

Tuesday 15 January 2008

24. Underlines the need for Member States to proceed in a coordinated manner when introducing targeted measures for the relief of cross-border losses within one company or group; recalls the need for stronger coordination on tax matters between Member States and calls on the Commission to take on a proactive role;
25. Supports the Commission's efforts to establish a pan-European and uniform CCCTB; notes that the CCCTB will lead to greater transparency and efficiency by enabling companies to operate on the same rules abroad as at home, creating a level playing field and enhancing the competitiveness of EU undertakings, increasing cross-border trade and investment thus creating the conditions to reap the full benefits of the internal market as regards investment and growth, as well as significantly reducing administrative burdens and compliance costs and the possibility of tax evasion and fraud;
26. Recalls that the CCCTB involves common rules regarding the tax base and does not in any way affect Member States' freedom to continue to set their own tax rates;
27. Welcomes the Commission's intention to launch the CCCTB even in the framework of enhanced cooperation; points out, however, that this is a second-best solution as, in the absence of a comprehensive EU-wide system, the benefits of transparency and lower administrative costs may be partly mitigated;
28. Instructs its President to forward this resolution to the Council and the Commission.

Community strategy 2007-2012 on health and safety at work

P6_TA(2008)0009

European Parliament resolution of 15 January 2008 on the Community strategy 2007-2012 on health and safety at work (2007/2146(INI))

(2009/C 41 E/03)

The European Parliament,

- having regard to the Commission communication on Improving quality and productivity at work: Community strategy 2007-2012 on health and safety at work (COM(2007)0062) and the accompanying Commission staff working documents (SEC(2007)0214), (SEC(2007)0215) and (SEC(2007)0216),
- having regard to the EC Treaty, and in particular Articles 2, 136, 137, 138, 139, 140, 143 and 152 thereof,
- having regard to the Charter of Fundamental Rights of the European Union⁽¹⁾ and in particular Articles 27, 31 and 32 thereof,
- having regard to the ILO conventions and recommendations in the field of health and safety at the workplace,
- having regard to Council Directive 89/391/EEC of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work (framework directive)⁽²⁾ and to its individual directives,
- having regard to Directive 2000/54/EC of the European Parliament and of the Council of 18 September 2000 on the protection of workers from risks related to exposure to biological agents at work⁽³⁾,
- having regard to Directive 2007/30/EC of the European Parliament and of the Council of 20 June 2007 amending Council Directive 89/391/EEC, its individual directives and Council Directives 83/477/EEC, 91/383/EEC, 92/29/EEC and 94/33/EC with a view to simplifying and rationalising the reports on practical implementation⁽⁴⁾,

⁽¹⁾ OJ C 303, 14.12.2007, p. 1.

⁽²⁾ OJ L 183, 29.6.1989, p. 1.

⁽³⁾ OJ L 262, 17.10.2000, p. 21.

⁽⁴⁾ OJ L 165, 27.6.2007, p. 21.

Tuesday 15 January 2008

- having regard to the Presidency conclusions following the meeting of the European Council on 8 to 9 March 2007,
 - having regard to its resolution of 23 October 2002 on the Community strategy on health and safety at work 2002-2006 ⁽¹⁾,
 - having regard to its resolution of 24 February 2005 on promoting health and safety at the workplace ⁽²⁾,
 - having regard to its resolution of 6 July 2006 with recommendations to the Commission on protecting European healthcare workers from blood-borne infections due to needlestick injuries ⁽³⁾,
 - having regard to its resolution of 23 May 2007 on promoting decent work for all ⁽⁴⁾,
 - having regard to its resolution of 13 November 2007 on Community statistics on public health and health and safety at work ⁽⁵⁾,
 - having regard to its declaration of 29 March 2007 on hepatitis C ⁽⁶⁾,
 - having regard to Rule 45 of its Rules of Procedure,
 - having regard to the report of the Committee on Employment and Social Affairs and the opinions of the Committee on the Environment, Public Health and Food Safety, the Committee on Industry, Research and Energy and the Committee on Women's Rights and Gender Equality (A6-0518/2007),
- A. whereas there is a positive correlation between the quality of health and safety standards in the workplace and financial performance in terms of overall performance, absenteeism, staff turnover rates, workers' motivation, improved corporate image and productivity,
- B. whereas the most competitive economies have the best occupational health and safety (OHS) records, and that high levels of health and safety protection have a positive effect on public finances in terms of social security savings and higher productivity; whereas health and safety protection contributes not only to the productivity, performance and welfare of workers but also results in savings for the economy and for society as a whole,
- C. whereas more research on long-term effects of some working activities on health is necessary in order to better protect workers, as some illnesses appear only several years after the activity causing it was carried out,
- D. whereas it is worrying that the reduction in the number of cases of occupational accidents and diseases has not been evenly spread as certain categories of workers (e.g. migrants, workers with precarious contracts, women, younger and older workers), certain companies (notably small and medium-sized enterprises (SMEs) and micro-enterprises), certain sectors of activity (in particular construction, fisheries, agriculture and transport), and certain Member States present rates of occupational accidents and diseases much higher than the EU average,
- E. whereas OHS protection measures should consistently form a part of business culture, and whereas that culture should go hand in hand with the lifelong training of workers and managers,
- F. whereas a consistently implemented culture of OHS protection in a business can help implement health and safety procedures in an un-bureaucratic way and thus ensure effective health and safety protection,
- G. whereas rest periods are of paramount importance for a high standard of protection of workers' health and safety,
- H. whereas the ILO estimates that approximately 167 000 people died in the EU from work accidents or work-related diseases in 2006, and the Commission, in its communication on improving quality and productivity at work, estimates that each year 300 000 workers suffer permanent disability to differing degrees,

⁽¹⁾ OJ C 300 E, 11.12.2003, p. 290.

⁽²⁾ OJ C 304 E, 1.12.2005, p. 400.

⁽³⁾ OJ C 303 E, 13.12.2006, p. 754.

⁽⁴⁾ Texts Adopted, P6_TA(2007)0206.

⁽⁵⁾ Texts Adopted, P6_TA(2007)0501.

⁽⁶⁾ Texts Adopted, P6_TA(2007)0102.

Tuesday 15 January 2008

- I. whereas a genuine strategy on health and safety at work should be based on the right mix of the following: sufficient awareness of all, focused education and training, adequate prevention services and campaigns, social dialogue and participation of workers, adequate legislation and implementation, particular focus on specific groups, activity sectors and types of undertakings, efficient inspections and effective, proportionate and dissuasive penalties,
- J. whereas ageing workers should maintain their health, work ability and employability for as long as possible and that measures should be adopted accordingly,
- K. whereas inspections play an important role in enforcing the existing legislation and therefore in preventing exploitation at the workplace, thus helping to promote the concept of decent work; considering that the inspectors must be supported by closer cooperation and exchange of information between inspectors in the Member States,
- L. whereas risk assessment at a business level cannot be considered as a one-off activity, but has to be carried out periodically and adapted to new circumstances and/or risks; whereas the failure to undertake risk assessments or the failure to undertake them in an appropriate manner is against the law and is one of the main causes for occupational accidents and diseases,
- M. whereas there are no statistics available regarding the negative effects of fires on health and safety at work,
- N. whereas healthcare workers are at risk of contracting more than 20 life-threatening viruses, including hepatitis B, hepatitis C and HIV/Aids,
- O. whereas one of the objectives of the Lisbon Strategy is an overall employment rate of 70 % as well as an employment rate of 60 % among women and 50 % among older workers by 2010, and whereas workers with chronic diseases or long-term illnesses often do not return to work although they are deemed fit to do so, and those who return to work are often faced with multiple discrimination, such as, for example, reduced income, and whereas this is particularly true for cancer patients as most recent studies show that one fifth of former breast cancer patients do not return to work although they would be able to do so,
- P. whereas more women than men are employed in the 'black' labour market, without insurance, a fact which inevitably has significant consequences as regards the health and safety conditions under which they are employed,
- Q. whereas women and men do not constitute a homogenous group and therefore strategies and measures to improve OHS must be specifically adapted to particular work places, taking into account the fact that some factors might affect women and men differently,
 1. Welcomes the Commission's ambitious target of an average of a 25 % reduction in workplace accidents across the EU; recognises that the figure may vary from country to country due to differing points of departure, but considers that it is still important to have clear and well-targeted measures together with a timetable and financial commitments which can then be evaluated and assessed; in the absence of such measures, timetable and commitment, calls on the Commission to report to Parliament on progress at the half-way stage of its 2007-2012 strategy;
 2. Calls on the Commission and Member States to take due account of inequalities not just between Member States but also within individual Member States, and to commit to reducing them;
 3. Notes the Commission's proposals to use non-binding instruments where binding laws are not feasible or appropriate, allowing Member States the flexibility to find solutions that deliver the best health and safety outcomes in their particular circumstances;

Tuesday 15 January 2008

4. Welcomes the Commission's greater emphasis on regulatory simplification and reduction of administrative burdens, and points out that while simplification provides enhanced benefits to citizens, it helps employers and employees to focus on the practical management of health and safety to secure better outcomes; considers it to be of paramount importance that such simplification in no way undermines the level of protection offered to workers;
5. Calls on the Commission to give priority in its strategy to those activities and/or industries which involve particular risks, such as metal-working, construction, electricity or forestry;
6. Calls on the Commission to involve the European Agency for Health and Safety at Work (OSHA) more closely in this process, and, in particular, to ask it to submit an assessment of which industries have the highest risk of industrial accidents and occupational diseases and how such a risk can be effectively counteracted;
7. Considers the Commission's strong focus on assisting SMEs to meet their health and safety obligations to be excellent and fully supports its approach;
8. Regrets that the Commission's communication is silent on targets for the reduction of occupational diseases but understands the difficulty in measuring occupational diseases; therefore calls on the Commission to review the use and implementation of existing statistical procedures in order correctly to identify and measure occupational diseases, and, in particular, occupational cancers with a view to setting targets for their reduction; suggests that the Commission considers the option of replacing Commission Recommendation 2003/670/EC concerning the European schedule of occupational diseases ⁽¹⁾ with a directive;
9. Emphasises the need to mainstream gender when dealing with issues concerning health and safety at work and welcomes the Commission's initiative to call for the preparation of unique methods of impact assessment in OHS with regard to gender specificity; criticises the Commission, however, for failing to take adequate account of gender mainstreaming in its communication or in either its 'Objectives of the Community Strategy 2007-2012' or in its 'Impact Assessments';
10. Calls on the Commission to assess the availability of gender-disaggregated statistics at Community level on work-related fatal and non-fatal diseases;
11. Urges the Member States to implement existing OHS directives in a more gender-sensitive way and to implement gender impact assessment of those directives;
12. Stresses that the rehabilitation and reintegration of workers after ill health or an accident at work is vital and applauds the special focus on rehabilitation and reintegration called for in the national strategies; considers that it is important for governments to ensure in their health and safety strategies the obligation of job retention (through training, reallocation of tasks, etc.) for people who have experienced physical or mental illness during their working lives;
13. Calls on the Commission to collect more figures and data on workers with chronic diseases and to analyse their working conditions and to draw up a charter for the protection of the rights of cancer patients and people with other chronic diseases in the workplace and, with a view to requiring companies to make it possible for patients to continue in employment during their treatment and to return to the employment market after it has finished;

⁽¹⁾ OJ L 238, 25.9.2003, p. 28.

Tuesday 15 January 2008

14. Expresses deep concern regarding the excessively high rate of accidents among temporary, short-term and low-qualified workers, which in some Member States is at least double that of other workers, while recognising the correlation between those employment categories and their employment in higher risk industries such as construction; points out that Council Directive 91/383/EEC of 25 June 1991 supplementing the measures to encourage improvements in the safety and health at work of workers with a fixed-duration employment relationship or a temporary employment relationship ⁽¹⁾ establishes as a general rule that temporary workers have the same occupational health rights as those with a permanent contract but fails to establish specific mechanisms to make this principle workable in practice; calls on the Commission to address those shortcomings as a matter of urgency;

15. Also notes the increasing number of atypical employment contracts and stresses that their conditions must not pose risks to the health and safety of employees and contractors;

16. Asks for measures to observe the safety and health rights for women in atypical workplaces such as those who care for sick people at home;

17. Calls on the Commission and the Member States fully to take account of the implications of demographic change on OHS; invites the Commission and the Member States in particular to reinforce preventive measures and to adopt measures intended to compensate physical decline, notably through ergonomics and workplace design, and through measures and incentives designed to maintain the motivation, capacities and health of ageing workers;

18. Notes the scientifically proven link between growing stress at the workplace and the diseases it gives rise to, particularly chronic illnesses, cardiovascular diseases and musculoskeletal disorders;

19. Considers that it is of the utmost importance to ensure better application of the existing legal instruments on OHS and therefore calls on the Commission and the Member States to use all available means in order to achieve this; measures to be considered should include:

- (a) minimum requirements for the quality of preventive services and work inspection,
- (b) tougher sanctions,
- (c) a better assessment of legislative implementation,
- (d) the exchange of best practices,
- (e) a stronger culture of prevention and early warning systems including broadened access of society to information for OHS conditions at the work place,
- (f) greater involvement of employees in the workplace,
- (g) the stimulation of employers to fulfil their engagements in the field of OHS,
- (h) a stronger use of social dialogue agreements;

20. Considers that the Commission is severely lacking in resources in order properly to check the effective transposition and implementation of OHS directives; considers that the Commission should make use of all available means at its disposal, including a more widespread use of infringement proceedings;

21. Notes that OHS protection should apply equally to all workers in the European Union, that such protection is ultimately founded on the fundamental right to physical integrity, and that opt-outs from OHS protection legislation jeopardise the health of workers and equal opportunities and may trigger a downward trend in such protection;

⁽¹⁾ OJ L 206, 29.7.1991, p. 19.

Tuesday 15 January 2008

22. Calls on the Commission to give the same commitment to impact assessments on health and safety at work as to those on the environment;
23. Considers labour inspections to be an essential part of implementing health and safety legislation;
- (a) therefore calls on the Commission to:
- (i) provide the Senior Labour Inspectors Committee (SLIC) with the necessary resources to ensure that it can perform effectively, following an examination of how it can be best effective and provide the best value;
 - (ii) further develop knowledge sharing systems to ensure an effective response to requests for information and cooperation;
 - (iii) initiate evaluation research on the efficiency and impact of inspection activities proposed by the SLIC with a view to putting into place common quantitative and qualitative inspection objectives, thereby encouraging the use of inspectorates as facilitators in creating an efficient and effective health and safety culture throughout the workforce;
 - (iv) introduce ways of evaluating national inspection systems, notably by establishing scoreboards;
- (b) and calls on the Member States to:
- (i) provide adequate staff and financial resources for their national inspectorates,
 - (ii) increase the density of labour inspectors, to ensure at the very least a ratio of 1 to 10 000 workers, in line with ILO recommendations,
 - (iii) increase the quality of labour inspectors through providing more multi-disciplinary training in areas such as psychology, ergonomics, hygiene, environmental risks and toxicology,
 - (iv) focus inspections on priority areas, sectors and undertakings with high risks of accidents and with high levels of vulnerable groups such as migrant workers, temporary agency workers, low-skilled, young and ageing workers and workers with disabilities;
24. Recognises that prevention is of central importance and calls upon the Commission, in its strategy, to:
- (a) ensure that employers recognise and fulfil their responsibilities in providing appropriate preventive services in all workplaces, while acknowledging that a responsible attitude from employees to their own health and safety is also important;
 - (b) encourage prevention services to be fully multidisciplinary and reflect the hierarchy of measures provided for in Directive 89/391/EEC;
 - (c) stress that risk assessment should be a continuous ongoing process and not a one-off obligation, with full involvement of the employee;
 - (d) ensure that as far as possible preventive activities are carried out in-house;
 - (e) ensure that health surveillance goes hand in hand with prevention;
 - (f) adapt its health and safety at work legislation on a regular basis to reflect technological advances;
25. Underlines the importance of Member States ensuring that access to technical documents and norms concerning health and safety at the work place at a national level is free of charge;
26. Congratulates the Commission on its proposals on education and training contained in its Communication and considers this to be a key factor in developing a preventive culture and that furthermore it should be a continuous and ongoing process adapted to the new technological situation at the workplace, which also applies to those workers that return to the workforce after illness or career breaks due to family care responsibilities;

Tuesday 15 January 2008

27. Considers that tailored vocational training and retraining in the field of health and safety at work must be offered to employees and health and safety representatives with specific attention paid to sub-contracting, temporary work, part-time work, women, and migrant workers; considers that national and EU funds must continue to be used in this respect;

28. Considers that employers should be obliged to facilitate medical examinations for day workers and people with part-time employment contracts;

29. Calls on the Commission fully to use the existing Community funds (notably the European Social Fund) on issues related to health and safety (prevention and development of a prevention culture, awareness raising, vocational training, lifelong learning, rehabilitation and reintegration of workers having suffered from an occupational accident or disease) and addressed in particular to SMEs; calls on the Commission to allocate other Community funds (for example funds from the 7th Framework Programme on Research) and national funds to research on occupational diseases;

30. Considers it important, bearing in mind the increased risk to which workers are exposed in the mining, metallurgical, steelmaking and shipbuilding sectors, for the Member States and the Commission to allocate the requisite funds for the necessary investments to guarantee health and safety at work;

31. Asks the Member States and the Commission to ensure a systematic gender-sensitive approach, when developing national and Community OHS strategies and when collecting statistics, conducting surveys and carrying out OHS research; calls on the Member States and the Commission to make use of the funding possibilities provided in this regard by the Progress programme, in particular under the section concerning gender equality;

32. Invites the Member States to evaluate the adoption of financial incentives to promote health and safety in the work place, notably tax rebates or preference in call for tenders for safe enterprises and health and safety certified businesses, introduction of a 'no-claims discount' system in insurance policies and social security contributions, and financial incentives to replace obsolete or unsafe equipment;

33. Furthermore, suggests that Member States consider the possibility of incorporating certain health and safety standards when awarding public contracts;

34. Considering the ongoing social and economic changes, which influence and change also the labour market, calls on the Commission to encourage good employment policies and decent work conditions and to encourage employers to promote healthy lifestyles at the workplace through occupational health promotion campaigns, enforcement of smoking bans at the workplace and schemes to support smoking employees to quit smoking and to ensure responsibility and policy coherence with other areas, especially public health;

35. Calls on the Commission to initiate a revision of Council Directive 92/85/EEC of 19 October 1992 on the introduction of measures to encourage improvements in the health and safety at work of pregnant workers and women who have recently given birth or are breastfeeding⁽¹⁾;

36. Considers that the health problems related to exposure to asbestos are well known and that the European regulation on asbestos is adequate; underlines the fact that asbestos-initiated diseases in Europe are forecasted to be very high for many years ahead; therefore calls on the Commission to organise a hearing on how to tackle the huge OHS problems related to existing asbestos in buildings and other constructions such as ships, trains and machinery; also calls on Member States to draw up national action plans on phasing out asbestos, including obligations to map asbestos in buildings and provide for the safe removal of asbestos;

⁽¹⁾ OJ L 348, 28.11.1992, p. 1.

Tuesday 15 January 2008

37. Regrets that, despite Parliament's repeated and specific requests, the Commission has yet to propose amending Directive 2000/54/EC with a view to addressing the serious risks to health care workers arising from working with needles and medical sharps; calls on the Commission to expedite the completion of the impact assessment via the Tender (2007/S 139-171103) and calls for an appropriate amendment to be adopted well before the end of the legislature in mid-2009 in line with its abovementioned resolution on protecting European healthcare workers from blood-borne infections due to needlestick injuries; calls on to the Commission to implement appropriate prevention and screening measures to reduce the risk of contracting blood-borne diseases such as hepatitis C;

38. Calls on the Commission to take the lead in developing and agreeing an EU code of practice on the prevention of healthcare associated infections;

39. Calls on the Commission to improve health and safety in healthcare settings, including care homes, by initiating measures to encourage routine screening of healthcare staff to enable early detection and treatment to reduce occupationally acquired or occupationally communicable infections, such as MRSA;

40. Welcomes the requirement for Member States to draw up national strategies; stresses that these strategies should cover the same period of time and begin on the same year so as to facilitate the comparison of both the national strategies and their results and that they should also set clear and measurable targets and have a special focus on SMEs and on vulnerable groups such as migrant workers, young and ageing workers, women, temporary agency workers and workers with disabilities;

41. Underlines the fact that it is essential that the workplace be made accessible and safe for workers with disabilities through the provision of reasonable accommodation, the provision of special equipment adapted to individual needs and through the provision of those health services needed by people with disabilities, specifically because of their disability, including services designed to minimise and prevent further disabilities;

42. Asks both the Commission and the Member States to apply and enforce the framework directive and the existing health and safety provisions fully and irrespective of their legal status to all workers and amend current legislation for certain at-risk professions if it has proven ineffective including those often ignored such as farm workers, healthcare workers, professional drivers, domestic workers, home workers, and the military where appropriate; as well as ensuring the full application and enforcement of Council Directive 2000/78/EC of 27 November 2000 establishing a general framework for equal treatment in employment and occupation⁽¹⁾; also asks the Commission and the Member States to consider all available options to extend EU health and safety provisions to the self-employed and to sheltered employment services offered to people with disabilities;

43. Calls on the Member States to give serious consideration to the different risks relating to OHS for female and male employees and to make provision for different social and physical infrastructure to counter those risks;

44. Stresses that the need to analyse the risks that women and men face and take appropriate measures does not mean the reintroduction of protective policies of exclusion or developing different jobs for women and men;

45. Considers that while an employer's safety obligation is limited strictly to those he is legally bound to by an employment contract, in order to incorporate health and safety policy into CSR policy employers should be encouraged, where possible, to examine the health and safety policies of their subcontractors and the subcontracting chain;

⁽¹⁾ OJ L 303, 2.12.2000, p. 16.

Tuesday 15 January 2008

46. Awaits the outcome of the second phase of consultation of the social partners on musculoskeletal disorders (MSDs) and asks the Commission to assess the option of proposing a directive given the increasing occurrence of MSDs and that the current legislation appears to be inadequate as it does not address all work situations or cover all risks concerning work-related MSDs; calls for scientific principles to be fully taken into account;

47. Awaits the outcome of the second phase of consultation of the social partners on the revision of the 2004 carcinogens directive and considers that the preferred option might be to amend that directive to include substances toxic for reproduction and to propose a revision of the binding occupational exposure limit values (BOELVs) for carcinogens and mutagens listed in the directive and to establish new BOELVs for some carcinogens, mutagens and reprotoxins not yet included in the directive;

48. Recalls that threats to health and safety at work are not limited to manual labour; calls for more attention to the causes underlying the development of mental illnesses and to mental health, addiction and psychological hazards at the workplace, such as stress, harassment and mobbing, as well as violence and further calls for greater emphasis to be placed on employer policies for the promotion of good physical and mental health;

49. Considers it essential for there to be greater coordination with the new European Chemicals Agency (ECHA) in Helsinki and for a number of issues arising in connection with the relationship between Regulation (EC) No 1907/2006 of the European Parliament and of the Council of 18 December 2006 concerning the Registration, Evaluation, Authorisation and Restriction of Chemicals (REACH) ⁽¹⁾ and the other directives concerning health at work to be clarified;

50. Calls on the Commission and Member States to take due account of the simultaneous implementation of the Community strategy and the REACH Regulation: the strategy should seek to complement the REACH Regulation on protection against chemical hazards and should take advantage of the opportunity to enhance preventive action against chemical hazards at the workplace in connection with the implementation of REACH;

51. Welcomes the recent conclusion of the framework agreement between the social partners on harassment and violence in the workplace; regrets, however, that this agreement does not explicitly cover the issue of third-party violence; therefore calls on the social partners to consult on this issue;

52. Highlights the difficult working conditions for many lorry drivers driving through Europe due to insufficient access to adequate rest facilities: Article 12 of Regulation (EC) No 561/2006, on driving and rest time ⁽²⁾ explicitly recognises the importance of a sufficient number of safe and secured rest facilities for professional drivers along the EU motorway network; therefore urges the Commission to follow up the pilot project for secured parking areas initiated by Parliament taking account of the recommended measures in the opinion of the European Economic and Social Committee on safe and secure parking places ⁽³⁾;

53. Calls on the Commission to undertake research into the feasibility and benefits both to health and safety at work and to society as a whole of requiring all new buildings intended to be workplaces to install fire sprinklers where it is safe to do so;

⁽¹⁾ OJ L 396, 30.12.2006, p. 1.

⁽²⁾ OJ L 102, 11.4.2006, p. 1.

⁽³⁾ OJ C 175, 27.7.2007, p. 88.

Tuesday 15 January 2008

54. Stresses the importance of a continuous dialogue between all interested parties including the public authorities, employers, employees, their representatives and civil society as a key tool in the effective development of high health and safety standards; this dialogue should lead to a better knowledge of the real risks for the health and safety of workers as well of the specific needs and requirements of certain groups of workers at business and sector levels and to an exchange of good practices;
55. Urges Member States to ensure proper representation of women in decision-making in relation to OHS at all levels;
56. Considers Corporate Social Responsibility (CSR) to be one of the effective tools to enhance competitiveness, OHS and the working environment and in this aspect encourages the exchange of good practices at local, national and European level among the Member States and globally at multinational level as well as further applying of CSR on a voluntary basis, but as an integrated part of business strategies for development;
57. Considers that employee representation is of major importance to any workplace health and safety policy; considers the positive correlation between the existence of health and safety representatives in the workplace and improved performance cannot be underestimated and calls on the Commission and the Member States to promote the participative approach and ensure as many workers as possible have access to health and safety representatives;
58. Considers that excessive working hours/insufficient rest periods are a key factor in increased levels of accidents and illnesses at work and calls for a proper balance of work and family life;
59. Congratulates the OHSA and the European Foundation for the Improvement of Living and Working Conditions for the work carried out to date and takes the view that the expertise and powers of these bodies must be fully exploited; considers that those bodies should continue to be used as instruments for awareness-raising, collection, analysis and exchange of information, exchange of good practices and investigation to anticipate new and emerging risks, whether caused by social change or linked to technical innovation;
60. Considers that it is vital to identify and monitor new and emerging risks — e.g. psychosocial risks; therefore congratulates the OHSA's risk observatory for its work and calls on the Commission to act on its findings and come forward with the necessary proposals when new risks are identified;
61. Recommends to the Member States that they implement the necessary measures so that work in harsh or dangerous conditions is reflected in the social protection rights of the persons concerned, both while they are working and after retirement;
62. Recommends that the OHSA conduct specific research into the particular problems and risks facing temporary and agency workers as well as those in subcontracted undertakings in order to facilitate the Commission and the Member States in combating the risks faced and properly implement the existing legislation concerning these groups, while recognising the type of work engaged in by these groups, such as construction, in certain Member States is by its nature more prone to accidents;
63. Takes the view that in a global environment, it is necessary to cooperate with international organisations such as the WTO, the WHO and the ILO, and to ensure that international conventions and agreements on OHS are adopted and implemented by all parties; considers that this is an important factor in maintaining the EU's competitiveness and avoiding the transfer of EU undertakings to third countries in search for a more permissive health and safety environment; considers, furthermore, that this is a question of protecting human rights and should therefore be addressed when negotiating with third countries;
64. Therefore calls on Member States to respect international provisions on health and safety and in particular to ratify ILO Convention C-187 and to implement Recommendation R-197;
65. Instructs its President to forward this resolution to the Council, the Commission and the governments and parliaments of the Member States.
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