäminen, 2005): *'We are not used to being asked about these things, and I and my work community can improve something here.'*

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5.2.2. Facilitating wellbeing at work in restaurants — Finland



Key points

- A multi-level intervention programme was planned to improve the work process, workers' work process knowledge, and wellbeing among personnel in school kitchens.
- The outcomes of the development programmes were evaluated at several levels.
- The results showed that the participants were more satisfied with their job, they had more mental resources, and they suffered from fewer psychological symptoms.

General framework

A municipal organisation produces food for children and personnel at 85 schools at Espoo, the second largest city in Finland. Approximately six million meals are served every year in



the schools. The work in school kitchens is similar to work in restaurant kitchens, but only one to three workers usually work in one kitchen. One hundred and twenty-three school kitchen workers participated in the evaluation study of the training programme. The participants were women, and the majority of them were over 45 years of age. Their basic education was low, with 60 % of the respondents having only a primary level school education and 35 % educated up to a junior high school level or a comparable level.

Special framework and background

As knowledge and learning are important for the development of organisations, it is necessary to promote their advancement. In the present study, changes in work process knowledge, wellbeing and work ability were studied in a group of school kitchen workers after a multiple intervention aiming to improve the work process knowledge, work, and wellbeing of the workers.

The questions addressed were the following.

- Did the work process knowledge of the participants improve?
- Did the psychosocial work factors change?
- Did wellbeing and work ability change?

Description of the action

The intervention consisted of the implementation of a programme that lasted two years and included several phases. The first phase aimed to improve work process knowledge and included the following elements.

- The analysis and development of kitchen work (two days). The main method involved acquiring learning based on the analysis of the work process.
- The development of work in district teams (24 x two hours). The analysis and development of work continued in district teams. The commune was divided into 10 districts and eight school kitchens belonged to one district team. The number of participants in one team varied. Each team had chosen its own objectives to be developed. Acquiring learning was also the principal method in this phase.
- Sharing the development ideas and results of improvement work with all workers (three days).
- Training in the use of electronic equipment in the school kitchens (two x six hours), lecturing and learning from experience (rehearsing the task).

The second phase of the intervention was meant to improve functionally the capacity of workers, and included participation in group exercises one hour a week and participation in special 'days to find out different ways to support the work ability of personnel' (five x one days).

The final phase of the intervention was based around health promotion and was organised for special groups, which included:

- a weight-watchers group for those suffering from excess weight ;
- a group to discuss health issues among women over 45 years ('Senioriitta').

Other interventions were directed to special groups such as the leaders of the organisation or the teams. Most of the interventions were organised during working hours, and participation was generally compulsory.

Results and evaluation of the project

The outcomes with regard to learning were evaluated by measuring the conceptual mastery of work, a method of studying work process knowledge. Martesing the basic



concepts of the work process is a prerequisite for participating in the creation of work process knowledge. The methods aim to measure knowledge of the permanent or potential characteristics of the target system stored in the long-term memory. The questions deal with the work process: for kitchen work the questions dealt with the raw materials and the right way of handling them, kitchen hygiene, client service, guaranteeing the quality of meals, and knowledge of efficient ways of working.

Questionnaires were used to get an indication of the participants' work characteristics and wellbeing. The participants were asked to fill out the questionnaires before and after the intervention programme.

The results showed that significant changes were realised after the intervention. The participants were more satisfied with their jobs, they had greater mental resources, and they suffered from fewer psychological symptoms.

Problem identification and description

Previously it has been shown that open dialogue is an essential catalyst in the process of developing professional qualifications. Nevertheless, conceptual mastery was not perfect, even after the interventions. This shows that there is a continuous need to analyse and develop work in school kitchens.

Assessment

In the follow-up measurement, most of the psychosocial factors at work that are essential for wellbeing were assessed more positively than at the beginning of the intervention.

The workers' conceptual mastery of their work improved. A development programme based on systematic analysis of the work process can improve work process knowledge of kitchen work. Nevertheless, conceptual mastery was not perfect, even after the interventions. This shows that there is a continuous need to analyse and develop work in school kitchens.

Wellbeing at work requires positive work characteristics, good conceptual mastery of the work processes and their realistic appraisal. In this study participants were more satisfied with their jobs, had greater mental resources and suffered from fewer psychological symptoms after the intervention.

The results of this multi-level intervention are very positive from the viewpoint of worker wellbeing. However, further statistical analyses are needed to be able to gauge the role of various interventions in the improvement of work and work process knowledge, wellbeing, and work ability among the personnel.

Transferability

This type of intervention can be transferred easily to other organisations and countries.

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5.2.3. Good practice to prevent stress and burnout in the hotel and restaurant sector — Finland



Key points

- The supervisors' discussion groups are effective and well suited to the prevention of supervisors' stress in the hotel and restaurant sector.
- Discussion groups have positive effects on the social effectiveness of work teams and on attitudes towards the organisation.

General framework

Figures from several countries indicate that occupational stress, including burnout, is a growing problem (1). The most common definition describes burnout as a prolonged response to chronic stressors in a job, consisting of three elements: overwhelming exhaustion, feelings of cynicism and detachment from the job, and reduced professional efficacy, that is, weakened feelings of competence, successful achievement, and accomplishment in one's work (2).

Supervisors can be assumed to be a high-risk group for work stress and burnout. They usually work alone without colleagues in their work units, and it is their responsibility to give support to their personnel. The risk factors for stress and burnout include role conflicts and unrealistically high demands placed on workers themselves.

Therefore, in the hotel and restaurant sector, there was a clear need to develop and evaluate a new type of work counselling for preventing work stress and burnout.

The main aim of the study was to examine the feasibility and effectiveness of the work counselling groups for managers in the hotel and restaurant sector.

Job-related stress in Horeca

Working in this sector is often reported to be physically demanding and tiring. The long working hours, working under time pressure and with a large workload at peak times, work requiring a high degree of flexibility, performing different tasks at the same time, repetitive tasks, etc. contribute to the job-related stress in the sector. In the *Fourth European working conditions survey*, 75 % of workers in the sector mention that they have to work at very high speed and 66 % have to work to tight deadlines. Only 48 % say they have enough time to get the work done (Parent-Thirion, et al. 2007).

According to the report by Houtman, et al. (2002) the hotels and catering sector has a high proportion of work-related stress problems. This is also confirmed by Isusi (2003) who carried out research on working conditions in Spain.

A Dutch study by TNO assessing workload and stress in the hotels and restaurants sector (N=8000) found that 30 % of workers have to deal with a high workload and stress and 11 % suffered from burnout. Reception desk workers reported the greatest levels of stress (41 %). The report identifies the main reasons of stress among four groups of workers: waiting staff, kitchen workers, receptionists and others (TNO, 2001).

A report on the working conditions of hotel guest room attendants in several hotels in Las Vegas (Krause, N., et al. 2002) examined the levels of stress that this



category of workers experienced in their jobs. It also examined the impact of restructuring and new practices to cut costs, including lean staffing and greater productivity demands. Seventy-five percent of the guest room attendants questioned mentioned having to work very fast, and 88 % reported having constant time pressure due to the heavy workload.

Group of workers	Causes of stress
Waiting staff	<ul style="list-style-type: none"> ■ Short cyclic tasks repeating the same tasks over a short period of time. ■ Dependency on customers for the execution of tasks: no possibility to execute tasks quicker. ■ Lack of autonomy, lack of organisational tasks and contact with others, difficulties in organising work, lack of good management.
Kitchen workers	<ul style="list-style-type: none"> ■ Short cyclic tasks. ■ The fact that the worker is strongly tied to one work station. ■ Dependency upon client. ■ Lack of control over work, lack of contact with others and lack of good management.
Reception workers	<ul style="list-style-type: none"> ■ Too many things needing their attention at the same time. ■ The fact that the worker is strongly tied to one workstation. ■ Slow machinery. ■ Short cyclic tasks. ■ Lack of autonomy, lack of organisational tasks, difficulties in organising work.
Others (housekeepers, management, administrative staff)	Lack of autonomy over tasks, high degree of complexity, lack of contact with others, lack of information and difficulties in organising tasks.

Special framework and background

It was hypothesised that recession affects burnout and stress in supervisors, but that group counselling lessens the effects of the recession. A field experiment was conducted with two intervention groups and one control group. The experimental groups were of two types; one was directive, where discussions were focused and controlled by the counsellor, and in the other group non-directive ways of support were applied; that is, the participants were allowed freely to decide what matters they wanted to discuss.

The intervention was planned to increase social support at work and bring more clarity to work roles to prevent stress and burnout. The groups aimed to alleviate stress and burnout during major changes in organisations and working life. In the counselling groups it was possible to discuss openly work-related problems and thus develop a clearer view of personal work goals and common expectations about the role of supervisors in the changing environment. The competence to control one's work and having realistic personal work goals was assumed to decrease stress and enhance psychological wellbeing and productivity in the long run. The intervention measures were expected to improve the managers' ability to cope with stress, and to increase group cohesiveness.

In the experiment groups, the supervisors discussed their work problems, and analysed their work goals and roles over half a year.



Description of the action

The participants included 21 supervisors, all women. Small groups of supervisors consisted of six to eight participants. The directive group differed from the control group; the mean age was slightly higher than in the other groups. The other intervention group did not differ from the control group. The mean ages of the groups varied between 38 and 40 years.

Measurements consisted of questionnaires, interviews, and open-ended questions. The researcher collected the information and participated as a passive member in the group discussions. Group leaders were trained in work counselling. Statistical methods were used to analyse the data.

In the pre- and post-measurements, the respondents were asked about their organisation and work role. Manager's stress and burnout was measured using the Maslach's Burnout Inventory, with translated and modified items. The questions from the OSQ (occupational stress questionnaire) about work strain were included. Stress symptoms were measured using a 12-item scale. Role conflict was examined through five questions.

The project was funded by the Finnish Work Environment Fund and Finnish Institute of Occupational Health.

Results and evaluation of the project

Supervisors' stress factors at work and in private life

Supervisors were asked to list the most stressful factors in their work and life in general. Problems connected with the recession were the most commonly mentioned stress factors. The fear of losing one's job was especially stressful.

Table 7: The stress factors of supervisors

Stress factors	No answers	%
Economic recession	65	29.1
Company, work community	62	27.8
Haste, hurry	41	18.4
Private life	34	15.3
Self, own capabilities	21	9.4
Total	223	100.0

Group differences in satisfaction with the organisation's efficiency, and personnel management

The general trend was that in the intervention groups satisfaction with the organisation's efficiency, personnel management, and physical and psychological wellbeing increased, whereas in the control group the level of satisfaction fell over time.

Role conflict and role clarity

Role conflict decreased in the non-directive group, but in the control group and directive group role conflicts appeared to increase. Role clarity decreased in all three groups. Role conflict and role clarity are connected with work stress. When the support from managers decreases and work role problems increase during recession, the symptoms of burnout and stress tend to increase.

Burnout

Those supervisors who in the beginning phase valued their own work goals, and were committed to them, had fewer burnout symptoms in the end phase. The analysis indicated

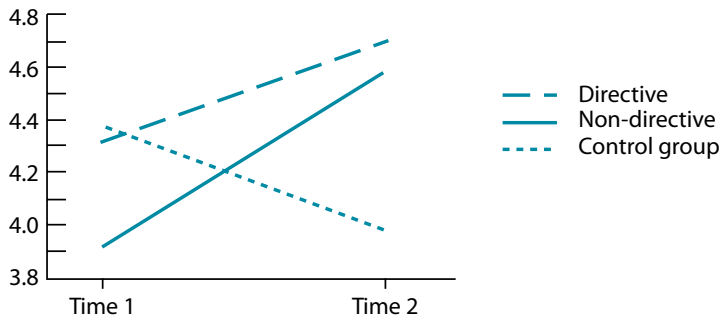


that burnout symptoms are connected with the amount of autonomy at work, the relationship with the supervisor, and how realistic and valued people’s own work goals are.

Work goals

The work goal index, the commitments to goals and the estimated likelihood of being able to achieve their goals did not vary between the groups or over time. However, the reported benefits of having personal work goals were greater in discussion groups and increased during the sessions (see Figure 1).

Figure 3: Joy about the personal goals



The effects of recession and group work on team effectiveness and burnout

Group work had a positive effect on team effectiveness. In the control group team effectiveness, group cohesion and satisfaction with the supervisor decreased during the study. At the same time, symptoms and loneliness increased. This may have been caused by the worsening economic situation in the firm and in the country. However, in the directive group team effectiveness increased, while in the non-directive group it remained the same.

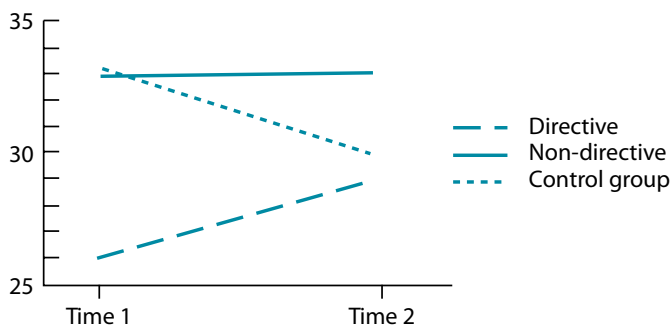
The hypothesis was that recession causes psychological strain on supervisors, but the group discussions and sessions, when they offer social support, buffer its effect.

The recession increased exhaustion and decreased the feeling of personal accomplishment, which are sub-factors of burnout. Burnout symptoms increased in all groups over time.

Social effectiveness of supervisors’ teams

The effect of time was different in the different groups. Figure 2 shows that in the directive group the supervisors’ team effectiveness increased, while in the non-directive group it remained the same. In contrast, in the control group team effectiveness decreased.

Figure 4: Social effectiveness of teams



There may be mild buffering effects in the intervention groups against the negative effects of recession. The small number of participants, however, prevents this mild effect from being statistically significant.

Before and during the study the economic situation was worsening in the country, and especially in the hotel and restaurant sector, so it was important to take these circumstances into consideration.

Problem identification and description

The groups did not have a significant decreasing effect on burnout. However, because of the short duration of the programme, it may have been unrealistic to expect an actual decrease in burnout levels.

Assessment

The results showed that the supervisors' discussion groups are feasible and well suited to prevent supervisors' stress in the hotel and restaurant sector. The supervisors felt that they gained support from each other. They had an opportunity to see that they were not alone with their problems in a changing situation. The positive effects of supportive discussion groups were seen in the satisfaction with the organisation and the social effectiveness of their own work teams. In sum, using discussion groups seems to be an effective method to prevent and tackle stress and burnout in the hotel and restaurant sector.

Transferability

The use of discussion groups is a feasible method, and as a means of preventing work stress and burnout it can be easily applied in other countries and other sectors and work environments. However, it could be an advantage to continue the discussion groups for longer than half a year.

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5.2.4. Wet work — prevention of skin diseases due to permanent work with water in large canteen kitchens — Germany

Key points

- Reduction of skin diseases and irritation due to permanent work with water in canteen kitchens.
- Introduction of better skin protection, skin protection plans and guides on how to use the right gloves.
- An initiative to implement good practice in line with German regulations for wet work. The project started in 2001 and lasted until 2004.

General framework

In general 20 % of kitchen personnel suffer from a skin disease or irritation. The prevalence of some skin diseases is twice as high as in the general population.

Funding for the activities came from the cooperating partners. The lead partner was the Landesanstalt für Arbeitsschutz, and the other two were regional organisations responsible for OSH in the public sector (the hospitals involved were in the public sector).

Special framework and background

The reason for undertaking the action was the high number of skin diseases, the low application of good practice and the low degree of implementation of existing regulation. In total all three partners together spent 465 person days on the project between 2001 and 2004.

The basic regulation is the German TRGS 531: 'Gefährdung der Haut durch Arbeiten im feuchten Milieu (Feuchtarbeit)' ('Skin risks due to work under wet conditions'). It foresees classical prevention and protection elements as technical and organisation protection, planning of the work and protection measures, availability of PPE, planning of PPE use, instruction and information, availability of skin protection and skin care products and medical examination.

Initiators and groups involved from the outset were:

- Landesanstalt für Arbeitsschutz NRW (Regional Agency für OSH NRW): <http://www.arbeitsschutz.nrw.de/lafa/index.html>;
- Rheinischer Gemeindeunfallversicherungsverband (Association of statutory accident insurance organisations of the Rhine Communities): <http://www.rheinischer-guvv.de/aktuell.php?mld=1>;
- Gemeindeunfallversicherungsverband Westfalen-Lippe (Association of statutory accident insurance organisations of the Westfalen-Lippe Communities): <http://www.guvv-wl.de>;
- four canteen kitchens in hospitals in the region.

Description of the action

The general approach can be described in two steps:

- (1) identification of the status quo regarding skin diseases and risks to the skin in canteen kitchens;
- (2) development of a help tool in the form of an information package for use in all types of kitchens.



Physicians studied the status quo in four large hospital kitchens and suggested a number of changes in these four kitchens, together with external and internal OSH-specialists. For dissemination purposes they developed an information package.

The action consisted of four main parts.

- (1) Identification and assessment of the status quo in four large canteen kitchens. This part included a survey of the employees, work place visits to assess the technological situation, the organisation of work, the organisation of protection measures and the medical examination of skin diseases;
- (2) Development of a practical prevention strategy;
- (3) Test of the prevention strategy in other hospitals and similar work places;
- (4) Dissemination of the strategy.

Identification and assessment of risks

In total 97 employees participated in the survey and the medical examination (between 35 % and 45 % of all employees in these kitchens); 85 % were female, 68 % had worked for more than 10 years in a kitchen and approximately 80 % worked full-time. Approximately 88 % worked two hours or more per day in water or with wet materials, 30 % worked four to six hours and 23 % more than six hours per eight-hour shift. The employees wore gloves of different types most of their working time.

Approximately one third never used protective skin creams or skin care cosmetics; only around one third were aware of skin protection plans.

The visits to workplaces showed that basic parts of the existing regulation were not being implemented. There were a number of typical problems.

- Only in one kitchen were liquid-tight gloves for cleaning and disinfection available. Elsewhere, inadequate disposable gloves were used.
- Instructions on how to use which types of gloves ('Handschuhplan') were missing in all kitchens.
- No skin care products were available.
- Plans for skin protection and care ('Hautschutzplan') were available but these plans were in the form of standardised posters from producers of skin care products and tailored for hospitals, not for kitchens in hospitals.

The medical examination covered 97 persons, almost half of the personnel employed. Thirty-eight percent had acute skin irritations. The number of persons with atopic eczema was 7.2 % (in the general population this figure is 3 %); 4.3 % had psoriasis, which is also considerably higher than in the general population.

The employees had a number of proposals to improve the situation, mainly concerning information, instruction, detailed plans and better availability of skin protection and care products.

Development of a prevention strategy

Based on the survey and on the information from the visits, the proposals from the employees and the medical examination, the three partners developed a prevention strategy. This consisted of:

- a standard letter to OSH-representatives in canteen kitchens (as a model for OSH authorities);
- a standard letter to the management in canteen kitchens;
- a leaflet 'OSH and wet work in kitchens';
- a leaflet 'Skin protection, skin cleaning and skin care in kitchens', including a standard skin protection plan;



- a leaflet on liquid-tight gloves in kitchens, including a standard glove plan;
- standard instruction on wet work;
- tips on how to instruct and inform employees.

Testing of the tools

The tool (i.e. the full information package) was tested in the two pilot hospital kitchens and two others. This test phase led to small changes in the content of the leaflets.

Dissemination

Finally the information package was disseminated via the project partners. The dissemination covered mainly canteen kitchens in the public sector.

Results and evaluation of the project

The target groups were workers, OSH specialists and management; the action was regional, and the results can potentially be transferred nationwide and to all other sectors with kitchens.

The main result is the published information package for better skin protection for wet work in kitchens. This package is also available via the Internet. The project was not evaluated by external evaluators; the authors themselves claim success, because the information package could be prepared and successfully tested.

The results can be used for other professions and workplaces in the Horeca sector. The Horeca sector has not been the target group for dissemination, although problems in the larger kitchens or the catering sector are similar.

Problem identification and description

There were minor problems concerning the participation and the commitment of the hospitals. It was stated by one of the interview partners that some persons who did not participate in the survey might have been afraid that serious skin disease would be detected. These persons might have seen a risk to their jobs or to their traditional working style in the survey.

Assessment

It seems to be necessary to develop for each problem of that size and structure some detailed OSH-instructions and an information paper. There are no figures or reports regarding the active dissemination.

The most successful element is very probably the combined approach of survey, workplace visits, medical examination and the test of the tools.

Transferability

All leaflets and guides can be used for kitchens outside the hospital sector. The preventive approach can be transferred easily to other countries.

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5.2.5. Reduction in workload and sick leave rates in contract catering — Netherlands



Key points

- A state-supported agreement (‘Arboplusconvenant’) between the social partners including a variety of activities.
- Targets:
 - reduction of sick-related absence by 20 %, from 9.3 % to 7.4 % ;
 - reduction of mental workload (stress) by 20 %, from 41.5 % to 33.2 % ;
 - reduction of high physical loads by 15 %, from 34.5 % to 27.8 % ;
- The project started in 2005 and will last until 2007. It was based on a former agreement which lasted from 2002 to 2004.

General framework

In total around 20 000 employees worked in the contract catering sector in the Netherlands in 2003. Compared with the Horeca sector generally the average age is much higher; more than 50 % are over 40 years old, while in the Horeca sector this figure is 18 % . Also, employees spend much longer in the same company (36 % over 10 years; in Horeca this figure is 21 %).

Special framework and background

The main reason for undertaking the action was a high rate of sickness and absenteeism. The covenant was a follow-up to a former covenant running from 2002 to 2004 (‘Covenant Arbo- en Verzuimbeleid Contractcatering’, referred to as the ‘first covenant’).

The budget for this action was EUR 1 million. The Ministry for Social Affairs and Employment (Ministerie van Sociale Zaken en Werkgelegenheid — <http://www.min.szw.nl>) provided 50% of the finance. The other 50 % was provided by the employers’ organisation VeNeCa (Vereniging Nederlandse Cateringorganisaties — <http://www.veneca.nl>) and the two trade unions FNV Horecabond (<http://www.Horecabond.fnv.nl>) and CNV Bedrijvenbond (<http://www.cnv.nl/home/>).

Part of the practical project was contracted to other organisations close to the branch, that were familiar with OSH-topics. These were:

Stichtingen Contractcatering (SCC) which deals with issues concerning the quality of services and of work, as well as working time, labour agreements, labour rights, etc.



Employers' organisations and trade unions are both represented on the board (<http://www.stichtingencontractcatering.nl/netbook.php?op=cms&pageid=1>).

Stichting Kwaliteit van de Arbeid (SKA), a subdivision of the Stichtingen Contractcatering (<http://www.stichtingencontractcatering.nl/net-book.php?op=cms&pageid=1>).

Opleidingen Contract Catering (OCC, a catering company which also gives professional advice to other catering (<http://www.sabcatering.nl/nl/1024/index.htm>).

TNO Kwaliteit van Leven/Arbeid, a large scientific organisation, has a 'quality of life/work' subdivision dealing with work organisation and OSH problems (http://www.tno.nl/kwaliteit_van_leven/arbeid/).

During the period of the first covenant the baseline of workload rates and absence rates had already been measured. The values were:

- 9.3 % for illness-related absence.
- 41.5 % for mental workload (stress).
- 34.5 % for high physical load.

The strategy for reaching the targets was to extend and disseminate the successful initiatives of the first covenant to the whole branch, and to develop a branch-wide approach ('Plan van Aanpak').

Description of the action

The main tools used in this action were:

- introduction and dissemination of a branch-wide risk assessment tool;
- development of a training tool for executive personnel;
- facilitation of personal advice by OSH experts;
- testing of the impact of training measures in pilot companies;
- introduction of four-weekly 'werkoverleg' (discussions and meetings about work organisation) in pilot companies;
- measures to introduce a decision committee on problems of reintegration after long periods of sick leave;
- education of employees as prevention specialists ('preventiemedewerkers').

Risk assessment Tool

Until now, while there is a general RI&E tool for the Horeca sector, a specific tool for the catering sector has not been available.

The Stichting Kwaliteit van de Arbeid (SKA) foundation published, in 2006, an OSH manual for line managers in contract catering enterprises (at the work floor level). This manual consists of four chapters:

- the results of the first TNO study of the reasons for sick leave;
- a risk identification and evaluation tool;
- information about ergonomics;
- information about stress.

The development of a training tool for executive personnel

After a test phase in 2006 the training material was ready for use in seminars from September 2006 ('Training Cachend leidinggeven'). The training course or seminars are offered by Opleidingen Contract Catering (OCC). A list of accepted trainers is available from OCC.



The training material is developed according to the practical needs of the contract catering branch. The seminar can be adjusted to different needs and types of catering, such as in-flight catering, catering for schools or catering for enterprises. As well as the production of training material the projects aims to provide practical personal advice from OSH experts.

Pilot companies

The impact of the training measures was tested in pilot companies, and four weekly 'werkoverleg' were introduced in these pilot companies.

Measures to introduce a decision committee

According to Dutch legislation a committee of employers and employees ('geschillencommissie') needs to be established to take decisions concerning work organisation for employees coming back after a longer period of sick leave. This committee was established in 2006.

Communication measures

The project has a website, 'Contract Catering — Gezond werken da's-pas-lekker' (Healthy work — that fits well) at <http://www.das-pas-lekker.nl/net-book.php>

This is the central node for communication between the partners in the covenant, the project group and the target group, and for dissemination and publication of activities. A main focus is on the training of executives, line managers and supervisors.

Results and evaluation of the project

The project is still running; a full evaluation is planned in 2007.

Problem identification and description

The first covenant showed that the covenant can be much more effective if it is possible to reach the whole branch through large-scale activities.

Assessment

Tools have now been developed as planned. The drivers for success include:

- tripartite approach
- size of the action
- financial means available
- focus on the executives
- help that has been made available.

Transferability

Catering is a high-risk sector, with high levels of stress and physical workload. The results of the activity can be transferred to other branches with a similar exposure profile.

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5.2.6. Fast-food restaurant owners ponder options: which is the right slip prevention option for us? — UK

Key points

- A local authority environmental health officer (EHO) visited a fast-food restaurant to investigate a slip accident and found the servery area very slippery.
- The EHO used this floor roughness information together with the Slips Assessment Tool software, which takes into account information about work activities, the environment, likely spillages and many other relevant factors.
- The assessment indicated that there was a significant risk of slip injury.
- The owners decided that the best option was, as the EHO had originally suggested, to tackle the problem in the work environment (through re-flooring).
- The slip accident rate was reduced by 70 % since the replacement of the floor covering, and staff on site were much happier with the conditions.

General framework

Slips and trips are the most common cause of major injuries at work. They occur in almost all workplaces. In the UK, for example, 95 % of major slips result in broken bones and they can also be the initial causes for a range of other accident types such as falls from a height. Slips and trips account for 33 % of all reported major injuries, 20 % of injuries resulting in more than three days' absence, and 50 % of all reported accidents to members of the public. They also cause an average of two fatalities per year in the UK (<http://www.hse.gov.uk/slips>).

The costs of slips and trips are significant. The cost to employers is £512 million per year and to the health service £133 million per year. In addition, they have incalculable human costs.

However, simple cost-effective measures in workplaces can reduce these accidents. The present action is one example of the use of a Slips Assessment Tool.

Most frequent causes of slips, trips and falls

The main causes of slips, trips and falls are wet and slippery floors due to contamination (food waste, oil, etc) but they also include surrounding humidity in kitchens, obstacles in pathways (boxes, carts, garbage containers), falling objects, and people falling from a height (HSE, 2005; ILO, 1998).

Differences in floor levels pose a real problem to kitchen and waiting staff, whether they are carrying loads and trays or not (Klein Hesselink et al. 2004). Accidents can cause sprains, broken limbs, injured necks and backs, cuts and bruises from falling, and other injuries from falling onto or into machinery, or into deep fat fryers, etc. (ILO, 1998).

Peebles et al. (2005) studied the most common causes of individual slips and trips, within the retail, food and drink, manufacturing, leisure and service sectors, and found that individuals most commonly slipped and tripped on stairs and steps, accounting for 19 % of the investigated slips and trips. Uneven ground and temporary obstructions also commonly lead to incidents.



Special framework and background

A local authority environmental health officer (EHO) visited a fast-food restaurant (one of a chain) to investigate a slip which had broken the arm of a female employee. The EHO identified the fact that there were several good aspects about the safety standards on site — a generally positive company attitude to safety, adequate training, well-kept documentation and records, proper floor cleaning systems — but the servery area was found to be very slippery. The nature of the business meant that the floor in the busy servery area was bound to become wet at some stage. When the EHO spoke to members of staff they stated that the incident ‘had been waiting to happen’.

Investigation revealed that several floor areas had been replaced in the past. However, the floor covering in the servery seemed to be original, having been in place for more than 17 years. The EHO looked at the accident records and found that there was a higher incidence of slip incidents in the servery than elsewhere. Discussion with the Duty Manager revealed that the company response to this had been to deploy ‘Caution! Slippery floor’ signs.

The owners arranged for testing to be carried out on the floors to find out about surface roughness. This was found to be quite good in most areas of the premises but not in the servery. The original tiling in the servery had very low surface roughness — much less than was needed to be able to provide grip in a kitchen/servery situation. The EHO used this floor roughness information with the Slip Assessment Tool software, which takes into account information about work activities, the environment, likely spillages and many other relevant factors. The assessment indicated that there was a significant risk of slip injury — an indication borne out by the area’s incident history.

Description of the action

Slips Assessment Tool (SAT)

The SAT is a freely-downloadable computer software package that allows an operator to assess the slip potential of pedestrian walkway surfaces. The SAT is used in conjunction with a small, portable surface micro-roughness meter, which users must obtain separately.

The package is easy to use and prompts the operator to gather relevant information concerning floor surface properties, contamination, cleaning regimes, footwear, etc. When all of the information has been entered into the package, a slip risk rating is produced. This will assist the user in determining whether site conditions are likely to give rise to a high or low risk of slipping.

The data can be entered into a laptop computer (pre-loaded with the SAT software) on site for an immediate assessment of slip risk. This is the preferred method of operation. Alternatively, data can be recorded on site using a proforma and entered into a PC later.

The assessment can then, if desired, be repeated using alternative data such as different cleaning regimes or footwear types, etc. This will produce a different [theoretical] slip risk rating. This is a very powerful way of demonstrating the importance of various slip risk control measures.

Results and evaluation of the project

The company was advised that the floor surface in the servery was at the heart of the problem and that the floor should be the first thing to be looked at. The owners, however, wanted to try some special ‘anti-slip’ overshoes for their staff and, despite the



EHO's advice that the working environment should be put right before the use of personal protective equipment should be considered, the overshoe trial went ahead at three of the owners' sites.

Experience showed that the (mainly young) staff were reluctant to wear the overshoes (a fashion issue!), enforcing the wearing of the overshoes impaired good staff relations, and a good fit was hard to achieve as only small, medium and large sizes were available for the trial, which increased tripping problems. Although the overshoes did provide extra slip resistance (and so might be a viable option in some circumstances) the associated problems at the site negated the benefit.

Finally, the owners decided that the best option was, as the EHO had originally suggested, to tackle the problem in the work environment. The relatively small cost of re-flooring (extended by the company to areas beyond the highest risk servery) led to the conclusion that it would probably have been cheaper in staff and administration time to have pursued this option at a much earlier stage. Technical specifications for the proposed floor covering were obtained to ensure that it was suitable for the purpose — providing good slip resistance and being readily cleanable to meet food hygiene requirements.

Problem identification and description

Even if the EHO advised that the floor surface in the servery was at the heart of the problem, the owner wanted to try some special 'anti-slip' overshoes for their staff and despite the EHO's advice, the overshoe trial went ahead at three of the owners' sites.

Assessment

A subsequent review showed that the slip accident rate had reduced by 70 % since the replacement of the floor covering and that staff on site were much happier with the conditions.

Transferability

The concept is easily transferable to other countries and other sectors.

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<http://www.hse.gov.uk/slips/experience/fastfood.htm>

5.2.7. MSDs in a university kitchen — UK

Key points

- Employees in a university kitchen over the course of a working day were responsible for performing different tasks, which contributed to their experiencing a variety of aches and pains.
- Employees did not link the discomfort that they felt to their jobs.
- The management conducted a risk assessment of the kitchen duties that highlighted the tasks that employees felt were the most arduous.
- The management implemented changes to the equipment, which reduced the risks to staff.



General framework

The Health and Safety Executive (HSE) notes that musculoskeletal disorders (MSDs) are the most common occupational illness in Great Britain, affecting one million people a year. MSDs can consist of problems such as low back pain, joint injuries and repetitive strain injuries.

(<http://www.hse.gov.uk/msd/index.htm>)

HSE research shows that in 2004/05 1 012 000 people in Great Britain suffered from a musculoskeletal disorder which, in their opinion, was caused or made worse by their current or past work. This equates to 2 400 per 100 000 people (2.4 %).

The knock-on effect of MSDs is that an estimated 11.6 million working days (full-day equivalent) were lost in 2004/05. On average, each person affected took an estimated 20.5 days off work in that 12-month period. This equates to an annual loss of 0.50 days per worker.

It has been suggested that the incidence of MSDs can be considerably reduced by interventions incorporating all of the following elements:

- senior management commitment.
 - worker involvement.
 - risk assessment.
 - control measures.
 - training, and
 - medical management.
- (<http://www.hse.gov.uk/msd/experience.htm>)

Special framework and background

The tasks that workers were required to perform in the kitchen during a working day were very diverse, and ranged from preparing food, taking food to the distribution area for waitresses to take to customers, washing pots and pans and cleaning the cooking equipment.

Specifically, the musculoskeletal risks for work in this area were of four types:

- Lifting heavy items, such as heavy pots, pans and the pushing and pulling of trolleys laden with food.
- Performing repetitive tasks, such as repetitive lifting, the lowering and carrying of food, products, trays, pot and pans, and continuous engagement in repetitive actions such as buttering, cutting and slicing of bread and other food items.
- Adopting poor working postures, such as leaning forward when cleaning pots and pans in the sink, twisting the upper body when reaching into ovens for cleaning purposes, engaging in awkward postures when obtaining items from shelves.
- Using a large amount of force to clean pots, pans, ovens and other equipment.

Description of the action

The management of the organisation carried out a risk assessment of the kitchen. They involved the employees in the process, as they were the ones with first-hand knowledge of the tasks that they performed on a daily basis.

The musculoskeletal risks were reduced by offering the employees different ways to conduct tasks or by changing the work environment to eliminate risks.

Lifting heavy items

Employees were told to use only those pans that were necessary for the task. Employees had been unnecessarily using larger pots and pans for cooking a small amount of food.



Employees were told not to carry pots and pans that were full of materials (food, water for cleaning, etc.) but to use a trolley to move the pans around the kitchen area.

Staff had reported problems when cleaning the pots and pans in the sink. Products were required to be scrubbed clean of food residue before the pots and pans were placed into the dishwasher. The staff were required to hold the pots and pans under the tap whilst filling them with water and detergent. Once the pots and pans began to fill with liquid employees found it arduous to hold the pots and pans under the tap. Management installed a 'water jet sprayer' so that staff could apply water to the required area of the pan without having to hold the pan under the tap.

There was a lot of repetitive carrying of loads to and from the food storeroom and the food preparation area. Employees would carry numerous items of product from the stores to prevent them making a number of trips backwards and forwards. Therefore management installed chilled food storage facilities within the food preparation area, and the repetitive lifting and carrying of loads from the food storeroom was eliminated.

Furthermore, management redesigned the sandwich preparation area so that items to fill the sandwiches were held in containers in the preparation area. This again prevented numerous trips to the food storeroom.

Employees reported discomfort when loading the dishwasher with the heavier pots and pans. This was due to the fact that the employees were required to reach into the dishwasher to place the pots and pans at the rear of the dishwasher. Holding loads away from the body places greater biomechanical stress on the lower back. Due to other problems with the dishwasher, management decided to replace the dishwasher and purchase one in which the tray to hold the pots and pans can be pulled towards the employee, eliminating the requirement to lean and stretch into the dishwasher while supporting a heavy load.

Management also noticed that employees were regularly placing loads down and picking them up again to open the oven/storeroom doors. Management replaced the handles of the doors with ones that can be readily opened with the employees' elbows and therefore a substantial amount of the manual lifting and lowering was eliminated.

Reducing repetitive actions

The inclusion of chilled food storage facilities within the food preparation area reduced many of the repetitive carrying tasks.

Staff and management set up a job rotation system so that employees were not performing the same task for the entire working day. For example, staff would spend a few hours working in the sandwich preparation area and then move to a different task, therefore reducing the employees' exposure to the risk factors associated with sandwich preparation (for example continual bending and twisting of the wrist when buttering the bread).

Improving working posture

From discussions with employees it was established that washing pots and pans for an extended period of time caused them aches and pains, particularly in the lower back. From observing the employees performing the task it was established that the aches and pains were due to employees adopting a forward leaning posture over the sink and placing biomechanical stress on their lower back.

The sink had an unnecessarily large protruding front edge that employers were required to reach over in order to access and clean the pots and pans in the sink. The sink was replaced with one with a narrow front edge so that employees could



position their body closer to the sink and therefore eliminate the need to bend forward to access the sink.

Cleaning the glass inside ovens caused the employees to adopt a twisting posture to access all of the inside of the cooker. This was a particularly arduous task which few employees wished to undertake. Management replaced the ovens with ones in which the glass interior was attached with a hinge and therefore when it required cleaning staff swung the glass interior out of the oven and cleaned it whilst maintaining a neutral posture.

A review of the shelving highlighted the fact that items that were regularly used were being stored in difficult to reach positions that caused employees to adopt poor postures in order to reach into the shelves and retrieve the items. Therefore management reviewed all of the items and placed the most commonly used items in the most accessible positions, i.e. on shelves at waist height and within easy reach. Shelves were then labelled so that items were not stored elsewhere.

It was also noticed that gaining access to floor-standing cupboards caused employees to crouch down and reach into the cupboard, thereby placing pressure on their knees. All floor-standing cupboards were removed and replaced with drawers that easily slid out for employees to gain access.

Reducing force

Employees informed management that scrubbing pots and pans before placing them into the dishwasher proved to be arduous. Therefore, management bought new strong bristled scrubbing brushes to reduce the amount of force required to remove baked food stuck to the pots. A sufficient number of spare scrubbing brushes was also purchased so that the ones being used could easily be replaced once they had become less effective due to use.

The dishwasher included a door that had to be pushed upwards in order to place items into it. Over years of use the door had become stiff due to age and poor condition. Staff reported that it was particularly difficult to open the door and a large amount of force in an upward direction was required to open it. The new dishwasher has a pull-down door that is well maintained and requires minimal force to open it.

Management also undertook a maintenance review of all cupboard and storeroom doors. The door to the chilled food storeroom regularly became stiff and difficult to open due to the necessity to maintain the temperature of the products inside. A special hinge was fitted to the door and the door was counter-balanced so that it opened and closed with minimal force.

Problem identification and description

The staff were directly involved in the process, and they seem to have responded well to the changes.

Assessment

The intervention seems to have been successful. As one employee said, after the management had a special hinge fitted to the chilled food storeroom so that it opened and closed with minimal force: 'I don't know if it was counterbalanced or the name of the hinge, it was just a lot easier to open and then swung open easier, instead of closing and employees having to put their leg against the door to keep it open.'



Transferability

This type of risk assessment that directly involves staff can be transferred easily to other organisations and countries. This is especially so as the kitchen environment is similar across organisations and countries.

EXAMPLES OF GOOD PRACTICES IN CLUBS AND BARS

5.3.

5.3.1. Safety in two clubs with respect to lights and noise — Estonia

Key points

- The administrators of a nightclub and a lounge bar made changes to the workplaces to reduce the hazards and risks associated with noise, vibration, use of equipment and temperature changes related to nighttime work environments of a social nature.
- The changes were extensive, covering the amplification level of music, the bar areas, the kitchen areas, the entrances and the floors.

General framework

Within Europe, 20 % of the workforce is employed at night (European Communities, 2004). The health problems associated with night work are well documented (see Fujino, Iso, Tamakoshi, Inaba, Koizumi and Kubo, 2006; Haus and Smolensky, 2006) especially with respect to alertness and fatigue (<http://www.hse.gov.uk/pubns/dis4.htm#10>). Additionally, other research has found that night workers make five times as many serious mistakes and are 20 % more likely to suffer severe accidents (Hazel ewood, 2003), with more fatal accidents occurring between midnight and 06.00 than at other time of the day (European Communities, 2004). The European Working Time Directive (<http://www.incomesdata.co.uk/information/worktimedirective.htm#Article8>) restricts the number of hours for night workers to an average of eight hours in any 24-hour period, and requires employers to provide a free health assessment at regular intervals. Further, employers need to ensure that this category of workers has appropriate health and safety protection in respect of work.

In addition to dealing with the effects of night work, some of these employees may have to function in noisy conditions. Overall, research has shown an increase in the number of European workers who state that they are exposed to intense noise (47 % in 2000, an increase of 4 % from 1990) and those who state that they have to work amidst intense noise (29 % in 2000, up 2 % from 1990; see Renault, no year).

This research illustrates the importance of improving working conditions for those who need to work at night and under adverse conditions.



Noise in Horeca

Noise can cause permanent hearing loss. Anyone who is exposed to noise is at risk. Factors that affect the hazardousness of noise are impulsiveness (sound peaks), frequency (in Herz) and length of exposure. Noise can also interact with other workplace risks such as exposure to chemicals (ototoxic agents) which may increase the risk of hearing loss, and have an effect on the cardiovascular system by increasing blood pressure and causing stress.

Workers especially exposed to high noise levels in hotels and catering are kitchen staff, waiting staff, and laundry staff.

According to the Fourth European working conditions survey (Parent-Thirion, A, et al. 2007) 29 % of workers in the sector are exposed to noise and more than 4 % consider that they are at risk of developing hearing problems (Eurostat, 2004). Noise can lead to mental fatigue, reduce levels of concentration and lead to injuries. In restaurants noise levels tend to be high due to customers talking, staff shouting orders, clashing dishes, glasses, cutlery, different kitchen appliances, ventilation and hoists (Roskams and Hermans, 2003).

A study by Christie and Bell-Booth (2004) mentioned that the average noise level in restaurants is mostly up to 80 dBA and can even reach up to 110 dBA.

An important feature playing a prominent role in noise level is the architecture of the building. According to the study, the materials most often used in bars, restaurants and cafés, i.e. polished timber, tiled floors, or concrete ceilings were acoustically reflective. The fact that the material has to be cleanable and durable has an impact on the acoustic qualities and increases the resonance of the room. The predominant noise sources in all venues (bars, cafes, restaurants) are the other occupants and the music played. Another important source is kitchen noise, e.g. grinders and coffee machines.

Special framework and background

The company, Pro Personal OÜ, runs a nightclub, and employs 64 members of staff, who either work in the 'Hollywood' nightclub or the 'Kaheksa' lounge bar. Both of these businesses are open mostly during the night (the lounge also opens during the daytime from 12 noon). The nightclub has a large dance floor and a balcony, and six bars. Different kinds of music are played and events with live music are organised. The club can hold up to 1 000 people. Food is offered at the lounge bar, and the bar offers seating for 90 people.

It was decided to improve some of the features in the nightclub and lounge as part of occupational health and safety activities for 2005.

Description of the action

The head of the Work Environment Council decided to make ergonomic changes to different aspects of the nightclub and lounge. These changes involved the lighting, the noise levels, the equipment, the ventilation, surface areas and clothing for staff in respect of harsh weather conditions.

Lighting

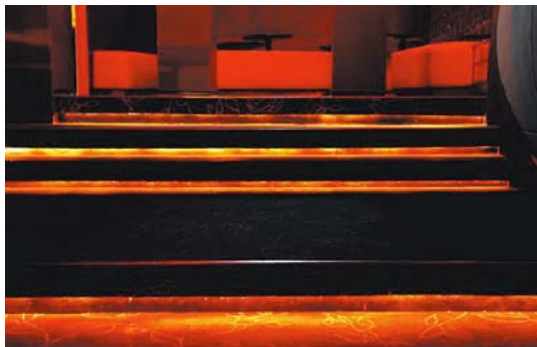
The lighting in the nightclub was subjected to several changes. Additional lighting was installed in all the bars of the club. This local lighting allows the barman to ensure that he has sufficient light on the workstation. See Picture 1.





Picture 1: A barman's workstation with local lighting

The lighting in the ticket office of the club has been improved, allowing the barman to regulate it himself. At the entrance of the nightclub the light filters have been changed for weaker ones for better penetration of light, which helps the security guards when they are doing their security checks.



Picture 2: Steps with light painting in the club

Between the different floors in the nightclub, 'light painting' has been installed to ensure better distinction of steps and thus prevent patrons from stumbling. See Picture 2.

Noise

The changes to noise levels were based on the risk analysis that Professor H. Kahn conducted. It was decided to restrict the amplification level of music. The noise limit was extended up to 89 dB (A), the intensity level of the control scale was marked on the DJ's switchboard, and it was prohibited to exceed that volume (Pictures 3 and 4).



Pictures 3 and 4: A sign on the amplifier and a reminder for the DJs

In order to reduce noise and vibration a special floor covering (comparatively thick and rubberised) was ordered from AS Puhastusimport and placed behind all of the bars. See Picture 5.





Picture 5: A barman's workstation with a new floor covering

The other transformations in respect of reducing the impact of noise levels were to have audio protective equipment (earplugs) always available at the night office and to nominate a dedicated member of staff to provide them. A rest room has also been made available with permitted noise levels, adequate lighting and normal microclimate, for members of staff who are continuously exposed to noise.

Ventilation

The proper operation of ventilation systems has been ensured. The temperature has been stabilised at 20°C, and arrangements have been made to clean and maintain regularly the ventilation systems. During winter an electric radiator will be placed at the inner door of the entrance to the club to ensure that warmer air is available there. Additionally, at the main entrance of the ground floor a new and powerful blast heater has been installed. See Picture 6.



Picture 6: A blast heater at the entrance

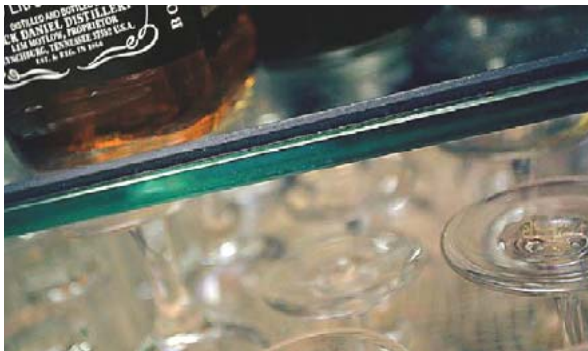
Surface areas

Anti-skid strips have been placed on the edge of the stairs of the main staircase. See picture 7.



Picture 7: Anti-skid strips on the stairs

In addition, anti-skid strips were stuck to the edges of shelves in the bars so that bottles, glassware and other items placed on the counters would not fall down due to the vibration.



Picture 8: Anti-skid strips on counters in the lounge bars

Equipment and clothing

The following changes were made to address the health and safety needs of members of staff.

- All of the work equipment (e.g. knives, scissors, corkscrews for wine bottles) have been checked, and inappropriate items have been replaced.
- As the kitchen tended to overheat, a new induction stove was purchased. This has improved working conditions in the kitchen by reducing the temperature.
- A more powerful air-conditioner has been fitted in the kitchen to replace the old unit. In addition, more effective air filters were installed.
- Barmen and assistant barmen are provided with wristbands (elastic bands to keep wrists warm) in order to prevent injuries in the joints and pain in the wrist.
- In order to make the work of assistant barmen safer, a new workstation with adjusted height has been procured.
- Security guards have been provided with protective clothing that serves also as a uniform. The new uniforms have the logo of the company, and include warm coats and gloves for working outside.



- An assessment was carried out of the schedule of staff working in more difficult conditions. This has resulted in security guards replacing each other outside in cold weather every 20 minutes. Those employees who work in bars are allowed breaks in their work.

Results and evaluation of the project

The evaluation included carrying out a risk analysis of the work environment and assessing feedback from staff. Staff meetings are held on a weekly basis, and either monthly or twice a month, issues are raised in respect of the working environment, for which realistic solutions are sought. There is a continuous dialogue with the staff in order to ensure that the appropriate issues are addressed.

Problem identification and description

The nightclub is a protected historical site and, as a result, there are restrictions on the amount and type of changes that can be carried out at the site. For example, the installation of lifts is prohibited, meaning that goods and materials have to be carried by hand around the site. In general, all work that needs to be done needs to comply with the limitations imposed by the historical status of the nightclub.

Due to the nature of the business, the management acknowledged that there are some areas in which they would not have maximum impact. For example, the lighting will never be exactly as required for the environment, the music will be loud and the physical and physiological aspects of night work should be considered at all times.

Assessment

Overall, the intervention has met its objectives. However, some issues remain to ensure that staff follow-through on agreed changes. For example, there is a maximum limit on how loud the DJs can play music, but they do cross the limit at times. The management is at present trying to resolve this issue to ensure that it is technically impossible to exceed the established limit. Additionally, while all of the staff are provided with earplugs, some of them do not wish to use them.

Transferability

This type of risk assessment and intervention can be transferred easily to other organisations and countries. Nightclubs and lounges tend to be similar, and mainly cater for a young clientele.

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5.3.2. Kroger mot knark — Clubs Against Drugs — Sweden



Key points

- To develop a policy that outlines how to handle drug-users (both guests and co-workers), and how to intervene in such a situation.
- To provide guidance and training on the issue.
- To create a tool for prevention of drug abuse among employees.
- To decrease drug use among guests and employees.
- To create a safer and healthier working environment for club employees.

General framework

Alcohol and drug abuse are among the greatest threats to people's health and wellbeing. Closer contact with other European countries and a change in attitudes will probably lead to increased drinking and drug use, and therefore also increased harm. Moreover, recreational drug use in nightclubs has increased, which poses serious risks for the health and safety of employees working in the clubs. These changes subsequently make greater demands on health promotion and require intervention and the search for new methods of prevention.

Recreational drug use may reduce performance efficiency and safety at work (HSE 2004). The accident rate for substance abusers is about four times that of an average worker. Up to 40 % of workplace deaths and about one half of workplace injuries can be linked to substance abuse. The victim could be the abuser, a co-worker, a customer, or a member of the public (Loup 1994).

Survey results among 445 employees in Stockholm show that many employees have observed drug use among guests and that the prevalence of drug use among employees is higher than in the general population. Eighty-three percent reported having seen guests high on drugs during the last six months and 43 % have seen guests high on drugs every week in licensed premises. Almost half (46 %) said that they have actually seen someone taking drugs at a licensed premise during the last year. Sixty percent of employees reported having used drugs at least once (Gripenberg, 2002).



Special framework and background

The 'Stockholm prevents alcohol and drug problems (STAD) project' is Sweden's largest investment in long-term development work within the alcohol and drug prevention field. Kroger mot knark (Clubs Against Drugs) is one of the 20 sub-projects of STAD, being conducted in the Stockholm area, with a focus on central and western districts.

The STAD Project, which started in 1995, is funded by the City of Stockholm and Stockholm County Council. The overall objective of the project is to identify, test and evaluate promising methods for the prevention of alcohol and drug problems. This long-term effort has yielded a large bank of knowledge for preventive work. Evaluation is being carried out in cooperation with the Department of Public Health Sciences at the Karolinska Institute.

The general aims of the project are as follows:

- to develop and test methods for the prevention of alcohol and drug problems;
- to encourage interest in preventive measures in the business community, and amongst authorities and associations, with the ambition of transforming the work carried out in the project into regular activities;
- in the long run to reduce alcohol and drug-related harm and diseases.

Groups involved from the outset included the Licensing Board, the Police Authority, the National Institute of Health, the County Administration, the Swedish organisation for restaurant owners, the trade union and leading restaurants.

Description of the action

Clubs Against Drugs was initiated by the STAD project in 2003 in order to reduce recreational drug use in bars/nightclubs/restaurants in Stockholm. The project focuses initially on premises which see high levels of recreational drug use (e.g. nightclubs). Thirty-three clubs are jointly working to provide safer drug-free workplaces for their employees. The restaurants have developed a policy that outlines how to handle drug-users (both guests and co-workers), how to intervene in such a situation, etc. The project also provides guidance and training on the issues, e.g. of how a doorman can recognise drug-users and how to design a safe club.

Owners of 'high-risk' nightclubs with late opening hours are actively and publicly engaged in efforts to reduce the use of drugs. The owners participate in different working groups and meet on a regular basis, and have formally created the 'Clubs Against Drugs' association. All members have signed a declaration committing them to engaging in drug prevention work in nightclubs.

The intervention strategy is to decrease the availability of drugs and opportunities to use drugs via changes in the physical environment, introduction of drug policies and training of staff. An action group representing the Licensing Board, the Police Authority, the National Institute of Health, the County Administration, the Swedish organisation for restaurant owners, the trade union and leading restaurants has been mobilised and meets regularly.

The pre-emptive alcohol and drug programme for restaurants is a tool for prevention of alcohol and drug abuse among employees. The programme, along with the alcohol and drug policy, is aimed at creating a workplace without alcohol and/or drug abuse. The programme consists of a training programme for all employees, additional training for managers and other key personnel, testing and rehabilitation.



The participating clubs are as follows: Berns, Blue Moon Bar, Café Opera, East, Köket, Laroy, Riche, Spy Bar, Sturecompagniet, Sturehof, Alladin, Hotellet, Loge, Nox, Olssons Video, Solidaritet, Storstad, The Lab, The Plaza Club, Undici, White Room, Bar 54, Café Tivoli, Clarion Hotel, Gondolen, Göta Källare, Koh Phangan, Kvarnen, Ljunggren, Metro, Patricia, Restaurang Göteborg and Snaps.

Policy work

Written policy documents have been developed and implemented in the high-risk premises. The staff receive written drug policy information and training, after which they sign the policy.

Training

The programme involves targeted training: one-day policy training for owners of nightclubs, one-day training for serving staff, two-hour policy training for managing staff, and a two-day drug-training programme for doormen.

The drug training for doormen covers the medical effects of drug use, how to recognise drug-impaired guests, how to intervene appropriately, alcohol and drug laws, laws and regulation for licensed doormen, and conflict management. The topics covered are discussed in groups and practiced in role plays. In order to pass the course and receive a diploma the doormen must score 70 % or above in a written exam.

Training programme for all employees

The training programme consists of information given to all employees and additional information given to new employees. The information may be given in meetings, other training programmes, etc. and it may be posted on bulletin boards or sent to the employees by mail. The purpose of the training programme is to maintain and strengthen the current policy.

The training programme may include the following:

- the effects and consequences of alcohol and drug abuse, from a personal as well as a professional standpoint;
- the consequences if the policy is not adhered to;
- rehabilitation and support;
- resources outside the workplace — support and help for the addicted.

New employees must be informed of the alcohol and drug policy of the restaurant.

Everyone in a managerial position, as well as other key personnel, will receive additional training annually. The purpose is to increase the knowledge of and ability to deal with abuse within the work- force.

The training programme may cover the following:

- the effects of alcohol and drug abuse on both the workplace and on society as a whole;
- how to implement the alcohol and drug policy, testing, testing positive, rehabilitation and rehabilitation resources;
- how to inform all employees of the alcohol and drug policy of the restaurant;
- how to read the signs of abuse, suspicion of abuse, if the employee is under the influence of alcohol and/or drugs and how to document suspicions of abuse;
- secrecy.

A film about drug use in clubs has been produced as part of the project.



Testing

Testing must always be performed in a correct and reassuring way in order to: prevent (wrongful) positive tests and assure all employees that the tests are being handled properly and that the risk of manipulation of the tests is non-existent.

The routines for testing (from actual testing to lab results) must always ensure that no employee is wrongfully accused of alcohol and/or drug abuse. It is therefore vital that all testing should be done by medical personnel and that the analysis be conducted by an approved laboratory.

Rehabilitation

It is the responsibility of the employer to ensure that rehabilitation and treatment will be available to an employee when substance abuse has been confirmed. The purpose of the rehabilitation and treatment is to break the employee's pattern of alcohol and/or substance abuse in order to allow the employee to return to work. Employees should be encouraged to seek help for their addiction outside the workplace, e.g. from the AA (Alcoholics Anonymous).

Rehabilitation may include counselling, self-help, institutional treatment and day care treatment. Whatever the method of rehabilitation, there must always be a consensus between the rehabilitation provider and the employer.

Enforcement

The Police Authority has developed a specialised group, the Club Commission, targeting drug-related crimes at nightclubs. The Club Commission takes an active role in the project, participating in meetings, planning and lecturing, and inviting doormen to regular meetings. Furthermore, monitoring of and sanctions against nightclubs have also increased.

PR campaigns and media activities

A number of media activities are conducted in order to mobilise important target groups, increase awareness of the problem, and to gain community support for the intervention. The project was announced on both national and local TV news, on radio, and in newspapers. A PR campaign was initiated at the end of March 2004. The PR work consisted of a press conference, advertisements in news media and activities at the clubs. A website was also introduced.

Funding

The project activities are funded by STAD project, Police and MOB (Mobilisering mot Narkotika). The STAD project is funded by the City of Stockholm and Stockholm County Council.

Results and evaluation of the project

Drug use has decreased in the participating clubs. This has had a positive impact on the health and safety of club workers.

The STAD project's various sub-projects are evaluated continuously. Evaluation is being carried out in cooperation with the Department of Public Health Sciences at the Karolinska Institute.

The evaluation of the STAD project showed, for example, that police-reported violence decreased by 29 % in the project area during the first three-year observation period (Wallin, et al. 2003).



An evaluation of the physical environment and in-house policy work has been initiated in all the nightclubs. A specific checklist is used and the results are discussed in order to focus on possible improvements.

The results of the evaluations are utilised for improving working methods and materials. The results are continuously presented to, and discussed with, various target groups participating in the projects, e.g. serving staff and the police.

Examples of methods used in the evaluation are questionnaires, focus group interviews, observation studies and registry studies.

- More information about evaluations can be found in STAD's report series (only available in Swedish) (see <http://www.stad.org>).
- Evaluation and research in the STAD project is conducted in collaboration with the Karolinska Institute, Department of Public Health Sciences. For further information see scientific documentation on the website <http://www.stad.org/>

Assessment

Evaluation and assessment of the project are under way. Intervention activities will continue.

Transferability

The intervention is easily transferable to other countries.

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5.4. EXAMPLES OF GOOD PRACTICES IN THE HORECA SECTOR

5.4.1. Ergonomic approach in the hotel and restaurant industry — France

Key points



- A project bringing together the various occupational health and safety services and the hotel industry trade association.
- Overall initiative including the production of a film and a practical guide to ergonomics in the hotel and restaurant industry.
- Funding of innovative projects in this sector.

General framework

The number of occupational injuries and diseases in the hotel and restaurant sector is high. Numerous occupational injuries can occur, in particular:

- falls and slipping.
- accidents related to handling and manual operations.
- injuries caused by hand tools.
- falls from a height.
- burns.
- road traffic accidents, and so on

Moreover, cooking is an activity involving major risks, including: slipping, falls, cuts, noise, etc.

Occupational health and safety therefore has very important economic and social implications in the hotel and restaurant sector.

Special framework and background

There are nearly 6 000 establishments in the hotel and restaurant business in the Aquitaine region: 1 500 hotels with restaurants and 4 200 restaurants and café-restaurants.

For more than 15 years, the Aquitaine regional health insurance fund (CRAM) has established various contacts with the organisations representing this industry, in order to raise its awareness of and allowance for safety and working conditions as early as possible before building or altering their premises, and also to improve the health of employees.

A first 'Convention Régionale d'Objectifs' (regional target agreement) was signed on 29 November 1989 for a three-year period between CRAM Aquitaine and the hotel industry association at that time.

A second regional target agreement signed on 30 January 1995 for a three-year period set a threefold target:

- to encourage allowance for safety in the workplace design stage, especially by installing appropriate equipment;



- to improve working conditions and reduce risks for users;
- to incorporate a training programme for all employees, including management staff, concerning occupational risks and food hygiene.

This second regional target agreement had a far more significant impact than the preceding one, especially due to the promotion campaign carried out by the FRIH (regional hotel industry federation) and the SGIHG (general hotel industry trade association for the Gironde region) which had 900 members at the time.

Approved by all the departmental hotel industry federations, this agreement asserted the will of the industry and CRAM Aquitaine to develop a safety policy for the firms in the region. A rider for an additional year was signed on 19 January 1998.

Then, departmental hotel industry trade associations (UMIH: Union des Métiers de l'Industrie Hôtelière) were set up to replace the FRIH and SGIH organisations, and the CRAM developed its initiatives in partnership with them. The CRAM also took part in the National Congress of the UMIH in La Rochelle on 5 December 2001 to describe the initiatives taken in the Aquitaine region and encourage their promotion.

The approach of CRAM Aquitaine having been judged highly positive by the French national health insurance fund for employees (CNAMTS) and the national UMIH, a partnership charter was drawn up to commit the industry to a Convention Nationale d'Objectifs (national target agreement) which was signed on 5 September 2001 for a period of four years.

The CRAM implemented 28 occupational health and safety contracts within the framework of this national target agreement, which represents an amount of about EUR 500 000 assigned by CRAM Aquitaine for the improvement of employees' working conditions and health. Enterprises themselves invested about EUR 2 150 000 over the four years. The financial aid from the CRAM represents 23 % of this amount.

To date, 68 restaurants and hotel/restaurants in the Aquitaine region have benefited from the advice and financial assistance of CRAM Aquitaine to a total of EUR 1 189 200, for an investment by enterprises in working conditions and safety amounting to EUR 5 030 000. CRAM Aquitaine's contribution therefore represents about 24 % of these investments.

Again, in order to raise corporate awareness and promote occupational health and safety, CRAM Aquitaine occupational health and safety service and the hotel industry trade association of Dordogne acted as partners to raise awareness among enterprises in the hotel and restaurant industry in Dordogne concerning the risks related to their business and workstation ergonomics.

Description of the action

CRAM Aquitaine proposed, more than two years ago, to support the project for collective action initiated by the Périgueux OH&S service, in partnership with the UMIH of Dordogne, and to assist enterprises in the hotel and restaurant industry in the occupational risk prevention approach.

The tripartite agreement signed on 22 May 2003 defined the following aspects in particular.

The Risk Prevention Service of CRAM Aquitaine:

- Produced an instructive film illustrating the benefits of adopting an ergonomic approach in the hotel industry, and the proposed risk prevention initiatives. It is a collection of first-hand accounts by company managers that enabled the production



of this awareness-raising film entitled 'Ergonomic approach in the hotel and restaurant industry: A new key to progress'. The film was produced by a team from CRAM Aquitaine, a cameraman, a director, a safety inspector and an engineer in partnership with an ergonomist and industrial doctors of the Périgueux OH&S Service. It was previewed at the symposium organised by the Périgueux OH&S Service on 27 October 2003 at the International School of Management in the Hotel, Restaurants and Tourism Industry, at Savignac les Eglises for all the industry players in the 'département'.

- Disseminated the film, 'Ergonomic approaches in the hotel and restaurant industry — A new key to progress', on VHS cassettes and CD-ROMs in the leading establishments. Since its production, almost 1 000 copies of the film have been disseminated, either at general meetings of the UMIH or via ergonomists and the Prevention Institution. During the Equip'Hôtel trade fair held from 5 to 9 November 2006, the film was shown on closed-circuit TV on the stand of CRAM Aquitaine (in partnership with the national institute for research and safety (INRS) and the Île-de-France regional health insurance fund (CRAMIF)), and the latter organisation hopes to disseminate nearly 400 additional CDs.
- Raised awareness regarding occupational risk prevention and assessment.
- Financially assisted eligible enterprises through OH&S contracts.

The UMIH of Dordogne:

- led the industry down the path to modernity with the support of all the partners and the institutional resources able to help in this;
- provided information on this approach and raised awareness among its relays and members;
- taken part in writing and promoting the single document on occupational risk assessment;
- facilitated the appointment of resource personnel.

The Périgueux OH&S Service:

- wrote the 'ergono-guide', a practical guide to ergonomics in the hotel and restaurant industry;
- organised and funded the symposium of 27 October 2003;
- made ergonomists available to support the action of the industrial doctors;
- presented the multi-disciplinary project at the National Congress of Occupational Medicine in Bordeaux in June 2004.

The ergono-guide was presented in May 2006, on the occasion of 'OH&S seminars' organised by the INRS. Five hundred copies have been disseminated to date, chiefly to enterprises in the Dordogne region, and 50 to the INRS, to the 'Conseil Général' (County Council), the Regional Council and the UMIH. The OH&S Service plans to print 500 additional copies which will be available at the end of October.

Dordogne has more than 700 representatives of the hotel and restaurant trades, a sector of activity and employment which is now tending to evaluate occupational risks and to improve working conditions

Results and evaluation of the project

A success, this project is continuing with the preparation of a practical guide on the ergonomics of design and use of work premises and equipment. This guide is produced by CRAM Aquitaine, in partnership with the regional directorate for labour, employment and vocational training (DRTEFP) for Aquitaine, UMIH Aquitaine, the labour inspection doctors, the local UMIH organisations and a consulting firm.



Five thousand copies of this guide were presented at the Equip'Hôtel trade fair which takes place in Paris from 5 to 9 November 2006. The UMIH is in charge of its promotion.

The factors of success of this project were strong mobilisation of the OH&S services and a precisely defined partnership with a very clear breakdown of tasks among the various institutions that took part in it.

To illustrate this project, below are three accounts of various innovative initiatives that were carried out within the framework of this project.

Jacqueline Leymarie, Auberge de la Truffe (Sorges)

'Following collective consultation with the personnel, and an architectural plan, we contacted the industrial medicine service, who spoke to us of "ergonomics", which was a new word for us. We contacted CRAM Aquitaine who, in addition to their advice, helped us financially. Since then, we are far better organised in the kitchen. Risks are limited on both the physical and mental levels: there are fewer risks of burning, very sharp scissors are stored in the right place, and we have a non-skid floor, maintenance of which is facilitated by a cleaning unit accessible to everyone. With regard to ergonomics, the work tables are positioned at the correct height, and seats are available for certain jobs. We are able to manage working hours suitably. Working in a pleasant place is important for personnel: they are less edgy and less stressed, their loyalty has increased, and this year we had no absenteeism.'

Jacky Vasseur, Relais des 5 Châteaux (Vézac)

'Thanks to the creativity of the cooks and the organisation of operations backstage, working conditions have improved. Everyone can now move about in the kitchen without interfering with others, resulting in a time saving with regard to service. When I lose employees, it is either because they have set up in business for themselves, or they have gone on to be chefs in big kitchens.'

Dominique Duc, Auberge de la Petite Reine (Siorac en Périgord)

'By making the workplace pleasant, it is easier for my employees to be friendly with the customers. I started by trying to make the day easier for my employees. I positioned all the equipment so that employees would not need to climb a stepladder or constantly bend down. I ask my employees to keep the kitchen impeccable: time is saved and cleanliness is ensured. As regards deliveries, when building the kitchen, I provided for a delivery quay with access ramps for the trolleys, to avoid fatigue; when the delivery service arrives, all my team comes to receive the goods, thus reducing stress. I spent no extra money on creating conditions of safety for my employees. Finally, by providing my team with an efficient work tool, of good quality and in sound condition, there is a 99 % return on investment.'

Problem identification and description

Since 1992, CRAM Aquitaine has been working with the restaurant and catering business. However, occupational injury and disease prevention is not one of the prime concerns of company managers. It is necessary to have a strong presence in the field, but unfortunately CRAM does not have the resources for this.

Occupational risk prevention is a long-term task, and CRAM does everything possible to establish partnerships. These require a very strong presence and monitoring, without which the initiatives taken are diluted over time.



On the other hand, those restaurant operators who clearly understood that it was important to allow for safe working conditions in the design stage, or during revamping of the premises, are true promoters of occupational risk prevention.

Assessment

The project enabled CRAM Aquitaine (both in its services and its actions) to become better known to those in the business who are members of a trade association. The latter make more allowance for occupational risk prevention on an everyday basis, although they account for only 20 % to 30 % of the industry. The others are not members and are therefore not well-informed.

The OSH contracts enabled them to be aided, but the national target agreement has expired since September 2005, and for the time being it has not been renewed. Those in the industry cannot understand why this is: some of them have plans for improvement requiring major investment, and without aid from CRAM this becomes very difficult.

Transferability

This project can be transferred to other countries and sectors, but it requires major deployment of the occupational health and safety services.

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Violence, harassment and discrimination in Horeca

According to the working conditions survey of the Eurofound (2000), 12 % of hospitality workers experience intimidation, the second highest figure of all the sectors surveyed and 3 % higher than in the overall economy. The European Agency for Safety and Health at Work (2000) has also identified the sector as a high risk sector for physical violence; 8 % of hotel and restaurant workers (ESWC data, 2000) have been subjected to intimidation while at work during the last 12 months.

In the last few decades, personally attending to customers has gained importance throughout the service sector and in hotels and catering, and awareness has increased regarding the importance of employee behaviour and attitudes towards customers. Hotel and restaurant workers need a customer service orientation and a focus on customer satisfaction. But they may be confronted with excessive demands from clients and customers leading to abusive behaviour (Vittorio Di Martino, et al. 2003).

A large number of employees in hotels and catering work directly with their clients, as service suppliers, e.g. waiting staff, or less directly as cleaning staff or chamber maids. This can be a source of stress (ILO, 2003). A survey by Grimaud,



et al. (2002) indicates that 42 % of employees consider relations with clients as a stress factor. Almost 37 % have suffered sexual harassment. Vittorio Di Martino, et al. (2003) sees an increased risk of exposure to violence for employees working at the interface between the organisation and public, and especially those workers who work with cash or have an enforcement capacity, such as security guards.

Physical as well as verbal abuse and aggression is a problem in the sector. Although the risks tend to be higher in bars and pubs where customers drink more alcohol, workers in restaurants and especially fast-food venues and takeaways also have a high risk of being confronted with violence and harassment. Vahtera and Pentti (1999 in ILO, 2000) highlight the vulnerability of waiting staff. They analysed figures from 1990 and 1997, and in both years 75 % of waiters reported experiencing violence from time to time.

5.4.2. Reduction of workload in the Horeca sector — Netherlands

'HAPPY HORECA'



Key points

- A state-supported agreement ('Arboconvenant') between the social partners to reduce workload by 10 % in three years.
- The agreement included a set of activities and provided useful practical information and working materials.
- The project and its outcome and success were carefully evaluated and the results quantitatively measured.

General framework

The project covered three typical occupations in the hotel and restaurant sector — work as receptionists, kitchen personnel and waiters. A fourth group of mixed occupations was classified under 'Others'.

In total the Horeca sector in the Netherlands in 2000 employed more than 266 000 people in 27 000 enterprises. For 2004 this figure is estimated at 319 000 people; 24 500 or 91 % of the enterprises were SMEs under 20 employees. Most of the employees (141 000 or 53 %) worked in these small enterprises.

The budget for this project was 4.5 million Dutch Guilders or approximately EUR 2 million. The Ministry for Social Affairs and Employment (SZW) met 50 % of the expenditure. The other 50 % was covered by the employers' organisation Koninklijk Horeca Nederland (KHN), and the trade unions supported the project by personal participation. The costs for the industry were finally calculated as approximately EUR 1.8 million and EUR 200 000 for personal support.

Special framework and background

The main reasons for undertaking the action were:

- high workload;
- a rate of sickness and absenteeism above the average.



The activity was carried out by five organisations: the employers' association (KHN) and its knowledge and innovation centre (BEHC), two trade unions (FNV, CNV) and the Ministry for Social Affairs and Labour (SZW).

- (1) Koninklijk Horeca Nederland (employers' federation) — www.Horeca.org
- (2) Bedrijfschap Horeca en Catering (Knowledge and Innovation Centre for the Horeca sector) — <http://www.bedr-Horeca.nl/index.jsp>
- (3) FNV Horecabond (trade union) — <http://www.Horecabond.fnv.nl>
- (4) CNV Bedrijvenbond (Christian trade union) — <http://www.cnv.nl/home>
- (5) SZW Ministerie van Sociale Zaken en Werkgelegenheid — <http://www.min.szw.nl>

The main target was a reduction in workload by 10 % .

Measures to reach this target included:

- measuring of the baseline at the start of the project in a minimum of 1 000 enterprises;
- management of discussions and meetings regarding work organisation ('Werkoverleg');
- implementation of job enrichment, job rotation and job enlargement measures;
- approaches to improve the organisation of work processes and the technology and equipment in workplaces;
- assessment of technical conditions in relation to workload;
- measures to avoid the incorrect payment of wages;
- measures to train personnel in dealing with aggressive customers;
- testing of workload-reducing measures in eight pilot companies.

The three strategies to reach the target can be summarised as awareness-building, communication improvement and solution support.

Description of the action

The main methods used in the action were an information campaign, an Internet website, practical, well-structured and well-designed guidance tools and documents, and risk assessment tools for workload in Horeca.

Evaluation

The 'Quick Scan Werkdruk' is a software-based tool for identifying the structure and degree of workload in workplaces. Quick Scan Werkdruk is a measuring tool developed by TNO and adopted in the Horeca sector (TNO, Arbeid, 2005).

The Quick Scan was used at the beginning of the period of the covenant to identify the zero point or baseline. At the end of the period the Quick Scan was again used to assess the outcome of the action concerning workload. The Quick Scan Werkdruk was filled in by more than 5 500 employees or self-employed people.

Participation

Around 25 % of Dutch Horeca enterprises introduced the 'Werkoverleg'. These are meetings to discuss the organisation of work.

According to the final measurement ('Eindmeting', TNO Arbeid 2004) approximately 20 % used job rotation as a method to reduce workload.

Approximately 15 % of all the enterprises introduced cooperation and development dialogues.



Around 7.5 % of the companies with a total of 80 000 employees carried out a risk assessment (TNO Arbeid, 2004).

About 4 800 enterprises concluded an agreement with OSH Services ('Arbodiensten') to improve the working conditions. This is a step beyond the period of the covenant to improve working conditions and to support companies in the reintegration of sick employees.

During the action a seminar, 'Omgaan met agressie' ('How to deal with aggression'), was organised and 864 employees participated. The problems of sexual harassment, bullying and discrimination ('intimidatie, pesten, discriminatie') were tackled in these seminars and in team dialogues.

During the seminars on aggression the problem of sexual harassment and bullying by colleagues and supervisors came up as a problem. The project did not offer specific seminars on these issues but introduced the topics into its handbook on team dialogues ('Sammenwerkings-gesprekken').

Guidance tools

During the project a number of practical guidance tools for different aspects were developed. Sixteen areas or topics have been tackled:

Management measures:

- meetings: the benefit of openness,
- cost reduction with reduced sick-related absence,
- time-planning and good balance,
- job rotation,
- fast cooking, but without hurrying,
- less work through smart buying,
- sales centres.

Personnel measures:

- development dialogues — talking together about the future,
- cooperation discussions — working, and working together,
- motivation and reward,
- leadership (de situatie de baas),
- training on the job: learning from colleagues.

Measures regarding working conditions:

- the benefits of investment in staff and equipment,
- ergonomics and physical load,
- ergonomics and RSI,
- better cleaning.

Communication measures

The project emphasised the need for effective communication measures. The evaluation report quantified these measures in figures (KPMG BEA).

- 125 presentations in Horeca, with 2 600 participants, were organised;
- More than 36 000 handbooks were distributed;
- More than 50 000 visitors looked at the 'HappyHoreca' website. The former website <http://www.happyHoreca.nl> is now: http://www.rie.nl/contentpage.php?page=ries&branche_id=350



- More than 350 000 copies of the newspaper-like publication with four pages of information were distributed.

Other project measures

The project promoted a number of accompanying measures:

- technical improvements (better ergonomics, reduced risk of accidents, ventilation etc.);
- better time-planning;
- improved payment through better organisation.

Results and evaluation of the project

The evaluation included a quantitative survey on the measures introduced in the companies. A mainly quantitative evaluation was carried out in 2004 by TNO Arbeid (TNO Arbeid, 2004). A more qualitative assessment was published by KPMG (KPMG BEA, 2004).

The figures in the following table show how many people participated in the first and second Quick Scan Werkdruk and what percentage of them suffered from overload ('werkdruk-die-leidt-tot-overbelasting').

Table 8: Developments in the number of employees suffering from excess workload from 2000 to 2004

Profession	Number in 2000	Result 2000	Number in 2004	Result 2004
Receptionist	162	40.9 %	140	45.4 %
Kitchen	789	32.7 %	645	29.4 %
Waiter	1 396	33.1 %	1 382	27.5 %
Others	601	36.7 %	466	32.1 %
Total	2 948	34.2 %	2 633	29.7 %

Four and a half percent fewer employees suffered from overload over the period. This is a reduction of 13.2 % on the baseline, i.e. the target was reached. Additionally, the number of sick-related days in absence was reduced from 2000 to 2004.

Table 9: Developments in the number of employees absent from work due to sickness from 2000 to 2004

Percentage of employees absent from work due to sickness in the last 12 months	Result 2000	Result 2004
Never	56.1	58.8
Less than 1 week	20.5	24.3
1–2 weeks	11.0	9.0
2–6 weeks	6.6	4.1
6–13 weeks	2.6	1.7
More than 13 weeks	3.2	2.1

These figures show a clear reduction in workload.

The total rate of sick-related absence was reduced from 3.8 % in 2000 to 2.6 % in 2003. The number of people taking early retirement decreased from 0.65 % in 1998/1999 to 0.1 % in 2003 (KPMG BEA 2004).



According to TNO the Dutch hotel and catering industry has saved EUR 7.2 million as the result of the reduction in workload and its effect on sick-related absence.

Problem identification and description

The target reduction in workload could not be achieved for all functional groups. The receptionists complained about increased workload; the rate grew from 40.9 % in 2000 to 45.4 % in 2004. In its final report TNO ARBEID identifies as a reason for this negative development the growing number of different work tasks given to receptionists (TNO Arbeid, 2004).

There is no indication that hostility was encountered from any of the groups.

Assessment

The major goals were achieved. The project is very well documented and evaluated.

Success factors include:

- tripartite approach,
- size of the action,
- financial means available,
- focus on communication and awareness, and
- the set of very well-developed help tools that came out of the action.

The project promoters could clearly show that reduction in workload was a win-win situation, employers and employees.

Transferability

After the Horeca project two other 'Arbo-Convenants' were introduced in the sector. The methodology of these projects is similar to that of the Horeca-Covenant; they are similarly organised and financed.

In the catering sector two connected covenants were introduced, the first from 2002 to 2004, and as a follow-up to 2007, the 'Arboplusconvenant Contractcatering inzake verzuim- en reïntegratiebeleid werkdruk en licha-melijke belasting' (OSH agreement on Contract Catering concerning measures on absence and reintegration, stress and physical load).

The follow-up covenant had three main targets:

- a reduction in sick-related absence by 20 % from 9.3 % in 2003 to 7.4 % in 2006;
- a reduction in the percentage of employees exposed to stress from 41.5 % to 33.2 % (a 20 % reduction);
- a reduction in the percentage of employees exposed to heavy work from 44.5 % to 37.8 % (a 15 % reduction).

The budget was EUR 1 million, shared equally between the Ministry SZW and the social partners.

The current 'OSH agreement in the recreation sector — swimming baths — concerning measures on absence and reintegration, physical load, aggression and exposure to climate, noise and substances' works with similar quantitative goals and a similar budget.



Quotes

Van Schie, BHenC:

'Expenditure on reducing workload brings savings of two or three times the amount. Employers and employees who used the HappyHoreca tools emphasised that the reduction of workload leads to much greater job satisfaction among employees, to higher satisfaction among guests and to growth in turnover.'

'Vermindering van te hoge werkdruk verdient zich dubbel en dwars terug. Ondernemers en werknemers, die HappyHorecainstrumenten gebruiken, hebben aangetoond dat het verminderen van de werkdruk leidt tot veel meer werkplezier voor werknemers, meer gastentevredenheid en toename van de omzet.'

Penders FNV:

'Employees can actively take measures to reduce their workload, because their employers support them. But the success will be effective, if the enterprises really recognise the significance of HappyHoreca. Many enterprises have not perceived the value of HappyHoreca. There is still a lot to do.'

'Werknemers kunnen actief iets doen aan het verminderen van werkdruk als hun werkgevers daarin willen meegaan. Maar 't succes wordt pas substantieel als bedrijven het belang van HappyHoreca blijven onderkennen.... Veel bedrijven hebben nog geen kennisgemaakt met HappyHoreca. Er valt dus een hoop te doen.'

Schormann KHN:

'Employers in the Horeca sector are open to creating good working conditions. Safe and better organisation leads to better service and a greater rate of return. The employer has to work together with his employees safely and effectively.'

'Horecaondernemers staan open voor goede arbeidsomstandigheden. Zeker als beter functioneren leidt tot betere service en beter rendement.... De ondernemer moet dat samen met zijn medewerkers goed en veilig organiseren.'

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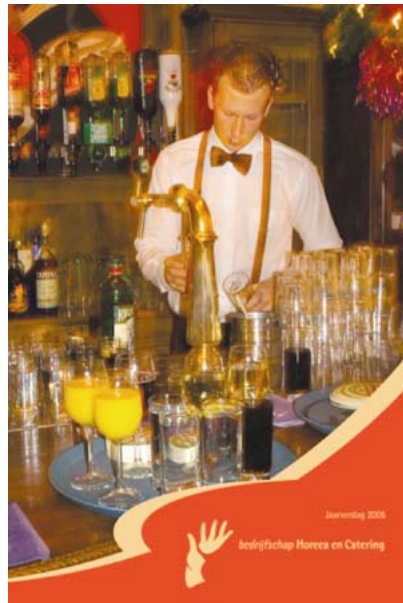
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CONCLUSIONS OF CASES

5.5.

5.5.1. Qualitative assessment of the cases

Of the actions described in this report, only a minority have been evaluated. It must be said that some of them were undertaken only very recently, or are still merely at the planning stage; we therefore do not have sufficient hindsight to assess their impact.

It should also be specified that, when they have been performed, the evaluations mostly concern the view of the target enterprises regarding the benefits or relevance of the proposed approach or support, or the level of satisfaction of the beneficiaries rather than the actual impact of the action on the state of health and safety in SMEs.

Although it is hard to measure the effectiveness of the preventive measures described in this report, it is possible to derive from them some useful information for those who would like to adopt similar approaches.



A number of important key results can be summarised according to the significant characteristics of the cases. In most of the cases the initiators and contributors aimed to reach a set of targets. The case studies are categorised by their key success factors.

Consequences of the measures described on the frequency level of occupational injuries

Several of the actions described had the direct objective of reducing the number of occupational injuries and diseases.

In the case of a fast-food chain in the United Kingdom, all that was needed was to change the floor surfacing to reduce accidents due to slipping by 70 % .

Following the investigations of accidents that have occurred in system plants of hotel swimming pools in Italy, a mixed work group was established. Technicians from control agencies, together with representatives from the associations of entrepreneurs, participated together in order to identify the necessary interventions required to avoid further accidents. Guidelines have been drafted for the management of chlorination system plants, containing both the management aspects and the system plant modifications aimed at improving safety.

No further accidents have been recorded since the circulation of the guidelines. The quality of services offered to tourists, as well as working conditions, seems to have improved as a direct result of system plant operators' enhanced professionalism and improved awareness.

Good risk assessment

Another recurrent objective in this sector is to improve risk assessment. As we have seen, there are numerous risks in the Horeca sector, due to the great variety of working environments.

This is shown in particular by the study performed in the hotel sector in **Greece**. This study, carried out in the field and in which the workers were closely involved through questionnaires, allowed recommendations to be published, which could be used during seminars and training courses for employees in this sector.

Understanding of accidents, based on the recording and analysis of data provided by accident reports, can also give many indications and can facilitate guidelines being made available for the benefit of personnel in the sector (managers, employers, workers, advisers, trade associations, etc.), in harmony with the rules and based on the experience of the control agency (**Italy**). This working instrument was made available with the collaboration of trade associations and trade union organisations, and a convention was organised for the purpose and an information brochure was circulated.

Involvement of the workers in risk assessment enabled the managers of a university kitchen in **England** to obtain satisfactory solutions for the prevention of musculoskeletal risks for workers.

Following the risk assessment, the administrators of a nightclub and a lounge bar in **Estonia** made changes to the work places to reduce the hazards and risks associated with the noise, vibration, use of equipment and temperature changes related to nighttime work environments of a social nature. The changes were extensive, covering the amplification level of music, the bar areas, the kitchen areas, the entrances and the floors.



Successful partnership for large-scale actions at the regional, national or sector levels

The success of a project is also largely due to the partners taking part in it. In the case of information campaigns, it is very important that all the representatives of this sector should be involved in the campaign, to ensure its success.

A project in the **Netherlands** had the objective of reducing workload by 10 % in three years in the Horeca sector. Five organisations took part in the action: the employers association, the knowledge and innovation centre, two trade unions and the Ministry for Social Affairs and Labour. The primary means used in the action were an information campaign, an Internet website, very practical, well-structured and well-designed guidance tools and documents, the use of risk assessment tools for workload in Horeca, and the support of solutions. The campaign was a big success as the major goals were achieved thanks to the tripartite approach, which allowed the campaign to reach a very large public, and the size of the action.

The same type of agreement was also put in place in the catering sector in the **Netherlands**, and also shown to be very successful. This experience showed that the covenant could be much more effective if it is possible to reach the whole branch with large-scale activities. A main area of focus was the training of executives, line managers and supervisors.

The success factors of a French regional project in the Horeca sector in Aquitaine were strong mobilisation of the OSH services and a precisely-defined partnership, with a very clear breakdown of tasks among the various institutions that took part in it.

Worker involvement

Generally, worker involvement in the project is decisive in its success. In particular, by asking them for their opinion and impressions concerning their work and observing their working environment and conditions, one can meet workers' needs by achieving a truly satisfactory solution. The observation work performed in the MELIA hotel chain in the Balearic Islands (**Spain**) enabled management to find a solution to the problems faced by chambermaids when making beds. Workers and their representatives expressed a high level of satisfaction with this solution. A significant reduction in absenteeism among maids was observed within the next two years. The reduction of efforts in the arrangement of beds and the cleaning of the rooms was highly valued.

However, these improvements and the higher category achieved by the hotel generated a side effect: an increase in the number of rooms to be cleaned by one maid and an increase in the tasks to be carried out in each room. Workers complained about an intensification of work and the extension of their responsibilities to additional tasks (to empty and clean flower vases, to fold toilet paper, to bring and assemble advertising material (brochures and gifts for the guests) to the rooms and other similar assignments).

In Finland, the aim of the intervention study was to investigate supervisors' burnout and stress (which are common, as they usually work alone without colleagues in their work units, and it is their responsibility to support personnel), and to evaluate the effectiveness and suitability of prevention groups in the catering and restaurant business. The groups aimed to alleviate stress and burnout during major changes in the organisations.

The results showed that supervisors' discussion groups are feasible and well suited to prevent stress amongst supervisors in the hotel and restaurant sector. The supervisors felt that they got support from each other. They had an opportunity to see that they were not alone in facing problems in a changing situation. The positive effects of supportive discussion groups were seen in levels of satisfaction with the organisation and the social



effectiveness of work teams. In sum, discussion groups seem to be an effective method for preventing and tackling stress and burnout in the hotel and restaurant sector.

Another initiative in **Finland** consisted of a participatory intervention in kitchen work. It was a laborious one-year undertaking both to study the effectiveness of the participatory intervention and to improve working conditions. Even though this kind of participatory approach was not familiar to the kitchen employees, the interventions were mainly successful and the workers enjoyed the opportunity to make choices concerning themselves and the entire kitchen personnel. As key success factors in this project, the ethnographic study highlighted the inspiring and motivating attitude of the ergonomists and appreciative attitudes of the participating employees.

But sometimes, the most important obstacles to the development of actions are the resistance by some individuals to the change, passivity, and outright refusal to make changes in their work.

Management commitment

But it is also necessary for the organisation's management to be a proactive 'driving force' for the project to be successful. The commitment of the management of the Radenci health resort in Slovenia, to the accomplishment of the goals that had been set, could be a good example for enterprises of the same size and capacity. This commitment is expressed mainly through the provision of adequate resources, auditing and evaluation of the programmes undertaken, and an effort to increase OSH training hours per employee.

The commitment of the Sofitel hotel management in **France** is one important success factor in the initiative to develop an autonomous, permanent preventive approach within the hotel, based on ergonomic analysis of the chambermaid's actual work, and to reduce work stress and pain.

Training adapted to target groups

Employee training very often leads to an improvement in working conditions. For example, as a result of organising training over two years for employees in the school kitchens of a town in **Finland**, the employees feel much better at work, are more at ease with the jobs they have to perform, and have fewer psychological complaints.

To meet this need for training, ISPESL (**Italy**) has created a CD-ROM and a website allowing both the employer and the worker to acquire training concerning both occupational risk prevention and hygiene rules in the restaurant and hotel industry.

In order to provide a safer, drug-free workplace for their employees, 33 clubs in Stockholm (**Sweden**) worked together on a drug prevention programme with the purpose of developing and evaluating methods to reduce drug use in licensed premises. Written policy documents have been developed and implemented in high-risk premises. The staff received written drug policy information and targeted training: one-day policy training for owners of nightclubs, one-day training for serving staff, two-hour policy training for managing staff, and a two-day drug-training programme for doormen. Drug use has decreased in the participating clubs and this has had a positive impact on the health and safety of club workers.

A combination of the various means of action

By using several means of action, the success of the project can also be ensured. The **German** approach to reduce the high number of skin diseases due to wet work in canteen kitchens used several means, such as a survey of the employees and workplace



visits, development of a practical prevention strategy, a test of the prevention strategy in other hospitals and in similar workplaces and the dissemination of the strategy. This combined approach led to the success of this project as the tools and leaflets have been carefully adapted to the needs of the workers and employers in this sector.

Keys to the success of risk prevention actions include:

- good risk assessment,
- worker involvement,
- management commitment,
- successful partnership for large-scale actions on the regional, national or sector level,
- training adapted to target groups,
- a combination of the various means of action.

5.5.2 Assessing the actions

Country	Name of the project	Assessment of impact
Germany	Wet work	<p>In 2001 three regional OSH authorities in the west of Germany (North Rhine-Westfalia) began a common project to reduce the high number of skin diseases due to wet work in canteen kitchens. The institutions and all interested parties and enterprises have now been provided with practical leaflets, which can be used in all types of kitchens.</p> <p>The project produced an information package for better skin protection in wet work in kitchens. This package is also available via the Internet. The project was not evaluated by external evaluators; the authors themselves claim a success, because the information package was prepared and successfully tested.</p>
Estonia	Safety in two clubs	<p>The administrators of a nightclub and a lounge bar made changes to the workplaces to reduce the hazards and risks associated with the noise, vibration, use of equipment and temperature changes related to night-time working environments of a social nature. The changes were extensive, covering the amplification level of music, the bar areas, the kitchen areas, the entrances and the floors. The evaluation included assessing a risk analysis of the work environment and feedback from the staff. Overall, the intervention has reached its objectives. However, some issues remain to ensure that the staff follows-through on agreed changes.</p>
Greece	Risk assessment in the hotel sector in Athens	<p>The Hellenic Institute for Occupational Health and Safety, in collaboration with five 5- and 6-star hotels, carried out a risk assessment study in Athens. The purpose of the study was to investigate working conditions, and develop a model risk assessment for the sector.</p> <p>A number of conclusions were drawn concerning the state of health and safety in the hotel business. In a number of areas, such as hot and cold plate kitchens and laundries, where unfavorable working conditions may prevail, recommendations were made for improving the work environment. The observations and conclusions derived from the study could be used to conduct seminars and instruct many more employee groups in the hotel business.</p>



Country	Name of the project	Assessment of impact
Spain	Substitution of beds	This study involved the substitution of traditional rigid beds for new units that include a hoisting mechanism to reduce physical effort in the tasks performed by maids in hotel rooms. Workers and their representatives expressed a high level of satisfaction with this solution. A significant reduction of absenteeism among maids was observed within the following two years. The reduction of effort in the arrangement of beds and the cleaning of rooms was highly valued.
France	Partnership in the Horeca sector on different risks and ergonomic problems	<p>The Aquitaine regional health insurance fund (CRAM) proposed in 2004 to support the project for collective action initiated by the local OSH service, in partnership with the departmental hotel industry trade associations, and to assist enterprises in the hotel and restaurant industry in occupational risk prevention. The overall initiative included the production of a film and a practical guide to ergonomics in the hotel and restaurant industry and the funding of innovative projects in this sector. This project was a success and it is continuing with the preparation of a practical guide on the ergonomics of design and use of work premises and equipment. The guide is being printed with a print run of 5 000 copies.</p> <p>Success factors for this project include mobilisation of the OSH services and a precisely defined partnership with a very clear breakdown of tasks among the various institutions that took part in it.</p>
France	Risk prevention for hotel housekeepers	The Île-de-France regional health insurance fund (CRAM) decided to undertake a review of the working conditions of chambermaids, the initial aim of this initiative being to create and disseminate a supporting document to raise awareness among the players in the hotel sector. An initiative was carried out in particular with Sofitel Hotel, at the request of the management. The training objectives for this hotel were to develop an autonomous, permanent preventive approach within the hotel, based on ergonomic analysis of the chambermaid's actual work, and to reduce work stress and pain. An evaluation of this project was made through the questionnaire 'one year later'. The questions prepared made it possible to gain the impressions of a representative sample of chambermaids (10 in all) of different ages, lengths of service in the establishment and morphology (size).
Italy	Guidelines for operators and a pamphlet for workers	This project aims at developing a protocol on the main work-related risks in hotels, focusing also on hygiene and sanitary requirements in accommodation facilities and the restaurant industry. This protocol has been presented and approved in meetings held with the associations of hotel keepers, local trade union associations, and workers' safety representatives. Guidelines have been produced and distributed to hotel operators. Furthermore, a convention was organised in 2004 at Chianciano Terme to publicise the project and to present 'Safety and health in the hotel sector — A few helpful hints', an information pamphlet for personnel, containing brief messages and vignettes, illustrating the correct forms of behaviour to be adopted. The data, produced over seven years of surveillance in the hotel sector, is currently being finalised.



Country	Name of the project	Assessment of impact
Italy	Safety enhancement in swimming pool chlorination systems	This project involved analysis of the causes of accidents, and investigation of the main techniques for the treatment of thermal swimming pool water, integrated control of the interactions between the various system plants that incur water quality control (chemical, hydraulic, electrical and electronic), definition of enhancement procedures, identification of methods of communication and the dissemination of information. Following circulation of the guidelines, no further accidents have been recorded. Moreover, the quality of services offered to tourists, as well as working conditions, seem to have improved as a direct result of system plant operators' enhanced professionalism and awareness. Objectives have been met regarding the immediate improvement of structures. The objective to raise the awareness of industrial designers, constructors and maintenance staff has still only been partially achieved, however.
Italy	Distance learning for the hotel sector, a training project for personnel in the hotel industry	The aim of the project is to provide enterprises in the hotel industry with an organisational and methodological training instrument that meets the requirements and needs of employers and their employees hired on atypical or standard employment contracts. The evaluation will become available following a period of observation of one year. ISPESL will distribute the CD-Rom for free to encourage maximum distribution locally and nationally.
Netherlands	Werkdruk	The aim of the agreement between the social partners and related organisations was to reduce stress in the Horeca sector in the Netherlands from 2000 (possibly extended to the follow-up agreement for the catering sector in 2005). The main means employed were an information campaign, a website, very practical, well-structured and well-designed guidance tools and documents, and risk assessment tools for workload in the Horeca sector. The evaluation included a quantitative survey on the measures introduced in the companies involved. The result is that 4.5 % fewer employees suffer from overload. This is a reduction of 13.2 % from the baseline, i.e. the target was reached. Additionally sick-related absence was reduced from 3.8 % in 2000 to 2.6 % in 2003. The number of people taking early retirement decreased from 0.65 % in 1998/99 to 0.10 % in 2003 (KPMG BEA 2004, ii). According to TNO, the Dutch hotel and catering industry has saved EUR 7.2 million as a result of the reduction of workload and its effect on sick-related absence.
Netherlands	Contract catering	Reduction of workload and absence rates in contract catering is the aim of an ongoing state-supported OSH agreement (arboconvenant) between the social partners and the government from 2004 to 2007. The government and the employers contribute 50 % each to the budget. The target is to reduce workload and the rate of absenteeism by a significant degree. The project has a strong focus on dissemination, risk assessment and training of line managers. The project is still running; a full evaluation is planned for 2007.
Slovenia	Terme Radenci	The targets for this three-year project are: (i) to reduce the frequency of injuries by 10 %, (ii) to reduce absenteeism by 0.5 %, (iii) to comply with the law, and (iv) to eliminate the risk of fire. In 2005, 22 different programmes were introduced: 17 were successful, 4 were transferred to 2006 and 1 was unsuccessful because of equipment failure. In 2006 there were 10 programmes.



Country	Name of the project	Assessment of impact
Slovenia		The number of serious injuries has been decreasing since 2003, and so there are fewer workdays lost per injury. Rates of sickness have been declining between 2002 and 2005, except for 2004. Terme Radenci is below the Slovenian average and also below the Radenci region average. The Disablement index, which measures the number of lost workdays, is also decreasing, but in this case the company is slightly above the Slovenian average.
Finland	Participatory ergonomic intervention in the workplace: randomised controlled trial and ethnographic study	A participatory intervention project in communal kitchen work started in 2002. The field phase with 119 kitchens in Vantaa, Turku, Espoo and Tampere was finalised at the end of 2004 and follow-up continued until the end of the 2005. The study aimed to investigate the effectiveness of participatory ergonomic interventions in the prevention of work strain and promoting musculoskeletal health and general well-being among kitchen workers. Another important goal of the study was to scrutinise how workplace culture has an effect on interventions. The response rate to questionnaires was over 90 % . Over 400 changes were completed, most of them being targeted at work organisation, methods and habits, machines, equipment and tools, and layout and furniture. The participatory intervention model proved to be feasible. According to the questionnaire on the success of the intervention, the participants were generally satisfied with information transfer, practical arrangements and learning during the intervention. The changes in the kitchens were rated to be of satisfactory or very satisfactory quality by over 60 % of the respondents. The respondents were most satisfied with the professional skills of the ergonomists and workshop arrangements, and least satisfied with the collaboration between the kitchens and the support from the city administration.
Finland	Facilitating well-being in work in restaurants	<p>As many as 123 kitchen workers participated in a multi-level intervention aimed at improving their work, work process knowledge, well-being and work ability. Both quantitative and qualitative workload decreased, and job control increased. Work process knowledge improved and mental well-being increased during the intervention. The results of the interventions seem to be promising on all levels.</p> <p>The outcomes at the level of learning were evaluated by measuring the conceptual mastery of work — a method to study work process knowledge. The method aims to measure knowledge of the permanent or potential characteristics of the target system stored in the long-term memory. Questionnaires were used to get an indication of the participants' work characteristics and well-being. The results showed that significant changes were realised after the intervention. The participants were more satisfied with their job, they had more mental resources, and they suffered from fewer psychological symptoms.</p>



Country	Name of the project	Assessment of impact
Finland	Good practice in preventing stress and burnout in the hotel and restaurant sector	The aim of the intervention study was to study supervisors' burnout and stress, and to evaluate the feasibility of prevention groups in the catering and restaurant business. The intervention measures were expected to improve the managers' ability to cope with stress, and to increase group cohesion. The results showed that the supervisors' discussion groups are feasible and well suited to preventing supervisors' stress in the hotel and restaurant sector. The supervisors felt that they got support from each other. They had an opportunity to see that they were not alone in having problems in a changing situation. The positive effects of supportive discussion groups were seen in levels of satisfaction with the organisation and the social effectiveness of work teams. Overall, the discussion groups seem to be an effective method for preventing and tackling stress and burnout in the hotel and restaurant sector.
Sweden	Kroger mot Knark — Clubs against drugs	There are 33 clubs working jointly to provide a drug-free, safer workplace for employees. The restaurants have developed a policy that outlines how to handle drug-users (both guests and co-workers) and how to intervene in such a situation etc. The project also provides guidance and training e.g. on the issue of how a doorman can recognise drug-users and how to work with them and how to design a safe club. Drug use has decreased in the participating clubs and this has had a positive impact on the health and safety of club workers. Various subprojects are evaluated continuously; evaluation is being carried out in co-operation with the Department of Public Health Sciences at the Karolinska Institute.
UK	Fast-food restaurant owners ponder options	A local authority environmental health officer (EHO) visited a fast-food restaurant to investigate a slip which broke the arm of a female employee. The nature of the business meant that the floor in the busy servery area was bound to become wet at some stage. When the EHO spoke to members of staff they stated that the incident "had been waiting to happen". The owners decided that the best option was, as the EHO had originally suggested, to tackle the problem in the work environment. The relatively small cost of reflooring (extended by the company to areas beyond the high-risk servery) led to the conclusion that it would probably have been cheaper in staff and administration time to have pursued this option at a much earlier stage. A subsequent review showed that the slip accident rate had reduced by 70 % since the replacement of the floor covering and that staff on site were much happier with the conditions.
UK	University kitchen case study	Workers in the kitchens perform many tasks which pose a risk of musculoskeletal discomfort to the employees. Aches and pains experienced by employees were not reported due to employees not being aware that their discomfort may have been related to work. Employees often thought that their discomfort was related to their age, making comments such as 'when you get to my stage in life you have to expect the odd twinge or ache'. The intervention seems to have been successful.



5.5.3. Matrix of the cases

Country	Name of the study	Sector					Method				Evaluation			Target group			Initiators			Level of action			Scope							
		Hotel	Restaurant	Clubs and bars	Catering	Canteen	Hotel and restaurant	Interviews	Analysis and assessment	Intervention study	Partnership	Randomised controlled study	Questionnaire evaluation	Feedback from different actors	Workers	Managers	Clients	Enterprise	Prevention services	All actors in the sector	Local	National	Enterprise	Well-being and better working conditions	Prevent stress	Training	Prevent accident	Ergonomic	Healthier workplace	Better risk assessment
Germany	Wet work						X				N/A			X				X		X										X
Estonia	Safety in two clubs			X				X																						X
Greece	Risk assessment in hotel sector in Athens											X	X	X	X													X		
Spain	Substitution of beds													X												X				
France	Partnership in the Horeca sector																													
France	Risk prevention for hotel housekeepers	X																												



Country	Name of the study	Sector						Method				Evaluation			Target group			Initiators			Level of action			Scope									
		Hotel	Restaurant	Clubs and bars	Catering	Canteen	Hotel and restaurant	Interviews	Analysis and assessment	Intervention study	Partnership	Randomised controlled study	Questionnaire evaluation	Feedback from different actors	Workers	Managers	Clients	Enterprise	Prevention services	All actors in the sector	Local	National	Enterprise	Well-being and better working conditions	Prevent stress	Training	Prevent accident	Ergonomic	Healthier workplace	Better risk assessment	Target a specific risk		
Italy	Guidelines for operators	X						X				NA	NA	NA	X				X	X	X					X							
Italy	Safety enhancement in swimming pool chlorination systems	X						X					X			X			X	X						X							
Italy	Training project for personnel in the hotel industry	X						X				NA	NA	NA	X				X						X								
Netherlands	Werkdruk																																X



Country	Name of the study	Sector						Method				Evaluation			Target group			Initiators			Level of action			Scope							
		Hotel	Restaurant	Clubs and bars	Catering	Canteen	Hotel and restaurant	Interviews	Analysis and assessment	Intervention study	Partnership	Randomised controlled study	Questionnaire evaluation	Feedback from different actors	Workers	Managers	Clients	Enterprise	Prevention services	All actors in the sector	Local	National	Enterprise	Well-being and better working conditions	Prevent stress	Training	Prevent accident	Ergonomic	Healthier workplace	Better risk assessment	Target a specific risk
Sweden	Clubs against drugs			X																			X								X
United Kingdom	Fast-food restaurant owners ponder options		X						X			NA	NA	NA					X							X					
United Kingdom	University kitchen case study																														X



6.

CONCLUSIONS OF WHOLE REPORT



In the EU 7.8 million people are employed in the Horeca sector, which is one of the most important sources of job creation in the economy. Within this sector are found groups of people who are unable to work in other fields of employment for many different reasons.

This arises from the jobs which can be carried out without professional qualification; this sector offers the chance for a secure existence as an independent contractor, even without professional qualifications. Female workers, young workers and migrant workers represent a large proportion of employees, partly because of the low basic requirements, as well as the possibility especially for women to work part-time.

Few employees spend their whole professional life in the Horeca sector. Often people work in it during an apprenticeship, during study, or during temporarily limited transition periods. The share of seasonal workers amounts to between 26 % and 50 % of the total.

40 % of employees may be regarded as relatively unskilled (EU-15). At the same time the sector offers numerous apprenticeship opportunities for entrants, leading to internationally-accepted certification. In comparison with other sectors a professional qualification in the Horeca sector frequently offers the possibility to climb up to leading positions within three to five years, e.g. as restaurant manager or kitchen chef. Young, dynamic, flexible and above all highly-qualified skilled employees are rare and in demand in this sector.

Working conditions in the Horeca sector are characterised by high mental and physical demands. Night and weekend work, shift work, workplaces that allow standing only, lifting of heavy loads, forced postures, monotony and dealing with difficult customers are only a few typical characteristics. The number of hours worked exceeds the average of other sectors, as the working hours of employees in the Horeca sector are almost always in the leisure time of the remaining population, so that social activities are difficult. The ability to deal with mental stress is a frequently described aspect of the work-specific requirements of the sector.

In terms of occupational accidents, slips, trips and falls, as well as cuts and burns, represent the largest share. In the field of occupational diseases musculoskeletal disorders and skin diseases predominate. The hazards and risks, the difficult working conditions, and work-related accident and disease rates are described in many places for the Horeca sector; branch-specific prevention strategies in Europe are, on the contrary, hardly described.

What are the barriers to developing successful, branch-specific prevention strategies which are suitable for the Horeca sector? On closer inspection of sector characteristics, the challenges may be clearly recognised.

The sector is dominated by restaurants, bars and catering enterprises. More than 90 % of companies are micro-enterprises employing 10 employees or fewer. Many of the companies are family-run. Small and medium-sized enterprises (SMEs) and especially micro-enterprises are difficult to reach due to their number and their structures. All organisations and institutions dealing with health and safety in practice are aware of this problem, and many promising approaches have been developed which deserve the title 'good practice' for SMEs.

What are the special characteristics of the Horeca sector? As well as the prevalence of small enterprises, there are specific Horeca problems as follows.

- Horeca enterprises have to face a very high fluctuation, both among their employees and among the enterprises themselves. In Germany, for example, about a quarter of



all enterprises close down every year, while the total number of enterprises rises. Often continuous care, lasting for a longer period of time, is not possible.

- Entrepreneurs do not need professional education for the establishment of a company. Almost half of all employees in the Horeca sector have no special professional training concerning products, handcraft skills, machines and tools, and they do not know the hazards involved.
- The sector is traditionally international and many migrant workers find employment in it. Language barriers in connection with regulations complicate their implementation.
- Employees in small enterprises in general, and enterprises in the gastronomy and the hotel sector in particular, are rarely members of trade associations.

The policy review illustrates the fact that branch-specific policies are an exception in the Horeca sector. The discussion and introduction of different policies, e.g. HACCP or the smoking ban, has focused the attention of state institutions and prevention service providers more intensely on this sector, and in some cases has resulted in further measures in the field of health and safety. Looking at the different approaches that can be observed in Europe, it is often difficult to assess when a measure or a limited prevention programme can be described as a 'policy'.

In the case-study reports numerous excellent examples have been given of successful, practice-oriented prevention. The challenge will be to implement these approaches, not only for a few single enterprises but for the great number of enterprises and employees.

The future challenge is to develop prevention strategies which protect the employees in the Horeca sector effectively. The following factors of success seem to be important here:

- Strategies should be oriented to the specific requirements of this sector and to the specific target group (e.g. female workers, young workers, migrant workers, entrepreneurs, etc.).
- Reliable partners must be found who serve as champions and promote an implementation throughout the country (employers' and employees' associations, vocational schools etc.). Networks should be created for this purpose.
- Enterprises and employees have to be made aware of health and safety topics and as far as possible included in the development of measures.
- Motivated enterprises have to be able to fall back on practice-oriented measures.
- Methods of analysis have to be developed in order to identify enterprises with a high risk potential, and there should be practical support for putting in place adequate prevention measures.
- The development of practice-oriented practical aids and tools should support enterprises in implementation.





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