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Joint UNECE-Eurostat-ILO Seminar
on Measurement of the Quality of Employment
(Geneva, 27-29 May 2002)

Harmonised measurement of occupational health and safety in the EU

Invited paper submitted by Eurostat¹

I. Measurement of occupational health and safety: political framework, fields, concepts

I.1 The EU political framework

1. The Communication from the Commission COM (2002) 118 final of 11.03.2002 «Adapting to change in work and society: a new Community strategy on health and safety at work 2002–2006» stipulates in part «3.3.2. *Encouraging innovative approaches*»:
2. «*Benchmarking and the identification of best practices*: these should be used at three different levels under the new strategy:
 - *Work towards « converging progress » in terms of the Member States' policies*. The European employment strategy provides an effective framework for this kind of approach (...).
3. Quantified national objectives should be adopted so as to achieve:
 - A reduction in the rate of fatal and non-fatal accidents;
 - A reduction in the rate of recognised occupational illnesses;
 - A reduction in the number of days lost due to such accidents and illnesses.

¹ Paper written by Didier Dupré. The way to access on line to related information from the Eurostat Web site is indicated in Annex 1.

4. Success in achieving these objectives can be measured by reference to indicators using existing methods². These quantified objectives should take account of the size of firms and the sector of activity, laying down the objectives to be achieved in sectors where the incidence of accidents and illnesses is above average.

5. If these indicators are to be genuinely operational, the collected data must be more precise, more comparable, have fuller coverage and be available earlier. To achieve this, and to eliminate the problem of under-declaration in certain Member States, the Commission and the Member States will have to step up ongoing work on the harmonisation of occupational accident and illness statistics. These should cover not just recognised occupational accidents and illnesses, their causes and consequences, but also introduce some quantifiable elements relating to working environment factors which are likely to cause the problems.

- *Make it easier to identify emerging phenomena.* Stress-related complaints and illnesses are one example of this, as are musculo-skeletal problems, and dependence on alcohol, medicines and drugs. The Commission will be proposing that this problem be integrated into the employment guidelines for 2003 and will, in conjunction with the Dublin Foundation, instigate work on collecting data and other information for measuring the phenomena and for creating monitoring indicators.
- *Develop knowledge of, and follow-up to, the « cost of non-quality »,* i.e. the economic and social costs arising from occupational accidents and illnesses. The Commission will, in conjunction with the Bilbao Agency, instigate work on collecting data and other information with a view to improving the fund of knowledge on this subject.

6. The Commission will:

- Consider to propose, in 2002, an amendment to the employment guidelines, calling on the Member States to adopt national quantified objectives for reducing accidents at work and occupational illnesses, giving specific attention to sectors with a high accident frequency rate, and mainstreaming the gender and age dimensions;
- Examine the appropriateness of proposing the integration of the problem of stress-related complaints and illnesses into the employment guidelines for 2003;
- Analyse the role of the ESF in terms of promoting a healthy and safe working environment, in conjunction with the mid-term assessment of the current programming exercise;
- Step up harmonisation work on European statistics and on the construction of progress-chasing indicators;
- Improve the fund of knowledge on the economic and social cost of occupational accidents and illnesses.

I.II Fields

7. Within the general domain of the measurement of the quality of employment, the first point to consider is to define the field of the measurement of occupational health and safety, taking into consideration the political framework above. Basically two parts should be distinguished: the working conditions that have effects on the health and safety of the employed people on one hand, their outcomes such as occupational accidents and illnesses on the other hand.

8. Concerning working conditions, the elements to be measured for health and safety at work are :

- Exposures to physical factors (noise, temperatures, vibrations, radiations, etc.),
- Exposures to hazardous (chemical or biological) substances, fumes or dust,

² ESAW for accidents at work, and EODS for occupational illnesses, see point II-2.

- Physical effort (painful positions / movements), repetitive work, intensity and pace of work,
 - Violence and harassment at work,
 - Information on risks and use of protective equipments,
 - Self-assessment of personal health and safety being at risk due to the working conditions.
9. Concerning outcomes, three main types should be measured :
- Accidents at work / occupational injuries (or work-related accidents / injuries if commuting accidents are also considered),
 - Occupational diseases in the medico-legal sense,
 - Work-related health problems, other than injuries, in the broadest sense.
10. For each outcome two main types of statistical information should be considered:
- Non-financial data (characteristics of the victims, their enterprises, the injuries or diagnoses, the causes, exposures or circumstances),
 - Data on socio-economic costs (costs of non-social policy and costs / benefits approach of prevention policies) ; a proxy of the direct costs is the number of days lost (number of days' absence from work involved by the injury, disease or health problem)

I.III EU harmonised concepts and definitions

11. The harmonised definitions used at EU level for the outcomes above are³:
- An **accident at work** is a discrete occurrence in the course of work which leads to physical or mental harm. This includes accidents in the course of work *outside the premises of his business*, even if caused by a third party (on clients' premises, on another company's premises, in a public place or during transport, including road traffic accidents) and cases of acute poisoning. It does not include occurrences having only a medical origin (such as a heart attack at work) or occupational illnesses.
 - A **commuting accident** is an accident that occurs *in the normal course of travelling between home, the workplace and the place where meals are usually taken, including activities normally carried out in the course of such travel* (such as collecting children from school).
 - A **work-related health problem** is a disease, disability or other physical or psychological health problem, *apart from accidental injuries, caused or simply aggravated by the current or past work / working conditions*, including problems due to earlier employment which, where appropriate, continue to affect persons currently non-active.
 - An **occupational disease** is an illness recognised by the national insurance system as being from an *occupational origin*, in accordance with the legal list of disease specific entities and recognition criteria or any other relevant national regulations.

II. Measurement of occupational health and safety: harmonised EU sources

12. At EU level, the measurement of the working conditions and their outcomes is carried out on the basis of the following harmonised sources.

³ These definitions are in agreement with the ILO Resolution concerning « Statistics of occupational injuries : resulting from occupational accident » adopted by the 16th International Conference of Labour Statisticians, 1998.

II.I Working conditions (in terms of health and safety at work)

13. The European Foundation for the Improvement of Living and Working Conditions is in charge of the European survey on working conditions. It is carried out every four years (1990, 1996, 2000) and from 2001 it has been extended to the 13 Candidate Countries. This survey deals with all topics on working conditions mentioned under I-2 above and also investigates some basic information on consequences such as work-related health problems (including days lost).

14. The main added value of this survey is its harmonisation of variables and questionnaires as well as quality (survey carried out in the same framework as the Eurobarometer surveys, face-to-face interviews at home, itinerary method, no proxies, weighting based on Eurostat labour force survey data). It is expected to complement the survey by an enterprise survey in a near future. The main weakness of the survey is the sample size, about 21 500 interviews in all the EU for the 2000 survey, which doesn't allow analysis at detailed breakdown levels. Another difficulty is the periodicity, every four years, what doesn't provide annual series, even if annual evolutions are probably not very relevant on this topic.

15. National working conditions surveys are also carried out in some EU Member States on larger samples but not on a harmonised basis. However, the European Foundation for the Improvement of Living and Working Conditions together with the Spanish Institute for Safety and Health at Work⁴ are implementing in 2002 an EU network on working conditions surveys (metadata and data, for EU, candidate countries, US, Canada, Japan and Australia).

II.II Outcomes : occupational injuries and diseases and work-related health problems

16. Eurostat is in charge of the EU harmonisation of the statistical information on the outcomes of non-quality in working conditions such as occupational injuries and diseases and work-related health problems. Both administrative and survey sources have been developed.

17. II-2-1 The **European statistics on accidents at work (ESAW)** are based on the Council Directive 89/391/EEC⁵ and on harmonised definitions and classifications, in conformity with ILO recommendations³, in the framework of a gentlemen agreement with the Member States.

18. Measurement :

The ESAW relate to *accidents at work resulting in more than 3 days' absence from work* (return to work not before the fifth day after the day of the accident, or at least 4 days absence from work) and *fatal accidents at work*.

19. Strengths :

- Exhaustivity (in theory) and reliability (causality) : Administrative source based on insurance or labour inspectorate data, collecting information exhaustively on all declarations of accident at work with a high degree of occupational causality;
- Periodicity : Annual data series available, starting from 1993. To date, data until 1999 reference year are available and 2000 data will be available in the second half of 2002;
- Data : Detailed information on all non-financial data as defined in I-2 above including, from 2001-2005 onwards, depending on the Member States, 9 variables on the causes and circumstances, and additional information on NACE 3 or 4 digit and on employment status including permanent/temporary and full-time/part-time job; a first measure on costs is made via days lost ; it will be supplemented in 2002-2003 by an evaluation model of the socio-economic costs of accidents at work (directs costs due to the injury mainly covered by the insurance and indirect costs both for the

4 INSHT, Instituto Nacional de Seguridad e Higiene en el Trabajo.

5 Council Directive of 12.06.1989 on the introduction of measures to encourage improvements in the safety and health of workers at work.

enterprise and the victim, e.g., loss of production, damage to material, consequences on the victim's employment or loss of employment, etc.)

20. Weaknesses :

- Coverage : Actually only nine « common » branches of activity⁶, on which the incidences are calculated, are covered by the data of all the Member States as the coverage of accidents is not complete in certain Member States for a number of sectors – particularly the public sector, the fishing industry and the extractive industries – ; additionally in some Member States self-employed persons, employers and family workers are not covered (including for the nine « common » branches).
- Exhaustivity (in practice) and comparability : because accidents must be reported in order to qualify for treatment under the social security or insurance scheme, nine Member States are aware of almost all the accidents that occur ; in Denmark, Greece, Ireland, the Netherlands, Sweden, the United Kingdom and Norway, however, recording of accidents with more than 3 days' absence from work, based on reports to the labour inspectorate (except Greece), is less than exhaustive; for these countries (as well as Italy, Austria and Portugal to some extent) Eurostat estimates their number by adjusting the number of cases declared on the basis of reporting rates but some comparability issues still remain.
- Timeliness : though important progresses have been achieved, the delays for the data availability are still important ; Eurostat investigates the possibility of using estimation procedures to complement available data with estimates based on non-harmonised national data or econometric models.

21. Methodological publication

The detailed ESAW methodology is presented in the publication « European statistics on accidents at work (ESAW) – Methodology – 2001 edition »⁷.

22. II-2-2 The **European occupational diseases statistics (EODS)** are drawn up on the basis of the 90/326/EEC⁸ and of harmonised definitions and classifications, in the framework of a gentlemen agreement with the Member States. However, they do not refer only to the European schedule of occupational diseases. Actually, they are mainly based on 3 variables : the diagnosis (according to ICD-10), the severity (temporary or permanent disability, fatal cases) and the exposure / causal agent of the disease.

23. Measurement :

They relate to all cases which have been *recognised as an occupational disease for the first time in the year, either as a temporary occupational disease, as a permanent occupational disease or post-mortem*. They also cover *prevalent cases previously recognised as temporary or permanent disease for which the person died because of the occupational disease*. Possibly, in future, data on changes of status from a temporary to a permanent occupational disease or of the degree of permanent disability could be collected.

24. Strengths :

- Exhaustivity (in theory) and reliability (causality): Administrative source based on insurance data, collecting information exhaustively on all recognised cases of occupational diseases with a high degree of occupational causality;
- Periodicity : Annual data series to be available, starting from 2001 (pilot data on 31 items of the European

6 Agriculture, Manufacturing, Electricity, gas and water, Construction, Wholesale and retail trade and repairs, Hotels and restaurants, Transport, storage and communication, Financial intermediation, Real estate, renting and business activities.

7 Co-publication DG Employment and social affairs – Eurostat, OPOCE catalogue number KE-36-019-60-EN-C.

8 Recommendation of the Commission to the Member States of 22.05.1990 concerning the adoption of a European schedule of occupational diseases (a new Recommendation is being prepared by the Commission to be adopted by the end of 2002).

schedule of occupational diseases were collected in 1995);

- Data : Detailed information on all non-financial data as defined in I-2, including the exposure to the factors that cause the occupational diseases, with two levels : the causal agent (chemical, physical or biological agents, biomechanical and psychosocial factors, industrial exposures) and the « use category » (for chemical or biological agents, products that contain the causal agents, e.g., « paint », « blood », etc.). A first measure on costs is made via days lost (temporary diseases) and degrees of permanent incapacity.

25. Weaknesses :

- Coverage and timeliness : Problems similar to those faced for ESAW should be expected.
- Exhaustivity (in practice) : Though the size of the problem cannot be evaluated, it is estimated that a part of the diseases that could be recognised as occupational diseases in the framework of the national schemes are not declared by physicians, victims or enterprises (according to the national rules) ; additionally, as said above, an « occupational diseases » is a medico-legal concept and statistics on occupational diseases can only measure the cases « recognised » in the framework of the national regulations : mild or specific cases, illnesses only partly from an occupational cause as well as emerging diseases, not or not yet covered by the national compensation schemes, are not covered by EODS nor any other national or international source on « recognised occupational diseases ».
- Comparability : Due to these same medico-legal characteristics, data on recognised occupational diseases reflect not only the occurrence of such diseases but inevitably also the differences between national social security systems for occupational diseases.

26. Methodological publication

The detailed EODS methodology is presented in two Eurostat Working Papers :

« Classification of the causal agents of the occupational diseases - EODS »

« European occupational diseases statistics (EODS) – Phase 1 methodology »⁹.

27. II-2-3 In the **1999 European Union labour force survey** an **ad hoc module** concerned **accidents at work and work-related health problems**¹⁰.

28. Measurement :

It comprised six variables on **accidental injury** that had occurred during the last 12 months, at work or in the course of work (*including accidents that did not lead to absence from work or resulted in few than four days' absence from work*): number of injuries, and if there is one or more, for the most recent, date, type, work status after the accident, date when the person was able to start work again, and job being done when the accident occurred.

It also comprised five variables on **diseases, disabilities and other physical or psychological health problems, apart from accidental injuries**, suffered by persons during the past 12 months, caused or made worse by the work (*self-assessment, including problems where the onset was one year prior to the survey and those due to earlier employment which, where appropriate, continue to affect persons currently non-active*): number of health problems, and, if there is one or more, for the most serious of these, type of problem, number of days of absence from work (past 12 months), job which caused or aggravated the problem and economic activity concerned. The module was conducted by 12 Member States (except Belgium, France and Austria; Germany collected information of the module only on the number and length of absences from work) and Hungary, as part of the survey for the second quarter of 1999 (except Sweden, which conducted it partly during the first quarter, and Italy and the United Kingdom, in the third quarter). All in all, 650 000 persons were interviewed in the survey about the suffering and, if

⁹ Eurostat Working Papers 3/2000/E/n°18 and 19.

¹⁰ Commission Regulation (EC) No 1571/98 of 20 July 1998.

so, about the characteristics of accidental injuries at work and work-related health problems.

29. Strengths :

- Coverage : All workers are covered, no exclusions of some branches or statuses. Mild cases of accidents and illnesses involving no absence from work or absence of less than 4 days, as well as diseases not « legally » recognised as occupational, are also covered.
- Reliability (sample size) : Large LFS sample (though the sub-sample of persons reporting an accident or a disease is smaller), allowing detailed breakdown analysis.
- Comparability (in theory) : As the same variables, concepts and detailed definitions are used by all countries, there is no comparability problems as those due to differences in the insurance systems for administrative data (however, the questionnaires themselves are not harmonised).
- Data (added value) : The survey offers very broad possibilities to analyse the characteristics of the work-related accidents and health problems in relation to the characteristics of the employment and labour market situation of the victims, as well as the effects of the injury or illness on his / her employment status. The proxy information on costs via days' absence from work is also included.

30. Weaknesses :

- Reliability (causality) : The data collected is the result of a self-assessment by respondents of their work-related state of health and of the work causality, what could be particularly problematic when the answers are provided by proxies; additionally the survey doesn't allow to collect reliable information on the detailed causes or causal exposures of work-related injuries and health problems.
- Comparability (in practise) : Comparability issues still remained, in particular for accidents, as if the interviewed people would not have answered according to the exact concepts of the survey but to their corresponding « equivalents » in the national regulations and practises. Additionally and still more surprising, the survey is really less « efficient » in collecting the data on injuries in some of the countries where the administrative source seems to collect all or close to all accidents (in Spain or Portugal for example, the survey measures less than the half of the incidence provided by the administrative source). On the opposite but more logically, the survey is more efficient than the administrative source in countries where this last one is weak.
- Periodicity : Each year the LFS ad hoc module is dedicated to a new subject selected both from political agenda and technical criteria. However, the results of each module should be obviously updated periodically. During the Eurostat « Employment Statistics » Working Group meeting on 18-19.04.2002, the majority of the countries said that a cycle of at least 4 years should be applied to repeat the ad hoc modules. Consequently from the 2004 survey, the possibility of repeating the module on work-related accidents and illnesses could be considered.

III. Measurement of occupational health and safety: quality of work indicators

III.I Current indicators

31. The basic indicators on the outcomes of the non-quality in working conditions are incidences and prevalences of accidents, diseases or work-related health problems.

- Accidents at work :

Incidence rate = *(number of accidents at work that occurred during the year / number of persons in employment in the reference population) X 100 000.*

Since the activity structure of a country influences the value of its total frequency, the « **standardised incidence rate** » is calculated by giving each of the branches the same weight at national level as at EU level.

- Occupational diseases :

Similarly, **incidence rate** will be calculated (EODS) for the cases of occupational diseases recognised during the year, as well as « **standardised incidence rate** ».

- Work-related health problems :

The indicator is defined only in respect of the employees who replied directly to the survey (i.e. excluding responses from another member of the household, see weaknesses in II-2-3 above) and only for cases linked to their current main employment (though cases for inactive people were also investigated by the ad hoc module).

This is the **prevalence rate** = *(number of health problems suffered over the past 12 months / number of employees in the reference population) x 100 000*.

32. The above rates could be progressively improved by considering full-time equivalent workers in the denominator. Additionally, in order to facilitate comparisons, various indexes on a 100 basis were also established, such as **relative incidence rates** = *(incidence in the group studied / total incidence in EU-15) x 100* and **relative prevalence rates** = *(prevalence rate of group studied / total prevalence rate of EU-15) x 100*.

33. Actually, the main use of such indexes on a 100 basis is for the *structural indicators on Quality of Work* for the Synthesis Report to the spring European Council¹¹. Two structural indicators on health and safety at work have been selected from the 2002 Synthesis Report. They aim at measuring, on a comparable basis, the evolution of the risk of accidents at work. They are :

- **Indicator I.6.1 - Quality of work - Annual Index (1994 = 100) of the incidence rate of serious accidents at work (with more than 3 days' absence)**
- **Indicator I.6.2 - Quality of work : Annual Index (1994 = 100) of the incidence rate of fatal accidents at work.**

34. These indexes have the same value 100 in 1994 for all Member States. For further years, the annual value of both indicators is then calculated for each Member State using the following formula (for year « n » and Member State « s », respectively for « serious » and fatal accidents) :

$$\text{Index } (n,s) = \frac{\text{Standardised incidence rate } (n,s)}{\text{Standardised incidence rate } (1994,s)} \times 100 \text{ (rounded to the closest integer).}$$

35. These indexes suppress comparability issues between Member States concerning the levels of the incidence rates. On the opposite it shows directly the trend of the incidence. For example the index value for EU15 in 1999 is 90 for more than 3 days' absence accidents (« serious ») and 77 for fatal accidents, what means a decrease of respectively 10% and 23% from 1994.

36. The structural indicators are established for the EU Member States and, when possible, for Norway, Switzerland, Iceland, USA and Japan. From the Synthesis Report to the 2003 spring European Council onwards, they will also cover the 13 Candidate Countries. The values of the indicators are available in the Eurostat Web site <http://europa.eu.int/comm/eurostat/>, Theme « General Statistics », Collection « Key indicators »¹². A lot of documents on policy context, methodology and data tables for the structural indicators are also included in the Circa site « *Structural Indicators* » accessible either via the Eurostat Circa site <http://forum.europa.eu.int/Public/irc/dsis/Home/main> or from the Eurostat Web site address above in the same part on structural indicators.

III.III Other possible indicators

37. The Commission Communication COM(2001) 313 final on « Employment and social policies : a

11 Communication from the Commission COM(2001) 619 final of 30.10.2001 on « Structural indicators ».

12 Or directly to the address :

<http://europa.eu.int/comm/eurostat/Public/datashop/print-product/EN?catalogue=Eurostat&product=1-structur-EN&mode=download>

framework for investing in quality »¹³ took forward some of the key dimensions of the Social Policy Agenda and proposed a set of indicators covering 10 main elements of quality of work, including health and safety at work (**See Annex 2**), to allow an assessment of how successful Member States and EU policies are at reaching quality of work goals across these 10 areas. An extensive list of quality of work indicators have then been developed by the Indicators Group of the Employment Committee (EMCO) which report was approved by the Employment and Social Policy Council (06.12.2001) that prepared on this basis conclusions on « Employment and social policies: a framework for investing in quality (Indicators of quality in work) » for the Laeken European Council (14-15.12.2001).

38. The EMCO recommended : « 1) a key indicator on accidents at work, that is, the evolution of the incidence rate, defined as the number of accidents at work per 100.000 persons in employment (see above Structural indicators); 2) as an indicator requiring further work, to develop a *composite indicator which measures accidents at work and occupational diseases, including as a result of stress* ; 3) in further work, account should be taken of *appropriate national statistics* ; the Commission should provide the needed data or, alternatively, the existing plans for improving the robustness, availability, timeliness, reliability and comparability between Member States of the statistics on occupational diseases, including new risks e.g., repetitive strain and workers exposed to stress. »

39. Further work to develop quality of work indicators will be carried out by the EMCO Indicators Group this year. Activities on health and safety at work, on these recommendations' basis, are scheduled for July 2002.

40. Concerning the EMCO recommendation 2) above, the most simple way to aggregate statistical data on both accidents at work and occupational diseases / other work-related health problems, including stress, seems to Eurostat to be the proxy variable on direct costs, i.e., the number of days lost which is collected in all existing sources harmonised at EU level as described in the current paper. Days lost were also considered as a way to built composite indicator « HSW2 » in COM(2001) 313 final (**See Annex 2**).

13 Communication from the Commission to the Council, the European Parliament, the Economic and Social Committee and the Committee of the Regions of 20.06.2001 http://europa.eu.int/comm/employment_social/index_en.htm

Annex 1 - Eurostat Statistics on health and safety at work – On line access

1) Access to the publications :

Issue date 27/03/2002 :

- « The health and safety of men and women at work » - Statistics in focus Theme 3 n° 4/2002

Issue date 25/10/2001 :

- Accidents at work in the EU 1998-1999 - Statistics in focus Theme 3 n° 16/2001 & Work-related health problems in the EU 1998-1999 - Statistics in focus Theme 3 n° 17/2001

Eurostat Web site : <http://europa.eu.int/comm/eurostat/>, then select language, then on the top of the home page select « Population & social condition » / « Population & conditions sociales » / « Bevölkerung & Soziale Bedingungen », then go down until « Most recent available products in collection ... » / « Produits les plus récents dans la collection ... » / « jüngste erschienene Produkte in der Reihe ... », then in « Statistics in focus » / « Statistiques en bref » / « Statistik kurz gefasst », click on « more ... » / « plus » / « weiter », and then find it (issue dates above) and download it free of charge.

2) Access to the Structural indicators :

On the home page of the Eurostat Web site (see address above), in « Free data » / « Données gratuites » / « Kostenlose Daten », click on (down in the right of the box) « Structural indicators » / « Indicateurs structurels » / « Strukturindikatoren », then go down in part « Employment » / « Emploi » / « Beschäftigung » to indicators 6. « Quality of work (accidents at work) » / « accidents du travail (Qualité du travail) » / « Arbeitsqualität (Arbeitsunfälle) ».

3) Access to Methodologies :

On the top of the home page of the Eurostat Web site (see address above), select « General Statistics » / « Statistiques générales » / « Allgemein Statistik », then go down until « Methods and nomenclatures » / « Méthodes et nomenclatures » / « Methoden und Nomenklaturen » and click on « more ... » / « plus » / « weiter », and then find « RAMON – Nomenclature server » / « RAMON – Serveur de nomenclatures » / « RAMON – Nomenclaturenservers » and click on it, and then again at the top of the next screen on « Eurostat's classification server » / « Serveur de nomenclatures d'Eurostat » / « Der Klassifikationsserver von Eurostat ».

Then, select language and enter in the site, click on « Classifications » / « Nomenclatures » / « Klassifikationen » and find :

- « European statistics on accidents at work » / « Statistiques européennes sur les accidents du travail » / « Europäische Statistik über Arbeitsunfälle » (ESAW - SEAT in French -)

or

- « European occupational diseases statistics » / « Statistiques européennes sur les maladies professionnelles » / « Europäische Statistik über Berufskrankheiten » (EODS).

Click on the topic selected in the language choosen and enter in the specific sites on ESAW/SEAT or EODS. For ESAW/SEAT the methodology 2001 edition and classifications in all 11 EU languages are available. In EODS the methodology 2001 edition DE/EN/ES/FR/IT and the classifications in all 11 EU languages are available, as well as the Commission Recommendation on the European Schedule of occupational diseases in DE/EN/FR.

Annex 2

COMMUNICATION FROM THE COMMISSION TO THE COUNCIL, THE EUROPEAN PARLIAMENT, THE ECONOMIC AND SOCIAL COMMITTEE AND THE COMMITTEE OF THE REGIONS

COM(2001) 313 final of 20/06/2001

Employment and social policies: a framework for investing in quality

ANNEX II DATA FOR QUALITY INDICATORS

4. Health and safety at work

- | | | |
|---|--|---|
| • Composite indicators of accidents at work – fatal and serious – including costs | - The incidence rate, defined as the number of accidents at work per 100 000 persons in employment, by sex, calculated as: [number of accidents (fatal or non-fatal) / number of employed persons in the studied population] x 100 000. (HSW1) | - European Statistics on Accidents at Work (ESAW), yearly; Commission proposes to use HSW1. |
| | - Total and mean number of days lost due to accidents at work, by sex (HSW2) | - LFS, 'Ad Hoc' Module on Accidents at Work and Occupational Diseases; Commission proposes to use HSW2. |
| | - Occupational diseases, by sex | - LFS, 'Ad Hoc' Module on Accidents at Work and Occupational Diseases, due mid 2001. |
| • Rates of occupational disease, including new risks e.g. repetitive strain | - Health problems related to making repetitive movements (Table 1) | - EIRO Foundation, to be developed yearly |
| | - Working at very high speed and its effects on health (Table 5.4) | - EIRO Foundation, to be developed yearly |
| • Stress levels and other difficulties concerning working relationships | - Working to tight deadlines and its effects on health (Table 5.5) | - EIRO Foundation, to be developed yearly |
-