

EPF response to the European Commission's consultation on the new EU occupational safety and health policy framework

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1. Background

1.1. THE EU OCCUPATIONAL SAFETY AND HEALTH ('OSH') POLICY FRAMEWORK

Health and Safety at work is an area that is important for the EU – various legislation have been adopted to set minimum safety requirements for the workplace in all sectors of activities, and to protect worker against specific risks.¹

The EU is also taking non-legislative action to promote good practice in this area. The Commission works with [the European Agency for Health and Safety at Work](#) and the [European Foundation for the Improvement of Living and Working Conditions](#) to disseminate information, offer guidance and promote healthy working environments – particularly in small businesses.

The latest policy framework for health and safety at work was the strategy 2007-2012 which focused on the overall objective to achieve a sustainable and uniform reduction in accidents at work and occupational illnesses through the following main instruments:

- proper implementation of EU legislation , support for SME and adaptation of the legal framework to changes in the workplace and simplify it,
- promote the development and implementation of national strategies
- encourage changes in the behaviour of workers and encourage their employers to
- adopt health-focused approaches (cf. point 6);
- finalise the methods for identifying and evaluating new potential risks (cf. point 7);
- improve the tracking of progress (cf. point 8);
- promote health and safety at international level

The European Commission is now reflecting on the future of this policy. This area is of interest to the patient community as it deals with prevention of occupational diseases such as RMDs and mental health diseases. The evaluation of the strategy also showed the need to integrate issues related to the ageing of the population, and work-related diseases (beyond these recognised as occupational diseases²).

1.2. EPF'S RESPONSE TO THE CONSULTATION

The European Commission's Directorate employment and general affairs launched a consultation on the new EU occupational safety and health policy framework. This consultation is an important opportunity to flag patients' specific needs in the workplace as

¹ A list of the legislation in place can be found on the European Commission's website <http://ec.europa.eu/social/main.jsp?catId=716&langId=en>

² Occupational diseases have a specific or a strong relation to occupation, generally with only one causal agent, and recognised as such. Work related diseases are diseases with multiple causal agents, where factors in the work environment may play a role, together with other risk factors, in the development of the disease. Source: European Commission report on occupational diseases 2007-2012 – available [here](#)

well as interest of the patient community to be further involved in policies on safety and health at work.

The consultation follows an evaluation of the European Strategy on safety and health at work 2007-2012. Full results of the external evaluation, as well as the consultation online questionnaire can be found [here](#). A synthesis of the outcomes of the evaluation and future challenge identified can be found in the [staff working document](#) pp41-42 – we advise you to read this for background before responding.

EPF drafted a response based on our past work on health literacy as well as the EPF consultation response to the chronic diseases reflection process. Given the consultation's timeframe over the summer, EPF consulted the Policy Advisory Group to develop this response. This was clearly indicated in the online response we submitted.

2. Response to Commission questionnaire

Please note as the format is an online questionnaire, it is compulsory for EPF to respond to all questions, and there is a word limit for answers (2000 words)

NECESSITY AND NATURE OF A NEW EU OSH POLICY FRAMEWORK

1. Do you agree with the assessment of the EU OSH Strategy? Did it lead to tangible results?

The European Patients' Forum was not directly involved in the area covered by the EU Occupational Safety and Health Strategy therefore we have very little knowledge on the direct impact of the Strategy on patients with chronic or/and lifelong conditions. However we do believe it plays an important role in raising awareness on occupational diseases and how to prevent them in the workplace.

2. In order to improve workplace safety and health, do you consider it necessary to continue coordinating policies at EU level or is action at national level sufficient?

From the patients' perspective we consider it is important to coordinate policies on health and safety at work at EU level, while encouraging the development of national frameworks in this area. The evaluation clearly shows that having a EU strategy was instrumental in ensuring the development of a national strategy in many EU Member States.

Many issues linked to occupational health and safety encountered by patients with chronic diseases at the workplace are common across the European Union, for example:

- Low awareness about managing chronic conditions amongst employer
- Lack of awareness about abilities of patients to continue working safely/ stigma
- Lack of incentive to adapt the workplace or make adjustments for patients

Therefore patients with chronic diseases would benefit from EU level action in the area of health and safety at work to support actions at national level.

3. If you deem such a framework at EU level is necessary, explain why. Which aspects should be covered?

About 350 million working days are lost in the European Union each year due to health-related problems³. The WHO also pointed out that stress and depression recognized as a major cause of sickness⁴. Therefore we believe it is important to take action at EU level and the EU OSH strategy is an important instrument to help tackle this.

From our perspective, a key aspect which has not been covered entirely by the past strategies is tackling the specific difficulties which patients with chronic diseases encounter at the workplace. This goes beyond the work undertaken through the last strategy which focused more on occupational or work-related illnesses.

While some patients cannot continue their professional activity due to their health condition, many patients with chronic diseases continue working, or wish to do so. With adequate support they can – this results in a hugely improved quality of life and helps avoid the negative financial impact of chronic illness and the risk of social exclusion. One example of good practice comes from the field of respiratory diseases: it shows that with adequate support from employers patients can continue working. It also demonstrates the need to work across area, as high quality care, and development of self-care and measures to empower patients can contribute to their ability to remain at work⁵.

An occupational health and safety framework at EU level that works towards ensuring workplace environment offer adequate support and adjustment for patients with chronic diseases so that they can stay at work in good condition is crucial to achieve EU 2020's goal of "smart, sustainable and inclusive growth". It is essential to support people with chronic diseases and older people to stay in employment longer – it is beneficial both for people with chronic diseases, and employers. Such a strategy could also contribute to tackle the issue raised by the shrinking of population of working age.

LEVEL OF COMMITMENT

1. With respect to your answer to the above questions, is there a need for a new EU OSH Strategy or should alternative measures be considered? Please explain

As stated previously, we believe a new EU OSH strategy is an important instrument to set the framework for coordinated action on common occupational health and safety issues.

³ <https://osha.europa.eu/en/publications/magazine/4/>

⁴ : Ilona Kickbusch, Jürgen M. Pelikan, Franklin Apfel & Agis D. Tsouros "Health Literacy: The solid facts" World health Organisation, 2013, p 44 http://www.euro.who.int/_data/assets/pdf_file/0008/190655/e96854.pdf

⁵ See EFA COPD newsletter <http://www.efanet.org/wp-content/documents/EFANewsletterCOPDWorkshop2.pdf>

EPF believes that, in addition to a new framework, support is needed from the EC to further collect data on impact of having a chronic conditions at the workplace, and to identify and scale up good practice in terms of workplace adjustment and adaptation. This would offer a valuable opportunity for mutual learning and identification of good practice.

2. If EU level action is necessary in order to improve workplace safety and health, do you consider it necessary to set broad goals and priorities and to coordinate national policies at EU level?

Coordination at EU level is essential to identify and transfer good practices and share knowledge about these issues across Europe. It allows to pool resources and know-how. Adapting policy and actions at national, regional and local levels is essential to ensure they target concerns of EU citizens, and really reach them.

3. What would be the added-value of including specific targets into a possible new EU OSH policy framework to measure progress in improving workplace safety and health in the EU?

It is crucial to monitor the effectiveness of the EU OSH policy framework through quantitative and qualitative indicators. In our view these indicators should be developed with the participation of stakeholders representing civil society to ensure concerns of different groups are accurately addressed and evaluated.

4. Should a new policy framework include a list of objectives, actions, calendars and actors involved in the implementation of actions or should it be limited to setting a vision for the future, and a definition of goals and priorities?

In EPF's view it is important to set both long term objectives and priorities, as well as detailed annual implementation plan with more specific actions that relate to these to achieve effectively change in the OSH area. In our view this plan should comprise the role of actors involved in its implementation as well as deadlines.

CONTENT OF A NEW EU OSH POLICY FRAMEWORK

1. What are the key challenges in the OSH area?

How would you prioritise them?

From our perspective, which is that of patients with chronic and/or long term conditions, the challenge we have identified are in order of priority:

- *Low awareness and action as regards chronic diseases and the workplace:*
 - Employers are often misinformed as regards abilities of patients to continue working, resulting in stigma. Because of negative perceptions, patients may not mention they have a disease, or may not ask for the necessary adaptations.
 - Here is also little awareness of the difficulties patients that remain at work encounter: combining health issues with professional preoccupations and

timetables can become in itself a challenge. This can be worsened by symptoms such as pain, tiredness, or anxiety. Experiential knowledge shows that patients will first sacrifice their leisure, social and resting time to deal with health issues, which can lead to isolation and worsening of the health condition.

- They may need to adapt their working situation to the constraints of treatment, e.g. through working time adjustments, change of job, workplace adaptation, or even relocation, issues to travel.
- Social stigma can become a key issue, and result in patients choosing to hide their condition rather than revealing it to employers and colleagues.
- Patients' need in terms of prevention need to be addressed: for example preventing exposure of second hand smoke and improving indoor air quality is particularly important for patients with respiratory diseases. Many disease specific patient groups have expertise in this area and need to be involved.
- *Occupational chronic and long-term diseases* is still an important challenge and their prevention and management should remain a priority.
- *Mental health* has been flagged as a key challenge in the evaluation. Mental health issues are often interlinked with physical health problems – such as undetermined pain, heart or circulatory problem. Moreover patients with chronic diseases may develop psycho-social concerns related to the workplace: In particular they may have financial concerns, fear of losing independence and/or physical control.
- Taking into account issues related to *ageing in the occupational safety and health policy*
- Lack of clarity as regards *patients' rights in term of workplace adjustments*

2. What practical solutions do you suggest to address all or some of these challenges?

The next OSH strategy should include raising awareness about chronic disease and the workplace, including occupational diseases, work related diseases, and managing all chronic diseases weather acquired at work or not at the workplace as an objective. The OSH strategy should aim to enable and support patients to remain in employment. An important part of such a strategy would be guidelines and education for employers, more awareness regarding non-discrimination legislation, workplace adjustments, flexible arrangements and reasonable accommodation. Patient organisations should be involved in developing initiatives in this area alongside employers, to ensure they meet the need of the targeted population.

Another practical solution is to put in place adapted systems and protective legislation to allow patients with chronic diseases to remain in the workplace within good conditions where they do not exist. Where they exist they are usually under-used; employers and the population at large tend not to be aware of their existence. Actions to raise awareness within companies or trade unions and for the public could contribute significantly to tackling this problem. It is also important to inform workers, employers and HR managers about existing rules and rights.

3. Do you consider that such a framework should develop initiatives to provide further protection for vulnerable groups of workers and/or for workers in specific high risk sectors?

The European Patients' Forum supports in principle the development of specific initiatives to protect further vulnerable groups of workers. We are also in favour of setting specific measures for these workers that are active in high risk sectors although we do not have specific expertise on this particular group of workers.

4. Do you consider that measures for the simplification of the existing body of EU OSH legislation should be included in such a political instrument? If so, which ones would you suggest?

The European Patients' Forum does not have a particular position on this issue as we do not have expertise on existing EU Occupational Safety and Health legislation. We do not have suggestion for appropriate political instrument. However we believe simplification should not result in lesser protection for workers across the European Union.

5. Do you think that such a framework should specifically identify and address the challenges posed by the ageing of the working population? If so, which measures would you suggest?

Yes, the European Patients' Forum believes it is essential the strategy takes into account challenges posed by the ageing of the working population.

One key challenge that needs to be taken into account is the rising prevalence of chronic diseases in Europe: As the general population ages, so the number of patients with chronic diseases will inevitably grow. Many chronic diseases become more prevalent with age, and patients who developed a chronic disease at a younger age are living longer thanks to modern medical treatments.¹⁶ Moreover, though some chronic diseases are to some extent preventable, many including neurodegenerative and genetic diseases, are not.

Remaining independent for as long as possible is a key wish of patients with chronic diseases, and loss of employment can lead to insecurity and social isolation. We believe the health and safety at work policy has a role to play to empower workers with chronic conditions to continue working.

Another key issue is the situation of informal carers. They may wish to keep working, and the EU should identify good practice and innovative solutions that can be scaled up and implemented to enable carers to combine caring and employment.

6. What measures would you suggest to reduce the regulatory burden on SMEs and micro-enterprises, including reducing compliance costs and administrative burden, while ensuring a high level of compliance with OSH legislation by SMEs and micro-enterprises?

This question goes beyond the remit of the European Patients' Forum, but we believe SMEs and micro-enterprises should receive adequate support to comply with the occupational safety and health legislation, and to develop and implement initiatives in this area, through adapted guidelines and tools for example. Targeted action is also necessary to raise awareness of OSH issues and legislation in SMEs.

7. Do you have any views on the role of social dialogue at EU and national level to the identification, preparation and implementation of any new initiatives to improve health and safety at work?

EPF does not have particular expertise on the social dialogue and its role in policies on health and safety at work.

EPF believes that meaningfully involving health stakeholders, including patient organisations in developing and implementing initiatives to promote and improve health and safety at work at EU and national level is essential. Involving meaningfully social partners and stakeholders from the development stage will help ensure ownership of the policies and initiatives developed under the new strategy, and will improve dissemination of tools and good practices.

It is also important to cooperate across sector to implement the principle of health in all policies and to address comprehensively cross-cutting issues such as health inequalities or ageing. This is also essential to tackling the challenges encountered by patients in the workplace, and to ensure the effectiveness of the occupational health and safety EU policy.

Add any further aspects that in your view were not sufficiently taken into account by the above questions?

We believe another key practical solution to improve health and safety at work is to put in place a comprehensive health literacy strategy at European level that encompasses health literacy intervention in the workplace. Health literacy is a concept that encompasses literacy skills, but also the capacity to use information and effectively navigate the health system. We refer you to EPF recommendations on health literacy.

The importance of health literacy will increase with the ageing population and increasing prevalence of chronic conditions. The WHO stressed that interventions to improve health literacy at the workplace⁶ have been shown to help prevent accidents, lower the risk of industrial or occupational diseases, improve lifestyle choices and reduce the risk of non-communicable diseases.⁷, they also allow to reach groups of population that are usually difficult to reach. The WHO also stresses that such interventions usually have a good return on investment for employers. Good practices have been put in place in companies in this area – they need to be collected, evaluated, and scaled up where possible.

⁶ Ilona Kickbusch, Jürgen M. Pelikan, Franklin Apfel & Agis D. Tsouros "Health Literacy: The solid facts" World health Organisation, 2013, p 44 http://www.euro.who.int/_data/assets/pdf_file/0008/190655/e96854.pdf

⁷ ibid