



WORKING GROUP  
European Strategy on  
Health and Safety at Work

# SCOREBOARD 2005

October 2005

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## Report

**Setting up an international scoreboard – benchmarking national policies for implementing the European Strategy 2002 – 2006 on health and safety at work.**

**– A pilot project from the Nordic Countries in association with Eire, the Netherlands and the UK.**

### 1. Introduction

In April 2002 the European Commission launched its communication “Adapting to change in work and society: a new Community strategy on health and safety at work 2002 – 2006”, COM (02)118.

In June 2002 the Council adopted a resolution endorsing the new strategy. During the debate on the resolution the Council discussed the feasibility of creating a specific scoreboard for health and safety at work along with an action plan on how to implement the new strategy. This proposal was rejected, mainly with an argument that this is a Community strategy and not a traditional Commission work programme, and that it requires action from all players and not merely the European Commission.

In the Council Resolution of 3 June 2002, Official Journal, C161, 05/07/2002, p. 1-4, the Council called on the Commission to include the measures for putting the strategy into practice in the social agenda scoreboard together with a schedule for implementing them. The Council called on the Commission, the social partners and the Member States to take specific actions in the implementation of the Community strategy.

The Advisory Committee on health and safety at work has a central role in the implementation of the strategy. In its resolution on the strategy of

November 2002, the Advisory Committee considered it essential to prepare a schedule including a scoreboard covering the period 2002-2006 and to set objectives and organise follow-up actions, as well as make provisions for the financial and human resources needed for its realisation.

Meanwhile, in February 2002, the directors general from the national labour inspection authorities in the Nordic Countries met for a seminar on strategies on health and safety at work in the Nordic Countries and the EU. The initiative for the seminar was taken by the Nordic Council Committee on health and safety at work.

At the seminar the directors general agreed to establish a working group to develop a proposal for an international scoreboard on national policies concerning health and safety at work.

The aim of this scoreboard is to measure the activities taken by the participating countries in devising national policies on implementation of the recommendations to the Member States in the Council Resolution from 3 June 2002 by seeking information from participating countries using a self-completed questionnaire and collating this information in the scoreboard

It is not intended that the scoreboard should cover the whole field of national activities on health and safety at work. The composition of the scoreboard

reflects the objectives the participating countries find the most important. The scoreboard is therefore to be revised over the years to reflect the areas of priority.

The first scoreboard - Score Board 2003 - was launched in spring 2004.

At the first meeting of European Union directors general, which met in Dublin in April 2004, Eire, the Netherlands and the UK accepted an invitation to join the pilot project. The enlarged working group with, representatives from the eight participating countries, met in Copenhagen in May 2004, in Stockholm in October 2004, in London in May 2005 and in Amsterdam in October 2005.

The working group has examined the questionnaire and the scoreboard in order to improve the quality of the scoreboard as a tool for assessing both the political and practical implementation of the community strategy by the participating countries. The working group has focused its work on the definitions in the questionnaire in order to make the answers more precise and comparable and by that means create a higher degree of transparency of the national strategies and practical implementation.

This second scoreboard - Scoreboard 2005 - is the product of the enlarged working group and shows

the similarities and differences between the participating eight countries in their work to implement the European strategy

## 2. A new strategic approach

The keystone of European Community action in relation to health and safety at work is legislation, with the framework directive from 1989 and the 17 special directives which, together, establish a minimum level playing field for the European labour market. The strategy differs from previous Community programmes in the sense that it is based on the use of a combination of various instruments and it involves all the players in the field of health and safety at work. The strategy adopts a global approach to well-being at work, taking into account the changes in the world of work and the emergence of new risks, especially of a psycho-social nature.

Over the past decade, health and safety policy within the European Union has focused on creating a legal minimum standard on health and safety at work. This policy is now moving into a new phase where the focus will be increasingly on enforcement of the common legislation and other preventive actions in order to reduce the numbers of accidents at work and occupational diseases. The European labour market will be increasingly integrated concurrently with the creation of a single market with free movement of labour,

goods and services. Also in relation to health and safety at work, Member States will depend more on each other. Preventive actions in one Member State will influence positively on the others. Lack of action will also have an impact. Having a “non-policy” engenders costs which weigh heavily on economics and societies.

The aim of the scoreboard is to give an overview of some of the actions taken in different Member States in the field of health and safety at work and to assess how the different Member States are meeting the main objectives of the strategy as defined by the Council Resolution from 3 June 2002.

This scoreboard focuses on eight strategic objectives:

1. Harmonisation of statistics
2. Setting up measurable targets
3. Reduction of occupational accidents
4. Reduction of musculo-skeletal disorders
5. Combatting work-related stress
6. Reduction in exposure from chemical agents
7. Productivity and economy
8. Preventive potential

### 3. General Principles

Participation in the international scoreboard on health and safety at work is voluntary, and it is based on reports from each participating State collected using a questionnaire. The scoreboard is not intended to give the whole picture of the state of occupational safety and health.

The primary focus of the scoreboard is the willingness to take appropriate actions in order to meet the objectives of the community strategy. No success criteria are given beforehand and the scoreboard is not a ranking of the participating states. The philosophy is to illustrate actions taken in each participating State in coherence with the national situation, prioritisation and traditions.

For each objective, the scoreboard focuses on indicators of activity, involvement of key players and the results achieved in the focus areas. In this way national decision makers and stakeholders can get an overview of how each participating State is performing compared with international trends. The scoreboard therefore serves as an inspiration for the exchange of experience and good practices.

The scoreboard is a living instrument, and it is intended to be published on an annual basis.

There will be some changes over the years. These changes will be a result of the need to focus on different objectives in the strategy, and of the fact that some of the objectives will inevitably be fulfilled.

### 4. Methodology

#### – Questionnaire

The mandate was to make the procedures for reporting to the scoreboard as simple and effective as possible.

The questionnaire developed by the Working Group is attached to this report and is based in the following principles.

- Simplicity
- Possible answers are categorised in advance
- Voluntary self reporting
- A direct link between the answers and the report tables.

The scoreboard is built on a principle of self-reporting from the participating states. The questionnaire has been developed in order to allow all states to provide comparable replies taking in to account differences between regulatory regimes. The questionnaire was tested through a pilot exercise and the results examined closely in parallel with finalising the report tables. However a risk of

minor misinterpretations e.g. of definitions cannot be entirely eliminated.

Furthermore, the participating states have been invited to give supplementary comments on the categories in the questionnaire in order to avoid misinterpretations.

It is not intended that the method used should meet scientific standards. The scoreboard is not intended as a scientific survey. The aim is to illustrate national performance and to be a first step in a process of international benchmarking. The tools used have been developed with this in mind.

In order to illustrate the aim of the scoreboard and the specific context, each question is introduced by highlighting the relevant paragraphs in the Council Resolution from June 2002.

Question number eight on Preventive Potential requires some specific comments.

The scoreboard table for this question differs significantly from the others. It is a diagram illustrating the potential capacity of Member States to meet the objectives of the Strategy. The aim of the diagram is to illustrate differences and no national diagram needs to be the same.

A score for the different answers was set in advance for each question. The points were awarded by the working group so that each of the different axes in the diagram illustrates the policy mix decided by each of the participating states. In the diagram it is not possible to identify specific answers to specific questions from the participating states. The points for the different questions were set in accordance with the general preventive principles in the framework directive on health and safety at work. The report is the overall picture of each national diagram. Therefore, this method does not contradict the general principle that no success criteria are given in advance.

#### – Report

As mentioned previously, the report tables have been developed in parallel with the questionnaire. The main principles of the tables are to

- give an overview
- highlight similarities and differences
- illustrate trends
- illustrate the level of national activities and players

Each table is introduced with the relevant paragraph in the Council Resolution from June 2002.

The general principle of the scoreboard is that it is not intended to be a ranking of the participa-

ting states. No success criteria are given in advance. The tables are therefore not followed by a text with common conclusive remarks interpreting the results.

The questionnaires were filled in by the national administrations, and the draft tables were edited by a secretariat of the scoreboard. The participating states were invited to send additional remarks and descriptions. It was not intended that these remarks should be included in the questionnaire, but they should be used in the final edition of the scoreboard. The final scoreboard was edited at a meeting of the working group. The national remarks serve as editorial information for this process.

## 5. How to establish a European scoreboard

Setting up an international scoreboard for the performance on the European strategy among the Nordic Countries and others is only the beginning of a process. The goal is that all members of the EU and the EFTA countries join such a policy instrument.

This project has been developed on the basis of the conditions in the participating countries. However, a clear perspective in the work has been that in the future it should cover more par-

ticipating states. The methodology has therefore been developed in order to gain the necessary flexibility so that later the number of participating states can be increased.

The development of the scoreboard is based on consensus among the participating countries and on the general principles laid out in the scoreboard.

This project has shown that it is possible to develop a scoreboard on the basis of the European strategy on safety and health at work – First year with five countries – second with eight countries.

Furthermore the scoreboard has worked as a follow-up instrument for the existing strategy.

It is the hope that the scoreboard lives on with participation of more countries and plays a role in measuring the countries' initiatives based on the strategy as well as contributing to fruitful discussions about the countries' different priorities and focus.

## Symbols

	Yes
	No
	Increasing
	Decreasing
	Stable
	No significant trend
	No statistics
	Included in the strategy
	Fully
	Partly as agreed
	Partly - not agreed with EUROSTAT

**Council Resolution - 3 June 2002 section II:**

6. calls on the Commission and the Member States to step up work in hand on harmonisation of statistics on accidents at work and occupational illnesses, so as to have available comparable data from which to make an objective assessment of the impact and effectiveness of the measures taken under the new Community strategy;

Subjects	Denmark	Finland	Iceland	Ireland	Netherlands	Norway	Sweden	UK
<b>National Statistics on occupational accidents are comparable with EUROSTAT (ESAW)</b>								
Phase I	●	●	○	●	●	●	●	●
Phase II	●	●	○	●	◐	●	●	●
Phase III	○	●	○	○		○	●	◐
<b>National Statistics on occupational diseases are comparable with EUROSTAT (EODS)</b>								
	◐	●	○	○	○	○	◐	○
Actions to harmonize last year (2004)	+		-	+	+	+		+
Plans on doing so next year (2005-2006)	+		+	+	+	+		+

**Council Resolution - 3 June 2002 section II:**

5. calls on the Member States to: - develop and implement co-ordinated, coherent prevention policies, geared to national conditions, with measurable targets set in this context for reducing accidents at work and occupational illnesses, especially in those sectors of activity in which rates are above average;

Subjects		Denmark	Finland	Iceland	Ireland	Netherlands	Norway	Sweden	UK
Measurable targets	Accidents	✓	✓	✓	✓				✓
	Occupational illnesses		✓						✓
	High risk sectors	✓		✓	✓	✓	✓	✓	
	Risk factors	✓			✓	✓	✓	✓	
Decision level	Political level	✓	✓			✓			✓
	Admin. level		✓				✓	✓	✓
	Co-decision Social Partners	✓	✓	✓					✓

Due to incomplete statistics the Norwegian Labour Inspectorate has chosen not to establish quantitatively measurable targets.

Within UK's overall strategy targets are set at many levels. Targets for high risk sectors and risk factors are subsumed within the general targets for accidents and occupational illnesses.

**Council Resolution - 3 June 2002 section II:**

5. calls on the Member States to: - develop and implement co-ordinated, coherent prevention policies, geared to national conditions, with measurable targets set in this context for reducing accidents at work and occupational illnesses, especially in those sectors of activity in which rates are above average;

Subjects	Denmark	Finland	Iceland	Ireland	Netherlands	Norway	Sweden	UK
10-year trend of occupational accidents	 Decreasing	 Decreasing	 No significant trend	 Decreasing	 Decreasing	 Decreasing	 Stable	 Decreasing
10-year trend of fatal occupational accidents	 Decreasing	 Decreasing	 Decreasing	 Decreasing	 Decreasing	 Decreasing	 Decreasing	 Decreasing
National Strategy	 +	 +	 +	 +	 +	 +	 +	 +
Involved in setting the strategy	Tripartite	Tripartite	Tripartite	Tripartite	Other organisations	Tripartite	Government	Tripartite
The strategy includes actions from:	Tripartite	Tripartite	Tripartite	Tripartite	Other organisations	Tripartite	Tripartite	Tripartite

### 3. OCCUPATIONAL ACCIDENTS

Subjects	Denmark	Finland	Iceland	Ireland	Netherlands	Norway	Sweden	UK
Five sectors with highest incidence rate (NACE-code)	Construction	Construction	Construction	Agriculture, forestry; Fishing	Construction	Manufacturing	Mining and quarrying	Construction
	Manufacturing	Manufacturing	Manufacturing	Construction	Transport, storage, communication	Construction	Construction	Mining and quarrying
	Transport, storage, communication	Transport, storage, communication	Transport, storage, communication	Transport, storage, communication	Manufacturing	Electricity, gas and water supply	Manufacturing	Transport, storage communication
	Public administration	Wholesale and retail trade	Public administration	Education; Health and social work	Mining and quarrying	Public administration	Transport, storage, communication	Agriculture and forestry
	Electricity, gas and water supply	Real estate, renting and business activities	Health and social work	Mining and quarrying; Electricity, gas and water supply	Agriculture, forestry; Fishing	Education	Health and social work	Manufacturing

### 3. OCCUPATIONAL ACCIDENTS

Subjects	Denmark	Finland	Iceland	Ireland	Netherlands	Norway	Sweden	UK	
Sectors in focus in strategy	All sectors are screened	Manufacturing	Construction	Agriculture, and forestry; Fishing	Agriculture, and forestry; Fishing	Agriculture, and forestry	Construction	Construction	
		Construction	Manufacturing	Construction	Mining and quarrying	Manufacturing (DA, DJ, DK)	Manufacturing (D-20, D-361)	Public administration	
		Transport, storage, communication	Health and social work	Mining and quarrying; Electricity, gas and water supply	Manufacturing	Construction	Transport, storage, communication	Manufacturing	
						Electricity, gas and water supply		Health and social work	Health and social work
						Construction		Education	Agriculture and forestry
						Wholesale and retail trade; Hotels and restaurants; Transport, storage, communication			
						Real estate, renting and business activities; Public administration; Other community, social and personal service activities			

**DISORDERS  
CAUSED BY  
LIFTING HEAVY  
LOADS**

**Council Resolution - 3 June 2002 section I:**

1. The Council notes the Commission's opinion that, in order to achieve the aim of constant improvement of well-being at work, the parties involved must pursue a number of objectives including: – placing more emphasis on the prevention of occupational illnesses, especially those which continue to affect a large number of European workers, such as those caused by the use of dangerous substances such as asbestos, hearing loss and musculo-skeletal disorders;

Subjects	Denmark	Finland	Iceland	Ireland	Netherlands	Norway	Sweden	UK
10-year trend of disorders	 Decreasing	? No statistics	? No statistics	 No significant trend	? No statistics	? No statistics	 Increasing	 Decreasing
National Strategy								
Involved in setting the strategy	Tripartite	Tripartite	Tripartite	Tripartite	Tripartite	Tripartite	Government	Tripartite Voluntary organisations, small firms organisations, consumer organisations
The strategy includes actions from:	Tripartite	Tripartite	Tripartite	Unions Employers	Tripartite	Unions Employers	Tripartite	Unions Employers Government Local government

DISORDERS CAUSED BY LIFTING HEAVY LOADS

Subjects	Denmark	Finland	Iceland	Ireland	Netherlands	Norway	Sweden	UK
Five sectors with highest incidence rate (NACE-code)	Fishing	Construction	? No statistics	Agriculture, forestry; Fishing	? No statistics	? No statistics	Agriculture, forestry; Fishing	Health and social work
	Public administration	Manufacturing		Health and social work			Construction	Manufacturing
	Manufacturing	Agriculture and forestry		Construction			Health and social work	Construction
	Health and social work	Wholesale and retail trade		Mining and quarrying			Manufacturing	Wholesale and retail trade
	Construction	Health and social work		Public administration			Transport, storage, communication	Transport, storage and communication

DISORDERS CAUSED BY LIFTING HEAVY LOADS

	Denmark	Finland	Iceland	Ireland	Netherlands	Norway	Sweden	UK
Sectors in focus in strategy	All sectors are screened	Construction	Health and social work	Agriculture, forestry; Fishing	Agriculture and forestry	Health and social work (N-85)	Construction	Health and social work
		Health and social work	Education	Health and social work	Manufacturing	Manufacturing (DA)	Health and social work	Manufacturing
		Manufacturing		Construction	Construction	Construction	Manufacturing (D-20, D-361)	Construction
				Mining and quarrying	Wholesale and retail trade	Transport, storage and communication	Transport, storage and communication	Wholesale and retail trade
				Public administration	Hotels and restaurants		Education	Transport, storage and communication
					Transport, storage, communication Real estate, renting and business activities; Public administration; Health and social work; Other community, social and personal service activities			

**WORK-RELATED UPPER LIMB DISORDERS (WRULD)**

Subjects	Denmark	Finland	Iceland	Ireland	Netherlands	Norway	Sweden	UK
10-year trend of disorders	 Decreasing	 Decreasing	 No statistics	 No significant trend	 Increasing	 Increasing	 Increasing	 Decreasing
National Strategy	 -	 +	 +	 +	 +	 +	 +	 +
Involved in setting the strategy	Tripartite	Tripartite	Tripartite	Tripartite	Tripartite	Tripartite	Government	Tripartite
The strategy includes actions from:	Tripartite	Tripartite	Tripartite	Tripartite	Tripartite	Unions Employers	Tripartite	Unions Employers Government

WORK-RELATED UPPER LIMB DISORDERS (WRULD)

Subjects	Denmark	Finland	Iceland	Ireland	Netherlands	Norway	Sweden	UK
Five sectors with highest incidence rate (NACE-code)	Manufacturing	Agriculture and forestry	?	Mining and quarrying	Agriculture and forestry; Fishing	?	Manufacturing	Manufacturing
	Public administration	Manufacturing	No statistics	Education	Construction	No statistics	Construction	Health and social work
	Fishing	Construction		Hotels and restaurants	Other community, social and personal service activities; Activities of households; Extra-territorial organizations and bodies		Agriculture and forestry; Fishing	Construction
	Transport, storage and communication	Transport, storage and communication		Manufacturing	Transport, storage and communication		Transport, storage and communication	Wholesale and retail trade
	Financial intermediation; Other community, social and personal service activities	Wholesale and retail trade			Mining and quarrying; Manufacturing; Electricity, gas and water supply		Public administration	Public administration; Transport, storage and communication

WORK-RELATED UPPER LIMB DISORDERS (WRULD)

	Denmark	Finland	Iceland	Ireland	Netherlands	Norway	Sweden	UK
Sectors in focus in strategy	All sectors are screened	Manufacturing (D-15, D-26, D-28, D-36)	Health and social work	All sectors	Manufacturing	Health and social work (N-85)	Construction	Manufacturing
		Construction (C-45)	Education		Real estate, renting and business activities	Manufacturing (DA)	Health and social work	Health and social work
					Public administration	Construction	Manufacturing (D-20, D-361)	Construction
						Transport, storage and communication	Transport, storage and communication	Wholesale and retail trade
							Education	Public administration; Transport, storage and communication

**Council Resolution - 3 June 2002 section I:**

1. The Council notes the Commission's opinion that, in order to achieve the aim of constant improvement of well-being at work, the parties involved must pursue a number of objectives including: – taking into account social risks such as stress and harassment at work, as well as the risk associated with dependence on alcohol, drugs and medicines;

Subjects	Denmark	Finland	Iceland	Ireland	Netherlands	Norway	Sweden	UK
National survey	 regular	 regular	 ad hoc	 regular	 regular	 ad hoc	 regular	 regular
10-year trend	 Stable	 Stable	 Stable	 No significant trend	 No significant trend	 No significant trend	 Increasing	 Increasing
National Strategy	 	 	 	 	 	 	 	 
Involved in setting the strategy	Tripartite	Tripartite	Tripartite	Tripartite	Tripartite	Tripartite	Government	Tripartite Small firms organisations, professional bodies
The strategy includes actions from:	Tripartite	Tripartite	Tripartite	Tripartite	Tripartite	Unions Employers	Tripartite	Unions Employers Government ACAS

Subjects	Denmark	Finland	Iceland	Ireland	Netherlands	Norway	Sweden	UK
Five sectors with highest incidence rate (NACE-code)	<p>?</p> <p>No statistics</p>	<p>Education</p> <hr/> <p>Health and social work</p> <hr/> <p>Electricity, gas and water supply</p> <hr/> <p>Financial intermediation</p> <hr/> <p>Real estate, renting and business activities</p>	<p>?</p> <p>No statistics</p>	<p>Education</p> <hr/> <p>Public administration</p> <hr/> <p>Health and social work</p> <hr/> <p>Transport, storage and communication</p>	<p>Education</p> <hr/> <p>Hotels and restaurants</p> <hr/> <p>Mining and quarrying; Manufacturing; Electricity, gas and water supply</p> <hr/> <p>Real estate, renting and business activities</p> <hr/> <p>Health and social work</p>	<p>?</p> <p>No statistics</p>	<p>Education</p> <hr/> <p>Health and social work</p> <hr/> <p>Public administration</p> <hr/> <p>Transport, storage and communication</p> <hr/> <p>Real estate, renting and business activities</p>	<p>Finance intermediation</p> <hr/> <p>Public administration</p> <hr/> <p>Education</p> <hr/> <p>Health and social work</p> <hr/> <p>Other community, social and personal service activities</p>

Subjects	Denmark	Finland	Iceland	Ireland	Netherlands	Norway	Sweden	UK
Sectors in focus in strategy	All sectors are screened	Health and social work (N-85)	Public administration (L-80.10.0)	All sectors	Agriculture and forestry	Health and social work (N-85)	Education	Finance intermediation
		Education (M-80)			Manufacturing	Construction (C-45)	Health and social work (N-851, N-853)	Public administration
		Manufacturing (D-15)			Construction	Hotels and restaurants (H-55)	Transport, storage and communication	Education
		Other community, social and personal service activities (O-93)			Wholesale and retail trade	Public administration (L-75)	Construction	Health and social work
		Public administration (L-75)			Hotels and restaurants		Manufacturing (D-20, D-361)	
					Real estate, renting and business activities; Public administration Education; Health and social work; Other community, social and personal service activities			

**Council Resolution - 3 June 2002 section I:**

1. The Council notes the Commission's opinion that, in order to achieve the aim of constant improvement of well being at work, the parties involved must pursue a number of objectives including: – placing more emphasis on the prevention of occupational illnesses, especially those which continue to affect a large number of European workers, such as those caused by the use of dangerous substances such as asbestos, hearing loss and musculo-skeletal disorders;

Subjects	Denmark	Finland	Iceland	Ireland	Netherlands	Norway	Sweden	UK
<b>GENERAL</b>								
Prevention system for dangerous substances. Combination (Environment+OHS) or Separate (OHS)	Separate	Combination	Separate	Separate	Separate	Separate	Separate	Separate
National dialogue	+	+	+	+	+	-	+	+

Subjects	Denmark	Finland	Iceland	Ireland	Netherlands	Norway	Sweden	UK
<b>MONITORING ACTIVITIES</b>								
Production of statistics – occupational exposure	+	+	-	-	+	+	+	+
Including exposure levels	-	+	-	-	-	+	+	+
Including biological measurements	-	+	-	-	-	-	+	+
Including other methods	-	+	-	-	-	-	+	-
System for measuring morbidity	+	+	-	-	+	-	+	+
System for measuring mortality	-	+	-	-	-	-	+	+
10-year trend - allergies	 Decreasing	 Decreasing	?	?	?	?	 Stable	 Stable
10-year trend – skin diseases	 Stable	 Decreasing	?	?	?	?	 Stable	 Stable
Mesothelioma	 No significant trend	 Stable	 No significant trend	 Increasing	 No significant trend	 Stable	 Stable	 Increasing
Silicosis	 Decreasing	 Decreasing	 Stable	?	?	 Increasing	 Stable	 Stable

## 6. CHEMICAL AGENTS

	Denmark	Finland	Iceland	Ireland	Netherlands	Norway	Sweden	UK
<b>SUBSTITUTION</b>								
National strategy	+	-	+	+	+	-	+	+
Social partners involved?	+	-	+	-	+	+	+	+
Promoting of agreements within industrial sectors	+	-	-	-	+	+	+	+

## Council Resolution – 3 June 2002 – section I:

2. notes that it is necessary to: – raise awareness of those affected by disseminating information and analysing examples showing the importance of good working conditions for productivity, quality and performance;

Subjects	Denmark	Finland	Iceland	Ireland	Netherlands	Norway	Sweden	UK
Carrying calculations of social costs out	+	+	-	+	+	+	+	+
Used by the authority	-	+	-	+	+	+	+	+
Mentioned in the strategy	-	+	-	+	+	+	-	+
Economic models developed	+	+	-	-	+	-	+	+
Actively promoted and made available for the enterprises	-	+	-	-	+	-	+	+

**Council Resolution - 3 June 2002 - section II:**

4. Stresses the need to:
  - consolidate a risk-prevention culture, based on a combination of various policy instruments and on co-operation between those involved in health and safety and others who can influence employment quality and working conditions, as well as by integrating health and safety at work into strategic corporate decisions;
5. calls on the Member States to:
  - instil a real culture of prevention, by including basic occupational prevention principles in educational curricula and further training schemes, as well as by means of occupational health and safety awareness of the impact and effectiveness of the measures taken under the new Community Strategy;

## Introduction

The Preventive Potential is a concept for illustrating the potential a country has for developing and maintaining an improved working environment. This figure intends to illustrate how different approaches at a superior level contribute to an overall preventive culture.

An OSH culture can be understood as comprising all the values, attitudes, rules, managerial systems and practices, participatory principles and working behaviour conducive to creating a safe and healthy occupational working environment. To develop a preventive OSH culture on a global, national or local level demands a holistic strategy.

Realising the complexity of an OSH culture and simultaneously aiming at giving a simple and realistic picture of its status is a demanding task, one has to choose between numerous indicators and compose a kind of common denominator to create a picture that is

simple and at the same time informative. This approach is not a scientific one. The scoreboard on Preventive Potential is based on the main principles in the New Strategy as well as principles that are often recognised as essential for the development of a good working environment..

### Methodology

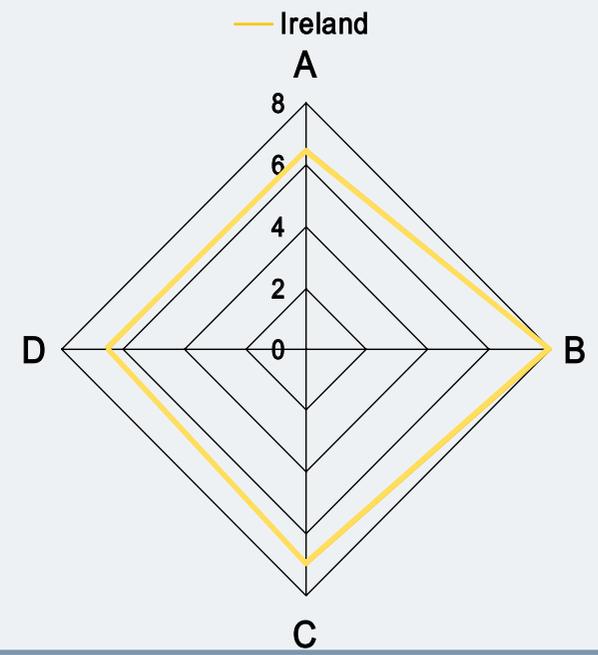
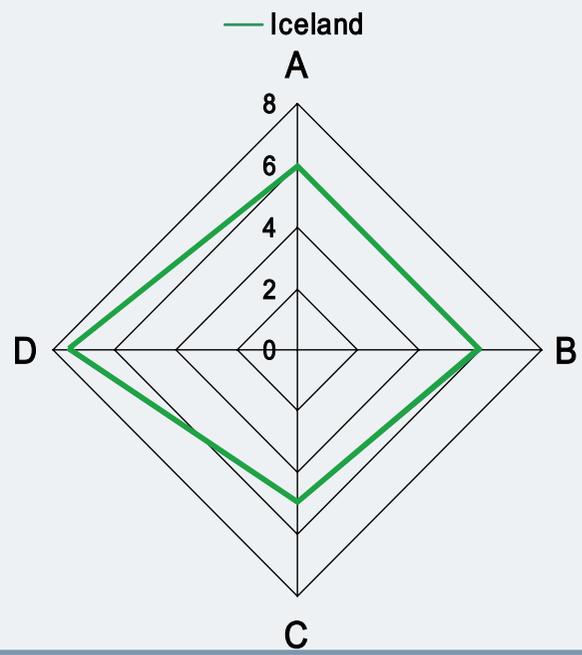
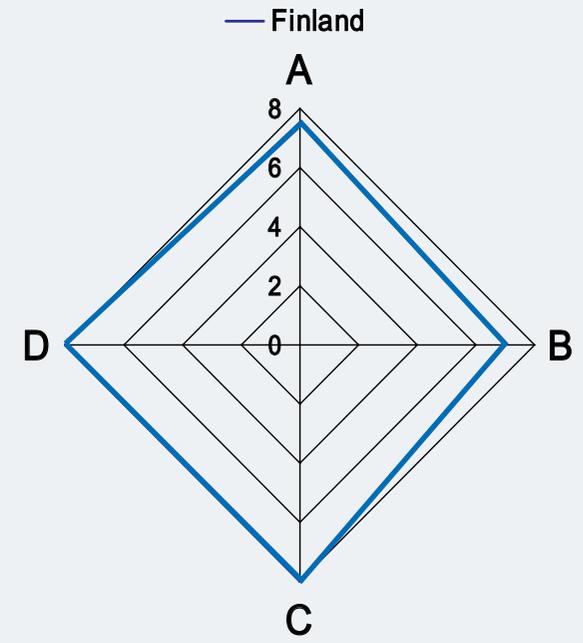
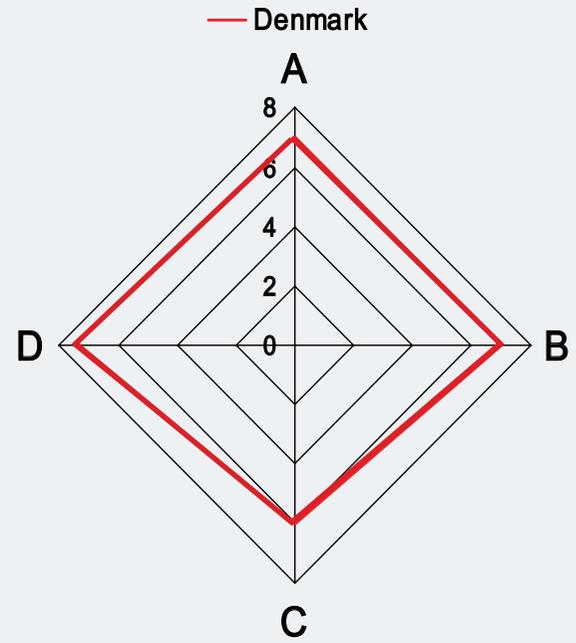
To make it simple the preventive potential is expressed in four dimensions (axes) in the national OSH infrastructure:

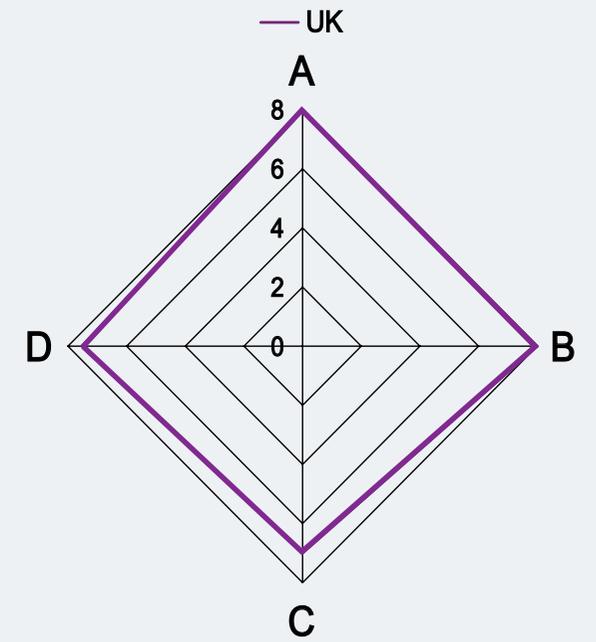
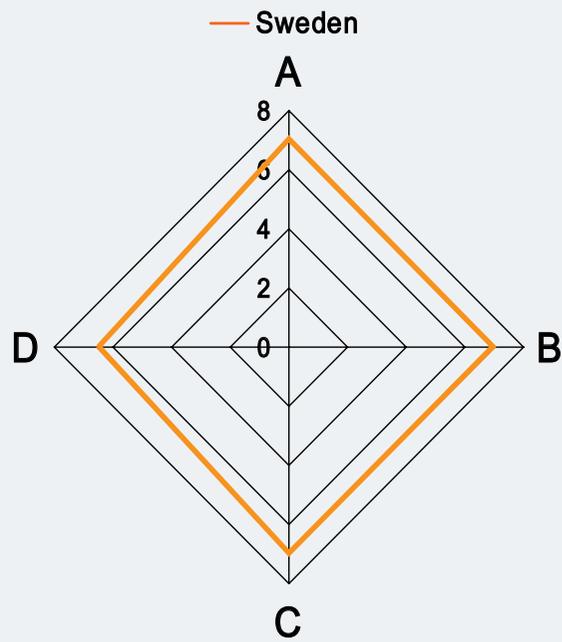
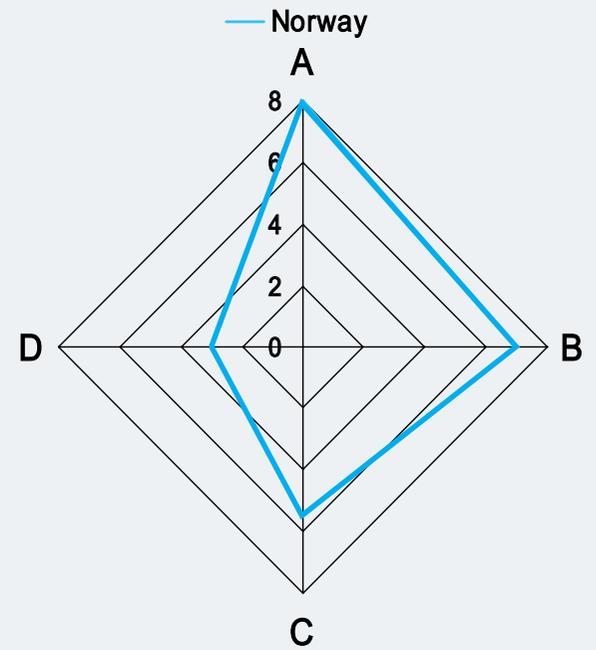
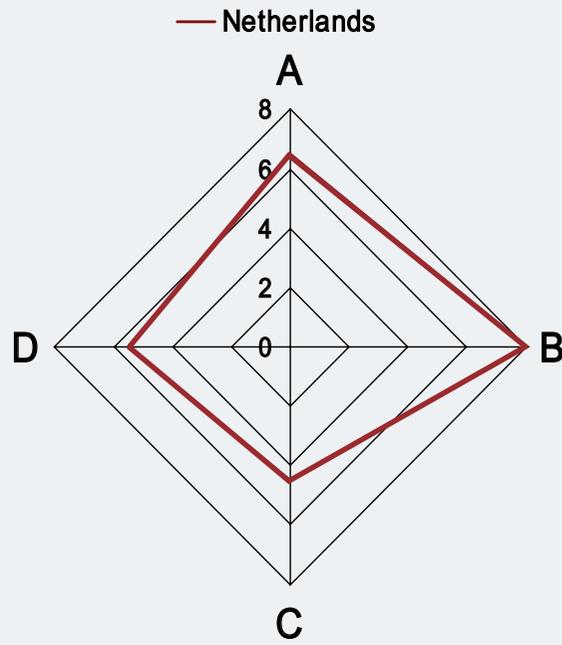
- A: Labour Inspection
- B: Building partnership
- C: Developing measures at enterprise level
- D: Capability of anticipating emerging risks

The aim of the diagram is to illustrate differences in the national OSH infrastructures and activities - the preventive potential. Each national OSH policy comprises of a different policy mix.

A high score illustrates an advanced infrastructure and therefore a large potential. A range of possible scores for the different answers was set in advance for each question. The points were then awarded by the working group on a fixed scale in accordance with the general preventive principles in the framework directive on health and safety at the workplace.

The total score within each dimension is marked by a point on the respective axes and indicates the contribution of the given dimension to the total potential. The total potential is illustrated by the extension of the area enclosed by the lines drawn between the points. In the diagram, it is not possible to identify specific answers to specific questions from the participating States. Rather, the report gives the overall picture of each national diagram.





## Axis A – Labour Inspection

Axis A	Denmark	Finland	Iceland	Ireland	Netherlands	Norway	Sweden	UK	
Applying Community law effectively – especially the preventive measures in the framework directive – is essential to improve the quality of the working environment. The capacity and the role of the labour inspection authorities in enforcing the law in accordance with the common principles of labour inspection is an indicator of the preventive potential of the participating State.	1	1.5	1.5	1	0	0	1.5	1	1.5
	2	1	1	1	1	1	1	1	1
	3	1	1	1	1	1	1	1	1
	4	1.5	1.5	0.5	1.5	1.5	1.5	1.5	1.5
	5	0	0.5	0.5	1	1	1	1	1
	6	1	1	1	1	1	1	1	1
	7	1	1	1	1	1	1	1	1
<b>Total</b>	<b>7</b>	<b>7.5</b>	<b>6</b>	<b>6.5</b>	<b>6.5</b>	<b>8</b>	<b>7.5</b>	<b>8</b>	

## Axis B – Building partnerships

Axis B	Denmark	Finland	Iceland	Ireland	Netherlands	Norway	Sweden	UK
One of the aims of the new European strategy is to involve all the players, for example the public authorities, the social partners, companies, public and private insurers. The social partners in particular play a vital role in the implementation of a common strategy on creating a culture of prevention. Therefore building partnerships between the different players is a vital indicator of the preventive potential of the participating State.	1	1	1	1	1	1	1	1
	2	1	1	1	1	1	1	1
	3	1	1	1	1	1	1	1
	4	1	1	1	1	1	1	1
	5	1	1	1	1	1	1	1
	6	1	1	0	1	1	1	1
	7	1	1	1	1	1	1	1
	8	0	0	0	1	0	0	1
<b>Total</b>	<b>7</b>	<b>7</b>	<b>6</b>	<b>8</b>	<b>8</b>	<b>7</b>	<b>7</b>	<b>8</b>

## Axis C – Developing the preventive potential at enterprise level

	Axis C	Denmark	Finland	Iceland	Ireland	Netherlands	Norway	Sweden	UK
The cornerstone of a culture of prevention is what is happening at enterprise level. There are different tools and instruments supporting this process. Focus is on education, creating awareness, preventive services, economic incentives etc. These issues can be supported by measures other than inspection and support and partnership with the social partners. The scope and mix of these measures in the national strategies is a vital indicator of the preventive potential in the participating State.	1	1	1	1	0	1	1	1	0
	2	1	1	1	1	1	1	1	1
	3	1.5	1.5	0.5	1.5	1.5	1.5	1.5	1.5
	4	1.5	1.5	1.5	1.5	0	0	1.5	1.5
	5	0	1	0	1	1	0	0	1
	6	1	1	1	1	0	1	1	1
	7	0	1	0	1	0	1	1	1
<b>Total</b>		6	8	5	7	4.5	5.5	7	7

## Axis D – Anticipating emerging risks

	Axis D	Denmark	Finland	Iceland	Ireland	Netherlands	Norway	Sweden	UK
A modern strategy on health and safety at work must take into account the changes in the world of work, especially changes in the nature of risk. Anticipating emerging risk, especially monitoring and research, is vital in order for the different players to take the appropriate actions. The capacity and co-operation between organisations on monitoring and research is a vital indicator of the preventive potential of the participating State.	1	2	2	2	2	2	0	2	2
	2	1.5	1.5	1.5	1.5	1.5	0	1.5	1.5
	3	1	1	1	1	0	0	0	1
	4	1	1	1	1	0	1	1	1
	5	1	1	1	0	1	1	1	1
	6	1	1.5	1	1	1	1	1	1
	<b>Total</b>		7.5	8	7.5	6.5	5.5	3	6.5

**Council Resolution - 3 June 2002 section II:**

6. calls on the Commission and the Member States to step up work in hand on harmonisation of statistics on accidents at work and occupational illnesses, so as to have available comparable data from which to make an objective assessment of the impact and effectiveness of the measures taken under the new Community strategy;

1. Are the national statistic comparable with EUROSTAT?

a. ESAW (accidents)

**Phase I**

Fully

with EUROSTAT

Partly as agreed

Partly but not agreed with EUROSTAT and further development needed

**Phase II**

Fully

Partly as agreed with EUROSTAT

Partly but not agreed with EUROSTAT and further development needed

**Phase III**

Fully

Partly as agreed with EUROSTAT

Partly but not agreed with EUROSTAT and further development needed

b. EODS (diseases)

Fully

Partly as agreed with EUROSTAT

Partly but not agreed with EUROSTAT and further development needed

2. Has the Participating State taken any actions over the last year (2004) to harmonise national statistic with EUROSTAT where the answer to any part of question 1 is: "Partly but not agreed with EUROSTAT and further development needed?"

Yes

No

3. If the Participating State has not harmonised national statistics with EUROSTAT where the answer to any part of question 1 is: "Partly but not agreed with EUROSTAT and further development needed", has the Participating State plans to do so next year (2005-2006)?

Yes

No

**Council Resolution - 3 June 2002 section II:**

5. calls on the Member States to:

– develop and implement co-ordinated, coherent prevention policies, geared to national conditions, with measurable targets set in this context for reducing accidents at work and occupational illnesses, especially in those sectors of activity in which rates are above average;

1. Has the Participating State for the time being set measurable targets<sup>[1]</sup> for reducing:

- Accidents at work at general level
- Occupational illnesses at general level
- Accidents at work and/or occupational illnesses on high risk sectors
- Specific occupational risk factors (e.g. noise, vibrations etc.)

2. On what level has decision on the targets been agreed? (one or more options)

- Political level (Minister/Parliament)
- Administrative level (Ministry/Labour Inspection)
- In co-operation<sup>[2]</sup>/co-decision with the Social Partners

**Council Resolution - 3 June 2002 section II:**

5. calls on the Member States to:

– develop and implement co-ordinated, coherent prevention policies, geared to national conditions, with measurable targets set in this context for reducing accidents at work and occupational illnesses, especially in those sectors of activity in which rates are above average;

**GENERAL**

1. What is the 10-year trend in the rate of occupational accidents?

- The rate is decreasing
- The rate is stable
- The rate is increasing
- No significant trend
- No statistics

2. What is the 10-year trend in the rate of fatal accidents?

- The rate is decreasing
- The rate is stable
- The rate is increasing
- No significant trend
- No statistics

3. Does the Participating State have a national strategy[3] including plans of action to reduce occupational accidents?

- Yes
- No

4. If yes, question 3.

a) Which organisations have been involved in setting the strategy:

- Unions or other organisations representing employees

- Organisations representing employers

Other organisations: \_\_\_\_\_

b) Does the strategy include actions from:

- Unions or other organisations representing employees

- Organisations representing employers

Other organisations: \_\_\_\_\_

5. Which five sectors have according to national statistics the highest incidence rate (NACE-code – A-Q[4])?

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

6. Which sectors are in focus of your national strategy (NACE-codes – one or more numbers)?

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Council Resolution - 3 June 2002 section I:**

1. The Council notes the Commission's opinion that, in order to achieve the aim of constant improvement of well-being at work, the parties involved must pursue a number of objectives including:  
 – placing more emphasis on the prevention of occupational illnesses, especially those which continue to affect a large number of European workers, such as those caused by the use of dangerous substances such as asbestos, hearing loss and musculo-skeletal disorders;

**DISORDERS CAUSED BY LIFTING HEAVY LOADS**

1. What is the 10-year trend in the rate of disorders caused by lifting heavy loads?

- The rate is decreasing
- The rate is stable
- The rate is increasing
- No significant trend
- No statistics

2. Does the Participating State have a national strategy[5] including plans of actions to improve the situation?

- Yes
- No

3. If yes question 2:

a) Which organisations have been involved in setting the strategy:

- Unions or other organisations representing employees
- Organisations representing employers
- Other organisations: \_\_\_\_\_

b) Does the strategy include actions from:

- Unions or other organisations representing employees
- Organisations representing employers
- Other organisations: \_\_\_\_\_

4. Which five sectors have according to national statistics the highest incidence rate (NACE-code – A-Q[6])?

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

5. Which sectors are in focus of your national strategy (NACE-codes – one or more numbers)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WORK-RELATED UPPER LIMB DISORDERS (WRULD)[7]**

6. What is the 10-year trend in the rate of WRULD?

- The rate is decreasing
- The rate is stable
- The rate is increasing
- No significant trend
- No statistics

7. Does the Participating State have a national strategy[8] including plans of action to improve the situation?

- Yes
- No

8. If yes question 7:

b) Which organisations have been involved in setting the strategy:

- Unions or other organisations representing employees

- Organisations representing employers

Other organisations: \_\_\_\_\_

c) Does the strategy include actions from:

- Unions or other organisations representing employees

- Organisations representing employers

Other organisations: \_\_\_\_\_

9. Which five sectors have according to national statistics the highest incidence rate (NACE-code – A-Q[9])?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

10. Which sectors are in focus of your national strategy (NACE-codes – one or more numbers)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Council Resolution - 3 June 2002 section I:**

1. The Council notes the Commission's opinion that, in order to achieve the aim of constant improvement of well-being at work, the parties involved must pursue a number of objectives including:  
 – taking into account social risks such as stress and harassment at work, as well as the risk associated with dependence on alcohol, drugs and medicines;

1. Does the State have any national survey or other national indicators measuring work related stress?

- Yes, regular
- Yes, ad hoc
- No

2. What is the 10-year trend in the rate of work related stress?

- The rate is decreasing
- The rate is stable
- The rate is increasing
- No significant trend

3. Does the Participating State have a national strategy[10] including plans of actions to reduce work related stress?

- Yes
- No

5. If yes, question 4:

a) Which organisations have been involved in setting the strategy:

- Unions or other organisations representing employees
- Organisations representing employers
- Other organisation: \_\_\_\_\_

b) Does the strategy include actions from:

- Unions or other organisations representing employees
- Organisations representing employers
- Other organisation: \_\_\_\_\_

6. Which five sectors have according to national statistics the highest incidence rate (NACE-code – A-Q[11])?

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

7. Which sectors are in focus of your national strategy (NACE-codes – one or more numbers)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Council Resolution - 3 June 2002 section I:**

1. The Council notes the Commission's opinion that, in order to achieve the aim of constant improvement of well being at work, the parties involved must pursue a number of objectives including:  
 – placing more emphasis on the prevention of occupational illnesses, especially those which continue to affect a large number of European workers, such as those caused by the use of dangerous substances such as asbestos, hearing loss and musculo-skeletal disorders;

**GENERAL**

1. Which kind of system does the Participating State identify itself with regarding prevention of risk caused by the use of dangerous substances?
- Combination (Environment and health and safety legislation is combined within the same framework)
- Separate (Health and safety regulation is separate from the environment legislation)
- Appendix (Health and safety regulation is an appendix to the environment legislation)
- Other
2. Is there a permanent national structured dialogue/forum representing most important stakeholders in order to monitor chemical risks within the field of OSH?
- Yes
- No

**MONITORING ACTIVITIES**

3. Does the Participating State produce statistics on occupational exposure to chemical agents[12]?
- Yes
- No
- If yes, does it include measurements of:
- Occupational exposure levels
- If yes, does that include:
- Biological measurements
- Any other methods
4. Does the Participating State have a system for measuring changes in morbidity and mortality for occupational diseases, which arise from exposure to chemical agents?
- |                              |                              |
|------------------------------|------------------------------|
| a) Morbidity                 | b) Mortality                 |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| <input type="checkbox"/> No  | <input type="checkbox"/> No  |

5. What is the 10-year trend in the number of cases of work related diseases caused by chemical exposure?
- a) Allergies(except skin diseases)
- The number of cases is decreasing
- The number of cases is stable
- The number of cases is increasing
- No significant trend
- No statistics
- b) Skin diseases
- The number of cases is decreasing
- The number of cases is stable
- The number of cases is increasing
- No significant trend
- No statistics

c) Mesothelioma

- The number of cases decreasing
- The number of cases is stable
- The number of cases is increasing
- No significant trend
- No statistics

d) Silicosis

- The number of cases is decreasing
- The number of cases is stable
- The number of cases is increasing
- No significant trend
- No statistics

#### SUBSTITUTION

6. Has the Participating State an overall strategy on substitution?

- Yes
- No

7. Are the social partners involved in promoting substitution?

- Yes
- No

8. Does the Participating State promote voluntary agreements (OSH based) within industrial sectors for the substitution of hazardous substances with less hazardous alternatives?

- Yes
- No

**Council Resolution - 3 June 2002 section I:**

2. notes that it is necessary to:

– raise awareness of those affected by disseminating information and analysing examples showing the importance of good working conditions for productivity, quality and performance;

1. Have calculations of the social costs of work-related illnesses and work accidents been carried out in the Participating State?

Yes

No

2. If yes,

a) Does the authority use them?

Yes

No

b) Are they mentioned in the strategy?

Yes

No

3. Have models for calculations or analysis of the economic importance of OSH on company level been developed or spread for use in the work places?

Yes

No

4. If yes, are they actively promoted and made available for the enterprises?

Yes

No

## Axes A – Labour Inspection

Applying Community Law effectively – especially the preventive measures in the framework directive – is essential to improve the quality of the work environment. The capacity and the role of the Labour inspection enforcing the law in accordance with the common principles of Labour Inspection is a indicator of the preventive potential of the participating state.

1. What is the number of inspectors per 100,000 workers:

- Below 10 [0 point]
- 10 [1 point]
- Above 10 [1.5 point]

2. Is there a plan of work setting out the priority areas for actions for the year and detailing the inspection and other programmes that will be necessary to complete?

- Yes [0.5 point]
- No [0 point]

If yes, is the implementation of the plan systematically evaluated?

- Yes [0.5 point]
- No [0 point]

3. How is the inspection system characterised (measured in time spent on reactive or proactive inspections, if no data available please use a rough estimate)?

- Mainly reactive [0 point]

(Investigation of accidents, illnesses, complaints)

- Mainly proactive (preventive) [1point]

(workplace inspection, system revisions (inspections))

4. What are the characteristics of the most common inspection methods[13]?

- Traditional detailed on site inspections [0.5 point]
- System inspections without on site inspection [1 point]
- System inspections with on site inspection [1.5 point]

5. How often does the Labour Inspection Authority (or other relevant ministry) run national awareness (information) campaigns on OSH – in general or in specific sectors ?

- Never [0 point]
- Once a year [0.5 point]
- More than once a year [1 point]

6. Is there a specific education and training programme of the labour inspectors in proactive risk prevention?

- Yes [1 point]
- No [0 point]

7. Is the Labour Inspection Authority capable of appraising occupational risk factors (e.g. psychosocial risk factors, musculo-skeletal disorders)?

- Yes [1 point]
- No or not in those sectors where they tend to be complex and cumulative [0 point]

**Maximum: 8 points**

## Axes B – Building partnership

One of the aims of the new European Strategy is to involve all the players, for example the public authorities, the social partners, companies, public and private insurers. Especially the Social partners plan a vital role in the implementation of a common strategy on creating a culture of prevention. Therefore building partnership between the different players is a vital indicator of the preventive potential of the participating state.

1. Are there provisions in the legal system to ensure consultation of the employees (or their representatives) by the employers in the enterprise?

Yes [1 point]

No [0 point]

2. Has the general national prevention policy been developed in consultation with the most representative organisations of :

a) employers

Yes [0.5 point]

No [0 point]

b) employees

Yes [0.5 point]

No [0 point]

3. Are the Social Partners systematically involved in formulation of specific prevention strategies by the government authority/Labour Inspection Authority?

Yes [1 point]

No [0 point]

4. Are the Social Partners active in producing national guidelines (issued by the Labour Inspection Authority or on their own initiative)?

Yes [1 point]

No [0 point]

5. Are the Social Partners active in producing specific guidelines (issued by the Labour Inspection Authority or by their own initiative)?

Yes [1 point]

No [0 point]

6. Do the Social Partners at their own initiative take actions to promote a culture of prevention at the enterprise level (for example by making OSH a topic of collective labour

agreements, or by establishing an organisation to promote OSH in a sector)?

Yes [1 point]

No [0 point]

7. Is there a partnership<sup>[14]</sup> between the Labour Inspection Authority (including the relevant Ministry) and other public authorities on promoting health and safety at the workplace?

Yes [1 point]

No [0 point]

8. Is there a partnership<sup>[15]</sup> between the Labour Inspection Authority (including the relevant Ministry) and public and private insurers, banks or industrial organisations etc. on prevention of occupational hazards and diseases?

Yes [1 point]

No [0 point]

**Maximum: 8 points**

## Axes C – Developing the preventive potential at enterprise level

The cornerstone of a culture of prevention is what is happening at enterprise level. There are different tools and instruments supporting this process. In focus is education, awareness, preventive services, economic incentives etc. These subjects can be supported by other measures than inspection and support and partnership with the Social Partners. The scope and mix of these measures in the national strategies is vital indicator of the preventive potential in the participating state.

1. Is there is a organised Occupational Health Service system?

Yes [1 point]

No [0 point]

2. Are there incentives, other than the legal provisions transposing the framework directive, to promote enterprises to get external services on OSH?

Yes [1 point]

No [0 point]

3. Numbers of employed in Occupational Health Services (as defined in the framework directive) compared with employed in the Labour Inspection Authority:

Less than 1-1 [0 point]

1-1 [0.5 point]

2-1 [1.0 point]

More than 2-1 [1.5 point]

4. Does the Labour Inspection Authority promote vocational OSH training in enterprises?

Yes [1.5 point]

No [0 point]

5. Are there any economic incentives, other than fines to promote OSH?

Yes [1 point]

No [0 point]

6. Does the Labour Inspection Authority actively promote OSH management systems?

Yes [1 point]

No [0 point]

7. Are there national campaigns or activities promoting CSR (corporate social responsibility) including OSH elements?

Yes [1 point]

No [0 point]

**Maximum: 8 points**

## Axes D – Anticipating of emerging risks

A modern strategy on health and safety at work must take into account the changes in the world of work, especially changes in the nature of risk. Anticipating of emerging risk, especially monitoring and research is vital for the different players in order to take the appropriate actions. The capacity and co-operation between organisations on monitoring and research is a vital indicator of the preventive potential of the participating state.

1. Is there an ongoing observation system of emerging risks, based on systematic collection of information and scientific opinions?

Yes [2 point]

No [0 point]

2. Is there a comprehensive national OSH research policy?

Yes [1.5 point]

No [0 point]

3. Do national research organisations co-ordinate their programmes on OSH related research?

Yes [1 point]

No [0 point]

4. Are research programmes mainly focused on recent priorities in the national strategy?

Yes [1 point]

No [0 point]

5. Have research organisations made preparations for the research findings to be transferred to all sectors and sizes of firms?

Yes [1 point]

No [0 point]

6. Is OSH training well integrated in relevant parts of the national education system?

Fully [1.5 point]

Partly [1 point]

No [0 point]

**Maximum: 8 points**

## Footnotes

1) Definition: A measurable target is a target in which is clearly specified what should be reached at what date. When a target is a reduction, the reference point should be specified. Furthermore, there must be a measuring instrument available with which the realisation of the target can be measured

2) Definition: Co-operation is a formal procedure of consultation of the Social Partners

3) A national strategy is here defined in relation to the Resolution text: a developed and implemented co-ordinated, coherent prevention policy. A requirement for an implemented strategy is that necessary changes in the law or regulations have been made. Strategies that require more (or different) inspections by the labour inspectorate (in a certain sector) can only be called “implemented” when the planned higher number of inspections (or different inspections) have been carried out for a least half a year. An information campaign should have started before a strategy that contains this element can be called implemented.

4) The national practice for presenting incidence rates differs from country to country. The incidence rates can be for branches, sectors or groups of sectors. The answer to the above mentioned question, shall relate to the practice in the country, and the definition of a specific sector or group of sectors, shall be done by the NACE-codes. Below is a link to the homepage, where the NACE-codes (NACE rev. 1.1) can be obtained:  
[http://europa.eu.int/comm/eurostat/ramon/nace\\_rev1\\_1/nace\\_rev1\\_1\\_en.html](http://europa.eu.int/comm/eurostat/ramon/nace_rev1_1/nace_rev1_1_en.html)

5) A national strategy is here defined in relation to the Resolution text: a developed and implemented co-ordinated, coherent prevention policy. A requirement for an implemented strategy is that necessary changes in the law or regulations have been made. Strategies that require more (or different) inspections by the labour inspectorate (in a certain sector) can only be called “implemented” when the planned higher number of inspections (or different inspections) have been carried out for a least half a year. An information campaign should have started before a strategy that contains this element can be called implemented.

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[http://europa.eu.int/comm/eurostat/ramon/nace\\_rev1\\_1/nace\\_rev1\\_1\\_en.html](http://europa.eu.int/comm/eurostat/ramon/nace_rev1_1/nace_rev1_1_en.html)

7) WRULD is used as an umbrella term for a range of disorders of the hand, wrist, arm, shoulder and neck. It covers those conditions, with specific medical diagnoses (e.g. frozen shoulder,

carpal tunnel syndrome), and other conditions (often called RSI) where there is pain without specific symptoms. Symptoms may include pain, swelling and difficulty moving.

8) A national strategy is here defined in relation to the Resolution text: a developed and implemented co-ordinated, coherent prevention policy. A requirement for an implemented strategy is that necessary changes in the law or regulations have been made. Strategies that require more (or different) inspections by the labour inspectorate (in a certain sector) can only be called “implemented” when the planned higher number of inspections (or different inspections) have been carried out for a least half a year. An information campaign should have started before a strategy that contains this element can be called implemented.

9) The national practice for presenting incidence rates differs from country to country. The incidence rates can be for branches, sectors or groups of sectors. The answer to the above mentioned question, shall relate to the practice in the country, and the definition of a specific sector or group of sectors, shall be done by the NACE-codes. Below is a link to the homepage, where the NACE-codes (NACE rev. 1.1) can be obtained:  
[http://europa.eu.int/comm/eurostat/ramon/nace\\_rev1\\_1/nace\\_rev1\\_1\\_en.html](http://europa.eu.int/comm/eurostat/ramon/nace_rev1_1/nace_rev1_1_en.html)

10) A national strategy is here defined in relation to the Resolution text: a developed and implemented co-ordinated, coherent prevention policy. A requirement for an implemented strategy is that necessary changes in the law or regulations have been made. Strategies that require more (or different) inspections by the labour inspectorate (in a certain sector) can only be called “implemented” when the planned higher number of inspections (or different inspections) have been carried out for a least half a year. An information campaign should have started before a strategy that contains this element can be called implemented.

11) The national practice for presenting incidence rates differs from country to country. The incidence rates can be for branches, sectors or groups of sectors. The answer to the above mentioned question, shall relate to the practice in the country, and the definition of a specific sector or group of sectors, shall be done by the NACE-codes. Below is a link to the homepage, where the NACE-codes (NACE rev. 1.1) can be obtained:

[http://europa.eu.int/comm/eurostat/ramon/nace\\_rev1\\_1/nace\\_rev1\\_1\\_en.html](http://europa.eu.int/comm/eurostat/ramon/nace_rev1_1/nace_rev1_1_en.html)

12) Chemical agent is defined as any natural or artificial substance, including any preparation, whether in solid or liquid form or in the form of

a gas or vapour which is toxic, very toxic, harmful, corrosive or irritant.

13) A system inspection is an inspection in which the policy on OSH in an organisation is evaluated. A system inspection needs at least the following elements:

- check whether the company has adequate risk assessment and an adequate plan of action for (a selection of) risks;
- inspection of the workplace
- check whether violations at the workplace have been caused by inadequate risk assessment or inadequate plan of action.

The inspection can be done on a selection of risks, it does not have to cover all potential risks.

14) Partnership is defined as mutual commitments.

15) Partnership is defined as mutual commitments.