

**JOIN IN BUILDING A CULTURE
OF PREVENTION ON OSH**



**WORLD DAY
FOR SAFETY AND HEALTH AT WORK**

28 APRIL 2015

www.ilo.org/safeday



Dear colleagues and partners,

The theme of the World Day for Safety and Health at Work 2015 is:

'JOIN US IN BUILDING A CULTURE OF PREVENTION ON OSH'

Building a culture of prevention on OSH is a dynamic process that requires the commitment of key stakeholders. For this reason this years we have prepared an interactive web page, aimed to raise awareness, engage people and help our stakeholders to actively participate in building a culture of prevention on OSH.

This year, instead of producing only a report and poster, we have created a trilingual microsite with many useful information including the role of each stakeholder in building and maintaining a prevention culture on OSH, more detailed information on key aspects and trends on OSH; as well as a campaign kit to organize your event which includes a PPT presentation, a Prezi presentation, the poster and a brochure presenting the site which you can download for your event.

We are sending you this paper in advance to provide you with the relevant information also included on the SAFEDAY web site, available on www.ilo.or/safeday .

You can use this paper to prepare you speeches or press releases; you can translate into other languages all or parts of it for your event.

We would appreciate that those of you that will be organizing an event for the celebration of the World Day for Safety and Health at Work provide us feedback through the questionnaire available in the campaign kit of the SAFEDAY website. This will allow us to report on your activity in the website after the day of the campaign.

We would like to take advantage of this opportunity to thank you for your contribution and support to celebrate this important date.

The SAFEDAY TEAM

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BUILDING A CULTURE OF PREVENTION ON OSH

A national occupational safety and health culture is one in which the right to a safe and healthy working environment is respected at all levels, where governments, employers, and workers actively participate in securing a safe and healthy working environment through a system of defined rights, responsibilities and duties, and where the highest priority is accorded to the principle of prevention.

At national level, building and maintaining a culture of prevention on occupational safety and health (OSH) requires making use of all available means to increase general awareness, knowledge of hazards and risks, and understanding of their prevention and control. Tripartite national commitment and national action are essential in fostering lasting improvements in safety and health at work. Enabling the exchange of experience and good practice on OSH contributes to this purpose.

Decent Work must be Safe Work. This is why, the ILO and its constituents must be leaders in promoting safety and health at work, consolidating what has been achieved, as well as sharing the principles of good practice on OSH in all sectors and workplaces. Together we must create the partnerships that are needed to bring about the changes we seek in building a culture of prevention on OSH.

ILO ACTION ON OSH

The International Labour Organization (ILO) was founded in 1919, in the wake of a destructive war, to pursue universal and lasting peace, based on social justice. The main aims of the ILO are to promote rights at work, encourage decent employment opportunities, enhance social protection, and strengthen dialogue in the world of work. The unique tripartite structure of the ILO gives an equal voice to workers, employers, and governments to ensure that the views of the social partners are closely reflected in international labour standards and in shaping policies and programmes.

The protection of workers against sickness, disease, and injury arising out of employment is stated as one of the priority areas of action in the Preamble of the ILO Constitution (1919), and remains relevant today. This basic principle was explicitly reaffirmed in the Philadelphia Declaration in 1944, and later in the Seoul Declaration in 2008, where it was spelled out that the right to a safe and healthy working environment should be recognized as a fundamental human right, not only as a labour right.

The ILO fundamental principles on occupational safety and health (OSH) are embodied by the Occupational Safety and Health Convention, 1981 (No. 155), the Occupational Health Service Convention, 1985 (No. 161), and the Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187). These are essential tools which can be used by governments, employers, and workers to establish sound practices on safety and health at work. In addition, the ILO has adopted more than 40 international labour standards dealing directly or indirectly with occupational safety and health and a number of Codes of Practice on the subject.

The Global strategy on OSH adopted in 2003, confirms the role of ILO instruments as a central pillar for the promotion of occupational safety and health, complemented by ILO actions in this field. The strategy also calls for an integrated approach that better combines ILO standards with other means of action such as advocacy, awareness raising, knowledge development, management, information dissemination, and technical cooperation in order to maximize their impact and usefulness.

LEARN MORE

[Global strategy on occupational safety and health](#)

[Fundamental principles of occupational health and safety](#)

[ILO STANDARDS ON OSH \[FACT SHEET\]](#)

[GLOBAL TRENDS ON OCCUPATIONAL ACCIDENTS AND DISEASES \[FACT SHEET\]](#)

[LEGOSH - Global database on occupational safety and health legislation](#)

[Bureau for Workers' Activities - ACTRAV](#)

[Bureau for Employers' Activities - ACTEMP](#)

ILO STANDARDS ON OSH

The promotion of decent, safe, and healthy working conditions and environment has been a continuous objective of the ILO since it was founded in 1919.

The ILO Constitution sets forth:

“And whereas conditions of labour exist involving such injustice, hardship and privation to large numbers of people as to produce unrest so great that the peace and harmony of the world are imperilled; and an improvement of those conditions is urgently required; as, for example, by ... the protection of the worker against sickness, disease and injury arising out of his employment ...”

This principle was reinforced in 1944, when the relevance of the ILO was reasserted in the *Philadelphia Declaration*:

“The Conference recognizes the solemn obligation of the International Labour Organization to further among the nations of the world programmes which will achieve: ... (g) adequate protection for the life and health of workers in all occupations; ...”

ILO Conventions and Recommendations on occupational safety and health (OSH) may serve several purposes, acting as:

- fundamental principles to guide national and enterprise policies for prevention and the management of OSH, including organizational measures and procedures on core OSH standards;
- good practices concerning general protection measures, such as the control of air pollution, noise, and vibration in the working environment;
- protection in specific branches of economic activity, such as agriculture, mining and construction;
- protection against specific risks; prevention of occupational cancer, radiation protection, safety in the use of chemicals, and the prevention of major industrial accidents.

CORE ILO STANDARDS ON OSH

- The Occupational Safety and Health Convention, 1981 (No. 155), and its accompanying Recommendation (No. 164) set out the basic principles for a national and enterprise level policy and strategy for the implementation of OSH preventive and protective measures. The strategy advocated by the Convention calls for action on the formulation, implementation and periodical review of a national OSH policy; the full participation at all levels of employers, workers, and their respective organizations, as well as other stakeholders; the definition of national institutional roles and responsibilities; a national system of recording and notification of occupational accidents and diseases; the implementation of OSH at the workplace level, employers' responsibilities, duties, and the rights of workers and their representatives; and requirements regarding information, education, and training. The Convention is complemented by the Protocol of 2002 (No. 155) and the List of Occupational Diseases Recommendation, 2002 (No. 194). The Protocol incorporates further provisions on the establishment and periodic review of requirements and procedures for the recording and notification of occupational accidents and diseases, as well as for the publication of related annual statistics. The Recommendation provides for the regular review and update through tripartite meetings of

experts of the list of occupational diseases included in the Annex. The new list, approved in March 2010, reflects the latest knowledge on the identification and recognition of occupational diseases. It is a semi- open list to allow for the recognition of the occupational origin of diseases not specified in the list, when a link is established between the exposure to a risk factor arising from work and the disorder contracted by the worker.

- The [Occupational Health Services Convention, 1985 \(No. 161\)](#) and its accompanying [Recommendation \(No. 171\)](#), provide for the establishment of occupational health services at national and enterprise levels, designated to ensure the implementation of the OSH policy and relevant preventive and control measures, including health surveillance and emergency response. Occupational health services are entrusted with essentially preventive functions and are responsible for establishing and maintaining a safe and healthy working environment which will facilitate optimal physical and mental health and for the adaptation of work to the capabilities of workers. Such services should be multidisciplinary and shall enjoy full professional independence from employers, workers, and their respective representatives, in relation to their functions.
- [The Promotional Framework for Occupational Safety and Health Convention, 2006 \(No. 187\)](#) and its accompanying [Recommendation \(No. 197\)](#) Complement the previous core standards and strengthen the requirements for a national structure, relevant stakeholders responsible for implementing a national and enterprise level policy for safe and healthy working environments; as well as the steps to be taken to build and maintain a preventive safety and health culture at the national level. Governments –in consultation with the most representative organizations of employers and workers– must undertake active steps towards achieving and maintaining a safe and healthy working environment by the elaboration or update of national policy; the development or upgrade of a national system; and the implementation of national programmes on OSH. This process must also take into account the principles set out in relevant ILO instruments, as listed in the Annex to Recommendation No. 197.

PLAN OF ACTION ON OSH

The [Plan of Action to achieve widespread ratification and effective implementation of the occupational safety and health instruments \(2010–2016\)](#) was adopted by the ILO Governing Body in March 2010, with the purpose of developing a more holistic and integrated approach for supporting ILO member States on the fundamental subject of OSH. It builds on the 2003 [Global Strategy on OSH](#), the Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187), and the 2009 [General Survey on Occupational Safety and Health](#). The Plan of Action outlines strategies for: mapping the current situation at the national level and the readiness of member States to take action; promoting and supporting the development of a preventive safety and health culture; overcoming the obstacles in the implementation of ratified Conventions; and improving OSH conditions in small and medium-sized enterprises and the informal economy. A report on its implementation will be presented to the ILO's Governing Body in 2016.

CODES OF PRACTICES AND GUIDELINES ON OSH

ILO [Codes of Practice](#) are presented in the form of detailed technical specifications and practical recommendations in legal terminology. They complement existing ILO international standards and explain in detail the responsibilities of governments, employers', and workers' organizations, as well

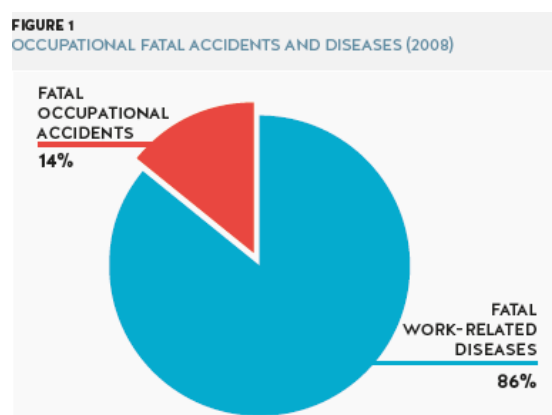
as the specific preventive and control measures for the application of such standards. They are not legally binding instruments and are not intended to replace the provisions of national laws, regulations, or accepted standards. These Codes can be used in drawing up national regulations and guidelines and collective agreements on OSH in both the public and private sectors. Codes of Practice provide guidance on safety and health at work in certain economic sectors (e.g., construction, opencast mines, coal mines, iron and steel industries, non-ferrous metals industries, agriculture, shipbuilding and ship repairing, forestry, etc.); on protecting workers against specific risks (e.g., radiation, lasers, chemicals, asbestos, airborne substances); and specific safety and health measures (e.g., recording and notification of occupational accidents and diseases, protection of workers' personal data, safety, health and working conditions in the transfer of technology to developing countries).

ILO Guidelines are intended to provide technical guidance relating to particular areas of OSH (e.g. management system, workers' health surveillance, radiation protection, ergonomics, etc.). These guidelines have been designed for use by national authorities, employers' and workers' organizations, professional associations, scientific and academic institutions. They represent useful tools for enterprises and practitioners in the implementation of OSH measures.

GLOBAL TRENDS ON OCCUPATIONAL ACCIDENTS AND DISEASES

The overall costs of occupational accidents and diseases are often much greater than immediately perceived. Conversely, investing in occupational safety and health (OSH) reduces both direct and indirect costs, reducing absenteeism and improving worker morale, reducing insurance premiums while also improving performance and productivity. Nationally, reduced social security and health care costs means lower taxes, better economic performance and enhanced social benefits.

According to the ILO estimates, every year over 2.3 million women and men die at work from an occupational injury or disease. Over 350,000 deaths are due to fatal accidents and almost 2 million deaths are due to fatal work-related diseases. In addition, over 313 million workers are involved in non-fatal occupational accidents causing serious injuries and absences from work. The ILO also estimates that 160 million cases of non-fatal, work-related diseases occur annually.



These estimates imply that that every day approximately 6,400 people die from occupational accidents or diseases and that 860,000 people are injured in the job. Furthermore, as estimates show, work-related diseases represent the main cause of death at work, killing almost six times more workers than occupational accidents. This should highlight the need for a new paradigm of prevention: one that also focuses on work-related diseases, not only on occupational injuries.

The devastating effects on workers and their families cannot be fully calculated; however, the ILO has estimated the great economic burden of not investing on OSH so as to prevent occupational accidents and diseases. The total costs amount to approximately four per cent of the world's GDP per year –a colossal figure that is over 20 times greater than official development assistance. Further to the economic constraints, the human costs are unacceptable; a global society has a moral obligation to reduce the human and economic costs.

WHY DO WE NEED TO IMPROVE THE RECORDING AND NOTIFICATION OF ACCIDENT AND DISEASES?

The ILO Estimates of occupational accidents and diseases are based on the best information available from national statistics. Due to widespread under-recording and under-reporting, national statistics on occupational accidents often are heterogeneous in terms of definitions, data collection methodologies, and quality. As such, they provide more of an approximation of the burden of work-related accidents than an accurate assessment. National statistics on occupational diseases are almost inexistent. Many countries still lack the expertise and the resources to collect statistics that would allow a satisfactory and reliable evaluation of the magnitude of work-related accidents and diseases. Moreover, in some countries, responsibility for health and safety at work may be split between labour and health ministries, and social security institutions, rendering data collection and analysis difficult. As data on work-related accidents and diseases is essential for prevention, there is a strong need in these countries to improve recording and notification systems and data analysis. This would provide countries with more reliable indicators of the effectiveness of national OSH

systems and help them in prioritizing which OSH issues should receive the sometimes scarce resources needed to resolve them. Furthermore the harmonization of national recording and notification systems would allow for global data collection and analysis.

Good quality data on occupational accidents and diseases are not only useful for compensation purposes, but essential to design an effective prevention strategy on OSH, both at the national and enterprise levels. Reliable data are indispensable for:

- Identifying hazardous sectors and occupations which require prioritizing and formulating effective legislation, policies and programmes, as well as monitoring the implementation of these programmes at the national level;
- Identifying priorities for setting the right targets towards reducing occupational accidents and diseases, which in turn contribute to the productivity and economic growth of the enterprise.

Unfortunately, data on occupational accidents and diseases are not available from all countries in the world and underreporting still represents a widespread problem. As mentioned before, available data are gathered from a wide variety of different sources: social security and insurance institutions, labour inspectorates, occupational health services, or other authorities and bodies. Furthermore, official reporting requirements frequently do not cover all categories of workers. Rural workers, workers in small and medium-sized enterprises (SMEs), and those in the informal economy – representing the vast majority of the global workforce– tend to be outside of the systems that prevent, report, and compensate occupational diseases. Moreover, the intensification of migration flows, the ageing of the workforce and the increasing numbers of workers in temporary, casual, or part-time work and precarious employment, do not only increase their disposition to accept unsafe working conditions but also makes them invisible to adequate health surveillance, and recording and notification of occupational diseases, all of which are required for the effective implementation of preventive strategies.

As the establishment of mechanisms for the recording and notification of occupational accidents and diseases and the regular publication of collected statistics are essential for setting priorities for implementing preventive and protective measures, the ILO provides guidance through a number of instruments to support member States in improving their recording and notification systems of occupational accidents and diseases. [The Occupational Safety and Health Convention, 1981 \(No. 155\)](#), and its accompanying [Recommendation \(No. 164\)](#) provide guidance on a national system of recording and notification of occupational accidents and diseases; The Convention is complemented by [the Protocol of 2002 \(No. 155\)](#) and the [List of Occupational Diseases Recommendation, 2002 \(No. 194\)](#). The Protocol incorporates further provisions on the establishment and periodic review of requirements and procedures for the recording and notification of occupational accidents and diseases, and for the publication of related annual statistics. The Recommendation provides for the regular review and update through tripartite meetings of experts of the ILO list of occupational diseases included in the Annex of the Recommendation. The [list of occupational diseases](#)¹, which is reviewed periodically, reflects the latest knowledge in the identification and recognition of occupational diseases, and is used by member States to develop their own national lists. The [Code of practice for Recording and notification of occupational accidents and diseases](#) provides for the basic requirements of a system of recording and notification of occupational accidents and diseases, giving prominence to the effective use of collected, recorded and notified data for

¹ The latest update of the list took place in 2010.

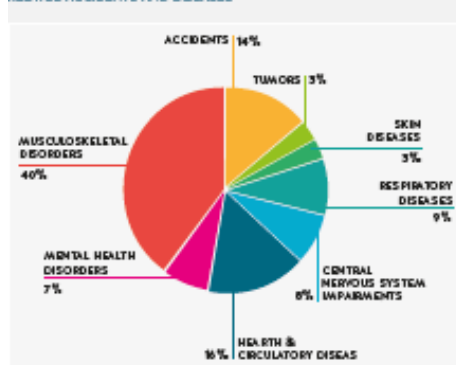
preventive action. It has been developed through international consultation and can be used by countries as models for building their systems.

THE NEED FOR A NEW PARDIGM OF PREVENTION

Analysing the features of work-related fatalities, as well as of non-fatal occupational injuries and diseases, is critical to define priorities and design effective preventive strategies on OSH. If underreporting of occupational accidents is a serious problem, the situation is even more dramatic concerning occupational diseases. Occupational and work-related diseases remain largely invisible in comparison to occupational accidents. In most countries only a fraction of the real cases are diagnosed and reported. Diseases are diagnosed by physicians and their attribution to work has to be assessed for recognition of their occupational origin. Therefore, diagnosis of occupational diseases requires specific knowledge and experience that are not always adequately available in many developing countries. This limits data collection and national capacity in occupational health surveillance. Furthermore, many occupational diseases, such as occupational cancers, are characterized by long latency periods and are, therefore, difficult to recognize until the clinical manifestation of their symptoms. The increased movement of workers to different jobs, their exposure to various agents during their working life, along with non-workplace factors associated to the emergence of a disease, can make it difficult to determine the occupational origin. Additionally, some workers may contract a disease in jobs involving exposure to substances that have not yet been identified as hazardous.

The nature of occupational diseases is altering rapidly: technological and social changes, along with global economic conditions are aggravating existing health hazards and creating new ones. Well-known occupational diseases, such as pneumoconioses, remain widespread; epidemiological studies in developing countries show that between 30 per cent and 50 per cent of workers in primary industries and high-risk sectors may suffer from silicosis and other pneumoconioses.

FIGURE 2
GLOBAL COMPENSATION COSTS OF OCCUPATIONAL AND WORK-RELATED ACCIDENTS AND DISEASES



At the same time, relatively new occupational diseases, such as musculoskeletal disorders (MSDs), are on the rise. The increase in sedentary work, prolonged standing at work, the growing use of computers and automated systems, and poor ergonomic conditions in workstations have led to a global rise of MSDs. As Figure 2 shows, MSDs represent 40 per cent of global compensation costs of occupational and work-related injuries and diseases. In 2005, MSDs were the most common work-related health disorders, representing 59 per cent of all recognized diseases across the 27 European Union Member States, according to the European Occupational

Diseases Statistics. Furthermore, due to changes in work organization and labour relations, flexible and precarious employment, and increased pressures to meet the demands of modern working life, the number of cases of mental health disorders, associated with work-related stress, burnout, and work-related violence have increased. Work-related stress is the second most frequently reported work-related health problem in Europe (after MSD), representing the cause of between 50 and 60 per cent of all lost working days. In 2013–14, the cases of work-related stress, depression and

anxiety represented 39 per cent of all work-related illnesses in the UK.² In addition work-related stress can also contribute to MSDs and other health disorders, such as hypertension, peptic ulcers, and cardiovascular diseases.

Concerted efforts are needed at national and international levels to tackle the “invisibility” of occupational diseases and to correct this Decent Work deficit. Their effective prevention requires awareness and advocacy programmes, including global and national campaigns, for an improved understanding of the magnitude of the problem and the need for urgent action. Greater efforts to compile relevant data to improve preventive strategies for occupational diseases through collaboration between OSH institutions and social security systems at national and international levels are also necessary. Effective prevention of occupational diseases also requires the continuous improvement of national OSH systems, prevention programmes and compensation systems through the collaborative effort of government and employers’ and workers’ organizations in ILO member States,

THE IMPACT OF THE GLOBAL RECESSION ON OSH

The on-going globalization of the world economy has undoubtedly been a major driver for change in the world of work, with both positive and negative impacts on levels of compliance and good practice. However, efforts to tackle OSH problems are often dispersed and fragmented and do not seem to reach the level of cohesion necessary to achieve a progressive reduction of work-related fatalities, accidents, and diseases. Traditional tools for the prevention and control of hazard and risks are still effective, but need to be complemented by strategies designed to address the consequences of the continuous adaptation of workplaces to a rapidly changing world of work. In particular, many countries need to devote greater resources to OSH research, knowledge management and dissemination and consistent law enforcement.

In the past 20 years, globalization brought technological, social and organizational changes in workplaces which have been accompanied by emerging risks; these may arise from:

- New and more complex technologies, such as nanotechnologies, biotechnologies, etc.;
- New forms of work organization, including work intensification, working time arrangements, the fragmentation of production processes, and organizational restructuring;
- Emerging forms of employment, with the prevalence of temporary, part-time and home-based work, outsourcing, and self-employment;
- Job insecurity, higher demands, and precarious employment which have intensified in developed countries with the crisis and recession;
- Demographic and political changes in the workforce composition due to migration, the ageing of the workforce, lack of access to employment of young workers and an increasing number of workers in the informal economy;

The trends in a changing world and workforce are expected to continue and be aggravated by the global recessions. The evidence from other crises shows that such events put working conditions and quality of production at risk. They cause uncertainty and antagonisms at all levels of the organization and society. The organizational changes associated to restructuring, such as outsourcing, increased

² HSE – [Stress-related and psychological disorders in Great Britain 2014](#)

part-time work, and subcontracting, complicate the management of safety and health at work. This creates uncertainty and misunderstandings about responsibilities and can lead to:

- increased exposure to hazardous agents and poor working conditions;
- no safety and health training for these workers;
- less autonomy over their work;
- less opportunity to participate in workplace decision making.

Management changes during a period of recession may lead to a decreased in the prevention and control of traditional risks, under the argument of a necessary reduction in costs. This is often the case in small-scale enterprises which traditionally lack the resources and the know-how to manage occupational safety and health and may consider it a cost rather than an investment.

The impact of the crisis and recession on the health of workers goes beyond the victims of downsizing and the remaining workers. It also affects their families and the communities in which the restructuring occurs. A number of workplace accidents and diseases due to restructuring and unemployment may rise in light of the present recession, as some companies and governments may be tempted to ignore occupational safety and health standards. A decrease in public spending can also compromise the capacities of labour inspectorates and other OSH services.

With the pace of change in patterns of employment and in developing technologies over recent years, it has become ever more important to anticipate different, often new, and sometimes emerging, work-related risks if they are to be effectively managed. Foresight processes emerged in recent years, mostly in Europe³, aiming to identify today's research and innovation priorities on the basis of scenarios of future developments in science and technology, society, and the economy. Forecasting, technology assessment, future studies and other foresight processes try to identify long-term trends and thus guide decision-making.

The recent application of the foresight methodology to OSH enables potential hazards and risks to be determined in advance, so that effective preventive actions are taken. This approach is a powerful tool for anticipating emerging risks sooner than traditional methods based on accident and disease statistics and epidemiological data. Moreover, many long-standing OSH concerns are being reconsidered in the light of changing patterns of work and technologies. The health effects from traditional workplace exposure are known and documented; what changes is the fact that emerging risks are now increasingly linked to new technologies developed and implemented without enough consideration given to OSH aspects, to new types of workplaces, and to social and organizational changes. Due to the effects of the globalization of economies, these problems can also be observed in many emerging countries facing rapid industrialization.

³ After the European Union decision to apply this foresight or forecasting process to the identification of emerging risks in the OSH field, an European Risk Observatory was established by the European Agency for Safety and Health at Work (EU-OSHA), which defines an "emerging OSH risk" as any occupational risk that is both "new" and "increasing".

GOVERNANCE ON OSH

Cooperation between governments and social partners (employers' and workers' organizations) in fostering social and economic progress is crucial for peace and social justice. Within the broad framework of promoting good governance, the Ministry of Labour has the main responsibility for ensuring that social partners are recognized by governments as the key economic and social actors in the world of work. Labour Ministries play also an essential role in influencing occupational safety and health (OSH) governance not only at national level but also in the workplace. Social dialogue between governments and the social partners promotes consensus building and democratic involvement from those with vital stakes in the world of work.

In many countries, the complexity and extent of OSH problems, coupled with the many sources of occupational hazards and risks, often results in different institutions sharing responsibilities in the field of OSH. However, key roles are often undertaken by the ministries of labour, the ministries of health, and social security systems. Social dialogue on OSH is done frequently in the framework of national OSH tripartite councils or similar structures where representatives of employers, workers, and relevant governmental institutions participate and decide on national legislation, policies, programmes and priorities for action on OSH. It is important to take into account that the responsibilities of governments, the obligations of employers, and the rights and duties of workers should be seen as both complementary and mutually reinforcing, as they contribute towards the common goal of promoting occupational safety and health within national conditions and practice.

The progressive development of a culture of prevention on OSH will have a significant impact by strengthening national capacities and mobilizing national and international resources on OSH. Full national and international cooperation and exchange of good practices is vital to ensure that future efforts lead to the development of efficient and integrated strategies on OSH.

A society's success or failure in managing occupational hazards and risks is not only a question of specific prevention and control measures, but also of its attitude towards protecting the health and safety of workers at every level of decision making, particularly in times of economic recession.

 **LEARN MORE**

[POLICIES AND PROGRAMMES ON OSH](#)

[LABOUR INSPECTION: A KEY ELEMENT IN BUILDING A PREVENTIVE CULTURE ON OSH \[FACT SHEET\]](#)

POLICIES AND PROGRAMMES ON OSH

Governments are responsible for developing occupational safety and health (OSH) legislation and policies and ensuring their implementation. National legislation should provide for a national framework for action in this field. Because national legislation does not always cover all workplace risks, it may also be advisable to address OSH issues by means of collective agreements reached between the social partners, when appropriate. Mechanisms for ensuring compliance with national laws and regulations, including systems of OSH inspection should be in place. The formulation of a national OSH policy should reflect the respective functions and responsibilities of relevant public authorities, employers, workers, and other social actors, and should recognize the complementary character of those responsibilities. In general, a national occupational safety and health policy should provide detailed strategies concerning:

- national laws, labour codes and regulations;
- roles and responsibilities of the competent authorities;
- policy coordination; and
- education and training.

An OSH policy should also include provisions for the establishment, operation and progressive extension of occupational health services. This is regardless of whether they are in the form of laws, regulations, codes of practice, or collective agreements. Policies are more likely to be supported and implemented if employers and workers, through their respective organizations, participate in designing them.

The main functions of the competent authority on OSH are:

- promoting research to identify hazards and risks and preventive and protective measures;
- providing information and advice to employers and workers; and
- taking specific measures in order to avoid catastrophes where potential risks are high.

The competent authority should also advise and supervise the implementation of a national workers' health surveillance system, which should be linked with programmes aimed at preventing occupational diseases. The information provided by OSH inspection and workplace health surveillance will show whether occupational safety and health standards are being implemented correctly, and where more needs to be done to safeguard workers' integrity.

A national programme should aim at promoting the development and maintenance of a culture of prevention on OSH and at bringing about the continuous improvement of weak or ineffective elements of a national OSH system, through both monitoring and evaluation. A successful OSH programme should fully involve representative organizations of employers and workers and of other interested parties when such a need arises.

LEARN MORE

[National profiles on occupational safety and health](#)

[National Legislation on OSH](#)

[Tripartite national body on OSH](#)

[National programme on OSH](#)

LABOUR INSPECTION: A KEY ELEMENT IN BUILDING A PREVENTIVE CULTURE ON OSH

Labour inspection is a key area of the labour administration system in a country.

According to the ILO, the aims of labour inspection are:

- Enforcement of legal provisions relating to conditions of work and the protection of workers while engaged in their work;
- Provision of technical information and advice to employers and workers concerning the most effective means of complying with the legal provisions; and
- Identification of defects or abuses not specifically covered by available legal provisions.

The range of regulatory supervision of labour inspection varies significantly from one country to another. Labour inspectorates deal with several labour matters: working conditions, wages, labour relations and occupational safety and health (OSH).

An effective inspection system is essential to promote and monitor compliance with OSH legislation. Enforcement and sanctions are indispensable components of any labour inspection system, but they should be adequately combined with prevention policies, which have the aim of helping employers and workers avoid or eliminate the risk of occupational accidents and diseases.

In practical terms, the preventive role of the inspection services implies an increasing emphasis on proactive activities, such as carrying out planned inspection visits for such purposes as assessing plans for new buildings, plants, equipment, and processes; and providing information and advice including awareness-raising campaigns among others. However, proactive action must be complemented by reactive activities, such as investigating complaints or accidents so as to identify actions which will help prevent recurrences.

Preventive strategies should cover all workers. Labour inspectors face the challenge of promoting OSH and ensuring compliance in workplaces that are difficult to detect (e.g., in agriculture and small construction sites), or where the employment relationship is difficult to identify (home-based work, false occupational status, domestic work, or new forms of employment, outsourcing, and complex supply chains).

The growing specialization of traditional processes, along with the frequent use new technologies (e.g. robotics, microelectronics, telematics, and nanotechnology) and the changes in work organization and working conditions represent new and emerging risks in the workplace. Some of them are new risks arising by new hazards; some already existed but were not recognized as risks; others are heightened at times of economic crisis, such as the effects of psychosocial risks and stress in the workplace. These represent a challenge for inspectors, who are required to possess up-to-date knowledge of new and emerging risks, as well as measures to deal with them, in order to provide the relevant guidance to both employers and workers. Although voluntary standards and self-monitoring mechanisms are useful, strong regulatory and enforcement systems, including competent and well-resourced labour inspectorates, are still needed to ensure the safety and health of workers as well as the preservation of the environment.

INTERNATIONAL LABOUR STANDARDS ON LABOUR INSPECTION

The Labour Inspection Convention, 1947 (No. 81), is the principal international reference for labour inspection services. It applies to industry and commerce, and defines:

- functions, duties, and responsibilities of labour inspection systems;
- requirements for the recruitment of staff;
- means of action for inspectors; their enforcement powers;
- obligations of inspectors in relation to ethics and the reporting of activities; and
- provisions for the reporting of accidents and diseases.

The accompanying Recommendation (No. 81) contains further provisions for collaboration between inspectors, employers and workers, such as in the area of safety and health. The Labour Inspection (Agriculture) Convention, 1969 (No. 129) incorporates provisions for agriculture, forestry, and related industries, with the aim of ensuring a more comprehensive coverage by inspection services. The Protocol of 1995 (No. 81) extends labour inspection to the “non-commercial” services sector, such as public administration, the armed services, education and health services, postal services and telecommunications, and other public utilities.

The core OSH Conventions also include provisions on labour inspection. The Occupational Safety and Health Convention, 1981 (No. 155) and the Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187) require that national systems incorporate an adequate and appropriate system of inspection to ensure compliance with OSH legislation.

THE ROLE OF EMPLOYERS ON OSH

Because occupational hazards and risks arise in the workplace, employers are responsible for ensuring that machinery, equipment, agents, premises, and processes under their control, are safe and without risk to the health of all workers. For this purpose, they should assess and manage risks, undertaking the relevant preventive and control measures, and when necessary, providing personal protective equipment (PPE). However, PPE should be considered as the last line of defence when other collective administrative and engineering preventive and protective measures are not feasible.

Employers should also ensure that workers and their representatives are consulted, informed, and trained on all aspects of occupational safety and health (OSH), including emergency arrangements, associated with their work. They should ensure that workers understand the risks involved in their work and the relevance of the preventive and control measures being taken. Workers should also be encouraged to actively participate in the implementation of preventive and control measures through OSH bipartite committees. As workers' participation is an essential element of the effective management of OSH, where an OSH management system is in place, employers should ensure that workers and their safety and health representatives also participate both in its implementation and in the assessment of its performance.

Employers, in consultation with workers and their representatives, should design an OSH policy which should reflect the employers' commitment to protect the safety and health of all members of the enterprise. This implies, to comply with relevant OSH national laws and regulations, voluntary programmes and collective agreements on OSH. The policy should be shared with all those involved in the workplace including clients and visitors.

Efficient OSH management is best achieved by introducing a culture of prevention on OSH within the enterprise, aligning OSH management systems with other business operations and promoting a preventive and proactive approach incorporating also health promotion measures.

Employers' organizations should actively participate in raising awareness campaigns on OSH issues, in national consultations, tripartite bodies, policy design, and implementation. They could support their members in providing information and advice and encouraging the exchange of experiences, as well as in facilitating the collaboration among them.

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[IOE - International Organization of Employers](#)

[Employers' duties and responsibilities on OSH \(per country\)](#)

[BEYOND COMPLIANCE ON OSH \[FACT SHEET\]](#)

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BEYOND COMPLIANCE ON OSH

The right to a safe and healthy workplace is a basic human right. While governments are responsible for setting minimum standards and enforcing compliance, enterprises can improve occupational safety and health (OSH) conditions by adopting a proactive approach.

COMPLIANCE ON OSH

Compliance with labour laws and policies concerns not the application of legislation and collective agreements, effective labour administration, inspection systems, and adequate enforcement, as well as the improvement of working conditions through OSH measures. The ILO has many means of supporting compliance on OSH, among others:

- Designing and promoting the implementation of International Labour Standards on OSH as a reference for compliance and good practices in this field;
- Promoting effective labour administration and inspection on OSH;
- Supporting member States in the updating and design of legislation on OSH and the incorporation of OSH provisions in collective agreements;
- Strengthening of enterprise level OSH management systems;
- Promoting social dialogue on OSH through workplace joint OSH committees and encouraging the participation of workers in consultation and decision making on OSH;
- Supporting the constitution of tripartite national councils and mechanisms for the design and implementation of policies and programmes on OSH at the national and sectorial levels;
- Conceiving awareness-raising and advocacy campaigns on OSH;
- Promoting voluntary initiatives and corporate social responsibility measures to complement workplace compliance with OSH legal requirements;
- Promoting workplace compliance in small and medium enterprises (SMEs) on the basic standards of OSH and on good practices;
- Encouraging positive incentives for SMEs when there is compliance, such as a reduction of taxes if investing on OSH measures, etc.;
- Showing the positive link between productivity and the improvement of working conditions through OSH measures so as to enhance awareness about workplace compliance.

VOLUNTARY COMPLIANCE AND INTERNATIONAL STANDARDS

Voluntary compliance can be based on existing International Labour Standards and good practice on OSH. The principles of the ILO Standards and Codes of Practice can be used as a starting point by national authorities, employers' and workers' organizations, as well as enterprises, to guide their performance on OSH, even if they have not been ratified by their country or when legislation on a certain subject is not yet in place.

Enterprises that govern themselves by the principles derived from ILO Conventions and other relevant international standards can play a remarkable role in contributing to enhancing law formulation and enforcement in countries where certain legislation on OSH is either non-existent or non-adequately enforced.

Some key international instruments are listed below.

- [The ILO Tripartite Declaration of Principles concerning Multinational Enterprises and Social Policy \(MNE Declaration, 2006\)](#) is the only text which was adopted by international tripartite consensus on the desirable behaviour of enterprises concerning areas covered by labour and social policy. The principles laid down in this universal instrument offer guidelines for multinational enterprises, governments, and employers' and workers' organizations on such topics as occupational safety and health, employment, training, conditions of work and life, and industrial relations. Its provisions are reinforced by certain International Labour Standards which the social partners are urged to bear in mind and apply to the greatest extent possible. The adoption of the [ILO Declaration on Fundamental Principles and Rights at Work \(1998\)](#) and its follow-up, highlights the importance of the fundamental Conventions in realizing the objectives of the ILO; consequently, the MNE Declaration also takes into account the objectives of the Declaration on Fundamental Principles and Rights at Work.
- [The ILO Declaration on Social Justice for a Fair Globalization \(2008\)](#) expresses the contemporary vision of the ILO's mandate in the era of globalization. It constitutes a compass for the promotion of a fair globalization based on Decent Work, and reflects a productive outlook by highlighting the importance of sustainable enterprises in creating greater employment and income opportunities for all.
- [The OECD Declaration on International Investment and Multinational Enterprises \(2000\)](#) promotes a comprehensive, interlinked, and balanced approach for governments' treatment of foreign direct investment, and for enterprises' activities in the adhering countries of the organization. The [OECD Guidelines for Multinational Enterprises \(2011\)](#) complement the Declaration and provide recommendations by governments to multinational enterprises. They set out voluntary principles and standards for responsible business conduct in ten areas: general policies, disclosure of information, human rights, employment and relations between social partners, environment, combating bribery and extortion, consumer interests, science and technology, competition, and taxation.
- [The UN Global Compact \(1999\)](#) is an initiative based on the voluntary choice of enterprises to commit to a responsible mode of conducting business. The Global Compact encompasses ten principles drawn up from the areas of, human rights (Universal Declaration of Human Rights), labour (ILO Declaration on Fundamental Principles and Rights at Work), environment (Rio Declaration on Environment and Development) and corruption (UN Convention against Corruption). The Global Compact acts as a network for sharing good practices, involving enterprises, governments (at the national and local levels), employers' and workers' organizations, NGOs, and academic institutions.
- [The Guiding Principles on Business and Human Rights from the United Nations Human Rights Council HRC \(2011\)](#) aim at enhancing standards and practices with regard to business and human rights so as to achieve tangible results for affected individuals and communities, and thereby also contributing to a socially sustainable globalization. They are grounded in recognition of States' existing obligations to respect, protect and fulfil human rights and fundamental freedoms; the role of enterprises as specialized organs of society performing specialized functions, required to comply with all applicable laws and to respect human rights;

the need for rights and obligations to be matched to appropriate and effective remedies when breached.

PUBLIC-PRIVATE PARTNERSHIP APPROACH

In the last two decades increased liberalization of international trade, expansion of foreign direct investment and the emergence of massive cross-border financial flows have led to significant changes in the way the world economy is organized and governed. In this context of globalization, the private sector has started to play an increasingly important role in areas that were previously considered the domain of public authorities and civil society, such as social policy and the environment. Two main approaches have been adopted: self-regulation practices and public-private partnerships. Public-private partnerships can be useful in promoting workers' rights, if the framework for this collaboration is well defined, transparent, and complementary to the role of national legislation, labour administration, and the social partners.

CORPORATE SOCIAL RESPONSIBILITY

Corporate Social Responsibility (CSR) is defined as a way in which enterprises give consideration to the impact of their operations on society, and affirm their principles and values both in their own internal methods and processes in their interaction with other social actors. CSR is a voluntary, enterprise-driven initiative and refers to activities that are considered to go beyond compliance with the law.

Adherence to the law and regulatory regime is mandatory for all businesses, irrespective of whether they have embraced the principles of CSR. Being *socially responsible* means not only fulfilling legal expectations but also going beyond compliance to contribute to the well-being of the community and society where they operate.

A balanced and effective combination of compliance with relevant legislation, socially responsible enterprises, a strong system of labour inspections, and sound labour relations can build a winning strategy for promoting sustainable development, adequate working conditions and sound working environments.

WORKERS' PARTICIPATION ON OSH

It is increasingly recognized that the protection of life and health at work is a fundamental human right. In other words, decent work implies safe work. In this contest, workers' cooperation and participation in building a culture of prevention on occupational safety and health (OSH) is vital both at national and workplace level.

At workplace level, workers and their representatives can actively cooperate with employers in the implementation of the preventive and protective measures. This implies a right to adequate information and knowledge on the occupational hazards and risks related to their tasks, so as to be able to take care of their own safety and health and that of others. There is a direct connection between an enterprise where workers' representatives participate on OSH bipartite committees and the quality of the workplace prevention policy. This results in better observance of the rules, lower accident rates, and fewer work-related health problems. Therefore workers and their representatives should engage in playing this essential role.

Trade unions have an important role to play in building a culture of prevention on OSH, both at the national and workplace levels. They should participate in the improvement of national OSH policies and programmes, in the development and strengthening of national OSH systems, and in the promotion of social dialogue on OSH both at the national and workplace levels. Trade Unions should also facilitate and provide training and education on OSH for workers' representatives, to ensure they can effectively participate in tripartite and bipartite bodies on OSH. Trade Unions can play an important role in promoting the shift from behaviour-based safety to a culture of prevention oriented towards risk management and preventing, not only of occupational accidents, but also of occupational diseases. Their active participation in raising awareness, and promoting a safe and healthy environment that protects and promotes workers' health and well-being would contribute to successfully building a culture of prevention.

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[International Workers' Memorial Day](#)

[International Trade Union Confederation - ITUC](#)

[WORKERS' PARTICIPATION ON OSH AT THE WORKPLACE \[FACT SHEET\]](#)

[GLOBAL OCCUPATIONAL SAFETY AND HEALTH NETWORK - GOSH.net](#)

[Workers' rights and duties on OSH \(per country\)](#)

WORKERS' PARTICIPATION ON OSH AT THE WORKPLACE

ILO Standards in the field of occupational safety and health (OSH) emphasize the importance of workers' role in the design and implementation of policies and preventive programmes at the national and enterprise levels. At the workplace level, workers' participation has been identified as a key precondition of successful OSH management, and a major contributing factor in the reduction of occupational diseases and injuries. In fact, workers are an important source of OSH information. They have first-hand knowledge of problems with work practices and procedures and can provide valuable advice about risks and possible solutions. They can offer their knowledge on faults with machinery, plants, or furniture; difficulties caused by the design and/or layout of work equipment; type, frequency and seriousness of incidents or near-misses occurring; and on the impact of OSH management programmes.

The Occupational Safety and Health Convention, 1981 (No. 155) and its Recommendation (No. 164) provide for workers' participation in the implementation of preventive and control measures in the enterprise. They stipulate that cooperation between employers, workers, and their representatives is an essential element for managing OSH measures; and define the requirements and arrangements for workers and their representatives to cooperate with employers in the fulfilment of their obligations on OSH.

According to these Standards, the main **rights** of workers and their representatives in relation with OSH include:

- Consultation and participation in OSH committees for the implementation of relevant measures, concerning the working environment, working conditions, work content and work organization;
- Access to information and training on hazards and risks associated with their work and the measures to prevent them;
- Withdrawal from work when there is an imminent and serious danger to their health and life;
- Protection against victimization and undue consequences, such as dismissal and other measures prejudicial to them, while exercising their functions as workers' representatives on OSH, or as members of safety and health committees.

The main **responsibilities** of workers and their representatives in relation with OSH include:

- Follow safety and health instructions and procedures, including the use of personal protective equipment (PPE);
- Take reasonable care for their own safety and that of other persons who may be affected by their acts or omissions at work;
- Participate in safety and health training and awareness-raising activities;
- Cooperate with their employer on the implementation of OSH measures;
- Report any accident or injury in the course of or in connection with work;
- Report to their direct supervisor any situation which they have reason to believe could present a hazard and which they cannot themselves correct;

- Inform supervisors if they withdraw from an imminent and serious danger, and the reasons for it.

Recommendation No. 164 explains in further detail the preventive measures that employers should implement and the functions of workers' safety and health representatives, and joint safety and health committees where workers and employers are equally represented on a bipartite basis.

THE ROLE OF WORKERS' HEALTH AND SAFETY REPRESENTATIVES

Workers' Safety and Health Representatives (OSH representatives) have a mandate to represent workers' interests in OSH matters in the workplace.

One of the most important roles of OSH representatives is participating in joint safety and health committees (OSH committees). OSH committees are used as a discussion forum and bipartite advisory body for the enterprise's decisions concerning OSH. It allows workers' and employer's representatives to meet and cooperate to improve OSH conditions and to safeguard workers physical and mental health.

Workers' representatives should be elected freely by their co-workers through a direct and secret vote, in accordance with national law, regulations, and practice. The procedural aspects of the election should be clearly established at the workplace, and followed so as to ensure an effective exercise of this right. Whenever there is a trade union at the workplace, members of the trade union can be elected as OSH representatives. The size, number of workers, type of activity and characteristics of workplaces may vary, there may be one or more OSH representatives or it may be necessary to establish more than one joint OSH committee per workplace. Some legislation provides for the number of OSH representatives and of joint OSH committees according to such parameters.

In the pursuit of promoting a preventive safety culture in the workplace, OSH Reps have to perform the following **functions**:

- **Consulting with employers**

OSH representatives should be consulted when planning and developing OSH management systems, drafting an OSH policy, undertaking risk assessment and adopting preventive and protective measures, organizing workers' training, etc. Employers must also consult OSH representatives in planning alterations of work processes, work content or work organization, which may have safety or health implications for workers; for example when introducing new technologies or changing of working methods, etc.

- **Collecting and disseminating health and safety information**

To be involved and participate actively, workers need to be provided with appropriate information and training. Employers should also inform workers on designed OSH policies and procedures, on the results of risk assessment and control measures in place, changes in work environment, equipment, systems of work or substances used for work, etc. This information can be shared through the OSH representatives or the joint OSH committee. OSH representatives can also obtain information through their external sources.

- **Communicating with workers**

Communication between workers and OSH representatives is a key element to ensure workers involvement, support, cooperation and the dissemination of information. OSH representatives

should maintain a close interaction with all workers in order to achieve true participation on OSH within the enterprise. For this reason, they have the right to communicate with other workers on safety and health matters during working hours in the workplace. It is important that OSH representatives hold regular meetings with workers to keep them informed and take time to talk with them individually if necessary, asking about health effects and any risks that they consider important, consulting on priorities and strategies, etc.

- **Carrying out workplace inspections (walk-through surveys) on a regular basis**

Regular site inspections are one of the most common duties of the OSH representatives and joint OSH committees. Walk-through surveys should be considered as an early warning tool. Workplace inspections are undertaken so that housekeeping, fire safety and working practices can be checked, ensuring any deficiencies can be spotted quickly. To perform this task, OSH representatives must have access to all parts of the workplace.

- **Identifying hazards and managing risks**

Whilst it is the employer's responsibility to carry out risk assessments and monitor the working environment, it is critical to involve workers' OSH representatives in the process. The risks and hazards identified through walkthrough surveys should be communicated to management, and OSH representatives should participate in establishing the measures and procedures to eliminate or minimize the risks.

- **Proposing and negotiating preventive measures**

OSH representatives contribute to negotiations with the employer on OSH matters and to the decision-making process, formulating proposals and initiatives aiming at the preventing accidents and diseases and protecting the health and physical integrity of workers.

- **Ensuring that the employer is complying with health and safety requirements**

OSH representatives have the right to report to the competent authorities when they consider that the prevention and protection measures adopted by the employer, as well as the means to implement them, are not complying with the law or are not suitable to guarantee workers' health and safety.

- **Investigating accidents, occupational diseases and near misses**

Examining the causes of accidents, diseases and dangerous occurrences is a crucial activity where OSH representatives can play an important role. Through investigations, lessons can be learned and appropriate solutions put in place to prevent recurrences.

- **Collaborating with inspectors**

OSH Reps participate in the inspection visits and investigations of the competent authorities, formulating comments and observations.

To do their job effectively, OSH representatives need:

- **Access to information and training**

It is essential that OSH representatives have the knowledge and skills necessary to perform their function effectively. They should be given information on all relevant issues related to health

and safety and should be appropriately trained. OSH Reps have the possibility to contact labour inspectors or have recourse to specialists to advise on particular safety and health problems.

- **Resources and time**

To perform their duties, OSH representatives must have reasonable time during paid working hours to carry out their safety and health functions, as well as adequate training to fulfil them. They could also be provided by the enterprise with suitable facilities and resources that enable them to successfully perform their functions.

THE ROLE OF OSH SPECIALISTS

“The purpose of occupational health is to serve the health and social well-being of the workers individually and collectively. Occupational health practice must be performed according to the highest professional standards and ethical principles. The duties of occupational health professionals include protecting the life and the health of the worker, respecting human dignity and promoting the highest ethical principles in occupational health policies and programmes. Integrity in professional conduct, impartiality and the protection of the confidentiality of health data and of the privacy of workers are part of these duties.”

**International Code of Ethics for Occupational Health Professionals,
International Commission for Occupational Health (ICOH), March 2012.**

The implementation of occupational safety and health (OSH) requires a multidisciplinary approach; therefore, its practitioners must acquire a broad and solid foundation of knowledge across a number of disciplines, complemented by a strategic approach to managing hazards and risks at work. OSH specialists can be engineers, physicians, biologists, ergonomists, chemists, toxicologists, nurses, and other related professionals, all of whom have chosen to apply their skills to protecting the health of workers and promoting the adaptation of work to their needs and capacities.

The ILO Occupational Health Services Convention, 1985 (No. 161), lists the function that an occupational health services should undertake for ensuring a healthy and safe working environment for all. These include:

- design, establishment, implementation, and management of workers' health surveillance schemes that will facilitate preventive action;
- risk assessment and management;
- monitoring of the working environment and working practices which may affect workers' health;
- advice on planning and organization of work;
- design and implementation of preventive programmes for the improvement of working practices;
- advice on occupational health, safety, hygiene and ergonomics as well as on collective and individual protective measures and equipment;
- collaboration in providing information, training and education; organizing first aid and emergency treatment; and
- referral to health care and rehabilitation.

In order to fulfil their duties, OSH specialists providing occupational health services shall enjoy full professional independence from employers, workers, and their representatives.

LEARN MORE

[Occupational Health Services Convention, 1985 \(No. 161\)](#)

[ICOH International Code of Ethics for Occupational Health Professionals](#)

[ILO Technical and ethical guidelines for workers' health surveillance](#)

[Code of Practice on Protection of workers' personal data](#)

[Requirement to hire OSH practitioners/services \(per country\)](#)

THE ROLE OF SOCIAL SECURITY ON PREVENTION

Access to social security is a human right recognized by the Universal Declaration of Human Rights which states, *“Everyone, as a member of society, has the right to social security and is entitled to realization, through national effort and international co-operation and in accordance with the organization and resources of each State, of the economic, social and cultural rights indispensable for his dignity and the free development of his personality”*. The preservation of the health of every human being is therefore a key objective of social security.

The ILO Social Security (Minimum Standards) Convention, 1952 (No. 102) defines the traditional contingencies covered by social security, including employment injury benefits, the oldest form of social security coverage and the most widespread in the world, indicators of their great importance.

Prevention includes every measure aimed at preventing undesirable events that might limit or destroy the physical or mental soundness and well-being of the individual. It is not only an ethical but an economic concern as well, since successful prevention is beneficial to other social security schemes such as pension and general health care systems. It is also beneficial for workers, enterprises, and society as a whole. Statistics show that where social security institutions invest in prevention measures over a period of time, a significant decrease in work-related accidents and occupational diseases takes place. This is why the principle of prevention is increasingly recognized as highly relevant under social security programmes. Linking prevention to employment injury benefit schemes can result in effective mechanisms in reducing occupational accidents and diseases, as well as providing an incentive for employers to boost preventive activities in an enterprise, as it directly impacts on the contribution rate paid exclusively by the employer.

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[LINKING PREVENTION WITH EMPLOYMENT INJURY SCHEMES \[FACT SHEET\]](#)

LINKING PREVENTION WITH EMPLOYMENT INJURY SCHEMES

Employment Injury Schemes (EIS)⁴ are a form of mandatory social insurance for compensation and coverage of the medical and rehabilitation costs of injured and sick workers. An EIS may be either specific or part of a broader system, which also include benefits payable in the event of unemployment, sickness, disability, maternity, retirement, and death.

EIS have traditionally dealt with compensation and treatment of injured and sick workers. However, more recently, some such schemes have extended their approach to incorporate the prevention of occupational risks as part of their mandate. For example, by encouraging workplace improvements in occupational safety and health (OSH) or by actively supporting and financing awareness-raising and prevention activities.

Statistics show that where investment in prevention has been made by social security institutions over a period of time, a significant decrease in work-related accidents and occupational diseases takes place. Therefore, linking prevention with employment injury schemes can contribute to reduce both accidents at work and occupational diseases and decrease costs.

According to the ILO, to be functional and effective, EIS should provide for four functions:

1. **prevention**, in order to reduce the number of occupational accidents and diseases;
2. **treatment**, such as medical care for the injured or sick worker;
3. **rehabilitation**, both physical and vocational, so that the affected worker can return to work and a productive life when this is possible;
4. **compensation**, when a worker requires temporary or permanent financial support due to an occupational injury or disease, or when survivors' benefits are provided to families of victims of occupational fatalities.

The ILO [Employment Injury Benefits Convention, 1964 \[Schedule I amended in 1980\] \(No. 121\)](#) and its accompanying [Recommendation \(No. 121\)](#) provide the fundamental principles of compensation for damages sustained from occupational accidents and diseases, as well as commuting accidents.

In particular, the Convention lay out the following principles:

- ✓ **Protected Persons:** all workers, including apprentices, throughout their working periods.
- ✓ **Contingencies:** (a) a morbid condition; (b) incapacity for work as defined by national legislation; (c) permanent total loss or partial loss of earning capacity or corresponding loss of faculty; and (d) the death of the breadwinner.
- ✓ **Benefits:** medical care in case of a morbid condition and cash benefits in case of incapacity, the total or partial loss of earning capacity, or the death of the breadwinner.
- ✓ **Medical Care:** (a) in-patient and out-patient care by general practitioners and specialists, including domiciliary visits; (b) dental care; (c) nursing care at home, in hospital or other medical institutions; (d) maintenance in hospitals, convalescent homes, sanatoria, or other medical institutions; (e) dental, pharmaceutical, and other medical or surgical supplies, including prosthetic appliances and eyeglasses; (f) the care furnished by members of such other

⁴ For the purpose of this factsheet, the term Employment Injury Scheme (EIS) is used to cover the terms: social insurance schemes, accident insurance schemes, employment injury insurance schemes, employers' liability insurance, workers compensation schemes, occupational accident insurance, etc.

professions as may at any time be legally recognized as allied to the medical profession, under the supervision of a medical or dental practitioner; and (g) emergency treatment and follow-up treatment in the place of work.

- ✓ **Cash Benefit:** periodical payment in respect of initial incapacity for work, temporary or permanent loss of capacity for work, or death of the breadwinner.
- ✓ **Rehabilitation of Disabled Workers:** member States must provide rehabilitation services which are designed to prepare a disabled person for the resumption of his or her previous activity, or, if this is not possible, the most suitable alternative work, having regard to his or her aptitudes and capacity; as well as, to take measures to facilitate the placement of disabled persons in suitable employment.

Schedule I on Occupational Diseases amended in 1980. Convention No. 121 was further revised by the Recommendation on the List of Occupational Diseases, 2002 (No. 194) which provides for regular updates by a tripartite committee of experts. The most recent review took place in 2010.

REPORTING OF OCCUPATIONAL ACCIDENTS AND DISEASES

One of the tasks of the competent authority is to ensure the establishment and application of procedures for the notification of occupational accidents and diseases by employers to the competent authority and, when appropriate, insurance institutions. The competent authority should also produce annual statistics on occupational accidents and diseases for both analysis and prevention purposes. Consequently, national legislation in many countries provide for:

- The reporting of occupational accidents and diseases to the competent authority within a prescribed time;
- Standard procedures for reporting and investigating fatal and serious accidents, as well as dangerous occurrences; and
- The compilation and publication of statistics on occupational accidents and diseases

In most countries, this compulsory reporting is usually carried out within the framework of national programmes for the prevention of occupational accident and disease and/or for the provision of compensation or benefits by EIS in social security institutions. In other countries there are voluntary systems for reporting occupational injury and disease, but in either case the competent authority is responsible for developing a national system for the recording of occupational accidents and diseases.

COLLECTING DATA

In many countries the responsibility for data collection is handed over to those insurance institutions which are mandated for all rehabilitation and compensation activities following occupational accidents and diseases. They may also be requested to submit this information to the Ministry of Labour. Improving the collection of reliable data is essential for establishing priorities and improving national and workplace preventive programmes.

It must be acknowledged that occupational diseases are usually less well recorded than occupational accidents; available data concern mainly injuries and fatalities. This is because the factors of recognition set out in the national lists of occupational diseases differ from one country to another. Additionally, many occupational diseases (such as occupational or work-related cancers) are

characterized by long latency periods and are, therefore, difficult to recognize until the clinical manifestation of their symptoms. Furthermore, diagnosis of occupational diseases requires specific knowledge and experience that are not adequately available in many countries. All these constrain data collection and national capacity in occupational health surveillance.

In all the existing systems, it is the responsibility of the employer to present a detailed report to the competent authority within a fixed period of time of any occupational accident or disease that caused death or loss of working days. For example, after a major accident, the employer must submit a report containing an analysis of the causes of the accident and a description of its immediate on-site consequences, as well as indicating any action which was taken to mitigate its effects. It is also the responsibility of the employer to keep records of relevant occupational accidents and diseases which occurred in the workplace, or in relation to work in the case of commuting accidents. In this respect, it is worth pointing out that good recordkeeping is also beneficial to the enterprise for preventive purposes.

Countries can use the [Occupational Safety and Health Convention, 1981 \(No. 155\)](#), the [Occupational Safety and Health Protocol 2002, \(No. 155\)](#), and the ILO [Code of Practice on Recording and notification of occupational accidents and diseases \(1995\)](#) as a basis for developing their own systems, together with the ILO list of occupational diseases in [Recommendation No 194](#) to design and update their own lists.

WORKPLACE LEVEL ACTION ON OSH

The commitment of top management and workers' participation are essential to promote occupational safety and health (OSH) in the workplace. Those enterprises that comply with their legal obligations, embrace social values, act conscientiously and promote significant participation from all those involved in the workplace contribute to a sound working environment. A coherent OSH policy implemented through concrete programmes and actions can convert into practice the commitment of employers and workers and their representatives. This contributes to building a culture of prevention on OSH. In this context, the term *"culture of prevention on OSH"* means an environment which reflects the value systems adopted by the enterprise. Such a culture is reflected in practice in the managerial systems, personnel policies, principles for participation through bipartite OSH committees, and other means, such as training policies and quality management of the workplace.

As OSH is the discipline dealing with the prevention of work-related injuries and diseases, it aims at the improvement of working conditions and working environment for the protection, promotion and maintenance of the highest degree of physical and mental health and social well-being of workers in all occupations. In this context, the anticipation, recognition, evaluation and control of hazards arising in or from the workplace that could impair the health and well-being of workers are the fundamental principles of the process governing occupational risk assessment and management. The possible impact on the surrounding communities and the general environment should also be taken into account.

Workplace risk assessment and management plays an important role in protecting workers and enterprises. It helps everyone in focusing on the risks that really matter in the workplace – the ones with the potential to cause real harm. A risk assessment is simply a careful examination of what, in the workplace, could cause harm to people; risk management allows for evaluating the risks identified and deciding on the safety and health control measures to adopt, establishing and recording who is responsible for implementing specific control measures and in which time-frame, and finally, monitoring and reviewing the risk assessment and updating it when necessary. Workplace risk assessment and management enables an assessment of whether enough precautions are in place or whether more actions should be taken in order to prevent harm to those at risk, including workers and members of the public. A well conducted workplace risk assessment and management will contribute to the protection of workers and will benefit enterprises through better working practices potentially increasing productivity.

LEARN MORE

[RISK MANAGEMENT – A 5 STEP GUIDE for employers, workers and their representatives on conducting workplace risk assessments](#)

[JOINT OSH COMMITTEES \[FACT SHEET\]](#)

[OCCUPATIONAL SAFETY AND HEALTH MANAGEMENT SYSTEMS \(OSH MS\): A TOOL FOR CONTINUAL IMPROVEMENT \[FACT SHEET\]](#)

[PREVENTION OF MAJOR INDUSTRIAL ACCIDENTS \[FACT SHEET\]](#)

[MENTAL HEALTH AT WORK \[FACT SHEET\]](#)

[OSH AND PRODUCTIVITY \[FACT SHEET\]](#)

JOINT OSH COMMITTEES

A joint occupational safety and health (OSH) committee can be defined as a bipartite body composed by workers' and employers' representatives, which is established at the workplace and is assigned to various functions intended to ensure cooperation between the employers and workers so as to achieve and maintain safe and healthy working conditions and environments.

In every workplace, employers have the legal obligation of protecting the health, safety and integrity of their workers. According to the Occupational Safety and Health Convention, 1981 (No. 155) and its Recommendation No. 164, employers' obligations on OSH include:

- give adequate information on preventive measures taken and appropriate training on OSH;
- ensure that workplaces, machinery, equipment and processes, as well as chemical, physical and biological substances and agents under their control are safe and without risk to health when the appropriate measures of protection are taken;
- provide adequate protective clothing and personal protective equipment (PPE) to prevent risk of accidents or of adverse effects on health;
- provide for measures to deal with emergencies and accidents, including adequate first-aid arrangements.

There are many ways in which employers and workers may cooperate in the workplace in fulfilling such obligations. However, joint OSH committees have proven to be one of the most successful ones. Joint OSH committees are an essential element to ensure the participation of workers; they contribute to the implementation of OSH preventive and control measures. Their contribution also translates in reduced absenteeism, a healthy and motivated workforce, and lower costs and subsequently in higher productivity and profits for enterprises. A number of studies and ILO experience show that workplaces with joint OSH committees had significantly fewer occupational injuries than those where the management alone implement safety and health measures.

COMPOSITION

Convention, 1981 (No. 155) and its Recommendation No. 164 also outline the composition and functions of joint OSH committees. As joint OSH committees are bipartite, workers should have equal representation as employers. Workers' representatives should be elected by their co-workers freely through a direct and secret vote. The employers' representatives are designated directly by management. In most cases the technician responsible for OSH matters or the OSH management system are part of the committee, and the medical service can also be represented. The number of representatives varies depending on several parameters: the size of the workplace; the number of workers, departments and worksites; its geographical location; the type of activity and the associated risks; the number of trade unions present at the workplace; the number of employers; and time during which the worksite will be operative (e.g., in the case of a construction site). Depending on the characteristics of the workplace, the number of workers and the number of worksites, it may be necessary to establish more than one joint OSH committee. In that case, it would be convenient to establish a central joint OSH committee to coordinate the functions of all the others. In very big enterprises the establishment of a hierarchy among joint OSH committees can prove to be convenient.

It is important to ensure that both women and men are represented within the joint OSH committee(s), since general measures directed to all workers not necessarily achieve the desired benefits for women workers. Working conditions and occupational risks may vary from one sex to the other, depending on the concentration in particular occupations and the type of activity, having different effects on the specific patterns of injury and disease of men and women.

OBJECTIVE AND FUNCTIONS

The objective of joint OSH committees is to provide a platform for good communication, coordination and cooperation between workers and their representatives and employers, to ensure that working processes are safe, and workers enjoy optimal physical and mental health.

According to Recommendation No. 164, in order to fulfil its functions the joint OSH committee should:

- be given adequate information on OSH matters, be enabled to examine factors affecting safety and health, and encouraged to propose measures on the subject;
- be consulted when major new safety and health measures are envisaged and before they are carried out, and seek to obtain the support of the workers for such measures;
- be consulted in planning alterations of work processes, work content or organization of work, which may have safety or health implications for the workers;
- be given protection from dismissal and other measures prejudicial to them while exercising their functions in the field of OSH as workers' representatives or as members of safety and health committees;
- be able to contribute to the decision-making process at the level of the undertaking regarding matters of safety and health;
- have access to all areas of the workplace and be able to communicate with the workers on safety and health matters during working hours at the workplace;
- be free to contact labour inspectors;
- be able to contribute to negotiations in the undertaking on OSH matters;
- have reasonable time during paid working hours to exercise their safety and health functions and to receive training related to these functions;
- have recourse to specialists to advise on particular safety and health problems.

LEGAL FRAMEWORK

In nearly a hundred countries, the establishment, composition and functions of joint OSH committees in the workplace are regulated by their national legislation, and consequently, compliance is mandatory for the enterprise. In countries where national OSH legislation does not regulate joint OSH committees, collective agreements can do it instead. Collective agreements respect minimum standards set out in the national legislation and complement it or go beyond for the benefit of the workers which have been represented in its negotiation. Therefore, collective agreements can only improve on the requirements established in the law of the country; never can they diminish the binding obligations of employers and workers under those collective agreements.⁵ If neither national legislation nor collective agreements contain provisions requiring the

⁵ See the ILO [Collective Agreements Recommendation, 1951 \(No. 91\)](#)

establishment of a joint OSH committee, employers and workers in any enterprise can establish this body on voluntary basis following the guidance of the ILO.

The list below includes examples of countries with legislation regulating OSH Committees, their composition, functions, rights and obligations. The texts are available through [LEGOSH](#) – The global database on occupational safety and health legislation.

LIST OF COUNTRIES WITH LEGISLATION ON JOINT OSH COMMITTEES

AFRICA	AMERICAS	ARAB STATES, ASIA & OCEANIA	EUROPE
Algeria	Argentina	Armenia	Austria
Angola	Bahamas	Australia	Albania
Benin	Barbados	Bahrain	Belgium
Burkina Faso	Bolivia, Plurinational State of	Bangladesh	Bulgaria
Burundi	Brazil	Belarus	Croatia
Cameroon	Canada	Brunei Darussalam	Cyprus
Chad	Chile	Cambodia	Denmark
Central African Republic	Colombia		Estonia
Congo Côte d'Ivoire	Costa Rica	Comoros	Finland
Democratic Republic of the Congo	Cuba	Fiji	France
Djibouti	Dominican Republic	India	Germany
Egypt	Ecuador	Iran, Islamic Republic of	Hungary
Gabon	El Salvador	Iraq	Iceland
Guinea	Guatemala	Jordan	Ireland
Kenya	Guyana	Kazakhstan	Lithuania
Lesotho	Honduras	Korea, Republic of	Luxembourg
Madagascar	Mexico	Malaysia	Moldova, Republic of
Malawi	Nicaragua	Mongolia	Netherlands
Mali	Panama	New Zealand	Norway
Mauritania	Paraguay	Oman	Poland
Mauritius	Peru	Philippines	Portugal
Morocco	Saint Lucia	Russian Federation	Romania
Mozambique	Uruguay	Samoa	Slovakia
Namibia	Venezuela, Bolivarian Republic of	Singapore	Slovenia
Niger		Thailand	Spain
Senegal		Timor-Leste	Sweden
South Africa		Turkmenistan	Turkey
Sudan		Viet Nam	Ukraine
Swaziland			United Kingdom
Tanzania, United Republic of			
Togo			
Tunisia			
Uganda			
Zambia			
Zimbabwe			

OCCUPATIONAL SAFETY AND HEALTH MANAGEMENT SYSTEM (OSHMS): A TOOL FOR CONTINUAL IMPROVEMENT

The essential purpose of occupational safety and health (OSH) is the management of occupational risks. For this, hazard and risk assessment and management have to be carried out to identify what could cause harm to workers so that appropriate preventive and protective measures can be developed and implemented.

At the onset of the twenty-first century, the need to master a galloping industrialization and increasingly complex technologies has led to the development of much more sophisticated risk assessment and management methods on OSH. During the last decade, the approach of OSH Management Systems (OSHMS) has become popular and has been introduced in both industrialized and developing countries. The ways for promoting its application vary from legal requirements to voluntary use and experience shows that an OSHMS is a logical and useful tool for the continual improvement of OSH performance at the organization's level⁶. Key elements for its successful application include ensuring both management's commitment, and the active participation of workers in its joint implementation. Governments, employers and workers recognize the positive impact of introducing OSH management systems at the organization's level, both in terms of the reduction of hazards and risks and the impact on productivity. It is expected that more and more countries will integrate OSHMS in national OSH programmes as a means to strategically promote the development of sustainable mechanisms for OSH improvements in organizations.

ILO CONVENTION ON THE PROMOTIONAL FRAMEWORK FOR OCCUPATIONAL SAFETY AND HEALTH

In line with the above, the [ILO Convention on a Promotional Framework for Occupational Safety and Health, 2006 \(No. 187\)](#) and its accompanying [Recommendation \(No. 197\)](#) aim at promoting a preventive safety and health culture and progressively achieving a safe and healthy working environment through a systems approach. It focuses on the need to have an adequate national system and structure to implement an OSH policy involving all stakeholders. A national system includes the adequate infrastructure for the implementation of a policy and programme on occupational safety and health; framework legislation; coordination mechanisms among relevant authorities and bodies; compliance mechanisms including inspection systems; the active participation of employers and workers and their organizations at national and enterprise levels; and the management of OSH for the prevention of occupational accidents and diseases at the level of the organization. Therefore, this Convention's systems approach provides for the national framework in which the application of OSHMS at the organization's level can be further strengthened.

⁶ Organization in this context refers to a company, operation, firm, undertaking, establishment, enterprise, institution or association, or part of it, whether incorporated or not, public or private, that has its own functions and administration. For organizations with more than one operating unit, a single operating unit may be defined as an organization.

GUIDELINES ON OCCUPATIONAL SAFETY AND HEALTH MANAGEMENT SYSTEMS, ILO–OSH 2001

The ILO-OSH 2011 Guidelines call for coherent policies to protect workers from occupational hazards and risks while improving productivity. They were designed for assisting organizations, national institutions, employers, workers, and those responsible for OSH management systems, in reducing work-related injuries, occupational diseases, incidents and fatalities. At the organizational level, the Guidelines encourage the integration of OSH management systems as an important component of overall policy and management arrangements. The Guidelines have been developed according to internationally agreed principles defined by the ILO’s tripartite constituents. They are not legally binding and are not intended to replace national laws, regulations or accepted standards. Their application does not require certification but complement other tools for good practice on OSH.

Auditing is one of the key steps in both implementing an OSH management system and evaluating its performance. The ILO [Audit Matrix](#) has been designed to measure the performance and effectiveness of an organization’s OSHMS and to help auditors identifying the strengths and weaknesses, highlighting opportunities for improvement within the organization audited. The Audit Matrix complements the ILO–OSH 2001 Guidelines as it incorporates the requirements to complete a SWOT analysis for each of its components.

The [2011 World Day for Safety and Health at Work Report](#) focused on the progress made towards the implementation of OSHMS after more than 10 years of its application for the continual improvement of OSH in the workplace providing insights on progress made.

PREVENTION OF MAJOR INDUSTRIAL ACCIDENTS

The potential for major industrial accidents has become more significant as the production, storage, and use of hazardous substances has increased. As a result, measures seeking to protect workers, the public and the environment by preventing the occurrence of major accidents in major hazard installations, and minimizing the consequences of a major accident on-site and off-site have been developed. The chemical and energy sectors (whether nuclear, coal, or oil-based) are high risk sectors where Occupational Safety and Health Management Systems (OSHMS) were first applied and used; for example by implementing major hazard control systems, appropriate emergency planning, and arranging adequate separation between major hazard installations and nearby centres of population where housing, hospitals, schools, and shops are established.

Most industrialized countries have developed regulatory criteria to designate industrial installations as major hazard installations, all requiring very specific and stringent safety and health measures. The ILO [Convention on the Prevention of Major Industrial Accidents, 1993 \(No. 174\)](#) and its accompanying [Recommendation \(No. 181\)](#) provide for a systematic and comprehensive model framework for the protection of workers, the public, and the environment against major industrial accidents involving hazardous substances; they also deal with the mitigation of the consequences of such accidents. The standards set out the systematic identification of major hazard installations and their control, the duties of competent authorities and employers, and the rights and responsibilities of workers. They also define the responsibilities of exporting States, for the international transfer and rapid compensation of victims of major hazard accidents, and for multinationals to provide equal protective and control measures in all of their establishments. The Convention also provides for ratifying States to take into account, in the formulation of their national policy, the related ILO [Code of Practice on the prevention of major accidents \(1991\)](#).

The objective of this Code of practice is to provide guidance in the setting up of an administrative, legal, and technical system for the control of major hazard installations, and also complements the above mentioned standards. The practical recommendations of this code of practice are intended for the use of all those who have responsibilities in the prevention of major industrial accidents. It has been drawn up with the object of providing guidance to those who may be engaged in the framing of provisions relating to the control of major hazards in industry: competent authorities; management; emergency services; and inspectors. The code can also offer guidelines for employers' and workers' organizations. The code is not intended to replace national laws, regulations, or accepted standards.

The ILO also developed a manual on [Major Hazard Control, \(1993\)](#) aimed at assisting countries in the development of control systems and programmes for major hazard installations. It is designed to deal with the safety aspects of siting, planning, designing, constructing and operating plants. The manual identifies and discusses the various components of a major hazard control system. It explains how to identify major hazard installations and describes all the components of a major hazard control system. Extensive information is provided on planning for emergencies, both on site and in the surrounding neighbourhood.

MENTAL HEALTH AT WORK

It is a universally accepted principle that people have the right to the highest attainable standards of health. Without health at work a person cannot contribute to society and achieve well-being. If health at work is threatened, there are no grounds for productive employment and socio-economic development. The burden of mental ill-health is highly relevant to the world of work. It has an important impact on people's well-being, reducing workers' employment prospects and wages, families' incomes, and enterprises' productivity, all of which cause significant direct and indirect costs to the economy.

The ILO's definition of mental health is that of a state of well-being (both individually and collectively) in which workers realize their own abilities, work productively, and contribute to their community. In this context, occupational health should "aim at the promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations".⁷ One of the ILO's main objectives is to accomplish the fundamental right to the highest attainable standards of health at work and to a working environment that enables every worker in every workplace to live a socially and economically productive life.

The core values reflected in ILO Standards and policy on occupational safety and health (OSH), concern three main principles:

- Work should take place in a safe and healthy working environment;
- Conditions of work should be consistent with worker's well-being and human dignity;
- Work should offer real possibilities for personal achievement, self-fulfilment and service to society.

The ILO's Convention on Occupational Safety and Health, 1981 (No. 155) provides for the adoption, implementation and review of a coherent national policy on OSH and measures for its application at the national and enterprise levels with the aim of protecting workers physical and mental health and well-being. The Occupational Health Services Convention, 1985 (No. 161) defines the role of occupational health services as multidisciplinary services with essentially preventive and advisory functions, and as being responsible for assisting employers, workers, and their representatives in establishing and maintaining a safe and healthy working environment, including the adaptation of work to the capabilities of workers to facilitate optimal physical and mental health at work.

THE WORKPLACE CHALLENGE IN PROTECTING THE MENTAL HEALTH OF WORKERS

In recent years, many workers have become exposed to psychosocial risks emerging from changes in work organization and labour relations, conditions arising from precarious employment, and increased pressure to meet the demands of modern working life, making it more difficult to achieve a proper and healthy work-life balance. These psychosocial risks are associated with how work content is designed and how work is organized and can cause work-related stress, anxiety, depression, and other mental health disorders.

Work-related stress is not a health impairment, but is the first sign of a harmful physical and emotional response that emerges when the demands of the job do not match or exceed the

⁷ According to the comprehensive definition adopted by the Joint ILO–WHO Committee on Occupational Health at its First Session (1950) and revised at its 12th Session (1995); see ILO, Joint ILO/WHO Committee on Occupational Health. *Report of the Committee, 12th Session, Geneva, 5-7 April 1995.*

capabilities, resources, or needs of the worker; as well as when the knowledge and abilities to cope of an individual worker or a group of workers are not matched with the expectations of the organizational culture of an enterprise. Since the 1990's work-related stress, burnout, and depression have escalated, as have coping behaviours (such as alcohol and drugs consumption) and certain forms of violence (such as workplace mobbing and bullying). Some studies have shown that work-related stress and the high-level demands on managers' decision-making increase the risk of depressive and alcohol or drug-related disorders.

Workplace psychosocial hazards and risks are not always taken into account, and a collective approach to mental health at work is still to be fostered. Most initiatives on stress management in the workplace have included individual counselling, induction and mentoring of new staff, on-going support by co-workers and trade unions during unemployment, as well as individual support in addressing major life events by building links with local NGOs.

ILO POLICY ON THE PREVENTION OF PSYCHOSOCIAL RISKS AND THE PROTECTION OF WORKERS' MENTAL HEALTH

Because the workplace has become an important source of psychosocial risks and poor work-life balance, this also means it is an ideal venue to address the prevention of psychosocial risks and their health outcomes.

A comprehensive approach towards mental health at work, which breaks away from traditional efforts and moves towards new effective responses by dealing both with collective and individual measures, is necessary. Through collective measures, the workplace can offer support and allow workers to become more productive without enduring the effects of negative stress. It is generally agreed that improving the individual's ability to cope with stress can be a valuable complementary strategy as part of the wider, collective and organizational process of combating work-related stress.

From an ILO perspective, the protection of mental health at work has more impact if it focuses on preventive strategies. Occupational health and workplace health promotion measures can contribute to improve the mental health and well-being of women and men at work, as well as reducing the risk of mental health disorders. This implies conducting an occupational health practice which involves protecting workers' health through psychosocial risk assessment and management, for the prevention of work-related mental diseases.

As work-related stress is the first sign of a harmful physical and emotional response, the ideal strategy is to prevent its occurrence. This may be achieved by tackling the core of the problem: the causes. As multiple psychosocial factors can cause stress, it cannot be assessed and managed in isolation. Both individual and organizational factors which may be contributing to psychosocial risks should be taken into account in order to adapt work to suit workers capabilities and physical and mental health requirements. Once the existence of work-related stress has been recognized and the psychosocial risks at its origin identified, action to deal with the risks at the source should be taken. Specific preventive measures aimed at reducing the potential mental health consequences of work-related stress should also be in place. Comprehensive OSH management should ensure that psychosocial risks are properly assessed and managed, in the same way as with other OSH risks. Action should be aimed at eliminating as many workplace causes as possible, so that the action taken reduces and prevents future work-related stress. In addition, it is important to consider both labour

and social relations as factors that also have an impact on the well-being of workers and the productivity of the enterprise.

The prevention of mental disorders at work and the promotion of a healthy working life, also require close collaboration between management and workers and their representatives. Employers should be aware of the negative effects of psychosocial risks (such as overwork and lack of control over their tasks) on the emotional well-being, mental health and productivity of workers. Making employers and workers aware, informed, and competent to take care of these new risks, creates a safe and healthy environment, builds a positive and constructive preventive culture within the enterprise, boosts engagement and effectiveness, protects the health and well-being of workers and increases productivity.

ILO experience in supporting member States shows that the basis for a successful enterprise is the people that work in it, and its organizational culture. Healthy workers in a supportive environment feel better and are healthier, which in turn leads to reduced absenteeism, enhanced motivation, improved productivity, reduced turnover and a positive image consistent with labour laws and corporate social responsibility. It benefits both workers and employers by improving the long-term well-being of workers and their families, increasing productivity and performance, and reducing pressure on health, welfare, and social security systems.

In times of workplace changes, coping successfully with psychosocial risks is essential for protecting the health and well-being of workers while enhancing the productivity o

f enterprises. The ILO's comparative advantage in dealing with mental health at work lies in its experience in using social dialogue in the implementation of successful national, workplace, and community initiatives addressing these problems. This is done through capacity building in decent work country programmes in member States with the involvement of employers, workers and their representatives, OSH practitioners, governments, policy-makers, public services, and NGOs. By providing for mechanisms to address psychosocial risks at work through incorporating preventive and health promotion measures contributes to a more decent and human world of work.

The prevention of psychosocial risks and work-related stress is an important aspect of the ILO's primary goal on workplace health promotion. The ILO developed two complementary tools to address mental health concerns in the workplace:

- ⇒ **SOLVE: Integrating health promotion into workplace policies, training package** aims at integrating workplace health promotion into OSH. The SOLVE training programme focuses on the promotion of health and well-being at work through policy design and action to offer an integrated workplace response in addressing the following areas and their interactions:
 - Psychosocial health (stress; psychological and physical violence; economic stressors);
 - Potential addictions and their effects on the workplace (tobacco consumption and exposure to second-hand smoke; alcohol and drug consumption);
 - Lifestyle habits: (adequate nutrition; exercise or physical activity; healthy sleep; HIV and AIDS).
- ⇒ The **Stress prevention at work checkpoints** is an ergonomic tool based on good practices with which to audit and intervene in the workplace by means of a checklist and a set of guidelines, with concrete workplace improvements for the prevention of psychosocial risks and workplace-stress.

OSH AND PRODUCTIVITY

The socioeconomic development and the share of wealth of a country determine the value given to the quality of life and well-being of working people. Although the right to safe and healthy work has been acknowledged as a fundamental right of workers, the economic perspective of occupational safety and health (OSH) is not immediately obvious. OSH goals should be pursued for their intrinsic health benefits. Work not only provides income for meeting basic needs, but may also have a positive impact on the social, physical, and mental health and well-being of worker enabling them to enjoy a healthy and productive life both throughout their active working years and beyond. Enterprises conduct activities on OSH in order to meet statutory requirements and fulfil their social responsibility towards their workers, but they also benefit economically from the investments on preventive measures.

THE COSTS OF OCCUPATIONAL INJURIES AND DISEASES

Occupational injuries and diseases cause immeasurable human suffering to victims and their families, impact negatively on enterprises' efficiency and productivity, and entail major economic losses for societies as a whole. According to ILO estimates, there are more than 2.3 million work-related deaths per year, out of which 350,000 are caused by fatal accidents, and close to 2 million by work-related diseases. In addition, 313 million non-fatal accidents occur on the job annually; many of these resulting in injuries and extended absences from work. These estimates imply that every 15 seconds, a worker dies from a work-related accident or disease and 153 workers have a work-related accident. Furthermore, four per cent of the global GDP (roughly 1.25 trillion US dollars) is drained off annually by costs such as lost working time, workers' compensation, interruption of production, and medical expenses. A colossal figure that is over 20 times greater than official development assistance. The incidence of workplace injuries and diseases also influences the sustainability of social security systems. The cost for disability benefits or pensions paid by public health and insurance schemes is ultimately borne by society as a whole. . The human and financial cost of this daily adversity is vast and puts in evidence the economic burden of poor OSH practices.

IMPACT ON WORKERS

Work may have either positive or adverse effects on the health and life of workers. By far the most salient cost to workers is the loss of quality of life, and even premature death. Pain and suffering can be acknowledged as incalculable costs, the mental health of a worker can be seriously affected after an accident. Furthermore, the loss of confidence that a worker may sustain can permanently affect the ability to work efficiently. Depression after an accident is common, especially where there are lasting health effects. In some cases, Post Traumatic Stress Disorder (the term for a severe and on-going emotional reaction to trauma) can be suffered by an injured worker.

Moreover, there are many important economic consequences of work-related disease or injury that accrue to workers and their households; above all, the lost income for the duration of their absence from work and any medical expenses when not covered by the employer or the employment injury scheme. Other indirect costs may be more relevant; for example, health-impaired workers may face poorer economic prospects than those in better health. Workers suffering long-term disability may also lose important skills and have problems in finding future work, or in remaining in the work for which they have been trained. A large number of unemployed workers have an impairment of

working capacity that is not enough for them to be entitled to a disability pension or to compensation, but which nevertheless seriously compromise their re-employability.

HIDDEN COSTS

The total costs of an accident or occupational disease are often underestimated because some of the costs are external to the enterprise where the victim was employed, and because some internal costs may be difficult to quantify or be recognized; such as, compensated time: lost production, reduced work capacity and lower workforce participation.

The indirect costs can be very significant and, although some are very hard to quantify, they are certainly very real. It has been estimated that the indirect costs of occupational accidents or diseases can be four to ten times greater than the direct costs. The table below provide some examples.

Examples of direct and indirect costs of occupational accidents and ill health in workplaces
<p>Direct costs</p> <ul style="list-style-type: none">• Disruption to business and on-going lost production from worker absence.• Workers' lost wages and possible costs of retraining for a different job.• First-aid, medical and rehabilitation costs.• Insurance and compensation costs and possibly increase in insurance premiums.• Any fines or legal proceedings following the accident/case of ill health.• Replacing or repairing any damaged equipment.
<p>Indirect costs</p> <ul style="list-style-type: none">• Management time in subsequent investigation, perhaps jointly with the enforcing authority (e.g. labour inspectorate) and other administrations.• Costs for associated to the absence of the injured worker (replacement, overtime, loss or production, reorganization of work).• Poorer long-term worker employability because of injury.• "Human costs" – loss of quality of working life and general welfare.• Additional loss of working hours other than those of the injured (repairs and cleaning, helping the injured, first-aid, interruption of work).• Lower motivation to work and workforce morale, increased absenteeism.• Loss of image: Poorer enterprise reputation and client and public relations.• Damage to the environment (e.g., from chemical incidents).• Loss of property (lost products, semi-finished goods, malfunction of machines and devices).

PREVENTION PAYS

OSH regulations and their enforcement remain the fundamental basis for protecting the health of workers. As safety and health at work is an essential part of labour relations, it is affected by the same forces of change that prevail in the national and global socioeconomic context. With a global focus on the need for productive employment, it is necessary to examine the contribution that good working conditions and a healthy and safe workforce generally make towards reaching such a goal. Just as occupational accidents and diseases are clearly bad for productivity, the opposite is also true: providing safe and healthy working conditions actually makes enterprises more productive. Good safety and health is good business.

If this is the case, why is the investment on safety and health measures the first to be considered when cutting costs? Who will continue any production if all the workers are ill, injured, or dead? In the future, societies may find themselves paying the price for a compromise against the most valuable assets of enterprises, their workers.

The traditional approach, where improving workplace health and safety was seen as an additional cost, is gradually being replaced with an approach where workers' health, safety and well-being become integral parts of the economic sustainability and organizational development of enterprises. A growing number of successful enterprises show that it is possible to combine workers' well-being and enterprises' profitability in a balanced way by linking health and safety with managerial and developmental issues through OSH management systems.

Another often raised argument is that good OSH standards are a benefit that only industrialized countries or big enterprises can enjoy, while it is unrealistic to give the same priority to OSH in many developing countries or small scale enterprises. However, there is now evidence that OSH is just as important to productivity under these circumstances. For example, when OSH is included in education and training programmes for workers, awareness of OSH matters increases, the risk of accidents and ill-health decreases, and the resulting workers' physical and mental capacities make them more productive.

In many countries, enterprises have started to pay more attention to prevention, realizing that investing on OSH brings economic and social benefits contributing to efficiency, productivity and competitiveness. For example, according to an ISSA study⁸ on the return in prevention, for every Euro invested annually per employee, an enterprise can expect a potential economic return of 2.20 Euros. For small scale enterprises, even small investments may have major payoffs, and it seems that interventions in work organization and ergonomics may be among the most visible and profitable ones as shown by the application of ILO [WISE methodology](#).

In summary, the benefits for enterprises investing on OSH include but are not limited to the following:

- absenteeism rates are significantly reduced;
- workers' moral, motivation and concentration at work are higher;
- workers' retention is improved;
- productivity and competitiveness are boosted;
- compensation claims and insurance costs are reduced, sometimes considerably;
- client and supplier relations are improved;
- the enterprise's image and reputation are enhanced;
- contract pre-qualification scores are increased;
- substantial savings (and job security) are made, as a result of the above.

The economic benefits of health promotion are also evident. Healthy workers in a supportive environment feel better and healthier, which in turn lead to reduced absenteeism, enhanced motivation, improved productivity, improved recruitment, reduced turnover and a positive enterprise's image. Workplace health promotion programmes are an effective business investment

⁸ International Social Security Association (ISSA), German Social Accident Insurance (DGUV), German Social Accident Insurance Institution for the Energy, Textile, Electrical and Media Products Sectors (BG ETEM), *The return on prevention: Calculating the costs and benefits of investments in occupational safety and health in companies*.

as they can enhance and extend existing OSH programmes by contributing to keep workers fit and healthy; maintaining their ability to work and allowing them to remain active and productive members of society, while at the same time contributing to the well-being both of workers and their enterprises with more efficient and profitable working practices.

Investing in workers' health is an important factor for future sustainability as it increases the competitiveness of a country. OSH must therefore be maintained as a key element of development and given high priority internationally and at national and enterprise levels.

At national level, there is a clear link between the competitiveness of a national economy and its level of occupational safety and health (OSH). Data from both developed and emerging economies show that where investments in prevention measures have taken place over a period of time, a significant decrease in work accidents and occupational diseases, and therefore a considerable cost-reduction has been achieved. OSH is vital in this context, not only because it helps to reduce the toll of injuries and diseases that account for a large percentage of national ill health, especially in developing countries, but also because it significantly contributes to better prosperity and growth.

The ILO aims at increasing awareness on the dimensions and consequences of work-related accidents and diseases, placing the health and safety of workers high in international agendas, and supporting action at all levels. Beyond the economic aspects, we have a moral obligation: the human costs are far beyond unacceptable.

THE GENDER DIMENSION IN OSH POLICIES

Recognizing diversity in the workforce, including gender differences, is vital in ensuring the safety and health of both men and women workers. Whilst some progress has been made in this area, the ILO believes that more can and should be done. Gender differences should be considered in the development of occupational safety and health (OSH) policies and prevention strategies. This approach acknowledges and makes visible the differences that exist between men and women workers, in order to identify hazards and risks and implement effective solutions.

A gender-sensitive approach recognizes that because of the different jobs women and men do, their different societal roles, the expectations and responsibilities they have, women and men may be exposed to different physical and psychological risks at the workplace, requiring in certain cases differing preventive and control measures. This approach also improves the understanding of how the sexual division of labour, biological differences, employment patterns, social roles, and social structures, all contribute to gender-specific patterns of occupational hazards and risks. For OSH policies and prevention strategies to be effective for both women and men this dimension needs to be taken into account and such policies must be based on more accurate information about the relationship between occupational health and gender roles.

LEARN MORE

[10 Keys for gender sensitive OSH practice : guidelines for gender mainstreaming in occupational safety and health](#)

[Women workers and gender issues on occupational safety and health](#)

[WHO - Building Healthy and Equitable Workplaces for Women and Men](#)

[EU-OSHA - Mainstreaming gender into occupational safety and health practice](#)

EDUCATION AND OSH

The ILO emphasizes the importance of integrating occupational safety and health into general and vocational education as part of the strategy for building and maintaining a culture of prevention on occupational safety and health (OSH). Only through education it is possible to raise awareness and build long term knowledge on OSH.

A culture of prevention on OSH implies progressive changes in the behaviours and attitudes of people towards their own health and safety, together with that of others. As children are the future of any society, basic OSH knowledge should be integrated into the school curricula of today, in order to ensure for the future, a workforce and society sensitized and aware of their safety and health, when at school, at work, and throughout their daily lives. Good OSH education in school should enable students to adopt positive attitudes and behaviours, in order to acquire knowledge, develop skills and abilities to identify hazards and risks and find solutions.

As often young workers lack the awareness and experience on the risks associated to their tasks, information and training on OSH during apprenticeships programmes are essential to reduce occupational accident rates among them. As a result of a growing awareness on the key role of education in developing a culture of prevention on OSH, many countries are starting to include basic education on risk prevention in the curricula of primary, secondary, and technical schools. Furthermore, some countries are developing an approach which focuses not only on the content of the teaching, but also on the premises where the teaching is carried out. Students should play an active role in the health and safety aspects of their school environment as part of their learning. Risk education and school safety and health should be integrated throughout the school's activities so as to become part of school life.

LEARN MORE

[EU-OSHA Occupational safety and health and education: a whole-school approach](#)

[EU-OSHA Mainstreaming occupational safety and health into education](#)

[EU-OSHA Factsheet 52. Mainstreaming occupational safety and health into education](#)

TOOLS FOR TEACHERS

[NAPO for Teachers. Introducing safety and health in education: Study resources for teachers](#)

[¿Qué querés ser cuando seas grande? Un libro para conocer y comprender el mundo del trabajo](#)

[ENETOSH - Whole School Approach](#)

[CCOSH - Health+Safety Teaching Tools](#)

[INSHT - La enseñanza de la prevención en la escuela primaria. Metodología y herramientas](#)

[Estrategias pedagógicas para abordar los temas transversales de salud ocupacional en el primero y segundo ciclos de la educación general básica](#)

SEOUL DECLARATION ON SAFETY AND HEALTH AT WORK

The Seoul Declaration on Safety and Health at Work was adopted by a Safety and Health Summit in June 2008 on the occasion of the XVIII World Congress on Safety and Health at Work. The Declaration recognizes that safety and health at work is a fundamental human right as stipulated in Art 23 of the Universal Declaration of Human Rights. The Seoul Declaration also calls for building and maintaining a preventive safety and health culture which requires the contribution of all members of society.

The high-level signatories of the Declaration unanimously committed to pursuing the protection of this fundamental human right through the implementation of the Declaration, and committed to actively participate in securing a safe and healthy working environment through a system of defined rights, responsibilities, and duties, where the principle of prevention is accorded the highest priority. Together with the many supporters of the Seoul Declaration, the International Labour Office (ILO) through its Decent Work Agenda; the International Social Security Association (ISSA) and its members; and the Korea Occupational Safety and Health Agency (KOSHA) committed to promote a global culture of prevention on occupational safety and health.