

European Strategy on Health and Safety at the Workplace

Score Board 2003

Pilot Project – NORDIC WORKING GROUP – March 2004

Score Board 2003



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Report

Setting up an international scoreboard - national policies on implementing the European Strategy 2002-2006 on health and safety at the workplace – A pilot project from the Nordic Countries

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", KOM(02)118.

The Communication was presented at a Conference in Barcelona on 23-24 April in co-operation with the Spanish Presidency of the Council. The Strategy was warmly welcomed by all the players in the field of health and safety at the workplace at European level.

In June the Council adopted a resolution on the new strategy. In the debate on the resolution there was a debate on setting up a specific scoreboard on health and safety at the workplace and 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 from 3 June, the Council called on the Commission to inclu-

de in the social-agenda scoreboard the measures to be carried out in order to put the strategy into practice, 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 the work place has a central role in the implementation of the strategy. In its resolution on the strategy from November 2002, the Advisory Committee considers it essential to prepare a schedule including a scoreboard covering the period 2002-2006, and that it should set objectives and organise follow-up actions, as well as make provisions for the financial and human resources needed for its realisation.

In February 2002 the director generals from the national labour inspection authorities in the Nordic Countries met for a seminar on strategies on health and safety at the workplace in the Nordic Countries and the EU. The initiative for the seminar was taken by the Nordic Council Committee on health and safety at the workplace.

At the seminar the director generals set up a working group. The objective of the working group was to set up a proposal for an international scoreboard on national policies on health and safety at the workplace.

The aim of this scoreboard is to monitor the activities taken by the Member States in national policies on implementing the recommendations to the Member States in the Council Resolution from 3 June 2002.

In April 2002 the director generals decided on which strategic objectives to be covered by the scoreboard. The composition of the scoreboard reflects the objectives the director generals find the most important. It is not intended that the scoreboard should cover the whole field of national activities on health and safety at the workplace. The composition of the scoreboard might be revised over the years in order to follow new areas of priority.

The working group has worked since February 2003 and reported two times to the director generals. This scoreboard was presented and adopted by the director generals on 30 March 2004.

2. A new strategic approach

The keystone of European Community action in relation to health and safety at the workplace is legislation, with the framework directive from 1989 and the 17 special directives as 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 the various instruments and it involves all the players in the field of health and safety at the workplace. 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 the workplace. This policy is now going into a new phase where focus will be 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 the workplace, 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 economies and societies.

The aim of this proposal for a scoreboard is to give an overview of some of the actions taken in different States in the field of health and safety at the workplace and to monitor how the different States perform in relation to the main objectives of the strategy.

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. Combating 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 the workplace is voluntary, and it is based in reports from each participating State on the basis of a questionnaire. The scoreboard does not intend 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 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, players and the results 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 the international trends. Therefore the scoreboard can serve 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 set out by the director generals was that the procedures for reporting to the scoreboard should be simple and effective.

The scoreboard is based on national reports. These reports are based on a questionnaire developed by the working group. The questionnaire 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 therefore been developed

in order to prevent misinterpretations. A pilot test procedure has been carried out and the questionnaire has finally been examined closely in parallel with finalising the report tables. However a risk of minor misinterpretations e.g. of definitions can-not 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 scoreboard is an international policy instrument. The aim is to illustrate 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. 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 the 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 the workplace. The report is the overall picture of each national diagram. Therefore, this method does not contradict with 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 participating 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 tables stand alone.

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.

- Annual procedure

In the general principles it is underlined, that the scoreboard is a living instrument, it is intended to be published on an annual basis, and that 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 the fact that some of the objectives will inevitably be fulfilled.

The annual procedure is intended to be as follows:

- | | |
|--------------|---|
| Spring: | Meeting of the scoreboard group
Decision on the questionnaire for the year |
| Summer: | National administrations fill in the questionnaire |
| Autumn: | Meeting of the scoreboard group
Editing of the tables and the scoreboard |
| Late autumn: | Meeting of the director generals
Decision on the scoreboard and the focus areas for the following year |

5. How to establish a European scoreboard

Setting up an international scoreboard for the performance on the European strategy among the Nordic Countries 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 pilot project has been developed on the basis of the conditions in the Nordic countries. However, a clear perspective in the work has been that in the future it should cover more participating 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 unanimity among the participating states and on the general principles laid out in the scoreboard.

Symbols

	Yes
	No
	Increasing
	Decreasing
	Stable
	No significant trend
	No statistics
	Included in the strategy

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	Norway	Sweden
National Statistics Accidents	+	+	+	+	+
National Statistics Illnesses	+	+	-	+	+
National Statistics on occupational accidents are comparable with EUROSTAT (ESAW)					
Phase I	+	+	-	+	+
Phase II	+	+	-	+	+
Phase III	+	+	-	-	+
National Statistics on occupational diseases are comparable with EUROSTAT (EODS)					
Partly	+	+	-	+	+
Fully	+	+	-	-	-
Actions to harmonize last year (2002-2003)	-	+	+	+	+

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;

		Denmark	Finland	Iceland	Norway	Sweden
Measurable targets at general level	Accidents	+	+	-	-	+
	Diseases	-	+	-	-	-
Specific measurable targets	High risk sectors				✓	✓
	Risk factors	✓	✓		✓	
	OSH diseases	✓	✓			
Decision level	Political level	✓	✓	✓		
	Admin. level	✓	✓	✓	✓	✓
	Co-operation Social partners	✓	✓	✓		
	Co-decision Social partners	✓				
Has plan on doing so next year					-	

Measurable target: A target which can be measured quantitatively or semi-quantitatively/qualitatively (method), with a fixed starting point and a date when the target has to be reached.

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;

		Denmark	Finland	Iceland	Norway	Sweden
10-year trend of occupational accidents		 Stable	 Decreasing	 No significant trend	 Stable	 No significant trend
10-year trend of fatal occupational accidents		 Stable	 Stable	 Stable	 Decreasing	 Decreasing
Implemented coordinated, coherent prevention policy (national strategy)		 1996-2006 2002-2005	 2003-2007			 2004-2006
Responsible for the strategy is	Inspection authority					
	Social partners					
	Other					

3. OCCUPATIONAL ACCIDENTS

		Denmark	Finland	Iceland	Norway	Sweden
Which tools are the strategy mainly based on	Inspection/ campaign	✓	✓	✓	✓	✓
	General guidelines	✓	✓	✓	✓	
	Information campaign		✓	✓	✓	✓
	Other			✓		
The strategy is mainly based on actions from the following players	Inspection				✓	✓
	Combination: Inspection/ Social partners	✓	✓	✓		

3A. OCCUPATIONAL ACCIDENTS - CONSTRUCTION SECTOR

		Denmark	Finland	Iceland	Norway	Sweden
10-year trend in the rate of accidents		 Stable	 Increasing	 No significant trend	 Decreasing	 Decreasing
Trend in the rate of fatal accidents		 Decreasing	 Decreasing	 Stable	 Decreasing	 Decreasing
Implemented co-ordinated, coherent prevention policy (specific national strategy)		 +	 2002-2005	 +	 +	 2004-2006
Responsible for the strategy	Inspection authority					
	Social partners					
Which tools is the strategy based on?	Inspection/campaign					
	General guidelines					
	Information campaign					
	New provision					
The strategy is mainly based on actions from the following players:	Inspection authority					
	Combination: Inspection/Social partners					

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;

		Denmark	Finland	Iceland	Norway	Sweden
10 year-trend of diseases caused by monotonous repetitive work		 Decreasing	? No statistics	? No statistics	 Stable	 Increasing
Implemented coordinated, coherent prevention policy (national strategy)		 1996-2005 2002-2005	 2003-2007			 2004-2006
Responsible for the strategy is	Inspection authority					
	Social partners					
Which tools are the strategy mainly based on	Inspection/campaign					
	General guidelines					
	Information campaign					
The strategy is mainly based on actions from the following players	Inspection authority					
	Combination: Inspection/Social partners					

		Denmark	Finland	Iceland	Norway	Sweden
10 year-trend of diseases caused by monotonous repetitive work		 Decreasing	? No statistics	? No statistics	 Stable	 Increasing
Implemented coordinated, coherent prevention policy (national strategy)		 2002-2005				 2004-2006
Responsible for the strategy is	Inspection authority					
	Social partners					
Which tools are the strategy mainly based on	Inspection/campaign					
	New guidelines					
	Information campaign					
	Other					
	New provision					
The strategy is mainly based on actions from the following players	Inspection authority					
	Combination: Inspection/Social partners					

4B. MONOTONOUS REPETITIVE WORK DISORDERS

		Denmark	Finland	Iceland	Norway	Sweden
10 year-trend of diseases caused by monotonous repetitive work		 No significant trend	 Decreasing	 No statistics	 Increasing	 Increasing
Implemented coordinated, coherent prevention policy (national strategy)		 1996-2006 2002-2005	 2003-2007			 2004-2006
Responsible for the strategy is	Inspection authority					
	Social partners					
	Inspection/campaign					
Which tools are the strategy mainly based on	Inspection/campaign					
	General guidelines					
	Information campaign					
	Other					
	New provision					
The strategy is mainly based on actions from the following players	Inspection authority					
	Combination: Inspection/Social partners					

4B. MONOTONOUS REPETITIVE WORK DISORDERS
- MANUFACTURE OF FOOD PRODUCTS SECTOR

		Denmark	Finland	Iceland	Norway	Sweden
10 year-trend of diseases caused by monotonous repetitive work		 No significant trend	 Decreasing	 No statistics	 No statistics	 Increasing
Implemented coordinated, coherent prevention policy (national strategy)		 2002-2005	 2002-2007		 2002-2006	 2004-2006
Responsible for the strategy is	Inspection authority					
	Social partners					
Which tools are the strategy mainly based on	Inspection / campaign					
	General guidelines					
	Information campaign					
	Other					
The strategy is mainly based on actions from the following players	Inspection authority					
	Combination: Inspection/ Social partners					

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;

		Denmark	Finland	Iceland	Norway	Sweden
National survey/s measuring work-related stress	Regularly	✓	✓			✓
	Ad hoc			✓	✓	
10-year trend in the rate of work-related stress		 No significant trend	 Stable	 Stable	 Increasing	 Increasing
Implemented co-ordinated, coherent prevention policy (national strategy)		 1996-2005 2002-2005				 2004-2006
Responsible for the strategy	Inspection authority	✓	✓	✓	✓	✓
	Social partners	✓				
Which tools is the strategy based on?	Inspection/campaign	✓	✓		✓	✓
	General guidelines	✓			✓	
	Information campaign		✓	✓	✓	✓
	Other	✓		✓		
Actions from the following players:	Inspection authority			✓	✓	✓
	Combination: Inspection/Social partners	✓	✓			

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;

	Denmark	Finland	Iceland	Norway	Sweden
National strategy (action plan, programme etc.)	1996-2005 +	+	+	-	+
Separate programme/policy chemical risks within OSH	+	-	-	+	-
Permanent body with all important stakeholders	+	+	+	-	-
MONITORING ACTIVITIES					
Register for exposure measurements		✓		✓	✓
Airborne pollutants		✓		✓	✓
Biological measurements		✓		✓	✓
Register for chemical products	✓	✓		✓	✓
Register for occupational diseases	✓	✓			✓

MONITORING ACTIVITIES

		Denmark	Finland	Iceland	Norway	Sweden
10 year-trend of work-related diseases	Allergies	 Decreasing	 Decreasing	? No statistics	? No statistics	 Stable
	Skin diseases	 Stable	 Decreasing	? No statistics	? No statistics	 Stable
	Asbestoses	 Stable	 Decreasing	? No statistics	? No statistics	 Stable
	Silicoses	 Decreasing	 Decreasing	? No statistics	? No statistics	 Stable

SUBSTITUTION

OSH based list of substitution						
Environmental based list of substitution						
Voluntary agreements for substances of substitution						
Organised dialogue between OSH and social partners						

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;

CALCULATIONS OF THE SOCIAL COSTS OF WORK-RELATED DISEASES AND ACCIDENTS HAVE BEEN CARRIED OUT DURING THE LAST 5 YEARS BY (by order/request of)

	Denmark	Finland	Iceland	Norway	Sweden
Ministry or OSH Administration	-	+	-	-	-
OSH research institute	-	-	-	-	-
Other	-	-	+	-	-

MODELS FOR CALCULATION OR ANALYSIS OF THE ECONOMIC IMPORTANCE OF OSH AT COMPANY LEVEL HAVE BEEN DEVELOPED OR DISTRIBUTED BY

Ministry or OSH Administration	-	+	-	-	-
OSH research institute	-	+	-	-	-
Other	+	+	-	-	-

THE ECONOMIC IMPACT OF THE WORKING CONDITIONS AND/OR THE USE OF ECONOMIC ARGUMENTATION IN ORDER TO MOTIVATE WORKPLACES TO IMPROVE WELL-BEING AT WORK ARE MENTIONED IN THE NATIONAL OSH STRATEGY OR POLICY DOCUMENTS

	-	+	-	+	-
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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 nume-

rous 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

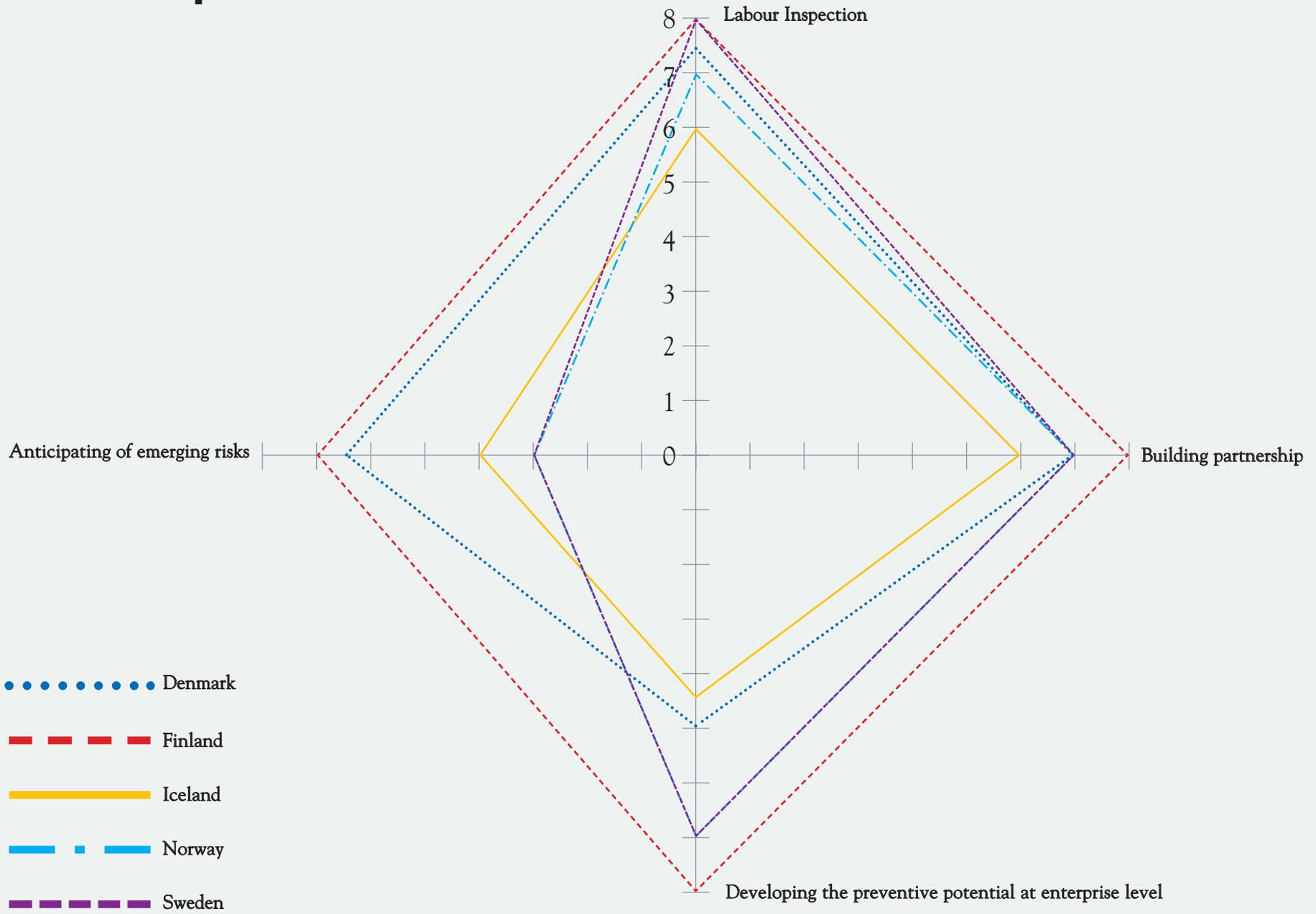
The aim of the diagram is to illustrate differences in the national OSH infrastructures and activities - the preventive potential. Each

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.

Preventive potential



AXIS A – LABOUR INSPECTION

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.

Axis A	Denmark	Finland	Iceland	Norway	Sweden
1. Number of inspectors pr. 1,000 enterprises	1 (1.3)	1 (1.64)	0 (0.9)	0 (1.0)	1 (1.3)
2. Is there an annual plan of work setting out the priority areas for actions for the year and detailing the inspection and other programmes that it will be necessary to complete, and is the implementation of the plan systematically evaluated?	1	1	1	1	1
3. Is there a specific education and training programme for the labour inspectors on proactive risk prevention?	1	1	1	1	1
4. How is the inspection system characterised?	1.5	1.5	1.5	1.5	1.5
5. What are the characteristics of the most common inspection methods?	1.5	1.5	0.5	1.5	1.5
6. How often does the labour inspection authority run national awareness (information) campaigns on OSH - in general or in specific sectors?	0.5	1	1	1	1
7. Is the labour inspection authority capable of appraising occupational risk factors (e.g. psycho-social risk factors, musculo-skeletal disorders), particularly in those sectors where they tend to be complex and cumulative?	1	1	1	1	1
Total	7.5	8	6	7	8

Axis B – Building partnerships

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.

Axis B	Denmark	Finland	Iceland	Norway	Sweden
1. Are there provisions in the legal system to ensure consultation, co-operation and co-ordination on OSH between the employers and employees and their representatives within the enterprise?	1	1	1	1	1
2. Has the national policy been developed in consultation with most important representative organisations for employers and employees?	1	1	0	1	1
3. Are the social partners systematically involved in formulation of specific [sector level, specific hazards etc.] prevention strategies?	1	1	1	1	1
4. Are the social partners active in producing national guidelines (issued by the labour inspection authority or at their own initiative)?	1	1	0	1	1
5. Do the social partners produce guidelines at specific sector level and for specific hazards?	1	1	1	1	1
6. Do the social partners at their own initiative take actions to promote a culture of prevention at the enterprise level?	1	1	1	1	1
7. Is there a partnership (eg. formalised co-operation, common action plans etc.) between the labour inspection authority (including the relevant Ministry) and other public authorities on promoting health and safety at the workplace (eg. environment authorities, health authorities, bodies responsible for industrial relations, tax authorities)?	1	1	1	1	1
8. Is there a partnership between the labour inspection authority and public and private insurers, banks, industrial organisations etc. on prevention of occupational hazards and diseases?	0	1	1	0	0
Total	7	8	6	7	7

Axis 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. 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.

Axis C	Denmark	Finland	Iceland	Norway	Sweden
1. there is an organised Occupational Health Service system?	1	1	1	1	1
2. Are there incentives, other than the legal provisions in the framework directive, to promote enterprises to get specific external OSH Services?	1	1	0	1	1
3. Numbers employed in the Occupational Health Services compared with employed in the labour inspection authority	1	1.5	0	1.5	1.5
4. Is there a system for vocational OSH training in enterprises?	1	1.5	1.5	1.5	1.5
5. Are there any economic incentives, other than fines (e.g. insurance premiums, taxes), to promote OSH?	0	1	0	0	0
6. Have OSH management systems been introduced at enterprise level?	1	1	1	1	1
7. Are there national campaigns or activities promoting CSR (corporate social responsibility) including OSH elements?	0	1	1	1	1
Total	5	8	4.5	7	7

Axis D – Anticipating 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 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.

Axis D	Denmark	Finland	Iceland	Norway	Sweden
1. Is there an ongoing observation system of the emerging risk, based on systematic collection of information and scientific opinions?	2	2	2	0	12
2. Is there a national OSH research policy?	1	1	0	0	0
3. What percentage of the total amount of public money for OSH activities is spent on research?	1	0	0	1	0
4. Do national research organisations co-ordinate their programmes on OSH-related research?	0.5	0.5	0	0	0
5. Are research programmes targeted on practical problems arising at the workplace?	1	1	1	1	1
6. Have research organisations made preparations for the research findings to be transferred to firms, especially SMEs?	1	1	1	1	0
7. Is OSH an integrated part of the curricula in the education system?	0	1.5	0	0	0
Total	6.5	7	4	3	3

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. Does the Member State have national statistics on occupational accidents?

- Yes
- No

If no: What are the differences?

.....

.....

.....

2. Does the Member State have national statistics on occupational diseases?

- Yes
- No

.....

.....

3. Are the national statistics comparable with EUROSTAT?

- a. ESAW (accidents)
 - Phase I
 - Phase II
 - Phase III

- b. EODS (diseases)
 - Yes
 - No

4. Has the Member State taken any actions over the last year (2002-2003) to harmonise national statistics with EUROSTAT?

- 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 - whatever level or player - for the time being set measurable targets for reducing accidents at work and/or occupational diseases?
 - Accidents
 - Diseases
2. How are the targets specified? (one or more options)
 - Targeted on high-risk sectors
 - Targeted on occupational risk factors (e.g. noise, vibrations etc.)
 - Targeted on occupational diseases
3. At what level has decision on the targets been taken? (one or more options)
 - Political level (Minister/Parliament)
 - Administrative level (Ministry/Labour Inspection Authority)
 - In co-operation with the Social Partners
 - In co-decision with the Social Partners
4. If the Member State has not set measurable targets, has the Member State plans for doing so next year (2004)?
 - 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;

General

1. What is the trend in the rate of occupational accidents over the last 10 years from the point of view of the labour inspection authority?
 - The rate is decreasing
 - The rate is stable
 - The rate is increasing
 - No significant trend
 - No statistics

2. What is the trend in the rate of fatal accidents over the last 10 years from the point of view of the labour inspection authority?
 - The rate is decreasing
 - The rate is stable
 - The rate is increasing
 - No significant trend
 - No statistics

3. Does the State have an implemented co-ordinated, coherent prevention policy (national strategy) including plans of action to reduce occupational accidents?
 - Yes
 - No

4. If yes to question 3.
 - a) What is the timeframe?
 - Inspection authority
 - Social partners
 - Other:

 - b) Who is responsible for the strategy?
 - Inspection authority
 - Social partners
 - Other:

 - c) Which tools is the strategy mainly based on?
 - Inspection/inspection campaigns
 - General recommendations/guidelines
 - Information campaigns
 - New provisions
 - Other:

 - d) The strategy is mainly based on actions from the following players (only one choice):
 - Labour inspection authority
 - Social partner agreements
 - A combination

CONSTRUCTION SECTOR

5. What is the trend in the rate of occupational accidents in the construction sector over the last 10 years from the point of view of the labour inspection authority?
 - The rate is decreasing
 - The rate is stable
 - The rate is increasing
 - No significant trend
 - No statistics

6. What is the trend in fatal occupational accidents in the construction sector over the last 10 years from the point of view of the labour inspection authority?
 - The rate is decreasing
 - The rate is stable
 - The rate is increasing
 - No significant trend
 - No statistics

7. Does the State have an implemented co-ordinated, coherent prevention policy (national strategy) including plans of action

to reduce occupational accidents in the construction sector?

- Yes
- No

8. If yes to question 7,

a) What is the timeframe?

b) Who is responsible for the strategy?

- Labour inspection authority
- Social Partners
- Other:

.....

c) Which tools is the strategy mainly based on?

- Inspection/inspection campaigns
- General recommendations/guidelines
- Information campaigns
- New provisions
- Other:

.....

d) The strategy is mainly based on actions from the following players:

- Labour inspection authority
- Social partner agreements
- A combination

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;

LIFTING HEAVY LOADS

- GENERAL

1. What is the trend in the rate of diseases caused by lifting heavy loads over the last 10 years from the point of view of the labour inspection authority?
 - The rate of diseases caused by lifting heavy loads is decreasing
 - The rate of diseases caused by lifting heavy loads is stable
 - The rate of diseases caused by lifting heavy loads is increasing
 - No significant trend
 - No statistics

2. Does the Member State have an implemented co-ordinated, coherent prevention policy (a specific national strategy, action plan, programme etc.) to improve the situation?
 - Yes
 - No

3. If yes to question 2:
 - a) What is the timeframe?

 - b) Who is responsible for the strategy?

- Labour inspection authority
 - Social partners
 - Other:

- c) Which tools is the strategy mainly based on?
- Inspection/inspection campaigns
 - General recommendations/guidelines
 - Information campaigns
 - New provisions
 - Other:

- d) The strategy is mainly based on actions from the following players (only one choice):
- Labour inspection authority
 - Social partner agreements
 - A combination

**LIFTING HEAVY LOADS
 - SOCIAL AND HEALTH CARE SECTOR**

4. What is the trend in the rate of disorders caused by lifting heavy loads in the health care sector over the last 10 years from the point of view of the labour inspection authority?

- The rate of diseases caused by lifting heavy loads is decreasing
 - The rate of diseases caused by lifting heavy loads is stable
 - The rate of diseases caused by lifting heavy loads is increasing
 - No significant trend
 - No statistics
5. Does the Member State have an implemented co-ordinated, coherent prevention policy (specific national strategy, action plan, programme etc.) to improve the situation?
- Yes
 - No
6. If yes to question 5:
- a) What is the timeframe?

 - b) Who is responsible for the strategy?
 - Labour inspection authority
 - Social partners
 - Other:

c) Which tools is the strategy mainly based on?

- Inspection/inspection campaigns
 - General recommendations/guidelines
 - Information campaigns
 - New provisions
 - Other:
-

d) The strategy is mainly based on actions from the following players (only one choice):

- Labour inspection authority
- Social partner agreements
- A combination

DISORDERS FROM MONOTONOUS REPE- TITIVE WORK - GENERAL

7. What is the trend in the rate of diseases caused by monotonous repetitive work over the last 10 years from the point of view of the labour inspection authority?

- The rate of diseases caused by monotonous repetitive work is decreasing
- The rate of diseases caused by monotonous repetitive work is stable
- The rate of diseases caused by monotonous repetitive work is increasing
- No significant trend
- No statistics

8. Does the Member State have an implemented co-ordinated, coherent prevention policy (specific national strategy, action plan, programme etc.) to improve the situation?

- Yes
- No

9. If yes to question 8:

a) What is the timeframe?

b) Who is responsible for the strategy?

- Labour inspection authority
 - Social partners
 - Other:
-

b) Which tools is the strategy mainly based on?

- Inspection/inspection campaigns
 - General recommendations/guidelines
 - Information campaigns
 - New provisions
 - Other:
-

c) The strategy is mainly based on actions from the following players (only one choice):

- Labour inspection authority
- Social partner agreements
- A combination

DISORDERS FROM MONOTONOUS REPE- TITIVE WORK

- MANUFACTURE OF FOOD PRODUCTS SECTOR

10. What is the current trend in the rate of disorders caused by monotonous repetitive work in the manufacture of food products sector over the last 10 years from the point of view of the labour inspection authority?

- The rate of disorders caused by monotonous repetitive work is decreasing
- The rate of disorders caused by monotonous repetitive work is stable
- The rate of disorders caused by monotonous repetitive work is increasing
- No significant trend
- No statistics

11. Does the Member State have an implemented co-ordinated, coherent prevention policy (specific national strategy, action plan, programme etc.) to improve the situation?

- Yes
- No

12. If yes to question 11:

a) What is the timeframe?

b) Who is responsible for the strategy?

- Labour inspection authority

- Social partners
 - Other:
-

c) Which tools is the strategy mainly based on?

- Inspection/inspection campaigns
 - General recommendations/guidelines
 - Information campaigns
 - New provisions
 - Other:
-

d) the strategy is mainly based on actions from the following players (only one choice):

- Labour inspection authority
- Social partner agreements
- A combination

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 a national survey measuring "work-related stress"?

- Yes, regular
- Yes, ad hoc
- No

2. If no to question 1: Does the State have any plans for a national survey measuring stress?

- Yes
- No

3. What is the current trend in the rate of work-related stress from the point of view of the labour inspection authority?

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

4. Does the State have an implemented co-ordinated, coherent prevention policy (national strategy including plans of action) to reduce work-related stress?

- Yes
- No

4. If yes to question 4:

a) What is the timeframe?

.....

b) Who is responsible for the strategy?

- Labour inspection authority
- Social partners
- Other:

.....

c) Which tools is the strategy mainly based on?

- Inspection/inspection campaigns
- General recommendations/guidelines
- Information campaigns
- New provisions
- Other:

.....

d) The strategy is mainly based on actions from the following players (only one choice):

- Labour inspection authority
- Social partner agreements
- A combination

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. Does the Member State have a specific national chemicals strategy (action plan, programme etc.)?
 - Yes
 - No
2. Does the Member State have a separate programme/policy on chemical risks within the field of OSH?
 - Yes
 - No
3. Is there a permanent national body(ies)/committee(s) representing all important stakeholders in order to deal with chemical risks within the field of OSH?
 - Yes
 - No

MONITORING ACTIVITIES

4. Does the Member State have a register for exposure measurements?
 - Yes
 - No

If Yes, does it include

- Airborne pollutants
- Biological measurements

5. Does the Member State have a register for chemical products?
 - Yes
 - No

6. Does the Member State have a register of occupational diseases from which changes in the rate of work diseases can be followed?
 - Yes
 - No

7. What is the trend in the rate of work related diseases caused by chemical exposure over the last 10 years from the point of view of the labour inspection authority?

a) Allergies

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

b) Skin diseases

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

c) Asbestoses

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

d) Silicoses

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

SUBSTITUTION

8. Does the Member State have an OSH based list of substitution of dangerous substances?
 - Yes
 - No

9. Does the Member State have an environmental based list of substitution of dangerous substances?

- Yes
- No

10. Does the Member State have any voluntary agreements for substances of substitution of dangerous substances (OSH based) for industrial sectors?

- Yes
- No

11. Is there an organised dialogue between OSH Authorities and social partners for promoting substitution?

- 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 diseases and accidents at work been carried out by the Member State during the last five years?

- Yes
- No

2. If yes to question 1: Were the calculations carried out by (by order/request of):

- The Ministry or administration responsible for OSH
- OSH research institute
- Other:

3. Have models for calculations or analyses of the economic importance of OSH at company level been developed or distributed for use in the workplace?

- Yes
- No

4. If yes to question 3: Such models are produced and spread by

- The Ministry or administration responsible of OSH
- OSH research institute
- Other:

5. Is the economic impact of the working conditions and/or the use of economic argumentation in order to motivate workplaces to improve well-being at work mentioned in national OSH strategy or policy documents?

- 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;

AXIS A - LABOUR INSPECTION

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 authority enforcing the law in accordance with the common principles of labour inspection is an indicator of the preventive potential of the participating State.

1. Number of inspectors pr. 1,000 enterprises:

.....
[The country scores 1 if its number is above average of all participating States. If below the average - 0 points]

2. Is there an annual plan of work setting out the priority areas for actions for the year and detailing the inspection and other programmes that it will be necessary to complete, and is the implementation of the plan systematically evaluated?

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

3. Is there a specific education and training programme for the labour inspectors on proactive risk prevention?

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

4. How is the inspection system characterised?

- Mainly reactive [0.5 point] (Investigation of accidents, illnesses, complaints)
- Mainly proactive (preventive) [1.5 points] (workplace inspection, system revisions (inspections))

5. What are the characteristics of the most common inspection methods?

- Traditional detailed on site inspections [0.5 point]
- System inspections [1 point]
- Both [1.5 points]

6. How often does the labour inspection authority run national awareness (information) campaigns on OSH - in general or in specific sectors?

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

7. Is the labour inspection authority capable of appraising occupational risk factors (e.g. psycho-social risk factors, musculo-skeletal disorders), particularly in those sectors where they tend to be complex and cumulative?

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

Maximum: 8 points

AXIS B - BUILDING PARTNERSHIPS

One of the aims of the new European Strategy is to involve all the players, for example the public authorities, the social partners, companies, and public and private insurers. In particular, the social partners 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. Are there provisions in the legal system to ensure consultation, co-operation and co-ordination on OSH between the employers and employees and their representatives within the enterprise?

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

2. Has the national policy been developed in consultation with most important representative organisations for employers and employees?

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

3. Are the social partners systematically involved in formulation of specific [sector level, specific hazards etc.] prevention strategies?

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

4. Are the social partners active in producing national guidelines (issued by the labour inspection authority or at their own initiative)?

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

5. Do the social partners produce guidelines at specific sector level and for specific hazards?

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

6. Do the social partners at their own initiative take actions to promote a culture of prevention at the enterprise level?

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

7. Is there a partnership (eg. formalised co-operation, common action plans etc.) between the labour inspection authority (including the relevant Ministry) and other public authorities on promoting health and safety at the workplace (eg. environment authorities, health authorities, bodies responsible for industrial relations, tax authorities)?

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

8. Is there a partnership between the labour inspection authority and public and private insurers, banks, industrial organisations etc. on prevention of occupational hazards and diseases?

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

Maximum: 8 points

AXIS 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. Focus is on education, awareness, preventive services, economic incentives etc. These subjects 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 vital indicator of the preventive potential in the participating State.

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

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

2. Are there incentives, other than the legal provisions in the framework directive, to promote enterprises to get specific external OSH Services?

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

3. Numbers employed in the Occupational Health Services compared with employed in the labour inspection authority:

- Less than 1-1 [0 points]
- 1-1 [0.5 point]

- 2-1 [1.0 point]
- More than 2-1 [1.5 points]

4. Is there a system for vocational OSH training in enterprises?

- Yes [1.5 points]
- No [0 points]

5. Are there any economic incentives, other than fines (e.g. insurance premiums, taxes), to promote OSH?

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

6. Have OSH management systems been introduced at enterprise level?

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

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

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

Maximum: 8 points

AXIS D - ANTICIPATING 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 emerging risk, especially monitoring and research, is vital if the different players are 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 the emerging risk, based on systematic collection of information and scientific opinions?

- Yes [2 points]
- No [0 points]

2. Is there a national OSH research policy?

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

3. What percentage of the total amount of public money for OSH activities is spent on research?

- Less than 10 percent [0 points]
- More than 10 percent [1 point]

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

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

5. Are research programmes targeted on practical problems arising at the workplace?

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

6. Have research organisations made preparations for the research findings to be transferred to firms, especially SMEs?

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

7. Is OSH an integrated part of the curricula in the education system?

- Yes [1.5 points]
- No [0 points]

Maximum: 8 points

