

LEGISLATIVE FRAMEWORK AND INTERNATIONAL INSTITUTIONS DEALING WITH OCCUPATIONAL HEALTH AND SAFETY



*Federation of Industrial
Workers' Unions*



Funded by the European Union

ILO (1)

- International Conventions
- Work standards
- Data bases
- Publications

ILO (2)

C 155 International Convention concerning Occupational Safety and Health and the Working Environment (entry into force August 1983)

DG EMPLOYMENT OF THE EC – HEALTH AND SAFETY (1)

It works with:

- ⦿ The European Agency for Health and Safety at Work (EU OSHA)
- ⦿ European Foundation for improving Life and Work Conditions (EUROFOUND)

DG EMPLOYMENT OF THE EC – HEALTH AND SAFETY (2)

Legal basis:

Framework Directive 89/391/EEC referring to health and safety at the workplace improving measures

DG EMPLOYMENT OF THE EC – HEALTH AND SAFETY (3)

Statistics:

- ⦿ European Statistics on Accidents at Work (ESAW)
- ⦿ European Occupational Diseases Statistics (EODS)
- ⦿ Labour Force Survey ad hoc modules

DG EMPLOYMENT OF THE EC – HEALTH AND SAFETY (4)

Committees:

- ⦿ Advisory Committee on Safety and health at Work –ACSH
- ⦿ Scientific Committee on Occupational Exposure Limits- SCOEL

LEGAL RIGHTS FOR EFFECTIVE WORKER REPRESENTATION (1)

- Selection of representatives on health and safety by employees
- Protection of representatives from victimization and discrimination as result of their representative role
- Paid time off to carry out their function
- Paid time off to be trained

LEGAL RIGHTS FOR EFFECTIVE WORKER REPRESENTATION (2)

- Right to receive information from employer on current and future hazards
- Right to inspect the workplace
- Right to make representations to employer on these matters
- Right to be consulted over health and safety arrangements

LEGAL RIGHTS FOR EFFECTIVE WORKER REPRESENTATION (3)

- Right to be consulted about the use of specialists in health and safety by the employer
- Right to accompany health and safety authority inspectors when they inspect the workplace and to make complaints to them when necessary

EU-OSHA (1)

Established in 1996 in Bilbao, Spain on the basis of Regulation 2062/94, in order to:

"make Europe a safer, healthier and more productive place to work. This is achieved through collection and exchange of information. EU-OSHA promotes a culture of risk prevention to improve working conditions in Europe".

EU-OSHA (2)

- Focal points network in all EU member-states, EFTA countries, candidate and potentially candidate countries.
- Online Interactive Risk Assessment- OiRA

EU-OSHA (3)

- European Risk Observatory since 2005
- European Survey of Enterprises on new and Emerging Risks- ESENER

WHO (WORLD HEALTH ORGANISATION) (1)

The WHO Constitution was the first international instrument to enshrine the enjoyment of the highest attainable standard of health as a fundamental right of every human being ("the right to health"). The right to health in international human rights law is a claim to a set of social arrangements - norms, institutions, laws, and an enabling environment - that can best secure the enjoyment of this right.

WHO (WORLD HEALTH ORGANISATION) (2)

According to the best available estimates 100 million workers are injured and 200 000 die each year in occupational accidents and 68-157 million new cases of occupational disease are attributed to hazardous exposures or workloads. Such high numbers of severe health outcomes contribute to one of the most important impacts on the health of the world's population.

WHO (WORLD HEALTH ORGANISATION) (3)

- Healthy workplaces: a WHO global model for action
- Five keys to healthy workplaces: no business wealth without workers' health

WHO. 5 KEYS TO HEALTHY WORKPLACES (1)

Key 1: Leadership commitment from major stakeholders (senior leadership, union leadership)

Key 2: Involve workers and their representatives (beyond information and consultation). It is critical, workers to have collective representation

WHO. 5 KEYS TO HEALTHY WORKPLACES (2)

Key3: Business ethics and legality

Key 4: Sustainability and integration

Key 5: Use a systematic, comprehensive process to ensure effectiveness and continual improvement

The logo for the International Commission for Occupational Health (ICOH) is displayed in a light green, sans-serif font. The letters are spaced out and have a subtle drop shadow. The background of the slide features a large, light gray diagonal shape that tapers from the top left towards the bottom right, and a smaller, solid green triangle in the bottom right corner.

International Commission for Occupational Health

ICOH is the world's leading international scientific society in the field of occupational health

WORKER REPRESENTATION AND CONSULTATION ON HEALTH AND SAFETY by EU-OSHA (1)

Analysis of findings of European Survey of Enterprises on New and Emerging Risks (European Risk Observatory, ESENER, 2012)

WORKER REPRESENTATION AND CONSULTATION ON HEALTH AND SAFETY by EU-OSHA (2)

41% of sample (EU 27) general workplace employee representation:

- 35% works councils
- 19% trade union representatives

WORKER REPRESENTATION AND CONSULTATION ON HEALTH AND SAFETY by EU-OSHA (3)

- More representation in public sector, utilities, companies with over 250 employees
- Highest representation in Nordic countries (60%), lowest in Southern (less than 10%), e.g. Greece and Portugal

WORKER REPRESENTATION AND CONSULTATION ON HEALTH AND SAFETY by EU-OSHA (4)

In most countries works councils and trade unions co-exist

In some only one form of representation exists:

- Works councils (Germany, Austria, Luxemburg)
- Shop-floor union representatives (Sweden, Malta, Cyprus)

WORKER REPRESENTATION AND CONSULTATION ON HEALTH AND SAFETY by EU-OSHA (5)

Variation by sector:

- Public sector (61%)
- Private sector (37%)

WORKER REPRESENTATION AND CONSULTATION ON HEALTH AND SAFETY by EU-OSHA (6)

- Effectiveness is higher where there is worker representation
- Effectiveness is even higher when there are joint arrangements