



Council of the  
European Union

Brussels, 25 October 2019  
(OR. en)

13321/19

SOC 693  
EMPL 526  
SAN 438

**NOTE**

---

From: Presidency  
To: Delegations

---

Subject: A New EU Strategic Framework on Health and Safety at Work: Enhancing  
the implementation of Occupational Safety and Health in the EU  
- Draft Council Conclusions

---

With a view to the meeting of the Social Questions Working Party on 7 November 2019,  
delegations will find attached a set of draft Council conclusions on the above subject, as prepared  
by the Presidency.

---

# **A New EU Strategic Framework on Health and Safety at Work: Enhancing the implementation of Occupational Safety and Health in the EU**

## **Draft Council Conclusions**

### **ACKNOWLEDGING THAT**

1. Workers in the European Union are to a large extent appropriately protected, with the employer carrying the responsibility, despite differences in work circumstances between and within the Member States and in different sectors of economy. Occupational safety and health (hereinafter *OSH*) is a cornerstone of workers' wellbeing and contributes to economic growth and the competitiveness of the Union.
2. OSH is an important element of the Economy of Wellbeing. The Council has invited Member States and Commission to include an Economy of Wellbeing perspective into national and Union policies<sup>1</sup>.
3. Investments in OSH prevent work-related illnesses, accidents, harmful physical and psychosocial strain and have a tangible positive effect on the economy through better performance and longer work careers. It also reduces costs owing to work-related ill-health in terms of absenteeism, disability pensions, presentism, lost expertise and insurance payments. Improvements in safety and wellbeing at work also increase the employees' job satisfaction, commitment to an employer and productivity.
4. EU legislation is extensive in the field of OSH. A framework for OSH was established through Directive 89/391/EEC (Framework Directive) to introduce measures to encourage improvements in the safety and health of workers at work by setting general principles concerning the protection of health and safety of workers in the EU. The Framework Directive is completed by more than 20 individual directives covering specific hazards at work, specific activities, sectors with higher risks and vulnerable groups.

---

<sup>1</sup> Council Conclusions of October 2019 "The Economy of Wellbeing"

5. The EU Strategic Framework on Health and Safety at Work 2014-2020 has achieved important results, in particular by giving direction to Member States' efforts towards better and more effective national OSH policies. Based on it, several Member States have adopted national action plans. It is therefore important to set up a new EU Strategic Framework on Health and Safety at Work for the period of 2021-2027.
6. With the proclamation of the European Pillar of Social Rights (hereinafter *the pillar*), the European Parliament, the Council and the Commission affirmed their strong commitment to fundamental rights of workers and improved living and working conditions. Principle 10 of the pillar stresses the right of workers' right to a high level of protection of their health and safety at work and to a working environment adapted to their professional needs and which enables them to prolong their participation in the labour market. Principle 17 highlights the right of people with disabilities to services that enable them to participate in the labour market and society and to a work environment adapted to their needs. In the Strategic Agenda 2019-2024, the European Council identified as priority action the implementation of the pillar at EU and Member State level.
7. Setting binding occupational exposure limit values for priority carcinogens and mutagens has been a very important improvement in OSH legislation in recent years. Binding exposure limit values are now set for 25 substances. These exposure limits should reduce the risk of millions of workers of developing cancer. Therefore, work on identifying further carcinogens and mutagens at the workplace and setting limit values for them needs to continue to be a high priority.
8. The involvement of social partners is essential for the improvement of working conditions in the EU. Through this, law-making and the implementation of legislation can be based on realistic knowledge of actual needs. Such involvement also ensures that social partners are committed to the development and progress of OSH.

## RECALLING THAT

9. The current and rapid changes within the labour market including digitalisation and increased use of artificial intelligence afford positive opportunities and potential for improving working conditions. However, the protection of the workers and the OSH legislation, including the scope of that legislation, do not always keep pace with these changes. The appearance of new professions and new methods of work, and the increasing diversification within workplaces, atypical working hours - in areas such as subcontracting, digital work, crowd-work, work on demand, the sharing and platform economy - and a high number of dependent self-employed workers is a challenge to OSH. In addition, undeclared work is related to significantly high occupational health and safety risks. At the same time, some existing EU directives such as Directives on Workplaces (89/654) and on Display screen equipment (90/270) are outdated.
10. Microenterprises and SMEs represent almost 93% of all enterprises in the EU<sup>2</sup>. They often lack the knowledge and resources to comply with OSH requirements, thus facing challenges in implementation of the OSH legislation. Microenterprises and SMEs are very heterogeneous. They are active in very different fields, and different regional and local circumstances. Consequently, there is no one-size-fits-for-all solution. In addition, complying with OSH obligations is often seen by enterprises as a cost rather than a profitable investment in their staff.
11. Solid evidence and comparable data on OSH is often lacking. This is especially true for statistics on occupational injuries and diseases. Currently EU-OSHA is developing the OSH barometer which should improve the database. In addition, Eurostat has launched a methodological study on the problems of under-reporting. Both will improve the evidence base of OSH policies.

---

<sup>2</sup> Eurostat, online data code sbs\_sc\_sca\_r2, reference year 2019

12. Psychosocial risks and work stress are among the most challenging and pressing OSH concerns. About a half of all workers in the EU consider that work-related stress is a common challenge in their workplace. Over one-quarter of all workers report that they experience work-related stress in all or most of their working time. The most frequently mentioned causes of work stress are job insecurity, long working hours, excessive workload, and harassment and violence at work. Nearly 80 % of workplaces in the EU28 identify at least one psychosocial risk factor as being present within their organisation. However, only 76 % of workplaces in the EU28 report that they carry out risk assessments regularly. Of these workplaces only around two-thirds report that they include psychosocial risks within those assessments, partly as they lack information or the adequate tools with which to deal with these risks effectively<sup>3</sup>.
13. Women often work in different sectors with conditions and OSH risks that are different from those experienced by men. This, and the fact that they often have different tasks even when they work in the same sector or profession, result in different physical and psychosocial risk factors for men and women. In addition, too many women are sexually harassed in workplaces. An estimated 45 % to 55 % of women in the EU-28 have experienced sexual harassment since the age of 15. 32% of these women state that the perpetrator is someone within the workplace<sup>4</sup>.
14. Exposure to repetitive movements, tiring and painful positions as well as carrying or moving heavy loads still rank among the most prevalent physical occupational risk factors in the EU<sup>5</sup>. Musculoskeletal diseases (hereinafter MSD) are the most prevalent type of work-related health problem<sup>6</sup>. Among workers in the EU who report that they have a work-related health problem, 60% point to MSDs as their most serious challenge. The EU directives aiming at the prevention of work-related MSDs are outdated.

---

<sup>3</sup> Second European Survey of Enterprises on New and Emerging Risks (ESENER-2). EU-OSHA, 2016

<sup>4</sup> 2018 Report on equality between women and men in the EU. Justice and Consumers. European Commission, 2018

<sup>5</sup> European Working Conditions Survey (EWCS). Eurofound 2015

<sup>6</sup> The European Union Labour Force Survey (EU-LFS) 2013

15. Cancer is still the main cause of work related deaths in the EU. The related annual costs across the EU for health care expenditure and productivity losses are estimated to be 4 -7 billion Euros. In addition to carcinogens, workers may be exposed to a variety of other dangerous substances in workplaces. New potential challenges for the management of dangerous substances, such as nanomaterials and biotechnology, are also becoming a problem in workplaces. The EU's OSH and chemical legislation sometimes generate overlaps or even contradictory requirements, which risk causing confusion, administrative burden and legal uncertainty. In addition, health surveillance of workers exposed to dangerous substances is not always regular and systematic, in particular after the worker has changed jobs or has retired.
16. With on-going demographic change, there is in most Member States a need to promote longer working careers in order to use all available labour force, including workers who are older than the previously common pension age. Therefore, the number and proportion of older workers is increasing rapidly. An older worker may not be able to continue work that requires physical strength, but may be willing and able to do other less physically demanding work. Currently work practices and methods do often not make it possible, attractive, interesting and motivating for older workers and those with partial disability to continue to work or to return to work.
17. Labour inspectors have a very broad scope of duties and often very limited resources in promoting and ensuring compliance with national legislation, in such areas as OSH, working conditions and other aspects of employment. New risks and new forms of work present additional challenges to effective labour inspection. New approaches are needed to complete traditional means and enforcement methods.

**THE COUNCIL OF THE EUROPEAN UNION INVITES THE MEMBER STATES AND THE EUROPEAN COMMISSION** in close cooperation with social partners and in accordance with their respective competences and responsibilities

In order to address the challenge of changing world of work, to

18. STRIVE to guarantee that all workers, in particular workers in atypical forms of employment, dependent self-employed workers and vulnerable workers are appropriately and adequately covered and protected by OSH measures.
19. ADDRESS the new OSH-related risks of changing work practices and technologies effectively and proactively, also in EU-funded projects and programmes, as appropriate.
20. BUILD more comprehensively on the evidence and data in order to improve OSH strategies, action plans, legislation and guidance.

In order to help SMEs and microenterprises, while decreasing the administrative burden, to appropriately protect their employees and to turn the OSH into increases in performance and productivity, to

21. ESTABLISH an EU-action plan and national action plans to effectively address the implementation challenges of OSH obligations.
22. DEVELOP, on the basis of actual needs, tailor-made tools, notably on-line-tools such as OIRA, to help micro enterprises and SMEs to integrate OSH issues into their strategies, as well as planning, project and risk management and everyday work.
23. USE, where appropriate, EU funds to support the efficient implementation of OSH, by supporting, for instance, awareness raising, education and training on the importance of a thorough implementation of OSH rules.
24. DEVELOP methods and SHARE know-how on how to ensure in supply chains compliance with high OSH standards by subcontractors and within consortiums.

In order to prevent and eliminate hazards and diseases, including cancer resulting from the use of dangerous substances at workplaces, to

25. IMPLEMENT and MONITOR effectively the existing binding limit values.
26. COLLECT and COMPILE data and information on hazards and risks as well as on preventive measures and management of dangerous substances.

In order to address the challenge of psychosocial risks and work related injuries and diseases, including the MSDs, to

27. IMPROVE statistical methods, including indicators comparable across the EU, to measure and monitor OSH performance in terms of occupational injuries and diseases and psychosocial\_risk factors related to the working environment.
28. ENHANCE co-operation between OSH, employment and health experts and authorities in order to take overall account of the opportunities, challenges and needs related to the guidance, treatment, rehabilitation and return to work of workers.

In order to take into account the gender aspect in OSH and fight against harassment and bullying in workplaces to

29. PROMOTE actively the full respect for the principles of gender equality and non-discrimination and take the necessary measures aiming to eliminate violence and harassment in the world of work.
30. ENCOURAGE employers to include a gender perspective in the OSH management with a particular focus on work organisation.

INVITES THE EUROPEAN COMMISSION:

31. to ADOPT a new **EU Strategic Framework on Occupational Safety and Health** for the period 2021 to 2027 **paying particular attention to the challenges identified in these Conclusions.**



In order to address the challenge of a changing world of work, to

32. CONTINUE updating, removing or replacing outdated OSH legislation such as Directives on Workplaces (89/654) and on Display screen equipment (90/270).
33. ADDRESS, in cooperation with the competent national authorities and Advisory Committee on Safety and Health at Work (ACSH), regulatory challenges posed by online platform work and OSH implications thereof.

In order to address the challenge of psychosocial risks and work related injuries and diseases, including the MSDs, to

34. ISSUE a Communication on psychosocial risk factors, risk assessment, risk management and psychosocial resources at work, with a specific focus on the challenges emerging from a changing world of work, in particular from digitalisation.
35. PROPOSE a Mental Health Strategy for the Union taking into account the cross-sectoral impacts of different policies, including OSH, on mental health.
36. PROVIDE ergonomic guidance material relating to MSDs other than those related to manual handling or display screen work.

In order to prevent and eliminate hazards and diseases, including cancer, resulting from the use of dangerous substances in workplaces, to

37. PROPOSE further binding limit values for priority carcinogens and other dangerous substances, based on up-to-date scientific evidence, and UPDATE existing limit values, if required for the protection of workers.
38. CLARIFY the interface between the OSH and REACH legislations and IMPROVE coordination by developing transparent procedures and criteria to be used when selecting the most appropriate substance specific regulatory options.

INVITES THE MEMBER STATES:

In order to address the challenge of changing world of work, to

39. ADOPT and continuously IMPROVE national OSH strategies and policies.
40. CONSIDER improving the protection of the self-employed through legislative or other measures.
41. PROVIDE that national labour inspectorates are appropriately resourced and informed on up-to-date inspection and awareness raising methods, notably in relation to new technologies and new forms of work.

In order to help the SMEs and microenterprises while decreasing the administrative burden, to appropriately protect their employees and to turn the OSH into increases in performance and productivity, to

42. FACILITATE the access of micro enterprises and SMEs to funding with regard to improving their OSH management.
43. PROMOTE the benefits of sound OSH in terms of competitiveness, in particular so that sound OSH enhances the trust of customers and investors, improves the reputation of enterprises enabling greater successes in terms of sales and recruitment, and reduces the costs arising from disability and absenteeism.
44. FOSTER the skills and knowledge of managers on obligations and best practices in OSH management.
45. SUPPORT external OSH services in the development and improvement of the quality of their offers so as to enable them to provide specific and tailor-made solutions to SMEs.

In order to address the challenge with regard to psychosocial risks and mental health and to prevent and treat work related injuries and diseases, including the MSD, to

46. ENHANCE health promotion and prevention of work-related diseases especially with regard to psychosocial and ergonomic risks as a part of the obligatory risk assessment carried out in workplaces by employers.
47. DECREASE, through collaboration between employers and health care experts, work-related illnesses and accidents with a particular attention devoted to mental disorders and MSDs.
48. PROMOTE a Vision zero-thinking culture, pursuing the ambitious objective of preventing all harms at the workplace.
49. INCREASE the awareness of MSDs at work and REDUCE the related risks throughout the course of life, in particular through co-operation between employment, health and education experts and structures.

In order to prevent and eliminate hazards and diseases, including cancer, resulting from the use of dangerous substances at workplaces, to

50. IMPROVE the coverage of appropriate health surveillance and monitoring for workers throughout their lives, and in particular, for workers who have been exposed to dangerous substances, also including after they have changed employment or retired.
51. EMPHASISE the importance of risk assessment and the hierarchy of hazard control measures in the prevention of occupational accidents and diseases.

In order to adapt workplaces and working conditions to an ageing labor force, encouraging also previously inactive and disabled people to work, to

52. MAINTAIN and ENHANCE work ability through national OSH strategies and measures as well as SUPPORT the return to work of employees throughout their work career, paying special attention to ageing workers and workers with partial work ability.

53. ENCOURAGE employers, while maintaining high and appropriate level of protection, to allow for flexible working practices, job accommodation and opportunities for working from home so as to help older people to remain longer in employment.
54. STRENGTHEN the knowledge basis of employers in supporting work ability and return to work after a sick leave, and ENHANCE cross-sectoral co-operation between different policy areas so as to reduce discrimination and foster equal job opportunities for persons with a partial or restricted work ability, including those with mental health problems.

INVITES THE SOCIAL PARTNERS while respecting their autonomy, competences and national traditions, to:

55. CONTINUE to play an active role in the implementation and improvement of OSH, in close co-operation with public authorities and other appropriate stakeholders.
56. CONTINUE to participate in efforts to ensure safe and decent working conditions.
57. COOPERATE actively at enterprise, local, regional, national, EU and global level in the various and relevant fora dealing with OSH.
58. ENGAGE actively in the development and implementation of national OSH strategies and policies and to support and encourage the promotion of a prevention culture and participate in the collection of statistical data.
59. PROVIDE support and, where appropriate, training to employers and workers, including workers' OSH representatives, in order to promote the necessary knowledge, skills and measures to identify, evaluate and control OSH risks.

## References

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 (OSH "Framework Directive")

The EU Strategic Framework on Health and Safety at Work 2014-2020: Adapting to new challenges

Towards better health and safety in the workplace - Opinion on Future Priorities of EU OSH Policy. ACSH WP Strategy Doc.1048/19

Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions: Safer and Healthier Work for All - Modernisation of the EU Occupational Safety and Health Legislation and Policy (COM(2017) 12 final)

Council Conclusions of March 2015 "EU Strategic Framework on Health and Safety at Work 2014-2020: Adapting to new challenges"

Council Conclusions of September 2015 "A new Agenda for Health and Safety at Work to Foster Better Working Conditions"

Council Conclusions of May 2019 "The changing world of work: reflections on new forms of work and implications for the safety and health of workers"

Council Conclusions of October 2019 "The Economy of Wellbeing"