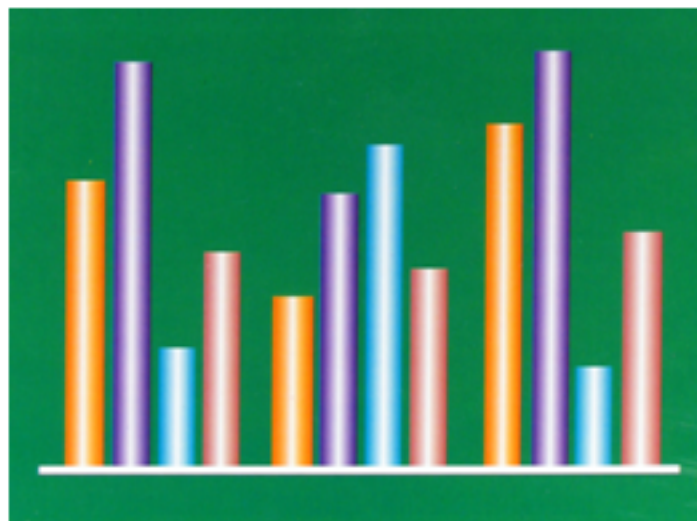


Translation of the
Executive Summary
of the

“Spanish report on occupational safety and health situation” 2007



MINISTERIO
DE EMPLEO
Y SEGURIDAD SOCIAL



INSTITUTO NACIONAL
DE SEGURIDAD E HIGIENE
EN EL TRABAJO

Executive Summary

Evolution of the Spanish labour market in the last decade

Despite the positive progress of the Spanish labour market in recent years, clear territorial differences remain in employment and unemployment, although with a certain tendency to converge. There is still an employment rate among women that is one of the lowest in the EU-25, although the difference between rates of employment for men and women has been reduced by five percentage points between 1997 and 2007, to which the growing population of foreigners has contributed.

In recent years, the push in Construction and Services in terms of employment has led to greater duality in the structure of employment by occupation, where the weight relative to higher labour categories has increased (from 20.3 to 24.5% from 1997 to 2007) and that of lesser qualification (from 13.9% to 15%).

Working Conditions

The socioeconomic environment is what determines overall working conditions, and the VI National Survey of Working Conditions indicates that the proportion of workers who consider themselves at risk of suffering an occupational accident is 71%; usually, the most important perceived cause of occupational risks are *distractions, carelessness, and absentmindedness*, followed by the speed with which the work has to be done (19.4%) and tiredness or fatigue (17.8%). Logically, professional drivers, construction and mining workers and general industrial workers feel more prone to these hazards (over 80% in all cases), while administrative employees are at the other end (34%). 27% of workers are exposed to noxious or toxic substances (dust, smoke, vapours) and 13% of them do not know the possible negative health effects. 10.6% of workers indicate being exposed to high or very

high noise levels, particularly in industry and construction.

Permanent workplace design deficiencies affect 30% of workers, with the most frequent being having little room to work comfortably, need for extended reaches, working in zones of difficult access for hands, and unstable or irregular surfaces, all found most frequently in Construction than in other activity sectors. The physical strains most frequently experienced always or often are repetitive movements of the hands or arms (55%) and maintaining the same posture (52%), with a noteworthy 18% needing to exert significant force and an identical percentage having to lift or move heavy loads always or often.

41% of workers consider that they must always or almost always maintain a high or very high level of attention, while 9% always or almost always carries out complex, delicate, or difficult tasks. Short and repetitive tasks affect 22%. When in need of help at work, the majority (67%) turn to their co-workers, which leads to personal relations being considered positive and collaborative in 76% of cases.

35% of those surveyed work on Saturdays always or often, and 17.2%, on Sundays or holidays. Almost half of workers normally work extended hours, 18.5% without any compensation.

Bullying is found in 1.4% of cases if a strict definition is applied and in 2.9% with a less strict criteria; physical violence is more common, especially that committed by people not belonging to the workplace, affecting 3.8% of workers. Bullying more frequently affects women, workers of under 45 years of age, and workers in large companies.

22.5% of workers consider that work negatively affects their health, particularly in transport and communications activities (30%) followed by health/veterinary/social service activities (28.5%); by occupation, those most affected are professional drivers (33%) and workers in defence and security (29%). The most frequently perceived effects are back pain (13%), neck pain (6%) and stress (6%).

Overall, 39% of workers feel their working conditions are not very bothersome while, at the other end, 10% consider their work aggressive and risky in almost every aspect, while 12% feel clearly troubled by psychosocial factors. In the centre, there are 33% who feel slightly worried by environmental and safety conditions (16%), as well as psychosocial factors (17%). The remaining 6% would be the “unclassifiable” group.

Negative Health Effects

Working conditions determine the negative health effects produced by work, which, fundamentally, are recorded in statistics published by the Ministry of Labour and Social Affairs. In 2007, the incidence rate of occupational accident resulting in sick leave (annual accidents per 100,000 workers) has continued to fall since 2001, reaching 5.760, with a decrease of 2% relative to the year prior; on the other hand, the absolute number of accidents increased by 1.5% as a result of the increase in the working population.

Something similar occurred with fatal accidents during working hours: the incidence rate fell 15.8% and the absolute number decreased by 12.8%. In this case, it should be mentioned that the incidence rate has been decreasing since 1989, having accumulated since then a fall of 68%. 30% of fatal accidents were non-traumatic pathologies, and 20% were traffic accidents that occurred during work.

As in all countries, negative health effects are highest in Construction (incidence rate of 12.600) relative to other activity sectors, though it should be noted that in recent years, it is the sector whose negative health effects have fallen most quickly.

Businesses with more than 250 workers tend to generally have a lower than average incidence rate; at the other end, small businesses (1-9 workers) have a generally lower than average accident rate, but they exceed the average in serious and fatal accidents. Medium-sized enterprises (10-50 workers) have higher negative health effects than the average in all categories of seriousness.

Men make up 78% of accident victims, particularly high in the case of serious accidents (90%) and fatal accidents (96%) clearly indicating occupational differences between sexes: for example, 21% of men work in Construction, but only 2% of women do. Regarding age, younger workers have proportionally more accidents than older workers do, while older workers suffer more serious and fatal accidents than their younger co-workers do, which may be partially explained by the greater incidence of non-traumatic pathologies in older workers.

Workers on temporary contracts have a distinctly higher probability of suffering an accident than their co-workers on permanent contracts, except in agriculture, where there is no appreciable difference.

The incidence in foreign workers is 1.32 times the national index. This higher incidence in foreigners relative to the overall index is seen in all sectors except in Construction. It is especially striking in the case of Industry, whose incidence rate in foreign workers is higher than in Construction, which inverts the order of incidence rates relative to the general index where Construction is the sector in first place. This may lead to the belief, especially in Industry, that foreign workers are carrying out different tasks or working under different safety conditions, while in Services, Construction, and Agriculture, working conditions and tasks do not appear to be so different.

Although barely 10% of self-employed workers opted for protection for professional contingencies, available data show that their rate of negative health effects is 50% lower than that of salaried workers; this occurs in all activity sectors except agriculture, where the proportion is practically the opposite (self-employed workers have double the rate of accidents as salaried workers).



Concerning reported occupational diseases, after more than ten years of continued increase in absolute numbers, in 2006, a change in tendency occurred, with a decrease of 27%, particularly in the case of serious diseases (decrease of 67%). This change in trend was maintained in 2007, with another decreased of 21% of reported diseases resulting in sick leave.

As such a radical change in working conditions is virtually impossible, the causes of this sharp change in trend (accelerated in 2007, according to data available until now) must likely be found in changes in the compensation system (TAS Order 4054/2005 of 27 December) and reporting (Royal Decree 1299/2006 of 10 November).

Over half (52.4%) of occupational diseases are recorded in Industry, particularly affecting men (61%) and the workers over 25 years of age.

The large majority of occupational diseases (89%) are produced by physical agents, with diseases resulting from tendon sheath fatigue making up the majority (74% of the total) and nerve paralysis due to pressure (9%), both associated with posture and repetitive movement problems. Skin diseases, once the most frequent, now represent only 7% of cases, while the reporting for those caused by chemical agents is almost anecdotal (1%).

New Legislation 2007

Legislation is one of the primary elements of the preventive system to motivate businesses to develop effective preventive actions. Following significant legislative changes published in 2006 (primarily the Law regulating subcontracts and the modification of the Regulation of Preventive Services), 2007 has seen plenty of legislative activity, but of lesser fundamental impact.

Among the new legislation stands out *Royal Decree 1109/2007, of 24 August, for which Law 32/2006 was developed, of 18 October, regulating subcontracts in the Construction Sector*, developing four basic aspects of the regulatory Law of subcontracts in the

Construction Sector, the Registration of Accredited Businesses, the Book of Subcontracts, the rules for computing percentages of indefinite workers as indicated by Law and the simplification of documentation of requirements established for construction projects in the legal system.

No less important is the *Resolution of 1 August 2007, of the General Directorate for Labour, which logs and publishes the IV General Collective Agreement of the Construction Sector*. In that which refers to Health and Safety at Work, the General Collective Agreement of the Construction Sector regulates the following aspects in a new way:

- Specific organisation in the sector for worker consultation and participation.
- Specific information and training that includes programmes and durations of said training as a function of the job or position.
- Accreditation of training of the above point: creation of the Professional Construction Card (Tarjeta Profesional de Construcción – TPC).
- Minimal provisions for health and safety applicable to construction projects.
- Stricter provisions than those regulated in the current legislation.
- Minimal provisions for health and safety applicable in rock, sand, and gravel quarries and industrial land exploitation.

Because of the high number of workers affected, *Royal Decree 1755/2007, of 28 December, on occupational risk prevention for military personnel in the armed forces and the organisation of prevention services of the Ministry of Defence* should be mentioned.

Activity of the Labour and Social Security Inspectorate

The Labour Inspectorate is the instrument labour authorities have at their disposal to verify compliance with labour regulations in general and, specifically, that of occupational risk prevention; therefore, the effectiveness of its

action is a fundamental component of the national prevention system.

The Labour Inspectorate acts primarily in a programmed manner, through a Plan previously agreed upon with the Autonomous Communities, focused on the verification of working conditions, prevention management, and the investigation of occupational accidents. In the year 2007, 349,917 visits were carried out, leading to 433,361 actions, from which 32,626 infractions 147,341 injunctions and 1,781 stoppages resulted, proposing penalties for an amount of 124.3 million Euros. 11,505 occupational accidents were investigated, of which 10% were “in itinere”; in said actions, 5,763 infractions were penalised. The actions related to occupational risks represented 26% of the total actions carried out by the Labour and Social Security Inspectorate.

Concerning working conditions, in 2007 the Construction sector (which accumulated 55% of actions) and asbestos control, with 2,566 actions, were most significant. Regarding prevention management, the actions of external and internal prevention services, and auditing entities were inspected, resulting in 16,382 actions and 1,070 infractions detected.

Promotion and support

Actions promoting and supporting preventive action are developed by various institutions, though most of them depend on public funding.

Taking size and budget into account, the primary national-level public institution acting in this field is the National Institute for Safety and Hygiene at Work. In 2007, its primary efforts were directed at the launch of the National Observatory on Working Conditions, without neglecting its normal activities of dissemination through periodic publications and monographs, specialised technical advice, legislative advice, training, international relations, and its action as Secretary of the National Commission on Health and Safety at Work.

Due to overall size, the Autonomous Communities play an extremely important role in this field, whose actions towards businesses of high rates of negative health effects are

outstanding.

Remaining actions tend to be directed towards responding to “local” problems, with the exception of training, which is carried out in most Autonomous Communities, directed primarily at students of all levels.

The small number of cases in which programmes are organised to provide businesses support for continued improvement of working conditions (“Zero Accidents Objective” programmes) is notable.

Other major agents in promoting and supporting prevention are mutual insurance companies for accidents at work and occupational diseases, though they are not authorised to allocate to this function more than 1% of premiums (Order TAS/3623/2006); these actions are carried out since 2001 as part of the general plans of preventive activities of Social Security. In 2005, the 2004-2005 plan was finalised and given that said Order was not published until 29 November, it did not allow for compliance with that foreseen in the document regarding the development of preventive activities in the year 2006, causing the year 2007 to be the first in which preventive activities were developed according to that stipulated in the aforementioned Order.

Also financed by Social Security, the Foundation for Occupational Risk Prevention carries out activities, having contributed 25 million Euros to these in 2007, primarily dedicated to subsidise the actions of social agents.

PART TWO:

TOWARDS A NATIONAL PREVENTION SYSTEM

Introduction to the Spanish prevention system

From a reading of chapter II of the Occupational Risk Prevention Act, dedicated to

prevention policy, it follows that the legislature has considered the organisation of prevention at the national level as a system through which to achieve the effective coordination of all entities that compose it, harmonisation of their respective actions, and the participation of employers and workers organisations, all in accordance with that established in ILO Agreements 155 and 187 (not yet ratified).

In the same sense, the Spanish Strategy on Health and Safety at Work (2007-2012) is merely an instrument to establish the general framework of occupational risk prevention policies at the short and, more importantly, the medium and long-term to give coherence and rationality to actions in the field of health and safety at work carried out by all relevant actors.

The Spanish Prevention Service cannot be understood, however, without understanding what the transfer of powers to Autonomous Communities means for it—regarding many of its principal actions—, whether they are exclusive transfers or not. Thus, the development of legislation is basically the responsibility of the Central Administration, while its implementation rests with the Autonomous Administrations; promotion, dissemination, and research activities, for example, may be developed by Central Administration bodies (INSHT, Social Security through insurance companies, etc.), as well as by centres, institutes, and other bodies of the Autonomous Administrations; many external prevention services, accredited by a given Autonomous Community, can act nationally; in parallel, “prevention experts” trained by accredited entities in any Autonomous Community may carry out activities in any other; numerous statistics, surveys, or national-level studies may only be carried out with data contributed by the Autonomous Communities, etc. In this context, it follows that *coordination among the Autonomous Administrations, and between these and the Central Administration, is a necessary condition—and, likely the most necessary of conditions—for the proper functioning of the Spanish prevention system.*

Regulation System

In Spain, the legislative power in the labour field is granted to the State and not the Autonomous Communities. Moreover, the Constitutional Court interpreted in its ruling 18/1982, of 4 May, that the powers that the Constitution and Autonomy Statutes grant to the State are not limited to legislative authority in the strict sense, but also includes regulatory authority.

Nevertheless, the distribution of regulatory powers in relation to legally employed workers, in both the private and public sector, is at present in a state of change, in the sense that, from the application of the provisions contained in the new Statutes of Catalonia, the Balearic Isles and Andalucía, it follows that at the territorial level of these three communities, all health and safety at work provisions that are not contained in State legislation with the rank of Law/Act can be regulatory developed by these Autonomous Communities in a differentiated manner. As Spanish health and safety law is largely constituted of regulations, the impact of this redistribution of competencies on said law could be significant, though they have not yet materialised.

In the Spanish legal system, the regulation system for health and safety at work coexists with other legislative systems with preventive aims, where interactions are not always harmonised. The most important of these parallel subsystems—but not the only ones—are those referring to industrial safety, trade of hazardous chemical substances and compounds and legislation on building and building requirements. It is thus remarkable that the context and content of the various regulation regimes present notable differences among themselves, despite the fact that they ultimately converge on one same regulatory purpose, approached from different angles.

Prevention Management in Businesses

Article 10 of Royal Decree 39/1997 allows companies, through agreements with external or joint prevention services, to do without prevention staff of their own. It drives companies to completely outsource preventive services, thus undermining the integration of prevention in

companies, as it makes prevention a task to be performed exclusively from the outside.

It follows that all those businesses that are not obliged to constitute their internal prevention service may do without any internal preventive organisation, as they are not obliged to have designate workers with preventive training, something which should be inadmissible and which contradicts the wording of article 31.1 of the Prevention of Occupational Risk Act.

If the Regulation on Preventive Services, in developing this legal requirement, had remained faithful to the meaning of the Prevention of Occupational Risks Act, most problems now evident in many businesses would be solved, for they arise from a deficient integration of prevention, as none of their staff has been specifically designated to fulfil preventive tasks. The most surprising thing is that, ten years after the entry into force of the Regulation on Prevention Services, and despite its unfortunate contents, a legislative situation remains that encourages merely formal compliance, but not the effective implementation of prevention in the workplace.

A common and mandatory requirement to overcome these dysfunctions would be that all businesses must designate workers in a sufficient number to carry out preventive actions in all companies workplaces in a controlled manner, on a full-time or part-time basis, as appropriate, and having received the necessary preventive training depending on the activities to be carried out, or constitute an internal prevention service when mandatory by the number of employees working in it, or a joint prevention service in the cases provided by regulations.

Similarly, internal prevention services should include all preventive specialties. Only businesses employing fewer workers than established by regulations may exclude health surveillance as a mandatory specialty, which shall then have to be outsourced to an external prevention service.

The main function of external prevention services shall be that of providing complementary or specialised support to businesses, completing the actions of designated workers or of internal or joint prevention services

on a permanent basis as a continued or specific collaboration for particular tasks, depending on the situation.

Inspection System

The first thing to note are the insufficiencies of the provisions contained in RD 39/1997, of 17 January, regarding prevention services, and in the Order of 27 June 1997, developing the former in regard to accreditation requirements and the revocation of accreditation of external prevention services and auditing bodies. Indeed, as the criteria differ depending on the autonomous community carrying out the administrative action in this field, even when dealing with supra-regional entities.

Regulations relating to the determination of sufficiency of human resources and materials of specialised entities acting as external prevention services also tend to be considered insufficient.

A second aspect to be noted is the problem arising from growing transnational services and foreign companies, particularly of the European Union, in Spain. Difficulties arise because although there is a common regulatory base across countries, such as EU directives, there is not always a perfect match between requirements in Spain for businesses and those existing in the countries of origin of businesses that come provide services in Spain. The regulation and doctrine of the European Court of Justice forbids one Member State from establishing restrictions on the free provision of services to businesses of other Member States, understanding that this sometimes occurs when requirements not in place in the country of origin must be met. On the other hand, there are problems relating to the validity or invalidity of actions of prevention services accredited in other countries when the business carries out its activities in Spain, and other issues such as the validity in Spain of medical check-ups carried out in other countries and occupational risk prevention training given to workers.

Finally, Provincial Inspections have highlighted the problem of the presence in Spain of workers from other EU Member States who, though self-employed according to their countries

of origin, would not be classified as such under Spanish regulations, with the effect it could have on issues such as employment and Social Security, but also occupational risk prevention and general occupational accident liability and obligations.

Promotion and Support System

In this field of action, acting institutions may be classified at a basic level by the source of their financing. Financed directly by the State are the National Institute for Safety and Hygiene at Work and the National Commission on Health and Safety at Work. Financed by the Autonomous Communities are the various Institutes and Autonomous Centres, who also carry out this type of work. Finally, financed by Social Security are the mutual insurance companies for occupational accidents and diseases and the Foundation for Occupation Risk Prevention.

The National Institute for Safety and Health at Work, defined in the Prevention of Occupational Risks Act as a specialised scientific and technical body of the General State Administration, has assigned to it by said Law a wide spectrum of functions aligned with this definition; nevertheless, its structure and organisation are still those established in Royal Decree 557/1982.

The technical services of the Autonomous Communities determine their activity primarily as a function of occupational accident rates, remaining behind advances in the fields of industrial hygiene, ergonomics and applied human factors. In the immediate future, however, the training of technicians for control and injunction tasks will likely change many of their actions and, likely, increase their effectiveness.

Regarding mutual insurance companies, and according to current legislation, their preventive actions may not involve the attribution of subjective rights to their policyholders or substitute the direct legal requirements of business owners, they should preferentially attempt to assist in small businesses and sectors with higher incidences of negative health effects to better incorporate preventive plans and programmes from the various relevant

administrations, to the development of R&D&I, and dissemination, education, and awareness; the maximum budgetary limit for said actions is one percent of the premiums collected for professional contingencies.

Education and Training System

In the last twenty years, no fewer than sixty legal dispositions drafted by seven different ministries include in their texts explicit directives relating to occupational risk prevention training, generally demanding that subjects be duly trained in prevention to carry out certain tasks. The data of the VI National Survey of Working Conditions (2006) indicate that in the last two years, 50% of workers have received training in prevention. Previous surveys had similar findings.

It follows that, in recent years, prevention training has been conducted in many different ways. Unfortunately, however, in many cases, the teaching techniques used in such trainings have proved incapable of turning that which is taught into practice; it has been a theoretical training that has proved unable to achieve necessary aspects such as changing attitudes.

In all qualifications for Specific Vocational Training, the subject Career Training and Guidance is included, within which general occupational risk prevention topics are tackled, among others. Of the 136 existing qualifications, fifty-eight include a module specifically dedicated to prevention, and the curriculum of eighty-two of them include preventive contents. Risk prevention training is only absent in four professional branches: communication, image and sound, personal image, computer science, and socio-cultural services to the community.

In the field of Vocational Training for Employment (a combination of the former Vocational Training and Continuing Professional Education) there are 130 professional certificates, of which fifty-four include a specific preventive training module, sixty-four have not that module but related subjects, and twelve include neither type of training.

In "School" (Primary, Compulsory Secondary and Bachelor's levels), the teaching of prevention

has been developed significantly in recent years as part of interdisciplinary training, in the framework of values education; there are no specific subjects, just a “pervasiveness” across the entire curriculum and school environment. There are numerous exercises of teaching material and experimental teaching spaces specifically for prevention training.

Regarding prevention professionals, now that the “exceptional” training track under the Preventive Services Regulation Decree is disappearing and soon being entirely transferred to the university, a “common core curricula” for all teaching programmes is missing, and there is scarce tangibility of specialties, scarce definition of “attitudinal” objectives, scarce integration of the career into higher levels of knowledge and scarce specific training of teachers.

Insurance System

In most countries where professional liability insurance is public, the search for cost-effectiveness in the long-term makes prevention one of its main, if not the main, objective.

Spanish insurance, however, pays little attention to preventive functions, as it only authorises insurance companies to dedicate 1% of its income to these functions, despite the fact that the occupational accident scheme is wide-ranging and permanently in excess. At the present time, when the whole of the Social Security System records very high surpluses, the economic rationalization makes it advisable to substantially increase the funds that Social Security allocates to prevention; the target of this increase should be small and medium-sized enterprises.

Information System

The Spanish Strategy on Health and Safety at Work needs an information system to allow its systematic tracking and evaluation, with access to necessary primary data sources.

However, there is a deficit in objective information regarding workers exposed to risk factors, especially for carcinogenic substances

and biological hazards, for which a registry of businesses with a high likelihood of having workers exposed to these contaminants should be established.

Regarding available data sources, the primary problem is that we do not know the reliability of reported data. Managers of the various available data sources have the responsibility of evaluating data quality and adopting necessary measures to increase its reliability and exhaustiveness.

The information system for health and safety at work needs a Central Unit to give coherence to the available dataset and convert these data into useful indicators for decision-makers. To do so, it is necessary to define and agree on the set of indicators the Spanish Strategy on Health and Safety at Work requires.

Given the central role of the National Commission on Health and Safety at Work in drafting public policies, among its permanent working groups there should exist one dedicated to information systems to help continually improve its performance.

Research System

The various discussion forums formed in recent years agree when it comes to identifying the primary gaps in R&D in health and safety at work, which allows us to infer that there is some consensus on what should be the priority intervention areas in order to improve the research system.

These areas are linked to: *development and empowerment of human capital, development of support structures for researchers, and the creation of research opportunities.*

Mobilising the existing human capital within the occupational risk prevention professional arena towards the field of research by promoting a research culture among professionals implies that the professional activity itself generates knowledge, and in turn requires an effort in continuing training in research methodology and skills.

The development of structures to support research has proved a successful experience in other areas. Thus, Hospital Research Units have played a strategic role in the development of

biomedical research in our country, and have been a precursor to the current hospital foundations that channel today most research efforts made from the National Health System.

In regard to the development of research grants, the Health and Safety at Work R&D sub-programme within the National Technology Programme for Welfare of the National Plan for Research, Development and Innovation 2004-2007 has been a breakthrough, or a qualitative leap, as it considers occupational risk prevention as a scientific field of interest for all the whole of Spanish society in general, and more particularly for the scientific community.

The inclusion of R&D expenditure in the Mutual Society's Action Plans, and the development by some autonomous communities of programmes in support of occupational health and safety research contribute to the set of initiatives aimed at promoting scientific research in preventive disciplines.

The development, by the Ministry of Education and Science, of the Integrated Monitoring and Evaluation System of the National R&D&I Plan (SISE, its acronym in Spanish) allows a series of measures aimed at consolidating research in our Prevention System. These measures include the development of:

- Pre and post-doctoral training grants for researchers through specific calls for proposals.
- Financing tools for Research Units within public bodies.
- Measures aimed at coordination with other bodies of special interest in this field, especially with the Social Security System.
- Measures to promote participation of occupational risk prevention businesses and/or large businesses' prevention services.
- Specific calls for proposals in the field of occupational health and safety, distinct from other research programmes.

Consensus System

In view of the analysis of the results of collective bargaining, the situation allows and requires renewed efforts to improve its contents regarding prevention. The inertia of preventive contents in collective agreements, the minimal

expansion of said contents in a time of extensive legislative reform and significant changes in production systems and the organisation of businesses, and the scarcity of prevention in sectorial agreements sufficiently corroborate this need.

It also seems that there is a certain lag between criteria guiding collective agreement at confederation level and the results of collective bargaining regarding prevention. Precisely because of the poor results obtained by prevention clauses and the reasons that doctrine has provided to explain this situation, further development of collective bargaining should respond to realistic baselines and pursue achievable goals

This does not mean that collective agreements compete with state legislation, not even in the more traditional scheme of quantitative improvement. Threshold limit values for exposure to chemical agents, the height of a railing for scaffolding or the cut resistance for personal protective equipment are not issues with which collective bargaining should be concerned. Rather, it should start with understanding that the main problem regarding prevention is how to make effective rules such as those previously discussed when it comes to enforcing compliance with the rights and obligations of both parties of the employment relationship. From there, collective bargaining should include regulations on how to implement the contract and develop working relationships that promote prevention should be included in collective bargaining.

From this perspective, one should first analyse how the issues that are normally tackled in collective agreements can influence prevention, from vocational training to worker representatives' roles, including the organisation of employees' working time and the system of faults or penalties. The preventive perspective could then be incorporated into collective agreements, so that this aspect is not ignored, but rather developed. In the same vein, there is another issue which, albeit seemingly instrumental, could be important to comprehend the state of collective bargaining in this field, namely the revision of the contents of current statistics on preventive clauses in collective

agreements, to adapt them to the diversity of clauses that, particularly in light of recent regulatory changes, may arise.

Secondly, one should consider how collective bargaining can specifically address the issues previously discussed, with an emphasis on state regulation regarding the organisation of work and employment patterns. Risk assessments, prevention plans, vocational training, advice on prevention, the work of representatives of employees and the coordination of preventive actions of companies that share the same production process are all linked to the management of working conditions and employment relations that is peculiar to collective bargaining. In this regard, one should start by recalling the various calls that the Act makes to promote it in collective agreements and by assessing the possibilities of enforcing them.

It is natural that the rules contained in sectoral agreements should have some degree of generality, to allow its adaptation to the specific characteristics of companies in this field, including those relating to risks. Having said that, we need to move beyond exhaustive, detailed, and exclusive regulations at sectoral level. Indeed, occupational risk prevention can be an area of development for coordinated decentralisation schemes through collective bargaining, combining guarantees and basic regulations common to the sector which may be adapted to different business specialties. In this regard, the administrative bodies of collective agreements and prevention units within companies play a major role.