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# **REPORT**

on a new EU strategic framework on health and safety at work post 2020  
(including better protection of workers from exposure to harmful substances,  
stress at work and repetitive motion injuries)  
(2021/2165(INI))

Committee on Employment and Social Affairs

Rapporteur: Marianne Vind

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## MOTION FOR A EUROPEAN PARLIAMENT RESOLUTION

**on a new EU strategic framework on health and safety at work post 2020 (including better protection of workers from exposure to harmful substances, stress at work and repetitive motion injuries)**  
**(2021/2165(INI))**

The European Parliament,

- having regard to Article 3 of the Treaty on European Union,
- having regard to Articles 153 and 168 of the Treaty on the Functioning of the European Union (TFEU),
- having regard to Article 3 of the European Social Charter of the Council of Europe,
- having regard to Article 3 of the Charter of Fundamental Rights of the European Union,
- having regard to the International Labour Organization (ILO) conventions and recommendations in the field of health and safety at work,
- having regard to the United Nations' 2030 Sustainable Development Goals (SDGs), in particular target 8.8 entitled 'Protect labour rights and promote safe working environments',
- having regard to the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD) to which the EU and all its Member States are parties,
- having regard to the report of the UN Intergovernmental Panel on Climate Change (IPCC) entitled 'AR6 Climate Change 2021: the Physical Science Basis',
- having regard to the World Health Organization (WHO) European Framework for Action on Mental Health 2021-2025<sup>1</sup>,
- having regard to Council Directive 2000/78/EC of 27 November 2000 establishing a general framework for equal treatment in employment and occupation<sup>2</sup>,
- having regard to the Commission communication of 3 February 2021 entitled 'Europe's Beating Cancer Plan' (COM(2021)0044),
- having regard to the Commission communication of 28 June 2021 entitled 'EU Strategic Framework on Health and Safety at Work 2021-2027 – Occupational safety and health in a changing world of work' (COM(2021)0323),
- having regard to the opinion of the Commission's Expert Panel on effective ways of

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<sup>1</sup> Draft resolution on the WHO European framework for action on mental health 2021-2025, seventy-first Regional Committee for Europe, 13-15 September 2021.

<sup>2</sup> OJ L 303, 2.12.2000, p. 16.

investing in health of 23 June 2021 entitled ‘Supporting mental health of health workforce and other essential workers’,

- having regard to the European Pillar of Social Rights, in particular principles 5 to 10 thereof, proclaimed jointly on 17 November 2017 by Parliament, the Council and the Commission (the Pillar),
- having regard to the Commission’s European Pillar of Social Rights action plan of 4 March 2021,
- having regard to the European Council Porto Declaration of 8 May 2021,
- having regard to the Council conclusions of October 2019 on ‘the Economy of Wellbeing’, underlining the crucial importance of promoting mental health in the workplace,
- having regard to the opinion of the European Economic and Social Committee of 20 October 2021 entitled ‘Health & Safety at Work – EU Strategic Framework (2021-2027)’,
- having regard to the EU framework for action on mental health and well-being, adopted at the final conference on the Joint Action on Mental Health and Wellbeing of 21-22 January 2016<sup>3</sup>,
- having regard to the EU strategy for the rights of persons with disabilities 2021-2030,
- having regard to the first joint report on the implementation of the European Social Partners Framework Agreement on Digitalisation (2021),
- having regard to the European Agency for Safety and Health at Work (EU-OSHA) guidelines of 24 April 2020 entitled ‘COVID-19: back to the workplace – adapting workplaces and protecting workers’,
- having regard to the EU-OSHA report of 22 October 2021 entitled ‘Telework and health risks in the context of the COVID-19 pandemic: evidence from the field and policy implications’,
- having regard to its resolution of 11 September 2018 on pathways for the reintegration of workers recovering from injury and illness into quality employment<sup>4</sup>,
- having regard to its resolution of 19 June 2020 on European protection of cross-border and seasonal workers in the context of the COVID-19 crisis<sup>5</sup>,
- having regard to its resolution of 17 December 2020 on a strong social Europe for Just

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<sup>3</sup> [https://ec.europa.eu/research/participants/data/ref/h2020/other/guides\\_for\\_applicants/h2020-SC1-BHC-22-2019-framework-for-action\\_en.pdf](https://ec.europa.eu/research/participants/data/ref/h2020/other/guides_for_applicants/h2020-SC1-BHC-22-2019-framework-for-action_en.pdf)

<sup>4</sup> OJ C 433, 23.12.2019, p. 9.

<sup>5</sup> OJ C 362, 8.9.2021, p. 82.

Transitions<sup>6</sup>,

- having regard to its resolution of 21 January 2021 with recommendations to the Commission on the right to disconnect<sup>7</sup>,
  - having regard to its resolution of 16 September 2021 on fair working conditions, rights and social protection for platform workers – new forms of employment linked to digital development<sup>8</sup>,
  - having regard to its resolution of 20 October 2021 with recommendations to the Commission on protecting workers from asbestos<sup>9</sup>,
  - having regard to Rule 54 of its Rules of Procedure,
  - having regard to the report of the Committee on Employment and Social Affairs (A9-0023/2022),
- A. whereas a high level of human health protection must be ensured in the definition and implementation of all Union policies and activities;
- B. whereas according to the Constitution of the WHO, ‘health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’<sup>10</sup>;
- C. whereas according to the WHO, ‘mental health is a state of well-being in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community’<sup>11</sup>;
- D. whereas there were more than 3 300 fatal accidents and 3.1 million non-fatal accidents in the EU-27 in 2018; whereas more than 200 000 workers die each year from work-related illnesses<sup>12</sup>; whereas this data does not include all accidents caused by undeclared work, making it plausible to assume that the true numbers greatly exceed the official statistics<sup>13</sup>; whereas in 2017, according to the European Foundation for the Improvement of Living and Working Conditions (Eurofound), 20 % of jobs in Europe were of ‘poor quality’ and put the physical or mental health of workers at increased risk; whereas 14 % of workers have been exposed to a high level of psychosocial risks<sup>14</sup>; whereas 23 % of European workers believe that their safety or their health is at risk because of their work; whereas in 2015, the European Working Conditions Survey

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<sup>6</sup> OJ C 445, 29.10.2021, p. 75.

<sup>7</sup> OJ C 456, 10.11.2021, p. 161.

<sup>8</sup> Texts adopted, P9\_TA(2021)0385.

<sup>9</sup> Text adopted, P9\_TA(2021)0427.

<sup>10</sup> <https://www.who.int/about/governance/constitution>

<sup>11</sup> WHO fact sheet entitled ‘Mental health: strengthening our response’, March 2018. <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>

<sup>12</sup> European Commission press release on occupational safety and health in a changing world of work, 28 June 2021. [https://ec.europa.eu/commission/presscorner/detail/en/IP\\_21\\_3170](https://ec.europa.eu/commission/presscorner/detail/en/IP_21_3170)

<sup>13</sup> Eurostat, accidents at work statistics, November 2020.

<sup>14</sup> Eurofound, *Sixth European Working Conditions Survey – Overview report (2017 update)*, Publications Office of the European Union, Luxembourg, 2017.

(EWCS) found that 21 % of jobs in Europe were ‘high flying jobs’<sup>15</sup>; whereas the fieldwork of the EWCS was put on hold in 2020 due to the outbreak of the COVID-19 pandemic but was relaunched in July 2021 with a view to publication by the end of 2022;

- E. whereas the risk of work-related injury is more than three times higher for workers who have been working at their job for under four weeks than for those who have been working at their job for more than a year<sup>16</sup>;
- F. whereas downward trends in the number of workplace accidents and fatalities are not the same in all countries;
- G. whereas Europe’s Beating Cancer Plan aims to reduce the cancer burden for patients, their families and health systems; whereas cancer is the leading cause of work-related deaths, accounting for 52 % of all work-related deaths in the EU; whereas carcinogens contribute to an estimated 100 000 occupational cancer deaths in the workplace every year<sup>17</sup>; whereas between 50 and 70 substances or groups of substances have been identified by different agencies, stakeholders and the WHO in priority lists of workplace carcinogens, mutagens and reprotoxic substances for which binding limit values are needed; whereas in the workplace, workers can be exposed to a cocktail of substances which can increase health risks, cause adverse effects on their reproductive systems including impaired fertility or infertility, and have a negative impact on foetal development and lactation;
- H. whereas exposure to asbestos claims around 88 000 lives in Europe annually, accounting for 55-75 % of lung cancers developed at work, and whereas asbestos is the main cause of lung cancer, responsible for 45 % of cases<sup>18</sup>; whereas it is estimated that mortality rates from this exposure will continue to increase into the late 2020s and the 2030s<sup>19</sup>; whereas although asbestos has been banned in the EU since 2005, it is still often present in administrative buildings, schools, housing, infrastructure, public-transport facilities and water supply networks; whereas 80 % of occupational cancers recognised in the Member States are asbestos-related;
- I. whereas factors such as radiation, stress, work organisation and working conditions have all been linked to work-related cancer; whereas cases of skin cancer as one of the most wide-spread occupational diseases are increasing due to various factors such as climate change, while only a very small proportion of skin tumours that are work-related are recognised as occupational diseases; whereas outdoor workers, in particular those working in the agriculture, forestry, construction and tourism sectors, face a significant risk of developing non-melanoma skin cancer (NMSC) due to elevated levels of ultraviolet radiation (UVR) exposure; whereas workers in the healthcare and

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<sup>15</sup> Patterns in job quality suggest that the picture is more nuanced than a straightforward polarisation between high and low quality jobs. The analysis groups workers into five job quality profiles: ‘high flying’ jobs (comprising 21 % of workers); ‘smooth running’ jobs (25 %); ‘active manual’ jobs (21 %); ‘under pressure’ jobs (13 %); and ‘poor quality’ jobs (20 %). The pattern of the job quality scores between the profiles is dissimilar, reinforcing the premise that job quality comprises different dimensions.

<sup>16</sup> <https://www.safetyandhealthmagazine.com/articles/14053-new-workers-higher-risk>

<sup>17</sup> EU-OSHA, *An international comparison of the cost of work-related accidents and illnesses*, 2017.

<sup>18</sup> Takala, J., working paper *Eliminating occupational cancer in Europe and globally*, 2015, p. 6.

<sup>19</sup> ‘Global Asbestos Disaster’, *International Journal of Environmental Research and Public Health*, 2018.

emergency sector, who play a fundamental role in emergency preparedness and response, such as firefighters and nurses, also face similar exposures as well as additional stress due to an increased workload which can increase psychosocial risks; whereas there is not yet a common European approach towards prevention of UVR exposure<sup>20</sup>; whereas there is currently a lack of reliable and comparable EU-level data on workplace exposure to cancer risk factors<sup>21</sup>; whereas 2 % of the EU cancer burden can be attributed to ionising radiation and that indoor exposure to radon and its decay products is the second-leading cause of lung cancer in Europe<sup>2223</sup>;

- J. whereas climate change has already had and will continue to have detrimental effects on human health, safety at work and working conditions; whereas according to the latest IPCC report, working conditions will be increasingly affected by significant changes in weather patterns such as heatwaves and heavy rainfall; whereas increased exposure to high temperatures in the workplace exacerbate the risks of heat stroke, dehydration, fatigue, lack of concentration and complications of chronic diseases; whereas work-related diseases linked to biological agents are also affected by climate change, as increasing temperatures, for example, can affect the geographical distribution of the vectors of biological agents (ticks, mosquitoes), thereby facilitating the spread of diseases that are new to a region; whereas it is essential to adapt working practices to take account of the effects of climate change<sup>24</sup>;
- K. whereas a good psychosocial working environment enhances workers' mental and physical well-being; whereas psychosocial risks can arise from poor work design, organisation and management, as well as poor social context of work, and can result in negative psychological, physical and social outcomes such as stress, anxiety, burnout and depression, which belong to the second-largest group of self-reported work-related health problems<sup>25</sup>; whereas work-related stress can significantly increase the risk of triggering or exacerbating musculoskeletal disorders (MSDs), heart disease, autoimmune diseases or rheumatic/chronic inflammatory diseases<sup>26</sup>; whereas, according to Eurofound and EU-OSHA, 25 % of workers in Europe experience excessive work-related stress; whereas 51 % of EU workers say stress is common in their workplace and nearly 80 % of managers are concerned about work-related stress<sup>27</sup>, which shows that psychosocial risks are of concern to a majority of companies<sup>28</sup>; whereas over half of all working days lost in the EU are caused by work-related stress<sup>29</sup>; whereas approaches to and legislation on psychosocial risks vary significantly in different Member States;

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<sup>20</sup> <https://www.euractiv.com/section/health-consumers/infographic/the-economic-impact-of-non-melanoma-skin-cancer-on-the-society-and-the-welfare-system/>

<sup>21</sup> EU-OSHA, worker survey on exposure to cancer risk factors, 20 May 2020.

<sup>22</sup> WHO fact sheet entitled 'Radon and health', 2 February 2021. <https://www.who.int/news-room/fact-sheets/detail/radon-and-health>

<sup>23</sup> European Parliament, DG IPOL, *Strengthening Europe in the fight against cancer – Going further, faster*, July 2020. [https://www.europarl.europa.eu/RegData/etudes/STUD/2020/642388/IPOL\\_STU\(2020\)642388\\_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2020/642388/IPOL_STU(2020)642388_EN.pdf)

<sup>24</sup> IPCC, sixth assessment report, regional fact sheet – Europe.

[https://www.ipcc.ch/report/ar6/wgl/downloads/factsheets/IPCC\\_AR6\\_WGI\\_Regional\\_Fact\\_Sheet\\_Europe.pdf](https://www.ipcc.ch/report/ar6/wgl/downloads/factsheets/IPCC_AR6_WGI_Regional_Fact_Sheet_Europe.pdf)

<sup>25</sup> Eurostat, self-reported work-related health problems and risk factors - key statistics, September 2021.

<sup>26</sup> EU OSHA, *Musculoskeletal disorders: association with psychosocial risk factors at work*, 2021.

<sup>27</sup> Eurofound and EU-OSHA, *Psychosocial risks in Europe: Prevalence and strategies for prevention*, Publications Office of the European Union, Luxembourg, 2014.

<sup>28</sup> EU-OSHA, *Psychosocial risks and stress at work*. <https://osha.europa.eu/en/themes/psychosocial-risks-and-stress>

<sup>29</sup> EU OSHA, *OSH figures: stress at work - facts and figures*, 2009.

whereas the mental health and well-being of the European population can be positively affected by paying attention to strategies implemented in the workplace; whereas preventing mental health problems and promoting mental health would also contribute to reducing associated health risk behaviours such as alcohol, drug and tobacco use, physical inactivity and poor diet; whereas improved levels of psychological and physical well-being are directly associated with better workplace performance;

- L. whereas workplaces can play an important role in public health, according to their logistical resources, by promoting healthy lifestyles, encouraging the practice of sports and physical activities and promoting health in all its aspects more widely among employees;
- M. whereas health literacy plays a fundamental role in preparing and mitigating the impact of health threats and contributing to a better understanding on the part of the population of the countermeasures and risk assessment of different threats to health;
- N. whereas the COVID-19 pandemic has rendered evident the need to ensure the safety and protection of workers, including of their mental health; whereas it has highlighted the importance of investing in public health; whereas the COVID-19 pandemic has caused a rapid increase in teleworking, with nearly half of all employees in the EU working at least part of their working time from home<sup>30</sup> during lockdowns, while taking on increased care responsibilities; whereas remote working is proven to have a strong impact on the organisation of working time by increasing flexibility and workers' constant availability<sup>31</sup>, frequently resulting in work-life conflict; whereas it is expected that the uptake of remote working and teleworking will remain higher than before the COVID-19 crisis or that it will even increase further<sup>32</sup>; whereas remote working served as a buffer during the crisis and preserved jobs that might otherwise have been lost<sup>33</sup>; whereas telework also provides workers with the freedom to adapt their working hours and schedules to meet their own personal and family needs<sup>34</sup>; whereas some studies suggest that perceptions of remote working have substantially improved since the beginning of the pandemic, which in turn has translated into a generalised preference for hybrid work arrangements<sup>35</sup>;
- O. whereas people who regularly work from home are more than twice as likely to work more than 48 hours per week and are at risk of resting for less than 11 hours between working days; whereas almost 30 % of teleworkers report working in their free time every day or several times a week, compared to less than 5 % of 'office-based' workers, and they are more likely to work irregular hours; whereas psychosocial risks are the most prevalent health risks associated with teleworking<sup>36</sup>; whereas a higher prevalence

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<sup>30</sup> Eurofound, *Living, working and COVID-19*, Publications Office of the European Union, Luxembourg, 2020.

<sup>31</sup> Eurofound and the International Labour Office, *Working anytime, anywhere: The effects on the world of work*, Publications Office of the European Union, Luxembourg, and the International Labour Office, Geneva, 2017.

<sup>32</sup> European Trade Union Institute, *Teleworking in the aftermath of the Covid-19 pandemic: enabling conditions for a successful transition*, 2021.

<sup>33</sup> Eurofound and European Commission Joint Research Centre, *What just happened? COVID-19 lockdowns and change in the labour market*, Publications Office of the European Union, Luxembourg, 2021.

<sup>34</sup> Eurofound, *Telework and ICT-based mobile work: Flexible working in the digital age*, *New forms of employment series*, Publications Office of the European Union, Luxembourg, 2020.

<sup>35</sup> Microsoft Work Trend Index, 'The next great disruption is hybrid work - are we ready?', 2021.

<sup>36</sup> EU-OSHA, *Telework and health risks in the context of the COVID-19 pandemic: evidence from the field and*



of teleworking has also resulted in a higher prevalence of physical problems such as MSDs in connection with sedentary behaviour, poor ergonomic conditions, long working hours and work-related stress;

- P. whereas a changing labour market can have potential impacts on occupational health and safety and on working conditions through demographic developments, the introduction of new technologies such as nano-technologies and artificial intelligence, as well as generations of existing tools or machinery, the presence of new substances and chemical products and new types of jobs ; whereas more workers are moving into platform work, non-traditional work or atypical employment;
- Q. whereas the COVID-19 crisis has exposed the vulnerability of non-standard workers, including those who work via digital labour or platforms and the self-employed; whereas the share of platform work in the labour market is highly likely to continue growing; whereas self-employed workers are excluded from the scope of application of the strategic framework for health and safety at work, as they are not covered by EU legislation on occupational health and safety; whereas platform workers may be subjected to increased health and safety risks which are not limited to physical health but can also affect psychosocial health with unpredictable working hours, intensity of work, competitive environments, information overload and isolation; whereas algorithmic management presents new challenges for the future of work which can generate excessive speed and efficiency pressure for workers; whereas this style of management can put the road safety of platform workers in the transport and delivery sector at risk, particularly cyclists as vulnerable road users, as well as endangering the safety of other road users; whereas female platform workers, in particular female drivers and women providing cleaning and care services in private residences, can face an increased risk of being victims of sexual harassment and violence and might refrain from reporting such occurrences because of a lack of reporting tools or contact with a human manager, or for fear of receiving bad ratings and losing future work; whereas sexual harassment and violence are under-reported in platform work<sup>37</sup>;
- R. whereas the COVID-19 pandemic has shown that workplaces can be major centres for spreading contagion; whereas the precariousness of the working and living conditions of seasonal workers in Europe, in particular in the agriculture sector, were already well documented before COVID 19-crisis<sup>38</sup>; whereas disturbing reports regarding breaches of cross-border and seasonal workers' rights in terms of working and living conditions have shown that their situation deteriorated even further during the pandemic; whereas workers on short-term assignment often live in group accommodation where social distancing is difficult and which increases their risk of infection; whereas large outbreaks of COVID-19 infections have occurred in industries such as food processing; whereas precarious forms of employment such as interim work, false self-employment

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*policy implications*, Publications office of the European Union, Luxembourg, 2021.

<sup>37</sup> International Labour Organization, World Employment and Social Outlook 2021, The role of digital labour platforms in transforming the world of work. <https://www.ilo.org/global/research/global-reports/weso/2021/lang-en/index.htm>

<https://eige.europa.eu/publications/gender-equality-index-2020-digitalisation-and-future-work>

<sup>38</sup> European Trade Union Confederation, Briefing note entitled 'National measures targeting seasonal workers to address labour shortages (particularly in the agricultural sector)', 29 May 2020.

[https://www.etuc.org/sites/default/files/publication/file/2020-05/Covid-19%20Briefing%20Seasonal%20Workers%20Final\\_updated%2029%20May%202020.pdf](https://www.etuc.org/sites/default/files/publication/file/2020-05/Covid-19%20Briefing%20Seasonal%20Workers%20Final_updated%2029%20May%202020.pdf)

or work in subcontracting chains regularly exclude workers from occupational safety and health (OSH) services and training; whereas the objective of the European Labour Authority (ELA) is to ensure fair labour mobility by assisting Member States and the Commission in the effective application and enforcement of Union law related to labour mobility and the coordination of social security systems within the EU, including reporting on suspected irregularities such as breaches of working conditions and health and safety rules, if they learn about such irregularities while performing their tasks;

- S. whereas prevention, awareness raising, well-being activities and the promotion of health and safety culture at work can lead to positive outcomes in improving the health of employees as well as providing new employment or volunteering opportunities;
- T. whereas labour inspections play an important role in the implementation of occupational health and safety policies at regional and local level; whereas the ILO recommendation advocates one labour inspector per 10 000 workers in order to carry out effective and timely inspections designed to stamp out all forms of abuse; whereas according to EU-OSHA research, 88 % of employers state that complying with the legislation is the main reason why they manage occupational health and safety<sup>39</sup>;
- U. whereas the COVID-19 pandemic has placed extraordinary demands on healthcare workers; whereas a demanding work environment and fears for personal and family safety have led to a negative psychological impact; whereas healthcare professionals are experiencing higher levels of stress, anxiety and depression compared to professionals in other sectors<sup>40</sup>; whereas the European Union must learn from the COVID-19 crisis and put in place an effective system for coordinating the response to any kind of future threat to public health, including prevention, preparedness and response planning at work;
- V. whereas the COVID-19 pandemic has shed light on and aggravated gender inequalities; whereas a majority of frontline essential workers in the health, social, education and care sectors are women; whereas during the peak of the pandemic these female workers faced long working hours and reported troubles reconciling work and private life; whereas although considered essential, these professions are still some of the most undervalued and under-paid jobs in the EU; whereas women have been at particularly high risk from the COVID-19 crisis and are more severely affected by the economic and social fallout resulting from it<sup>41</sup>;
- W. whereas it is important to apply a gender perspective to health and safety at work as workers can be more exposed and more vulnerable to different types of substances or risks depending on their gender; whereas gender aspects should be addressed in the

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<sup>39</sup> EU-OSHA, *Third European Survey of Enterprises on New and Emerging Risks (ESENER 3)*, 2019; <https://www.enshpo.eu/pdfs/news01.pdf>

<sup>40</sup> da Silva Neto, AM et al, 'Psychological effects caused by the COVID-19 pandemic in health professionals: A systematic review with meta-analysis', *Progress in neuro-psychopharmacology & biological psychiatry*. 10 January 2021.

<sup>41</sup> European Parliament infographic, 'Understanding Covid-19's impact on women', 1 March 2021. <https://www.europarl.europa.eu/news/en/headlines/society/20210225STO98702/understanding-the-impact-of-covid-19-on-women-infographics>; European Institute for Gender Equality. <https://eige.europa.eu/covid-19-and-gender-equality/essential-workers>

context of the right to disconnect;

- X. whereas tackling exposure to dangerous substances and other risk factors in the workplace is particularly relevant to addressing health inequalities, as some categories of workers who are among the most vulnerable can also suffer increased exposure to such risk factors; whereas persons with disabilities, young people and the elderly are particularly vulnerable in the context of the COVID-19 crisis; whereas they are likely to suffer disproportionately and to have particular support needs that must be taken into account in an OSH strategy when responding to the pandemic; whereas persons with disabilities or chronic diseases, or those recovering from injury or illness, can request individualised support and adaptation of the workplace if they wish to participate in the labour market; whereas research shows that these groups are at high risk of developing mental health problems; whereas a lack of provision for workplace adjustments and reasonable accommodation, including emergency evacuation procedures, particularly for workers with disabilities, can result in physical, mental and psychological strains that can put the health and safety of these workers at risk, especially when full accessibility of work-related digital tools for persons with disabilities has not yet been achieved;
- Y. whereas the United Nations Convention on the Rights of Persons with Disabilities, which entered into force in the EU in 2011, states that ‘States Parties shall take effective and appropriate measures, including through peer support, to enable persons with disabilities to attain and maintain maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life’, and ‘recognizes the right of persons with disabilities to work, on an equal basis with others, including the right to the opportunity to gain a living by work freely chosen or accepted in a labour market and work environment that is open, inclusive and accessible to persons with disabilities’;
- Z. whereas EU citizens, according to Eurofound<sup>42</sup>, are unequal in their ability to return to work during or after an injury or illness; whereas only one in three workers in the EU whose daily activities are severely or somewhat limited by a chronic disease report that their workplace has been adapted to accommodate their health problems; whereas Eurofound also pointed out that workers with low educational attainment and those in low-skilled occupations are not only more likely to have a chronic disease and experience limitations in their daily activities but are also less likely to benefit from workplace accommodation;
- AA. whereas scientific knowledge about the exposure to various hazards has grown remarkably over recent years; whereas the EU list of occupational diseases should therefore be updated; whereas Commission Recommendation 2003/670/EC of 19 September 2003 concerning the European Schedule of Occupational Diseases<sup>43</sup> recommends that Member States introduce, as soon as possible, regulations or administrative provisions concerning occupational diseases for compensation into their

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<sup>42</sup> Eurofound, news article entitled ‘Just one in three workers with limiting chronic disease in adapted workplace’, 15 October 2019, <https://www.eurofound.europa.eu/news/news-articles/just-one-in-three-workers-with-limiting-chronic-disease-in-adapted-workplace>

<sup>43</sup> OJ L 238, 25.9.2003, p. 28

national laws; whereas Member States should guarantee in their national laws that every worker has the right to compensation in respect of occupational diseases if he or she is suffering from an ailment which can be proved to be occupational in origin and nature; whereas the existing lack of harmonisation on the recognition of occupational diseases may lead to discrimination of some workers in the EU, whose countries have either higher or lower levels for the recognition of occupational diseases;

- AB. whereas high occupational health and safety standards, work-life balance, an age-appropriate working environment, lower quantitative demands and working time autonomy could enable and encourage older people to voluntarily stay in the labour market; whereas specific attention needs to be paid to the needs of workers in very physically or psychologically demanding jobs;
- AC. whereas work-related motor vehicle road crashes occur at the workplace and in driving associated with work, mostly involving a company vehicle; whereas fatal work-related accidents and deaths on the roads are reported differently among Member States, making comparisons of work-related crash statistics difficult; whereas it is estimated that work-related crashes contribute to between one quarter and over one third of all work-related deaths; whereas there is no standardised EU definition of a work-related road death; whereas several Europe-wide targets exist to reduce mortality from road crashes, but none directly concern work-related road accidents;
- AD. whereas traditional health risks such as the manual handling of heavy loads, noise, uncomfortable work postures and repetitive hand and arm movements remain a threat to many workers and were highlighted as such in the fifth working conditions survey of Eurofound<sup>44</sup>; whereas risk factors for rheumatic and musculoskeletal diseases (RMDs) in the workplace include vibration, heavy lifting, work with display screen equipment, use of machinery and heavy equipment; whereas of all occupational conditions, RMDs cause the highest productivity loss<sup>45</sup>;
- AE. whereas work-related cardiovascular and respiratory disease are the second-biggest contributor to work-related deaths; whereas high psychological demands, job strain, long working hours, mental disorders, job insecurity and physical inactivity are directly associated with them<sup>46</sup>;
- AF. whereas health and safety at work must be considered an ethical and social duty as well as a strict statutory requirement to be met by entrepreneurs;
1. Welcomes the Commission's strategic framework and, in particular, the introduction of the 'vision zero' approach to work-related accidents and diseases including the forthcoming new social scoreboard indicator on fatal accidents at work; expresses its regret, however, that the level of ambition of the OSH strategy does not correspond to its vision zero objective and calls on the Commission to put forward proposals matching this ambition; calls for the establishment of a roadmap for the reduction of accidents

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<sup>44</sup> Eurofound, European working conditions survey 2021

<https://www.eurofound.europa.eu/surveys/2021/european-working-conditions-survey-2021>);

<sup>45</sup> [https://eular.org/myUploadData/files/eular\\_vision\\_paper\\_on\\_eu\\_health\\_policy\\_branded.pdf](https://eular.org/myUploadData/files/eular_vision_paper_on_eu_health_policy_branded.pdf)

<sup>46</sup> Niedhammer I, Bertrais S, Witt K (2021), Psychosocial work exposures and health outcomes: a meta-review of 72 literature reviews with meta-analysis, *Scand J Work Environ Health* 2021;47(7):489-508

and deaths at work, with adequate EU and national funding for Member States to complete the transition towards zero fatalities; stresses that vision zero should not lead to under-reporting of work-related accidents and diseases; calls on the Commission to cover all injuries and accidents as well as physical and mental attrition in the vision zero approach; calls on the Commission and the Member States to significantly increase their focus on prevention strategies such, for example by strengthening labour inspectorates, national health and safety services and social partner dialogue to ensure that all employees, regardless of the type or size of the employer, have a right to the highest level of health and safety protection possible; calls for the ambitious implementation and monitoring of the new strategic framework on safety and health at work 2021-2027, also in the light of the impact of the COVID-19 pandemic; calls for regular updates to the strategic framework and for the improvement of current national strategies in line with the evolution of labour markets and the twin digital and green transitions; believes that strong cooperation with social partners and legislative action are needed on several aspects of EU policy related to occupational health and safety to complement the variety of soft measures envisaged in order to make vision zero a reality; calls for a clear focus on workers' participation and for the strengthening of consultation with social partners in the vision zero approach; welcomes the fact that the OSH summit in 2023 will focus especially on the progress of the vision zero approach;

2. Calls on the Commission to increase its ambitions on combating work-related cancer in the Europe's Beating Cancer Plan; calls for Directive 2004/37/EC on the protection of workers from the risks related to exposure to carcinogens or mutagens at work<sup>47</sup> to be updated on a continual basis and in an ambitious timeframe, including by setting up occupational exposure limit values for at least 25 additional priority substances in the directive without delay, following the presentation of the action plan and by end of 2022, after consultation with the Advisory Committee for Health and Safety at Work; stresses in that regard the need for the Commission to secure sufficient staffing, including in the relevant units and authorities; stresses that establishing comprehensive national registers for all Member States could enable Europe-wide data collection on all relevant carcinogens; calls for close cooperation between the EU institutions and relevant agencies, Member States and relevant stakeholders, and for the strong involvement of the social partners in actively using the data collected to follow up with the necessary legislative and non-legislative measures to combat work-related cancers; calls on the Member States to ensure that all workers have the right to stop work when facing imminent danger and exceptionally hazardous working conditions, in accordance with national practices;
3. Welcomes the Commission's commitment in Directive 2004/37/EC to revise the exposure limit values for lead as well as its compounds and diisocyanates; notes that, while the European Chemical Agency's (ECHA) Committee for Risk Assessment (RAC) recommends the atmospheric limit value on 4 µg/m<sup>3</sup> and a biological limit value of 150 µg of lead per litre of blood, establishing a step in the right direction, the proposed biological limit value does not protect women and especially pregnant women properly<sup>48</sup>; calls on the Commission to ensure that any proposal for revised exposure

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<sup>47</sup> Directive 2004/37/EC of the European Parliament and of the Council of 29 April 2004 on the protection of workers from the risks related to exposure to carcinogens or mutagens at work, OJ L 158, 30.4.2004, p.50.

<sup>48</sup> European Trade Union Institute, *Occupational Exposure Limits (OELs) for lead and lead compounds & equality of treatment of women and men at work*, 14 December 2020.

limit values for lead and its compounds should establish equal protection for all workers regardless of gender; welcomes the commitment by the Commission to add endocrine disruptors as a category of substance of very high concern under Regulation (EC) No 1907/2006<sup>49</sup> (REACH Regulation) as well as to classify them under Regulation (EC) No 1272/2008<sup>50</sup> (CLP Regulation); stresses that workers should be protected against exposure to endocrine disruptors by EU legislation; points out that the automation and robotisation of certain activities could significantly reduce the risk of workers being exposed to carcinogens in workplaces; highlights the need for further action to prevent, detect and better recognise occupational cancers related to night shift work; calls on the Commission to give particular attention to groups that are particularly exposed to hazardous chemicals such as workers in the chemical and agriculture industries, or particularly vulnerable workers such as pregnant or breastfeeding women;

4. Welcomes the Commission's commitment to present a legislative proposal to further reduce workers' exposure to asbestos in 2022; calls on the Commission to step up its ambition and present a European strategy for the removal of all asbestos in line with Parliament's resolution with recommendations to the Commission on protecting workers from asbestos; calls on the Commission to be ambitious in its endeavours to achieve the removal of all asbestos and to revise Directive 2009/148/EC<sup>51</sup> with regard to minimum requirements for certified training of workers exposed to asbestos, and, as a matter of priority, to update the exposure limit for asbestos, which should be set at 0.001 fibres/cm<sup>3</sup> (1 000 fibres/m<sup>3</sup>); calls on the Commission to put forward a proposal for an EU framework directive for national asbestos removal strategies; calls on the Commission to update Directive 2010/31/EU<sup>52</sup> for the mandatory screening of buildings and subsequent removal of asbestos and other dangerous substances before renovation works can start, thereby prohibiting the sealing and encapsulation of asbestos-containing materials which can technically be removed; calls on the Commission to present a legislative proposal that takes into account existing national regulations as well as an impact assessment of the most efficient models for the mandatory screening of buildings, consisting of a surface diagnosis of the presence of asbestos by a professional entity with appropriate qualifications and permits before the selling or renting out of buildings, and setting out minimum requirements for asbestos certificates for buildings constructed before 2005 or before the year of an equivalent national asbestos ban; calls on the Commission and the Member States to ensure better recognition and compensation of asbestos-related diseases to all exposed workers in order to protect the health of construction and other workers in the green transition; calls for the use, where possible, of analytical transmission electron microscopy (ATEM) or similarly advanced methods for fibre counting;
5. Believes that Council Directive 89/391/EEC on the introduction of measures to

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<sup>49</sup> Regulation (EC) No 1907/2006 of the European Parliament and of the Council of 18 December 2006 concerning the Registration, Evaluation, Authorisation and Restriction of Chemicals (REACH), OJ L 396, 30.12.2006, p.1.

<sup>50</sup> Regulation (EC) No 1272/2008 of the European Parliament and of the Council of 16 December 2008 on classification, labelling and packaging of substances and mixtures, OJ L 353, 31.12.2008, p. 1.

<sup>51</sup> Directive 2009/148/EC of the European Parliament and of the Council of 30 November 2009 on the protection of workers from the risks related to exposure to asbestos at work, OJ L 330, 16.12.2009, p. 28.

<sup>52</sup> Directive 2010/31/EU of the European Parliament and of the Council of 19 May 2010 on the energy performance of buildings, OJ L 153, 18.6.2010, p. 13.

encourage improvements in the safety and health of workers at work<sup>53</sup> may not prove effective enough for the world of work in the 21st century and the latest developments in labour markets, including the assessment and management of psychosocial risks; believes, therefore, that it should be complemented to strengthen this aspect; recalls its request for the Commission to include the right to disconnect in the strategic framework for occupational safety and health and, explicitly, to develop new psychosocial measures as part of the framework; calls on the Commission, in this regard, to step up the ambition of the strategic framework for occupational safety and health; calls on the Commission to propose, in consultation with the social partners, a directive on psychosocial risks and well-being at work aimed at the efficient prevention of psychosocial risks in the workplace, such as anxiety, depression, burnout and stress, including risks caused by structural problems such as work organisation (i.e. poor management, poor work design or not properly matching workers' knowledge and abilities with the assigned tasks); calls on the Commission and the Member States to establish mechanisms for the prevention of such risks and the reintegration into the workplace of affected employees, and to shift from individual-level actions to a work organisation approach in line with the general principles of hierarchy of prevention included in Directive 89/391/EEC; calls on the Commission to prepare guidelines as regards the minimum number of personnel providing occupational health services that are required to ensure adequate occupational health surveillance<sup>54</sup>; considers that protection and promotion of mental health should be an integral part of OSH preparedness plans for future health crises; stresses that specific attention should be paid to the mental health of healthcare workers and of other essential workers; welcomes, in this regard, the contribution of the expert panel on effective ways of investing in health (EXPH) in its opinion on supporting the mental health of the health workforce and other essential workers; calls on the Commission and the Member State to ensure adequate follow-up and implementation of these recommendations;

6. Stresses the importance of ensuring proper compensation claim options for workers in cases of occupational diseases; calls on the Commission, in consultation with the social partners, to revise the 2003 Commission Recommendation concerning the European Schedule of Occupational Diseases with additions such as work-related musculoskeletal disorders, work-related mental-health disorders, in particular depression, burnout, anxiety and stress, all asbestos-related diseases and skin cancers and rheumatic and chronic inflammation; calls on the Commission to transform this recommendation, after consulting the social partners, into a directive creating a minimum list of occupational diseases and setting out minimum requirements for their recognition and adequate compensation for individuals concerned;
7. Stresses the fact that female workers face increased challenges to occupational health and well-being, particularly in the health and care sectors; welcomes the fact that the Commission is strengthening the gender-responsive approach to occupational safety and health; calls on the Commission and the Member States to mainstream the gender perspective and take account of gender differences throughout occupational health and safety measures; calls on the Commission to base the forthcoming legislative initiative

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<sup>53</sup> OJ L 183, 29.6.1989, p. 1.

<sup>54</sup> ILO Recommendation No. 171 on Occupational Health Services.

[https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100\\_INSTRUMENT\\_ID:312509](https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_INSTRUMENT_ID:312509)

on preventing and combatting gender-based violence against women and domestic violence on the framework agreement on harassment and violence at work; calls on the Commission and the Member States to ensure that the preventive and protective measures aimed at eradicating violence, discrimination and harassment in the world of work, including third-party violence and harassment (i.e. by customers, clients, visitors or patients), where applicable, apply regardless of the reason and the cause of the harassment and that they are not limited to cases based on discriminatory grounds; calls on the Member States to ratify ILO Convention No. 190 and Recommendation No.206 on violence and harassment and to put in place the necessary laws and policy measures to prohibit, prevent and address violence and harassment in the world of work;

8. Calls on the Commission and the Member States to develop strategies to prepare for an ageing workforce, a higher prevalence of employees with chronic diseases and the need to adapt the workplace to the needs of employees with disabilities, actively support reintegration and non-discrimination, and adapt working conditions for persons with disabilities or chronic diseases, and those recovering from disease; stresses the need to define and implement tailored and individualised strategies to facilitate workers' recovery and rehabilitation processes; underlines that such strategies should include the promotion of education, training and lifelong learning for persons of all ages, as well as a better work-life balance and the promotion of intergenerational exchanges in the workplace; stresses that special attention should also be paid to caregivers;
9. Calls on the Commission, in the framework of the strategy for the rights of persons with disabilities 2021-2030, to offer clear and ambitious guidelines to Member States and employers on the provision of workplace adjustments and reasonable accommodation in the workplace for persons with disabilities; calls on the Commission to undertake an ambitious revision of Directive 2000/78/EC on equal treatment in this regard; insists that it is equally important to pay attention to the situation of workers with chronic diseases;
10. Calls on the Commission and the Member States to pay particular attention to young workers in their OSH strategies, with a special focus on under-18-year-old workers; recalls that statistics show that 18 to 24-year-olds are more likely to have a serious accident at work than older adults due to insufficient experience, training and supervision, poor awareness of their rights and employers' duties, lack of recognition of their needs by employers and exposure to precarious working conditions, thereby leading to the development of occupational illnesses while still young or later in life<sup>55</sup>;
11. Recalls that platform workers may be subjected to increased health and safety risks for both on-location and online platform work; stresses that these risks are not limited to physical health but can also affect psychosocial health with unpredictable working hours, intensity of work, competitive environments, information overload and isolation as emergent risk factors; welcomes the Commission's proposal for a directive on improving working conditions in platform work to improve the working conditions of platform workers; stresses that all platform workers should be entitled to receive compensation in the event of work accidents and occupational diseases, and be provided with social protection, including sickness and invalidity insurance cover, by the

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<sup>55</sup> <https://osha.europa.eu/en/themes/young-workers>



introduction of a rebuttable presumption of an employment relationship for platform workers, in accordance with national definitions as set out in Member States' respective legislation or collective agreements; reiterates, in this regard, its recommendations formulated in its resolution of 16 September 2021 on fair working conditions, rights and social protection for platform workers – new forms of employment linked to digital development<sup>56</sup>;

12. Calls on the Commission and the Member States to ensure that all workers who have an employment contract or employment relationship as defined by national law, collective agreements or practice, including non-standard workers<sup>57</sup>, as well as the genuine and bogus self-employed, and mobile workers, are covered by OSH legislation and policies; stresses the critical role of collective bargaining to ensure the highest occupational health and safety standards; stresses that European and international human rights guarantee all workers the right to organise, form and join a trade union, engage in collective bargaining, take collective action to defend their rights and enjoy protection under collective agreements, regardless of their employment status<sup>58</sup>;
13. Calls on the Commission to include health and safety in all relevant EU strategies and policies on the green and digital transitions, including those on artificial intelligence (AI); stresses that AI solutions in the workplace must be ethical and human-centric, transparent, fair and avoid any negative implications for workers' health and safety; calls on the Commission to consider presenting a legislative initiative, after consulting social partners, to clarify OSH liabilities and responsibilities in relation to AI systems and new ways of working; stresses that education and training for workers and measures to ensure effective OSH strategies are needed for the introduction and use of AI by workers in the workplace; highlights that AI and digitalisation plausibly facilitate human-machine synergies and offer economic and societal benefits as well as new opportunities for businesses, as well as OSH concerns such as the emergence of new forms of monitoring and management of workers based on the collection of large amounts of real-time data that can lead to legal, regulatory and ethical questions; calls, in particular, for the introduction of safeguards against the adverse impacts of algorithmic management on the health and safety of workers; stresses that algorithms deployed in the areas of work must be transparent, non-discriminatory and ethical, and that algorithmic decisions must be accountable, contestable and, where relevant, reversible, and consequently must be subject to human oversight; stresses the role of the social partners in anticipating emerging occupational risks that arise from the development of disruptive technologies;
14. Recalls that climate change has direct health impacts on workers; recalls that intensification of extreme weather events will lead to more physical injuries and that climate change could also increase the risk of skin cancer, dust exposure and psychosocial risks; insists that inadequate organisation of work may also aggravate the situation; stresses the role of the social partners in anticipating emerging occupational risks due to climate change; recalls that health and safety of workers is an EU

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<sup>56</sup> Texts adopted, P9\_TA(2021)0385.

<sup>57</sup> <https://www.ilo.org/global/topics/non-standard-employment/lang--en/index.htm>

<sup>58</sup> Article 23 of the Universal Declaration of Human Rights states that 'everyone has the right to form and to join trade unions for the protection of his interests'; ILO Convention No. 87 on freedom of association and protection of the right to organise, 1948; and ILO Convention No. 98 on the right to organise and collective bargaining.

competence and that in line with Directive 89/391/EEC, workers should be protected from any risks, including emerging risks; calls on the Commission to thoroughly and urgently assess the new and emerging risks of climate change on occupational health and safety in order to better protect workers from exposure to higher temperatures, natural UV radiation and other related and safety hazards;

15. Calls for the strengthening of protection against exposure to UV radiation at EU level, especially in the framework of occupational health and safety legislation for outdoor workers; calls on the Commission, therefore, to revise Directive 2006/25/EC on the exposure of workers to risks from physical agents (artificial optical radiation)<sup>59</sup> and to include solar radiation in its scope; calls on the Commission to assess the implementation and effectiveness of current measures to protect workers exposed to ionising radiation such as airline crews, nuclear power plant workers, workers in relevant industrial settings, researchers and healthcare and veterinarian professionals working in the radiology, radiotherapy or nuclear medicine sectors, and to review them where necessary in order to set proportionate measures;
16. Calls on the Commission to establish an early alert mechanism within the current inter-institutional structure to detect where adjustments and revisions are needed to existing OSH directives dealing with areas in a constant state of change, and which may be influenced, for example, by new scientific data on hazardous products or the evolution of labour markets and working conditions within the twin digital and green transitions; underlines the particular need to involve sectoral social partners in this mechanism since they are the first to be confronted with changing situations;
17. Calls on the Commission to revise Directive 2014/24/EU on public procurement<sup>60</sup> to ensure that all projects and initiatives funded or co-funded must include clauses on occupational health and safety and respect for collective agreements, and to provide clear guidelines on how this can be done;
18. Calls on the Commission to promote the broader issue of decent work in future EU trade agreements and to ensure that occupational health and safety standards are properly taken into account as part of binding commitments on labour and social standards; calls on the Commission to support candidate countries in aligning their legal frameworks with the EU *acquis* on OSH; calls on the Commission and the Member States to closely cooperate with the ILO and the WHO to promote the right to safe and healthy working conditions within the framework of ILO core labour principles and rights and to safeguard respect for these principles by actors in global supply chains; welcomes the Commission's intension to propose an EU-wide ban on products made by forced labour;
19. Welcomes the aim of strengthening engagement with the EU's partner countries, regional and international organisations and other international forums to raise occupational health and safety standards globally; calls for the Commission's active

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<sup>59</sup> Directive 2006/25/EC of the European Parliament and of the Council of 5 April 2006 on the minimum health and safety requirements regarding the exposure of workers to risks arising from physical agents (artificial optical radiation). OJ L 114, 27.4.2006, p.38.

<sup>60</sup> Directive 2014/24/EU of the European Parliament and of the Council of 26 February 2014 on public procurement. OJ L 94, 28.3.2014, p. 65.

engagement in supporting the integration of the right to safe and healthy working conditions into the ILO framework of fundamental principles and rights at work;

20. Considers that in cross-border regions, joint cross-border training and sharing of best practices for healthcare staff and public health staff should be promoted;

***Preparedness plan for future health crises: lessons learned from the COVID-19 pandemic and its impact on work***

21. Stresses that it is essential to draw lessons from the COVID-19 pandemic and to increase preparedness for potential future health crises; supports the call on the Member States to draw up preparedness plans for future crises in their national OSH strategies, in consultation with national social partners, including for the implementation of EU guidelines and tools; stresses the need for effective EU mechanisms to coordinate these plans; considers that enhancing the communication of verified information should be at the core of any health preparedness plan; considers that protection and promotion of mental health should be an integral part of OSH preparedness plans for future health crises, and stresses that specific attention should be paid to the mental health of healthcare workers and of other essential workers; welcomes the Commission's intention to launch an in-depth assessment of the effects of the pandemic and the efficiency of the EU and national OSH frameworks in order to develop emergency procedures and guidance for the rapid deployment, implementation and monitoring of measures in potential future health crises, in close cooperation with public health actors; calls on the Member States to pay particular attention to cross-border regions with a view to enhancing cooperation; considers that the declaration of an EU public health emergency situation, as provided for by the future regulation<sup>61</sup> on serious cross-border threats to health, should trigger the implementation and EU coordination of the measures provided for in the national OSH preparedness plans of the Member States;
22. Recalls the commitment by the Commission to assess the need for further actions to improve the functioning of the existing EU regulatory framework for health and safety and the need to amend Directive 2000/54/EC on Biological Agents at work; calls on the Commission to conduct, without delay, a targeted revision of this Directive by drawing on the lessons learned from the Covid-19 pandemic with a view to better preparedness, response planning and increasing resilience in health crises in all workplaces; stresses that the revision should ensure that the directive is fit to respond to pandemic situations, facilitates establishment of national emergency plans in case of a pandemic outbreak and written instructions in different languages by the employer on OSH risks, sanitary measures and work organisation to all workers in the case of such an outbreak; welcomes the intention of the Commission to include COVID-19 in the Recommendation concerning the European schedule of occupational diseases;
23. Calls on the Commission and the Member States to strongly prioritise and adequately fund the strengthening of research and data collection at both EU and national level on occupational health and safety, in particular on the causes of and impacts on mental

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<sup>61</sup> Commission proposal of 11 November 2020 for a regulation of the European Parliament and of the Council on serious cross-border health threats and repealing Decision No 1082/2013/EU (COM(2020)0727). Parliament adopted amendments to the proposal on 14 September and 11 November 2021 (Texts adopted, P9\_TA(2021)0449).

health, psychosocial, ergonomic risks and musculoskeletal disorders, occupational circulatory diseases, work-related cancer, chronic inflammatory diseases across sectors and to conduct a detailed assessment of problems, as well as impact of changing world of work including opportunities and challenges, related to health and safety associated with remote-work and teleworking and the right to disconnect, with a view to analysing the impact of gender, age and disability; calls on the Commission to follow up on such research with both legislative and non-legislative measures to protect workers' health and safety after consulting social partners;

24. Calls on the Commission to conduct an additional research on the economic costs of health and workplace exclusion;
25. Calls on the Commission to propose a legislative framework with a view to establishing minimum requirements for telework across the Union while not negatively affecting employment conditions of teleworkers; notes that this framework should be developed in consultation with Member States and the European social partners, with full respect for national labour market models and taking into consideration the social partners framework agreements on telework and on digitalisation; stresses that such a framework should clarify working conditions, including regarding the provision and use of and liability for equipment, covering existing and new digital tools, and that it should ensure that such work is carried out on a voluntary basis and that the rights, work-life balance, workload and performance standards of teleworkers are equivalent to those of comparable on-site workers; stresses that this legislative initiative should be based on a comprehensive assessment, including of the psychosocial risks associated with digital and remote working practises and permeable work environments; calls on the Commission and the Member States to ensure measures on accessibility and inclusive technology for persons with disabilities who are in the transition to teleworking and/or are undergoing remote vocational training;
26. Calls on the Commission to propose, in consultation with the social partners, a directive on minimum standards and conditions to ensure that all workers are able to exercise effectively their right to disconnect and to regulate the use of existing and new digital tools for work purposes in line with its resolution of 21 January 2021 with recommendations to the Commission on the right to disconnect and taking into consideration the social partners framework agreement on digitalisation;
27. Welcomes the Commission's commitment to modernise the OSH legislative framework by reviewing Directive 89/654/EEC<sup>62</sup> and Directive 90/270/EEC<sup>63</sup> laying down minimum safety and health requirements for the workplace and work with display screen equipment; calls on the Commission to be more ambitious in this regard and to propose a broader and more comprehensive directive on the prevention and management of work-related musculoskeletal disorders and rheumatic diseases without further delay and on the Member States to step up their research and data collection; calls on the Commission to ensure that all work-related risks which may result in rheumatic/chronic inflammatory and musculoskeletal diseases are covered in the

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<sup>62</sup> Council Directive 89/654/EEC of 30 November 1989 concerning the minimum safety and health requirements for the workplace. OJ L 393, 30.12.1989, p. 1.

<sup>63</sup> Council Directive 90/270/EEC of 29 May 1990 on the minimum safety and health requirements for work with display screen equipment. OJ L 156, 21.6.1990, p. 14.

directive, such as heavy lifting, repetitive movements, vibration or standing/sitting for long periods of time; recalls that female workers are more likely to be affected by MSDs; reminds the Commission that a proposal on work-related musculoskeletal disorders must include a strong gender dimension in the assessment, prevention and treatment of these diseases; calls on the Commission and the Member States to consider the introduction of flexible work schedules for workers suffering from musculoskeletal disorders or rheumatic/chronic inflammatory conditions; calls on the Commission and the Member States to address occupational risks related to circulatory diseases;

28. Calls on the Commission and the Member States to encourage companies to act for the promotion of workers' health, using the logistical resources at their disposal, by making recommendations on healthy lifestyles, encouraging the practice of physical activity by providing access to dedicated areas on the premises or by facilitating access to dedicated external structures, encouraging the creation of internal sports teams, providing bike garages, encouraging the consumption of good nutrition through the provision of healthy, balanced and varied dishes in the company canteen and natural drink dispensers, distributing signs inviting employees to keep the areas around common entrances and exits free from harmful substances such as cigarette smoke, and with any other educational measures that might serve this end, such as the promotion of the European Code Against Cancer; stresses the positive impact of proper education and training of managers and workers with responsibility for personnel to prevent psychosocial risks and harassment at work; calls on the Commission and the Member States to ensure that managers and workers with responsibility for personnel receive or have completed relevant training, including training in psychosocial risk prevention and anti-harassment courses, prior to taking up their duties at the workplace; calls on the Member States and the social partners to take initiatives to upgrade the health and safety training of representatives and managers in accordance with national law and practices; calls on the Member States to support the active involvement of employees in implementing preventive OSH measures and ensuring that health and safety representatives are able to receive training beyond the basic modules;
29. Recalls the many cases of breaches of workers' rights during the COVID-19 pandemic, especially the rights of mobile workers, including cross-border, seasonal and migrant workers, who were exposed to unhealthy or unsafe living and working conditions such as poor or overcrowded accommodation, and who were not provided with adequate information on their rights; repeats its call on the Commission to take urgent action to improve the employment, working and health and safety conditions of mobile and migrant workers, such as cross-border, posted and seasonal workers, including by reviewing the role of temporary work agencies, recruiting agencies, other intermediaries and subcontractors with a view to identifying protection gaps in the light of the principle of equal treatment and the particular health and safety challenges faced by mobile and migrant workers such as access to adequate equipment and facilities, quality accommodation, safe transport and decent meals<sup>64</sup>, and addressing the need to revise the existing legislative framework in order to close the gaps identified as well as to ensure pandemic-proofing, taking into consideration the lessons learned from the COVID-19 pandemic; calls on the Commission and the Member States to ensure that workers' accommodation, when arranged by the employer, is safe, decent and meets minimum

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<sup>64</sup> [https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS\\_075505/lang--en/index.htm](https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_075505/lang--en/index.htm)

standards; stresses the role of the ELA in assisting Member States and the Commission in the effective application and enforcement of EU law related to labour mobility and the coordination of social security systems within the EU; stresses the need to consider revising the ELA's mandate in the context of the evaluation due in 2024, to include occupational health and safety provisions; calls on EU-OSHA and the ELA to work together to support the Commission and the Member States in improving the occupational health and safety of mobile and migrant workers; calls on the Commission to investigate how digital tools can help to strengthen the cross-border enforcement of occupational safety and health standards for all mobile workers, including self-employed and mobile non-EU nationals who are covered by EU rules on intra-EU labour mobility; calls on the Commission, in close cooperation with the ELA and after a proper assessment, to put forward a legislative proposal for a European social security pass for all mobile workers and non-EU nationals who are covered by EU rules on intra-EU mobility, which would provide the relevant national authorities and social partners with an instrument to improve the enforcement of EU rules on labour mobility and social security coordination in the labour market in a fair and effective way in order to ensure a level playing field in the EU, including with regard to the protection of the health and safety of mobile workers, as per Parliament's resolution of 25 November 2021 on the introduction of the European social security pass for improving the digital enforcement of social security rights and fair mobility<sup>65</sup>;

30. Underlines the need to ensure the mainstreaming of OSH into public procurement and calls on the Member States in this regard to table national policies to safeguard this; calls on the Commission to share best practices on how to mainstream OSH in public procurement rules and how to include OSH clauses in national legislation in line with the Public Procurement Directive;

### ***Implementation and enforcement***

31. Underlines the essential role of national labour inspectorates in securing compliance with health and safety legislation and preventing work-related disease and injuries; calls on the Member States to ensure adequate funding for national labour inspectorates and to implement the ILO recommendation of one labour inspector per 10 000 workers, with a view to conducting prompt and effective inspections and ending all forms of abuse; calls on the Commission to conduct and disseminate the results of a study on how national labour inspectorates conduct their inspections and on the scope and content of these inspections, including with respect to the number of infractions detected and the imposition of effective, proportionate and dissuasive penalties, in order to map their ability to enforce existing rules on OSH with the aim of ensuring a level playing field for sufficient protection; calls on the Commission to establish a dedicated tripartite working party on enforcement within the remit of the Advisory Committee for Safety and Health at Work to follow this study; calls on the Commission and the Member States to streamline occupational health and safety standards in all policies, as well as to improve preventive measures and the enforcement of existing occupational health and safety rules and legislation; underlines the role of the social partners and national health and safety services in this regard; calls on the Commission and the Member States to ensure greater coordination, cooperation and training at European

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<sup>65</sup> Texts adopted, P9\_TA(2021)0473.

level;

32. Calls on the Commission and the Member States to secure adequate funding and access for all workers to health and safety training and learning facilities in order to combat accidents and illnesses at work; stresses the need for close cooperation with the social partners in this regard;
33. Calls on the Commission to tackle disparities between national health and safety at work legislation, which lead to unfair competition, not only on the internal market but also in relation to non-EU countries;
34. Calls on the Commission to initiate an assessment of the work of health and safety services and the lessons learned in the area of external health and safety service provision since the introduction of the provisions of Article 7(3) of Directive 89/391/EEC; urges the Commission to draw up recommendations for strengthening the national provision of external health and safety services with the aim of improving risk prevention in the workplace;
35. Calls on the Member States to report back on the targets set in their national OSH strategies and to secure adequate funding to support their implementation; stresses that the social partners should be fully involved in the implementation of national OSH plans or the follow-up processes to them; stresses the need to recognise and involve social partners and workplace health and safety representatives in the design, implementation and enforcement of the OSH legislative framework; calls on the Commission to start research into concepts and practises that enable better participation of workers and their representatives in trade unions and works councils in all phases of risk assessment and OSH policies at company level, and to launch funded programmes for the improvement of workers' participation in companies' OSH activities; calls on the Member States to remove any national legislation that hampers collective bargaining, including by ensuring that trade unions have access to workplaces for the purposes of organisation, information sharing and consultation, strengthening worker's representation and thereby securing proper health and safety standards in the workplace;
36. Highlights that the mobility package and its initiatives, including the Commission's guidelines on driving and rest time rules, can improve occupational health and safety; calls on the Member States to increase road oversight and ensure compliance with these rules, including making sure that employers ensure drivers proper schedules to prevent excessive workloads, thereby increasing road safety; calls on the Commission and on the Member States in their national road safety strategies to set clear targets on road death reduction for work-related accidents; calls on the Commission to present similar initiatives to improve health and safety for workers in the aviation and maritime industries; calls on the Commission to ensure that Member States report and provide statistics on work-related accidents on the road;
37. Stresses that all workers should be adequately protected no matter the size of the enterprise and that support should be provided in particular to micro enterprises and SMEs to help them in the correct application of OSH rules; highlights the role of EU-OSHA in providing micro-enterprises and SMEs with the tools and standards they need to assess the risks to their workforce and implement adequate prevention measures;

considers that EU-OSHA should be strengthened in order to better promote healthy and safe workplaces across the Union and further develop initiatives to improve workplace prevention in all sectors of activity;

◦

◦ ◦

38. Instructs its President to forward this resolution to the Council, the Commission and the governments and parliaments of the Member States.



## EXPLANATORY STATEMENT

The European Pillar of Social Rights principle 10 states that workers have the right to a high level of protection of health and safety at work. The EU occupational safety and health legislation takes up an essential role to secure this principle and protect almost 170 million workers in the European Union. The revision of the strategy for the years 2021-2027 brings a unique opportunity to set out the key priorities and actions necessary for the upcoming years in not only a post-pandemic world, but also a world where old jobs are disappearing and new jobs will take over in a continent with significant green, technological and demographic changes. It is the key role of the European Union to tackle these transitions and protect workers at all times.

The COVID-19 pandemic undoubtedly has had the most dramatic impact on the working life of millions of Europeans. Front-line personnel was under tremendous pressure, but their work became more visible, appreciated and respected than ever before. Working from home was introduced for the first time for many of us. What before seemed to be impossible, doing large parts of your work at home, has been thoroughly tested and is now beginning to be seen as an advantage for workers to increase the flexibility of their working days and work-life balance.

The pandemic has, however, proven that European health and safety regulation has not been fit to adapt to the rapid changes due to global pandemic causes. It is of utmost importance that workers, even in unforeseen changes and threats to their health and safety, can expect a proper level of protection at the workplace. The Biological Agents directive has been a clear example of a directive which was not adapted to the pandemic situation, but has greatest relevance for workers' exposure to viruses at the workplace.

With new advantages such as the increased flexibility of teleworking, the responsibility comes along with securing and updating the occupational safety and health legislation and strategy to correspond to the new realities of the digital age. The COVID-pandemic has created a momentum to take active action for a better mental health at work. It is time that we take seriously problems of stress, anxiety, depression, harassment and burnout, as well as the negative impact on workers' work-life balance when working in their free time.

Protecting people from health and safety hazards is a key element of achieving decent working conditions for everyone. No one should risk an accident, long-term illness or losing their lives by going to work. It must be a fundamental principle that all workers, regardless of the type of employment, size of employer or Member State of employment, have the right to the highest level of protection at the workplace. A changing labour market with new digital solutions and new ways of working, for example on digital platforms, must be accompanied by adaptations to the European health and safety legislation.

Whether you work in front of a screen, perform heavy lifts or work under challenging working conditions, you must be guaranteed the prevention from long-term effects, disability and musculoskeletal disorders. It is crucial that concrete efforts are made to lay down minimum safety and health requirements for work to prevent musculoskeletal consequences caused by work.

Statistics on work-related deaths show that cancer is still the most dominant threat to workers' lives, making up 52% of all work-related deaths. There is a great need to take cancer

seriously. This is why we have strongly welcomed the introduction of a “Vision Zero” approach in the occupational strategy and asked for ambitious initiatives to fulfil this vision. However, the “Vision Zero” approach must not be reduced to a target to only protect workers from work-related deaths. It must become a vision of active prevention of work-related injuries and physical and mental attrition. The principle of prevention at the workplace must be formally integrated in policies at EU, national and company level.

To achieve a fully effective prevention strategy, a strong focus on research and data collection is needed. Little is known about the underlying causes of occupational circulatory diseases, such as heart disease or stroke, despite being the second-largest cause of work-related deaths. This counts as well for the development of new technologies, new types of work and demographic changes. We need prompt reactions when data show evidence of negative impacts on health and safety.

Health and safety regulations will have no real impact if proper enforcement and implementation is not guaranteed by Member States. It is most vital that we explore new enforcement tools, strengthen labour authorities and that the European Labour Authority plays a fundamental role in securing the compliance with health and safety regulation. It is important to remind Member States that companies can strongly benefit from the assistance and information provided by labour inspectors as regards preventive measures.

Finally, a strong social dialogue, workers’ representation and a keen management commitment to high occupational health and safety standards are crucial to succeed in risk prevention of illnesses and accidents. There is still far more we can do at Member States and EU-level, to provide training as well as to promote the involvement of health and safety representatives at workplaces.

## INFORMATION ON ADOPTION IN COMMITTEE RESPONSIBLE

<b>Date adopted</b>	1.2.2022
<b>Result of final vote</b>	+: 43 -: 3 0: 8
<b>Members present for the final vote</b>	Atidzhe Alieva-Veli, Marc Angel, Dominique Bilde, Gabriele Bischoff, Vilija Blinkevičiūtė, Milan Brglez, Sylvie Brunet, Jordi Cañas, David Casa, Ilan De Basso, Margarita de la Pisa Carrión, Özlem Demirel, Klára Dobrev, Jarosław Duda, Estrella Durá Ferrandis, Lucia Ďuriš Nicholsonová, Rosa Estaràs Ferragut, Nicolaus Fest, Loucas Fourlas, Cindy Franssen, Helmut Geuking, Elisabetta Gualmini, Alicia Homs Ginel, France Jamet, Agnes Jongerius, Radan Kanev, Adám Kósa, Stelios Kypourouopoulos, Katrin Langensiepen, Miriam Lexmann, Elena Lizzi, Giuseppe Milazzo, Dragoş Pîslaru, Manuel Pizarro, Dennis Radtke, Elżbieta Rafalska, Daniela Rondinelli, Mounir Satouri, Monica Semedo, Michal Šimečka, Beata Szydło, Eugen Tomac, Romana Tomc, Nikolaj Villumsen, Marianne Vind, Maria Walsh, Stefania Zambelli, Tatjana Ždanoka, Tomáš Zdechovský
<b>Substitutes present for the final vote</b>	Marc Botenga, Peter Lundgren, Eugenia Rodríguez Palop, Véronique Trillet-Lenoir, Kim Van Sparrentak

## FINAL VOTE BY ROLL CALL IN COMMITTEE RESPONSIBLE

43	+
NI	Daniela Rondinelli
PPE	David Casa, Jarosław Duda, Rosa Estaràs Ferragut, Loucas Furlas, Cindy Franssen, Helmut Geuing, Radan Kanev, Stelios Kympouropoulos, Miriam Lexmann, Dennis Radtke, Eugen Tomac, Romana Tomc, Maria Walsh, Tomáš Zdechovský
Renew	Atidzhe Alieva-Veli, Sylvie Brunet, Jordi Cañas, Lucia Ďuriš Nicholsonová, Dragoş Pîslaru, Monica Semedo, Michal Šimečka, Véronique Trillet-Lenoir
S&D	Marc Angel, Gabriele Bischoff, Vilija Blinkevičiūtė, Milan Brglez, Ilan De Basso, Klára Dobrev, Estrella Durá Ferrandis, Elisabetta Gualmini, Alicia Homs Ginel, Agnes Jongerius, Manuel Pizarro, Marianne Vind
The Left	Marc Botenga, Özlem Demirel, Eugenia Rodríguez Palop, Nikolaj Villumsen
Verts/ALE	Katrin Langensiepen, Mounir Satouri, Kim Van Sparrentak, Tatjana Ždanoka

3	-
ECR	Peter Lundgren, Margarita de la Pisa Carrión
ID	Nicolaus Fest

8	0
ECR	Giuseppe Milazzo, Elżbieta Rafalska, Beata Szydło
ID	Dominique Bilde, France Jamet, Elena Lizzi, Stefania Zambelli
NI	Ádám Kósa

Key to symbols:

+ : in favour

- : against

0 : abstention