

# Prevention of Occupational Risks

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The *ISSA Guidelines* have been developed by the ISSA Technical Commissions and staff of the ISSA Secretariat, based on a broad consultation with experts, international organizations and the worldwide ISSA membership.

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International Social Security Association - Case postale 1 - CH-1211 Geneva 22 / Switzerland

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# Contents

Introduction	7
Objectives of the <i>ISSA Guidelines on Prevention of Occupational Risks</i>	8
Framework for the Prevention of Occupational Risks	9
<i>Prevention actors</i>	9
Structure of the <i>ISSA Guidelines on Prevention of Occupational Risks</i>	11
Acknowledgements	12
A. Basic Conditions for Prevention Programmes	13
A.1. Framework for Prevention	14
<b>Guideline 1.</b> National legal framework	15
<b>Guideline 2.</b> Internal structuring of prevention programme	16
<b>Guideline 3.</b> Involvement of social partners and competent state authorities	17
A.2. Institutional Settings for Prevention	18
<b>Guideline 4.</b> Defining a prevention strategy	19
<b>Guideline 5.</b> Provision and management of financial resources	20
<b>Guideline 6.</b> Human resources	21
<b>Guideline 7.</b> Infrastructure and consumables	22
<b>Guideline 8.</b> Reporting, data collection and analysis of occupational accidents and diseases	23
<b>Guideline 9.</b> Identifying target groups for prevention services	24
B. Prevention Activities and Services	25
B.1. Incentive Systems	26
<b>Guideline 10.</b> Risk-related contributions	27
<b>Guideline 11.</b> Financial incentives	28
<b>Guideline 12.</b> Non-financial incentives	29
B.2. Information and Communication	30
<b>Guideline 13.</b> Principles of information and communication on prevention	31
<b>Guideline 14.</b> Communication with enterprises	32
<b>Guideline 15.</b> The role of prevention experts	33
<b>Guideline 16.</b> Communication with preschools, schools, vocational training institutes and universities	34
<b>Guideline 17.</b> Campaigns as a communication tool	35
<b>Guideline 18.</b> Internal communications	36

<b>B.3. Prevention of Occupational Diseases and Occupational Medicine</b>	<b>37</b>
<b>Guideline 19.</b> Prevention of occupational diseases	<b>38</b>
<b>Guideline 20.</b> Preventive medical examinations	<b>39</b>
<b>Guideline 21.</b> Database of exposed workers	<b>40</b>
<b>Guideline 22.</b> Use of mobile examination units	<b>41</b>
<b>B.4. Consulting Services</b>	<b>42</b>
<b>Guideline 23.</b> Setting the framework for consulting services	<b>43</b>
<b>Guideline 24.</b> Assessment of occupational accidents and diseases	<b>45</b>
<b>Guideline 25.</b> Risk assessment	<b>46</b>
<b>Guideline 26.</b> Measuring services	<b>47</b>
<b>B.5. Research and Development</b>	<b>48</b>
<b>Guideline 27.</b> Risk observation for early detection	<b>49</b>
<b>Guideline 28.</b> Research and development in prevention	<b>50</b>
<b>Guideline 29.</b> Scientific cooperation and networking in research and development	<b>51</b>
<b>Guideline 30.</b> Transfer of research and development results	<b>52</b>
<b>B.6. Development of Skills and Training</b>	<b>53</b>
<b>Guideline 31.</b> Training provision	<b>54</b>
<b>Guideline 32.</b> Qualification of trainers	<b>55</b>
<b>Guideline 33.</b> Use of an in-house training centre	<b>56</b>
<b>B.7. Collaboration and Prevention Networks</b>	<b>57</b>
<b>Guideline 34.</b> Networking for prevention	<b>58</b>
<b>B.8. Promoting a Prevention Culture</b>	<b>59</b>
<b>Guideline 35.</b> Establishing a prevention culture	<b>60</b>
<b>B.9. Addressing Small and Medium-sized Enterprises</b>	<b>61</b>
<b>Guideline 36.</b> Addressing small and medium-sized enterprises	<b>62</b>
<b>B.10. Addressing Specific Risks</b>	<b>63</b>
<b>Guideline 37.</b> Traffic and commuting accidents	<b>64</b>

## Introduction

The *ISSA Guidelines on Prevention of Occupational Risks* addresses occupational risks that are insured by social security institutions. It provides guidance on how social security institutions can develop and promote prevention activities.

Prevention – along with compensation and rehabilitation – represents an intrinsic part of social security, aiming to protect the population groups covered from safety and health risks at work. While social accident insurance systems have been established in most countries worldwide, according to information collected by the International Social Security Association (ISSA), many of these institutions have not yet developed prevention capacities and programmes.

The importance to society of preventing occupational risks is obvious. Where preventive measures have been taken, significant reductions in occupational accidents and diseases have been achieved, thus saving lives, avoiding human suffering and safeguarding the health and well-being of workers. Safe and healthy working conditions are increasingly understood as strategic assets for enterprises and for society as they go hand in hand with productivity and competitiveness.

The ISSA's international study on the costs and benefits of investments in occupational safety and health (OSH), demonstrating a global return on prevention (ROP) of 1:2.2 or 120 per cent, has clearly revealed the enormous potential that prevention holds for business and society today (ISSA, 2013).

For social security institutions, involvement in prevention activities means proactively to address the occupational risks, before providing benefits for treatment, rehabilitation, early retirement or invalidity, i.e. following the principle that "prevention is better than rehabilitation" and "rehabilitation is better than compensation".

Based on this strategic approach, the ISSA's guidelines offer social security institutions in the field a comprehensive set of prevention concepts and tools to build their own prevention capacities, infrastructures, programmes and activities, taking into account their specific national and institutional circumstances.

The target audience for these guidelines is social security funds dealing with occupational risks, workers' compensation boards and social insurances for occupational accidents and diseases, all of which are referred to as "social security institutions".

### **Objectives of the *ISSA Guidelines on Prevention of Occupational Risks***

These guidelines focus on the prevention of occupational risks such as accidents, diseases and other work-related health problems. They form part of a broader concept of prevention which includes proactive and preventive approaches to social security, addressing the prevention of occupational risks, health promotion and return to work.

Prevention approaches and services vary around the world, reflecting different levels of socio-economic development, policies and legal frameworks. Prevention is normally driven by government through occupational safety and health legislation, developed in consultation with the social partners and enforced by competent state authorities (through labour inspection). Social security institutions in many countries complement these services and contribute to the prevention of occupational risks.

As social security institutions are responsible for the compensation of work-related accidents and diseases, and in a number of cases for the rehabilitation of injured workers, they (should) have a strategic interest in contributing to a safe and healthy workforce. However, in many countries their main focus remains to provide compensation in case of occupational injuries, rather than to engage in their prevention.

Social security institutions are, in many countries, valuable partners for safety and health authorities as they dispose of detailed data on the insured workers. Such data is of great importance for the preparation of national prevention programmes, in particular for targeting risk areas and for setting priorities, as well as for the evaluation of their impact.

Besides complementing government services in occupational safety and health at work, social security institutions may be offering support to government authorities in the occupational sectors they insure.

These guidelines provide measures to assist social security institutions to conduct prevention activities with a view to reducing the number of work-related accidents and diseases and related compensation claims. By including all relevant stakeholders, such as the social partners, government authorities and prevention experts, social security institutions can actively promote a culture of prevention by encouraging improved prevention performance at both enterprise and national levels.

## Framework for the Prevention of Occupational Risks

In order to structure and prioritize their occupational safety and health activities, social security institutions establish a prevention framework focusing on four key areas of action: workplace safety and health, safe technology, individual prevention capacities and behaviour, and clear instructions/guidance. If all these are addressed systematically, continuous improvement in safety and health can be expected. These areas are often enshrined in a prevention strategy, which defines objectives to reduce the number of occupational accidents and diseases within a given timeframe and outlines the cooperation with other actors, including the social partners and safety and health authorities (through labour inspection).

At international level, the International Labour Organization (ILO) Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187) calls for setting up a national occupational safety and health policy, system and programme, and the World Health Organization (WHO) has adopted its Global Plan of Action on Workers' Health (2008–2017). The member states of the European Union operate under the priorities and defined objectives set up in the Community Strategy on Health and Safety at Work, which obliges them to establish national prevention strategies and programmes that contribute to the implementation of the Community Strategy. One example is the United Kingdom, where the Health and Safety Executive has published *The health and safety of Great Britain: Be part of the solution*. The German Social Accident Insurance (*Deutsche Gesetzliche Unfallversicherung (DGUV)*) has adopted a Vision Zero strategy that assumes that safe and healthy workplaces are not an illusion but a realistic objective, provided all suitable means are taken, and that every fatal and serious work accident or occupational disease can and should be prevented by targeted measures. Concentrating prevention actions on fatal and serious cases will therefore raise the general level of safety and health.

### *Prevention actors*

According to national safety and health legislation, the prime responsibility for prevention measures at enterprise level lies with the employer. National safety and health systems and policies supervise and support the employer in his or her duties. These systems include a tripartite approach based on social dialogue between workers and employers, enforcement of the legal provisions by the competent safety and health authorities (through labour inspection), support provided through occupational health and prevention services, including services provided by social security institutions, etc. The ILO Occupational Safety and Health Convention, 1981 (No. 155) provides an outline for a sound national occupational safety and health programme.

Work injuries and occupational health risks are usually insured under a state-run social security system (e.g. social accident insurance scheme, workers' compensation board, etc.), which in most cases cover both work accidents and occupational diseases. In a number of countries, insurance is not managed by a specialized institution but by a social security fund that covers multiple branches of social security, such as unemployment, pensions, health or family benefits, in addition to work injuries.

In some countries where a compulsory insurance system for occupational risks has not yet been put in place, private sector schemes exist. Where there is a state-run social security system, private sector schemes can complement it by insuring those work-related risks that may not be covered by the state system, in some cases, occupational diseases.

Health insurance schemes are also concerned with the prevention of occupational risks. Depending on the duration and nature of the injury or illness, payment of medical benefits for the insured may either

be shared between the social security institution and a workers' compensation board or be entirely covered by the health insurance scheme, depending on the provisions of the national social security legislation. As an injury may also lead to disability, pension funds also have an interest in early intervention and the reduction of work-related accidents leading to a disability pension claim.

## Structure of the *ISSA Guidelines on Prevention of Occupational Risks*

The following guidelines are organized in two parts:

**Part A, Basic Conditions for Prevention Programmes**, deals with the structural issues that need to be addressed if social security institutions are to be able to support and facilitate the development of preventive approaches with and for enterprises.

**Part B, Prevention Activities and Services**, deals with specific prevention activities and services that can be offered.

Within each part, specific guidelines are grouped according to particular elements of a prevention programme. They are presented as follows:

**Guideline.** The guideline is stated as clearly as possible.

**Structure.** This is the suggested structure for the particular aspect of a prevention programme that may support the application of the guideline and facilitate the promotion of the underlying principle. A sound structure is essential for the effective functioning of a prevention programme. It should ensure an appropriate division of operational and oversight responsibilities as well as the suitability and accountability of the persons involved.

**Mechanism.** There are different ways in which a guideline may be implemented. The suggested mechanisms for a prevention programme are designed to ensure appropriate controls, processes, communication and incentives which encourage good decision-making, proper and timely execution, successful outcomes, and regular monitoring and evaluation.

### Acknowledgements

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## A. Basic Conditions for Prevention Programmes

This part of the guidelines is concerned with establishing the national and institutional frameworks for the prevention programme to be conducted by a social security institution.

## **A.1. Framework for Prevention**

Any social security institution planning to set up or improve prevention services, as recommended, should first undertake a thorough analysis of the existing legal and institutional national framework for prevention activities.

Special attention should be given to the existing regulatory mandate of the institution as regards prevention activities. If the current legal mandate does not include prevention activities, or if the mandate is insufficient to carry out all necessary prevention measures, the institution should submit a proposal to the government or the responsible ministry.

Social security institutions with a mandate to prevent occupational accidents and diseases should develop and implement a prevention programme, including infrastructures, capacities and prioritized activities within their area of responsibility.

The social partners and competent safety and health authorities should be consulted. Social security institutions should likewise be consulted by the authorities when preparing new safety and health legislation, both because of their unique data and knowledge regarding work injuries and because they can be helpful in assessing the feasibility of the envisaged legal provisions.

## Guideline 1. National legal framework

The institution conducts a thorough analysis of the national legal framework, including safety and health regulations, in order to identify its role in prevention and develop prevention activities in line with current legislation. If no legal mandate to carry out prevention services exists, the institution initiates a process to provide an adequate legal prevention framework.

### Structure

- The board should initiate a process to clarify the role and obligations of the institution within the national legal framework; it should either develop proposals to extend the legal framework and submit them at the political level, or introduce prevention services under its own authority.
- The board should initiate a process to define or optimize the future role of the institution in the field of prevention with stakeholders, social partners and the government.

### Mechanism

- The board and/or management should analyse national legislation to determine whether it provides a legal basis for the conduct of prevention programmes and activities by the institution.
- If this is not the case, the management should initiate a legislative review with the objective of expanding the legislation. If legislative norms regarding the role of the institution in prevention cannot be obtained, the institution as an insurance provider should use its authority to define its own role in agreement with the social partners.
- The management should carry out a feasibility study of its possible role, necessary actions and the potential impact of its prevention programmes.
- The management should identify national players active in the field of prevention in order to avoid duplication of tasks and to liaise with potential partners for joint action.

## **Guideline 2. Internal structuring of prevention programme**

**The institution assigns responsibility for conducting a prevention programme to a dedicated prevention department.**

### **Structure**

- The board should instruct the management to prepare for the introduction of targeted prevention services.
- The board should emphasize that the involvement of stakeholders, social partners and clients, where appropriate, from the outset is essential for success.
- The board should send a clear message that the prevention services run by the prevention department constitute a major pillar of the institution's activities, which are not limited to compensation alone.
- The board should ask the management for regular reporting on the design and introduction process for a prevention programme, based on a clear time schedule and defined milestones.

### **Mechanism**

- The management should present the institution's structural approach to deliver prevention services through a prevention department to the board for approval.
- The board should issue a clear decision concerning the introduction of prevention services. This should be based on the conviction and commitment of the stakeholders and social partners concerning the need for prevention.
- The prevention department should establish a plan for the development and monitoring of prevention services for the approval of the management and the board.
- The management should ensure that the social partners are closely involved in this process.
- The management should ensure that clients or their representatives (e.g. unions, industrial and employers' organizations) are involved in the entire process of introducing a prevention programme.
- Where appropriate, the management should obtain advisory support for the consultation process from experienced social security institutions in other countries.

## **Guideline 3. Involvement of social partners and competent state authorities**

**In establishing a framework for prevention, the institution ensures the full participation of social partners and competent state authorities from the outset.**

Positive communication at this level is essential in order to gain acceptance and support. These stakeholders must be kept informed and involved from the very beginning.

### **Structure**

- The board and management should create a platform that enables the active involvement and participation of social partners and the competent state authorities.

### **Mechanism**

- The management should establish permanent prevention committees involving the social partners, to discuss and plan prevention services and activities and prepare proposals for submission to the board. Representatives from competent state authorities might also be involved in these committees.
- The management should ensure that the board meeting agenda regularly includes the topic of prevention (e.g. new developments, recent reports, reports on work accidents and occupational diseases, new prevention projects and campaigns).

## **A.2. Institutional Settings for Prevention**

The social security institution must have the necessary internal structures and resources to conduct prevention programmes. This includes appropriate staff qualifications and competences, clear understanding of important prevention principles, sufficient financial resources to ensure the necessary human resources, the necessary infrastructure to deliver prevention services, a reliable database and the means to identify all possible target groups.

## Guideline 4. Defining a prevention strategy

The board defines a prevention strategy to provide both internal and external guidance.

### Structure

- The board should ask the management to develop a prevention strategy that defines the institution's prevention principles and its understanding of its role in prevention.

### Mechanism

- The management should develop the prevention strategy, which provides fundamental guidance on prevention for the institution, and submit it to the board for approval.
- The management should ensure the prevention strategy outlines the institution's priorities in terms of the services it provides, e.g. "prevention is better than rehabilitation" and "rehabilitation is better than compensation".
- The management should ensure that, based on the prevention strategy, targets and priorities are defined and implemented through annual work plans.
- The management should understand that financial expenditure on prevention is not just a cost but an investment which will help guarantee the future financial sustainability of the institution.
- The management should consider using the prevention strategy, and a motto that emanates from it, for communication purposes in order to reinforce good public relations and public perception of the institution and to position the institution as a national or international prevention player.

## **Guideline 5. Provision and management of financial resources**

**The institution provides a sustainable financial basis for setting up a successful and effective prevention programme. The board and management take the necessary decisions to provide the required financial resources.**

### **Structure**

- The board should take the necessary decisions to ensure a sustainable financial basis to underpin prevention services.
- The board should commit to the allocation of a budget sufficient to conduct prevention services, in order to reduce future expenditure on rehabilitation and compensation.
- The board and management should communicate this investment to all stakeholders.

### **Mechanism**

- The board and management should understand that a social security institution's investment in prevention services should be financed by the general contributions of the members.
- The management should establish a detailed annual budget for prevention services, including for staff and for internal infrastructure and product costs (print media, electronic media, campaigns, training, safety models, etc.).
- The management should submit the annual budget to the board for approval.
- The management should introduce a reliable internal or external monitoring system to oversee the implementation of the approved budget.
- The management should ensure that internal and external benchmarks are used to continuously assess the efficient use of funds.
- The management should ensure that use of the budget and the effectiveness of prevention activities are tracked continuously.
- The management should communicate the institution's commitment and investments in prevention services to members and stakeholders in order to guarantee transparency and support the efficiency of the measure.

## Guideline 6. Human resources

**The institution has an appropriate human resources policy to support its prevention programme.**

A sound human resources policy will define the technical, legal and social competences required to conduct a successful prevention programme, address the need for qualification of existing staff (through training), identify knowledge gaps within the institution that may be compensated for through recruitment of external experts, and allocate adequate staff to the prevention department.

### Structure

- The board should ensure that qualified and motivated staff are available for any prevention activity.
- The board should endorse an appropriate, costed personnel plan drawn up by the management, to develop and carry out the prevention programme.
- The management should ensure that the required competences are available and provide the right levels of initial and further training.

### Mechanism

- The management of the prevention and human resources departments should identify the prevention department's needs for personnel resources, competences and qualifications (e.g. by using statistical planning methods) in order to meet the department's objectives. Of particular use in providing prevention services are technical and engineering experts, safety and health specialists, occupational physicians, ergonomists, teachers and trainers, technicians for measuring services, communications experts, journalists, media experts, information technology experts, psychologists, sociologists and economists.
- The management of the prevention department should establish a clear organizational structure which allows the right mix of office staff and managers (i.e. 5 to 10 per cent having managerial functions).
- Employees working in the prevention department should possess social competences as well as relevant expert knowledge.
- The management of the prevention department should develop a plan for initial training and continuous learning in view of the emergence of a rapidly changing world of work.
- The management should take into account the past experience of other social security institutions in order to save resources.

## Guideline 7. Infrastructure and consumables

**To support its targeted prevention programme, the institution has a functional infrastructure and financial resources for consumables.**

Relevant consumables include office equipment, transport for field staff, laboratory equipment and other, related expenses.

### Structure

- The board should consider and decide on the prevention infrastructure in the context of available financial resources.
- The management should prepare a detailed budget for the required non-personnel expenditure, to cover the prevention infrastructure, consumables and prevention projects.

### Mechanism

- The management should take the following elements into consideration for the introduction and implementation of effective prevention services:
  - The budget for non-personnel costs should include the costs of the prevention infrastructure, statistical planning for prevention projects, implementation of specific prevention projects and consumables;
  - The requirement for office equipment (e.g. furniture, computer, copier) and communications equipment (e.g. phones, mobiles, internet access, postal costs);
  - The need to ensure the mobility of field staff (e.g. provision of cars, fuel, vehicle maintenance, flight and other transport tickets) and personal protective equipment (PPE) for field staff;
  - The requirement for measurement and laboratory equipment.

## **Guideline 8. Reporting, data collection and analysis of occupational accidents and diseases**

**The institution has an adequate and reliable reporting system for work accidents and suspected cases of occupational disease.**

This is an indispensable tool for data collection and data analysis. It enables the institution to conduct targeted prevention activities based on identified occupational risks and contributes to the evaluation of prevention activities by comparing longitudinal data from interventions.

### **Structure**

- The board should ensure the institution has an adequate and reliable reporting system. Cooperation may need to be sought with competent state authorities (e.g. labour inspectorates) and social partners in order to address under-reporting.
- The board should understand the importance of correct and complete data on work accidents and occupational diseases.
- The board should provide all necessary support for the proper use of available data including the information technology system required for collection and analysis in order to identify the areas of work with the highest incidence of work accidents and occupational diseases.

### **Mechanism**

- The management should ensure that work accident and occupational disease data is fully reported by employers.
- The management should ensure that reports on work accidents and occupational diseases are correctly classified by experts and that relative risks are calculated.
- The management should publish an annual report on the number, relative risks and areas of work with the highest incidence of work accidents and occupational diseases for the different sectors of economic activity. This report should be used to design those prevention services and initiatives which show the greatest effectiveness.
- The board and management should take into consideration that, when a social security institution has reliable countrywide data on insurance cases, relative risks can be calculated by combining this data with socioeconomic, industrial and employment data by economic sector and industry. This provides a solid foundation on which to establish prevention programmes or targeted prevention activities.

## **Guideline 9. Identifying target groups for prevention services**

**The institution identifies the target groups to whom the prevention services are offered and their specific needs in prevention.**

This enables the institution to produce well-focused prevention products for its target groups.

### **Structure**

- The board and management should identify the institution's priority target groups to be addressed by means of prevention services and prevention projects.
- The management should prepare a detailed analysis of the potential target groups for prevention services and prevention projects.

### **Mechanism**

- When preparing a detailed analysis of potential target groups, the management should consider the following:
  - Specific professions (e.g. employers, safety experts, safety representatives, employees and their representatives, specific professional and skill groups (e.g. nurses, drivers, machine operators);
  - Manufacturers of machinery and equipment or suppliers;
  - Social partners, trade associations, employer associations and trade unions;
  - State labour inspectors, independent safety and health experts;
  - Universities, vocational training institutes, teachers and trainers, students and pupils;
  - Management and health professionals.
- The management should engage representatives of civil society, the media, the general public and the political system in communications related to its targeted prevention programme.
- The management should ensure that its analysis of target groups includes detailed consideration of the various sectors of economic activity and industrial trades as well as the size and structure of relevant enterprises.

## **B. Prevention Activities and Services**

This part of the guidelines describes prevention programmes which can be conducted by social security institutions, provided that the legal and institutional frameworks are in place.

## **B.1. Incentive Systems**

Economic incentives in occupational safety and health refer to ways of rewarding enterprises for high levels of safety and health at work. While the government can reward an enterprise for improving its occupational safety and health performance by lowering its tax rates, social security institutions can use various means, including economic incentives, to reflect the safety and health performance of the enterprises they cover.

Incentive schemes, including risk-related contributions, financial and even non-financial incentives, are intended to motivate employers and enterprises to make a particular effort in the field of prevention. The idea behind these schemes is that insurance premiums paid by an enterprise are linked to its safety and health performance. Those enterprises with lower than average accident and disease rates may pay lower premiums and those with higher than average rates may pay higher premiums (bonus-malus).

## Guideline 10. Risk-related contributions

**The institution applies a risk-based approach by linking each employer's insurance contribution to the probability of incidents (occupational accidents and occupational diseases) in their workplace.**

The probability calculation takes into account the frequency, severity and cost of insurance cases within the sector of economic activity in which the employer operates.

### Structure

- The board should introduce or reinforce risk-related contributions for members of the institution.
- The management should install and update fair tariffs for risk-related calculation of contributions, endorsed by the board. The tariffs should be based on data provided by the institution's compensation department, combined with all other available data, including characteristic data from different industrial sectors and data on the frequency, severity and cost of insurance cases.

### Mechanism

- The management should ensure the institution has a database which provides detailed information on the type and classification of individual enterprises within specific industrial sectors, and sector-specific data on insurance cases (e.g. frequency, severity and costs), as the basis for calculating risk-related contributions.
- The management should develop and regularly update a risk tariff, and clearly communicate it to members.
- The management should ensure that members are informed about the basis on which their contributions are calculated (e.g. risk categories or total salaries).

## Guideline 11. Financial incentives

The institution encourages enterprises to participate in prevention programmes by offering financial incentives.

Examples of financial incentives include “bonus-malus systems” or reward schemes that are applied in addition to risk-related contributions.

### Structure

- The board should agree on the most effective financial incentive schemes to stimulate prevention programmes among its members.
- The board should decide to introduce a bonus-malus system in order to recognize the success or failure of prevention efforts by individual members.
- The board should decide to introduce a reward scheme offering employers direct financial support for advanced prevention investments, in order to regulate prevention investments or stimulate the implementation of new safety technology.

### Mechanism

- The management should thoroughly analyse and clearly define the mechanism of the bonus-malus system and its financial impact on regular contributions.
- The management should strive to achieve a maximum bonus or malus which results in significant additional contributions or rebates (i.e. around 25 per cent).
- The management should ensure that the system takes into account the number, severity and financial impact of individual insurance cases.
- The management should issue the administrative decision concerning extra payments or rebates independently of the regular annual contribution notice so that it attracts the employer’s attention.
- The management should monitor financial expenditure on the reward scheme through the annual budget.
- The management should develop and publish the categories on which financial rewards are based (e.g. technical measures, measures to support health prevention, development of employee skills and motivation, raising awareness of OSH, organizational measures such as certified occupational safety and health management systems) and criteria for rewarding preventive actions (e.g. “exceeding regulatory standards and efficiently improving prevention on site”).
- The management should develop a simple and fair administrative procedure that ensures a short response time.

## Guideline 12. Non-financial incentives

The institution encourages enterprises to participate in prevention programmes by offering non-financial incentives.

### Structure

- The board should consider the use of non-financial incentive schemes to stimulate, recognize and commend special prevention efforts on the part of enterprises.
- The management should analyse opportunities for the creation of non-financial incentives and select which incentives the institution will apply.

### Mechanism

- The management should ensure that proper planning precedes every non-financial incentive activity that is conducted. This includes determining the human resource needs and communication strategy, and defining clear, fair and understandable criteria for incentive provision and related administrative procedures.
- The management should design non-financial incentives in such a way that they can be effectively communicated to members, insured persons, industrial sectors and the public (e.g. via press conferences, press announcements, television or the Internet).
- The management should consider as possible non-financial health and safety incentive measures: occupational safety and health competitions, good practice awards, health and safety seals and medals, certificates and special commendations.

## **B.2. Information and Communication**

Information and communication constitutes an inherent part of all prevention services. Information is the basic element which underpins all prevention services. It involves the systematic collection, processing, description, presentation and transfer of knowledge (e.g. through the education and training of staff dealing with prevention) and making effective use of all available communication channels. The dissemination of information to target groups as well as the general public is vital. In this process, knowledge in prevention is the key.

## **Guideline 13. Principles of information and communication on prevention**

The institution's prevention experts are in direct exchange with employers and safety representatives to enable the transfer of prevention knowledge and facilitate the implementation of prevention measures at the operational level.

### **Structure**

- The prevention department should identify groups in need of occupational safety and health information as target groups for prevention information and communication.
- The prevention department should define suitable communication paths for prevention information and the information and communication elements and tools to be used (e.g. guidelines, brochures, electronic and multimedia information provided via the Internet, CDs, DVDs, smartphone apps and any other electronic storage devices, along with seminars and personal consultation).

### **Mechanism**

- The prevention and/or communications department should ensure that all information is carefully adapted for its target audience and takes into consideration all relevant (official) languages and levels of literacy (e.g. through readability, use of illustrations).
- The management and the prevention department should define the most important target groups for prevention information, both inside enterprises (e.g. safety representatives and managers, prevention experts and prevention representatives) and external to them (e.g. consulting occupational safety and health professionals and labour inspectors of authorities other than the social security institution).
- The prevention and/or communications department should regularly test and evaluate all information and communication tools in use, to improve the effectiveness of communications.
- The prevention and/or communications department should consider the use of contemporary information tools (e.g. social media) to better reach the target groups.
- The prevention and/or communications department should develop special communications strategies to reach difficult-to-reach groups (e.g. migrant workers, those without a fixed workplace, such as plumbers, and those who are usually unaware of safety and health risks at the workplace).

## **Guideline 14. Communication with enterprises**

**The institution guarantees the transfer of prevention information to the operational level of enterprises by using selected media and effective communication and taking into account the different demands of target groups when generating material for their workplaces.**

### **Structure**

- The prevention department should provide practice-oriented prevention information on various risks and hazards suitable for different kinds of enterprises, different economic sectors and manufacturers of machinery and equipment.
- The prevention department should provide prevention information that addresses the various target groups from managers to employees, taking into account their different levels of education.
- The prevention department should closely collaborate with all other stakeholders, maintaining contact with enterprises and their personnel in order to guarantee an ongoing supply of correct information on prevention.

### **Mechanism**

- The prevention and/or communications department should disseminate prevention information materials (e.g. on risks and hazards at the workplace) to employers, safety specialists and workers.
- The prevention and/or communications department should make available sufficient prevention information materials for all target groups within enterprises including, in particular: the directors and owners of small and medium-sized enterprises (SMEs); chief executives; managers; personnel managers; supervisors; operational prevention specialists, experts and engineers; employees; trade union representatives; prevention units; and enterprise physicians and health workers.
- The prevention and/or communications department should ensure that all information is highly practice orientated, and quick and easy to read and understand (e. g. utilizing checklists).
- The prevention department should deem it essential to maintain close collaboration with state labour and health inspectors, trade union representatives and other representatives of inspection services and authorities, and communication with manufacturers and industry suppliers, in order to transfer prevention knowledge.
- The prevention department should ensure that all prevention media (e.g. brochures, checklists and electronic resources) are as compact and practical as possible, so as to be easily and quickly understood by target groups of different educational levels.
- The prevention department should offer templates for important prevention tools such as risk assessment, safety briefings and safety directives, taking into account the typical hazards and prevention measures of the sector.

## Guideline 15. The role of prevention experts

The institution's prevention experts continuously provide information on prevention to member enterprises through various information channels.

### Structure

- The board recognizes the role of prevention experts as an essential element for the success of the institution's prevention activities.
- The prevention department should provide prevention experts with ongoing training, and support skill enhancement related to the process of information transfer.
- The prevention department should provide specialist prevention information materials to prevention experts as disseminators of information.

### Mechanism

- The prevention department should ensure that prevention experts have easy access to any information regarding the prevention of occupational accidents and diseases.
- The prevention department should produce prevention information through a range of information channels (e.g. web-based information, books, handbooks and manuals, newsletters, checklists, guidelines and specialized databases) for distribution by the prevention experts.
- The prevention experts should maintain close cooperation with state labour inspectors, who have direct access to workplaces and can therefore provide prevention information to workers and employers.
- The prevention experts should seek to collaborate with family doctors and general practitioners in distributing prevention information.

## **Guideline 16. Communication with preschools, schools, vocational training institutes and universities**

The prevention department and its prevention experts take into account different levels of development and education when producing and disseminating information materials for children and adult students.

### **Structure**

- The prevention department should provide highly practice-oriented prevention information on various risks and hazards, suitable for preschools, schools, vocational training institutes and universities.
- The prevention department should provide prevention information that addresses various target groups in educational settings, from children to adult students.

### **Mechanism**

- The prevention department should design information for specific target groups in education, particularly taking into account their different levels of education.
- The prevention department should establish close collaboration with all inspection services and authorities in contact with preschools, schools, vocational training institutes and universities in order to guarantee up-to-date prevention information.

## Guideline 17. Campaigns as a communication tool

**The institution undertakes campaigns for the transfer of prevention information and to raise awareness on prevention topics or health and safety targets.**

Campaigns are a very effective tool as they are typically broadcast through several media channels and attract far more attention than sporadic advertising activities.

### Structure

- The prevention department should plan and execute prevention campaigns on important and specific safety and health challenges (e.g. risk topics, risks, groups at risk).
- The prevention department should carefully research and develop key messages and appropriate channels for use in prevention campaigns.
- The prevention department should allocate sufficient financial resources to each campaign, taking into account that there is a minimum threshold of reception. The effectiveness of a campaign can only be measured in terms of whether or not a prevention message has reached the general public and/or the specific target groups.

### Mechanism

- For each campaign, the prevention and/or communications departments should:
  - Clearly define the campaign style and advertising elements;
  - Determine the central campaign message. This is a critical element of any campaign, whether it focuses on a common theme or one or more messages or subtopics, or targets a particular segment of the (working) population or the general public;
  - Plan a course of action formulated to achieve defined marketing objectives (on prevention topics);
  - Clearly define the timeframe, which may vary depending on the specific campaign objectives and target audiences.

## Guideline 18. Internal communications

**Good internal communication carries the prevention message to the operational level of the institution, enables staff to better understand the purpose of the institution's prevention activities and facilitates motivation.**

### Structure

- The prevention department should inform every employee of the department about all ongoing activities (e.g. campaigns and media coverage) and their specific objectives.
- The prevention department should ensure that each employee is motivated to actively promote the department's activities.

### Mechanism

- When a campaign is launched or new information materials are published, all staff should be well informed and ready to promote the product and answer any questions posed by the target group.
- The prevention department should provide all staff, particularly those in contact with the target groups, with training and background material on current prevention products. Staff should be able to answer the following questions:
  - What is the problem being addressed?
  - What is the target of the information intervention?
  - What is the professional context surrounding the problem?
  - Who are the target audiences?
  - How does the target audience think and behave in relation to the problem?
  - Which messages and materials might work best?
- The prevention department should offer all staff up-to-date information on the department's prevention products (e.g. in briefings and meetings, by developing a pool of Frequently Asked Questions or hosting an internal forum on its intranet page).
- The prevention department should collect feedback from staff, including the institution's prevention experts in touch with target groups, and systematically evaluate it to improve prevention products.

### **B.3. Prevention of Occupational Diseases and Occupational Medicine**

The prevention of occupational diseases is a major challenge for social security systems. Accident ratio studies (e.g. HSE, 1997, p. 13) draw the exact probability of the occurrence of a major accident or injury. However, calculations on the probability of the occurrence of occupational diseases must take into account factors that are difficult to measure or predict, such as prevalence, the duration of medical treatment and environmental factors that foster occupational risks. It is a challenge to predict the impact of occupational diseases on society and hence the viability of a social security system that insures these risks.

The sooner an occupational disease can be detected and addressed, the higher the chance of cure and reintegration into work. The timely diagnosis of relevant symptoms (both physical and psychological) allows not only for effective medical treatment but also for workplace interventions such as changes to work processes and improved protective devices.

In addition to preventing occupational diseases, the prevention of work-related conditions such as musculoskeletal disorders and mental health problems is increasingly coming into focus. These may not be recognized as occupational diseases on national lists, but are often directly linked to work exposure and can be a major cause of absenteeism.

To address these challenges in a timely manner requires a regulatory framework which forms the basis for systematic examinations, standardized guidelines for quality-assured diagnosis, and a medical infrastructure involving occupational physicians and assisting medical personnel.

The following four guidelines aim to assist social security institutions to support employers to provide preventive medical examinations.

## Guideline 19. Prevention of occupational diseases

The institution – if it covers occupational diseases – participates in the development of a national strategy on occupational diseases and the regular updating of the national list of occupational diseases.

### Structure

- The board should support or initiate national discussions on establishing prevention and compensation schemes for occupational diseases, based on a national list of occupational diseases. The national list may refer to the ILO's regularly updated *List of Occupational Diseases*.
- The board should develop specialized programmes for the prevention of occupational diseases.
- The board should involve the social partners and health insurance bodies in its activities to prevent and compensate occupational diseases.

### Mechanism

- The prevention department should establish specific prevention measures based on workplace and occupational disease data.
- The prevention department should ensure that all prevention measures are designed in line with internationally accepted good practice (e.g. concerning elimination of risks, reduction of risk levels, technical and organizational measures for the control of risks, use of personal protective equipment).
- The prevention department should ensure that all prevention measures include a range of actions (e.g. measurement of exposures, substitution of hazardous substances, actions to reduce levels of exposure and the number of exposed workers, instruction and training of exposed workers, motivation for healthy behaviour, motivation to establish a work environment that avoids presenteeism, use of personal protective equipment).
- The prevention department should ensure that prevention activities include regular preventive medical examinations, because they enable early detection of occupational diseases and encourage healthy practice in the workplace.
- The management should ensure good cooperation between the institution and the public health system because occupational diseases are often not detected as such by general practitioners.
- The prevention department should also address the prevention of work-related conditions such as musculoskeletal disorders and mental health problems as they are often directly linked to work exposure and can be a major cause of absenteeism.

## Guideline 20. Preventive medical examinations

**The institution supports the timely diagnosis of occupational health issues on the appearance of physical or psychological symptoms, which allows for early workplace interventions.**

Such interventions could include changes to work processes, improved protective devices or the removal of workers from exposure, effective medical treatment and improving the safety behaviour of exposed employees.

### Structure

- The competent national authorities should define a legal framework ensuring that all employees to be exposed to particular health hazards at work undergo a systematic medical health screening before starting hazardous work and are periodically re-examined.
- The board should allocate funds for a preventive medicine service.

### Mechanism

- The prevention department should ensure that standards for physical and/or psychological check-ups are developed for use as guidelines for physicians and other medical staff, to ensure that examinations are standardized.
- The management should ensure that a suitable infrastructure is established to support physicians conducting preventive examinations. This includes contracting physicians qualified in the field of occupational medicine and ensuring they are technically equipped for the diagnosis of particular diseases (e.g. with an x-ray unit to detect pneumoconiosis).
- The prevention department should organize long-term follow-up examinations in order to detect adverse effects on health which have a long period of latency (e.g. exposure to carcinogenic substances such as asbestos), including for workers who have moved to a different area of work or retired.

## **Guideline 21. Database of exposed workers**

**The institution maintains a database on occupational health risk exposure to monitor and ensure that competent diagnosis is conducted periodically, to arrange for medical screening and long-term follow-up, to collect exposure and diagnostic data and to verify insurance claims based on suspected occupational diseases.**

### **Structure**

- The prevention department or a specialized sub-unit of the prevention department should set up a comprehensive database on work history, workplace exposures and the results of medical check-ups, to gain an overview of exposed insured persons which can be used for preventive and compensation purposes.

### **Mechanism**

- The management should ensure the database is used for epidemiological evaluation and research in order to contribute to the sum of knowledge on the origin of occupational diseases.
- The prevention department should ensure the database is used to support employers – especially in small and medium-sized enterprises – to organize preventive medical screening (e.g. by listing physicians qualified in the field of occupational medicine located close to the enterprise, generating documentation including examination forms, and sending reminders to employers on due dates for follow-up examinations).
- The prevention department should ensure the database is used to monitor whether all necessary medical examinations are conducted in due time.
- The prevention department should use the database to supply data related to insurance claims based on suspected occupational diseases.

## Guideline 22. Use of mobile examination units

The institution operates a mobile unit for on-site medical screening which conducts high-quality, cost-efficient examinations and provides comprehensive documentation of results.

### Structure

- The prevention department should consider whether a mobile examination unit would provide a useful client service for common screening procedures (e.g. lung screening to prevent pneumoconiosis, audiogram to detect hearing loss).
- The board should provide the necessary financial resources for the acquisition and operation of one or more mobile examination units.

### Mechanism

- The management should ensure that the unit is staffed by qualified medical personnel to ensure that immediate action is taken in the event of diagnosis of a serious disorder (e.g. transfer to a lung specialist for treatment for suspected tuberculosis or lung cancer).
- The qualified medical personnel staffing a mobile unit should provide those who use it with advice on all aspects of prevention (e.g. the use of suitable personal protective equipment, workplace design, and healthy practice in the workplace to reduce the impact of hazards).
- The qualified medical personnel staffing a mobile unit should be aware of the possible need for additional examination by specialized physicians if a screening produces negative results, and of procedures to initiate compensation if it produces positive results.
- The prevention department should ensure that all medical data and results are documented in a database for future use and analysis.
- The prevention department should develop a plan for the location of the mobile unit(s) in order to cover all regions and reduce travel time and mileage.

## **B.4. Consulting Services**

There are manifold reasons for a social security institution to carry out personal consulting activities among its member enterprises. Regular site visits are commonly based on defined frequency rates, which often depend on the specific risk category of the enterprise. Other important causes include the investigation of occupational accidents or a work history of exposures leading to occupational diseases. But there are other reasons: if a social security institution is running a prevention campaign, on-site visits may be a suitable way to communicate it and to motivate employers to organize their own activities for their employees. If an employer requests a consultation, it is important to visit the enterprise as soon as possible. Site visits should be organized so as to ensure maximum impact on prevention.

Personal contact between the social security institution and its member enterprises ensures that highly qualified prevention experts will offer competent, face-to-face advice directly to employers, their managers or their representatives. Consultancy staff must be qualified, trained and experienced in the occupational safety and health aspects of relevant industrial sectors. Why and how enterprise visits are conducted must be clearly defined in order to achieve the desired outcome.

There are a number of prerequisites to introducing or improving a social security institution's consulting service. The role and scope of the service must be clearly defined. The prevention experts must have a mandate and sound technical, legal and social competences to introduce the necessary preventive measures at the workplace.

The organizational and geographic structure of the service, and the support of committees of experts, must be ensured. Any preventive activity should be based on the principle of proper risk assessment.

## Guideline 23. Setting the framework for consulting services

The institution conducts on-site visits among its member enterprises, with clearly defined objectives and including consulting services focused on specific sectors of economic activity.

### Structure

- The board should ensure there is a mandate for all consulting services conducted by the institution's prevention experts.
- The management should define how on-site visits are to be conducted and their objectives. It should specify legitimate reasons for consultation (e.g. accident and occupational disease investigation, management requests for consultation, acting on information from employees on unsafe conditions, consultation and research in specific sectors of economic activity).
- The management should analyse the number of operations, employees and risk groups, and the frequency of accidents and occupational diseases, to define the number of site visits which should be made within a specified timeframe, including in specific areas of economic activity. Special priority should be given to small and medium-sized enterprises.
- The board should allocate resources to maintain appropriately qualified personnel in the consulting services, including enough prevention experts to also provide sector-specific on-site prevention services at regular intervals.
- The board should ensure that all prevention experts have the required qualifications and skills (e.g. academic qualifications plus work experience in a relevant industry) to fulfil their specialist responsibilities, including sector-specific consultancy and inspection services.

### Mechanism

- The management should clearly document the role of prevention experts, including those focused on particular sectors of economic activity, and ensure their required competences are developed.
- The management should ensure there is a training plan, both for new prevention experts and to keep all experts up to date with new developments, including in specific sectors of economic activity.
- The prevention experts should schedule site visits according to the known frequency of incidents, which often depends on the specific risk category of an enterprise. Visits should include investigation of any history of accidents or exposures leading to occupational diseases.
- The prevention experts should periodically update the agenda for site visits, taking into account factors such as potential hazards, the frequency and severity of recorded accidents or occupational diseases and developments in specific economic sectors.
- Consultation should be based on the "one-client contact" principle in order to achieve targets for the frequency of visits. The prevention experts should have regular contact with the enterprises covered, based on a list of specific risk criteria.
- All prevention experts should be given special training to help them communicate effectively with employers.

- If the institution runs a prevention campaign, the prevention experts should make use of on-site visits to communicate the campaign message and motivate employers to organize associated activities for their employees.
- All prevention experts should regularly report on which members have been consulted and the reasons for each site visit.
- The prevention department should collect, analyse and evaluate data on site visits by the prevention experts to gain insight into unsafe conditions and identify the causes of accidents and occupational diseases and the questions most frequently raised during consultations, in order to periodically realign prevention strategies and resource allocation.
- The management should establish a permanent reporting and quality assurance system to continuously analyse and improve the consultation service and ensure its efficiency.

## Guideline 24. Assessment of occupational accidents and diseases

**The institution systematically and thoroughly assesses occupational accidents and diseases as soon as possible after the event, and documents the results.**

The purpose of this assessment is to help enterprises identify problematic conditions, behaviour or practice in the workplace and learn from and avoid similar occupational accidents or diseases at other workplaces. Assessment results are documented to provide statistical data and, where applicable, to form the basis for fair compensation.

### Structure

- The management should define the reasons for conducting systematic assessments of occupational accidents and diseases (e.g. the possibility of compensation, the severity of accidents, public interest, cost-intensive cases or a high number of similar accidents).
- The management should ensure that new knowledge concerning occupational accidents and diseases is immediately communicated to the institution's prevention consultants.

### Mechanism

- The prevention consultants should be informed about all serious accidents (i.e. fatal accidents, mass accidents, accidents leading to permanent disability and/or pension, accidents in which there is public interest), accidents providing an important insight into potential future prevention strategies, and suspected occupational diseases.
- The institution may send prevention consultants to follow up on occupational accidents and diseases on site, in order to:
  - Assess fatal accidents, mass accidents and accidents in which there is public interest, as soon as possible after the event;
  - Use standardized forms as part of the assessment process;
  - Use measuring equipment to assess exposure levels in suspected cases of occupational disease.
- The management should provide member employers with an annual report which gives clear feedback on their individual safety and health performance.
- The prevention department should classify all occupational accidents and diseases according to their cause and main characteristics and record the information in the institution's database to allow for the ranking of causes, among other outputs.

## Guideline 25. Risk assessment

The institution bases its prevention services on a systemic approach to risk assessment and promotes it as a general requirement for any insured activity by its members. It supports all members to carry out efficient risk assessment and provides them with an incentive to integrate it into daily operations.

### Structure

- The board should recognize the benefits of risk assessment and ensure that it is part of the institution's prevention programme.
- The board should ensure that risk assessment is included as a requirement in every business and workplace, as part of the statutory occupational safety and health framework.
- The management should initiate the design of practical manuals and aids to assist members in their prevention efforts. The prevention experts may use manuals as guidelines for verification and quality assurance during on-site visits.

### Mechanism

- The management should seek cooperation with state labour inspectors in order to promote the same prevention principles (e.g. risk assessment) when conducting on-site visits.
- Prevention experts should make every effort to motivate and support employers and business managers to carry out and document comprehensive risk assessment.
- Prevention experts should always work with up-to-date risk assessment documentation and ensure that the latest standards are being put into practice.
- Prevention experts should attend specific training on effective and high-quality risk assessment. These courses could be offered by an in-house training unit of the social security institution.
- The management should ensure that any prevention rule, regulation or guideline published by the institution in print or electronically contains a section on effective risk assessment.

## Guideline 26. Measuring services

**The institution provides measuring services to monitor and document the impact on the workplace of chemical or biological factors, exposure to hazardous substances and elements such as noise or vibration.**

The results of valid measurement provide a solid basis for monitoring preventive action and the need for improvements, for research projects on the impact of workplace exposures and for the setting of threshold limits. The results of measurements also provide a basis for fair compensation in the event of an insurance claim.

### Structure

- The management should set up a measuring service to monitor and document the impact of factors such as hazardous substances, noise and vibration on the workplace.
- The management should collaborate with other national and international institutes or measuring services to pool their respective data.

### Mechanism

- The management should aim for measuring activity to:
  - Contribute systematically stored and evaluated data enabling the institution to gain insight to inform preventive action (e.g. intervention in hazardous work processes, improved prevention regulation) and to form a basis for fair compensation;
  - Provide employers and managers with valuable feedback;
  - Enable the institution to initiate preventive action in the workplace;
  - Enable the institution to use the data for training purposes;
  - Lead to the initiation of research projects;
  - Lead to follow-up of the reporting of suspected occupational diseases, and to investigations of individual workplaces and of typical work processes where no individual data is available.

## **B.5. Research and Development**

Innovation at the workplace, changing work processes or the use of new products and materials at work can lead to exposure to new risks. Research in prevention plays a crucial role in identifying and addressing these risks. Research and development, including evaluation research, ensures constant improvement in the quality of provision of occupational safety and health services.

## **Guideline 27. Risk observation for early detection**

The institution maintains a “risk observatory” in order to identify new and emerging occupational risks and enable it to demand political, administrative and technical support that ensures high levels of safety and health at work.

### **Structure**

- The board should mandate its prevention service to identify new and emerging occupational safety and health risks in order to improve the timeliness and effectiveness of preventive measures. Ideally, the management should include this task among those allocated to the institution’s research and development team.
- The management should provide information on the latest research in occupational safety and health, relevant for the work of the prevention department. This information identifies the most recent trends and changes in the work environment and describes the likely impact these trends may have on occupational safety and health.

### **Mechanism**

- The research and development unit should act as a “risk observatory”, constantly observing and assessing new technologies, organizational methods, products and substances for their relevance to prevention.
- The research and development unit should publish regular reports on potential new and/or emerging risks.
- The management should ensure that appropriate prevention measures are developed or adapted, based on the findings of the research and development unit.

## **Guideline 28. Research and development in prevention**

**The institution supports research in occupational safety and health, and research related to innovation and improvements in products, production processes and other relevant matters.**

### **Structure**

- The board should decide to develop and maintain the institution's research and development capacities in the field of prevention. It should agree to finance or share the institution's research and development capacities.
- The management should define the policies and principles to be followed in research and development work.
- The research and development unit should make available, to the general public and enterprises, information on newly developed solutions, techniques and knowledge, to enable all those concerned with prevention to make use of solution-oriented research results.

### **Mechanism**

- The organizing policies and principles of the research and development unit should encompass:
  - Definition of the general orientation of the research and development work;
  - Clear definition of the objectives of research;
  - Description of the unit's characteristic features, particularities and structures;
  - An outline of the unit's interaction with other prevention services and functions (e.g. services for the measurement of hazardous substances);
  - Specification of the unit's focus and priorities.
- The management should ensure that research topics and priority areas are mainly derived from the systematic use of statistics, risk assessment and risk analysis, which should be available within the institution. New areas of priority and emerging risks can be identified through the use and development of relevant statistics and risk observation.
- The research and development unit may conduct research on fundamental areas such as carcinogenic potentials and mechanisms, as well as case-related applied research in any of the following exemplary, needs-focused topics: safety technology; chemical, biological and physical environmental factors; accident prevention; product safety; work science and ergonomics; occupational diseases; work-related health hazards in the fields of epidemiology, allergology and immunology, molecular biology, pathophysiology, toxicology; occupational psycho-social risks; and work organization.

## **Guideline 29. Scientific cooperation and networking in research and development**

The institution cooperates with national and international institutes to share research and development work and establish global research and development networks.

### **Structure**

- The management should initiate cooperation in research and development between the institution and related institutes.
- The management should also provide financial support for contracted research and development.
- The board and management should consider funding cross-sector and sector-specific research projects, or providing direct financial support for existing external research and development work in fields relevant to the institution's interests.
- The research and development unit should be connected to and participate in national and international research networks and quality assurance circles.

### **Mechanism**

- The management should consider contracting external research in occupational safety and health (e.g. from any university department or public or private research institute that has the necessary skills), in order to achieve good research and development results and ensure the institution has all the relevant research capacities.

## **Guideline 30. Transfer of research and development results**

**The institution communicates the results of research and development to the general public and to the operational level of member enterprises to facilitate up-to-date prevention activities.**

### **Structure**

- The management should identify, assess and publish research and development results which might have a positive impact on the state of the art in health and safety.
- The research and development unit should participate in national and international exchanges to disseminate knowledge on prevention.

### **Mechanism**

- The management should publish all relevant research and development results on a regular basis and in an appropriate format, including through online channels.
- The research and development unit, through participation in conferences and publication in specialist media, should make major findings of prevention research and development available to national and international researchers.

## **B.6. Development of Skills and Training**

Effective prevention is not possible without knowledge of hazards and how they can be addressed. This principle applies to all stakeholders in occupational safety and health: employers and managers; specialists such as safety engineers, safety representatives, occupational physicians and skilled workers such as blasting engineers; as well as the personnel of social security institutions.

The development of skills and provision of training offer opportunities to disseminate information, raise awareness and motivate. Keeping up to date is vital for everyone in occupational safety and health. Seminars and training workshops can help to meet the challenges of rapidly changing technology in the safety and health sector.

The development of skills and provision of training is one of the major opportunities for social security institutions to stay in touch with their target groups – and it works both ways.

## Guideline 31. Training provision

The institution conducts training in prevention as a means to develop prevention skills and knowledge.

### Structure

- The board should provide facilities and qualified personnel for training to improve occupational safety and health.
- The management should identify all relevant target groups for prevention training services.
- The management should build up a training unit to design and conduct a customer-oriented training programme offering seminars, workshops and conferences to improve safety and health at the workplace.

### Mechanism

- The management should analyse the national market for occupational safety and health training and seminars and take the results into account when designing the training programme.
- The management should conduct analysis to define the most appropriate form for training sessions or workshops, and where and how best to conduct them. This will be influenced by the topic, target group, duration of the course and travel time for the participants. Training might be given in the institution's own training centre, regional academies or hotels, as in-house training or as e-learning.
- The training unit should offer seminars, workshops or conferences free of charge for all relevant prevention stakeholders among the institution's members, including employers, managers, safety specialists, safety representatives, occupational safety and health experts, physicians, machinery and plant operators and employees with a role in occupational safety and health.
- Seminars should be promoted and provided free of charge.
- The training unit should develop a curriculum and standardized training material for all training courses to ensure good quality and economize on resources.
- The training unit should systematically evaluate the effectiveness of training events and participants' feedback in order to promote continuous improvement and guarantee the quality of training services.
- The training unit should offer ongoing support to participants after a training event.

## Guideline 32. Qualification of trainers

**The institution ensures that both in-house and external trainers are properly qualified and have professional occupational safety and health and industry experience.**

The success of training activities depends not only on the content and infrastructure of training but also, and above all, on the competence of the trainers.

### Structure

- The management should define a quality standard for the qualifications and competences of occupational safety and health trainers.
- The management should ensure that all trainers and teachers are highly competent and experienced in training adults.

### Mechanism

- The management should verify the qualifications and competence of all trainers, whether staff members or contracted, to ensure they are appropriately qualified for adult education and in the professional subject to be taught. Preferably, trainers should have relevant experience in industry before beginning to teach.
- The training unit should invite all trainers and teachers to regular further training and to an annual quality workshop, to develop their own training competences.
- The training unit should cooperate with qualified external experts in related fields (e.g. members of the police force for instruction on road safety, paramedics or qualified medical personnel to teach first aid).

## **Guideline 33. Use of an in-house training centre**

The institution develops its own in-house training centre in order to better meet participants' expectations of training quality, effectiveness and efficiency.

### **Structure**

- The board should investigate whether having an in-house training centre would improve the efficiency of training events.
- If the board considers an in-house training centre appropriate, it should allocate financial resources to build and operate it.

### **Mechanism**

- The board should base its decision of whether or not to establish an in-house training centre on a feasibility study.
- The management should carefully plan the training centre's location, size, number of rooms, technical equipment and specific components such as practical occupational safety and health models, prototype workplaces, occupational safety and health showrooms or occupational safety and health laboratories.
- To promote successful learning, the relevant administrative, training and technical staff should ensure the smooth organization of training activities and participants' accommodation.

## **B.7. Collaboration and Prevention Networks**

Collaboration and networking offer opportunities for knowledge sharing, the exchange of good practice, increased impact and enhanced outreach. They also make effective use of human and financial resources and help identify a common approach among all stakeholders.

While national partnerships help to combine actions and reach target groups more effectively, international collaboration is also particularly helpful, since there are similar or identical occupational safety and health challenges in all regions of the world. Studies and good practice examples from social security institutions in other parts of the world offer vast potential for improvement in prevention work at national level.

Social security institutions should therefore establish contacts and collaborate with other stakeholders in the field of occupational safety and health and related areas such as standardization.

## Guideline 34. Networking for prevention

The institution defines cooperation and networking as a strategic objective in order to benefit from the vast potential for increased impact and enhanced outreach, as well as the effective use of human and financial resources.

### Structure

- The board should approve and further networking and collaboration.
- The management should look for potential stakeholders for collaboration and establish contacts for mutual benefit.
- The prevention department should take advantage of synergies and similar strategic objectives that may exist with other actors in prevention.

### Mechanism

- The management should establish cooperation with:
  - National social security stakeholders (e.g. health insurers and old age pension funds, particularly in the field of health prevention);
  - International networks or organizations;
  - National and international occupational safety and health institutes, universities and research institutes;
  - National industry associations and networks and trade unions;
  - National and international sector-specific networks, manufacturers and suppliers.
- The management should further cooperation with state labour inspectors.
- The management should initiate or support prevention initiatives and national campaigns in collaboration with all stakeholders involved.

## **B.8. Promoting a Prevention Culture**

The promotion of a prevention culture should be a declared goal of a social security institution. This requires all stakeholders in occupational safety and health, but also in areas related to it, to jointly formulate their prevention targets and contribute to sustainably improving safety and health throughout society and in all aspects of life. Building a prevention culture is the “responsibility of the society as a whole” as stated in the Seoul Declaration.

## **Guideline 35. Establishing a prevention culture**

**The institution commits to promoting a nationwide prevention culture and recognizes that the development of a prevention culture is the responsibility of society as a whole.**

### **Structure**

- The board should recognize safety and health at work as a basic human right as stipulated in Article 23 of the Universal Declaration of Human Rights.
- The board should commit to supporting and assisting moves to ensure that priority is given to national occupational safety and health strategies, and to building a strong and sustained preventive safety and health culture.
- The board should recognize that improving safety and health at work has a positive impact on working conditions, productivity and economic and social development, and therefore commit to prevention in every aspect of work.
- The board and management should actively participate in securing a safe and healthy working environment and give top priority to the concept of prevention.

### **Mechanism**

- The board and management should collaborate with all relevant stakeholders, including competent state authorities, employers and workers, as well as other actors in society, to combine efforts to establish and maintain a nationwide prevention culture.
- The management should ensure that all prevention programmes, campaigns and activities contribute to the idea of establishing a nationwide prevention culture.
- The management should foster good public relations which contribute to the idea of a nationwide prevention culture.
- The management should address all possible target groups (e.g. pupils, students, teachers, parents, employers, employees, politicians, the media and the general public) in fostering a nationwide prevention culture.

## **B.9. Addressing Small and Medium-sized Enterprises**

One of the most important target groups for occupational safety and health solutions is small and medium-sized enterprises, which typically employ the largest number of workers in any country. These businesses differ significantly from large corporations in their structure and resources as well as in aspects of prevention. Small and medium-sized enterprises do not often employ safety and health specialists. A prevention approach addressing small and medium-sized enterprises must take into consideration the specificity of these enterprises and utilize methods tailored to their needs, options and abilities.

Social security institutions can initiate a variety of actions to reduce and control these risks.

## **Guideline 36. Addressing small and medium-sized enterprises**

**The institution places special emphasis on small and medium-sized enterprises and delivers prevention services tailored to their needs and possibilities.**

### **Structure**

- The board should allocate funds for prevention personnel, programmes and media to reach small and medium-sized enterprises.
- The prevention department should give priority to visits to small and medium-sized enterprises by prevention experts.
- The prevention department should design preventive programmes, seminars and media appropriate for small and medium-sized enterprises.

### **Mechanism**

- The prevention and/or training department should adapt the content of seminars to particular sectors of economic activity with a view to motivating and informing small and medium-sized enterprise employers about occupational safety and health issues. Training courses should always be up to date and follow-up training should be carried out to ensure that such events have a lasting impact.
- The prevention and/or training department should adapt where possible the content of prevention media (e.g. brochures, checklists and electronic resources) to various sectors of economic activity so they can be easily and quickly understood by target groups of different educational levels.
- The prevention department should assign experts such as safety engineers and occupational physicians to small and medium-sized enterprises, who would be available on demand.
- The prevention department should make available small and medium-sized enterprise risk-assessment models, along with easy-to-use tools and recognized checklists to assist in their implementation. The prevention department should be available to give advice during the processes, if necessary.

## **B.10. Addressing Specific Risks**

Among the many occupational risks to be addressed are the widespread hazards involved in transporting goods and passengers by public transport. Occupational risks in transportation account for a large number of accidents and are among the many which may be insured by a social security institution. Other specific occupational risks can be addressed similarly by applying the principles of guidelines on traffic and commuting accidents to other areas of economic activity. The ISSA's Special Commission on Prevention addresses various sector-related occupational risks through its international prevention sections.

## Guideline 37. Traffic and commuting accidents

**The institution – if it covers work-related traffic and/or commuting accidents – cooperates with employers and road safety stakeholders to address these risks.**

### Structure

- The board should recognize that the institution has a responsibility for the prevention of road accidents.
- The prevention department should seek to cooperate with stakeholders in road safety, (e.g. relevant ministries, road safety councils, automobile associations).
- The prevention department should inform and motivate business managers and employees on methods of promoting road safety related to business transport and travel.

### Mechanism

- The prevention department should offer (or, alternatively, promote and financially support) safety training for drivers and courses on defensive driving.
- The prevention department should design and offer seminars and media interventions on aspects of transport safety (e.g. the proper securing of freight).
- The prevention department should provide to enterprises and their fleet managers information on up-to-date safety technology in vehicles (e.g. driver assistance systems).
- The prevention department should consider encouraging the installation of such equipment in new vehicles to be purchased by enterprises and the outfitting of existing fleets, through financial incentives or discounted insurance premiums.
- The prevention department should support enterprises to inform and motivate employees on proper vehicle maintenance and other aspects of safety and safe conduct in traffic. It should advise enterprises on how to contribute to road safety (e.g. by the enterprise organizing systematic vehicle checks, having shift plans which avoid rush hours and, possibly, using public transport as a safer mode of travelling).
- The prevention department should consider using traffic safety simulators to train and motivate drivers in a safe environment.

4 route des Morillons  
Case postale 1  
CH-1211 Geneva 22

T: +41 22 799 66 17  
F: +41 22 799 85 09  
E: [issa@ilo.org](mailto:issa@ilo.org) | [www.issa.int](http://www.issa.int)

