EUROPEAN
COMMISSION

Brussels, 17.12.2020
C(2020) 8944 final

CONSULTATION DOCUMENT

First phase consultation of the social partners under Article 154 of the Treaty on the Functioning of the European Union, on the protection of workers from risks related to exposure to chemical agents at work and to asbestos at work.

First phase consultation of the social partners under Article 154 of the Treaty on the Functioning of the European Union, on the protection of workers from risks related to exposure to chemical agents at work and to asbestos at work.

1. INTRODUCTION

The purpose of this document is to consult the social partners at EU level, in accordance with Article 154(2) of the Treaty on the Functioning of the European Union (TFEU), on the possible direction of EU action concerning revisions of Directive 98/24/EC[1] on the protection of the health and safety of workers from the risks related to **chemical agents** at work (Chemical Agents Directive), the fourteenth individual Directive within the meaning of Article 16(1) of Directive 89/391/EEC[2], as well as Directive 2009/148/EC[3] on the protection of workers from the risks related to exposure to **asbestos** at work (Asbestos at Work Directive).

The aim of any revisions would be to improve the relevance and effectiveness of the directives by establishing or reviewing binding occupational or biological limit values for **asbestos, lead** and **di-isocyanates**.

A strong social Europe calls for constant improvements towards safer and healthier work for all. As outlined in the Communication 'A strong social Europe for just transitions'[4], the Union is facing a wide range of social, economic and technological developments. In this light the Commission committed to review the occupational safety and health strategy to address these new risks, alongside the more traditional ones such as exposure to dangerous substances.

Ensuring a safe and healthy work environment for workers in the EU is a strategic goal set out in the Commission Communication on the EU Strategic Framework on Health and Safety at Work 2014-2020[5]. One of the main challenges identified in this framework is to improve the prevention of work-related diseases by tackling existing, new and emerging risks.

In her 2020 State of the Union address[6], President von der Leyen underlined health as a top EU priority. Good occupational safety and health, including protection of workers from exposure to carcinogens, reprotoxins and other hazardous chemicals will certainly contribute, and will also be an important contribution to 'Europe's Beating Cancer Plan'. Furthermore, improved protection of workers exposed to the substances covered by this consultation will be important in the context of the green transition, which is at the heart of this Commission's agenda, and of recovery from the effects of COVID-19 (e.g. limit values on asbestos play an important role in the essential renovation of buildings; lead is a key component of battery production for electric vehicles).

[1] Council Directive 98/24/EC of 7 April 1998 on the protection of the health and safety of workers from the risks related to chemical agents at work, (OJ L 131, 5.5.1998, p. 11-23)

[2] 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, (OJ L 183 , 29.6.1989, p. 1-8)

[3] Directive 2009/148/EC of the European Parliament and of the Council of 30 November 2009 on the protection of workers from the risks related to exposure to asbestos at work, (OJ L 330, 16.12.2009, p. 28-36)

[4] COM(2020) 14 final, 14.1.2020

[5] COM(2014) 332 final, 6.6.2014

[6] https://ec.europa.eu/info/sites/info/files/soteu_2020_en.pdf

Since 2014, as the result of the comprehensive legislation (see Section 2) and policy actions launched and implemented by the Union, Member States and stakeholders, considerable progress has been made in the area of health and safety protection of workers. Further improvement is still needed, however.

In the 10 January 2017 Communication 'Safer and Healthier Work for All - Modernisation of the EU Occupational Safety and Health Legislation and Policy'[7], the Commission presented the overall results of the ex post (REFIT) evaluation[8] of Framework Directive 89/391/EEC and its 23 related directives. It also identified future key priorities. The fight against occupational cancer and dealing with dangerous chemicals through legislative proposals accompanied by increased guidance and awareness-raising is among the 'top three occupational safety and health actions'.

With a share of 52%, occupational cancer is the biggest cause of work-related deaths in the European Union, ahead of circulatory illnesses (24%), injuries (2%) and all other causes (22%). It is primarily caused by exposure to carcinogenic substances. The European Agency for Safety and Health at Work[9] (EU-OSHA) estimated in 2017 that occupational cancer is responsible for over 106 000 fatal cases per year in the EU-28.

In light of the above and of the results of ex post evaluation and stakeholder feedback (see more information in Section 3 below), there is a need to update or establish binding limit values for these substances.

The review of the limit value for asbestos will be made by amending the Asbestos at Work Directive, while the limit values for lead and di-isocyanates will be established or updated through revision of the Chemical Agents Directive.

- Asbestos at Work Directive

For asbestos, which is a key occupational carcinogen, the existing binding occupational exposure limit value (OEL) should be amended in order to take account of the most recent knowledge, scientific development and technical progress, which have brought about significant changes since its last revision.

- Chemical Agents Directive

The major reprotoxic substance to which workers are exposed is lead[10]. It corresponds to around half of all exposure to reprotoxic substances at the workplace[11]. Due to its properties and historical use, combined with its relative abundance and low cost, it has been used extensively in construction, plumbing, battery production and the recycling industry. Given the well-recognised toxicity of lead, its uses have already been reduced or phased out for many applications.

Thanks to this recognition of the hazardous effects of lead on the health of workers, well-established EU and national occupational safety and health (OSH) legislation already exists to protect workers from lead exposure.

[7] COM (2017) 12 final, 10.1.2017.
[8] SWD (2017) 10 final, 10.1.2017
[9] EU OSHA (2017): What are the main work-related illnesses and injuries resulting in death and in DALY? Available at: https://visualisation.osha.europa.eu/osh-costs
[10] They can present two groups of different effects: one on sexual function and fertility, and one on development of the foetus or offspring (developmental toxicity). Both groups may need a different treatment in the scientific evaluation of their health effects and, in practice, this may lead to different risk management measures at the workplace.
[11] https://op.europa.eu/en/publication-detail/-/publication/094387fb-da9a-11e9-9c4e-01aa75ed71a1

Lead and its compounds are currently the only substances in the Chemical Agents Directive to have a binding EU occupational and biological exposure limit value supplemented by a mandatory requirement for employers to undertake health surveillance. However, there are indications that these values need to be reassessed, and if necessary updated, in the light of the latest scientific and technical developments.

Lead compounds (inorganic and organic) also have other hazardous properties that need to be addressed in the overall assessment.

As for di-isocyanates, they are skin and respiratory sensitisers that are widely used throughout the EU in the manufacture of polyurethane foams, plastics, coatings, varnish, two-pack paints and adhesives. Exposure to di-isocyanates is a known cause of occupational asthma and dermal occupational disease.

Use of these substances is currently not covered by an indicative or binding OEL.

***

It is important to ensure that risks to workers arising from exposure to chemicals at the workplace are effectively controlled, including, where appropriate, by establishing new EU limit values or revising existing ones.

In this vein, the Commission intends to propose, if appropriate, modifications of the existing limit values for asbestos and lead, and the setting of a new OEL for di-isocyanates.

Moreover, the Commission has recently launched a study that will gather relevant information on exposures and associated health, socio-economic and environmental impacts for the three groups of substances addressed by this consultation[12].

2. CURRENT OSH LEGAL FRAMEWORK

Occupational safety and health is one of the EU's key priorities in the social field. Article 153 TFEU forms the principal basis for policy relating to the health and safety of workers, whereby minimum requirements may be adopted to improve worker protection.

The Framework Directive (89/391/EEC) has a broad scope, laying down principles for the introduction of measures to encourage improvements in the safety and health of workers. These principles are further developed in individual directives that introduce provisions such as those related to exposure to dangerous chemicals of workers across sectors.

The protection of workers from exposure to carcinogens and other dangerous substances is one of the key priorities for this Commission.

Over the past 4 years, the Commission proposed four revisions of the Carcinogens and Mutagens Directive[13]. These four revisions, which concern 29 substances, will improve the working conditions of around 40 million workers and help to save the lives of more than 100 000 workers over the next 50 years.

[12] https://ted.europa.eu/udl?uri=TED:NOTICE:200093-2020:TEXT:EN:HTML

[13] Directive 2004/37/EC of the European Parliament and of the Council of 29 April 2004 on the protection of workers from the risks related to exposure to carcinogens or mutagens at work, (OJ L 158, 30.4.2004.P. 50)

Furthermore, under the Chemical Agents Directive, two more lists of Indicative Occupational Exposure Limit Values (4th and 5th) were adopted, covering 41 hazardous substances for which new limit values were set or existing ones revised.

In addition, the Commission is a signatory, together with partners such as Business Europe, ETUC, Member State authorities and EU-OSHA of the EU-wide Roadmap on Cancer[14]. Together they aim to promote improved protection of workers against cancer by providing businesses and workers with examples of practical solutions to control workplace risks.

2.1 ASBESTOS

Union action to protect workers from the specific risks related to workplace exposure to chemical agents and from those related to workplace exposure to asbestos began long ago.

Initially, the Council adopted Directive 83/477/EEC[15] (the second individual directive within the meaning of Article 8 of Directive 80/1107/EC), which has been substantially amended several times. The most recent codified version is the Asbestos at Work Directive 2009/148/EC.

The current binding OEL for asbestos is 0.1 fibres/cm³ as an eight-hour time-weighted average (TWA). Asbestos is a highly dangerous carcinogenic agent. Airborne fibres are very resistant when inhaled and can lead to asbestosis, mesothelioma, cancers of the lung, larynx, and ovary and other non-malignant lung and pleural disorders, including pleural plaques, pleural thickening, and benign pleural effusions.

Asbestos was used worldwide in building and other materials in many areas of our daily life. Although this substance - a key occupational carcinogen - is no longer in general use in the EU, there is a substantial legacy problem due to its presence in many older buildings that are likely to be renovated, adapted or demolished over the coming years. These works present a potential risk that workers will be exposed to asbestos, and it is important that it is carried out in a controlled way by suitably trained workers and managed under the direct supervision of responsible employers.

The management of asbestos in buildings and its safe removal is currently an important topic, not only under Union action on prevention and the protection of workers but also due to the EU-wide need to improve the thermal insulation of the built environment and enable energy savings. This is in line with the ambition set out in the European Green Deal that Europe will become the first climate-neutral continent by 2050, and more specifically the goals set out in the 'renovation wave initiative'. Ensuring high health and environmental standards, including the removal of and protection against harmful substances such as asbestos, is one of the key principles of the 'renovation wave initiative'.[16]

In its Resolution of 14 March 2013[17] on asbestos-related occupational health threats, the European Parliament called on the Commission to undertake research to review the existing limit value for asbestos fibres according to the scientific evidence. The European Economic

[14] https://roadmaponcarcinogens.eu/about/the-roadmap/

[15] Council Directive 83/477/EEC of 19 September 1983 on the protection of workers from the risks related to exposure to asbestos at work, (OJ L 263, 24.9.1983, p. 25-32).

[16] COM(2020) 662 final. https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52020DC0662&qid=1606118819340

[17] European Parliament resolution of 14 March 2013 on asbestos related occupational health threats and prospects for abolishing all existing asbestos, (OJ C 36, 29.1.2016, p. 102-110).

and Social Committee, in its own-initiative opinion 'Working with Asbestos in Energy Renovation'[18] adopted last year, also put forward the same call.

2.2 LEAD AND DI-ISOCYANATES

Back in 1998, the Council adopted the Chemical Agents Directive, an individual directive under the Framework Directive that lays down minimum requirements for the protection of workers from risks to their safety and health arising from the effects of chemical agents at work.

Lead and its compounds, and di-isocyanates, both fall within the scope of the Chemical Agents Directive.

The existing EU-binding OEL and biological limit value (BLV) for lead set out in Annexes I and II to the Chemical Agents Directive are 0.15 mg lead/m^3 and 70 µg lead/100 ml blood, respectively. In addition, Annex II to the Chemical Agents Directive requires medical surveillance to be carried out according to criteria set out in the Annex. There is currently no EU OEL under the Chemical Agents Directive for di-isocyanates.

Due to the well-recognised toxicity of lead and its compounds, including effects on sexual function and fertility, development of the foetus or offspring and other adverse health effects, there is extensive legislative coverage at national, EU and global level. This is reflected in the large number of specific Union legislative acts adopted under the REACH Regulation[19] which restrict the use of lead and its compounds.

These substances are still in use in a large number of applications, however, and workers may be exposed to lead in activities such as renovation, waste collection, recycling and remediation. The main sectors for industrial production and use of lead and its compounds are primary and secondary lead production (including battery recycling), battery, lead sheet and ammunition production, production of lead oxides and frits, and lead glass and ceramics production. Other industrial applications are foundries and production of articles made of lead alloys, as well as production and use of pigments for paint and plastics. Besides these applications, exposure may take place further downstream in the product chain and when the articles and materials become waste. Examples of downstream sectors are paints, shooting, work with lead metal, demolition, repair and scrap management, other waste management and soil remediation, laboratories and other sectors.

Di-isocyanates are widely used in the manufacture of polyurethane foams, plastics, coatings, varnish, two-pack paints, and adhesives, and are a known cause of occupational asthma.

Occupational asthma is an allergic reaction that can occur in some people when they are exposed to substances such as isocyanates, flour or wood dust in the workplace. These substances are called 'respiratory sensitisers' or asthmagens, and they are also skin sensitisers. They can cause a change in people's airways known as the 'hypersensitive state'. Once the lungs become hypersensitive, further exposure to the substance, even at quite low levels, may trigger an attack.

[18] EESC, adopted on 15 May 2019.

[19] Regulation (EC) No 1907/2006 of the European Parliament and of the Council of 18 December 2006 concerning the Registration, Evaluation, Authorisation and Restriction of Chemicals (REACH), (OJ L 396, 30.12.2006, p. 1-849.

Respiratory sensitisation can be induced via both dermal and the inhalation routes. Dermal exposure is nearly always possible when di-isocyanates are handled, even if airborne concentrations are minimal.

2.3 INVOLVEMENT OF RELEVANT STAKEHOLDERS

During the process of developing a legislative initiative setting new or revised OELs for chemicals, the Commission seeks the advice of the tripartite Advisory Committee on Safety and Health at Work (ACSH). ACSH opinions are a key element in the process, as they take account of the scientific evaluation provided by the Risk Assessment Committee (RAC) of the European Chemicals Agency (ECHA), as well as feasibility and socio-economic factors. This tripartite consultation between Member States and social partners plays a key role in making the EU OSH legislative framework future-proof and in ensuring proper compliance and enforcement.

In accordance with Article 154(2) TFEU, the Commission consults the social partners to obtain their views on the possible direction of EU action aiming to further improve the protection of workers from risks related to exposure to dangerous chemicals at work by amending the Chemical Agents Directive and the Asbestos at Work Directive.

3. ISSUES WITH THE CURRENT LEGAL FRAMEWORK

All Member States have communicated to the Commission the provisions of national laws adopted to implement Council Directive 98/24/EC and Directive 2009/148/EC of the European Parliament and of the Council.

In accordance with Article 17a of the Framework Directive, every 5 years Member States submit to the Commission a report on the practical implementation of the Framework Directive and its individual directives. The Asbestos at Work Directive contains an analogous provision in its Article 22.

3.1 ASBESTOS

In light of the information provided by Member States in their national implementation reports concerning provisions on workers' protection from exposure to asbestos, as well as the ex post evaluation of Asbestos at Work Directive[20] and other relevant available information, the following conclusions can be drawn.

- Across the EU, in comparable workplaces, there are marked differences between Member States in the limit values applied.
- Some Member States have adopted more stringent measures on inventory and management of asbestos, namely the obligatory identification of asbestos presence in buildings as well as the application of specific surveillance measures, in particular for degraded materials.
- Other Member States have a stricter limit value for the protection of workers exposed to asbestos at work (0.01 fibres/cm³, while the current value in the Directive is 0.1 fibres/cm³).

[20] SWD (2017) 10 final, 10.1.2017

- In some Member States, based on scientific health risk assessment, additional measures were introduced such as additional requirements for demolition or the requirement for a specific report in cases of dangerous occurrences involving asbestos.

In its conclusion, the ex post evaluation[21] indicated that in the light of scientific progress and in order to increase the future effectiveness of the Directive, lower exposure limits in the Directive should be considered, with the consultation of a scientific committee on this issue as the first important step.

The necessity of updating the Directive was also recognised by an ASCH tripartite Working Party on Chemicals[22] - key stakeholders in worker protection - by their inclusion of asbestos in their priority list of carcinogens for which action is needed at EU level.

3.2 LEAD AND DI-ISOCYANATES

Regarding lead and its compounds, some EU Member States have lower OEL values than the ones established in Chemical Agents Directive and additional short-term exposure limits (STEL).

As for di-isocyanates, the absence of an EU level OEL has led to different limit values among the Member States[23].

The results of the ex post evaluation clearly pointed to the need to adopt or revise values for more substances, to better manage chemical risks in the future.

The tripartite Working Party on Chemicals also prioritised lead and di-isocyanates as substances for which limit values need to be established or revised.

Furthermore, different limit values in the Member States may produce distortions in the single market.

4. LEGISLATIVE TOOLS

Article 153 TFEU enables the Union to act in the area of improving the working environment to protect workers' health and safety.

4.1 ASBESTOS

For asbestos, the main legislative tool to ensure workers' protection against risks related to asbestos, a carcinogenic substance, is the Asbestos at Work Directive.

The aim of the Asbestos at Work Directive is the protection of workers against risks to their health, including the prevention of risks arising or likely to arise from exposure to asbestos at work. It establishes limit values for this exposure and other specific requirements. Member States must establish a corresponding national limit value, from which they can deviate only to a lower value than the EU value (i.e. higher protection) but not to a higher one.

This Directive imposes a number of obligations on employers. These include:

[21] SWD (2017) 10 final, 10.1.2017

[22] Working Party on Chemicals in the Workplace, Advisory Committee on Safety and Health at Work, October 2018.

[23] ECHA Scientific report for evaluation of limit values for di-isocyanates at the workplace, 17 December 2019: https://echa.europa.eu/fr/oels-prev-pc-on-oel-recommendation/-/substance-rev/24106/term?_viewsubstances_WAR_echarevsubstanceportlet_SEARCH_CRITERIA_EC_NUMBER=-&_viewsubstances_WAR_echarevsubstanceportlet_DISS=true

- Assessment of any likely risk of exposure to asbestos dust. The risk must be assessed to determine the nature and degree of exposure based on a representative sampling of workers' personal exposure. Employers must notify the responsible authority of the EU country concerned before any work commences, including:
    - location of the worksite and number of workers involved;
    - type and quantity of asbestos;
    - activities and processes planned and duration of the work;
    - measures taken to limit exposure.
- Taking the necessary measures to ensure that exposure of workers to any such risk is avoided by establishing specific measures for health assessment and surveillance of each worker exposed, and by applying protective measures regarding the treatment and disposal of products resulting from asbestos removal and from demolition. This is done by providing appropriate training for all workers who are, or are likely to be, exposed to dust from asbestos or materials containing asbestos, which must be at regular intervals and at no cost to the workers.

Since the use of asbestos is banned in the EU[24] , the main source of exposure is from asbestos already in situ, primarily in buildings and other structures.

4.2 LEAD AND DI-ISOCYANATES

The main legislative tool to ensure worker protection against risks related to lead and its compounds and to di-isocyanates is the Chemical Agents Directive. This Directive lays down minimum requirements for the protection of workers from risks to their safety and health arising, or likely to arise, from the effects of chemical agents that are present at the workplace or as a result of any work activity involving chemical agents.

The Directive establishes that if there is a risk of exposure to chemical agents, the risk to the workers' health and safety must be determined in order to assess and establish preventive measures to eliminate or reduce risks to the minimum.

According to this Directive, the employer should assess any risk to the safety and health of workers arising from the presence of hazardous chemical agents at the workplace, in order to take the necessary preventive and protective measures, namely by replacing it with a substance which is less dangerous or not dangerous. If it is not technically possible to carry out the elimination or substitution, the employer must reduce the level of exposure to one as low as is technically possible by application of protection and prevention measures.

Additionally, the Directive lists a number of specific protective and preventive measures to which the employer must adhere if the nature of the activity does not permit risk to be eliminated by substitution, including:

- design of appropriate work processes and engineering controls and use of adequate equipment and materials, so as to avoid or minimise the release of hazardous chemical agents which may present a risk to workers' safety and health at the place of work;
- application of collective protection measures at the source of the risk, such as adequate ventilation and appropriate organisational measures;

[24] REACH Annex XVII entry 6 on asbestos fibres. OJ L 396. 30.12.2006. P 220

- where exposure cannot be prevented by other means, application of individual protection measures including personal protective equipment.

Furthermore, the REACH Regulation, adopted in 2006 and applying without prejudice to the EU OSH legislation, is fostering and significantly reinforcing the protection of workers from exposure to hazardous chemicals. REACH is relevant for worker protection for some of the chemicals or substances that are the subject of this consultation.

For instance, in certain situations, the protection of workers is further enhanced by introducing restrictions under REACH. In the specific case of di-isocyanates, a Commission Regulation was recently adopted amending Annex XVII to REACH and introducing detailed training requirements for workers[25]. These requirements complement the general requirements for worker training under EU OSH legislation.

Another obligation for employers laid down in the relevant directives is to ensure that OELs, and a BLV for lead, are complied with, i.e. may not be exceeded.

For those substances where binding OELs and BLVs are set under the Chemical Agents Directive, Member States must establish a corresponding national limit value from which they can deviate only to a lower (more protective) value than the EU value, but not to a higher one.

Taking into account the above-described issues - in particular new scientific and technical developments - and context, it is necessary to revise limit values for asbestos and lead and establish a new limit value for di-isocyanates.

5. THE IMPORTANCE OF UNION ACTION – EU ADDED VALUE AND POSSIBLE APPROACH AT UNION LEVEL

Occupational cancer generates enormous costs to society and businesses. A study on the costs of work-related cancer in the EU put the figure at EUR 270-610 billion a year, which represents 1.8%-4.1% of the gross domestic product of the European Union[26]. This includes not only medical care but also monetary losses associated with the time spent receiving medical care, including productivity losses due to time spent away from work or other usual activities and lost productivity due to premature death, as well as human costs.

Furthermore, the Council Conclusions on 'Enhancing the Implementation of Occupational Safety and Health in the EU'[27], highlighted the work to identify further carcinogens and mutagens at the workplace and set the corresponding OELs as a high priority in OSH legislation. Clear support for establishing OELs for dangerous substances has also been expressed by the tripartite ACSH[28].

In light of the latest knowledge and scientific developments that have brought about significant changes since the last revision, there is a need to update the existing limit value for

[25]Commission Regulation (EU) 2020/1149 of 3 August 2020 amending Annex XVII to Regulation (EC) No 1907/2006 of the European Parliament and of the Council concerning the Registration, Evaluation, Authorisation and Restriction of Chemicals (REACH) as regards di-isocyanates, (OJ L 252, 4.8.2020, p. 24-27).

[26] The European Trade Union Institute (ETUI) - The Cost of Occupational Cancer in the EU-28. Final Report, November 2017.

[27] Council Conclusion of 5 December 2019 on A New EU Strategic Framework on Health and Safety at Work: Enhancing the Implementation of Occupational Safety and Health in the EU https://data.consilium.europa.eu/doc/document/ST-14630-2019-INIT/en/pdf

[28] ACSH Opinion 'Towards better health and safety in the workplace - Opinion on Future Priorities of EU OSH Policy' Doc.1048/19, adopted on 4.6.2019.

asbestos in particular. This was also one of the conclusions of the ex post evaluation of the Asbestos at Work Directive[29].

There are recognisable differences between Member States regarding limit values at the workplace for some substances, which means that there are varying levels of protection of European workers.

The gaps in EU law, and discrepancies in national legislation, suggest that action at EU level should be considered in order to ensure a safe and healthy work environment for millions of workers in the EU.

In light of the subsidiarity principle and with a view to guaranteeing an even and coherent minimum level of protection which reflects the latest scientific knowledge, the Commission intends to propose a binding OEL for di-isocyanates on the basis of information on the number of exposed workers, type of exposure, scientific knowledge, technical progress, socio-economic impact and existing national OELs. It also intends to propose appropriate revised limit values for asbestos (Directive 2009/148/EC) and lead (Annex I and Annex II of Directive 98/24/EEC), taking into account changes in scientific knowledge, technical progress and the world of work.

This initiative is in line with the 'Europe's Beating Cancer Plan' – a key health priority for this Commission.

All available tools need to be used to fight occupational cancer, including the REACH Regulation. This will ensure complementarity, efficiency and consistency of different initiatives for better worker protection.

6. AIM OF THE CONSULTATION

Under Article 154(2) of the TFEU, before submitting proposals in the social policy field, the Commission must consult management and labour on the need for and possible direction of Union action.

The Commission will examine the views expressed by the social partners. If, having considered those views, the Commission concludes that there is a need for action at EU level, it will launch a second-stage consultation of the social partners on the envisaged content of any proposal for action, in accordance with Article 154(3) TFEU.

In the light of the above, the social partners are invited to answer the following questions at this first stage:

(1) Do you agree with the issues identified above?

(2) Are they accurately and sufficiently covered?

(3) If so, do you consider that the EU should address this issue through a binding instrument?

(4) Would you consider initiating a dialogue under Article 155 TFEU on any of the issues identified in this consultation?

[29] SWD (2017) 10 final, 10.1.2017.