An EU-OSHA perspective on the challenges of preventing work-related accidents and diseases

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European Agency for Safety and Health at Work

Safety and health at work is everyone's concern. It's good for you. It's good for business.

A major challenge
EU OSH Strategic Framework 2014-2020

- The European Commission has adopted a **new Strategic Framework on Health and Safety at Work 2014-2020:**
  - key challenges;
  - strategic objectives;
  - key actions and instruments.
- Framework has been prepared on the basis of:
  - the findings of the evaluation of the previous EU OSH Strategy;
  - the results of a public consultation;
  - the contributions of relevant stakeholders.
- EU continues to **play a leading role in the promotion of high standards for working conditions.**
- One of the major challenge: **to improve the prevention of work-related diseases.**

Member states' policies on work-related diseases

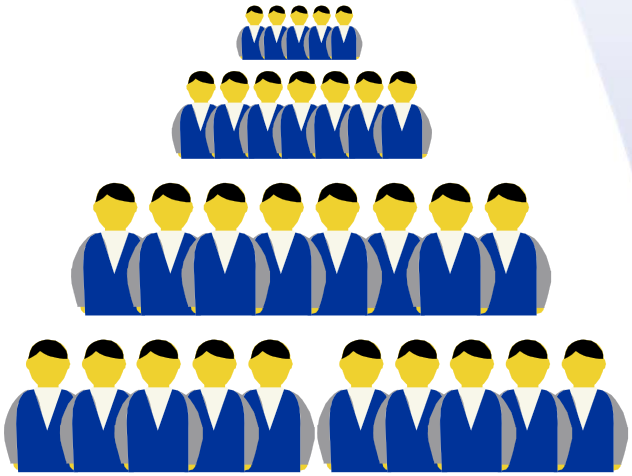
- **2013 European Commission report on occupational diseases' systems**
  - 26 countries have a national list of occupational diseases (out of 29);
  - 13 countries have “complementary clause” (or “open clause”) that is a legal regulation allowing recognition;
  - The UK and Cyprus have two lists, one for compensation and one for prevention.
  - occupational disease lists mainly aid recognition and compensation;
  - **difficulty in fitting multi-cause illnesses** into their existing concept of compensation;
  - overlap between occupational accidents and diseases (e.g. MSDs, suicide).

- **2009 Advisory Committee on OSH scoreboard** structured around six topics, one of them is “work-related health problems and illnesses”.
  Only 15 of 27 countries used research results on emerging risks for labour inspection priorities.

Globally, 2.3 Million Deaths caused by Work

192,200 Work-related Deaths

4,700 Fatal Accidents



187,500 Fatal Work-related Illness

There were 192,200 work-related deaths in the EU28, from years 2010 and 2011.

2.4% (or 4,692 deaths) were caused by workplace accidents. The remaining 97.6% were due to illnesses that were work-related.

= 100 workers

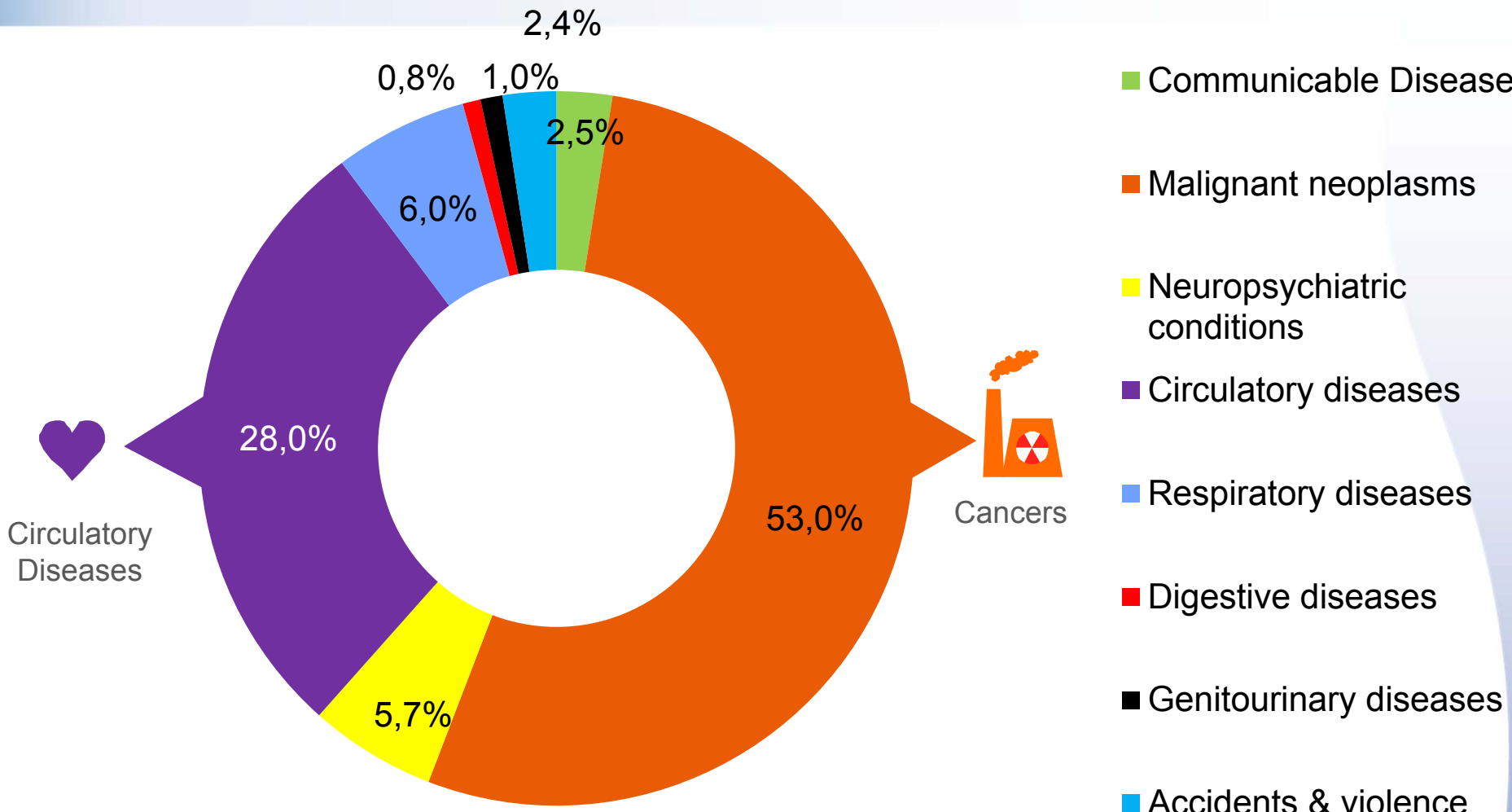
= 1,000 workers

= 10,000 workers

Source: Takala et al, at EU-OSHA WS on costs

http://osha.europa.eu

% Work-related Deaths caused by Illness in EU28



In EU28, cardiovascular and circulatory diseases accounts for 28% and cancers at 53%. They were the top illnesses responsible for 4/5 of deaths from work-related diseases. Occupational injuries and infectious diseases together amount accounts for less than 5%.

Magnitude of non-fatal work-related illnesses and accidents Eurostat LFS 2007

Main Findings

eurostat
Statistics in focus
63/2009

Accidents at work

- 3.2% of workers in the EU-27 had an accident at work during a one year period, which corresponds to almost 7 million workers.
- Approximately 10% of these accidents were a road traffic accident in the course of work.

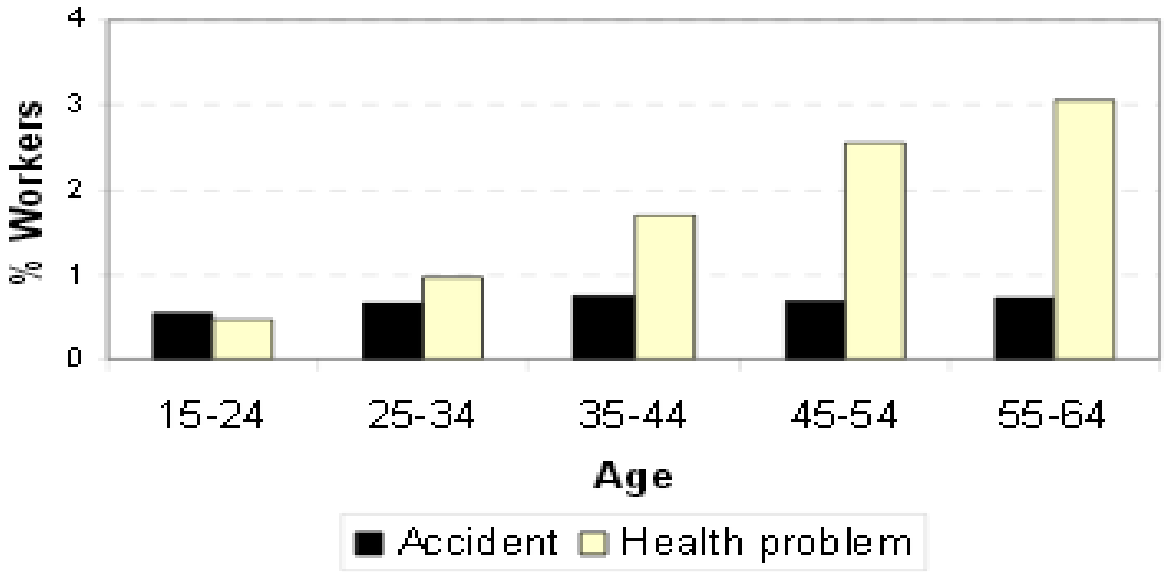
Work-related health problems

- 8.6% of workers in the EU-27 experienced a work-related health problem in the past 12 months, which corresponds to 20 million persons[1].
- Bone joint or muscle problems and stress, anxiety or depression were most prevalent.

Data from the 2007 LFS survey

- **3.8 Million (2.9%) workers off sick for more than one month due to work-related health problems**
- **1.4 Million (0.7%) workers off sick for more than one month due to work-related accidents**
- **Among workers affected by MSDs, longest absences due to lower-limb disorders, currently not recorded**

Workers off work at least 1 month due to accidents at work and work-related health problems in the past 12 months



Source: Eurostat, LFS 2007

The worker´s perspective

Health problems by sector and gender

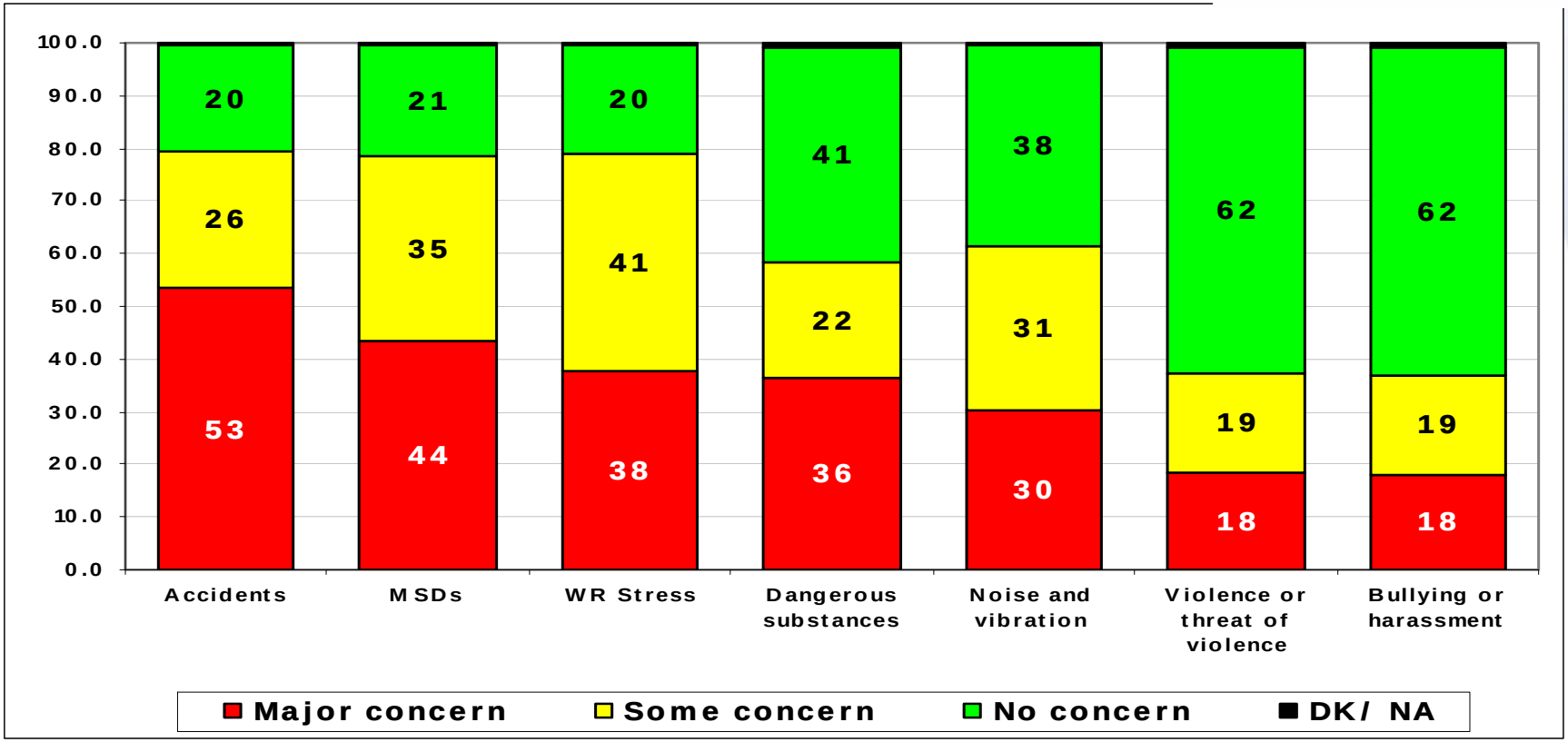
(Eurostat -LFS ad hoc module 2007)

employed persons with one or more work-related health problems in the past 12 months in different sectors* in the EU 27(%)

The employer´s perspective

"For each of the following issues, please tell me whether it is of major concern, some concern or no concern at all in your establishment"

% establishments, EU27



European Agency for Safety and Health at Work

Source: 2008 European Survey of New and Emerging Risks
European Agency for Safety and Health at Work

http://osha.europa.eu

Costs of accidents and work-related diseases

Cost type / Stakeholder	Productivity costs	Healthcare costs	Quality of life losses	Administration costs	Insurance costs
Workers and families	Loss of present and future income (net of taxes)	Direct and indirect medical costs Rehabilitation costs	Physical pain and suffering Moral pain and suffering	Cost of time claiming benefits, waiting for treatment, etc.	Compensation payments
Employers	Sick payments Production losses Production disturbances Damaged equipment Damaged company image			Administrative and legal costs Cost for reintegration and re-schooling of (disabled) workers	Impact on insurance premiums
Government	Sick payments State benefits (disability, early retirement) Tax revenue losses	Direct and indirect medical costs Rehabilitation costs		Administrative and legal costs	
Society (over and above all the previous)	Loss of output (due to fatality or disability/ early retirement)				

Costs - diversity of estimates

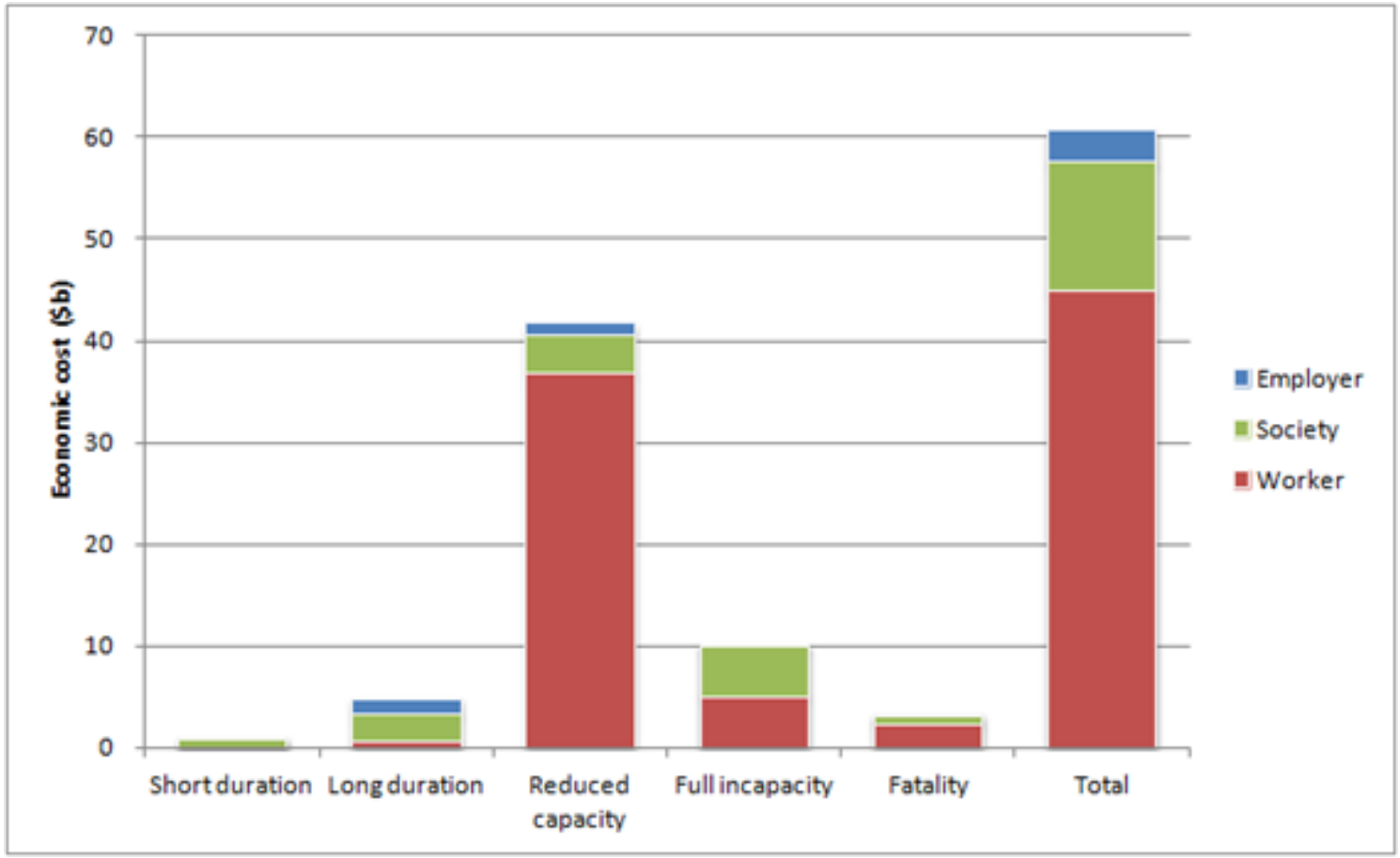
- **ILO: 4% of the world's annual GDP is lost as a consequence of occupational diseases and accidents = € 490 billion for EU27**
- **EU-OSHA (1997): range from 2.6% to 3.8% of GDP –variety of cost factors included.**

Country	Estimate % share GDP	Year
Netherlands	3.0	2004
Finland	2.0	2000
Spain	1.7	2004
United Kingdom	1.0	2010
Slovenia	3.5	2000
Australia	4.8	2009
New Zealand	3.4	2006
Germany	3.1	2011
Austria	2.7	2008

Source: Takala et al, at EU-OSHA WS on costs

The major part of the cost is borne by the workers

Australia, Estimating the cost of work-related injury and illness to the Australian economy
Distribution of total costs ($b)



Source: Presentation at EU-OSHA WS on costs

Facts and figures – EU-OSHA risk observatory studies addressing the main diseases and health problems

EU-OSHA approach: A new look at old diseases
EXAMPLE: work-related cancer

- **Member States survey and report on OELs for CMRs (published 2009)**
- **Seminar (Summary published in 2012)**

  Gaps:
  - **Research**: Cover more groups, long-term population studies
    - Current data/recognised diseases only cover industry but not services
    - Vulnerable workers (e.g. young, migrant female, in maintenance)
    - Work organisational factors (e.g. shift work and breast cancer)
    - Lifestyle factors often influenced by the way work is organised (e.g. static work, access to healthy food, culture/norms of the sector)
  - **Monitoring**: approach occupation → health effect, use multiple data sources, e.g. job/exposure matrices, link to employment trends
  - **Workplace solutions**: collect case studies of successful prevention, examples of company policies, successful interventions by preventive services and labour inspections
  - **Policy level:** need for back-to-work strategies for workers affected by cancers (currently hardly any in place)
- **2013-2014: State-of-the report on exposure assessment methodologies, focusing on existing exposure and disease assessment & examples of national policies**

https://osha.europa.eu/en/seminars/workshop-on-carcinogens-and-work-related-cancer

EU example-Integrating gender into workplace risk assessment
Adapting working conditions and career progression to combat MSDs
Company case study

A printing company, > 225 workers,
2 main workshops: Printing & Finishing

The Problem:

• Women's absenteeism high, MSDs

The process: gender-sensitive assessment

• Women got stuck in one occupation – finishing assistant, also the one by far most affected

•Thereby they had longer exposure to repetitive tasks and bad ergonomic conditions

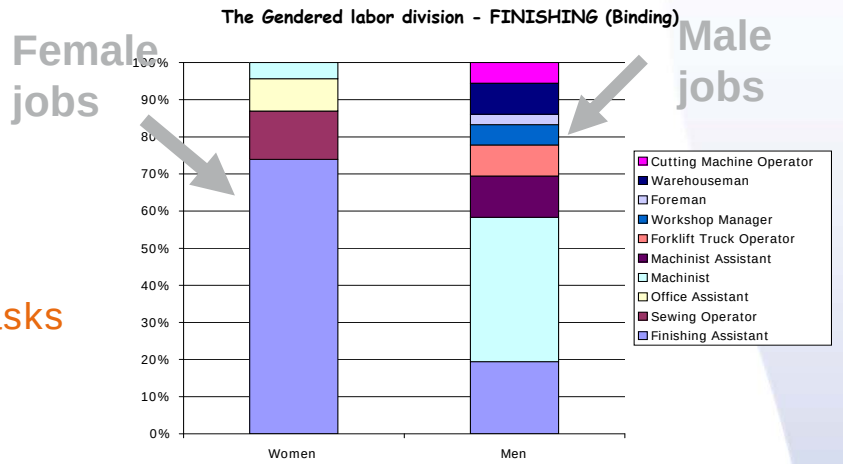
Solutions, targeted measures:

⇨ **Workplace and work organisation**:

- Upstream with the suppliers (internal & external) to limit upper limbs stress et heavy lifting
- Rethinking the design of workstations

⇨ Building on **recognition and career paths**:

- Recognize the skills held by finishing assistants



OSH in figures – Musculoskeletal disorders

- Highlights issues for women, migrant and young workers
- Lower limb disorders
- Combined and multiple exposures, incl. in service professions
- Diverse recognition practices make it impossible to identify trends
- High impact on costs
- Difficulties in assessing at mobile workplaces
- Increase in static postures
- Prolonged standing and sitting , especially in service professions
- Address organisational as well as physical conditions – French concept of „pénibilité au travail“

A new look at old diseases

- **Building on Agency's work**
  - MSDs, skin diseases, stress-related disorders
- **Risks to reproductive health**
  - Workshop and publication of a report
  - Lack of testing routines, monitoring and epidemiologic studies on some reprotoxic effects (male reprotoxicity; on the offspring e.g. propensity to allergies, hormonal and developmental changes), caused by chemicals, physical and organisational factors
    - prolonged sitting, lack of access to rest and toilet facilities
  - − Only few countries have strategies beyond the protection of pregnant workers
  - − Support workplace management and awareness-raising
  - Publication of workshop summary
- **Workshop to scope future work on burden of WRD**
- **Carcinogens and work-related cancer**
  - Report + summary to follow-up on 2012 seminar– monitoring methods,

EU-OSHA advice on how to address diversity at work

87 EN

FACTS

European Agency for Safety and Health at Work

Workforce diversity and risk assessment: ensuring everyone is covered
Summary of an Agency report

Introduction

Workers are not all exposed to the same risks and some specific groups of workers are exposed to increased risks (or are subject to particular requirements). When we speak about workers exposed to 'particular' or 'increased' risks, we refer to workers subject to specific risks due to their age, origins, gender, physical condition or status in the enterprise. Such people may be more vulnerable to certain risks and have specific requirements at work.

Health and safety legislation (1) requires employers to carry out risk assessments and emphasises the need to 'adapt the work to the individual', the obligation for the employer to 'be in possession of an assessment of the risks to safety and health at work, including those facing groups of workers exposed to particular risks' and that 'sensitive risk groups must be protected against the dangers which specifically affect them'.

Diversity and diversity management in the workplace are important issues in occupational safety and health today. However, diversity has seldom been studied from the perspective of risk assessment. Practical risk assessment tools that take into account the specific risks faced, for instance by people with disabilities, migrant workers, older workers, women and temporary workers, are still rare. It is hoped that further research and development will lead to additional guidance materials in the future.

Aim of the report

The report produced by the Agency highlights the need to carry out inclusive risk assessment, to take into account the diversity of the workforce when assessing and managing risks. The main aim of this report is to describe why and how risk assessment can and should cover the whole workforce, and to increase awareness among those responsible for and affected by health and safety at work — employers, employees, safety representatives and occupational safety and health practitioners — about the importance of assessing the risks for all workers.

The first part of the report presents the main issues regarding the occupational safety and health of six categories of workers considered at increased risk: migrant workers, disabled workers, young and older workers, women (gender issues) and temporary workers. At the end of each subsection, links are provided to further information and practical guidance or risk assessment tools.

(1) Council Directive [illegible] to encourage improvements [illegible]

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

Key issues for 'inclusion-sensitive' risk assessment

- Taking diversity issues seriously and having a positive commitment.
- Avoiding making prior assumptions about what the hazards are and who is at risk.
- Valuing the diverse workforce as an asset (and not as a problem).
- Considering the entire workforce, including cleaners, receptionists, maintenance workers, temporary agency workers, part-time workers, etc.
- Adapting work and preventive measures to workers. Matching work to workers is a key principle of EU legislation.
- Considering the needs of the diverse workforce at the design and planning stage, rather than waiting for a disabled/older/migrant worker to be employed and then having to make changes.
- Linking occupational safety and health into any workplace equality actions, including equality plans and non-discrimination policies.
- Providing relevant training and information on diversity issues regarding safety and health risks to risk assessors, managers and supervisors, safety representatives, etc.
- Providing adequate occupational safety and health training to each worker, tailoring training material to workers' needs and [illegible]

HEALTHY WORKPLACES GOOD FOR YOU. GOOD FOR BUSINESS. http://hw.osha.europa.eu

- Inclusive risk assessment should take a participatory approach, involving the workers concerned and based on an examination of the real work situation.
- Good practice examples of inclusive risk assessment feature a mixture of preventive measures (adapting the work to the individual, adapting to technical progress, giving appropriate instructions to workers, providing specific training, etc.). The adoption of these interconnected measures is a key success factor.
- A risk assessment for categories of workers at increased risk that eliminates risks and tackles hazards at source will benefit all workers (regardless of age, gender, nationality and size). Examples of measures that could benefit the whole workforce include the following:
  - Installing adjustments to premises or workstations (to accommodate workers with disabilities, older workers, etc.), for example, ramps, lifts, light switches and steps edged with light paint, etc.
  - Adopting more ergonomic tools and instruments (that can be adapted to the specificities of each worker regardless of their size and characteristics). This will mean the job or task can be done by a wider range of workers (women, older workers, short men, etc.), for example due to a decrease in the amount of physical strength required.
  - Providing all health and safety information in accessible formats (with the aim of making this information more comprehensible to migrant workers).
  - Developing methods and strategies to retain older shift workers in particular; these strategies will benefit all workers (regardless of age) and make shift work more attractive for new employees.
- Whenever a company or an organisation makes changes to the physical environment of the workplace, or buys new equipment, it is important to ensure that those changes or purchases are also suitable for the diversity of the workforce.
- If the company or the organisation is not competent to deal with the risks of a specific group of workers, it is important to seek advice. This may be provided by occupational safety and health services and authorities, health professionals, safety professionals and ergonomists, disability or migrants' organisations, etc.
- Good practice examples of inclusive risk assessment show that, for any preventive action to be effective, it is essential to involve the whole range of actors directly concerned: workers and workers' representatives, works councils, management, occupational safety and health experts, contractors or subcontractors, etc.

Case study — Productive ageing — Shift-plan reform at Polyfelt (now TenCate), Austria

The management and works council of a chemical plant in Austria faced the problems of intensive shift work, an ageing workforce and a low retirement age. In a participatory process, a new shift schedule was developed with the help of occupational safety and health experts. The result was a win–win situation for all. Fewer weekly working hours, fewer night shifts and longer shift breaks are the main benefits for the employees. Higher productivity, later retirement and an improved image as a good employer are among the benefits enjoyed by the company.

Case study — Promoting the integration of workers with disabilities at Ford, Germany

The objective of this project was to integrate workers with disabilities and to reintegrate workers into the production process after extended sick leave. The company set up a disability management team with management representatives and employees, carried out a risk assessment using the integration of people with disabilities into the working environment (IMBA) tool, individual medical care and individual ability checks, and used the findings for the workplace design. Further problems had been evaluated via questionnaires. So far about 500 workers have been reintegrated into the production process. The project has won several awards.

How to obtain the report

The full report is available in English on the Agency's website at: http://osha.europa.eu/en/publications/reports/TE7809894ENC/view where it can be downloaded free of charge.

This factsheet is available in all EU languages at: http://osha.europa.eu/en/publications/factsheets/87/view

Further information

'Healthy Workplaces. Good for you. Good for business. A European campaign on risk assessment' is the theme for the European campaign 2008/09 being run by the European Agency for Safety and Health at Work (EU-OSHA). In more than 30 countries including all EU Member States. This factsheet has been produced to support the campaign.

Other factsheets in the series and further information on risk assessment are available at http://osha.europa.eu/topics/riskassessment

This resource is being continually developed and updated. http://hw.osha.europa.eu is the direct link to the European campaign.

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Work-related cancer – Seminar September 2012

https://osha.europa.eu/en/seminars/workshop-on-carcinogens-and-work-related-cancer

- **Monitoring:**
  - Take different approach (*occupation → disease* rather than *agent → disease*
  - Use job-exposure matrices
  - Use cancer registers and other sources of data
- **Rethink concept of vulnerable workers:**
  - Young workers (e.g. in maintenance)
  - Migrant workers in low-skilled manual jobs – lack of training and access to preventive services
  - Women in service professions
  - Older workers
- **Rethink major causes and how to assess the burden of disease:**
  - NOCCA study looked at socio-economic determinants and occupations via cancer incidence
  - Examples: cancer of the digestive system linked to static work, “cultural norms of the occupation” and access to healthy food
  - Combined exposures to several factors
  - Shift work and cancer

2015 outlook on EU-OSHA work - Current discussion

- **Awareness-raising reproductive risks**
  in the Member states
- **Dissemination of carcinogens and cancer report**
- **Methodologies**
  - burden of disease assessment - estimates
  - review on alert and sentinel systems to identify emerging work-related diseases
  - exposure assessment - carcinogens
- **Overview reports - facts and figures**
  Review on certain work-related diseases
- **Good practice & guidance**
- **Back to work**
  Review on rehabilitation and back-to-work measures for workers affected by cancer

A new look at old diseases
Evidence base for action

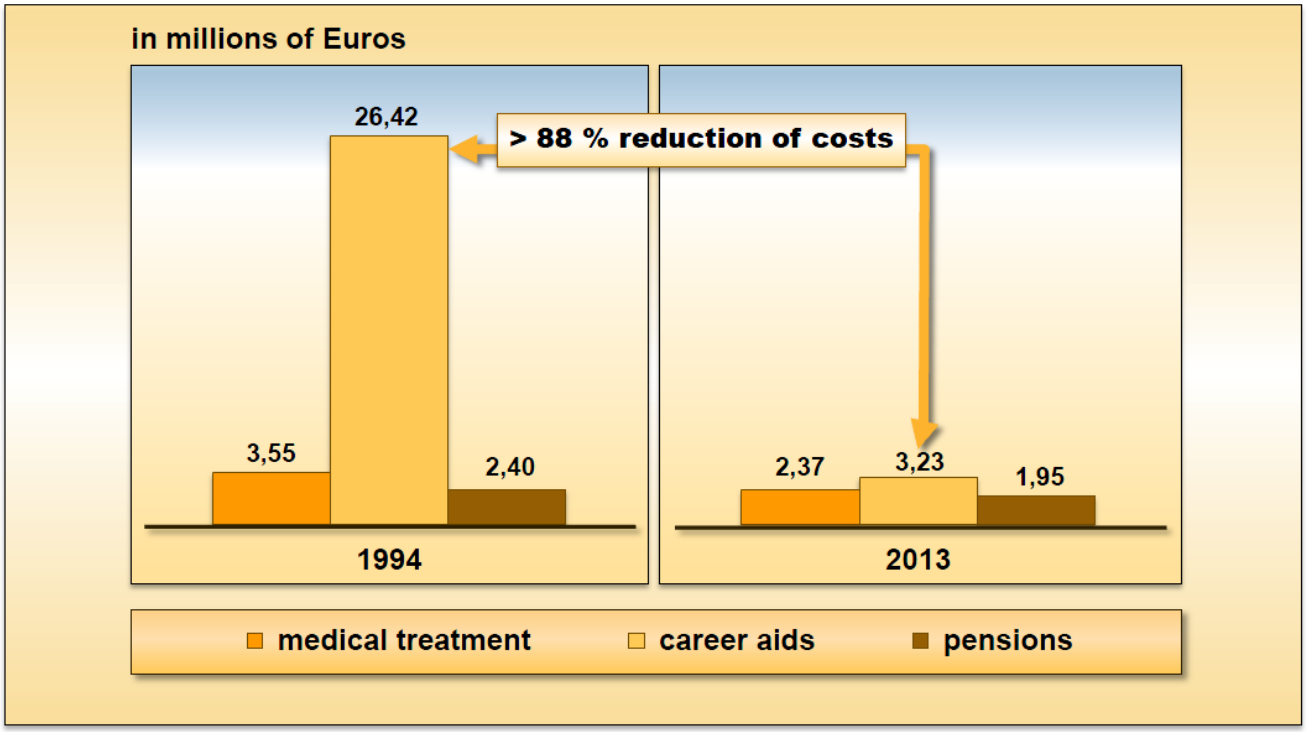
- **Cover vulnerable workers, groups/occupations particularly at risk, and/or with little support/protection/awareness**
- **Cover service sectors**
- **Raise awareness of emerging issues, e.g. increasingly static work may lead to digestive cancers, MSDs, reproductive disorders, etc…**
- **Cover diseases/health problems that are not so well covered**

- **Consider combined exposures/wider context of work**
  - Work organisational factors (e.g. static work and cancer or CVD, cancer and shift work)
  - Life-style factors linked to how work is organised (non-standard working times, static work, lack of access to healthy food, norms/culture of the sector, etc.) – link to health promotion
- **Areas where back to work strategies are needed (e.g. cancer, lower-limb disorders)**
- **Input into**
  - work on instruments and tools
  - discussions on monitoring
  - link to health promotion
  - work on sectors, groups, research priorities, foresight
  - our campaigns
- **Refocusing perspective to cover service sectors, women, young people, different age groups, diversity issues, workers on temporary jobs, outsourced work, multiple jobs/workplaces, working at clients premises and at mobile sites**

Evidence-based prevention is doable – an example

Germany – BG for hairdressers and other services

- **Almost 90% reduction in rehabilitation cost through prevention programme combining training, awareness-raising, technical and organisational measures and skin protection programmes**



Reha-Koordination / Statistik Controlling –Friseur-Daten– Seite 15 von 6

Source: Brandenburg and Schröder, presentation at the XX World Congress on OSH, Frankfurt

What is needed

- **Better awareness**
- **Empowerment of workers**
- **Improving statistical data collection to have better evidence and developing monitoring tools – data on recognised diseases also needed**
- **Information on the benefits of OSH action – long-term evaluation of actions**
- **Targeted prevention supported by:**
  - Systems to identify case studies of health problems and target prevention
  - Evaluation of prevention schemes and campaigns
  - Long-term evaluation of policies, e.g. noise reduction
  - Specific actions for the reduction of health problems, e.g. voice disorders
  - Early assessment of health problems linked to new types of jobs (e.g. green jobs, call centres, home care, etc.)
  - Better use of existing tools: Job-exposure matrices and analysis of disease /death registers
  - Linking occupations to specific health problems and identify causes

Thank you for your attention

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European Agency for Safety and Health at Work

What would be your priorities, based on national activities, policy actions, or other activities? Please explain the reasons.

- Work-related cancers, reproductive disorders
- Cardiovascular diseases (incl. static work, noise, incl. low-level, stress, etc.)
- Neurological diseases, incl. chemicals-related (memory loss, depression, neuropathies, cognitive loss, affectation of the balance, etc…), Parkinson (link to pesticides and other) and other (physical risks such as vibration)
- Immunological diseases
- Diseases caused by biological agents, incl. allergic reactions and infectious diseases
- Sensory disorders, such as sight problems, tinnitus, etc.
- Voice disorders, as identified in the “Noise in figures” report.
- Lower limb disorders
- Mental health disorders (currently in focus of DG EMPL)
- Respiratory diseases

- **Which actions/areas would you find particularly important regarding each of these priority topics? (e.g. good practice, awareness raising, back-to-work, statistics, health promotion, sectors, groups)**