

POLICY BRIEF WORK SAFETY/BENCHMARKING

Need for Work Safety Action

Europeans spend approximately ¼ of their lives at work, so to promote health and welfare, working conditions should be considered. In 2000, the Lisbon summit identified specific objectives to create quality jobs and increase workforce participation. Since that time, the Commission has issued two Community strategies for improving health and safety at work for 2002 – 2006 and 2007 – 2012. Under the current strategy, a primary goal is to cut work-related accidents by a quarter across the EU. In the EU-15, workers are injured in accidents every five seconds. Furthermore, one dies every two hours. Overall, this equals 7.6 million accidents at work and 4,900 fatalities every year. In addition, a significant amount of these injuries result in three days of absence from work. Not only is health and safety at work important to the individual, but also it is important to the business. The cost of accidents at work and occupational illnesses ranges from about 3-4% of Gross National Product

Working environments are continuously changing with the introduction of new technologies, substances and work processes, changes in the structure of the workforce and the labour market, and new forms of employment and work organisation. New work situations bring new risks and challenges for workers and employers, which in turn demand political, administrative, technical and regulatory approaches to ensure high levels of safety and health at work.

One example of changes in workforce structure is the „greying“ of Europe - by 2050, over 1/3 of the European population will be above 60. For economic and social reasons these people will most likely still be working, which presents challenges for developing innovative techniques to preserve safety on the job.

Older workers face many health challenges in general but at work in particular. One example of this is work-related musculoskeletal disorders (WMSDs), which is the umbrella term used to describe a group of painful disorders of muscles, tendons, and nerves. Carpal tunnel syndrome, tendonitis, thoracic outlet syndrome, and tension neck syndrome are examples. Work activities which are frequent and repetitive, or activities with awkward postures cause these disorders which may be painful during work or at rest. WMSDs are commonly reported work related health problem by European workers: 30% (44 million) complain of backache; 17% complain of muscular pains in their arms and legs; 45% report working in painful or tiring positions; 33% are required to handle heavy loads in their work. Older workers in Europe report more MSD problems. For example the EU average for reports of backache is 30%, for 15-24 year olds it is 25%, for 55 plus it is 35%. Many older workers will have spent more time working in WMSD risky situations. In addition jobs are generally designed for young and healthy male workers. The economic costs of WMSDs in terms of health care costs and work days lost is also significant – with some studies estimating it as high as 2% of the GNP for some European countries.

EU Policy on Work Safety

The European Agency for Safety and Health at Work (EASHW) attempts to raise awareness and educate on the issue by issuing a number of materials related to WMSDs. It also sponsors a Week for Safety and Health at Work that focuses on preventing musculoskeletal disorders.

When undertaking innovation, problems must be reconsidered as opportunities, in the case of WMSD's this is represented by the fact that many could be prevented using ergonomic interventions-to modify work and workplaces based on assessment of risk factors. In an EASHW report entitled "Work-related neck and upper limb musculoskeletal disorders (WRULD)" it is written that "There are strong arguments that Work Related Upper Limb Disorders have a biological basis. Scientific studies concerning biomechanics, mathematical modelling and direct measurement of physiological changes provide a coherent and persuasive argument of the biomechanically induced pathology of disorders that affect muscle, nerves, tendons and other body tissues. The understanding of the biological mechanisms of WRULDs varies greatly between specific disorders. For carpal tunnel syndrome, for example, the knowledge is impressive, whereas for some other disorders more research is needed. But even for those disorders where the knowledge base is smaller there are plausible hypotheses for a biological origin and research is ongoing."

Furthermore, in the coming years, the legislative basis for dealing with WMSDs will most likely expand. In 1990 the European Commission introduced two Directives intended to address the problem of work-related musculoskeletal disorders (MSDs); one on Manual Handling and another on the use of Display Screen Equipment. In 2004 and 2007 the Commission consulted European social partners on extending its legislative framework to all work-related MSDs risk factors. In 2008 it commissioned research on the possible impact of a number of EU level policy options designed to improve the prevention of work-related MSDs. In 2009 the Commission proposed a new Directive addressing all significant risk factors for work-related MSDs and repealing the previous two Directives. After a series of meetings, including a working group of the Advisory Committee on Safety and Health at Work (ACSH) and an Expert Group, composed of representatives from all Member States, the Commission has decided more research is needed to prepare an assessment of the economic, social and environmental consequences of the proposal. Publication has been deferred, probably to 2011

Need for Benchmarking

A valuable tool in innovative activity is the use of benchmarking and best practices. Innovation by its very nature often involves new or unexplored areas, or new ways to approach existing activities. This newness presents a problem in measuring effectiveness, how do we know how effective an action is if we do not have a point of reference for it? Benchmarking can address this problem by establishing standards by which innovative actions can be compared. Setting standards can also be valuable in

terms of enabling comparisons between or within systems. They can also be useful in establishing 'best practices' to dealing with problems.

EU Benchmarking Activity

In recognition of the value of benchmarking, the EU has undertaken efforts to develop benchmarks in nearly all of its policy areas. For example, in the Community strategy on health and safety at work 2002–06 the European Agency for Safety and Health at Work is called on to 'set up a risk observatory'. One of its priorities would be to anticipate new and emerging risks, whether they are linked to technical innovation or caused by social change'.

The strategy emphasizes that this should be done by 'ongoing observation of the risks themselves, based on the systematic collection of information and scientific opinions', as part of the development of a 'genuine culture of risk prevention'. The Agency, therefore, took the first step towards establishing a European Risk Observatory, commissioning its Topic Centre Risk Observatory (TCRO) — the former Topic Centre Research on Work and Health (TCWH) — which includes some of the principal OSH institutions in Europe, to identify emerging risks related to OSH. Underlying this approach is a commitment to develop policy based upon scientific analysis of conditions. To this end, two types of activities have been carried out: the collection of published information from reliable sources—still ongoing—and the production of expert forecasts. The expert forecasts on emerging OSH risks were reached through questionnaire based surveys on physical risks; psychosocial risks; chemical risks; and biological risks. Answers were received from 188 experts from 24 countries and one international organization.

Of particular importance for I4W is the eHealth Benchmarking study, which aims to identify and collect quantitative and qualitative evidence of eHealth deployment and use in the European Union, Norway, Iceland, Canada and the United States - with a particular focus on measurements specified in the European Union's eHealth Action Plan. Sources to be covered include healthcare associations and bodies, international organisations such as OECD and WHO, IT industry, national statistical institutes and authorities at regional and national level. This information will not only help to better understand eHealth progress but also to identify main gaps, obstacles and barriers in relation to eHealth monitoring / benchmarking to be overcome in the next few years. The study found 94 sources of eHealth benchmarking data (with more than 4,300 eHealth-related indicators), identified 12 good practice cases and filled 31 country briefs that describe the situation in each of the surveyed countries. The study proposes an indicator framework that covers the most relevant actors, activities and applications in the area of eHealth