

# The view from the workplace: Safety and Health in Micro and Small Enterprises in the EU

European Risk Observatory

National Report: France

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The aim of this report is to describe the national context, the sample and the analytical results of the study realised in France on 20 micro- and small enterprises to understand their occupational safety and health (OSH) organisation and risk management practice.

## 1 Description of the national context

This section aims to describe the context of micro- and small enterprises (MSEs) in France concerning OSH: specific institutions and regulators, national programmes, overall profile of the country's MSEs (economic, social, policy), risk management (statistical data about accidents and occupational diseases; prevention support and tools), and so on. This description of the national context may be useful for understanding the analysis of the 20 case studies carried out in France.

### 1.1. National OSH infrastructure and regulatory context

#### 1.1.1 Main actors and institutions

The French national OSH infrastructure comprises several actors and stakeholders at national and regional levels:

- The Ministry of Labour (*Ministère du Travail*) defines and coordinates the government's policies on OSH. The Working Conditions Advisory Board (*Conseil d'orientation sur les conditions de travail*, COCT), based in the ministry and composed of representatives of the government and the social partners, decides on the multi-annual Occupational Health Plan (*Plan Santé au Travail*, PST). Related to the Ministry of Labour are the General Directorate for Labour (*Direction générale du travail*, DGT), which includes the labour inspectorate; the National Agency for Improvement of Working Conditions (*Agence Nationale pour l'Amélioration des Conditions de Travail*, ANACT); Regional Agencies for Improvement of Working Conditions (*Agences Régionales pour l'Amélioration des Conditions de Travail*, ARACTs); and the Regional Directorates for Companies, Competition, Consumption, Labour and Employment (*Directions Régionales des Entreprises, de la Concurrence, de la Consommation, du Travail et de l'Emploi*, DIRECCTEs).
- The Ministry of Solidarities and Health (*Ministère des Solidarités et de la Santé*) oversees several public institutions and associations:
  - at national level, the French National Health Insurance Fund for Salaried Workers (*Caisse Nationale de l'Assurance Maladie des Travailleurs Salariés*, CNAMTS) for all manufacturing and service sectors, the French Agricultural Social Security Scheme (*Mutualité Sociale Agricole*, MSA) for the agricultural sector<sup>1</sup>, the French Research and Safety Institute for the Prevention of Occupational Accidents and Diseases (*Institut National de Recherche et de Sécurité pour la prévention des accidents du travail et des maladies professionnelles*, INRS) and the French Professional Agency for Risk Prevention in Building and Civil Engineering (*Organisme Professionnel de Prévention du Bâtiment et des Travaux Publics*, OPPBTP);
  - at regional level, the Regional Health Insurance Funds (*Caisses d'Assurance Retraite et de la Santé au Travail*, CARSATs; *Caisses Régionales d'Assurance Maladie*, CRAMs; *Caisses Générales de la Sécurité Sociale*, CGSSs) are distributed all over the country.
- Independent occupational health services (*Services de santé au travail indépendants*, SSTs, for large enterprises) and inter-enterprise occupational health services (*Services de santé au travail interentreprises*, SSTIs) that have occupational health physicians and other occupational health professionals (psychologists, ergonomists, risk prevention engineers or technicians,

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<sup>1</sup> The MSA is an insurance company related to the agricultural sector.

nurses) and offer external services to companies for prevention and protection at work. Other advisors (private or independent) can help a company in its risk management.

### 1.1.2 Regulatory context – OSH specific

In France, the European OSH Framework Directive (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) was incorporated into national law by the Labour Code and the Public Health Code.

To complete and develop the provisions of the Labour Code, social partners (notably at sector level) negotiate and sign collective agreements on employment, vocational training, working conditions and social guarantees for workers. Agreements can also be made at national or company level. MSEs are covered by only sectoral bargaining. Many larger companies have company agreements.

The COCT sets out the guidelines on matters of occupational safety and health. It is a national body for consultation between social partners and public authorities, attached to the Ministry of Labour. It participates in the French national policy on protecting and promoting OSH and improving working conditions. It is chaired by the Minister for Labour and is made up of members from ministerial departments, representatives of OSH bodies, workers, employers and qualified specialists.

Following the first Occupational Health Plan (PST) for 2005-2009, which aimed to reform the occupational risk prevention system in France, the French Government adopted a second Occupational Health Plan (2010-2014, PST2). The approach for the second plan was largely participative. It involved not only the relevant government departments and agencies, but also the OSH bodies and all the social partners through the COCT. In 2015, the third national Occupational Health Plan (2016-2020, PST3) was adopted.

The social dialogue at sectoral level is organised within national and regional committees (*Comité Technique National*, CTN; *Comité Technique Régional*, CTR). There are nine national technical committees, each representing a different sector: metal industry, construction, transport and communication, trade, chemical and plastic industry, food industry, textile and wood industry, and services (divided into two). Their activity is coordinated by the Occupational Accidents and Diseases Commission (*Commission des Accidents du Travail et des Maladies Professionnelles*, CAT/MP) of the National Health Insurance Fund for Salaried Workers (*Caisse Nationale de l'Assurance Maladie des Travailleurs Salariés*, CNAMTS). With equal numbers of employer and employee representatives, the technical committees are responsible for defining priority risk prevention campaigns in companies that fall within their specific sectors. They carry out studies on occupational hazards and relevant means of prevention, and develop national preventive recommendations.

The main applications of the Labour Code concerning OSH management in the French context are characterised by fundamental obligations:

- Most basically, and confirmed by jurisprudence, employers have a legal responsibility to protect the safety of their employees (*Cour de Cassation*, 2002). In order to do so, they have to take adequate preventive measures, including conducting a risk assessment.
- The risk assessment must be documented in a single written document, identifying every risk at the workplace and planning preventive measures. Each employer must develop a single risk assessment document (*Document unique d'évaluation des risques*, DUER). Since 2001, the identified risks have to be listed and prioritised in this document. The aim of this approach is to define a prevention plan linked with the risks detected within the company in order to reduce accidents and occupational diseases. There is no imposed format, so the employer could use all types of media (paper, software, and so on) for the risk assessment. It is the responsibility of the owner of the company to produce this document but he or she may delegate its creation to an external expert. Its regular updating is also a legal obligation. Finally, the lack of documentation of the risk assessment is liable to a fine. This document should be updated at least once a year and reviewed after each accident. However, in 2013, only 46 % of employers said that they had this document (DARES, 2016a).

- The regulation on the medical monitoring of employees requires that each employee must have a medical examination at the time of hiring and then periodically. This medical monitoring by occupational physicians from SSTIs makes it possible to confirm employees' ability to work and to take into account the relation between risk exposure and occupational diseases.
- The new obligation about difficult working conditions (*pénibilité au travail*) consists of further duties such as to develop an overall score of the constraints each employee will face during his or her work life (10 factors considered: manual handling, tiring positions, night work, alternating succession of shifts, repetitive work, vibrations, noise, extreme temperatures, hazardous chemical agents, hyperbaric activities). The risk factors are assessed by employers every year. Employees who exceed the defined thresholds will have the opportunity to choose financed retraining, reduction of working hours with wage loss compensation or early retirement (2 years before pensionable age).
- The employer has to designate an employee responsible for protection and risk prevention in companies with more than 10 workers. However, especially in companies with fewer than 50 workers, the internal structure related to OSH is often insufficient. Such companies often lack a health and safety manager, an internal occupational health service (*SST interne*) or a health, safety and working conditions committee (CHSCT; see section 1.1.4 for more details) that could help the owner of the company to manage OSH. All companies, regardless of size, may consult some professionals in risk assessment and prevention who are from SSTIs.

#### ▪ Specific OSH situation for MSEs

The French regulation concerning OSH (obligation of risk assessment, obligation of adequate risk management and improvement (*obligation de résultat*), and so on) does not make distinctions according to company size. However, there are other factors determining OSH obligations in relation to a certain number of workers, for example the options to have an internal medical service or to provide a mandatory first aid training for employees of companies with more than 20 employees if the work is dangerous.

As laid down in national regulation, financial contributions to the Occupational Accidents and Diseases Branch (*branche AT/MP*) of the CNAMTS are fixed according to the size of the company. The rate for a medium-sized or large company (20 or more employees) is based on the annual turnover and the overall accident rate: the more the enterprise increases its profits and the more accidents happen, the more its financial contributions increase. For MSEs, collective pricing<sup>2</sup> applies and depends on activities and their related occupational risks. Every company is classified according to its activity in the list of the risks recognised by the CNAMTS.

Objectives and management agreements are concluded between the State and the CNAMTS. They set out the objectives to be achieved and the means to improve the performance of the social protection system in a contractual document named COG (*Convention d'Objectifs et de Gestion AT/MP*). This document is planned every 4 years and coordinates the activities of the CNAMTS, the INRS and CARSATs. Based on statistical analysis by CNAMTS, these organisations decide together to improve prevention in a defined target group. For the current period, the partners have identified four priority sectors (road transport, restaurant, car repair, bricklayers) that have high annual accident rates (injury rates) and include many MSEs (the number of companies concerned by the risks) (CNAMTS, 2014). The aim is to define a collective strategy which is effective for the prevention of occupational risks related to these activity sectors and to MSEs.

The role of labour inspectors is to check the company's compliance with labour regulations, particularly safety and working conditions. Unlike most of the countries of Europe, France does not entrust the monitoring of occupational safety and health rules to a labour inspector. The design of the labour inspectorate is rather non-specialised. Its activities are scheduled within the framework of priorities defined at the national level and developed locally. The total number of companies covered by the labour

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<sup>2</sup> A collective rate contribution that does not take into account the events specific to the company but considers the sector of activity and its specific results in terms of accidents.

inspectorate is 1.8 million: more than 83 % of these companies employ fewer than 10 employees and 14 % of them between 10 and 49. This size distribution of the companies influences the organisation of the inspections.

Details about the number of MSEs visited by the labour inspectorate and the type of visits were not available. The 18.6 million employees covered by the labour inspection work in the following major sectors of activity: service (68 %), manufacturing (16 %), agriculture (9 %) and construction (7 %). In 2015, the distribution by size of companies visited by the labour inspectors was as follows: 23 % of the companies had 1-9 employees, 28 % had 10-49 employees, 28 % had 50-199 employees and 21 % had more than 200 employees. This shows that a significant proportion of inspections are of large establishments (DGT, 2016).

### 1.1.3 National OSH programmes targeting MSEs

PST3 defines a policy strategy for national OSH programmes concerning risk prevention in MSEs:

- development of services targeting MSEs to ensure effectiveness of the prevention;
- assessment of both collective action and preventive action of each stakeholder.

To implement this programme, three procedures are followed:

1. establishing a coordinated national network of those involved in prevention services for MSEs;
2. promoting prevention by improving the role of the labour inspection and actions carried out by occupational health services, by enhancing the role of the employee representative in the company and of the joint inter-professional regional committee (*commission paritaire régionale interprofessionnelle*, CPRI);
3. setting up coordinated networks of regional players to lead prevention actions in local territories with other partners, in particular with sectoral professional organisations.

The target group defined by the Social Security Prevention network (COG AT/MP) involves four priority sectors for MSEs (road transport, restaurants, car repair, bricklayers). This programme is justified by the statistical evidence of increasing incidence of professional accidents and occupational diseases. The objective is to improve prevention in companies that are at risk. Another objective is the development of partnerships between various stakeholders for coordinated collective action. The assessment of this MSE prevention programme is ongoing.

### 1.1.4 Industrial relations and worker representation

In France, there are no collective agreements specific to any size of company but collective agreements cover whole sectors of industry (*accords de branches*). There are more than 9,772 collective agreements in France, which are in force but are not always used.

Work councils (*Comités d'Entreprise*, CE) are mandatory for all companies with more than 50 employees. This committee is composed of employees and trade union representatives, with a 4-year maximum term of office. It is chaired by the employer (or representative, such as human resources manager or deputy director) and has economic, social and cultural responsibilities. Committee members have hours set aside to carry out its tasks<sup>3</sup>.

The Health, Safety and Working Conditions Committee (*Comité d'Hygiène, de Sécurité et des Conditions de Travail*, CHSCT) contributes to protecting worker health and safety and to improving working conditions. It is a body assigned to conduct technical examinations and investigations, in particular when an occupational accident or a disease has taken place. It proposes actions for risk prevention and can ask for information or consult other OSH experts. The CHSCT members include the director or a senior manager representative, and a staff delegation whose members are appointed by a

<sup>3</sup> French public administration (official website): <https://www.service-public.fr/particuliers/vosdroits/F96>

commission made up of the elected members of the work council and the worker delegates. The occupational physician and the head of the safety department have consultative votes.

In small companies with 11-49 workers, worker delegates represent the workers for all issues relating to occupational safety and health, and perform the CHSCT assignments. Organising election of worker representatives by all workers is obligatory in companies with at least 11 employees. The worker representatives must verify that existing rules and agreements are applied properly. This is the most widespread form of employee representation in France. Its legitimacy is well founded, even though the power and responsibilities of worker representatives are limited in comparison with those of the work council and trade union representatives.

In France, the trade union presence in the workplace is high in large companies, but very low in smaller ones. The unionisation rate is low in MSEs (7 % of workers in 2013; DARES, 2016b). Low membership numbers and plurality of political views in several existing unions complicate the task of mobilising workers to improve working conditions.

## 1.2 Characterisation of the MSEs in France

### 1.2.1 Economic profile of MSEs

As in other EU countries, MSEs dominate the French business economy: 70 % of companies have 1-4 employees, 92 % have fewer than 20 employees and 98 % have fewer than 50 employees (INSEE, 2016).

More than half of the MSEs do not have any employees. In 2012, 55 % of the MSEs had no employees and 18 % of the MSEs employed only one employee (Laine, 2014).

In 2012, 2.1 million of the micro-companies (1-9 employees) employed 2.3 million full-time equivalents. They contribute 9 % to the national gross domestic product (INSEE, 2015). Micro-enterprises represented EUR 168 billion of added value, which is 17 % of all private sector added value (Table 1).

Table 1 Characteristics of micro-enterprises in France in 2012

	Units	Employees (full-time equivalent)	Turnover	Export	Added value	Investment
	In number		Million EUR (rounded)			
Micro-enterprises (1-9 workers)	2,148,900	2,266,800	476,000	17,100	168,400	28,800
Percentage with regard to all companies	65.5	18.8	12.8	2.8	17.1	15.6

Source: INSEE, 2015. Agricultural and financial sectors are not included in the scope of the study.

The distribution of companies (irrespective of size) by sectors is as follows: 70 % in the service sector, 11 % in agriculture, 11 % in construction and 8 % in manufacturing.

In contrast to that, micro-enterprises are especially focused on the local economy. They work particularly in retail (22 % of the micro-enterprises), corporate services (20 %) and construction (17 %) (Table 2).

Table 2 Micro-enterprises by sector in 2012

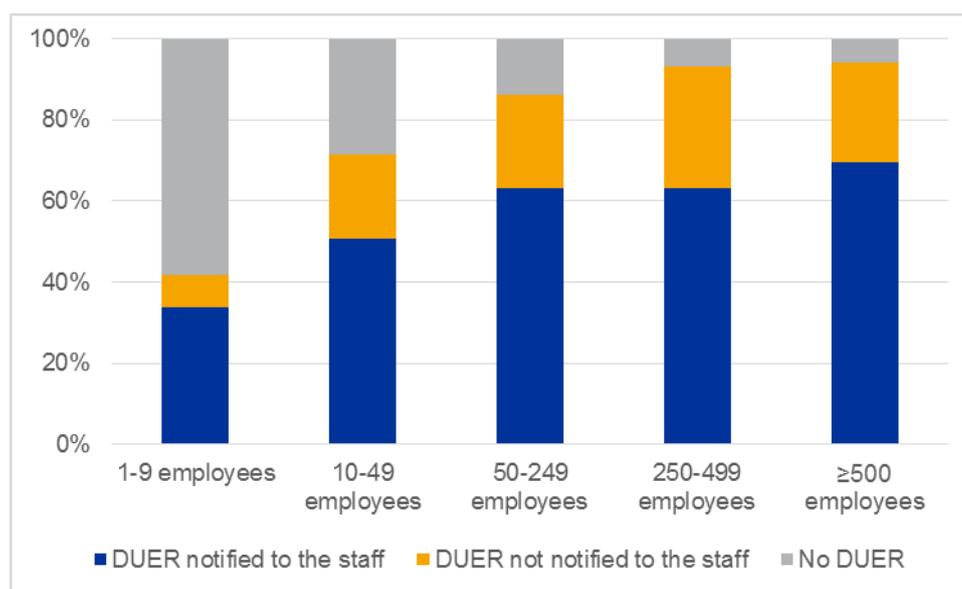
Sector	Micro-enterprises (1-9 workers)		Employees of micro-enterprises		Added value	
	Number (thousands, rounded)	Percentage	Number (thousands, rounded)	Percentage	Value (million EUR, rounded)	Percentage
Manufacturing	157	7.3	258	11.4	16,220	9.6
Construction	369	17.2	460	20.3	31,309	18.6
Retail	475	22.1	588	26.0	39,878	23.7
Transport	77	3.6	71	3.1	5,340	3.2
Horeca	199	9.3	297	13.1	15,210	9.0
Information and communication	76	3.5	56	2.5	5,473	3.2
Real estate	186	8.7	56	2.5	8,470	5.0
Corporate services	427	19.9	338	14.9	38,575	22.9
Services to private individuals	183	8.5	144	6.4	7,956	4.7
Total	2,149	100	2,267	100	168,430	100

Source: INSEE, 2015. Agricultural and financial sectors are not included in the scope of the study.

### 1.2.2 OSH profile of MSEs (compared with larger enterprises) – deviations from findings of literature review

Figure 1 shows that 58 % of companies with 1-9 employees did not prepare the DUER, which is obligatory in France. Twenty-nine per cent of the companies with 10-49 employees do not have a risk assessment document either.

Figure 1 Use of the DUER according to size of company

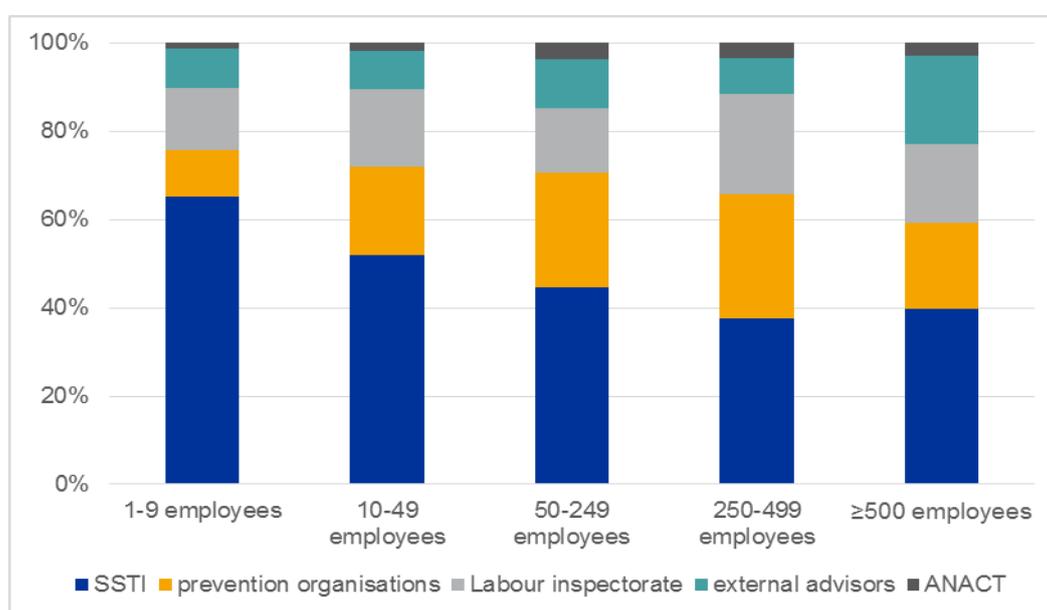


Source: DARES, 2016a.

ESENER-2 data show that, the smaller the company, the less regularly the company carried out a workplace risk assessment (EU-OSHA, 2016). MSEs (5-49 employees)<sup>4</sup> are more often assisted by external service providers to do the risk assessment than larger companies (18 % versus 4 %). In larger companies, the risk assessment is mainly done by internal staff (87 %), whereas only 73 % of the MSEs use internal staff to do the job (EU-OSHA, 2016).

According to national data, MSEs seek advice on prevention from other institutions less often. Most commonly, companies with 1-9 employees (65 %) and 10-49 employees (52 %) ask for advice from the SSTI. Fourteen per cent of companies with 1-9 employees and 16 % of companies with 10-49 employees seek advice from the labour inspectorate. Ten per cent of the micro-companies and 20 % of the small companies obtain advice from prevention organisations (CARSAT, INRS). Regardless of company size, they least often request external advice from the ANACT (Figure 2).

Figure 2 Distribution of prevention advice from different stakeholders according to size of company



Source: DARES, 2016a.

The ESENER-2 survey is more precise about the types of actors that provide health and safety services for the companies, taking company size into account (Figure 3). While occupational physicians are used by all companies regardless of the size, MSEs use other actors less frequently than bigger companies (50 employees and more), in particular ergonomics experts and psychologists.

<sup>4</sup> ESENER-2 includes companies with a minimum of five employees.

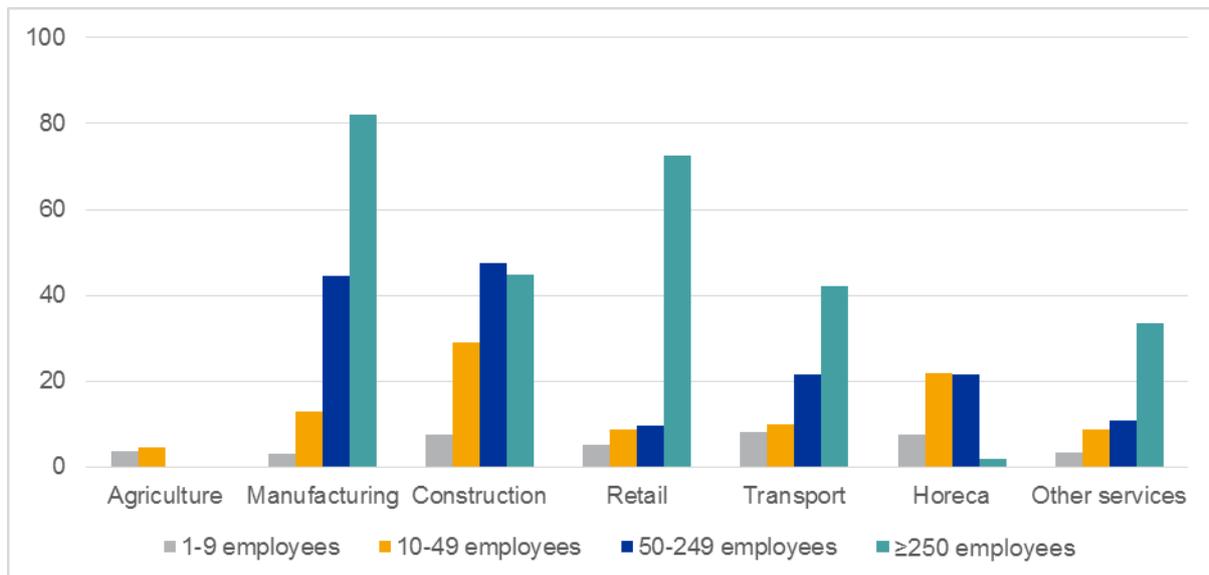
Figure 3 Different actors used by companies in health and safety advice according to size of company (%)



Source: EU-OSHA, 2016.

MSEs have fewer health and safety certificates than larger companies. According to Figure 4, in companies with 10-49 workers, health and safety certificates seem more common in construction and in the hotel, restaurant and catering (Horeca) sector than in companies of the same size in other sectors.

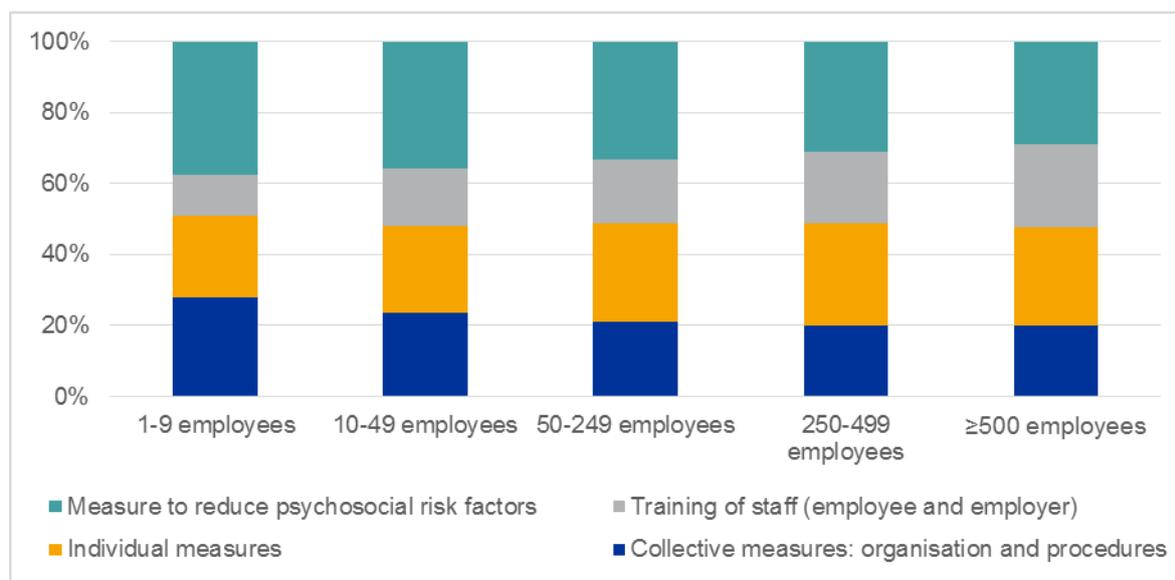
Figure 4 OSH certification in different sectors according to size of company (%)



Source: DARES, 2016a.

For OSH prevention, companies with 1-9 employees concentrate on adapting collective measures and measures to reduce psychosocial risk factors (Figure 5). Individual measures and training of staff are less common. Overall, we observed the same distribution in companies with 10-49 workers, except that they use a little more training.

Figure 5 Type of OSH prevention measures according to size of company



Source: DARES, 2016a.

Forty-two per cent of MSEs with 1-9 employees set a specific budget for health and safety measures and equipment each year (EU-OSHA, 2016), while this was more common for bigger companies (53 % to 66 %).

The number of accidents in MSEs varies between the different size classes. In 2012, the CNAMTS study shows that 18 % of all occupational accidents happen in micro-companies (which account for 24 % of all employees in France), 13 % of occupational accidents occur in companies with 10-19 workers (11 % of employees) and 22 % of occupational accidents happen in companies employing 20-49 workers (16 % of employees) (Table 3).

Table 3 Distribution of work accidents by size of establishment and number of employees (%)

Company size	Percentage of occupational accidents	Percentage of employees
1-9 employees	18	24
10-19 employees	13	11
20-49 employees	22	16
50-99 employees	16	12
100-199 employees	13	12
200 or more employees	18	26
<b>Total</b>	<b>100</b>	<b>100</b>

Source: CNAMTS, 2015.

## 2 Description of fieldwork and the sample

### 2.1 General remarks on the fieldwork and the methods

This report presents 20 case studies conducted in micro- and small enterprises in France. Predominantly, these companies were selected using the ESENER-2 survey sample. However, as it was difficult to ensure participation of the companies contacted, we had to use our own partnership network (prevention institutions, occupational health services, managers of companies) to obtain the targeted numbers for our sample.

Concerning the list of contacts related to the ESENER-2 survey, 11 out of 50 contacted companies finally agreed to participate in the interviews and being visited. Nine companies were contacted using the networks of the research team.

The reasons for the refusals to participate in this study were often a lack of time, a period of intensive activity, a lack of workers or the unavailability of employees. Sometimes, it was impossible to free up time for employees busy with work, notably in the restaurant sector. In some other cases, it was difficult to get in contact with employers if they considered occupational safety and health a non-priority issue. The companies that had participated in the ESENER survey 2 years before and refused now did not remember it, or were questioning the output of the study. Some companies did not exist any longer or the employer had retired.

To obtain more positive responses after a first contact by telephone, we sent an email to the employer to specify the methodology of the visit and the interviews. In 2 cases out of 20, the interview with the employee had to be done on another day than the employer's interview because they could not be both available during the scheduled visit. Interviews with employees in two Horeca companies were not carried out because no workers were available, and one owner's interview had to be made by phone because the owner lacked time (frequent work-related travel).

All case studies followed this methodology: a visit to the company, notably the workplace, an interview with the employer and another with an employee.

We did not always interview the most experienced employees of the company. However, we interviewed workers who knew their job and their company well.

### 2.2 Description of the sample

Table 4 shows the distribution of the sample by sector and by number of employees. We strove for an equal distribution in each sector (four cases per sector); however, one company was reclassified after an evaluation of the interview data (see Table 4). Overall, we had more companies with 1-9 employees (nine cases) than of any other size: there are six cases with 10-19 employees and five cases with 20-49 employees. All sectors are represented by companies with 1-9 or 10-19 workers. However, we could not recruit a company with 20-49 employees in the Horeca sector.

**Table 4 Sample matrix of case studies according to sector and size of company**

Case number	Number of employees	Type of enterprise	Main business functions
Agriculture			
FR01	Small (10-19)	Subsidiary (B2B)	Arboriculture
FR03	Micro (1-9)	Independent (B2C)	Landscaping
FR04	Micro (1-9)	Subsidiary (B2B)	Trade in live cattle
Social work and health			

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Case number	Number of employees	Type of enterprise	Main business functions
FR05	Small (10-19)	Subsidiary (B2C)	Nursing home care services
FR06	Small (20-49)	Subsidiary (B2C)	Nursing home care services
FR07	Micro (1-9)	Subsidiary (B2C)	Occupational day centre for adults with mental illnesses
FR08	Micro (1-9)	Subsidiary (B2C)	Nursing home care services
Manufacturing			
FR02	Small (20-49)	Subsidiary (B2B)	Cheese manufacturing
FR09	Small (10-19)	Subsidiary (B2C)	Commercial vehicle conversion
FR10	Small (10-19)	Independent (B2C)	Manufacture of wood products
FR11	Micro (1-9)	Independent (B2B)	Manufacture of micro pieces of metal
FR12	Small (20-49)	Subsidiary (B2C)	Vehicle conversion
Construction			
FR13	Small (10-19)	Independent (B2C)	Roofing and zinc work
FR14	Micro (1-9)	Independent (B2C)	Carpentry
FR15	Small (20-49)	Independent (B2C)	Masonry with structural and finishing work
FR16	Small (20-49)	Independent (B2B)	Masonry and structural work on electrical sites
Horeca			
FR17	Micro (1-9)	Subsidiary (B2C)	Hotel, restaurant and residence hotel
FR18	Micro (1-9)	Independent (B2C)	Restaurant
FR19	Micro (1-9)	Independent (B2C)	Restaurant
FR20	Small (10-19)	Independent (B2C)	Catering service

The case companies of our sample are geographically distributed all over France. We have two companies in the Paris region, two companies in the north-east, six companies in the south-east, four companies in the north-west and six companies in the south-west.

The companies of our sample are well established, as 75 % of the companies are older than 10 years (Table 5). We observed that the companies in the manufacturing and the construction sectors are mainly more than 20 years old and those in the social work and health sector are all more than 10 years old. The newest companies in the sample were found in the Horeca sector. The age distribution of the companies in the agriculture sector is well balanced.

**Table 5 Age of the companies in the sample according to sector**

Age of companies	Agriculture	Manufacturing	Construction	Horeca	Social work and health	Total
0-4 years	0	1	0	1	0	2
5-9 years	0	1	0	2	0	3
10-19 years	2	0	0	0	3	5
20 years or more	1	3	4	1	1	10

### 2.2.1 Economic profile of MSEs in the sample

- Business type: 11 companies were private and independent, 4 were subsidiaries and 5 were part of larger groups.
- Customers: 5 companies were business to business and 15 companies were business to customer. The sector does not seem to have an effect on the customer structure.
- Competition: the health care services were less facing competition than the companies in the Horeca and construction sectors.
- Dependency on demands of customers: the dependency on customers was deemed to be variable in agriculture, medium in social work and health services and high in construction, manufacturing and Horeca. The small companies (1-9 employees) were in general more dependent on customers than the others (10-19 employees and 20-49 employees).
- Dependency on demands of suppliers: the dependency on suppliers was assessed as high in construction, medium in agriculture, manufacturing and Horeca, and absent in the social work and health sector. It seems that the size of the companies does not affect the dependency on demands of suppliers.
- Level of business vulnerability (high, medium, low): in agriculture, the vulnerability of the business was analysed as being low. Companies prefer to focus on the quality of their products rather than on quantity. Specialising in products allows companies to obtain a niche market, which improves their economic survival. In social work and health services, the level of the business vulnerability was perceived as low, and the financial situation was reported as stable. However, public authorities put pressure on the budget management of these sector's companies. In manufacturing, companies were assessed to be rather at a medium level, and the financial situation was not always described as stable, but depended on movement in prices even if the market was relatively good (as described by a manager). In construction, the business vulnerability was assessed as between medium and low. The competition arises from outside. The number of accidents in this sector is large. The rules for the building sector prompt enterprises to set up safety measures. The level of business vulnerability in Horeca seems to be low. The current financial situation is described as good and it promotes customer relations.
- Regarding the companies' overall competitive strategy (very clear high road, less clear high road, middle road, less clear low road, clear low road), the competitive strategy seems to be a

high road strategy for most of the companies in the sample<sup>5</sup>. We observed that a very clear high road strategy is prevalent in agriculture in the sample, and a clear high road strategy in construction. It is variable for the social work and health services and it is middle or low for Horeca.

### 2.2.2 Other characteristics of the sample

- Development of employee numbers in recent decades: 15 MSEs in our sample had maintained the same level of employee numbers, whereas 5 companies reported growing numbers (2 in construction) and no company reported shrinking.
- The overall level of employee vulnerability in the sample (high, medium, low) was deemed low in the construction sector, medium in agriculture and manufacturing, variable in social work and health and high in Horeca. Employee vulnerability seems not to be related to the size of the companies.
- Age of owner-manager: six were between 30 and 40 years old, five between 41 and 50, six between 51 and 60 and two older than 60. The age of one owner-manager was not available.
- In 8 out of 20 cases, the owner-manager took part in production processes (in 5 cases only to a limited extent, in 3 cases to a greater extent).
- Owner-managers' level of education: most owner-managers had secondary and vocational (non-tertiary) education, or tertiary education. The highest level of education for managers was observed in the social work and health sector.

Overall, the French companies studied matched the characteristics of MSEs analysed from the research literature.

## 3 Analysis: data from the establishment reports (case studies)

The resulting profile of the French sample of MSEs is summarised as follows:

- There are no differences in organisation or risk prevention between micro- and small companies in our sample. However, we observed a difference in bigger companies which were part of a larger group. These companies were distinct from the smaller companies regarding the organisation of production and quality efficiency, the appointment of a person responsible for safety, the presence of a human resources manager, and so on.
- In the agricultural sector, we observed that the clients have some effects on OSH management related to their controls and standards for the quality of products (indirect approach regarding working conditions). When the MSE is affiliated to larger companies, it has resources for OSH measures (for example an OSH committee with workers, team supervisor, safety supervisor and director, and workers' representatives). The risks are mainly accidents, physical strains and exposure to chemicals. There are no psychosocial risks because production focuses on quality rather than quantity, there is no time pressure and it is well organised overall. The agricultural firms used internal or external services to improve their OSH knowledge and practices. Risk analysis is perceived as a tool rather than as something compulsory. However, communication on risk prevention is formalised. There are routines concerning the equipment (signage), the

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<sup>5</sup> High road implies the opposite of low road and refers to MSEs that enjoy a high growth success, such as the so-called gazelle companies, but also, more generally, small businesses that are able to invest in skills and innovation in ways that act to support their growth and business success.

organisation (regular meetings) or the training of employees. The management style is open, discussions are held frequently (even in the company with more than 15 employees) and there are proactive and participatory approaches. Opinions about the support of the MSA or the labour inspectorate vary (it is sometimes considered useful and sometimes not useful).

- In manufacturing, we found that the approach to safety and risk prevention can be described as top-down. There is a knowledge gap between the employer (better informed, legally more responsible) and the employee (individual behaviours, lack of risks perception). Globally, both employees and employers report time pressure coming from deadlines and creating conflicts between them. However, in the cheese production cooperative, the cooperation between the management and the workers was described as good, allowing them to manage the time pressure collectively. In larger companies (affiliated to big sites), customers expect the management to be involved in promoting OSH (for example creation of a safety coordinator post). Other companies carry out risk assessments when they consider it useful, with the help of external services. Labour inspectors visits are not assessed as useful in practice, as they are only focusing on norms and do not change anything. Hence, advice is rather given by external providers.
- In construction, the managers are aware of the regulations and feel responsible but a bit lost in day-to-day practice. The gap between managers and employees regarding OSH responsibility is large. If any accident happens, managers consider it their fault; however, as the risks are controlled, it is in general considered safe. Psychosocial risks were not mentioned in the interviews. However, there is time pressure on owner-managers. Risk assessments are considered an obligation but seen as useful and done with the help of external stakeholders. Safety standards were seen as more important if the company was working for a public institution. Having several external providers increased the complexity of safety management, which was, however, sometimes considered likely to create conflicts between safety and quality.
- In social work and health services, the level of competition is low. The financial situation is influenced by an annual grant depending on occupancy rates; there is no pressure on budget but rather time pressure: a need to do more with less time or more with the same grant. To gain funding for preventive measures, companies must present project proposals to get financial support. However, writing the project proposals is a hard and bureaucratic exercise and time-consuming for the managers. Establishments are in a reactive position (asking for OSH resources takes time and energy) rather than having resources specifically for prevention. There were no worker representatives or trade unions in the case companies in our sample. In the small companies, the team of employees was autonomous and had time to solve problems together. In the bigger ones, time pressure and work overload were higher. We observed some psychosocial risks at the level of the manager, who reported having to be available all the time. The risks to employees were described by the interviewees as mainly physical strains and verbal violence coming from customers. Workers' risk perception is low and very much oriented towards clients' safety (except one employee with regular pain). However, managers seem to perceive risks more. Risk assessments are made because it is considered compulsory, rather than useful. According to the law, an external audit must be carried out once every 7 years and an internal audit each year. There is no time officially set aside to speak about OSH topics, but the regular discussions on patients' projects are an opportunity to resolve workers' problems and collective workforce strategies in daily routines. National training on risk prevention related to physical activities (PRAP in French) has been developed in this sector.
- In Horeca, we observed a large turnover of employees, and the lifespan of companies is short. Some small companies are affiliated to larger groups. It is difficult to recruit qualified workers, which is one of the reasons for the lack of quality in customer services. The perception of risks was low in restaurants. No OSH measures could be observed in this sector.

## 3.1 Risk awareness

In all cases, we observed greater risk awareness among the owner-managers than the employees. The owner-managers were aware of the various risks in their own sectors and their level of risk perception was analysed as high (slightly less high in the Horeca sector). Managers know the responsibilities which they have to assume for the safety of their employees. However, they do not always have the skills to conduct a risk assessment, and they have to use external resources, or an internal safety supervisor in larger companies (20-49 workers). They are convinced that the prevention of accidents and occupational diseases is a long-term process and a constant concern. The managers are improving the working conditions and organisation by installing better communication. For small companies (fewer than 10 employees), we observed that the managers prefer to take over some difficult tasks themselves to avoid exposing the employees to risk.

The perception of risks varies between the employees according to their seniority; overall, workers are more aware of risks in the construction sector and the social work and health sector. Many of them think that the risk of accidents is low. The perception of risks is rather good concerning physical constraints such as standing for a long time at work or repetitive movements leading to regular joint pain. Other risks are ignored even if they can have long-term effects on health (for example chemical and psychosocial risks).

## 3.2 Company OSH organisation and risk management practice

### 3.2.1 Practices of acquiring OSH knowledge

Most of the interviewed owner-managers named various sources of information for acquiring OSH knowledge such as the internet, trade journals and newsletters, professional networks and trade shows. However, in 13 case companies these were seen as useful to contact if support was needed rather than used actively to get regular information on OSH.

In addition, six of the interviewed owner-managers reported that they receive help from external providers: in one company, specialists had installed a regulatory monitoring system; in other companies, the managers met the external providers once a year to check on OSH issues and their development; another company received information during an intervention. Those external providers were hired by companies for different reasons, such as not having enough time for monitoring OSH practices, a lack of knowledge of risks and prevention, or the employer preferring to have an outside view of the risks present in the company. Two interviewed managers explained that they had engaged external providers to help improve the company's organisation. So the OSH improvement was a result of their interventions, even if it was not the primary purpose.

In the sample, no owner-manager reported having received training related to OSH management. They sometimes reported being trained to face specific risks, because they had learned it when they were still employees. In the Horeca sector, a manager explained, for example, that he had been trained several years before to handle fire emergencies. Another one, in the construction sector, reported that he had learned to work with risks present on electrical sites.

To conclude, several sources of information were mentioned, but most of them were not frequently used. Overall, owner-managers did not pursue specific training in OSH management. They acquired their knowledge by searching on their own, being helped by internal experts or calling external providers.

### 3.2.2 Risk analysis practice

In France, risk assessment is a legal obligation imposed on employers by the Labour Code (see section 1.1). Nevertheless, not all interviewed companies had a formal risk assessment document and none of the interviewees reported any case of financial penalties. Four companies had no written risk assessment document (one in construction, one in manufacturing, two in Horeca). In agriculture, companies reported some pressure from their parent companies (two cases out of three) to perform risk assessments or carried them out to obtain subsidies (one company in this sector had a social mission

and received some grants). All the case companies in the social work and health sector had risk assessments for the sake of funding. In this field, regional health agencies (ARSSs) manage the distribution of subsidies and require a written risk assessment before funds are approved. In the construction sector, a written risk assessment document is often requested by clients when enterprises are working on large building projects.

Overall, the risk assessment document was managed by the owner, sometimes done by an external individual, such as an advisor, or filled in by a trainee. In half of the cases, interviewees said that it was a compulsory but useless document. They did not use it as a tool and regular updates were made in only a few cases. However, there are exceptions in the sample: five companies had software for assessing risks and building a prevention plan, which was installed by external providers, provided by the parent company or disseminated by a professional association in the sector. This owner-manager explained the way he used such software, which allows the written risk assessment document to be updated regularly with risks identified on new working sites:

*We made a connection between our written risk assessment document and our prevention plans. That means, we define the risks of the site. They are always related to the articles of the written risk assessment. It allows us to have a living document and as soon as a new risk is identified on a site and is not linked to any article of the risk assessment document, we have to create it on the document. So, that's good, well-functioning, because often the risk assessment document stays in a corner of the company and we don't really know what's in it. (Manager, construction, FR16)*

Some employers or advisors involved employees to do the risk assessment, even if they sometimes found it difficult because of lack of interest and a relatively low level of risk awareness. Occupational health and safety concepts were sometimes hardly defined by interviewees, particularly by employees in our case studies:

*Safety, that's avoiding accidents, then health, I find it a bit harder to define, well, occupational health? (Employee, agriculture, FR04)*

Finally, eight case companies were analysed as not having any formal way to manage risks in their general organisation of work. The owner-managers relied instead on the common sense of the employees and their work experience in order to report detected hazards. Six of them had fewer than 9 employees; the one with 15 employees was linked to a larger group and did not have to apply internal OSH standards; and the last one, with 32 employees, was run by an employer who did not want to bother with such formalities, considering that bureaucratic tasks were a waste of time.

All in all, it can be stated that most of the companies made the risk assessment in the form of a document, but few of them used it to define an action programme for prevention or to take concrete preventive measures. They often did not know how to use it to develop a comprehensive OSH programme or did not take time to manage prevention (not a priority).

### **3.2.3 Risk communication practice**

In general, the companies of our sample used a combination of formal and informal communication about risks. This communication was oral rather than written. Discussions about risks usually took place during work-related meetings or coffee breaks. The preventive strategy against accidents was often established through some discussions made among employees, or between the employees and their employer, rather taking the form of a shared experience, as this manager mentioned:

*We see them [the employees] in the morning, we see them in the evening, we regularly highlight it [safety] so we don't need to organise meetings about this topic, we deal with it [safety] on a case-by-case basis, and then, actually, you see, we have our own equipment and we reflect about all these things as and when needed. (Manager, construction, FR16)*

In the manufacturing and construction sectors, the job description sheets entail some rules about safety for each workplace, but they do not cover all the work that has to be realised.

In six case companies, the risk communication practice was formalised, with specific OSH meetings over the year, written fact sheets to fill in when there is an adverse event, a common signage system

about risks related to the use of machines or sometimes information on a notice board. All of the six had designated someone responsible for health and safety issues: it was the responsibility of a technical or assistant director in three companies, a safety supervisor in two companies and a trained employee in the last one. Two case companies were part of larger groups in the agricultural sector, which improved the internal prevention structure. One case company was influenced by its main client in the construction field. Three case companies in the manufacturing sector and the social work and health sector were run by owner-managers who wanted to improve OSH according to their own values. Finally, in contrast, no case company in the Horeca sector had any standardised communication path. Sometimes, the general organisation does not offer opportunities to gather the workforce and management team to have a joint discussion, as explained by an interviewed manager:

*I cannot bring everyone together, as we are open from 7.30 am until midnight, we do not have a common working day with everyone. (Manager, Horeca, FR18)*

In this situation, informal risk communication was much more difficult to obtain than in other cases, where the scheduled work organisation made it possible to bring workers together at one time of day.

Awareness of certain risks seems to have been better than of others, because in some cases a specific risk was highlighted and particular information about it was well formalised. For example, in an agricultural enterprise with a social mission, employees had to sign a detailed information sheet each time they used chemicals, to confirm that they would wear personal protective equipment (PPE) and to remind them of the toxicity of the chemicals in order to avoid the routinisation of chemical risks.

Overall, only a few case companies had precise channels for risk communication. Frequently, it was rather an informal top-down approach with an owner informing employees about risks. Most of the owner-managers were not trained in OSH management, so they delegated this task to an advisor, an employee or a trainee.

### **3.2.4 Routines ensuring safe and healthy work**

A great variety of routines to ensure safe and healthy work had been identified in most of the case companies. Regular meetings about the work organisation are often used by workers to talk about problems encountered and other hazardous situations. As explained in section 2.3, the work organisation varies in the sectors studied.

Many interviewees said that good social relations between colleagues and an owner-manager who is easy to approach and regularly present in the company are important to ensure a safe and healthy workplace.

Safety signage which explains potential risks, PPE that must be worn, safety instructions given by experienced employees and frequent maintenance of the machines were reported as ways to reduce the risk of accidents, especially in the agriculture, manufacturing and construction sectors. Several interviewees in these sectors also said that modern equipment and up-to-date tools allowed them to improve OSH, such as using lighter scaffolding or purchasing trolleys to reduce the carrying of heavy loads.

Concerning the use of PPEs, some owner-managers actively promoted wearing it, whereas others considered that it was the responsibility of the individual and that owner-managers' main obligation was to provide appropriate PPE without monitoring its use. All companies in each sector named PPE linked to machine utilisation or sanitary contamination, such as helmets, safety glasses, protective gloves and masks, ear plugs and protective shoes. In some companies, the employment contract had a clause stating that the worker must use the PPE or employees had to sign a separate sheet to certify that they would wear PPE at work. This has been described as a way to increase workers' risk awareness and get them to take more responsibility.

In the social work and health case companies, most of the nurses and professional caregivers were trained to handle patients, because the risk of low back accident is well recognised by both employees and employers. A national course on PRAP was developed by the INRS. In the same way, it is known that the provision of equipment for handling patients improves working conditions, especially by reducing the physical workload. Managers often cited training employees as a good technique to learn more

about risks or the way to handle them and to compare themselves with other employees and their working conditions. However, training seemed rather focused on particular risk cases (first aid, handling methods, firefighting, use of scaffolds, gesture and posture approach, and so on) and addressed to workers.

As mentioned in section 2.1, none of the owner-managers were trained in a comprehensive OSH management approach. They sometimes had training related to risks present in their field of work or applied a management method which took safety into account. One interviewed director mentioned that he had formalised a 5-minute meeting each day about safety following the lean management method. However, that is clearly not sufficient to implement a global OSH approach through the company.

Furthermore, drawing lessons from previous accidents or near-misses was also seen as an important routine to modify the work environment, buy safer equipment and more appropriate material or make common safety rules. The prohibition of mobile phone use on sites, for example, was mentioned by an owner in the construction sector after a near-miss incident. However, in some cases, the accident is seen as the result of an individual mistake and the work environment is then not identified as being part of the problem that happened. An employee mentioned an accident:

*I cleaned my machine and I fell off the stepladder. The footstool! I had a sprained ankle. It was my fault, I was a fool. Otherwise, there are no risks at our premises. (Employee, manufacturing, FR11)*

All in all, most of the relevant routines concerned physical strains, the risk of accidents with engines and machines, or exposure to chemicals and biological agents. Few initiatives were oriented towards psychosocial strains, except in social work and health companies, which seem more aware of this particular risk. Several good strategies were reported, such as frequent collective discussions to manage difficult situations together or regular group sessions with an external psychologist.

### **3.2.5 Use of external OSH expertise**

Overall, owner-managers knew OSH obligations (risk assessment, protective measures, and so on) but encountered difficulties in applying them. Consequently, they asked for help from external advisors. However, in our sample, the companies usually did not call on advisors from the occupational health service or labour inspectors, they were rather supported by private companies.

In general, the labour inspectorate visits companies when an accident has occurred. There was only one case where the owner-manager reported having called an inspector in order to obtain OSH information. In one company in the construction sector, the lack of labour inspection was even interpreted as a positive sign by the interviewees. They accordingly concluded that they were not bad at managing safety because inspectors were not visiting the company.

All companies identified that regional insurers (related to the French national health and safety system or linked with the specific sectors) could help them to finance training or material concerning occupational health and safety. It was judged that the written risk assessment document was hard to produce, as several case companies reported asking for help to create it. Most of the time, they preferred to ask external private advisors or choose to do nothing if it did not make sense for them. Six owner-managers reported that they received information from professional associations of which they were members, and regional insurers were also seen as sources in six cases. However, in most situations the case companies were passively waiting to receive knowledge and did not attend any training on OSH.

Experiences with external advisors or labour inspectors were described as both positive and negative. Most of the time, a positive collaboration was reported, leading to better detection of hazards in the company and the implementation of concrete measures (such as a risk management plan or the writing of the risk assessment document), bringing about a general improvement of the work organisation and the working conditions. However, negative comments were made in some cases. Interviewees stated that some experts proposed measures which were financially impossible to implement or too distant from their real work, because they took a theoretical approach instead of considering the specific needs and problems encountered in practice.

Other external stakeholders were mentioned in some situations where external pressure about quality or production influenced the internal OSH organisation of the company. For example, a food audit in a restaurant or a production quality audit in a manufacturing company led the company to improve working conditions or to develop a safety design.

In all cases, workers had regular medical examinations with some occupational physicians (each year or every 2 years). However, owner-managers did not consider them close partners in prevention because they no longer visited their firms and were too distant from their work realities, so they could hardly link the company's work situations to health issues of the workers.

### 3.2.6 Motivation for company OSH practice

Overall, companies did not have a systematic formal approach to OSH matters, except four enterprises which were linked to larger groups and had to meet their internal standards, and three companies with owner-managers strongly engaged in improving OSH practices according to their own values. On the other hand, two companies related to larger groups (a cooperative and a subsidiary) had no particular OSH approach because it was not a leading criterion for the parent company and they had no specific internal guidelines to follow.

The motivation of owner-managers for OSH practice seemed linked to external constraints or a personal risk-sensitive approach rather than the application of regulations:

- Some external pressure came from affiliation to a larger group, the production quality standards expected by providers, the requirements of customers, the dependency relationships between companies, and so on.
- The risk awareness level of the owner-managers was described by themselves as a new personal challenge to implement an OSH process. They were receptive to reducing exposure because they were aware of the human and socio-economic consequences for victims of work accidents.

The risk assessment practices and the prevention were strongly linked with the management style. When managers had worked in the trade, they were more aware of risks and used their experience to manage them with employees. Accordingly, OSH practices were more informal when social relations between employers and workers were good and close. If the manager's education was at a high level and just recently finished, we observed that his or her risk knowledge was more detailed and the OSH practices were more formalised and compliant with norms.

Another motivation was compliance with legal obligations, especially by writing the risk assessment document even if not because it was seen as something useful, but rather to avoid financial sanctions or being threatened with closure of the business if the standards were not met.

On the other hand, the motivation of employees seemed rather low. Workers reported that the OSH theme was a daily topic when they were questioned during the interview, but they did not feel specifically responsible for build safe and healthy working conditions. The lower level of risk awareness detected among the interviewed employees could explain their more passive attitude.

In most of the cases, the owner-managers were trying to comply with the law and some of them complained about the hard time they had involving workers in taking care of their own health and in actively involving themselves in improving OSH practices. Some had developed strategies with external support, such as one that trained new recruits about occupational risks in an external professional centre before they began to work with chainsaws and brushcutters. It makes employees aware of existing risks and it is then easier for team leaders to speak about preventive measures in concrete risky situations:

*It is easier to hear the team leader when he or she is saying something that has already been mentioned before by an external person; the message is more easily accepted. (Manager, agriculture, FR03)*

### **3.2.7 Worker participation**

In the clear majority of the case companies, the work climate was described as positive, with good social relations. Discussions about risks between owner-managers and workers were rather made during worktime than formalised with worker representatives. Overall, the participation of employees was not formalised, but owner-managers listened to employees and cooperated with them to develop a safety strategy within their companies. Two case companies reported that they had worker representatives. However, the close human and social relations allowed them to have collective action with effective prevention, even if sometimes some conflicts existed.

To summarise the general views of employees and employers concerning the level of responsibility in OSH risk prevention:

- In seven companies in the sample, the employers and the workers had the same perception of both being responsible for OSH. Both the employers and the workers felt responsible for risk prevention.
- In six cases, owner-managers thought that the employer was more responsible for OSH than workers. Three of them did not give an answer about this issue.
- Regarding the workers' opinion, half of them thought that the responsibility was equally shared between the employer and the workers, six of them gave no responses and four employees said that workers were mainly responsible for OSH, considering that accidents were mainly due to individual faults and therefore more related to the responsibility of employees. It must be noted that we obtained no workers' responses stating that the responsibility lay with the employer and, similarly, none of the employers responded that workers were responsible.

In agriculture, co-responsibility was perceived by both the employer and the employees in all cases. In social work and health, it was attributed to both in half of the cases. Finally, the larger the company was, the more the responsibility was perceived as joint. We can explain this result by a better formalised OSH system in larger companies (20-49 workers).

### **3.2.8 Good OSH practice examples**

Overall, good OSH practice examples detected in MSEs were various and not formalised. Initiatives came from workers themselves or were implemented by their managers, who listened to them, observed the same problem situation or experienced it when taking part in the production process. Trusted relationships and opportunities for constructive dialogues seemed an important basis to enable workers and managers to exchange ideas and views, before introducing good OSH practices. In the sample, many interviewees reported that a respectful social climate was important for having good working conditions. Some of them had even left larger companies because they wanted closer relationships at work and that was easier to find in MSEs.

Several good OSH practices examples have already been mentioned above (see section 2.4), such as collective participation in making a written risk assessment document, the creation of an OSH committee, changes in the process for using chemicals, a better workplace design, testing new and safer material or equipment regularly, some internal training sessions shared by experienced workers and beginners, work organisation made by employees, some organisational measures (morning meetings, schedule modification), some internal visits concerning OSH management, external interventions to improve the awareness of risks, and so on. A stable workforce is the result of this type of OSH management but also a condition for arriving at this type of participative management. A large proportion of the good OSH practices reported by the interviewees were everyday routines, which were notably established thanks to the proximity between employer and employees.

### **3.2.9 Effectiveness of OSH management practice**

The researcher's assessment of the level of risk control was generally in line with the owner-managers rating about whether or not the level of control was sufficient. The two exceptions were identified in the

Horeca sector. An interviewed manager rated the level of control as sufficient, while the researcher estimated that the level of risk control was low. The owner of a catering service thought the OSH knowledge level was pretty good, while the researcher rated the level of risk control as medium. These differences in assessments could be explained by the fact that both interviewees were comparing their companies with others in the Horeca sector, while the researcher applied a broader view by taking all sectors into consideration.

Furthermore, regarding the sample, five companies visited had a low level of risk control, and three of them were in the Horeca sector. Eight cases had a medium level and seven had a high level of risk control. In agriculture and manufacturing, the risk control varied a lot between high, medium and low. In the social work and health sector, the level of risk control was rather high or medium: very few accidents were reported and they were minor, there was training for workers and the management made efforts to change the current system. However, in one case, the burnout of a manager was mentioned. In the construction sector, the control was better than in the other fields: half of the cases were at a high level, with companies proactive in prevention, and half of them at a medium level, knowing visible risks and controlling them by experience but being partially passive on OSH strategy.

Overall, when the knowledge of the level of risk control was high, collective solutions were sought rather than individual options (for example buying adapted equipment, and designing spaces taking noise pollution into account). When the risk control was medium, there was good risk perception, but scant resources for improving OSH practices. The level of control seemed high when the manager or the safety manager was willing to develop and support the preventive measures and to improve the work situation. The level of risk control seemed medium if the risks were related to individual behaviours and considered part of the job. The level of risk control seemed to be low when the approach to prevention in the company was minimal: there was a lack of action on OSH, and few links were made between the risk assessment and the needs of safety.

### **3.2.10 Classification of company OSH strategy**

Looking at the overall management approach of the case companies, three companies were mainly proactive in developing effective OSH strategies, five were reactive in some situations and proactive in others, six were identified as mainly reactive and four were entirely reactive. All in all, the OSH approach was often communicative and participatory; owner-managers wanted to meet standards. Depending on the sector, we observed that all companies visited in the Horeca sector were only reactive, the ones in the social work and health sector were mainly proactive and the picture was rather mixed in agriculture, manufacturing and construction. A restaurant manager noted the reactive approach to OSH during the interview:

*Every time that we implement a safety system it is because there has been either a complaint or a discussion with an employee, or an accident; it is always in reaction actually, very often, I realise it [now]. (Manager, Horeca, FR20)*

It seemed that the size of the case companies had no impact on the OSH strategy, even though the three proactive cases were characterised by a more formalised way of organising OSH and had 18, 36 and 42 workers.

## **3.3 Mechanisms**

### **Determining factors**

- **The role of legislation and sector-level regulation**

The risk assessment regulation, which requires a written document, determines the dynamics of risk prevention for the companies. Even if sometimes it is perceived as an obligation, it allows the company to take care of risks.

The information distributed by CARSATs, regional agencies of OPPBTP in construction or MSA in agriculture is appreciated by the companies. They do not have the time to read the law. The information is easy to access and it is simple to understand the regulation, which facilitates the knowledge of risk assessment and prevention. Companies often face difficulties in applying and implementing the OSH legislation. The businesses sometimes lack means or time to be able to perform an effective prevention strategy.

The regulation is more important in the construction sector (dependency on norms and provider pressure) and social work and health services (safety of customers).

#### ▪ **The role of support from authorities and from external service providers**

As the labour inspectorate makes only few checks, it is hardly seen in companies: 4 out of 18 companies had been inspected by a labour inspector during the last 5 years, 2 companies more than once and 1 company once (the other didn't say). One company in social work and health services asked the inspector to visit them. The labour inspectorate inspected companies in the agriculture, manufacturing and Horeca sectors. There was no evidence that company size drove inspections. This result seems in line with the French national context. The difference from this context is that no interviewees mentioned the occupational health service as a support, whereas it is considered the major prevention stakeholder for MSEs in France. The role of this service is not monitoring but rather giving advice.

Labour inspectors are described as not aware of MSEs' constraints. An employee mentioned, for example, a gap between the recommendations made by the labour inspectors and the reality of a small company with few financial resources and using machines less often than in continuous production (as in a larger enterprise) :

*The recommendations were excessive. For example, here we weld, but we weld occasionally: the welding machine is not used 8 hours consecutively. They [the labour inspectors] required an investment in a smoke aspiration system, which is clearly needed for industrial use, when you start welding at 9 am and stop at 6 pm. Ultimately, it is technically inappropriate for here. (Employee, manufacturing, FR12)*

Occupational health services are described as not helpful for improving prevention in companies, even if compulsory medical visits are regularly made for individuals. Employers reported difficulties in communicating with them:

*There are visits about every 2 years [for employees], he [the occupational doctor] does not come here. I made a request so that he could come here and help me to work on the risk assessment document. But, it is a bit difficult, there is a shortage of occupational doctors, etc. And so, I'm still waiting for an answer. (Manager, social work and health, FR08)*

*We're a little angry and a little sorry, because occupational medicine is not doing its role [in prevention]. It is not to criticise them because they have a lot of people to see, but we should be helped by them more, they should be more present, coming to see the company and all those things, it does not happen.*

*Interviewer: What is done concretely?*

*Nothing. In fact, there is a medical examination every 2 years [for employees] and afterwards, if there is something wrong with an employee, it is very difficult to communicate with. A visit every 2 years is not enough. (Manager, construction, FR16)*

#### ▪ **Value chain effects on company OSH management**

In construction and manufacturing, suppliers and customers have an influence on OSH standards. In social work and health services and Horeca, it is more the customer who influences the OSH management. In agriculture, OSH management seems influenced by both suppliers and customers.

The companies have little room for manoeuvre. However, the dependency on suppliers and customers should not necessarily be considered a negative effect of the value chain. It gives the opportunity to take risks into account and to develop a dynamic management of prevention.

#### ▪ **The role of management style and social relations**

The management style and social relations within the companies determine the way OSH is managed. We observed that the manager organises the whole OSH management following his or her personal opinions on developing the field and the discussion with employees. This social mission of the manager is significant and relevant in agriculture. The management of the team contributes to collective workforce improvement and strong mutual aid. The social relations are described as close and friendly. In Horeca, in two cases the owner-manager did not have a positive attitude: he or she controlled employees' activities, the atmosphere was reported as stressful and it was difficult to speak about social relations.

#### ▪ **Other factors**

Having public or private companies can have an effect on OSH management. In the social work and health sector, for example, it becomes difficult for managers to build prevention actions in public companies because they have less financial means for managing risks than the ones in more commercial sectors (another way to manage finances with more flexibility and possibilities for OSH based on their own budget, not only based on an annual grant).

The economic survival of the company also concerns employees and has an impact on how they think about health and safety issues. For example, this employee, who needed operations on both wrists and works in forestry activities in an independent micro-enterprise, explained:

*I know I should have surgery, but it will take 2 months per hand, so we delayed. Then, it is a bit of a concern for a small company – no one is indispensable, of course, everyone knows that but at the same time when one of the team leaders is away for 2, 3, 4 months that has a big impact on the entire company, so it's true that we tend to postpone. (Employee, agriculture, FR03)*

### **3.4 Summary and key findings**

We present here the main results of the SESAME study carried out in France: the OSH practices in relation to existing regulations and existing mechanisms, the MSEs' constraints and their current organisation of prevention.

Overall, the occupational risks encountered in the different sectors of activity are not the same and the need for prevention has to be adapted to the economic sector, with its specific network of stakeholders (in prevention but also related to the sector of activity).

In general, prevention is thought for each other: during our interviews, owner-managers and managers talked about the occupational risks associated with the activity of their employees (risks of accidents, physical, chemical or biological) whereas employees talked about pressures on their managers, including significant pressures from customers or parent companies. Psychosocial risks remain the least mentioned risks and seem to affect mostly management (team leaders and company managers).

#### **3.4.1 Regulatory practices and existing measures**

A DUER exists in 16 out of 20 companies, but is not updated in several of them. In some companies, pressure to create the risk assessment document is exerted by different organisations (depending on the sectors). In the social work and health sector, for example, companies are obliged to do so to obtain funding from ARSs. Companies formalise their OSH management better when they are attached (as subsidiaries) to a group that is attentive to prevention or when it is important for the economic survival of the company (obligation to have formalised a written risk assessment document to respond to a call for tenders in a public procurement contract in the construction sector).

According to national law and the OSH Framework Directive (Council Directive 89/391/EEC), owner-managers are responsible for establishing the risk assessment document. In half of the case studies, employers believe this document is unnecessary and do not use it as a preventive management tool. However, in five companies in the sample, the risk assessment is regularly updated, used to make a prevention plan with actions and managed through software provided by professional organisations, parent companies or consulting firms. In some companies, employees have been asked to assist in preparing the risk assessment, even if it is difficult for managers to involve them because they lack interest or perceive risk as low. Often, the owner-manager does not have the time and the skills to realise the risk assessment, especially the written document. Several case companies use an external prevention advisor. We observed that companies used external resources, or in larger companies of the sample (20-49 workers) an internal safety supervisor, to do the risk assessment.

The main drivers identified for implementing an OSH management strategy are the manager's values, external pressures from clients and managers' willingness to comply with OSH legislation (including creating the risk assessment document). No requests from employees were reported as a motivating factor for putting OSH management in place, even if the majority of the interviewed workers felt responsible for improving prevention at workplace. This tendency could be explained by the fact that they generally have lower risk awareness and consider that accidents are mainly due to individual mistakes, for example a lack of attention. This way of thinking does not encourage them to reconsider their work environment and organisation. Overall, when they spoke about accidents that happened in the company, they concluded that facing some risks was part of their job and that in most of the situations nothing could be changed. They had already adjusted themselves to the working conditions.

Most of the owner-managers cite various sources of information about OSH such as websites, trade journals and newsletters, their professional networks or trade shows. In most cases, they are aware of these diverse sources of information but do not use them as a mean to regularly receive updated OSH information. In the 20 cases, no manager was specifically trained in OSH management, but some of them had been trained to deal with risks specific to their trade when they were students or employees. For example, the owner-manager of a construction company had been trained to work on electrical sites when he was employed in a larger company.

### **3.4.2 Constraints**

Owner-managers generally know the French OSH regulations and are aware of their obligations. It is in principle regional stakeholders (depending on the sector of activity) who inform them of the obligation to write a risk assessment and update it each year. Thus, even if they know the regulations, they are often not able to apply it because of lack of time or in-house skills. In 5 out of 20 cases, they used private consultants to carry out the DUER and/or follow-up.

In addition, the CARSATs provide financial support for training or equipment to improve OSH in MSEs, but in reality several companies do not benefit from it, because of lack of time to prepare the application, the impossibility of getting an employee out of production to do a course, and so on. External financial aid is often used for internal projects aimed at improving performance, which provides an impetus for finding funds that will also help to prevent occupational risks. In all case companies, OSH initiatives are linked to a decision to develop the company and to specific projects (relocation to a new building, renovation, design of a new workspace, reorganisation, and so on).

In total, 5 out of 20 companies in our sample have been visited by a labour inspector in the past 5 years. No company has mentioned occupational health services as a support to improve prevention. This reveals a gap between MSEs and the existing OSH system (intended to reach each company, even MSEs).

### **3.4.3 Factors improving the implementation of OSH practices**

Within the MSEs of the sample, the owner-manager's experience and personal motivation to protect the health of employees have a strong influence on the implementation of OSH measures. A good social dialogue structure in the company and good communication between the employees and the

management team allow them to find common ground and shared solutions for preventing and addressing risks. A good social climate with shared work, low staff turnover and skilled employees have a positive influence on achieving a long-term OSH approach. In MSEs, the learning by doing strategy is a widespread practice. Having a safety supervisor helps the owner-manager in the day-to-day management of risk prevention, but also in maintaining links with external stakeholders active in prevention.

Considering the French legal context, some requirements are useful to encourage owner-managers to initiate a preventive approach in their enterprises, such as the written risk assessment document or standards (for example against exposure to chemicals in construction or agriculture). The pressure made to apply OSH requirements (such as the written risk assessment or standards for chemical products), through checks by CARSAT advisors, visits from labour inspectors or pressure from customers, encourage the improvement of OSH measures in certain cases. Some owner-managers suggested that imposing a significant penalty in cases of occupational diseases or accidents could be more effective than the actual collective contribution as a means of putting pressure on MSEs that have few prevention activities.

The economic situation of the company has also an impact on the development of prevention. MSEs in a privileged position on the market (with little competition, a stable low level of business vulnerability or financial support by a larger group) are more likely to improve their OSH practices thanks to substantial budgets.

The local network of institutional stakeholders provides resources to improve OSH in MSEs. Successful collaborations were reported with advisors of CARSATs.

Occupational risks encountered by MSEs vary a lot according to the sector, the nature of the activities and the type of services provided. Therefore, OSH measures should be rather developed at professional level (*branche*). Taking the specific work organisation of MSEs into consideration could help in developing long-term risk management, incorporated into the way these companies operate.

### **3.4.4 The actual organisation of prevention**

Overall, we find that the development of an OSH approach is not seen as a priority in the enterprises visited. Most companies have a reactive attitude to occupational risks and they start paying attention to the management of OSH when an accident has occurred.

In all cases, the owner-manager can better speak about the various occupational risks present in the company than his or her employees: his or her level of perception of risk is generally high (addressing diversity, frequency of exposures and severity).

On the employees' side, the perception of risks varies according to their seniority in the trade and in the company. In general, they refer mainly to 'visible' risks: accidents (falls from height, cuts or crushing with machines, commuting accidents, and so on) and physical risks (static posture or repetitive movements), but do not mention the term 'psychosocial risks'. We saw, however, that in some situations they are aware of pressures or stress experienced by their managers. They also do not perceive the risks of chemical or biological exposure that may have long-term adverse effects. They often consider that accidents in the workplace are related to individual errors and to a lack of attention on the part of the employee. Speaking about workers' participation, we could see that, the greater the size of the company, the more the management and employees are perceived as jointly responsible.

Communication about occupational hazards is done orally more than in writing. It is often tackled by employers and employees informally during breaks or in discussions about the work organisation. In 6 out of 20 cases, however, there are formal meetings on OSH, records to be filed in cases of adverse events or a system for signalling risks related to machines. In each of them, one person was also appointed to look after health and safety issues. Finally, formal communication about risks is often managed by the owner-manager, rather than sought by employees.

The majority of MSEs in the sample have no formalised approach to OSH (analysis, regular communication, measures, and so on). In the end, the risk prevention approach is more formalised in companies with a greater number of employees (between 20 and 49). OSH practices in the work

organisation vary depending on the sector of activity. For example, regular meetings to organise work are sometimes used by employees to talk about dangerous situations encountered and to think collectively about solutions. These take place daily or weekly in agriculture, construction, manufacturing, and social work and health, but much less regularly in Horeca. In this sector, shift work makes it impossible to organise meetings with everyone. Overall, practices are implemented to deal with the risks related to physical constraints and exposure to chemical and biological products. Few initiatives are in place to prevent psychosocial risks, with the exception of institutions in the social work and health sector. The difference between mental, social and physical health is probably better perceived (as a result of education and professional background) in this sector of activity. Indeed more initiatives related to those risks were mentioned. Finally, many interviewees emphasise the importance of serene professional relationships, with good understanding between colleagues and an employer present in the workplace and available to his or her employees, to help concretely improve OSH.

All in all, the motivation of companies to develop an OSH approach is low: the business market is a higher priority and pressure from shareholders (attached to larger groups) or customers is important. However, legislation is also an external factor that influences MSEs in taking occupational risks into account and improving OSH measures. When owner-managers are aware of risks, they also seek information to gain OSH knowledge and ask some stakeholders in their close networks (professional organisations, INRS, private prevention experts, and so on) to develop easy-to-use tools.

It is surprising to note that external advisors are the main resource helping the 20 MSEs visited, rather than advice from public institutions, occupational health services or the labour inspectorate, considering the organisation of the French prevention system. Indeed, in the DARES study (DARES, 2016a), it seems that occupational health doctors are the main actors used by MSEs to obtain prevention advice. However, this was not the case in our sample of companies. There were two cases where the owner-manager called an inspector in order to obtain OSH information. In more detail, in our sample 15 companies had not been inspected by labour inspectors during the last 5 years, while two companies were visited more than one time and one company was inspected once. This result appears more in line with the DARES study (DARES, 2016a).

Most of the enterprises in our sample had little real contact with prevention advisors and OSH experts, labour inspectors, and so on. We think that owner-managers find it difficult to set up a sustainable risk management system when not in touch with these stakeholders. Furthermore, in the case companies where the latter can intervene for prevention, they have only a limited time to initiate concrete actions.

The perception of risk is higher among owner-managers than among workers. This could be linked to the legal context, where the employer is designated as responsible for employees' health and safety. Overall, workers did not have active involvement in the OSH strategy, but rather participated in certain activities such as the preparation of the written risk assessment document. In our analyses, we observed that only 4 companies out of 20 had no written risk assessment document (one in construction, one in manufacturing, two in Horeca). This result is in line with the DARES study (DARES, 2016a) concerning the written risk assessment document in SMEs.

Considering all the case companies, the OSH practices were very heterogeneous. The owner-managers rarely mentioned improvement of work organisation as a prevention strategy. We think the opportunity to create sustainable OSH processes (budget, OSH knowledge, proactive approach, stable team, OSH committee, and so on) should be supported by initiatives at branch level and interventions aiming to develop successful prevention strategies in MSEs.

## 4 References

- CNAMTS (2014). *Convention d'objectifs et de gestion 2014-2017 pour la Branche AT/MP*. Available at: [http://www.risquesprofessionnels.ameli.fr/fileadmin/user\\_upload/document\\_PDF\\_a\\_telecharger/brochures/COG%20ATMP%202014-2017.pdf](http://www.risquesprofessionnels.ameli.fr/fileadmin/user_upload/document_PDF_a_telecharger/brochures/COG%20ATMP%202014-2017.pdf)
- CNAMTS (2015). *Risque AT 2014: statistiques de sinistralité tous CTN et par CTN*. Etude 2015-149-CTN, p. 9. Available at: [http://www.risquesprofessionnels.ameli.fr/fileadmin/user\\_upload/document\\_PDF\\_a\\_telecharger/etudes\\_statistiques/AT2014/AT2014-%20tous%20CTN%20et%20par%20CTN%20\(n-2015-149\).pdf](http://www.risquesprofessionnels.ameli.fr/fileadmin/user_upload/document_PDF_a_telecharger/etudes_statistiques/AT2014/AT2014-%20tous%20CTN%20et%20par%20CTN%20(n-2015-149).pdf)
- Cour de Cassation (2002). *La responsabilité de l'employeur en matière d'accident du travail et de maladies professionnelles*. Rapport annuel, Paris. Available at: [www.courdecassation.fr/publications\\_26/rapport\\_annuel\\_36/rapport\\_2002\\_140/deuxieme\\_partie\\_tudes\\_documents\\_143/tudes\\_theme\\_responsabilite\\_145/matiere\\_accident\\_6109.html](http://www.courdecassation.fr/publications_26/rapport_annuel_36/rapport_2002_140/deuxieme_partie_tudes_documents_143/tudes_theme_responsabilite_145/matiere_accident_6109.html)
- DARES (2016a). *La prévention des risques professionnels: Les mesures mises en œuvre par les employeurs publics et privés*. Dares Analyses, March 2016, no 13. Available at: [http://dares.travail-emploi.gouv.fr/IMG/pdf/2016-013\\_v.pdf](http://dares.travail-emploi.gouv.fr/IMG/pdf/2016-013_v.pdf)
- DARES (2016b). *La syndicalisation en France*. Dares Analyses, May 2016, no 25. Available at: <http://dares.travail-emploi.gouv.fr/dares-etudes-et-statistiques/etudes-et-syntheses/dares-analyses-dares-indicateurs-dares-resultats/article/la-syndicalisation-en-france>
- DGT (2016). *L'inspection du travail en France en 2015: Bilans & rapports*. Paris, 2016. Available at: [http://travail-emploi.gouv.fr/IMG/pdf/l\\_inspection\\_du\\_travail\\_en\\_france\\_en\\_2015.pdf](http://travail-emploi.gouv.fr/IMG/pdf/l_inspection_du_travail_en_france_en_2015.pdf)
- EU-OSHA (2016). *Worker Participation in the Management of Occupational Safety and Health: Qualitative Evidence from the Second European Survey of Enterprises on New and Emerging Risks (ESENER-2)*. Available at: <https://osha.europa.eu/en/tools-and-publications/publications/worker-participation-management-occupational-safety-and-health/view>
- INSEE (2015). *Les très petites entreprises, 2 millions d'unités très diverses*. Insee Focus, March 2015, no 24. Available at: [www.insee.fr/fr/statistiques/1379753](http://www.insee.fr/fr/statistiques/1379753)
- INSEE (2016). *Catégories d'entreprise*. In *Tableaux de l'Économie Française*, Insee Références, March 2016, pp. 146-147. Available at: [www.insee.fr/fr/statistiques/1906720?sommaire=1906743](http://www.insee.fr/fr/statistiques/1906720?sommaire=1906743)
- Laine, P. (2014). *Construire une démarche de prévention adaptée*. *Hygiène et sécurité du travail*, 234:22-26.

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