

S/OR/AJ/5/ppcons-e

**CONSULTATION OF THE SOCIAL PARTNERS
IN THE FRAMEWORK OF COMMUNITY POLICY
ON HEALTH PROTECTION AND SAFETY
OF WORKERS AT WORK**

UNICE comments

27 April 1998

1. In its policy document on health protection and safety of workers at work dated 17 November 1997 UNICE recalled its attachment to both consultation of the social partners by virtue of article 3 of the social protocol to the Maastricht Treaty and the role of the Advisory Committee on Safety, Hygiene and Health Protection at Work (ACSHH) as the preferred forum for concertation with the social partners on health and safety at work.
2. Developing this position, UNICE would like to make a constructive contribution to the debate on the role and position of each of these consultation channels once the Treaty of Amsterdam comes into force. Generally speaking, it believes that particular attention should be focused on good coordination between the different consultation channels (social partners and ACSHH) in order to avoid any drawbacks arising from a duplication of procedures.
3. It appears that in reality the risk of duplication of procedures concerns only the legislative initiatives envisaged by the Commission on the basis of new article 137 of the Treaty of Amsterdam in the area of health and safety at work. In this case, the Commission is bound to meet, on the one hand and firstly, the obligation to consult the social partners in two stages (possible direction and content), as a direct consequence of the Treaty, and, on the second hand and secondly, to consult ACSHH on proposals for directives.
4. In this area, UNICE could not accept any limitation on the prerogatives of the social partners. That being the case, given the very characteristics of matters linked to health protection and safety of workers at work, it seems clear that negotiations in this area could only be the exception. From the legislative initiatives which will be made, the social partners will be able to identify very early on in the consultation process those which could be further discussed in the

ACSHH, on the basis of a draft prepared by the Commission, and those which they wish to further discuss amongst themselves.

5. In addition, UNICE remains firmly attached to preservation of the prerogatives of ACSHH and fully recognises the need for tripartite concertation (workers, employers, governments) in the area of health protection and safety of workers at work.
6. In practice, UNICE considers that ACSHH will remain the main avenue for consultation in the following areas:
 - preparation of the Commission's multiannual work programmes for health and safety matters;
 - legislative initiatives maintained by the Commission after the obligatory process of consulting the social partners has been completed;
 - adaptation of legislation to reflect technical progress (article 17 of health and safety framework directive - 89/391/EEC);
 - non-legislative initiatives in the area of health and safety;
7. In addition, UNICE believes that ACSHH should play a role in the follow up of the application of the legislation. To that end, the Commission should systematically inform ACSHH about the reports it is drawing up on implementation of directives. Furthermore, meetings should be held at regular intervals between ACSHH and SLIC (Senior Labour Inspectors Committee). This would enhance ACSHH's capacity to produce non-binding documents (guides, guidelines, etc.) designed to improve information, comprehension and application of legislation on the ground. It would also provide a means of identifying avenues for simplification of legislation.
8. Lastly, UNICE would like to underline the exploratory nature of the questions raised above. It believes that the only action that ought to be taken prior to entry into force of the Treaty of Amsterdam is adoption of the proposed amendment of ACSHH's rules of procedure, which recognises the role of European organisations representing the social partners for coordination of their respective interest groups, in order to enhance coordination between the two channels of consultation. Subsequently, it will be up to the Commission, in concertation with the interested parties (social partners and ACSHH), to learn all useful lessons from experience with application of the new procedures.

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