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REPORT

on the mid-term review of the European strategy 2007-2012 on health and
safety at work
(2011/2147(INI))

Committee on Employment and Social Affairs

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MOTION FOR A EUROPEAN PARLIAMENT RESOLUTION

on the mid-term review of the European strategy 2007-2012 on health and safety at work (2011/2147(INI))

The European Parliament,

- having regard to the Treaty on European Union, in particular the preamble and Articles 3 and 6 thereof,
- having regard to the Treaty on the Functioning of the European Union, in particular Articles 3, 6, 9, 20, 151, 152, 153, 154, 156, 159 and 168 thereof,
- having regard to the Charter of Fundamental Rights of the European Union, in particular Articles 1, 3, 27, 31, 32 and 33 thereof¹,
- having regard to the European Social Charter of 3 May 1996, in particular Part I and Part II, Article 3 thereof,
- having regard to the Declaration of Philadelphia of 10 May 1944 on the goals and objectives of the International Labour Organisation,
- having regard to the ILO conventions and recommendations in the field of health and safety at the workplace,
- having regard to Regulation (EC) No 1338/2008 of the European Parliament and of the Council of 16 December 2008 on Community statistics on public health and health and safety at work²,
- having regard to Council Directive 89/391/EEC of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work (framework directive) and to its individual directives³,
- having regard to Directive 2003/88/EC of the European Parliament and of the Council of 4 November 2003 concerning certain aspects of the organisation of working time⁴,
- having regard to Directive 2007/30/EC of the European Parliament and of the Council of 20 June 2007 amending Council Directive 89/391/EEC, its individual Directives and Council Directives 83/477/EEC, 91/383/EEC, 92/29/EEC and 94/33/EC with a view to simplifying and rationalising the reports on practical implementation⁵,
- having regard to Council Directive 2010/32/EU of 10 May 2010 implementing the

¹ OJ C 303, 14.12.2007, p. 1.

² OJ L 354, 31.12.2008, p. 70.

³ OJ L 183, 29.6.1989, p. 1.

⁴ OJ L 299, 18.11.2003, p. 9.

⁵ OJ L 165, 27.6.2007, p. 21.

Framework Agreement on prevention from sharp injuries in the hospital and healthcare sector concluded by HOSPEEM and EPSU¹,

- having regard to the Commission communication on ‘Improving quality and productivity at work: Community Strategy on Health and Safety at Work 2007-2012’ (COM(2007) 0062),
- having regard to the Commission communication on a ‘Renewed social agenda: Opportunities, access and solidarity in 21st century Europe’ (COM(2008)0412),
- having regard to the Commission report on the implementation of the European social partners’ Framework Agreement on Work-related Stress (SEC(2011)241),– having regard to the ‘EUROPE 2020 A strategy for smart, sustainable and inclusive growth’ (COM(2010)2020), and to its main objective which is to increase employment levels to 75% by the end of the decade in the European Union,
- having regard to its resolution of 24 February 2005 on promoting health and safety at the workplace²,
- having regard to its resolution of 6 July 2006 with recommendations to the Commission on protecting European healthcare workers from blood-borne infections due to needle-stick injuries³,
- having regard to its resolution of 23 May 2007 on promoting decent work for all⁴,
- having regard to its resolution of 15 January 2008 on the Community strategy 2007-2012 on health and safety at work⁵,
- having regard to its resolution of 26 March 2009 on corporate social responsibility in international trade agreements⁶,
- having regard to its position of 7 July 2011 on the proposal for a decision of the European Parliament and of the Council on the European Year for Active Ageing (2012)⁷,
- having regard to the Commission services’ working document of 24 April 2011 entitled ‘Mid-term review of the European strategy 2007-2012 on health and safety at work’ (SEC(2011)0547),
- having regard to its resolution on harassment at the workplace⁸,
- having regard to Rule 48 of its Rules of Procedure,

¹ OJ L 134, 1.6.2010, p. 66.

² OJ C 304E, 1.12.2005, p. 400.

³ OJ C 303E, 13.12.2006, p. 754.

⁴ OJ C 102E, 24.4.2008, p.321.

⁵ OJ C 41E, 19.2.2009, p. 14.

⁶ OJ C 117E, 6.5.2010, p. 176.

⁷ Texts adopted, P7_TA(2011)0332

⁸ OJ C 77 E, 28.3.2002, p. 138.

- having regard to the report of the Committee on Employment and Social Affairs and the opinion of the Committee on the Environment, Public Health and Food Safety (A7-0409/2011),
- A. whereas the right to health is a fundamental right and whereas all workers enjoy a legal guarantee of working conditions which respect their health, safety and dignity;
- B. whereas the Europe 2020 Strategy aims, by 2020, to attain an employment rate of 75% for the section of the population aged between 20 and 64, with priority for the employment of women, young people, older workers, the low-skilled and legal immigrants, and to improve social cohesion;
- C. whereas technological development and changes in economic and social conditions are constantly changing work places and practices, and whereas rapid political, administrative and technical responses are therefore essential in order to guarantee a high level of health and safety at work;
- D. whereas risk prevention is essential to reducing the rate of work-related accidents and sickness; having regard to the positive impact of good health and safety at work management at both national and European levels and for companies;
- E. whereas adequate worker prevention in turn promotes wellbeing, quality of work and productivity; whereas the cost to enterprises and social security systems of occupational accidents and diseases is estimated at 5.9%¹ of GDP;
- F. whereas, given the labour shortage, it is desirable to prolong older workers' active working lives and whereas measures to promote health and safety at work should take effect in the near future;
- G. whereas protecting young workers can prevent work-related health problems occurring later in life;
- H. whereas in the services sector, young workers and women are insufficiently covered by reintegration and job-retention policies²;
- I. whereas the outsourcing of work through subcontracting and temporary agency work may involve the employment of low-skilled or undeclared labour and looser employment relationships, which makes it more difficult to identify responsibility for health and safety at work (OHS);
- J. whereas Framework Directive 89/391/EEC places the responsibility on employers to establish a systematic prevention policy covering all risks, irrespective of a worker's

¹ Australian Government: The Cost of Work-Related Injury and Illness for Australian Employers, Workers and the Community. Australian Safety and Compensation Council, Commonwealth of Australia 2009, 41 p., March 2009.

² EU-OSHA, 'Young Workers – Facts and Figures' (<http://osha.europa.eu/en/publications/reports/7606507/view>) and the related fact sheet (<http://osha.europa.eu/en/publications/factsheets/70>), 2007; 'Facts and Figures – Musculoskeletal disorders', 2010 (<http://osha.europa.eu/en/publications/reports/TERO09009ENC/view>); and 'Facts and Figures – The Transport Sector', 2011

- status, and to ensure that employees are not damaged by occupational factors, including the effects of workplace bullying;
- K. whereas accidents, MSDs and work-related stress are the main areas of concern for European enterprises in relation to OHS¹;
- L. whereas the EU 2020 strategy aims for an overall employment rate of 75% of the population aged between 20 and 64; whereas workers with chronic or long-term illnesses often do not return to work, even though their health would permit it;
- M. having regard to the growing impact of chronic work-related health problems such as musculoskeletal disorders (MSD) and psycho-social risks;
- N. whereas psycho-social risks are risks related to stress, symbolic violence and harassment at work; whereas stress is linked to job insecurity, ethical conflicts, poor work organisation (for example, deadline pressure or excessive workload), conflict with clients, a lack of support at work, unstable labour relations or an inappropriate work-life balance;
- O. having regard to the ageing of the EU population, the trend towards longer working lives and the need to raise healthy life expectancy; having regard to the inequalities in life expectancy between different socioprofessional categories and to hardship at work; whereas in addition to musculoskeletal disorders (MSD), workers over the age of 55 are particularly prone to cancers, heart disease, respiratory problems and sleep disorders²;
- P. whereas the lack of a regular timetable for workers in occupations involving night work often causes difficulties which can lead to occupational diseases;
- Q. whereas 168 000 European citizens die every year from work-related accidents or diseases³ and 7 million are injured in accidents, and whereas it is not yet possible to put an accurate figure on the accidents linked to the use of new technologies and new forms of work;
- R. whereas no link has been shown to exist between the number of accidents and company size; whereas, however, the accident rate does depend on the type of production that a firm carries out and the sector in which it operates, the degree of dependence being highest in sectors involving mostly manual labour and a close man-machine relationship;
- S. whereas technological development brings new health and safety risks for workers which should be evaluated;
- T. whereas cancers are the primary cause of work-related deaths, followed by

¹ EU-OSHA, Esener Survey 2009, http://osha.europa.eu/sub/esener/en/front-page/document_view?set_language=en

² Eurofound: 'Working conditions of an ageing workforce'

³ Hämäläinen P, Saarela KL, Takala J: Global trend according to estimated number of occupational accidents and fatal work-related diseases at region and country level. *Journal of Safety Research* 40 (2009) 125–139. Elsevier B.V.

cardiovascular and respiratory disease, while accidents at work account for only a very small minority of deaths¹;

- U. whereas women report a higher level of work-related health problems than men irrespective of the type of work²; whereas, therefore, measures of health and safety at work need a gender-based and life-cycle approach,
- V. whereas women are equally, if not more, affected by musculoskeletal disorders, even when they are working in the service sector;
- W. whereas ageing women are particularly vulnerable to age-related diseases which should be adequately addressed in OHS policies;
- X. whereas reproductive capacity can be endangered by the health problems which can arise when parents-to-be or their unborn children are exposed to the effects of environmental pollution and risk factors present in the working environment;

Mid-term review of the strategy

1. Points out that the European reference framework on occupational health and safety (OHS) does not in itself provide for automatic improvement of working conditions, major factors being proper implementation on the ground, notably via employee participation, tripartite dialogue arrangements, gathering and disseminating data, awareness-raising campaigns and networking of training and information services, and supervision of the application of the legislation in Member States; calls on the Commission to take swift action when infringements are detected and to reinforce sanctions when necessary;
2. Points out that the main aims of the Community strategy for 2007-2012 include both guaranteeing the proper implementation of EU legislation and improving and simplifying existing legislation, inter alia through the implementation of non-binding instruments; also notes that, under Article 4 of the Treaty on the Functioning of the European Union, the EU enjoys only shared competence with the Member States in the fields of employment and public health, and that in its 2007 communication the Commission emphasises the development and implementation of national strategies; stresses, therefore, the need to adapt EU legislation to social changes in a coherent manner and to avoid legislating unnecessarily at EU level;
3. Deplores the fact that in 2009 several Member States did not focus their national strategies on the three priorities of the EU strategy: stress and burn-out at work, RSI, and research into and regular gathering of data on new risks; considers that national strategies should devote greater efforts and resources to prevention;
4. Takes the view that the adoption, planning and implementation of national strategies should take into consideration the specific situation of each Member State, targeting the

¹ International Labour Organisation, 2005, estimate for the EU27;
<http://www.ilo.org/public/english/protection/safework/wdcongrs17/index.htm>.

² Occupational health and safety risks for the most vulnerable workers, EP Policy Department A, Economic and Scientific Policy, 2011, p. 40

sectors and companies most affected by occupational accidents;

5. Takes the view that OHS policies at European and national level should be made consistent and be reflected in other public policies: health, employment, industry, research, environment, transport, road safety, education, energy, regional development, public procurement and the internal market; gender-mainstreaming should be implemented across the policies in order to better reflect the specific risks faced by female workers;
6. Notes that – apart from the business’s reputation and economic factors – legal requirements and employee claims are two very important factors motivating employers to take action;
7. Calls, when public contracts are awarded, for safety levels and accident prevention practices to be taken more fully into account;
8. Considers that EU policy on chemical risks, prevention of work-related cancers, and protection of reproductive capacity should be more ambitious and responsive;
9. Stresses the importance of fully implementing REACH and the need for greater synergy between REACH and OHS policies, both at European level and in the Member States;
10. Calls for the next European strategy to set more measurable goals, together with binding timetables and a periodic evaluation; hopes to see the objective of one labour inspector per 10 000 workers, as recommended by the ILO, become binding;
11. Points out that savings caused by the economic crisis must not mean losing sight of health and safety at work and stresses that austerity budgets and cuts in social spending should not harm action to improve health and safety at work;
12. Believes that the economic effects of the crisis and the severe economic downturn in some Member States should not serve as a pretext for the defective application of legislation on health and safety at work, or undermine occupational risk prevention policies;
13. Believes that the Member States and enterprises should invest more in risk-prevention policies and ensure worker participation therein; considers that such investment would be repaid in the form of improved labour productivity, improved business competitiveness and a reduction in social security expenses, and that, moreover, this would ensure the viability of social protection systems;
14. Believes that a genuinely effective accident prevention policy has to start at the planning stage so as to ensure that the greater safety resulting from innovation will extend to both the product and the entire production process; calls on the Commission and the Member States, therefore, to support and encourage research in this field;
15. Believes that the problem of safety at work has to be tackled by implementing a two-tier strategy aimed notably at combating environmental risks while attempting to improve the psychosocial working environment; considers that the involvement of workers and

the social partners at national, local and workplace levels will be crucial to the success of a strategy along those lines; calls on the Commission to continue and enhance the discussions with and the consultation of the social partners with a view to achieving joint and concerted action on particular issues;

16. Emphasises that work-related stress is recognised as a major obstacle to productivity in Europe; deplores the accelerating growth of conditions and accidents caused by psychosocial problems among workers; recalls the incidence of suicide at work and the real impact that job insecurity has on the stress factor; regrets the unequal application across the EU of the Framework Agreement on Work-related Stress of 8 October 2004; calls on the Commission to take every necessary measure to ensure that this agreement is implemented in every Member State and calls on the social partners to do more to increase awareness and understanding of work related stress among employers, workers and their representatives;
17. Notes the proliferation of non-standard forms of employment (temporary work, seasonal work, Sunday work, part-time work, teleworking), which require a more targeted and specific approach to worker protection;
18. Criticises the fact that the Commission has failed to pay sufficient attention to the gender mainstreaming approach when dealing with issues concerning health and safety at work, either in the Community strategy on health and safety at work or in its mid-term assessment; supports therefore the initiative of the Commission calling for the preparation of unique methods of impact assessment in OSH with regard to gender specificity; calls on the Commission to assess the availability of gender-disaggregated statistics at Community level on work-related fatal and non-fatal diseases; encourages the Member States to take into consideration the special risks female workers are facing in preventive policies and risk assessment methods;
19. Takes the view, since the employment rate needs to grow by an annual average of some 1% in the EU, that it is particularly important to ensure the protection of the health of older workers and/or those with disabilities or who have become disabled, and the development of working conditions adapted to their changed situation;
20. Notes that neither the public nor the private sector is really prepared to face up to the demographic situation and regard the employment of more people with disabilities, long-lasting health problems such as chronic diseases or with reduced working capacities as a possibility; believes that greater attention should be brought to bear specifically with a view to making jobs accessible to, and safe for, those workers;
21. Regrets the delayed action of the Commission with regard to the presentation of a new legislative proposal on the minimum health and safety requirements regarding the exposure of workers to the risks arising from electromagnetic fields after the postponement of the implementation of Directive 2004/40/EC and calls for the rapid implementation of the relevant legislation when adopted;
22. Considers corporate social responsibility to be an important and effective way of bringing about safer working conditions and a better working environment and therefore believes that it should be encouraged;

23. Considers it necessary to strengthen cooperation between the EU, the ILO and the WHO with a view to finding solutions to the issue of European workers and those in non-EU countries competing on social terms;

Collection of statistical data

24. Stresses that the Commission should develop gender and age-specific statistical means to evaluate prevention not solely in terms of accidents but also in terms of pathologies and the percentage of workers exposed to chemical, physical or biological agents and to dangerous situations from the point of view of the organisation of work;
25. Stresses the importance of gender-based measures and life-cycle approach to eliminate the risk of early retirement due to health problems;
26. Highlights the difficulty of collecting data in many Member States; calls for the work of the EU-OSHA and Eurofound (European Foundation for the Improvement of Living and Working Conditions) agencies to be strengthened and disseminated very widely;
27. Calls for the European Agency for Safety and Health at Work (EU-OSHA) to compile national indicators on exposure to cancers and to review the knowledge on exposure of particularly vulnerable workers;
28. Underlines the importance of cooperation between the European Agency for Health and Safety at Work and the special Committees of the European Commission, such as the Senior Labour Inspectors Committee and the Advisory Committee for Health and Safety at Work for delivering better results and submitting proposals;
29. Calls on the EU and the Member States to develop a European programme for the monitoring of occupational hazards (in particular musculoskeletal and psychosocial problems), based on health indicators, definitions and epidemiological tools common to the 27 Member States; stresses the need for an integrated approach to monitoring, taking into account both the career paths of current employees and the state of health of those who have retired;
30. Notes the reduction in the number of accidents at work in the EU, and calls on the Commission to investigate to what extent this is due to lower employment levels and a continuing shift to the tertiary sector; hopes that the objectives set at European and national levels and the evaluation of their achievement will take better account of this macroeconomic dimension;
31. Notes the results of the Commission's 'Scoreboard 2009' project illustrating the individual performances of the Member States; believes that the project needs to cover every area of the 2007-2012 strategy; regrets that the accuracy and comprehensiveness of the data are not always checked impartially and are provided on a purely optional basis; calls on the Commission to ensure that reliable and comprehensive data is provided by all Member States and that the data provided is controlled by independent authorities at national level;
32. Criticises the fact that not all Member States set measurable targets related to their

- national OHS strategies and that the vast majority of them have not set targets on occupational diseases, work-related health problems and illnesses, occupational risk factors or high risk sectors; highlights that neither the mid-term review nor the 2009 scoreboard on the Community Strategy on Health and Safety at Work provide any substantial information on where Member States stand with regard to the EU strategy's only quantified target of a 25 % reduction in occupational accidents by 2012; calls for future evaluation reports to better assess the extent to which EU health and safety legislation has been in practice complied with in the Member States;
33. Points out that it is important, first and foremost, for a clear definition to be given to occupational accidents and diseases, including accidents during travel (from home to the workplace), in addition to work-related stress, which should be able to be measured in accordance with specific indicators;
 34. Believes there is a need to study in particular the link between suffering at work and the organisation of work, including working time; calls for investigations into health problems to be based in principle on a holistic approach covering organisation of work, statistical factors and individual fragilities;
 35. Calls on the Commission to compile and supply statistics showing the extent to which the reduction in accident rates was brought about by research focusing on prevention with its starting point at the planning stage;
 36. Stresses the problem of implementing occupational health and safety with respect to workers who are engaged in undeclared activities; takes the view that this injustice can only be prevented by more stringent controls and appropriate sanctions and urges that strong measures be taken against the organisation of such activities; stresses that OHS is a right irrespective of the worker's status, and that this right must be made effective through better implementation of current legislation;
 37. Points to the importance of transferring scientific data to industry in order to forestall new or emerging risks;
 38. Notes that the European countries with the lowest occupational accident rates are also the most competitive countries¹; believes that data collection needs to be expanded in order to gauge the impact which effective risk prevention has on industrial competitiveness;
 39. Calls on EU-OSHA and Eurofound to analyse causes of early retirement among women and men;
 40. Calls on EU-OSHA to carry out a research on the effects of 'double shift' on the health of female workers, i.e. when women have to continue with unpaid work at home after the regular and recognised paid work;
 41. Calls for an improved cross-border exchange of information between the various national authorities with a view to more efficient checks when workers are transferred

¹ EU-OSHA and World Economic Forum 2011.

to other EU Member States;

Fostering a prevention culture

42. Regrets the lack of information on risks and solutions among employees, employers, social partners and even health services; points out the positive role in this regard of employees' participation and representation;
43. Believes that workers' representatives help to improve OHS, especially in SMEs and if representation is organised on a formal basis; considers employee participation to be a further key factor in successful OHS-related risk management¹;
44. Recalls that OHS is necessarily multidisciplinary, as it draws on – in particular – occupational medicine, safety, ergonomics, epidemiology, toxicology, industrial hygiene and psychology;
45. Considers it important to improve the implementation of existing legislation through non-binding instruments such as exchange of good practices, awareness raising campaigns and better information;
46. Calls on the Member States and Commission to make guidelines on the protection of workers easier to apply in practice, without undermining the rules on health and safety at work;
47. Points out that about 50% of workers in the EU still have no access to preventive services, especially as regards SMEs and subcontracting chains; highlights that most existing services are not fully multidisciplinary and many do not properly reflect the hierarchy of preventive measures laid down in the Framework Directive; believes that all workers, those in the public and also in the private sector, should be covered by risk-prevention arrangements as well as effective prevention policies, including accessibility arrangements, training courses and workshops for workers, and special attention should be paid to the situation of vulnerable workers, including people having to take part in mandatory work activity schemes without previous training and necessary skills; also believes that the new forms of employment should be taken into account so as to ensure that prevention and monitoring measures cover all workers, in particular vulnerable workers, regardless of the type of work that they do and their employment arrangements; hopes that the target will be one safety advisor for every 3 000 employees;
48. Considers that corporate social responsibility has a part to play in promoting OHS;
49. Believes that the independence of prevention services vis-à-vis the employer must be guaranteed; considers, as far as occupational health is concerned, that monitoring, alerts, health expertise, and the related sound advice can be handled only by independent health professionals; regrets that the management of occupational health services remains entrusted, in certain Member States, to employer associations, acting as both judge and defendant, their general meetings being the real decision-taking bodies;

¹ EU-OSHA, ESENER survey

50. Takes the view that progress of research in the health sector, the constantly evolving socio-economic conditions, developments in new technologies and changes in the labour market require vigilance at European and national level regarding the emergence of new occupational hazards and the timely updating of the relevant legislation, its implementation framework and the list of arduous and unhealthy occupations;
51. Points out that labour inspectors play a vital role through education, persuasion and encouragement and in verifying the implementation of the legislation in force and, thereby, in prevention, in particular by ascertaining compliance with decent working conditions for vulnerable categories of workers or in occupations in which undeclared work tends to occur; stresses that the Member States must guarantee high standards in the training of labour inspectors; encourages the Member States to increase the staffing levels of, and the resources available to, their labour inspectorates in order to meet the target of one inspector for every 10 000 workers, as recommended by the ILO; encourages the strengthening of sanctions against enterprises not complying with their obligations concerning fundamental workers' rights and considers that the penalties in such cases must be effective, proportionate, and dissuasive;
52. Urges Member States to combat the burden of bureaucracy and the labyrinthine structure of state control mechanisms for health and safety at work and work inspections, by strengthening their dynamics and simplifying time-consuming internal procedures with a view to implementing more and more effective controls;
53. Calls on Member States to bring more searching scrutiny to bear on the failure to report accidents at work;
54. Calls on the Commission to propose a directive protecting individuals who legitimately warn of OHS unacknowledged risks, notably by notifying the appropriate labour inspectorate; these individuals should be protected in order to prevent any pressure being exerted on them (threats of dismissal, etc.); calls in this regard on the Commission to put an end to blacklisting of such workers by making sure that such a violation of a fundamental labour right is prevented by means of effective, proportionate and dissuasive sanctions;
55. Calls for the prevention of problems related to health and safety at work to be treated with the same attention in the private and the public sector; points out that the principle of non-discrimination is binding;
56. Deplores the failure in a number of Member States to coordinate public and occupational health policies;
57. Calls on Member States to monitor periodical medical examinations more effectively and evaluate the results thereof, so as to ensure that the state of health of workers is in accordance with the demands of the workplace;
58. Calls on the Commission to draw up a set of good practices in this area; stresses the need for Member States to organise exchanges of good practice with a view to improving workplace efficiency;

59. Believes that Member States can be supported in research on new risks and introducing new practices contributing to more effectively applying security rules, through the 7th Framework Programme on Research and Innovation;
60. Considers that risk assessment should be multidisciplinary and based on employee participation;
61. Notes that risk assessment is carried out in most companies, albeit to a lesser extent in small enterprises and in some Member States¹;
62. Considers that risks arise not so much because SMEs are intrinsically less safe as from the fact that working patterns are flawed and the resources earmarked for OHS are less substantial; believes that SMEs need to be helped to set up their risk prevention policies; points to the usefulness of OiRA and similar initiatives and of economic incentives; calls on the Member States to exchange their best practices;
63. Considers it important that the relevant public authority responsible for the implementation of health and safety legislation in Member States does all it can to help assess and minimise all risks and to ensure workers are adequately protected; considers it important to help SMEs put in place risk-prevention policies; stresses the positive role of simple, free and targeted initiatives, such as the OiRA; believes that company-level risk assessment should be carried out at regular intervals and gradually adjusted to take account of new circumstances and emerging risks;
64. Points out that information and awareness campaigns are essential in order to alert companies – SMEs included – to risks and ensure that they carry out the necessary prevention measures;
65. Is concerned about the impact of subcontracting, for example in civil and military nuclear installations, and stresses that all employers, including subcontractors, have a responsibility for their own employees and that preventive measures should be targeted at those employees;
66. Considers that all workers, and in particular temporary and part-time workers and those contracted out, need specific and up to date health and safety training to improve safety levels at the workplace; is concerned by the rising number of stress-related illnesses and notes the lack of education in managing stress at work; calls for preventive actions for all, but in particular for young people, with the involvement of social partners, in the form of stress management training courses, which should encompass social skills, including interpersonal communication and the ability to cope with conflict situations and in the form of awareness raising campaigns at school and at the workplace; encourages the Member States to make more effective use of the European Social Fund to this end;
67. Encourages the Member States to invest in labour science; wishes to see more research at the EU and national levels in this regard;

¹ EU-OSHA, ESENER survey

68. Stresses that the main obstacles to concern for psychosocial risks at work are personal receptiveness to the issue, lack of awareness, lack of resources and lack of expertise¹;
69. Urges the Commission to facilitate the development of European health and safety standards at the workplace; in this connection, stresses the importance of cooperation by the Member States in identifying the causes of workplace accidents and in the exchange of best practice;
70. Calls on the Member States to incorporate OHS from the start of training and subsequently as part of lifelong learning; believes it would be desirable to make risk education part of certain technological, scientific, artistic and sporting education programmes, as well as in management training courses; encourages Member States to incorporate OHS into university teaching, so that it reaches future engineers, architects, business people, managers, etc;
71. Believes that in order to reduce stress at work, specialised training on working under conditions of stress should be introduced and developed, as well as workshops on teamwork and improving the integration of a given group of workers;
72. Calls on the Member States to assess the quality of the training of their workplace risk prevention managers and supports their exchanges of best practices;
73. Maintains that training programmes need to be supported through better coordination of Community policies and that existing programmes should be intensified, the object being to pursue a risk prevention policy drawing on local, regional, and national experience;
74. Stresses that the emergence of new types of jobs (for example green jobs) is a source of new opportunities to protect workers² and adapt vocational training;
75. Considers that in order to prevent the risk of long-term illness, strict compliance with legislation on sick leave and maternity leave should be ensured, since pressure exerted by employers during this period can lead to an extension of such leave;
76. Recalls that the workplace is to be considered as one of the main platforms for supporting the EU and Member States' prevention strategies, addressing both communicable and non-communicable diseases, and that employers, workers' organisation and other social partners have a great role to play in promoting healthy lifestyles and health literacy among the working population;
77. Calls on the Commission and the Member States to step up the fight against health-related inequalities, and to reduce disparities in terms of working conditions and access to services aimed at improving workers' health, prevention and occupational health;

¹ EU-OSHA, ESENER survey

² EU-OSHA, Foresight of new and emerging risks to occupational safety and health associated with new technologies in green jobs by 2020, Phase 1 : (http://osha.europa.eu/en/publications/reports/foresight-green-jobs-drivers-change_TERO11001ENN/view) and Phase 2 (<http://osha.europa.eu/en/publications/reports/foresight-green-jobs-key-technologies/view>; and NIOSH <http://www.cdc.gov/niosh/topics/PtD/greenjobs.html>

Vulnerable workers and specific risks

78. Stresses that - in addition to workers who do strenuous work - migrants, young people, old people, women of child-bearing age, the disabled, members of ethnic minorities, low-skilled workers, casual workers, those with insecure working conditions and the long-term unemployed returning to the labour market are particularly at-risk categories; underlines that there should be incentives for a more effective application of the rules on Health and Safety at work, especially for these categories; believes that prior to the employment of these workers special preliminary training should be offered where appropriate;
79. Notes that young workers between the ages of 15 and 24 are at particularly high risk of injury¹, and that the long-term consequences of an illness or injury at an early age can be significant; calls, therefore, on the Commission to consider also protecting young workers over the age of 18 under Directive 94/33/EC; emphasises further the need to integrate the issue of health and safety at work into existing EU programmes, such as 'Youth on the Move';
80. Calls on the Commission and Member States to facilitate the process of demographic change by better adapting health and safety measures at the workplace to the needs of older workers; emphasises the positive effects of lifelong learning in maintaining the motivation to work and of measures that anticipate a decline in physical strength, for example the ergonomic design of workplaces; emphasises that a framework agreement between the social partners would be a constructive initiative;
81. Believes that unskilled and long-term unemployed workers should not be employed without the necessary preliminary training regarding occupational health and safety risks;
82. Is concerned about the increase in atypical working arrangements such as part-time work, teleworking, disjointed hours, Sunday and night work when such working arrangements are enforced; calls for the risks posed by such enforced working arrangements and multiple jobs, especially for women, to be scientifically assessed, but notes that when chosen voluntarily, these arrangements may be welcome by workers;
83. Regrets the lack of initiatives to tackle the situation of the self-employed, temporary workers, domestic workers and people working on short-term contracts, as they too have the right to have their OHS respected;
84. Points out that forms of temporary employment are widespread in sectors such as construction and agriculture, in which there is a high number of occupational accidents and diseases, and in the services sector, where knowledge is limited²;

¹ Verjans M., de Broeck V., Eckelaert L., OSH in figures: Young workers - Facts and figures, European Agency for Safety and Health at work, European Risk Observatory Report, Luxembourg, 2007, p.133

² Health and safety at work in Europe (1999-2007) – a statistical portrait (http://epp.eurostat.ec.europa.eu/cache/ITY_OFFPUB/KS-31-09-290/EN/KS-31-09-290-EN.PDF); Causes and circumstances of accidents at work in the EU, European Commission 2008, http://epp.eurostat.ec.europa.eu/portal/page/portal/product_details/publication?p_product_code=KS-SF-09-063

85. Considers that measures to encourage part-time work for older workers could provide a progressive transition to retirement and enhance the well-being and capacities of older workers;
86. Reiterates the recommendation of the HIREES European report that temporary workers and company employees should be given the same rights to health promotion where the nature of their work is long-term work directed by the main employer;
87. Emphasises that men and women are affected to differing degrees by occupational hazards, be these psychosocial or physical (including musculoskeletal problems); also points out that precarious employment contracts, in particular temporary or part-time jobs, may be linked to increased physical and psychosocial occupational hazards; for this reason, urges the Member States to take account, in their national strategies, of the gender dimension and the hazards associated with different types of employment contract;
88. Expresses its concern regarding the assessment of the risk thresholds for pregnant women at work; calls for detailed research to be carried out into the effects of exposure of pregnant women to certain workplace conditions (e.g. exposure to chemical agents, ionising radiation, electromagnetic waves, stress, excessive heat, lifting heavy weights, etc); in this connection, also calls for research into the connections between stillbirths, perinatal complications and health problems of newborn infants and workplace conditions liable to pose risks to pregnant women;
89. Calls for an impact assessment of the potential risks from new technologies, harmful substances and risk factors including work organisation in the workplace; believes that more research, exchange of knowledge and practical application of results helps in better identifying and assessing potential new risks; calls for legislative actions to ensure that nanomaterials are fully covered by the current European OHS regulation;
90. Considers that excessive working hours and insufficient rest periods, as well as the disproportionate output required, are major factors in the increased level of occupational accidents and diseases; stresses that these provisions violate the fundamental principles of OSH; calls for a satisfactory balance between work and family life; calls on the Member States to fully implement the Directive 2003/88/EC;
91. Takes the view that Sunday should be enshrined in EU labour legislation if it can be scientifically proven that Sunday is preferable to any other day of the week in the interest of protecting workers' health;
92. Takes the view that there is an urgent need for a conclusive scientific review of the effects of Sunday working on workers' health; considers that the Commission should order a neutral study in the near future to review all the existing results and come to a conclusive scientific finding;
93. Regrets the fact that there is no single common definition of moral harassment at the European level; calls on the Commission and the Member States to develop effective national strategies for combating violence at work which are based on a definition of moral harassment common to the 27 Member States;

94. Is of the view that the stress often caused by workplace bullying is a factor which increases musculoskeletal disorders and psycho-social risks and these factors should be the subject of an in-depth study on the part of the Commission;
95. Hopes that the future legislative proposal on musculoskeletal disorders will cover all workers;
96. Is in favour of a legislative initiative to protect workers against tobacco smoke at work, since comprehensive protection is currently not guaranteed;
97. Calls on the Commission to submit a proposal to Parliament and the Council in 2012 seeking to ban smoking everywhere at the workplace, including indoor catering establishments, on all public transport and in all enclosed public buildings within the EU;
98. Calls on the Commission to launch a wide consultation on the list of occupational diseases with the European social partners based on a thorough scientific and medical analyses of the main danger areas recognised today (in particular mental disorders and asbestos); invites the Commission to thoroughly evaluate the potential benefits for the health of workers of updating and making compulsory Recommendation 2003/670/EC concerning the European schedule of occupational diseases;
99. Believes that further research is needed in order to determine the health effects of given occupations, including in the long term, in order – wherever possible – to avert cases in which the onset of disease occurs after the end of working life; believes that most urgent priorities of the social partners should be taken into account when determining occupations which require more health and safety research;
100. Calls on the Commission, if new studies or science prove that certain occupations have high health and safety risks, to immediately take the appropriate measures to protect the safety and health of the workers;
101. Considers that rehabilitation and reinstatement after illness or an accident are essential and should therefore be encouraged;
102. Calls on the Member States to implement as quickly as possible Directive 2010/32/EU on the protection of healthcare workers from sharp injuries and to ensure the highest level of protection for patients and healthcare workers from exposure to healthcare associated infections;
103. Is alarmed at the persistent number of cancers associated with the exercise of an occupation; regrets that a large number of workers are still exposed to the dangers of asbestos; particularly in the maintenance and decontamination sectors; reiterates its call for a Commission initiative on asbestos including organising a hearing on how to tackle the huge OHS problems related to existing asbestos in buildings and other constructions such as ships, trains and machinery; also invites Member States to move forward with phasing out asbestos, for instance by mapping asbestos in buildings and providing for the safe removal of asbestos;

104. Stresses the added value of Union policy on chemicals and the potential for improvement which should be exploited to prevent work-related cancers;
105. Stresses that risks from carcinogens principally affect workers in the industrial, crafts and agricultural sectors, together with women in the services sector who are repeatedly exposed to them¹; calls for an impact assessment regarding the exposure of agricultural workers to chemicals;
106. Calls on the Commission and the Member States to accelerate the implementation of REACH, and in particular the substitution of the most worrying chemicals;
107. Considers that the new Community strategy for occupational health and safety at work 2013 - 2020 should focus on using the potentials of REACH for improving workers' protection from chemical hazards, a renewed effort for preventing work-related illnesses and improving workers' quality of life at work, strengthening the monitoring and enforcement responsibilities of labour inspectorates and workers' participation in designing, monitoring and implementing prevention policies, improving the recognition of occupational diseases and addressing flexibility, insecurity, sub-contracting etc. as obstacles to proper risk prevention;
108. Calls on the Commission to propose a revision of Directive 2004/37 on carcinogens and mutagens by the end of 2012 in order to enlarge its scope to include substances toxic for reproduction by analogy with the substances of very high concern under REACH, and to strengthen the application of the substitution principle; calls for the link to be made with reproductive health;
109. Calls on the Commission, in future legislation on health and safety at work and where applicable, to promote the use of technologies that reduce the risks posed by dangerous substances in the event of occupational accidents and, where possible, for these technologies to replace the use of chemical and radioactive substances;
110. Calls on the Commission and Member States to propose measures to adapt working conditions more closely to the needs of those suffering from cancer or other work-related diseases and chronic diseases;
111. Reiterates its call upon the Commission to avoid compromising the level of protection achieved in the European OHS directives when examining the possibilities for simplifying legislation;
112. Instructs its President to forward this resolution to the Council and the Commission, and to the national parliaments and Governments of the Member States.

¹ ETUI, 2010, <http://hesa.etui-rehs.org/uk/publications/pub54.htm>

EXPLANATORY STATEMENT

I. Improving implementation of the legislation

A consistent *acquis communautaire* exists on occupational health and safety (OHS) in the form of the 1989 framework directive and other directives on specific risks or sectors, and not forgetting REACH. This body of legislation, which makes it possible to implement the European Treaties and the Charter of Fundamental Rights in the field of occupational health, guarantees respect for the fundamental right to health.

However, the Strategy makes clear that this is not sufficient. This legislation needs to be developed to adapt it to new risks, such as psycho-social risks. Psycho-social risks are not sufficiently dealt with in the Community Strategy 2007-2012, nor in a number of Member States. Yet today they pose a major risk to occupational health.

Enterprises generally deal with psycho-social risks by providing training, but workers suffer first and foremost because the organisation of work and management style are poor. It is therefore the link between unhappiness at work and the organisation of the work that should be studied in greater depth if we want to find lasting solutions to the increase in psycho-social risks.

Harmonisation at European level should also be developed where relevant. Moreover, legislation cannot do everything. The Member States should fully comply with the letter and spirit of the framework directive and the sectoral directives when implementing this legislation. Labour inspectorates verify that OSH legislation is properly applied and therefore they have a crucial role in preventing and monitoring risks. Inspectors also play a positive role in improving the provision of information and the level of expertise in an enterprise. The Member States should strengthen the staff and resources of their labour inspection services and seek to achieve the objective of one inspector per 10 000 workers, in accordance with International Labour Organisation recommendations. This objective was included in the Wilmott report of the European Parliament on the Community Strategy 2007-2012. Moreover, the Commission also has a role to play through the infringement proceedings that it can launch against Member States. The actors directly involved, i.e. the workers and all the people at the workplace, should have the possibility of taking part in the process of identifying and preventing risks.

Finally, mention should be made of the positive role played by ‘whistleblowers’, who legitimately draw attention to the unacknowledged risks in an establishment. Whistleblowing should be protected, as it is in various countries in Europe and elsewhere in the world. In the United Kingdom since 1998 the Public Interest Disclosure Act has protected whistleblowers against dismissal and various forms of pressure. In the United States the protection of whistleblowers depends in particular on the subject of the whistleblowing and the status of the whistleblower, and is enshrined in the 1989 *Whistleblower Protection Act*.

The rapporteur believes that there is a win-win logic to efforts to improve OSH. The

implementation of policies and practices promoting health at work has beneficial results in four areas: economic benefits, social benefits, staff benefits and benefits to do with the image of the enterprise.

II. Including all workers in prevention policies

First of all, it is important to identify the categories of workers at risk, as well as workers who are not covered, so as to determine the appropriate responses. Steps should be taken to ensure that all workers are covered by prevention policies and enjoy effective respect for their fundamental right to health.

In the first place there are groups of workers at risk: employees of SMEs, workers in particularly dangerous sectors such as construction, disabled workers and women. Women make up a far higher proportion of poor workers because they are offered unsuitable part-time work, working hours split into two or three shifts per day and insecure contracts, especially in sectors such as supermarkets, cleaning, personal services and retirement homes.

The protection of employees in SMEs is another challenge because there is a lot of room for improvement. One of the avenues for improvement is to simplify the procedure for assessing the risks for SMEs. The software distributed by the EU-OSHA and OiRA has a role to play. Also, the Esener European survey shows that employers recognise that they lack information and resources, and that it is mainly legal obligations which motivate them to put in place prevention measures.

Secondly, there are groups who are not covered by prevention policies because they are pushed beyond the scope of prevention: subcontracted workers, non-registered workers, domestic workers, the bogus self-employed, casual workers, etc. Outsourcing of jobs is on the increase in the European labour market: subcontracting chains, secondment of workers, agency contracts, etc. In the case of temporary contracts, for example, a certain percentage corresponds to the individual's own choice, but in other cases they are imposed on the individual. But in all cases there is a problem regarding information and training on the issue of risks. The nuclear sector is a case in point.

Given the potentially disastrous effects of human error in the management of radioactive waste and spent fuel, it is essential that rigorous standards are applied to training, safety at work and inspection by independent bodies. The workers themselves, or their representatives, must be consulted and involved in the development and implementation of safety procedures. On-going training should be provided for all workers on sites where hazardous material is stored or for those who are involved in the transportation of such material. This means not only the technical staff but all workers, whatever the length of their contract or their role on site.

III. Dealing with chemical and biological risks

Chemical and biological risks are complex, and while there is still insufficient data there is no doubt that they have a very negative impact on workers. Rapid action needs to be taken on

asbestos, silica and other recognised carcinogens. Products that can substitute for these carcinogens need to be identified and assessed, and control procedures need to be developed for those that cannot be replaced. REACH has a very important role to play in preventing cancers and other chronic work-related diseases. The REACH provisions need to be kept up-to-date and comprehensively implemented. And particular attention needs to be paid to women of child-bearing age because of the impact on the foetus.

27.10.2011

OPINION OF THE COMMITTEE ON THE ENVIRONMENT, PUBLIC HEALTH AND FOOD SAFETY

for the Committee on Employment and Social Affairs

on the mid-term review of the European strategy 2007-2012 on health and safety at work
(2011/2147(INI))

Rapporteur: Karin Kadenbach

SUGGESTIONS

The Committee on the Environment, Public Health and Food Safety calls on the Committee on Employment and Social Affairs, as the committee responsible, to incorporate the following suggestions in its motion for a resolution:

1. Emphasises that, when promoting health and safety at work, the EU and the Member States must give priority to a preventive approach and enable all workers fully to reconcile work and private life, with account being taken in the national prevention programmes of public services in the field of health, hygiene and safety in the workplace in the interests of the protection of workers' health and working conditions;
2. Calls on the EU and the Member States to develop a European programme for the monitoring of occupational hazards (in particular musculoskeletal and psychosocial problems), based on health indicators, definitions and epidemiological tools common to the 27 Member States; stresses the need for an integrated approach to monitoring, taking into account both the career paths of current employees and the state of health of those who have retired;
3. Recalls that the workplace is to be seen as the platform of choice for the EU and Member States' prevention strategies, addressing both communicable and non-communicable diseases, and that employers, workers' organisation and other social partners have a great role to play in promoting healthy lifestyles and health literacy among the working population;
4. Calls on the Commission and the Member States to step up the fight against health-related

inequalities and to reduce disparities in terms of working conditions and access to services aimed at improving workers' health, prevention and occupational health;

5. Emphasises the fact that certain categories of workers – e.g. young, older and migrant workers, and those with precarious jobs (including fixed-term contracts and temporary or part-time jobs) – are more frequently exposed to occupational hazards; stresses that special attention should be paid to the situation of vulnerable workers, including people taking part in mandatory work activity schemes without previous training or the necessary skills; calls, therefore, on the Commission and Member States to adopt more specific preventive measures for these target groups; believes that particular attention needs to be paid to women and to maternity issues, recalling that secure jobs with rights are an important factor for workplace health and safety;
6. Stresses the crucial importance of training programmes relating to the safety and supervision of young people in their first months at work; in this context, believes that a significant role can be played by training programmes offering sector-specific information, and by high-quality supervision, in view of their direct impact on workers' safety;
7. Calls on the Commission to propose binding legislation before the end of 2012 to ensure that health and safety legislation applies fully to sub-contractors at all levels, so as to put an end to some employers' practice of limiting preventive measures to their own workers;
8. Points out that the main aims of the Community strategy for 2007-2012 include both guaranteeing the proper implementation of EU legislation and improving and simplifying existing legislation, inter alia through the implementation of non-binding instruments; also notes that, under Article 4 of the Treaty on the Functioning of the European Union, the EU enjoys only shared competence with the Member States in the fields of employment and public health, and that in its 2007 communication the Commission emphasises the development and implementation of national strategies; stresses, therefore, the need to adapt EU legislation to social changes in a coherent manner and to avoid legislating unnecessarily at EU level;
9. Stresses that success for the 2007-2012 Strategy for Health and Safety at Work means an 'ongoing, sustainable and uniform reduction in accidents at work and occupational illnesses,' including fulfilment of the explicit target of a 25 % reduction in the incidence of accidents at work, and notes that this will need to be demonstrated by adequate quantitative data on EU-level trends in occupational accidents and illnesses;
10. Urges the Commission to facilitate the development of European health and safety standards at the workplace; in this connection, stresses the importance of cooperation by the Member States in identifying the causes of workplace accidents and in the exchange of best practice;
11. Points out that the framework directive on health and safety at work (89/391/EEC) is already 20 years old but has yet to see any substantial amendments, and therefore needs to be adapted to the new challenges posed by the changes in the working environment and developments in healthcare management, such as the increase in mental health problems and musculoskeletal disorders, in order to focus on targeted employment policies

supporting employee's ability to work, health and well-being;

12. Calls on the European Commission to regard mental illness, such as depression, as a priority when reviewing the strategy and European Health and Safety legislation, given the growing problem of workplace-related depression and cognition disorders;
13. Calls on the Commission to review the Directive 2004/37/EC on the protection of workers from the risks related to exposure to carcinogens or mutagens at work with a view to enlarging its scope to include substances that are toxic for reproduction; notes that limit values on substances that endanger human health have only been set in a very few cases; calls, in the interests of workers, for the rapid implementation of REACH, and in particular for the effective application of the substitution requirements laid down in Directive 2004/37/EC;
14. Expresses its concern regarding assessment of the risk thresholds for pregnant women at work; calls for detailed research to be carried out into the effects of exposure of pregnant women to certain workplace conditions (e.g. exposure to chemical agents, ionising radiation, electromagnetic waves, stress, excessive heat, lifting heavy weights, etc); in this connection, also calls for research into the connections between stillbirths, perinatal complications and health problems of newborn infants and workplace conditions liable to pose risks to pregnant women;
15. Notes that Parliament took the view in 2007 that the current legislation on musculoskeletal disorders was inadequate, and therefore asked the Commission to consider coming forward with proposals for a directive; notes that, four years on, the legislation on musculoskeletal disorders is still inadequate, as the Commission has delayed its proposal for a new directive;
16. Regrets the fact that there is no single common definition of moral harassment at European level; calls on the Commission and the Member States to develop effective national strategies for combating violence at work which are based on a definition of moral harassment common to the 27 Member States;
17. Regrets the delayed action of the Commission with regard to the presentation of a new legislative proposal on the minimum health and safety requirements regarding the exposure of workers to the risks arising from electromagnetic fields after the postponement of the implementation of Directive 2004/40/EC and calls for rapid implementation of the relevant legislation when adopted;
18. Emphasises that men and women are affected to differing degrees by occupational hazards, be these psychosocial or physical (including musculoskeletal problems); also points out that precarious employment contracts, in particular temporary or part-time jobs, may be linked to increased physical and psychosocial occupational hazards; for this reason, urges the Member States to take account, in their national strategies, of the gender dimension and the hazards associated with different types of employment contract;
19. Calls for the ring-fencing of resources for labour inspection, high-quality standards in the education and training of labour inspectors, and tighter controls; calls for guarantees that labour inspection is carried out independently of businesses;

20. Welcomes the fact that the available data confirm the declining trend in occupational accidents; points out, however, that the number of occupational accidents is still too high;
21. Points out that in its 2007 communication the Commission stated that one of its aims was to support small and medium-sized enterprises (SMEs) in the implementation of EU legislation and of their risk-prevention policies;
22. Points out that appropriate training for workers makes a significant contribution to their health and safety, and that this should therefore receive greater attention in future;
23. Calls on the Commission, in future legislation on health and safety at work, to promote where applicable the use of technologies that reduce the risks posed by dangerous substances in the event of occupational accidents and, where possible, for these technologies to replace the use of chemical and radioactive substances;
24. Calls, as a minimum requirement for Member States, for a binding EU list of occupational illnesses which also recognises as occupational illnesses arising from new pathogenic occupational stresses such as work-induced mental illness and diseases affecting the musculoskeletal system;
25. Calls on the Member States to implement as quickly as possible Directive 2010/32/EU on the protection of healthcare workers from sharps injuries and to ensure the highest level of protection for patients and healthcare workers against exposure to healthcare-associated infections;
26. Stresses the need for continual improvement of data collection in order to guarantee EU-wide comparability of data;
27. Calls on the Member States and Commission to make guidelines on the protection of workers easier to apply in practice, without undermining the rules on health and safety at work;
28. Is in favour of a legislative initiative to protect workers against tobacco smoke at work, since comprehensive protection is currently not guaranteed;
29. Points out that savings in the economic crisis must not mean losing sight of health and safety at work;
30. Underlines the responsibility of employers to foster the physical and mental health of workers; calls on undertakings to adopt company agreements that make company-level health promotion mandatory, in the form of a certified company health and safety management scheme in line with the quality criteria set by the European Network for Workplace Health Promotion;
31. Calls for the EU-level social dialogue on health and safety at work and employee participation to be stepped up;
32. Calls for improved cross-border exchange of information between the various national authorities with a view to more efficient checks when workers are transferred to other EU

Member States;

RESULT OF FINAL VOTE IN COMMITTEE

Date adopted	26.10.2011
Result of final vote	+: 55 -: 0 0: 0
Members present for the final vote	János Áder, Elena Oana Antonescu, Kriton Arsenis, Sophie Auconie, Pilar Ayuso, Sergio Berlato, Martin Callanan, Nessa Childers, Chris Davies, Bairbre de Brún, Esther de Lange, Anne Delvaux, Bas Eickhout, Edite Estrela, Jill Evans, Karl-Heinz Florenz, Elisabetta Gardini, Gerben-Jan Gerbrandy, Julie Girling, Françoise Grossetête, Satu Hassi, Jolanta Emilia Hibner, Dan Jørgensen, Karin Kadenbach, Jo Leinen, Peter Liese, Linda McAvan, Radvilė Morkūnaitė-Mikulėnienė, Miroslav Ouzký, Gilles Pargneaux, Antonyia Parvanova, Andres Perello Rodriguez, Mario Pirillo, Pavel Poc, Anna Rosbach, Oreste Rossi, Daciana Octavia Sârbu, Carl Schlyter, Richard Seeber, Theodoros Skylakakis, Claudiu Ciprian Tănăsescu, Salvatore Tatarella, Anja Weisgerber, Åsa Westlund, Glenis Willmott, Sabine Wils, Marina Yannakoudakis
Substitute(s) present for the final vote	Matthias Groote, Romana Jordan Cizelj, Philippe Juvin, Jiří Maštálka, Michail Tremopoulos, Kathleen Van Brempt, Andrea Zannoni
Substitute(s) under Rule 187(2) present for the final vote	Peter Šťastný

RESULT OF FINAL VOTE IN COMMITTEE

Date adopted	23.11.2011
Result of final vote	+ : 36 - : 2 0 : 0
Members present for the final vote	Regina Bastos, Heinz K. Becker, Jean-Luc Bennahmias, Philippe Boulland, Milan Cabrnoch, David Casa, Alejandro Cercas, Derek Roland Clark, Sergio Gaetano Cofferati, Marije Cornelissen, Frédéric Daerden, Karima Delli, Sari Essayah, Ilda Figueiredo, Thomas Händel, Marian Harkin, Liisa Jaakonsaari, Danuta Jazłowiecka, Jean Lambert, Olle Ludvigsson, Elizabeth Lynne, Thomas Mann, Elisabeth Morin-Chartier, Csaba Óry, Konstantinos Poupakis, Sylvana Rapti, Licia Ronzulli, Jutta Steinruck, Traian Ungureanu, Andrea Zanoni
Substitute(s) present for the final vote	Georges Bach, Raffaele Baldassarre, Jürgen Creutzmann, Jelko Kacin, Ria Oomen-Ruijten, Evelyn Regner, Csaba Sógor, Emilie Turunen