

Health and safety at work in the European Community

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The essence of health and safety in the workplace is that *everybody* counts. Each worker — no matter what the job — is a valued individual.

In the European Community (EC) these issues are of concern to 138 million workers and their families: if an accident or disease at the workplace causes a person to die, to stop working or to earn less money, that person's whole family suffers.

It also makes hard-headed financial sense to have good health, hygiene and safety standards at work. Every year 10 times more days are lost by industrial injury and disease than by strikes. Companies cannot function as effectively if the workers trained to do a job are missing from their posts. Evidence from industry shows that safe workplaces are more efficient, more productive and therefore more profitable.

Yet today in the EC 7 % of the money spent on health benefits each year still goes to people injured in accidents at work or suffering from occupational illnesses. Experts say that many work-related accidents and nearly all occupational diseases are preventable.

If this is so, what is being done to make safer working conditions a reality for everyone in the Community? Both the individual Member States and the EC institutions have responsibilities in this field.

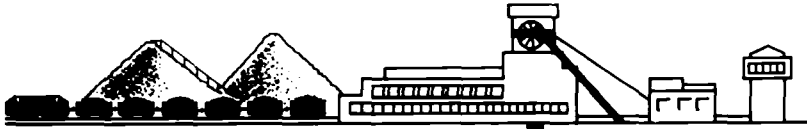
When the 12 Member States of the EC signed the Single European Act in 1986, they agreed to harmonize minimum regulations on health and safety in the working environment across the EC, and then to encourage improvements in those standards in order to guarantee workers a better level of protection. The harmonization does not prevent Member States from keeping or introducing stricter measures in conformity with the Treaty. This was part of the Member States' agreement to create a true European internal market by the end of 1992, removing the remaining obstacles to the free movement of goods, services, people and capital across their borders.

Many people wonder why the EC institutions need to get involved in these questions. Why can't worker health and safety problems be dealt with by each Member State alone?

One reason is that from its start a basic objective of the Community has been to achieve better living standards and better working conditions for the people of Europe. Another reason is that the Member States need to have common rules and regulations if they want to form a true internal market.

- EC citizens are free to work in any Member State and it is now easier for EC companies to open offices and plants anywhere in the Community. Workers need to be assured that no matter where they are employed in the EC, they will have similar protection under the law.
- Maintaining good health and safety standards at work can cost industry money but can benefit the community. It is important that companies who are

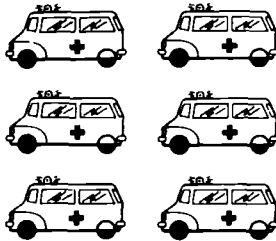
Safety and productivity in coal-mining in the European Community



1958

1985*

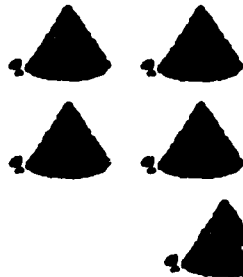
Fatal accidents rate
(per 10 million
hours worked)



6

2.6

Productivity
(output in kg per man
per hour worked
underground)



2

4,7

* Year for which latest comparable figures are available.

Source: European Commission, DG V.

providing good conditions are not further penalized in comparison with their competitors. Thus to enable firms in the different Member States to trade and compete on an equal basis, they must be required to obey similar health and safety standards.

- Similar standards also prevent firms from locating their most dangerous facilities in the countries with the most lenient rules. Suppose a company wishes to use a hazardous chemical in a manufacturing process and the laws of only some Member States forbid use of that chemical. Instead of finding a less dangerous ingredient or process, the company might build its plant in a Member State with no such protective law.

So those responsible for worker health and safety in the EC institutions and in the Member States need to work together to set safe standards which are met everywhere in the Community.

The first steps at European level

The European institutions have been concerned with worker health and safety from the start, when the European Coal and Steel Community (ECSC) was founded in 1951. Their increased involvement with these issues over the years reflects the changes in our society, the tremendous growth and development of technology, and our greater understanding of the risks in the workplace.

The ECSC Treaty was in fact a landmark in this field, for it was the first international economic agreement to incorporate occupational safety in its main text. Article 55 gave ECSC officials the right to initiate and finance research into worker safety in the coal and steel industries and to circulate the findings to all those concerned in the Community.

Since then the Community has stimulated, encouraged and funded hundreds of research studies dealing with hygiene, health and safety in the coal and steel industries. This research has led to progress in diagnosing work-related diseases, setting up preventive health procedures, introducing new medical treatments, designing safety and rescue systems in the mines and plants, building safety into the design of new tools, machines, and processes in these industries, and giving health and safety a high priority in the organization of work activity for miners and steelworkers.

As the graph shows, since the 1950s there has been a steady increase in the productivity of the EC coal industry with a steady decrease in accidents in the mines. Over this same period the average life expectancy of a coal-miner in one of the original Member States has increased by nearly 20 years.

People in the original six ECSC countries became horribly aware of the European dimension of worker health and safety and the need for more formal Community involvement when there was a tragic mining accident in Marcinelle, Belgium, in

August 1956. Noxious fumes from a fire in a mine-shaft invaded the coal-mine, killing 262 workers. Many of the victims were Italian miners, whose families were still living in Italy. As a result of that accident the ECSC established its Mines Safety and Health Commission with representatives from workers, employers and governments of all the Member States.

In 1957, when the European Economic Community was established by the Treaty of Rome, the Community concern for the protection of workers' health and safety was extended to many other industries and areas of work. As scientific and medical knowledge built up about the real impact on peoples' lives of their working conditions, the areas of activity at the European level were expanded.

An EC recommendation in 1962 declared the principle that every factory employing more than 200 people should provide an occupational health service. In 1974 the responsibilities of the Mines Safety and Health Commission were increased to cover all mineral-extracting industries, including off- and on-shore exploration and exploitation of petroleum and natural gas, open-cast mining and quarrying. The same year the Community set up the Advisory Committee on Safety, Hygiene and Health Protection at Work, where representatives of workers, employers and governments could review new health and safety developments, discuss common problems and recommend EC-wide solutions affecting the majority of work activities.

The European Commission consults this Advisory Committee on a routine basis, before it proposes measures and directives to the Ministers of the Member States acting together as the European Council. Each directive or law adopted by the Council is binding and carries a time-limit, requiring the Member States to translate that decision into their own body of national law by a certain date.

The first Community directive in the field of worker health and safety was adopted in 1977. It required common, clear safety signs to be put up in every workplace, warning people of dangers and pointing to safety measures, such as first-aid supplies, exit doors and routes to be used in case of emergencies.

Next, when medical research proved that vinyl chloride monomer (VCM), the substance used to manufacture PVC plastic, could produce angiosarcoma, a specific cancer of the liver, an EC Directive in 1978 reduced workers' exposure to VCM in firms across the EC — in some cases by more than 90 %.

The growing awareness of the importance of safety and health at work led to the adoption in 1978 of a European programme of action. This programme focused on the causes of occupational disease, the prevention of accidents from machines, the monitoring and inspection of health and safety conditions in the workplace, and the need to increase peoples' awareness of their responsibilities in this area.

In 1980 the Community passed a wide-ranging directive that set general guidelines and principles on how to protect workers dealing with chemical, physical and

biological agents in the workplace. More specific rulings followed, controlling workers' exposure to lead, asbestos, and noise levels and banning certain processes and agents too dangerous to be used in the workplace.

Asbestos: a hidden health threat

The problems posed by exposure to asbestos offer a good example of the very slow way in which knowledge and awareness of workplace dangers used to build up and be acted upon. Asbestos is a mineral fibre that began to be mined and used by industry in Europe more than 100 years ago. Because it is a very versatile material, asbestos was used in numerous products.

In the 1930s three groups of doctors in the UK, USA and Germany published papers declaring their conviction that certain health problems were connected with exposure to asbestos. Not much action was taken. In 1935 two medical papers in the UK and USA reported their suspicion of a link between asbestos and lung cancer. A few more studies connecting specific types of tumours with asbestos workers were reported in the 1940s and 1950s. Then in the late 1960s and 1970s the evidence began pouring in from all corners of Europe, the USA, South Africa and elsewhere.

Now we know that once an asbestos fibre enters a person's lung, it probably stays there. The first effects of this can be a disease called asbestosis, which is hardening of the lung. The second is cancer, particularly lung cancer and mesothelioma — cancer of the lining of the lung. If someone exposed to asbestos fibres also smokes, the risks of lung cancer are much greater.

We have learned also that it is not only the people involved directly in the mining and milling of asbestos who are at risk. It can also affect those who have indirect contact — like people in the construction and shipbuilding industries. It can even endanger the life of a housewife who washes work clothing full of asbestos fibres.

Yet by the time this knowledge was accumulated and accepted, asbestos had permeated much of modern industry, using work practices which we now know were inadequate to protect peoples' health. Thousands of products contained asbestos and many hundreds of thousands of jobs in the EC depended on its use.

By the early 1980s some medical experts estimated that one-third of the people who were exposed to asbestos in their work would die of asbestos-related diseases. Scientists had also discovered that some types of asbestos fibres were more hazardous than others.

Using all of this information the European Community proposed a directive laying down requirements for the protection of workers from the risks associated with asbestos. This directive was adopted in September 1983. Among other measures, it established EC-wide limits on the concentration of asbestos dust in a

workplace and required regular consultations between employers and workers on how asbestos was being used, the risks involved and the best ways to avoid those risks.

Worker health and safety under the Single European Act

The Community is adopting a whole new body of legislation as a vital part of the social dimension of its new internal market. When the 12 EC Member States amended the Treaty of Rome with the Single European Act in 1986, they agreed to seek a balance between economic and social policy as the EC develops. Article 118a of the Treaty now specifically calls upon the European Council to adopt minimum requirements to encourage improvements in the working environment across the EC and to guarantee a better level of protection of the health and safety of workers.

A very important change is that EC decisions in this field are now being taken by a qualified majority of the European Council. This means that health and safety legislation at European level can be processed much more quickly: at least three countries have to oppose a proposal before it can be defeated.

Responding to calls from both the Council and the European Parliament to strengthen minimum standards, the Commission of the EC has put forward a programme of proposed legislation covering the entire work situation. The basic philosophy behind the programme is that worker health and safety should not be subordinated to purely economic considerations. The programme aims to set basic standards across the EC while the 12 Member States progressively harmonize working conditions.

Some people worry that this will really mean lower safety standards across the Community: in effect, the lowest common denominator for the 12 States. They fear that the gains they have won over the years in their home countries will be lost as their employers and governments strive to win business and profits in the new internal market.

The European Council, Commission, and Parliament understand these fears and are taking care to make sure this does not happen.

- First of all, the levels of protection which are being set are achievable by all Member States. The new EC package is intended to cover every workplace and every work situation in the public and private sector except domestic servants.
- Secondly, the new EC package looks forward to the workplace of the future using the experience gained by Europe's traditional industries. This means that every Member State is being required to improve its health and safety legislation. Those who were the first to enact laws — like the Federal Republic of Germany and the United Kingdom — now have to modernize and extend

their regulations. Those who are adopting legislation for the first time have to make a major effort but are benefiting because they are enacting the most up-to-date package right from the start.

- Thirdly, each part of the EC package will go through a strenuous review procedure with input from the social partners before it is adopted. Each proposal which is sent to the Council is also submitted for the opinions of both the European Parliament and the Economic and Social Committee, made up of representatives of employers, workers, farmers, the professions and the general public. Any amendments these bodies suggest must be considered by the Commission.

If Parliament wishes to amend the proposal and the Commission backs those amendments, the Council can vote by a qualified majority on the amended version. But if the Council wishes to adopt the proposal without the amendments, it needs a unanimous vote. Only after this process does a proposal have the status of European law.

The new EC health and safety legislation

The European Council adopted a new framework directive for the Community's worker health and safety programme on 12 June 1989. It puts legal responsibility for worker health and safety on the employer, but it also obliges workers to contribute and to participate in seeing that necessary protective measures are taken. Under the new framework, EC directives will cover several areas.

- *Safety in the workplace and working practices.* Employers will be obliged to keep informed about the latest advances in technology and scientific findings concerning design of the workplace and working environment and to protect their workers accordingly.

Minimum requirements are being set for:

- The workplace.
- Design, selection and use of work equipment, such as machinery, appliances, tools, or installations used at work.
- Protective clothing and equipment to safeguard workers dealing with dangerous machinery, processes and substances.
- Handling of heavy loads to avoid the risk of back injury to workers.
- Work stations and working practices involved with the visual display units used with computers and word processors.

- *Health and hygiene.* EC legislation banning and/or setting minimum safety conditions for the use of dangerous biological, chemical and physical substances is being updated. Specific proposals have been made on the use of biological agents, including genetic engineering techniques and carcinogens.

Under a directive adopted in 1988 four dangerous chemicals and their derivatives are prohibited from being produced or used anywhere in the Community, unless a Member State grants a specific exemption to cover particular research or testing. Member States were given until 1 January 1990 to put this directive into effect.

In addition, a harmonized EC-wide system is being developed to provide information to workers handling dangerous substances and preparations.

- *The highest risk sectors: agriculture, construction, work at sea, the extractive industries.* Under its new programme the EC is focusing attention on the safety and health of the worker as well as the intrinsic safety of equipment in order to bring about a change in attitudes.
 - At sea, safety will be made an integral part of vessels and efforts will be made to ensure that medical aid is improved.
 - In the construction industry, health and safety measures will be required for building sites.
 - In the extractive industries, measures will be proposed on oil and gas extraction and on open cast mines and quarries. The coal and steel industries devote more than ECU 10 million per year¹ to research on safer working conditions, healthier working environments, and cleaner technology to reduce even further the incidence of occupational accidents and diseases in these industries.
- *Information and training.* The Community is developing an information system on specific matters of health and safety at work. Uniform methods for compiling statistics on occupational accidents and illnesses will be discussed, enabling high-risk sectors and trends to be identified rapidly.

There are already regular meetings and exchange programmes for the labour inspectors from the 12 Member States who are responsible for implementing the legislation at national level. In addition, training courses are being organized for teachers, medical doctors and workers in certain high-risk activities.

¹ ECU 1 (European Currency Unit) = about £. 0.71, Irl £. 0.76 or US \$ 1.2 (at exchange rates current on 14 February 1990).

- *Small and medium-sized enterprises (SMEs)*. More than half of Europe's workforce have jobs in SMEs and this number is growing. EC officials recognize that care must be taken to keep administrative, financial and legal requirements for SMEs down to a minimum to enable them to grow successfully. Nevertheless the Community has taken the position that there is no reason why SMEs should give less protection to workers than large firms. Since many owners of small and medium-sized firms work alongside the people they employ, the owners are just as much at risk as their workers.

To help SMEs keep abreast of the new body of harmonized legislation in this field, the Commission will be making studies of health and safety problems in SMEs in order to provide special information to their managers. The Commission has also initiated pilot actions in several countries for the training of managers of SMEs.

Putting the programme into practice

The new body of EC legislation will set out the aims and standards for worker health and safety in the Community along with deadlines for enacting them. But it will leave the method of putting the aims into practice in the hands of the Member States. The monitoring and inspection of conditions in the workplace will still be the responsibility of the Member States.

If a Member State does not enact the EC legislation by the deadline required, or if the standards it sets are not strict enough, the European Commission has the right to take that country to the European Court of Justice. Similarly, any citizen of an EC Member State can complain to the EC Commission or to the petitions committee of the European Parliament if he believes that the Community directives are not being applied correctly.

Nearly 10 000 people in the European Community die every year because of injuries suffered at their place of work. Many if not all of these deaths can be avoided.

If the essence of worker health and safety is that *everybody* counts, then everybody should cooperate to make the workplace a safe environment. Everybody has to be ready to take responsibility for preventing danger to themselves and to those who work beside them ■

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