



HEALTH AND SAFETY AT WORK

Improving health and safety at work has been an important issue for the EU since the 1980s. The introduction of legislation at European level set minimum standards for the protection of workers, while allowing Member States to maintain or introduce more stringent measures. When the Lisbon Treaty entered into force, the Charter of Fundamental Rights of the European Union became legally binding, making health and safety policy an even more important area of EU legislation.

LEGAL BASIS

Articles 91, 114, 115, 151, 153 and 352 of the Treaty on the Functioning of the European Union (TFEU).

OBJECTIVES

On the basis of Article 153 TFEU, the EU encourages improvements in the working environment by harmonising working conditions in order to protect workers' health and safety. To this end, minimum requirements are laid down at EU level, allowing Member States to introduce a higher level of protection at national level if they so wish. The Treaty also stipulates that the directives adopted must not impose administrative, financial or legal constraints which would hold back the creation and development of SMEs.

ACHIEVEMENTS

A. Institutional development

Under the auspices of the European Coal and Steel Community (ECSC), various research programmes were carried out in the field of occupational health and safety (OHS). The need for a global approach to the matter became more manifest with the establishment of the EEC in 1957. The Advisory Committee for Safety, Hygiene and Health Protection at Work was set up in 1974 to assist the Commission. Minimum OHS requirements were needed in order to complete the European single market. This led to the adoption of a number of directives, such as Directive 82/605/EEC (replaced by [Directive 98/24/EC](#)) on protection against the risks associated with metallic lead, Directive 83/477/EEC (last amended by [Directive 2009/148/EC](#)) on asbestos, and Directive 86/188/EEC (last amended by [Directive 2003/10/EC](#)) on noise.



1. Single European Act

The adoption of the [Single European Act](#) in 1987 brought health and safety at work into the EEC Treaty for the first time in an article laying down minimum requirements and allowing the Council to adopt occupational health and safety directives by qualified majority. The aims were: to improve workers' health and safety at work; to harmonise conditions in the working environment; to prevent 'social dumping' as completion of the internal market progressed; and to prevent companies from moving to areas with a lower level of protection in order to gain a competitive edge.

2. Treaty of Amsterdam (1997)

The [Amsterdam Treaty](#) strengthened the status of employment issues by introducing the title on employment and the Social Agreement. For the first time, directives setting out minimum requirements in the field of health and safety at work and working conditions were adopted by both Parliament and the Council by means of the codecision procedure.

3. Contribution of the Lisbon Treaty (2007)

The [Lisbon Treaty](#) contains a 'social clause' under which social requirements must be taken into account in the Union's policies. Upon the entry into force of the Lisbon Treaty, the [Charter of Fundamental Rights of the European Union](#) became legally binding on the Member States when they apply EU law.

4. European Pillar of Social Rights (2017)

The [European Pillar of Social Rights](#), signed by the Council, the Commission and Parliament in November 2017, sets out 20 rights and principles, including the right enshrined in Article 31 of the Charter of Fundamental Rights to working conditions which respect workers' health, safety and dignity. Though not legally binding in itself, the pillar is a package of legislative and soft-law measures which aims to drive upward convergence in living and working conditions in the EU.

B. Milestones: Directives and European Agency for Occupational Health and Safety

1. Framework Directive 89/391/EEC and individual directives

Article 137 of the Treaty of Nice (now Article 53 TFEU) formed the basis for EU efforts to improve the working environment with a view to protecting workers' health and safety. The adoption of [Framework Directive 89/391/EEC](#), with its specific focus on the culture of prevention, was a milestone. It provided for preventive measures, information, consultation, balanced participation and training for both workers and their representatives in the public and the private sector.

The framework directive not only forms the basis for more than 25 individual directives in different areas and for [Council Regulation \(EC\) No 2062/94](#) establishing a European Agency for Safety and Health at Work, but has also had an impact on other legislative acts relating to temporary agency workers and aspects of working time in various directives.

The individual directives include the following:



- Health and safety requirements for the workplace (89/654/EEC) and the provision of safety and/or health signs at work (92/58/EEC);
- The use of work equipment (89/655/EEC amended by Directive 2001/45/EC and Directive 2009/104/EC); of personal protective equipment (89/656/EEC) and work with display screen equipment (90/270/EEC) and manual handling (90/269/EEC);
- Sectors: temporary or mobile construction sites (92/57/EEC); mineral-extracting industries (drilling) (92/91/EEC; 92/104/EEC) and fishing vessels (93/103/EC);
- Groups: pregnant workers (92/85/EEC) and protection of young people at work (94/33/EC);
- Agents: exposure to carcinogens (90/394/EEC), and the Directive on protection of workers from the risks related to exposure to carcinogens or mutagens at work (2004/37/EC); chemical agents (98/24/EC amended by Directive 2000/39/EC and Directive 2009/161/EU); biological agents at work (2000/54/EC) and protection against ionising radiation (Directive 2013/59/Euratom repealing previous related directives); protection of workers potentially at risk from explosive atmospheres (99/92/EC); exposure of workers to the risks arising from physical agents (vibration) (2002/44/EC), noise (2003/10/EC), electromagnetic fields (2004/40/EC amended by Directive 2013/35/EU) and artificial optical radiation (2006/25/EC);
- Substances: alignment of several directives on classification, labelling and packing of substances and mixtures (Directive 2014/27/EU).

Updating [Directive 2004/37/EC](#) on the protection of workers from the risks related to exposure to carcinogens or mutagens at work was a process drawn out over several years: A first batch of 13 substances was covered in a [proposal from May 2016](#), which was finally adopted in December 2017. A [second proposal from January 2017](#) reviewing limits for a further seven substances was only adopted in January 2019, after Parliament succeeded in getting an occupational exposure limit value for diesel engine exhaust included in the scope. A third [proposal from April 2018](#), covering a further five substances used in metallurgy, electroplating, mining, recycling, laboratories and healthcare, was finally adopted in June 2019 as Directive 2019/983.

Social partner agreements concluded within the Social Dialogue are another way to initiate social legislation ([2.3.7](#)). On 19 December 2016 the Council adopted Directive 2017/159/EU, implementing the social partners' agreement on improving working conditions in the fisheries sector that had been reached in 2013. However, it took more than four years to implement a similar agreement for the hairdressing sector. This was due to the review of the whole body of occupational health and safety legislation as part of the Commission's Regulatory Fitness and Performance programme (REFIT).

2. European Agency for Safety and Health at Work (EU-OSHA)

The European Agency for Safety and Health at Work, based in Bilbao, was set up in 1996. Its aim is to foster the sharing of knowledge and information in order to promote a culture of risk prevention. It has developed the web-based platform for [Online interactive Risk Assessment \(OiRA\)](#), which contains SME-friendly sectoral risk assessment tools in all languages, and the [Dangerous Substances e-tool](#), which provides company-specific advice on dangerous substances and chemical products



and how to apply good practice and protective measures. In 2016 EU-OSHA completed a three-year [pilot project on the health and safety of older workers](#), initiated by the Commission at the request of the European Parliament. Furthermore, since 2000, the Agency has run annual 'Healthy Workplaces' **awareness-raising** campaigns on various health and safety subjects, the latest of which is 'Healthy Workplaces Manage Dangerous Substances'. The 2020-2022 campaign's focus is prevention of work-related musculoskeletal disorders (MSDs). In 2015, it completed a [review of successful occupational health and safety benchmarking initiatives](#) that allowed organisations to compare each other's health and safety processes.

C. Community action programmes and strategies on health and safety at work

Between 1951 and 1997, ECSC research programmes operated in the field of health and safety at work. The European Social Agenda, adopted in 2000, contributed to a more strategic approach to the matter at EU level. Subsequently, the **2002-2006** Community strategy on health and safety at work adopted a global approach to wellbeing in the workplace.

The Community strategy for 2007 to 2012 focused on prevention. Its aim was to achieve a continuous reduction in occupational accidents and diseases in the EU, in particular through the definition and implementation of national strategies, the improvement and simplification of existing legislation, and better implementation of that legislation through the exchange of good practices, awareness-raising and improved information and training.

In June 2014, the Commission published the EU Strategic Framework on Health and Safety at Work 2014-2020, which was adopted by the Council in March 2015. The framework aims to tackle three major challenges: improving and simplifying existing rules, strengthening the prevention of work-related diseases, including new risks, and taking account of the ageing workforce. Particular attention is given to the needs of microbusinesses and small businesses. Furthermore, the Commission's communication of 2017 on safer and healthier work focused on modernisation of the EU OSH legislation and policy. It proposed concrete actions, such as fighting occupational cancer. In December 2019, the Council adopted conclusions that invited the Commission to outline a new EU OSH framework for 2021-2027.

ROLE OF THE EUROPEAN PARLIAMENT

Parliament has frequently emphasised the need for optimal protection of workers' health and safety. It has adopted many resolutions calling for all aspects directly or indirectly affecting the physical or mental wellbeing of workers to be covered by EU legislation. Parliament has also had a significant influence on directives which improve working conditions. It supports the Commission in its efforts to improve the provision of information to SMEs. It takes the view that work must be adapted to people's abilities and needs, and not vice versa, and that working environments should be developed in such a way as to take greater account of the special needs of vulnerable workers. Parliament has urged the Commission to investigate emerging risks that are not covered by current legislation, e.g. exposure to nanoparticles, stress, burnout and violence and harassment in the workplace.



In particular, Parliament has been instrumental in the adoption by the social partners of a framework agreement on prevention from sharp injuries in the hospital and healthcare sector, which was implemented by [Council Directive 2010/32/EU](#). Parliament has also called for improvements to the existing legislation on the protection of pregnant workers, as well as on the protection of workers from musculoskeletal disorders. Further key requests include establishing a directive laying down minimum standards for the recognition of occupational diseases, and extending the scope of [Framework Directive 89/391/EEC](#) to include certain groups of workers (such as the armed forces, self-employed people, domestic workers and home workers).

In June 2010, Parliament rejected the Commission's proposal to amend the directive on the working time of mobile road transport workers, because it did not agree that self-employed workers should be excluded from the scope of the directive. As a result, the Commission withdrew its proposal.

In its resolution of 25 November 2015, Parliament, responding to the Commission's adoption of the **Framework on Health and Safety at Work 2014-2020**, expressed regret that no specific targets had been set in the framework (e.g. indicative reduction targets for occupational diseases and accidents at work). It also called for more concrete legislative and non-legislative measures to be included after the mid-term review in 2016.

Furthermore, in September 2018 Parliament adopted a resolution on pathways for the reintegration of workers recovering from injury and illness into quality employment, which is based on three pillars: prevention and early intervention; return to work; and changing attitudes towards the reintegration of workers.

Beyond amending proposed legislation and monitoring and encouraging the Commission's other work in the field of health and safety, Parliament also approaches the subject in a forward-looking manner, looking into potential new risks associated with technological innovation and related changes in work organisation.

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