

CLR News

No 2/2001

Health and Safety

Note from the Editor	1
Subject Articles	2
<i>Rolf Gebring</i> : Health at the European Workplaces – Perspectives of the European Policy	2
<i>Niels Wegeland</i> : A strategy in the battle to improve the working environment. Using Questionnaires.....	12
<i>Pieter van Broekhuizen</i> : Organic Solvents and the EFBWW	15
<i>Karola Grodzki</i> : Asbestos – Revision of the existing legislation protecting workers from the risks related to exposure to asbestos at work	22
 Report	
<i>Jan Cremers</i> : Social Dialogue ETUC/UNICE/CEEP, 16-17 March 2001 Bratislava.....	26
 Reviews.....	28
<i>Rolf Gebring</i> : Future Occupational Safety and Health Research Needs and Priorities	28
<i>Ulrik Spannow</i> : Strategies for Occupational Health Research in a changing Europe.....	30
<i>Bernd Eisenbach</i> : Which direction is research into Health and Safety at the workplace currently heading?	33
 Publications	39
 Calendar of events.....	39

Note from the editor

This year's second issue is almost completely dedicated to health and safety.

We've had this item several times before, for instance in a special feature in 1998 (CLR News 1/1998).

Health and safety was for quite some time the only area where we really could achieve something from the European perspective. The European Commission's action programme in the late eighties announced important initiatives in this field and the following years a package of legislation was prepared and concluded, not least because it was the first area where a qualified majority in the Council of Ministers was the leading principle.

So we got the framework directive on health and safety at the workplace and very soon after several specific directives. The building unions in Europe played a prominent role during the preparation inside the Commission, during the debates in parliament and before the final decision-making in the Council with regard to the temporary and mobile work sites directive (we simply called it the building site directive).

Now, almost 12 years after adoption, it is time to draw some conclusions on the implementation that took place in subsequent years; not without serious problems in some member states by the way.

In this issue you can find contributions to a health and safety debate for the new millennium.

Rolf Gehring, EFBWW's health and safety officer, comes up with the future priorities.

To demonstrate that there is a certain continuity in the field one of our Danish colleagues, Niels Wegeland, reports on the use of questionnaires, an instrument used for the first time some 300 years ago. He reports about important findings in the scaffolding sector.

Other contributions are dedicated to two of the key topics of the last 10 to 15 years, Pieter van Broekhuizen sketches the involvement with organic solvents, Karola Grodzki picks up the asbestos problem.

CLR News was also present during the presentation of an ambitious study, funded by the European Commission and prepared under the responsibility of the European Social partners.

We report about it in this issue and finally we have our usual rubrics.

As usual I end up with an open invitation to our readers to come up with comments or own contributions.

Jan Cremers.

Subject Articles

Health at the European Workplaces - Perspectives of the European Policy

Rolf Gebring

This article has three objectives. Firstly, it aims at describing the current situation with regard to the health and safety conditions at the workplace. This description will serve as an estimation on current needs to improve working conditions. Therefore, we should also look at the reviews in this issue. This part also aims at showing that the well-known risks are still significant and that new kinds of work related health hazards are emerging. Secondly, the developments of the European social policy are looked at in a critical way. In this connection, two tendencies are apparent. The European social policy has been enlarged and because of this the attention paid to health and safety has diminished, with the result that health and safety matters are no longer dealt with separately, but included under other topics such as competitiveness, social change or adaptation to new working conditions. Thirdly, the article tries to show why the European policy failed to improve working conditions. In this respect, a number of issues related to health problems at the workplace are still not covered by community regulations. In addition, there is an uneven development of the legislative framework on the one hand and of the general conditions for the practical application on the other.


1) A short assessment of the current situation

Reported employment injury figures show a declining long-term trend over reference periods between 10 to 20 years. This general trend is partly due to far-reaching changes in economic activities. The declining share of the workforce employed in resource and manufacturing industries and the collapse in employment in most of the high hazard industries are the most significant changes. In spite of these global changes working conditions remain poor. During the past month, a series of news items revealed these poor working conditions throughout Europe. In Great Britain the number of fatal accidents in the construction industry increased dramatically in the last month and again trade unions carry out broad action to raise this subject on the political agenda. The number of registered accidents in the Spanish building industry has been on the increase since the mid nineties (see also Table I), although Spanish trade unions highlighted health and safety questions and organised general strikes last year. In Belgium some fatal accidents with cranes and scaffoldings have occurred lately. The list could be much longer and this fact demonstrates that the building sector is still the sector where the highest number of fatal accidents occur.

Working accidents in the Spanish construction sector					
Year	Workers	Total	Minor	Serious	Deadly
1990	963,100	145,533	142,193	3,006	334
1991	994,500	146,395	143,149	2,923	323
1992	906,500	127,202	124,378	2,544	280
1993	809,500	99,124	96,725	2,169	230
1994	787,100	102,250	99,725	2,280	242
1995	858,200	117,490	114,963	2,276	247
1996	881,100	123,447	120,936	2,276	235
1997	937,000	137,068	134,545	2,270	253
1998	1,015,300	165,520	162,695	2,558	1267
1999	1,155,800	207,673	204,502	2,882	289
2000	1,258,400	232,092	228,783	3,015	294

Table I - Source: MCA/UGT news; March-April 2001

However, two surveys were published lately^{1,2} that demonstrate in more depth the deterioration of situations at the workplace and how they affect people. Both reports mention one aspect, regarded as significant for everybody concerned with prevention at the workplace. In general, the percentage of well-known risks remains high and some new risks, or even more, new combination of risks leading to mental disorders emerges (see also table II and III). According to the Third Survey of Working Conditions carried out by the Dublin Foundation, the most common work-related health problems are:

- back pain (reported by 33% of workers)
- stress (28%)
- muscular pains (neck and shoulders) (23%) 
- burn-out (23%).

This limited data shows that both new risks and the old ones are currently of great significance.

Some examples: **Noise:** noise is the biggest cause of recognized and compensated occupational diseases in most Community countries. The Dublin Foundation's European Survey of Working Conditions (ESWC) reports a slight rise in the number of workers exposed to intense noise for at least a quarter of their working time in the European Union (it is up to 29% in 2000 compared to 27% in 1990). Furthermore, the survey pointed out the special importance of this issue for the construction sector. "The ESWC-data identifies the construction sector as the category with the highest percentage of workers reporting exposure to noise." ^{1, p.73} In spite of this facts the 1986 Noise Directive still has not been revised.

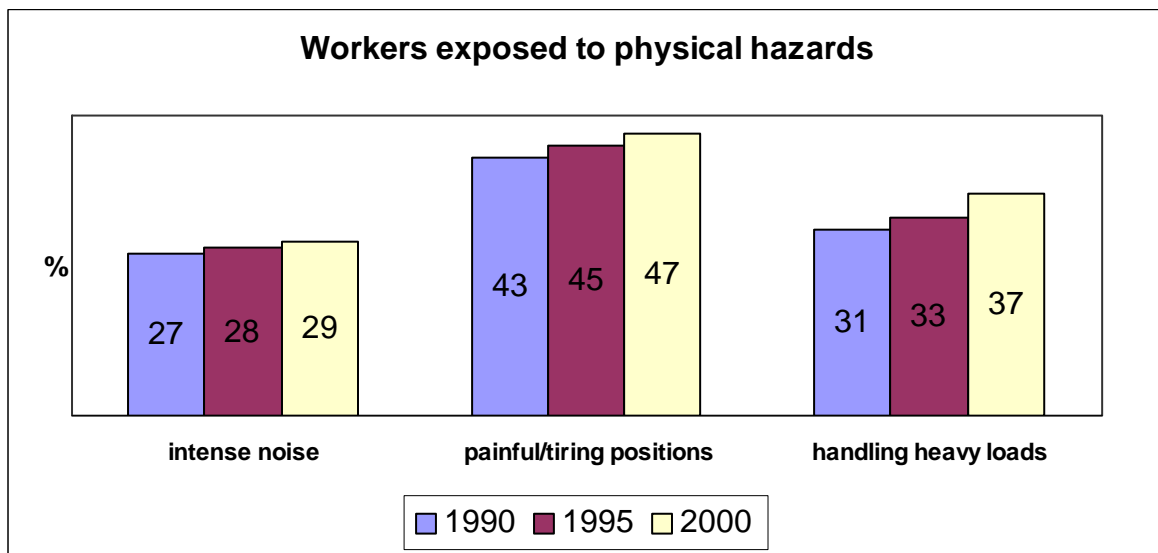


Table II. Source: Literature 1

Heavy loads: it is true that the weight of cement bags has been reduced in several countries but it is a fallacy to believe that heavy loads no longer play an important role at work places. “From a European picture, the ESWC-data shows that 34% of all workers interviewed in the survey reported exposure to lifting/moving heavy loads.”^{1, p.112}

Another significant tendency is the multi factorial risks in most working areas. The extended cooperation, communication and interdependence among different workplaces as well as units or companies increase external influence.

Instead of former working conditions, which were mostly determined by technological circumstances, we now have a changed situation in which the body, the nerves, the brain and the heart are simultaneously influenced. This fact is strongly influenced by changes in the work organisation, time patterns, work division or different forms of increasing time pressures. In this respect new production concepts also play a specific role.

The more workers identify themselves with company tasks and aims, the greater is the danger of being stressed by external demands. In case of uncertainty the pressure and risk will be greater. Figure IV shows some effects based on this problematic issue. Here, the so-called soft risks have the main reason. Physical loads arise mainly in connection with the narrow social infrastructure (workplace) as well as the broader infrastructure (other units, companies or clients). Therefore, the Dublin Foundation survey also stated that the number of workers related to new risks steadily increased.

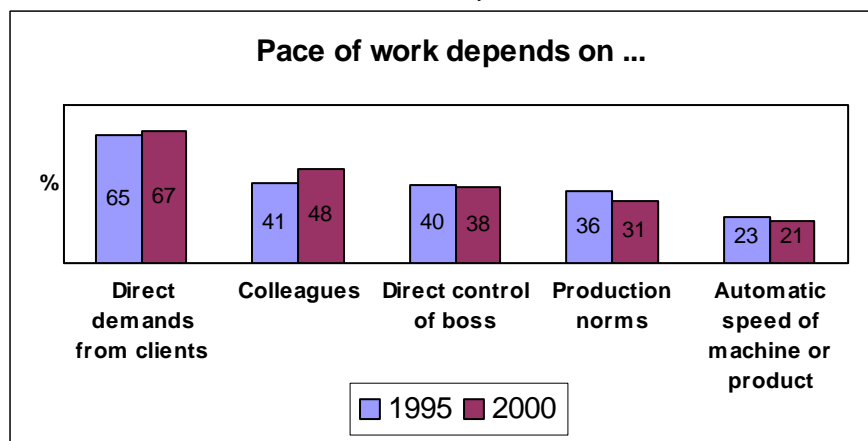


Table III. Source: Literature 1

An internal discussion paper of the ETUC confirmed reports of a steady increase of hazards related to the work organization. In this area, work intensification in particular plays a major role. The proportion of workers who report working at a very fast pace has risen from 48% in 1990 to 56% in 2000 and those working to strict deadlines from 50% in 1990 to 60% in 2000. These European figures are generally issued by available national surveys. The data base is probably sufficient and so is our knowledge on health effects at work. However, our concepts and strategies for influencing and creating the face conditions of workplaces are more limited. It seems a necessity to reflect on Lucien Lux's demand to achieve a lower productivity.^{2, p.6}

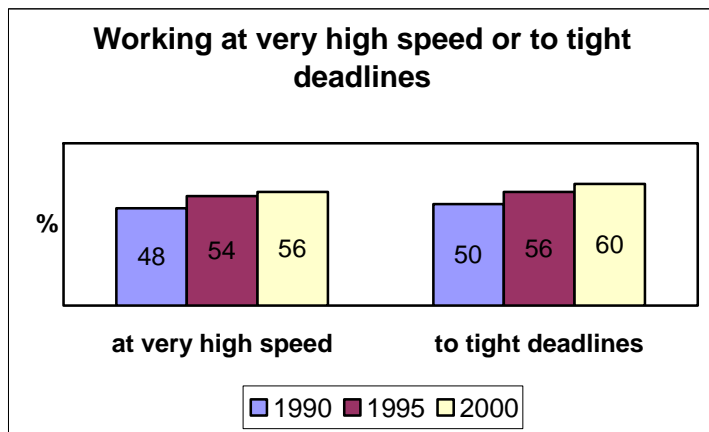


Table IV. Source: Literature 1

Finally, another aspect is worth mentioning, because of its increasing influence on working conditions. Unemployment is decreasing and employment prospects are looking brighter. This does not mean that improvements in working conditions are necessarily taking place. On the contrary, various aspects of job insecurity are common to all EU countries. Countries with the highest rate of job insecurity also have the worst employment accident records. What has been noted is also the high risks in specific employment such as temporary work. It was found that perhaps one of the motives for the awful situation occurring in Spain is that the construction sector is characterized by unstable working contracts and workers employed on a daily basis. Most of these above-mentioned tendencies and facts are not new and it is interesting to look how the European policy reacted in the past and nowadays, when confronted with these challenges.

2) The European Social policy

It is true that a specific social policy was not foreseen in the liberal construction of the European unification, but if we look back we can find traces of a social policy for its existence for a long time. Two examples are the 1980 directive for the protection of workers related to chemical, biological and physical substances and the 1967 directive on the classification, packaging and signing of dangerous substances. Two cornerstones in the process of developing a social face of Europe were the Single European Act of 1987 and the Social Protocol from Maastricht signed in 1992. Both of them set the course for a stronger social policy in Europe. This was reinforced by the fact that Great Britain joined the Social Protocol in 1997.

The European Single Act (1986) considerably improved the preconditions for a social policy on a European level. The new article 118a created the foundation for shaping social conditions, especially in the work environment and established majority voting. The European Single Act also founded the Social Dialogue. However, article 118a gave top priority to improvement of the working conditions in community policies. But the same article included a general clause stating that on the one hand SME's should not be disadvantaged by regulations based on this article and on the other, Member States agreed on a protocol aimed at preventing the disadvantage of workers in SME's. This situation led to discussions on the question of whether proposed regulations are too strong. This clause should be deleted and a new thinking has to be implemented: how can we support SME's and what kind of assistance is the commission obliged to give SME's to enable companies to fulfil the required minimum standards.

An additional step in creating stronger social conditions was the 1992 protocol on an European Social Policy which was annexed to the Maastricht Treaty. This is how the Community intended to support Member States' activities in the following areas:

- improvement of the working environment to protect workers' health and safety
- working conditions
- the information and consultation of workers
- equality between men and women at work
- the integration of persons excluded from the labour market.

The past situation makes it quite clear: when the European social policy was first created, health and safety matter at the work place was rather an exclusive topic. But gradually other themes occupied were given priority on the social agenda. Maastricht also included the topics of collective workers representation, of social security systems and of conditions for third-country nationals on the policy agenda, but these items were not covered by the procedure of majority voting.

The next step took place when the Amsterdam Treaty brought the integration of a special chapter on employment. The aim was to increase the employment rate. This policy also includes annual guidelines for every Member State. In addition, the Amsterdam Treaty contributed one legal procedure for proposals on health and safety at work. All topics from the protocol for a European Social Policy are now covered under the Article 137 (formerly 118a). Since then, the legislative proposal in this field falls under the procedure of consultation of social partners. The role of the European Parliament has been enhanced because the approval of regulations depends on it as well as on the Council. The past chapter 11 of the Treaty entitled Social Policy gradually altered its contents. The number of topics covered by this chapter increased considerably. After the latest amendment passed by the Nice Summit, two new items were included under the procedure of majority voting. The topics are:

- combating social exclusion and
 - modernizing the social security systems.
- Apart from this, from now on, the Council can decide unanimously to put other items under the procedure of majority voting. These are:
- protection of workers where their employment contract is terminated
 - representation and collective defence of the interest of workers and employers, including co-determination, subject to paragraph 5
 - conditions of employment for third-country nationals legally residing in community territory.

In general, this development is welcome because it gives the opportunity for improving living conditions. Nevertheless, another effect is that the attention formerly paid to safety and health conditions is now directed to a number of topics. Additionally, in Nice for the first time, the Council passed a social policy strongly based on the Social Policy Agenda of the Commission.³ What emerges from these documents is the tendency to regard workers' rights as a by-product of other objectives such as a well-organised knowledge-based society, a competitive economy or a high employment rate. However, the historical view shows not only a positive development but also an increasing gap between promises and practical output. One example of the rhetorical attitude can be shown by the Social Policy Agenda. Shortly after publishing its Social Policy Agenda that includes proposals for legislative measures aimed at improving working conditions, the Commission also launched its 2001 work programme. The European Parliament's Social Affairs Committee heavily criticised this work programme by reproaching it in particular for not taking on any legislative initiatives in order to strengthen the right of workers and improve working conditions.

3) The Regulative Framework

The 1989 Framework Directive (391/89) can be regarded as the cornerstone of the European policy for prevention at the workplace. This Directive created a framework for the European Health and Safety Policy and can be considered as a force for further action. Article 16 provides the Community with the possibility for more detailed requirements for specific risks. This directive already includes the necessity for a specific directive for the work on temporary or mobile construction sites. Afterwards, a long list of single directives were passed. Included:

- Workplaces 89/654
- Use of work equipment 89/655
- Use of personal protective equipment 89/656
- Manual handling of loads 90/269
- Work with display screen equipment 90/270
- Carcinogens at the workplace
- Temporary or mobile construction sites.

These directives formulate specific requirements for certain topics but all the regulations laid down in the Framework Directive remain valid. It is true that each single directive covers a specific topic but it does not include all people concerned by it. Consequently, self-employed people are always excluded, with the exception of the construction site directive. Some categories of workers are also not covered. The above-mentioned general clause for SME's has been incorrectly structured. All too often the tone of directives is influenced by a political compromise instead of a clear and consistent regulation. However, we cannot overestimate the added value of the Framework Directive. It founded a European safety and health culture that focuses on prevention and in this connection, it forces the employer to carry out risk assessments in every workplace. Hazards will be reduced or eliminated at the source. The involvement of workers is increased and other positive elements are included. The way of tackling health hazards at the workplace is comparable to the way Scandinavians dealt with the problems originally. This system is centred on the entered working environment and not only on isolated problems.

In general, the harmonization of working environment laws advanced rapidly in the post-Single Act period. The adoption of the Framework Directive in 1989, followed by individual directives were major gains which presented all Member States with a unique opportunity to overhaul the legal framework of workplace health and develop preventive arrangements. After 1992, the momentum decreased for a variety of reasons. Powerful pressure for a respite from legislation made it harder to get directives passed. The creation of the Molitor Group, arguing for deregulation, reflected such pressure. Consequently a lot of topics remain uncovered by single directives and some of the existing old directives should be revised urgently. Considering these problems, the European Parliament adopted a major resolution on 25 February 1999. In it, the European Parliament highlighted a series of problem areas not covered by the Community legislative framework (asbestos, occupational cancer, transport industry, stress, burn-out, violence and harassment in the workplace, musculoskeletal disorders, monotonous and repetitive work) and recommended that a policy be adopted to take account of the special problems of women. The Parliament also called for categories of workers not covered by the legislative framework (self-employed, domestic servants, subcontractors, outworkers) and it was concerned that health and safety at the workplace would not get enough attention in the enlargement process. Up to now, a detailed assessment of the national application of the directives does not exist. A thorough review of how directives are being applied involves more than just adding up the figures on the number of Directives transposed in the different Member States, so the criterion used in the Commission's 1998 midterm review (the transposition rate has risen to 95%) is not adequate. To sum up, the commission was criticised by the European Parliament for not implementing proper measures for necessary regulations as well as for its insufficient assessment of the national implementation of European legislation. These two aspects confirm that no new initiatives were made recently.

4) An insufficient practice – The way out: shaping the work environment

The last two chapters indicated the general conditions which influence a prevention policy has to act. On the one hand, the period of the last twelve years brought undoubtedly progress in the legislative framework but this process has reached a deadlock. On the other hand, the political atmosphere deteriorated. More and more health and safety topics are governed by other objectives and political headlines. In addition, in the meantime the European discussion is highly structured. Sometimes what is described as networking is only a common understanding of a topic or even only a prescribed phraseology excluding divergent viewpoints. Another problematic point in processes with a high structure is the tendency to preserve procedures and methods. This is visible in the current discussion on Occupational Safety and Health Management Systems. The main aim of this kind of systems is the standardisation of methods, measures and solutions. That also includes the tendency to standardise the problems as well. Therefore, it is a way of excluding the workers' capability to play an active role in the prevention process because a standardized tool is not flexible enough to include divergent views and new ideas for solutions or other procedures.

Probably the most problematic point in the field of work protection is the lack of practical transposition of the existing legislation. In this respect, we also have to distinguish between the transposition of Directives into national law and their implementation at the workplace. On two different levels, the gap between legislative measures and an appropriate practice can be reduced. The creation of good examples called "best practice" and often based on actions among the social partners shall be enforced. To reach the same results, European

Trade Unions should develop examples and tools for a proper implementation of specific requirements laid down in certain directives. Both can be used to urge the Commission to provide member states and interested groups with material and general guidance documents as supplements for directives. If no success is reached in reducing the gap between regulation and practice at the workplace, discussions on the revision of existing Directives will not lead to remarkable progress.

It is true, that the Commission constantly states the necessity of concentrating on the development of good practice, but proper action does not take place. Therefore, the plan to start the SAFE-programme (Safety Action For Europe) carried out in 1995 is still put on hold. The fact that the Commission does not demand additional money for the Social Policy Agenda is another proof of the relatively low importance of the European social policy. Visibly, there is still a huge gap between the legislative conditions and the developed practice. It quickly becomes clear that while the Framework Directive made a real contribution in laying down ground rules for the workplace, it fell short of addressing the full range of prevention issues. This meant also reviewing national prevention policy and giving it the tools to do the job.

On the national level, we found a comparable situation because bodies and institutions responsible for moving legislation in company practice are often ineffective.

- There is a general lack of health and safety inspection office especially in personnel resources (see the below figure)
- District representation arrangements covering small firms are very limited,
- Synchronized activities are very limited
- The organisation of preventive services are different and very often numerous groups of workers are not covered
- The coverage of workers by specific health and safety representatives remains very uneven
- Where worker representatives are installed their rights to training, information and consultation are not always fully assured.

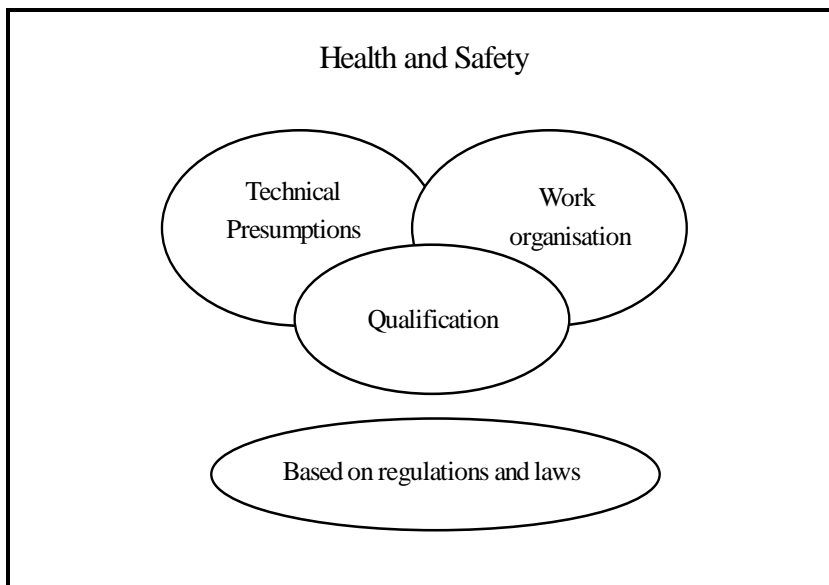
N° of employees per health and safety inspector	
Belgium	14,000
Denmark	9,000
Finland	5,000
France	10,700
Ireland	20,071
The Netherlands	16,667
Portugal	11,000
Sweden	10,500

Table V – Source: Trade Union Technical Bureau; Conference highlights differences in national implementation of Health and Safety Directives

Apart from the general political conditions and the lack of community activities for a proper implementation of a common prevention policy, there are also shortcomings in trade union policy in this field. In most countries, the resources used by Trade Unions to develop activities are limited and therefore little attention is paid to a comprehensive prevention policy. However, in every European country, the overwhelming majority of workers' health and safety representatives are Trade Union activists, even where legislation allows the election of representatives with no trade union ties. This fact shows that it is only in the Trade Union framework that effective organisation takes place. Therefore it is also an obligation for trade unions to increase their efforts in this field.

There is a tendency to consider health and safety matters as an exclusive field for experts. This is obvious in the topic of standardisation where normally Trade Unions are absent. In this respect, Trade Unions could influence the standardisation process if they are willing to organise the participation of non official members, for example engineers. In this sense there is a lack of systematic involvement of workers for example in the field of standardisation in the process of transferring legislation in a proper way. Although the obligation of any employer to carry out risk assessments, laid down in the Framework Directive, is a real opportunity to involve workers in matters concerning their workplaces in order to improve working conditions. Therefore, we need strategies to activate people at their workplace. Workers are very knowledgeable not only regarding risks but also on the whole working environment. They are able to report on the state of affairs in the field of technology and working cycles. In this context we need a reformulation of a common Health and Safety policy that includes a comprehensive consideration of all working conditions. First and foremost, what is requested is an integrated view of the technical presumptions, of the work organisation and of qualifications. Here, work organisation does not only mean the installation of the facilities in the workplace and the work style but also:

- questions such as working time patterns where currently something is being discussed excluding the problem of work protection
- or the question of a proper employment policy because the one actually pursued often has created job insecurity. The fact that an insecure job is generally harmful must be discussed on the same level as future preventive systems.



To achieve progress it will be necessary to assess the whole working process with all its implications on workers' health, including work division, work organisation and technical preconditions. It is highly important to use the results as part of the Trade Union strategy for the development of healthy workplaces. A global consideration of working conditions and aspects influencing the work environment will offer possibilities to influence the implementation of existing legislation and to enable the creation of new fields of activity. However, any action programme has to be converted into practice. This means the active participation of each individual based on his personal knowledge for the purpose of influencing the environment of which he is part. Still in the field of prevention without the active participation of workers' medical and technological institutions cannot operate effectively.

To resolve the problems which arise at the workplace it is important to obtain the participation of as many individuals as possible in order to get a complete picture of the existing problems. But to solve these problems, that arise from the above-mentioned changes in work organisation, cooperation and company policy, we have to fit together the single activities to a complete picture.

Rolf Gehring
European Federation of Building and Woodworkers
45 rue Royale, B - 1000 Brussels
tel. 0032(2)227.10.40; fax 0032(2)219.82.28
e-mail: rgehring@efbh.be

1) Dublin Foundation for the Improvement of Living and Working Conditions: Ten years of working conditions in the European Union (summary of the key findings of the Foundation's third European Survey of the Working Conditions); Dublin 2000

2) OGB-L aktuell; 3-2001

3) Sozialpolitische Agenda der Europäischen Kommission: KOM(2000) 379 endgültig

4) Neuer Fortschritt durch die Europäische Sozialpolitische Agenda? – Interview mit Anne van Lancker. In: Supplement der Zeitschrift Sozialismus 4-2001; Hamburg

5) European Agency for Safety and Health:
The State of Occupational Safety and Health; Bilbao; Luxembourg 2000

A strategy in the battle to improve the working environment.

Using questionnaires.

Niels Wegeland

Work-related illnesses have been known and described for many years. As far as I am aware, the first person to systematically start describing these illnesses was the Italian doctor Bernadini Ramazzini (1633-1714), who is now considered to be one of the founders of work-related medicine. However, few improvements were made to the workplace until the 1960s. Work-related illnesses were often accepted as a natural consequence of working. A focus was often only placed on the individual through the fault-finding and repair apparatus; the causal link between work and illness was only of significance when there was a risk of a labour shortage, such as with the gross exploitation of children. With the students' uprising in 1968, an uprising against professorial power, a change took place in the attitudes of society. This change also occurred in Denmark, criticism from the unions flourished. This criticism was developed into ideological criticism. This ideological criticism required theories – if they are to be scientific – to cover actual circumstances, i.e. to understand these circumstances in their historical and social context. Within medicine, it was the concept of illness as an apparatus fault that was under attack. In Denmark, this led to the establishment of collaborative groups between workers and academics, which during the early 1970s published many critical reports identifying the links between work and illness. An example here is painter's syndrome, which at this time was a serious problem in the painting industry.

In the mid-1970s, I became part of this environment, as a result of my studies at Roskilde University Centre. Here, I worked in a group to identify the problems experienced by dockworkers. This involved both interviews and questionnaire surveys. One of the concrete results that came out of the collaboration in this group was that dockworkers had fought for an education.

After completing my basic education at university, I took leave. This leave was to be used to gain practical experience for use in my further studies as a working environment technician, which was my goal at university.

That I chose the scaffolding industry to gain the experience I wanted was purely chance. Here, I met some wonderful colleagues, and quickly became part of the community; a community I have not left since.

At the same time, I continued to work within the critical union network, which consisted of workers, students and academics (AAA). I became active in the union, with working environments as my main area of interest. After a relatively short period of time, I found myself sitting on both the union's working environment committee and the board of the Scaffolding Club (*Stilladsklubben*).

At university, I had learned to work systematically in identifying working environment problems, and the scaffolding industry was not an industry without problems. We knew that detrition was widespread. It was therefore fairly logical that we on the Scaffolding Club's board decided to place a greater focus on detrition.

We therefore contacted the critical union environment at Roskilde University Centre in 1981, where we found a group interested in identifying this working environment problem. Together, we formulated the problem that had to be solved, through an evaluation of the working environment situation amongst scaffolding workers. The basis was to show the connection between detrition and the nature of the work. As a tool, we wanted to use a questionnaire, as a result of my past experiences.

We wanted to prepare a questionnaire survey because it was a quick and effective method of mapping the working environment in order to create an overview that would otherwise have been difficult to obtain. The overview that the survey creates makes it difficult to ignore the extent of problems facing individual scaffolding workers, the club, in the union or relationships with employers and authorities. We also considered the possible disadvantages of using a questionnaire.

During the course of many evaluations, meetings, etc., we prepared a useable questionnaire together with the group. This work alone took six months and finally in 1983 we were ready to send it out.

A total of 332 scaffolding workers took part in the first survey, of which 300 returned their forms. The survey showed that there was a quite unacceptable level of detrition within the industry. I could present many of the results we obtained through the survey here, but suffice to say that we documented what we already knew – that scaffolding work is hard and leads to many injuries. The survey in itself could not improve the working environment in the industry, only we could do that. However, by carrying out the survey in close collaboration with the students, we produced not only a record of the health-related and working environment conditions, we also strengthened the union work within the club. The problems experienced by individual scaffolding workers had been made clear to all and a dialogue could start on this basis.

Based on the extremely comprehensive data, we prepared short- and long-term objectives for the future work relating to working environment improvements.

We believe that the results of this first survey were satisfactory in relation to the work involved. We saw the debate as productive and positive, despite the data that had been produced.

Through the survey, we built up a good workers' safety group, which has continued to meet once a month even after the end of the project.

We then wanted to repeat the questionnaire 5 years later, in order to see whether there had been any changes. We again contacted the critical groups. It became apparent that changes in society meant that there was no longer any interest in studying working environments. After waiting for a collaborative partner for some time, we decided to carry out a questionnaire survey ourselves. The questionnaire was prepared. We had access to a computer and the software that was to be used DE (Data Entry) and SPSS (Statistic Packet of Social Science). Against this background, we got under way with the second questionnaire.

We were well aware of the huge workload we had taken on, and we also knew that we had to go through a learning process as no one other than myself had tried it before. The actual start, we had of course to thoroughly revise the questionnaire, was a major process for us. The results were good. We made the questionnaire interesting by introducing some small illustrative drawings. There were faults in the form but none of them were significant. Many people claim that it is impossible to get people to fill out questionnaires that are 40 pages long and have over 100 questions. We have found that it can be done, but not without extensive preparatory work and a good form.

We managed to send out the forms and achieved a response rate of 74%, which is an excellent result for a questionnaire survey. We managed to enter all 359 forms. We then produced comparative runs of the data. That took us a long time. That was not important to us, as the questionnaire enabled the creation of a greater collective understanding of the problems we face. The results were as expected, and the debate started again. In the group, we managed to carry out a questionnaire survey from start to finish. It was tough but, as I mentioned above, the second survey gave us a better understanding of the conditions in

the industry. We found that people who had a serious problem would come to us for advice. The number of accident reports and the number of injuries resulting from detrition increased, perhaps not a positive aspect but a result of the survey nonetheless.

Since then, we have carried out another questionnaire survey in 1995 in the same way and with the same results unfortunately. The improvements are small, although since the first survey we have had a two-year course. An indirect recognition that it is work that is wearing us down. A number of technical aids have been introduced and everyone is now offered personal safety equipment.

In 2001, we are now under way with the fourth questionnaire survey in order to continue the work to improve our working and health-related conditions. Firstly, we are trying to start a common debate and secondly, we are trying to secure data of a snapshot for documentation in the future. The comments we have seen in the previous and in the new survey make us convinced that we must continue to carry out surveys in which we communicate with most of the people in the industry.

Our goal is for a scaffolding worker to be able to work as a scaffolding worker throughout his or her life without being worn out, a goal which is as yet a long way off.

Niels Wegeland
Plaagaardsgade 2, 1st floor
DK – 2200 Copenhagen N

Organic Solvents and the EFBWW

Pieter van Broekhuizen

Introduction

Organic solvents are very useful chemical products or components for a multitude of products and a diversity of applications, but they are also products that mobilise emotions and they are subject to strategic fights concerning emission reduction and occupational exposure control. They appear high on the agenda of national and European environmental policy makers and especially in the Nordic countries and the Netherlands measures are taken to control exposure. Trade unions have played a key role in attracting the attention for the hazardous nature of these compounds and they were able to convince national authorities to develop specific measures to reduce the occupational exposure according to the occupational hygiene strategy. In other words, it was recognised that the general rule in occupational hygiene policy to set the highest priority on the source oriented approach (substitution of hazardous substances) is not general practise. On the contrary, even the lowest level of this occupational hygiene strategy, the use of personal protective equipment, is not reached in a majority of working situations resulting in occupational diseases like, in the case of organic solvents, the *organic psycho syndrome*: brain damage.

In Denmark, the use of high-VOC decorative paints has been drastically decreased by the legally required substitution, based on the "MAL-code" labelling system. The system was first introduced in 1972 already and is obligatory for paints that are used by *professional* painters.

In the Netherlands the approach was recently chosen to introduce a substitution obligation for the use in specific conditions of products with a high solvent content. In 2000 a legal ban was set on the professional use of solvent-borne paints for indoor use.

In September 1996, the European Federation of Building and Wood Workers (EFBWW) together with the International and Nordic federations organised a conference in Copenhagen on Organic Solvents. Emphasis was put on the need for the international trade unions to set up an international action programme on solvents: stimulating substitution in hazardous situations, design (exposure) prevention programmes and put pressure on the industry for the development of safe products.

Since that time some new initiatives were taken on the environmental front by the European Commission and by several national working conditions authorities. In international terms the trade unions kept relatively quiet. No collective activity in this field was observed.

The use of organic solvents is under discussion especially due to their hazardous nature, but until now the emphasis of European policy lies solely on environmental regulations. European regulations to reduce occupational exposure are still in a prenatal stage; initiatives by the European trade union can help to overcome barriers and stimulate European authorities to develop an aggravated policy to improve the working conditions in this respect.

Health effects

As a rule of the thumb it can be assumed that most types of organic solvents exhibit neurotoxic properties: aromatic hydrocarbons, aliphatic hydrocarbons, oxygenated hydrocarbons as well as chlorinated hydrocarbons. Therefore commonly used solvents like mineral spirits, toluene and xylene are solvents with a (significant) risk for serious harm on the nervous system during normal work.

The term *Organic Psycho Syndrome*, abbreviated as *OPS*, is used to describe the complex pattern of health effects on the *Central Nervous System* (brain damage), (as is caused by the exposure to volatile organic solvents at the workplace). Effects may vary from depression, irritability, fatigue and concentration disturbances in the initial stages of the disease until (if the exposure continues) serious cognitive and emotional complaints and even dementia in the final stages.

Organic solvents may also have different other adverse health effects: contact with the skin may dissolve the protecting fatty layer of the skin, causing dermatitis or eczema, forming of blisters or other skin diseases. The mediate polar solvents like glycol ethers used in water-borne paints as co-solvents, have the ability to penetrate the intact skin up to a significant amount, not only after direct contact (solvent-skin) but also after skin exposure to airborne solvents. The smaller aromatic hydrocarbons like benzene, toluene and xylene also penetrate the skin.

Depending on their specific nature organic solvents exhibit effects on different organs like the heart, kidney, liver, bone marrow, blood, reproductive system, nose, even the ears (hearing loss), eyes, the nervous system: peripheral and central etc¹

Many chlorinated hydrocarbons as well as benzene are carcinogenic. Methanol affects the optic nerve and may cause blindness. Swallowing ethylene glycol may cause severe renal necrosis (kidney damage). Hexane causes neuropathy (nerve damage). Exposure to toluene combined with exposure to high noise levels may show ototoxic effects: hearing loss. Aromatic hydrocarbons like toluene and xylene have toxic effects on reproduction.

Exposure and professions at risk

In practice for many workers the daily exposure to solvents fluctuates strongly, making it very likely that the averaged daily exposure will not exceed health based exposure limits (OELs). In other words, no health effects would be expected since OELs are said to prevent the health of workers. Nevertheless, in many working situations regular incidences of high peak exposures occur, making it likely that these short term, high exposures *do* pose a health risk, since it is supposed that high peak exposures, are an important trigger for the development of OPS. The Dutch Health Council recently confirmed this suspicion² and a special policy to identify and judge the occurrence of peaks was introduced, followed subsequently by measures that prevent the exposure to high peaks.

Professional painters are well known to be an exposed group and initially OPS was called *the Danish painters disease*. Other professions at risk are for example printers, metal workers, car repair workers, painting industry workers, carpet layers and ship building workers. Inventories carried out in Scandinavian countries for *all* professions show a decrease in reported solvent-related central nervous system disorders after the implementation of solvent exposure reduction measurements in recent years. In the eighties 50 (SE) up to several hundreds (DK) of cases per annum were reported. Recently for the Netherlands it was estimated that the number of cases of OPS is 30-330 workers per year or 2-22 workers per 10⁶ inhabitant using a total figure of 15 million inhabitants.

Since 1975 many different research groups have carried out epidemiological studies³ to find out a relation between health complaints and the occupational exposure to organic solvent. Professional painters are frequently subject of the research. Unfortunately only a very limited number of these studies are accompanied by exposure measurements. Those that are reported, quote that for indoor use of solvent-borne alkyd paint exposure may vary from about 25 ppm up to 210 ppm for painting large surfaces for white spirits as an averaged exposure using normal manual painting equipment (a brush or a roller).

The indoor use of water-borne paints resulted in a considerable reduction of the exposure of the painter to organic solvents (glycol ethers instead of white spirits). A Swedish study demonstrated that the total VOC exposure of painters using water-borne paints is approximately 1% of that experienced during indoor painting with solvent-based paints⁴

In 1995 the British Building Research Establishment (BRE) published a study that established the development of the airborne concentration following trim painting in a standardised room⁵ They used different paints. As could be expected it was concluded that the use of low VOC paints based on solvents with a lower vapour pressure was favourable, showing airborne concentrations considerably below the OELs, especially if the room was subject to little ventilation. Nevertheless, the study did not measure the personal exposure but measured the airborne concentration in the middle of the room. As a consequence the personal exposure of the painter, breathing at a distance of around 30-50 cm from the evaporating film, is expected to be higher (practice shows that this can be at least 10 times higher than the concentration in the middle of the room⁶).

As a general conclusion it can be stated that a strong reduction in exposure of the painter is realised using low VOC content solvent-borne paints for interior trim painting, but that nevertheless efficient ventilation is needed for safe indoor painting with solvent-borne paints.

European regulations

the Solvents Directive

An important milestone in the limitation of the emission of organic solvents is the launching of the Solvents Directive⁷ This directive came into force during 1999. It aims at “Limiting emissions of Volatile Organic Compounds due to the use of Organic Solvents in Certain Industrial Activities”, but it does not take into account working conditions. A number of specific VOC-emitting sectors to which the Solvents Directive applies are defined, involving such diverging activities and sectors as the distribution of fuels, the printing industry and the chemical industry. The directive requires the sectors involved to develop Solvent Management Plans, monitor solvent emissions and actually reduce these emissions. The first set of requirements from the Solvents directive will have to be implemented by 2002, while the deadline of full implementation of the Directive has been set at 2007. Full implementation of the Solvents Directive, together with existing national policies, is expected to result in an emission reduction of 50% compared to 1990 emission levels.

As is clear from the full title, the Solvents Directive aims at reducing VOC emissions from static installations in particular. Thus, industrial painting like furniture coating or automotive refinishing is included, while ‘on-site’ painting with *decorative* coatings is *not*.

However, the following side effects of the Solvents Directive may affect the development of VOC emissions from decorative coatings as well:

- Emission reduction targets imposed on paint manufacturers might convince them to produce paints with a lower VOC content. Another possibility however, is that paint manufacturers install end-of-pipe technology, or implement 'good housekeeping' as a measure.
- Research dedicated to the application of low-VOC paints in industrial settings might speed-up developments of low-VOC decorative paints as well as a result of technology diffusion.
- The increase in awareness of VOC-related problems triggered by the Solvents Directive might result in an increased demand for low-VOC products in the decorative sector too.

The magnitude of these effects is hard to estimate. However, the national associations of the paint industry are unanimous in the opinion that legislation on VOC-emissions during the production of decorative paints will have **no** direct effect on VOC-emissions from decorative paints in general. One reason given was the fact that in many countries measures such as proposed in the Solvents Directive are already in place for paint manufacturers. So far, these do not seem to have resulted in significant effects on the use patterns of high-VOC paints. Representatives from paint manufacturers associations indicated that "decorative coatings manufacturers will not have to change the VOC content of their products in order to comply with the Solvents Directive, either in manufacture or in use.

The national Ministries of Environment questioned appeared to have quite a different opinion to industry. The majority stated that legislation on VOC emissions during manufacture **is** effective in cutting down VOC emissions. However, most representatives might have meant that only the emissions during manufacture of paint have been reduced, and not those during the *use* of decorative paints.

Nevertheless, the influence of the Solvents Directive on the improvement of working conditions, i.e. the reduction of VOC-exposure, if present at all, will be only marginal. Further, product oriented legislation is necessary to realise this goal.

Proposed National Emission Ceilings Directive

Another European directive that will strongly influence the use and emission of organic solvents is the National Emission Ceilings Directive. On June 9, 1999, a proposal for a Council Directive setting National Emission Ceilings (NEC's) for four major pollutants (NO_x, SO₂, NH₃ and VOC) was issued. This Directive was developed in line with the Air Quality Framework Directive, and is meant to integrate policies on reducing the three major environmental problems, acidification, eutrophication and tropospheric ozone. Regarding tropospheric ozone, both emissions of VOC and NO_x play a significant role, and interact with each other. The NEC Directive will be *complementary* to the Solvents Directive as far as VOC emissions are concerned. The Directive sets longer-term objectives for further emission reductions, to be met by 2010. It is estimated that full implementation of the Solvents Directive, national policies and the proposed NEC-Directive together will decrease VOC emissions by 60%, compared to 1990 levels.

A European Paint Directive

A study on additional measures, contributing to the implementation of the NEC-Directive, revealed the potential cost-effectiveness of a Directive on VOC-content of paints and varnishes. This resulted in the study "*Decopaint*" on the potential for reducing emissions of VOC due to the use of decorative paints and varnishes for professional and non-professional use⁸ The recently published study indicates that there are good and feasible possibilities to reduce the solvent content of decorative paints in an environmentally

acceptable way and that there are even possibilities to further reduce the solvent content up to a level that reduces the adverse health effects of indoor working painters significantly. The study was aimed to be used as a basis for the development of a “paint directive”: a Council Directive on limiting VOC emissions from decorative paints and varnishes, through a reduction of the VOC-content of these products.

By the Dutch environmental ministry ideas are presented for the development of a larger European product framework, a product directive as a main directive with “sub-directives” like a paint directive and for example a cosmetics directive.

European workers health regulations

As has been said, there are no significant developments on the European level to regulate a reduction in occupational solvent exposure. The foreseen Paint Directive could have some starting points in this respect, but it is expected that, without additional political pressure from social groups a future *Paint Directive* will become restricted to a focus on the environmental aspects.

Attempts to put OPS on the European agenda were made during the Finish presidency of the EG. In December 1999 a conference on organic solvents was organised in Delft in the Netherlands. Here all the actual items on the use of solvents were discussed, ideas were launched and priorities were set concerning product substitution, patient health care and diagnostics. Nevertheless after the conference Europe felt quiet, and nothing happened up till now.

On the national level progress is made especially in Denmark and the Netherlands. In Denmark already in the 70's, and more recently in the Netherlands, the discussion on the effects of volatile organic solvents on central nervous system, has led to serious governmental efforts to reduce the exposure of VOC's to all professionals at risk. In Denmark the approach was the labelling of paints with MAL-code and the obligation to use only paints with a low code indoors. The system appears to be comprehensible for painters. With respect to the *results*, it was noticed in early nineties that the MAL-code system “has provided systematic substitution of high-VOC paints by paints with a lower VOC-content. More recent data from the Danish national association of painting contractors and the Occupational Health Service showed that indeed drastic effects have occurred. When the first version of the MAL-code was introduced in 1972, about 50% of interior professional decorative paint were water based. The introduction of the substitution principle in 1982 has speeded up the developments considerably. In 1999, it was estimated that about 98% of the interior professional decorative paints used were water-based. When interior and exterior professional paints are taken together, about 90% would be water-based.

Starting the year 2000, in the Netherlands the professional indoor use of paints has been restricted to wall paints with a VOC content lower then 75 gr/l and trim paints with a VOC content lower then 125 gr/l. In the same measure carpet layers are forced to use only low-VOC adhesives. For the graphical industry a substitution obligation is formulated for high-volatile cleanings agents. In offset the high-volatile cleaning agents with a flash point of lower than 55°C are banned, while in other graphical branches comparable measures are taken⁹ For the vehicle refinishing sector the substitution obligation is connected to the CEPE state-of-the-art product list. This list with minimum VOC-levels for products used in the vehicle refinishing sector was recently reviewed for their feasibility by the European Commission¹⁰ Other branches like the ship building industry, metal industry, building industry and the leather industry are foreseen to follow in the near future with specific substitution obligations.

The key issue in the formulation of these substitution obligations is the determination of the state-of-the-art: The determination of the best technical means, identification of available products with the lowest solvent content and consequently a low health risk (concerning solvent health effects). One will understand that the formulation of the state-of-the-art within this legal context is subject to heated discussions between the social partners and the government.

Currently a risk-oriented approach comparable to the Danish MAL-code is seriously discussed to become a basis for the estimation of the hazards of products and to get a key function within the substitution obligation measures. For this the OAR -the Occupational Air Requirement- might be the key. The OAR was designed in Norway for solvent-borne products¹¹It is partially equivalent to the Danish MAL-code. The OAR, as well as the MAL-code expresses the amount of ventilation needed indoors to reduce the solvents concentration to an acceptable level. Using a relatively simple calculation method (using the volatility and the toxicity of the solvent) the amount of required ventilation is established for using a specific paint product: a high OAR-value (or MAL-code) means that you are dealing with a hazardous paint while a low OAR-value indicate low toxic paints.

Challenges for the European trade union

It is clear that additional political pressure is needed to put organic solvents on European working conditions agenda. There are good opportunities to put extra emphasis on this item in the already started discussion on the development of a paint directive and eventually a more general product directive. As has been said, this discussion takes place on the level of environmental policy within the DG Environment. Nevertheless, a specific working condition approach might be necessary and might even stimulate the environmental debate. A role for the European trade union is obvious and is a great challenge.

Another starting-point for trade union pressure and very actual as well, could be to enhance the pressure on the improvement of *Material Safety Data Sheets (MSDS)*. Safe working starts with thorough information. At this moment it is common knowledge that the quality of these essential product documents is generally very poor, (of course there are many good exceptions as well). And even worse, the technical information presented in the MSDS is generally barely understood by the average worker. Initiatives to produce additional easy comprehensible workplace and layman oriented safety information sheets could be strongly supported by the trade unions.

Pieter van Broekhuizen
Chemiewinkel University of Amsterdam,
Nieuwe Achtergracht 166
NL-1018WV Amsterdam

-
1. Edward J.Baker, *A review of recent research on health effects of human occupational exposure to organic solvents*, JOM, Vol.36-10, (1994), 1079-1092.
 2. Health Council of the Netherlands: Peak exposures to organic solvents. The Hague, 1999, publication no.1999/12.

3. Summarised amongst others in:
 - WHO, Env. Health Criteria 187, White Spirit (Stoddard Solvent), 1996
 - ECETOC, Chronic Neurotoxicity of Solvents, Technical Report No 70, Brussels, Febr. 1996
4. Norbäck, D., G. Wieslander, C. Edling, Occupational exposure to volatile organic compounds (VOCs), and other air pollutants from indoor application of water-based paints. Ann. Occup. Hyg. 39-6, (1995), 783-794
5. Miller, E.R., T.B.Dearling, J.Boxall, Interior painting of trim with solvent-borne paints, BRE Information Paper, IP8/95, May 1995.
6. T. van Duivenbode, Personal communication, Stichting Arbouw Netherlands, April 2000.
7. COUNCIL DIRECTIVE 1999/13/EC, of 11 March 1999, on the limitation of emissions of volatile organic compounds due to the use of organic solvents in certain activities and installations
8. Decopaint, Study on the potential for reducing emissions of VOC due to the use of decorative paints and varnishes for professional and non-professional use, EC DG Environment Tender E1/ETU/980084, Chemiewinkel University of Amsterdam, Enterprise Ireland, WIMM, June 2000 E1/ETU/980084, Chemiewinkel University of Amsterdam, Enterprise Ireland
9. Regeling wijziging Arbeidsomstandighedenregeling betreffende werkzaamheden met vluchtige organische stoffen, 4 september 2000/ARBO/AMIL/00/53608 Directie Arbeidsomstandigheden
10. European Commission, Reducing VOC emissions from the vehicle refinishing sector, August 2000, ENTEC UK Ltd and PRA
11. Laid down by the Directorate of labour Inspection Norway 29 January 1998, section 18, subsection 3 of Act No.4 of February 1977 relating to worker protection and the working environment and section 20, 3ed paragraph of the regulations of 21 August 1997 relating to the classification, labelling, etc. of dangerous chemicals.

Asbestos - revision of the existing legislation protecting workers from the risks related to exposure to asbestos at work

Karola Grodzki

“Asbestos is recognised as the largest single cause of fatal disease and ill health caused by work.

In the EU, the number of deaths each year from asbestos exposure equals the total number of fatal accidents at work.”

These statements, taken from one of the UK Health and Safety Executive official bulletin¹ reflects the scientific based opinion of both the majority of the European Member States and the national health and safety authorities of i.e. the United States and other industrialised countries.

Asbestos is recognised as a proven human carcinogen by the US Environmental Protection Agency (EPA), the WHO International Agency for Research on Cancer (IARC) and the European Union².

After being inhaled, asbestos dust can cause diseases of the lung, malignant mesothelioma of the pleura and peritoneum, cancer of the larynx or asbestosis, to mention the most important ones.

That is valid for all different types of asbestos fibres (chrysotile, crocidolite, amosite, and anthophyllite), even if some of them are considered to be less potent than others for example in their ability to cause mesothelioma (i.g. chrysotile compared with crocidolite).

Even if the first cases of asbestos related lung diseases were reported in 1906 (!), it took more than three quarters of a century to adopt the first European Directive to protect workers from being exposed to asbestos at work (until 1983, when Directive 83/477/EEC³ was adopted) and more than 90 years to ban the marketing and use of all asbestos fibre in Europe completely (until 1999 when Directive 1999/77/EC⁴ was adopted).

As a consequence, workers have paid a heavy tribute to the mining but also to manufacturing and use of asbestos and asbestos containing products.

A leading asbestos researcher, Julian Peto, and his colleagues predict that deaths from mesothelioma among men in Western Europe will increase from just over 5,000 in 1998 to about 9,000 by the year 2018. In Western Europe alone, past asbestos exposure will cause a quarter of a million deaths from mesothelioma over the next 35 years. The number of lung cancer deaths caused by asbestos is at least equal to the number of mesotheliomas, suggesting, that there will be more than a half million asbestos cancer deaths in Western Europe over the next 35 years⁵. In Sweden, Jarvholm has reported that the number of deaths caused each year by malignant mesothelioma is greater than the number of deaths caused in that country by all workplace injuries⁶.

Nevertheless, the Commission's Directorate General for Employment and Social Affairs still concluded in its 1996 communication⁷, analysing and assessing the Community's legal framework dealing with the health and safety protection of workers exposed to asbestos, that

“The measures provided for by the existing Community legislation are still demonstrating their validity in the global framework of the protection of the health of workers exposed to asbestos; ...

Consequently, a thorough revision of Directive 83/477/EEC would be necessary only after a radical change in policy on the marketing of products containing asbestos, in other words if it were decided at Community level to extend prohibition of the use of asbestos."

When finally progress was made in 1997 in the discussion about a ban on the marketing and use of the remaining application of chrysotile asbestos⁸, the Council asked the Commission in April 1997 to develop a proposal for amending Directive 83/477/EEC, "considering in particular the merits of refocusing protective measures on those who are now most at risk"⁹, or in other word those workers exposed professionally in the maintenance, refurbishment, demolition and removal sectors.

The Council outlined several tasks for the Commission for the future like

- to ensure that the Directive's risk assessment provisions adequately reflect the different risks arising from work where exposure to asbestos is either an intrinsic feature of or incidental to the operation performed
- to revise the existing concentration and exposure levels
- to revise measurement methods
- to review the assessment of asbestos fibres in air
- to continue to review the risks arising from the use of certain fibres which are commonly used as substitutes for asbestos and the existing regulatory provisions which apply to these fibres

These and other requests like

- provisions for an adequate training of all workers exposed or likely to be exposed to asbestos during their work,
- a type of certification procedure for those companies involved in maintenance, removal or demolition work, or
- an obligation for owners of premises to provide information on the presence of asbestos in case of demolition or maintenance

were demands not only by the Council but also by the ETUC in October 1998¹⁰ and the Economic and Social Committee in March 1999¹¹.

After the adoption of the Directive banning the marketing and use of chrysotile asbestos in July 1999, the Directorate General responsible for employment and social affairs (former DG V) finally started work on amending the existing European legislation on the protection of workers from the risks related to asbestos exposure at work¹².

After having consulted the Member States first (starting in September 1999), the Commission drafted a proposal for a Directive amending Directive 83/477/EEC, taking into consideration most of the demands mentioned before. This draft proposal was then discussed during a first meeting of the ad hoc group 'Asbestos' of the Advisory Committee for Safety, Hygiene and Health in May 2000.

Without going here into further details, it can be said that - besides two topics¹³ - the ad hoc group did not have major problems with the proposal, and made - mostly unanimous - proposals for the disputed issues.

Before the adoption of the Treaty of Amsterdam, this would have been the normal procedure for developing and / or amending European legislation dealing with health and safety protection of workers at work.

But: With the Treaty of Amsterdam, a new procedure was established which obliges the Commission to consult the social partners ('management and labour') 'on the possible direction of Community action' before submitting proposals in the social policy field.

Therefore the Commission started - parallel to the discussion in the ad hoc group - the consultation of the social partners in June 2000.

One might have expected that the provided document for the consultation of the social partners would have been the same as the one presented in the ad hoc group. But far away from that. The document submitted to 'management and labour' was mostly a summary about the legislative history, culminating in the following three questions

- Do you think, as the Commission does, that it is necessary to strengthen the protection of workers against the risks related to exposure to asbestos at work?
- If so, do you agree that the strengthening should, in particular, take the form of an amendment for the second time of Directive 83/477/EEC?
- What should the main features of such an amendment be?

Disregarding the fact that the Commission - legally spoken - fulfilled its obligation for the first stage of the consultation foreseen in Article 138 of the Treaty of Amsterdam, it appears a bit odd to consult in some extent the same stakeholders in such a different way.

Due to the fact that the Commission is obliged to consult both (social partners because of Article 138, the Advisory Committee because of Council Decision 74/325/EEC¹⁴) but no provisions are foreseen how to do that, nobody really knows what the official procedure should be.

Notwithstanding that, Commission obviously decided, to go on with the parallel procedure.

So met the ad hoc group a second time in October 2000, delivering afterwards an opinion for the plenary meeting of the Advisory Committee in December 2000. Because the opinion presented didn't reflect the changes and demands discussed by the ad hoc group, the plenary meeting rejected it after a very fiery debate.

In addition, the Commission launched officially the second step of the consultation procedure according to Article 138 on February 12, 2001¹⁵. Replies in this stage of the procedure have to be delivered within six weeks (about the end of March 2001)

According to rumours, the Swedish government is trying to urge the Commission to present a proposal during its presidency (now), making sure that the Directive will be finally adopted in the second half of the year 2001 (under the Belgium presidency) in order to make sure that Spain (presidency during the first half of 2002) is not able to postpone the process any longer.

This would not be any longer possible if - just taking another scenario - the social partners decide within the second phase of the consultation procedure to launch their own negotiation process.

If the social partner decide to leave the process in the hands of the Commission, nobody knows what type of proposal will be presented. No further meetings of the ad hoc group are foreseen, so the Advisory Committee will probably not be consulted again.

If this is the case, and if the Commission is presenting a proposal without taken into consideration the amendments made by the ad hoc group of the Advisory Committee, the European Parliament looks like to be the last hope to influence the process.

Conclusions:

An amendment of the existing Directive 83/477/EEC reflecting the core demands of the Council, the Social and Economic Committee and the Advisory Committee would be a step forward in protecting workers still exposed to asbestos.

The proposal presented by the Commission as discussed and amended by the ad hoc group took most of these demands into consideration, even if some requests (like a register of asbestos containing buildings or the proven professional qualification of asbestos maintenance, demolition and removing companies) are not solved in a satisfying way.

But because of the uncertainties about the forthcoming procedure as such and the final proposal for a Directive in particular, a further judgement about the pros and cons would be based on pure speculation at this stage and therefore not very useful.

Karola Grodzki

TUTB

Bd. E. Jacqmain, 155 / B - 1210 Brussels

Tel. : ++32 2 224 05 68; Fax: ++32 2 224 05 61

E-mail: KGRODZKI@ETUC.ORG

-
1. TSB (Toxic Substances Bulletin, HSE), Issue 36, May 1998
 2. Directive 67/548/EEC classifies all types of asbestos fibres as category 1 carcinogens. This means that they are proven to be cancer causing from epidemiological and animal test data. They must be labelled with a skull and crossbones symbol and the R-Phrase "May cause cancer".
 3. Council Directive 83/477/EEC of 19 September 1983 on the protection of workers from the risks related to exposure to asbestos at work;
 4. Commission Directive 1999/77/EC of 26 July 1999 adapting to technical progress for the sixth time Annex I to Council Directive 76/769/EEC on the approximation of the laws, regulations and administrative provisions of the Member States relating to restrictions on the marketing and use of certain dangerous substances and preparations (asbestos)
 5. Peto J, Decarli A, La Vecchia C, Levi F, Negri E. (1999). The European mesothelioma epidemic. *British Journal of Cancer* 79:566-672. quoted after *Collegium Ramazzini, Call for an International Ban on Asbestos, Am. J. Ind. Med.* 36:227-229 (1 999)
 6. Jarvholm B, Englund A, Albin M. (1990). Pleural mesothelioma in Sweden: An analysis of the incidence according to the use of asbestos. *Occup Environ Med* 56:110-113 quoted after *Collegium Ramazzini, Call for an International Ban on Asbestos, Am. J. Ind. Med.* 36:227-229 (1 999)
 7. Communication from the Commission on the results of the assessment provided for the Council Directive on the protection of workers from the risks related to exposure to asbestos at work (COM/96/0426 final)
 8. the last asbestos fibre not completely banned in Europe in those days
 9. Council Conclusions of 7 April 1998 on the protection of workers against the risks from exposure to asbestos
 10. Resolution of the ETUC Executive Committee of 8 October 1998
 11. Opinion of the Economic and Social Committee of 24 March 1999
 12. Council Directive 83/477/EEC of 19 September 1983 (see FN 2) and Council Directive 91/382/EEC of 25 June 1991 amending Directive 83/477/EEC on the protection of workers from the risks related to exposure to asbestos at work
 13. one concerning exemptions foreseen for certain types of works with regard to protective and / or preventive measures, the other one with respect to the proposed limit value
 14. Council Decision 74/325/EEC of 27 June 1974 on the setting up of an Advisory Committee on Safety, Hygiene and Health Protection at Work
 15. even if the consultation document was finished in November 2000 (!)

Report

The Social Dialogue in the Candidate Countries, Bratislava, 16-17 march 2001.

Jan Cremers

The participants of this conference in Bratislava were dealing with the final presentation of a first extensive study commissioned by the European Social Partners (the European Trade Union Confederation on the one hand, UNICE and CEEP on the other). The study was funded by the European Commission. The central focus was the state of affairs of the social dialogue in the 13 countries that have applied for EU membership. Therefore country reports were produced and one of the researchers, Franciszek Draus, produced a synthesis report (in CLR News 1/2001 we already reviewed an earlier study of Draus). The conference participants (150) came from western European, central and eastern European organizations and from the EU Commission.

After the unavoidable general introductions, the participants had the opportunity to discuss the country reports, available from the ETUC website (http://www.etuc.org.events/010316_17.com).

In this report I would like to pinpoint briefly some critical aspects of these studies. Although the different country reports were discussed heavily, I think that in general their quality is acceptable. The organizers had serious problems to find good experts and to stick to a consistent working method and structuring of the reports. Therefore, and notwithstanding the first general opinion, the diversity of the reports is too big (detail, impact, completeness). A close look leads to the following impressions. I think that it is worthwhile to discuss the synthesis report at another moment.

Theme 1. was dedicated to developments regarding tripartism.

In an interview that I had with Franciszek Draus, he had to admit that the pressure from the EU to install a social dialogue and to start with tripartite advisory bodies has so far lead to a kind of artificial consultation in several of the applicants countries. To take the example of Hungary. Tripartism exists, but the organizations that are sitting on the table with the government have no roots, nor in the different branches, neither in the companies. Their mandate is weak and the implementation of the outcome of the tripartite talks is therefore poor. In the worst scenario, the impact of tripartism is then a public relations activity of the government. Tripartism functions in those cases where autonomous partners with different responsibilities speak to each other about joint interests and where these partners have the capacity to implement and delegate.

Another weak spot with tripartism as currently developed in some of the central and east European countries is that the focus is mainly on legal items and/or government issues. The direct link with labour relations and with the needs that the social partners themselves have is often absent. It is not their agenda but the government agenda that is tabled.

Theme 2. was dedicated to collective bargaining and bi-partite social dialogue.

The feeling in general is that the political climate is favorable towards collective bargaining in the different branches as well as in the companies. But in practice collective agreements in the sector are almost non-existent, with a few exceptions (for instance in the building trades). Industrial relations at branch level are rudimentary.

For a number of reasons the sectoral organizations are often only repeating what is already done at central level:

- autonomy is weak, no power base in the companies,
- difficulties in defining the sectors, employers and companies have no feeling of belonging to the same sector, there is no joint frame or homogeneity,
- national labour law provisions are so detailed that further negotiation makes no sense.

Perhaps similarly important are the more 'internal' problems between the partners at branch level:

- unions are absent in the private sector, there is dispersion of trade unionism,
- employers often prefer bargaining at plant level or even on an individual basis,
- employer organizations seldom have a mandate from members (companies),
- both partners lack representativeness and their experience with regard to industrial disputes and to collective bargaining and negotiations is underdeveloped.

The study did not focus explicitly on the branch level. More research is needed to get an answer to the question of what added value partners at the branch level can bring to industrial relations in the applicant countries.

Theme 3 concentrated on the involvement of the social partners in the preparation of EU membership.

The findings demonstrate that the focus is too much on the tripartite talks between the central organizations. A real involvement based on joint definition what membership means for industrial relations and for the future of labour conditions or the reshaping of the economy is developed only partially. Nevertheless, there are several central organizations that so far have strongly backed up the EU application.

But here again the problem has been that this often happened in a vacuum, the capacity to build up such a policy from the rank and file and to implement it in the sectors and companies is absent.

Reviews

European Agency for Safety and Health at Work:

Future Occupational Safety and Health Research Needs and Priorities

European Agency for Safety and Health at Work; Office for Official Publications of the European Communities, 2000 Luxembourg.

Rolf Gebring

Not even a properly established prognosis on future work development could be a prerequisite for taking appropriate measures for improving working conditions. To this end, the “European Agency for Safety and Health at Work” published a report in 2000 on “Future Occupational Safety and Health Research Needs and Priorities”.

The agency was established by a Council Regulation in 1994 and while it plays a key role in the health and safety policy at European level, it has one key issue: to carry out information activities related to Occupational Safety and Health (OSH) research.

In accordance with the Work Programme of the European Agency, data collection was carried out in the Member States in 1998-99 for the following reasons:

- in order to publish up-to-date information on future OSH research needs and priorities
- to give an input into the Commission’s programmes
- to improve collaboration between the Community bodies and the Member States
- to guide occupational safety and health research over the next decade.

In 56 pages, the brochure gives a summary of the structure and the main results of the investigation. Charts of results based on the tools and guidelines prepared for the national Focal Points are also annexed.

The whole investigation was based on reports prepared by the national Focal Points. To this end, the Agency provided the Focal Points with a broad outline for the national reports, sheets for the data collection and classifications of specific risks and with a list of different types of European co-operation requested by the Member States.

The structure of the survey leads to the creation of new categories, which were not originally part of the elements of the survey. Poorly structured tools were used for the survey. Therefore the investigation gave room to misinterpretation and the results are rather unreliable. This is perhaps a general methodology problem for this type of investigations. Trying to compare different cultures and trying to include different social viewpoints and languages create a communication gap. In this sense, the survey shows a kind of “self-fulfilling prophecy”.

The national reports and data were included in the framework of the European health and safety policy, leaving little space for divergent opinions.

The validity of the results also seems restricted because social partners and scientific institutes were not constant in all member states. Although one of the objectives was to include their viewpoints. Finally, the level of external consultation by Focal Points varied widely: some Member States did not consult at all, but instead relied on existing information. Others consulted only a narrow range of institutions and in some cases, supplemented this enquiry with other information.

Nevertheless, some results of the report are interesting. Nearly all Member States gave particular attention to psycho-social issues and ergonomics. In these fields, the main risks regarded as priority areas were stress at work and manual handling/work postures. Particular attention was also given to chemical risks factors, including toxic/dangerous chemicals and/or carcinogens, and safety risks. Attention was also given to occupational diseases, physical risk factors (like noise and electromagnetic fields), the risk management in SME's and the substitution of dangerous substances.

In connection with an appropriate framework for health and safety activities, member States highlighted areas in which further research is needed: best practice, benchmarking, learning and competence development.

A more detailed chart listed the priorities under specific categories:

- society and work organisation
- management and technology
- risks in working environment
- health effects and specific topics.

The impact of the European Framework Directive in obliging companies to make the results of a risk assessment available is still the highest priority. Here, emphasis is also placed on external assistance, e. g. learning from others (best practice, benchmarking) as well as learning and competence development. In this chapter, activities and sectors with the highest risk factors are also surveyed. Agriculture, manufacturing, construction, transport and health /social work received particular attention.

Moreover, the single member state priorities are tabled. Although most priorities derive from similar problems, the political orientation for common action varies from country to country.

Therefore the overall priorities point at a similar problematic nature, different orientations are documented in this table. The main reason is probably the different culture of occupational safety. Unfortunately the results related to future needs for European co-operation are limited. They only deal with general concepts such as the necessity of added value for common research projects, the need for the establishment of networks as well as seminars and conferences.

In general, the report gives some hints for the current situation and especially the interpretation in the different member states. It also focuses on their priorities but the question of future occupational research needs and priorities is left unanswered. This is caused by the inappropriate approach of the survey. It was conducted within the framework and guidelines created by the European policy and activities in this sector. Consequently the report tends to develop issues which are regarded as being relevant instead of issues which arise from situations which are constantly evolving.

Strategies for Occupational Health research in a changing Europe
Proceedings of a workshop in Brussels 10th-11th January 2000.

Edited by Peer Westerholm and Staffan Marklund

Arbete och Hälsa, 120 pages, National Institute for Working Life, Sweden.

Ulrik Spannow

Back in January 2000 a workshop entitled “Strategies for Occupational Health research in a changing Europe” was held in Brussels under the authority of the National Institute for Working Life (NIWL). This review highlights the key conclusions, many of which fit well into the real world of the European Construction and Wood sectors.

The workshop took stake of the processes of change and transition related to developments in the global economical system. It focused on the impact on labour markets, organization of work and enterprises, with implications for the scope of occupational health and occupational health strategies, practices and research both on national and on enterprise/workplace level.

Features of this process includes the increased use of workers of temporary contracts, self-employed persons etc.

All these changes at macro-level have according to the workshop implications for occupational health. Reports from several countries have pointed at high levels of negative stress due to increased pressure at work and long working hours. A particular important feature is the “invasion of work into the sphere of private life, blurring the distinction of life at work and life off work”.

An implication of this development is a need to expand occupational health research to include also general aspects of living and social conditions. Due to these developments, occupational health today is understood more broadly.

The workshop pointed out the foci on today’s research agendas of occupational health research institutions:

- stress and demands on adaptability of workforce to physical conditions and organisational settings,
- stress related to loss of self-esteem or loss of security,
- implications of the new work life for trust and loyalty of staff,
- work-related fatigue and burn-out,
- recovery from psychological work strain,
- social support, leadership and management systems,
- the quality movement and occupational health and safety,
- organisational handling and effectiveness in coping with new work life challenges.

In the world of change, research in modern working life is truly a multidisciplinary undertaking.

The institutions

In the European countries the financial basis for the occupational health research is variable. The market mechanisms have been introduced into the funding of the research institutes. As a consequence, institutional resources are diverted away from other programmes to agendas judged to be more profitable, in terms of funding prospects.

The great national differences are stipulated in the paper with the example of Norway and UK: In Norway the health and safety institute, employing more than 100 people, is funded 90% by the Government, while the much larger UK has no such national research institute at all.

Changing market mechanisms in Europe constitute a new context for occupational research institutes. This may lead to a shift away from long-term research objectives towards a shorter planning range in terms of project or programme time, giving priority to projects expected to yield outcomes with practical utility value within a shorter time period.

New and old health and safety problems

At the workshop it was agreed by several national reporters that recent trends do not only produce new problem areas and new causes to work related health hazards. Some old hazards continue to exist, and some traditional exposures have not been sufficiently researched. In a rapidly changing work life it is important not to forget that old risks still produce problems for large numbers of workers in different branches and occupations.

In a number of European nations, there are growing health problems related to mental stress and increasing intensity of work. Growing time pressure, increasing educational demands and increasing task complexity have created a situation where a majority of the working population is suffering from negative stress. The most well known effects concern health and social life, but recent research has also pointed at negative effects of stress on productivity, product quality and creativity of the individual.

Long time sickness, extreme forms of work related fatigue, burn-out syndrome and a number of other mental disorders are reported to grow and are in many nations seen mainly as an effect of tougher conditions in modern working life.

Specific research considerations should be directed towards groups that are exposed to multiple hazards, such as a combination of physical and mental strain. One example of such problems is groups working under demanding ergonomic conditions, as well as under large stress. The risk for work injuries is in many cases not only additive in such combinations, but even further increased. Long-term effects of even moderately combined ergonomic and mental demands are not well known.

The increasing ergonomic and mental demands have particularly dubious effects on older workers and workers with limited work ability. Due to the ageing of the labour forces of Europe, there is a need for intensified research on the working conditions for middle aged and older workers.

Communication is the key

A great deal of research knowledge is not used in the work environment. Research results very often need to be “translated” into a language where practitioners can more easily find useful information and examples of realistic applications.

There is a need in all countries of Europe to increase research into processes and practical solutions and applications. This will mean a greater emphasis on implementation research.

More emphasis must also be placed on attempts to measure the economic cost of occupational and work-related health disorders. The workshop paper refers to a recent WHO report showing that in the USA the direct and indirect cost of work related injuries and disorders are larger than those for AIDS, an on a par with those of cancer and heart disease. More research and development in costs and benefits of activities that positively or negatively affect occupational health should be stimulated, the workshop stated.

Large companies often have the capacity and are motivated to pursue own programmes on hazard prevention and health promotion. For SME's this is not the case. The SME sector of labour markets of Europe is largely underfunded, under-researched and, accordingly, unknown with regard to R&D needs and, indeed, occupational health service needs.

European Co-operation

The role of European institutions has clearly increased during the recent decade, by the setting up of the European Foundation for the Improvement of Living and Working Conditions in Dublin and the European Agency for Safety and Health at Work in Bilbao. However, the European approach has been to facilitate networking between member countries.

There are many benefits to be gained from effective collaboration. Future research should be timely, relevant, well-grounded and appropriate for application by experts and laymen in the European Union. The research is also, in principle, a shared responsibility between states, employers and workers at all levels in the European Union.

Finally, the workshop underlined the fact, that existing networks between occupational health research institutes and departments should become institutionalised at the European level, as part of a European strategy to strengthen the social dimension.

Ulrik Spannow
BAT
Kampmannsgade 4
Postbox 392
DK – 1790 KOBENHAVN V
Tel: +45 33 9722 51; Fax: +45-33-97 11 61
E-mail: ulrik.spannow@sid.dk

Which direction is research into Health and Safety at the workplace currently heading?

Research into occupational Health & Safety is proceeding down innovative routes

Reports on two conferences held in 1999

Bernd Eisenbach

Changes under way at the workplace have far-reaching consequences for the content and future direction both of occupational Health & Safety and of research in this field. What are the topics and the focus of current debates? Which routes of change are going to be the ones that matter? We shall be reporting on two conferences, at which experts and scientists address these issues. The current state of international research, especially European research, was covered at both conferences.

Firstly, the European conference "Future of Working Conditions" took place in connection with the EU presidency on 8/9 June 1999 in Dortmund. It was arranged by the German Federal Institute for Occupational Health & Safety and Medical Care, supported by the European Agency for Safety and Health Protection at the Workplace and other bodies. A debate on "Change in the world of work", first started at Bilbao in October 1998, continued at this conference. Central topics of the conference were:

- changes in business
- changes in demand
- organisation of learning
- safety and health protection in a state of change, also
- learning about preventive occupational health and safety.

The second conference we report on took place on 25/26 November 1999 in Dresden. Here, the results of the "Workplace Health & Safety Forum" project were assessed ; this study was designed to evaluate the research work carried out into occupational health and safety, from both quantitative and qualitative aspects. In the "Workplace Health & Safety Forum" project, the German government entered into a partnership with professional associations and medical insurance firms with their "Work" and "Research" facilities, to evaluate the state of research into occupational health and safety, using several different methods.

"Classic" occupational health & safety forms the core of workplace accident prevention research, now as always

In spite of all the preoccupation with the processes of change and the search for innovative approaches, there was clear unanimity among the delegates at both conferences on two principles:

1. During the time-scales with which the present debates are concerned, most employees will be working under partially-changed working conditions in traditional types of organisation, traditional trades and professions, traditional training.

2. The “Preventive content“ provided by health & safety must always relate to health; otherwise research into health & safety would lose credibility and become hopelessly diffuse. It follows that health & safety research must be independent of workplace research. Thus, Zober and Pallapies for example urged that health should not be simply subsumed under workplace research, but rather that “health should be the yardstick by which new types of work are assessed“. (*Zober und Pallapies, 1996*)

From the viewpoint of classic occupational health & safety, there are hence further issues, such as the locomotor system, stress, skin disorders, respiratory illnesses, alcohol and drugs, cardiovascular diseases, problems with working positions at screens, shift-work, noise and hazardous work materials, which set the framework for treatment and research on occupational health and safety protection.

Research into occupational health and safety – debates
at the end of the 20th century. Workshop on 25 and 26
November 1999 at Dresden.

The U.S. Department of Human and Human Services produced the same results. They ascertained future occupational health & safety research requirements in the 21st century in a questionnaire of hundreds of scientists, putting the requirement for research into occupational illnesses at the top of the list of priorities. The starting-point for their approach is the cost of work-related illnesses and accidents in the USA. (*U.S. Department of Health and Human Services, 1996*)

The field of “classic“ workplace safety, an area of research for occupational scientists, medics, toxicologists and engineers, may be summed up in the following categories:

ILLNESSES/ACCIDENTS

- allergic and irritable dermatitis
- asthma and chronic obstructive lung diseases
- fertility impairment / pregnancy complications
- loss of hearing caused by workplace noise
- infectious diseases
- diseases of the vertebral column
- muscular and skeletal diseases of the upper limbs
- traumatic injuries

WORKPLACE AND EMPLOYEES

- hazardous technology
- interior room strain
- cumulative strain
- types of organisation at the workplace
- specific high-risk populations

METHODS AND STRUCTURES

- Cancer research methods
- Surveillance technology and protective clothing/equipment
- Methods of evaluating strain
- Health service research
- Research into the effectiveness of intervention
- Methods of risk-assessment
- social and economic consequences of occupational diseases and occupational accidents.

The reason for the traditional focus on occupational health and safety is the cost of work-related diseases and accidents to the American economy. It is estimated at around USD 170 billions. (*ibid.*)

Preventive health & safety at the business workplace as a field for innovative research

It is **one thing** to identify the sources of risks; going on to deal with them, i.e. to eliminate those risks, is **quite another matter**. Old-style health and safety is now well out-of-date. Under this system, state regulations laid down rules which were to be applied by official enforcement agencies. By the middle of the 20th century, this old prescriptive approach had become discredited in all circles of people concerned with humanising the workplace. Industrial hazards were so complex, they no longer lent themselves to control by regulations alone. On top of this, the complexity of social relationships at work came into the picture, which also made it obvious that health and safety could not be prescribed by legislation, but had to be induced from the people actually involved. In other words, it had to be embedded into the working and operating practices in use by the company. By the mid-1970s, therefore, issues of occupational health & safety and research into preventive health care were incorporated into operating and processing strategies in all industrialised countries. This is when business management systems were reviewed, paying attention to their suitability for health & safety in the light of new research, also when the requirement for industrial democracy and worker participation in state and society from the point of view of occupational health & safety was being considered.

When innovative approaches to occupational health & safety are discussed nowadays, such approaches are intended to mean discovering ways towards improved operating strategies in the fields of occupational health & safety. Around 30 years after the humanising movement of the 1970s, nowadays the business operations field, for example, has advanced greatly and become more differentiated over occupational health & safety.

Innovative approaches in small and medium-size firms

Health & Safety raises two issues in small and medium-size firms. Firstly, operating units are mostly so small that it is not feasible to acquire all the necessary experience and competence needed to cope with today's problems. Secondly, there exist industry-wide advisory systems, willing and able to offer assistance to an accretion of small firms that has become almost impossibly diffuse. In these circumstances, the focus of research interest is shifting towards forming and organising advice sources that will be in a position to marry available operational approaches for a system of management up to flexible operational centres of competence of an industry-wide character. Thus, in Dresden *Eleftheria Lehmann*

advocated the “securitas“ core support system, newly installed in North Rhine-Westphalia, which will be suited to the particular problems of small and medium-size firms over four vital dimensions:

- Innovations in workplace organisation,
- Allocating resources, especially human resources, as a pre-condition for innovation and flexibility,
- Frequent changes to, and redefinition of, employment conditions arising from changing contractors (subsidiaries, suppliers),
- Shared employee responsibility for accident-prevention in the context of new working methods; e.g. work in groups, virtual teams, tele-working. (*Lehmann, 1999*)

Management systems in internal company health & safety protection / psychological strain

Company management systems are being discussed intensively in research into health & safety, including both these conferences. Subjects up for debate include the relationship of occupational health & safety management systems to current company leadership, and to newly-introduced quality standards in the fields of environmental protection management and quality management systems. There is a clear need for more research on the following topics:

- Quality and profitability as the main aims of an enterprise
- Economic evidence for the effectiveness of preventive health measures
- Transferring of, and the transfer conditions for, current management systems
- Integration of occupational health & safety into all (!) stages of the production process
- Creation of the background conditions at the company for the use of individual solutions (e.g. working hours and work areas).

Delegates at the Dresden conference confirmed that the question of “soft“ factors in workplace strain (e.g. stress) had hitherto been insufficiently addressed. Assessment methods to get a handle on psychological demands and shortcomings in practice. There needed to be research into the effects, for example, of new work organisation methods on mental strain in employees.

In connection with the status of company health & safety protection, it was pointed out that were virtually no methods of conclusively demonstrating the economic usefulness of occupational health and safety protection measures. In these circumstances, benchmarking (i.e. best practice) was a possible assessment method. The criticism was made that in German companies the openness and trust required to carry out best-practice assessments successfully was lacking.

Interesting clues to the dynamics of company processes of change were provided by *Oleg Cernavin* and *Markus Weibrauch* in this connection. Both these scientists were of the opinion that it was currently possible to detect a trend, marked by increasing complexity and social segmentation, as well as increasing self-regulation of all processes. This gave rise to tensions and dynamics in which only those able to build up an ability to cope with constant change could hope to succeed. Competence to deal adequately with change is becoming a central feature of everyday life. It applies equally to work and company activities.

One prerequisite for a successful business is a permanent ability to change. The term ability to change means, primarily, reducing existing complexity in such a way that a core existing corpus of company knowledge can be identified and turned to good account for company processes. Through these processes, unique products and achievements like high quality, efficiency and effectiveness can be developed.

Ability to change can be generated by companies only on the basis of self-skilling and self-regulation of company processes. The stage of development and level of activity in self-skilling and self-regulation in company routines will determine the ability to adapt and change, and thus the success of the company's operations. The resources needed for self-skilling and self-regulation are to be found above all in human capital, knowledge and creativity. The reduction of complexity is possible only from employees by applying a permanent learning, self-skilling and self-regulating process. Companies have to produce the conditions in which this ability to change can be engendered and developed in its employees.

Future of working conditions – European conference
on 08 and 09 June 1999 in Dortmund.

The degree of ability to change, and thus also the degree of self-skilling of a company, are the outcome of an optimal arrangement of all processes. Examples supporting this thesis were produced at many points in the debates. Employees who do not feel well will be unmotivated employees. Employees who have to worry about friction and incidents involving injuries are wasting their energy. Employees who suffering from mental strain are unable to be creative. Employees who are unhappy with the configuration of working positions are unproductive. Employees who must compensate for deficiencies in technical routines waste their potential for self-regulation in having to maintain the faulty state of affairs. Employees who must continually attend to issues that ought never to have arisen in the first place (errors, quality problems), are not motivated to step up the learning process.

Incident and accident prevention at work, it was emphasized, is part of all these processes. In these cases, the potential of accident prevention is apparent. Incident prevention becomes an essential component of a company's ability to change. The potential for self-skilling is based on the potential of occupational incident prevention.

Here we are not talking of heavy-handed workplace regulation; rather, it is a matter of reforming the rules. Neither are we talking about workplace accident prevention, aimed exclusively at safety technology or occupational medical treatment for human accidents or occupational diseases. The type of workplace protection and prevention we are talking about is protection and prevention relating to the soft factors – the social processes and organisation of work routines. Anyone who views occupational protection as part of the business self-skilling process is looking at a wide repertoire of further possible preventive measures for the workplace.

Most of the delegates were agreed that the people currently involved in workplace protection are completely unprepared to deal with a requirement of this sort. It came out repeatedly in the debates that many companies operate a thoroughly modern health &

safety régime simply by fulfilling their potential for self-skilling and self-regulation, without even realising that, in so doing, they are thus driving workplace protection. We need to learn from such companies.

On the other hand, an acute dilemma is apparent here in existing workplace health & safety protection. Workplace accident- prevention and protection services at these innovative companies come in part from services that were originally from totally different fields (company advisers, quality management, environmental management). The issue of the common comment “But we’ve been through all this before“ comes out particularly clearly in this situation. (*Cernavin, Oleg and Weihrauch, Markus, 1999*)

Bernd Eisenbach

Trade-union: Building-Agrarian-Environment, Federal committee
Committee field: Social policy - Employees - Women - Technology
Olof-Palme-Straße 19, 60439 Frankfurt am Main
Tel.: (069) 95 73 73 05; Fax: (069) 95 73 74 09
E-mail: arbeit.gesundheit@igbau.de

References / further reading

Federal institute for occupational health & safety and medical care (ed.): The future of work conditions - European conference on 08 and 09 June 1999 in Dortmund, Series of articles by the Federal Institute for Occupational Health & Safety and Medical Care, conference report Tb 102, Dortmund / Berlin 2000, ISSN 1433-2132, ISBN 3-89701-455-6.

Cernavin, Oleg and Weihrauch Markus: Substance of research into occupational health & safety to speed up innovation and its successful application, cited in: Scheuch, Klaus, Haufe, Eva and Weihrauch, Markus (ed.): Research into occupational health & safety – debates at the end of the 20th century. Contributions to workshop on 25 and 26 November 1999 in Dresden; published in-house by Dresden University Technical Press, Dresden 2000, ISBN 3-86005-245-4.

Lehmann, Eleftheria: Occupational health & safety in relation to company organisation and control processes – Experience and consequences for future occupational health & safety arrangements; results of the QUATRO programme in North Rhine-Westphalia, cited in: Scheuch, Klaus, Haufe, Eva and Weihrauch, Markus (ed.): Research into occupational health & safety – debates at the end of the 20th century. Contributions to workshop on 25 and 26 November 1999 in Dresden; published in-house by Dresden University Technical Press, Dresden 2000, ISBN 3-86005-245-4.

Scheuch, Klaus, Haufe, Eva and Weihrauch, Markus (ed.): Research into occupational health & safety – debates at the end of the 20th century. Contributions to workshop on 25 and 26 November 1999 in Dresden; published in-house by Dresden University Technical Press, Dresden 2000, ISBN 3-86005-245-4.

U.S. Department of Health and Human Services (published 1996): National Occupational Research Agenda (NORA) - Update July 1998. Available on the Internet at <http://www.cdc.gov/niosh/nra79801.html>.

Zober, A. & Pallapies, D. (1996): Measures and orientation aids for application of new scientific knowledge from the company doctor’s viewpoint. 36th annual conference of DGAUM (pp. 547-553). Fulda: Rindt Press.

Publications

Francesco Garibaldo/Volker Telljohann (eds): Il ruolo delle istituzioni intermedie – Il caso di Istituti di Ricerca per il Lavoro. (The Role of Intermediate Institutions – The Case Research Institutes concerned with Work and Labour.) Franco Angeli, Milano 2001. 349 pp., 22 Euro.

Calendar of Events

International Industrial Relations Association

6th European Congress:

Working Europe: Visions and Realities

June 25-29, 2001 in Oslo/Norway

Further information:

Conference Secretariat: Tel: +47 22 56 19 30

Home page: www.iira2001.org

Editor: Jan Cremers
phone: +31 30 2318032
e-mail: jan@gbio.nl

Sub-editor of issue 2/2001 Rolf Gehring
phone: +32 2 227 10 45
e-mail: rgehring@efbh.be

Review Editor: Jörn Janssen
phone: +44 20 79115000 ext. 3169
e-mail: j.janssen@wmin.ac.uk

Layout and Production: Frank Leus
phone: +32 2 2271041
e-mail: info@efbh.be

Contact and Orders: CLR-News
c/o Frank Leus
EFBWW
Rue Royale 45
B – 1000 Bruxelles
Phone: +32 2 2271040
Fax: +32 2 2198228
E-mail: info@efbh.be