The employer should have overall responsibility for the protection of workers’ safety and health, and provide leadership for occupational safety and health activities in the organization.

From “Guidelines on Occupational Safety and Health Management Systems” ILO-OSH 2001

There already are model programs that improve health and decrease costs. It is not knowledge that is lacking, but penetration of those programs into a greater number of settings.
2.1 MANAGEMENT’S COMMITMENT

The most effective strategy for managing health and safety in the health services and for providing health care is to incorporate occupational health and safety into an institution’s managerial objectives. Handling health and safety objectives in the same way that objectives dealing with finances, the services, or quality are handled will help attain a high performance standard in health and safety.

It is management’s responsibility to ensure that the health care facility under its responsibility establishes adequate policies and programs supplied with sufficient human and financial resources to provide a healthy and safe workplace.

If necessary, one or more persons from top management should be given the responsibility, authority, and duty to collaborate with workers’ representatives to:

- develop, apply, and periodically monitor and evaluate the occupational health and safety management system;

- periodically report on the operation of the occupational health and safety management system to the highest management level; and

- promote the participation of all members of the organization.

The extent to which employee activities are channeled toward a common goal depends on the extent of the administration’s commitment and participation. In addition to directed activities carried out by the director or by persons specifically assigned to the health care facility’s occupational health and safety management system, other top-management actions (in various areas) will demonstrate the support of the leaders to the management of occupational health and safety. For example:
• conduct regular worksite visits to communicate with workers and identify deficiencies to be resolved;

• promote and participate in regular meetings specifically held to discuss safety and health issues or introduce the discussion of these issues in regular daily meetings;

• observe if and how workers adopt work routines that could have serious consequences and set up a dialogue to discuss alternative ways of performing work;

• show an interest in the causes of occupational accidents and in how they have been taken care of. After an accident, assure workers that management cares for them, especially while victims are recovering;

• serve as an example by using personal protective equipment in work areas that require it and always respect existing prevention standards;

• adopt a participatory leadership and heed the opinions of the members of the organization as a way to establish the necessary confidence;

• establish and foster an organizational structure that supports activities of the risk prevention and risk control programs; and

• secure the necessary financial and human resources to ensure that the occupational health and safety system functions well.

2.2 OCCUPATIONAL HEALTH AND SAFETY POLICY FOR THE HEALTH SERVICES
In order to provide a foundation for its health and safety management system, each health care facility should formulate a concise and clear statement of its institutional policy explaining how management intends to fulfill its commitment to worker safety and health. Tool 1, for example, presents a component of the occupational health and safety policy of a health care facility that deals with health care provided to employees.

**Institutional Policy:**

- The institution’s policy must be clear and presented in writing, stating the organization’s commitment to the health and safety of its workers.

- The policy should outline the responsibilities and accountability of managers and supervisors at all levels. It should specify who is responsible for what and what arrangements are in place for identifying, assessing, and dealing with hazards and risks. Health and safety responsibilities should be incorporated into each job description and should be part of the employees’ performance evaluation. A health and safety coordinator or an occupational health unit can help counsel managers thus helping to attain specific health and safety goals.

- The institution’s policy should contemplate establishing an occupational health unit to work towards attaining specific health and security goals. In small establishments, a designated health-and-security coordinator can assist managers to attain the goals. (Also see the section following entitled, “Occupational Health and Safety Unit”).

- A Health and Safety Committee should be established composed of worker and management representatives included in the health and safety unit. The Committee serves as an executive and advisory entity of the occupational health and safety management system and conducts ongoing, efficient, and direct activities. (Also see the section following entitled, “Occupational Health and Safety Committee.”)

- The policy should be developed through a consultative process between management and workers or their representatives authorized by the highest management level.

- The policy should be effectively communicated to workers.

- A clear mechanism should be established and it should be evaluated periodically to ensure that the policy is duly updated.

- The policy should cover all staff, as well as patients, visitors and anyone else who comes in contact with services provided.
The policy must be developed in line with international guidelines (on which this Manual is based), national legislation on occupational health and safety, and establishment’s specific facility regulations (see the following Figure below.)

2.3 OCCUPATIONAL HEALTH AND SAFETY UNIT (OHSU)

---

1 This Manual is intended to be used in all PAHO member states, but it is impossible to present here every country’s national legislation. To get this information, please consult the Internet web links and the documents of the ministries of labor and of health of the country where the specific health service facility is located.
In order to ensure effective management of occupational health and safety, the administration should foster the establishment and development of an Occupational Health and Safety Unit (OHSU).  

In consultation and collaboration with workers and management through the Occupational Health and Safety Committee, the Unit should coordinate activities to ensure compliance of the following four basic functions:

- monitoring of the work environment;
- surveillance of employees’ health;
- advisory services and communication (providing information, education, training, and counseling on occupational health and safety to management and employees); and
- health care, such as first aid, collaboration with health authorities, and health programs (vaccination, etc.).

Although the Occupational Health and Safety Unit primarily has a preventive function, it may also be charged with dispensing medical treatment to workers and their families, as determined by national legislation and local needs.

Depending on the size of the health establishment and the particular needs of its workers, the Occupational Health and Safety Unit may be comprised of a group of professionals or by a single member.

If national laws permit, an Occupational Health and Safety Unit may serve a group of health care facilities in a given geographical area provided that this does not impede the staff member from carrying out duties in his or her establishment and taking into consideration the requirements of the work itself.

**Professionals who Constitute an Occupational Health and Safety Unit:**

An Occupational Health and Safety Unit is best staffed with specialized professionals. If none are available, existing professionals should undergo special training. A multidisciplinary team is a priority (occupational medicine, occupational hygiene, ergonomics, occupational nursing, etc.).

2 The legislation and the web provide alternative terms: Serviços de Saúde no Trabalho (ILO Brazil), Servicio de salud en el trabajo (ILO in Spanish), Occupational Health Services (ILO in English), Basic Occupational Health Service (BOHS, more recent documents of ILO/WHO). Since this Manual addresses persons employed in health services, we avoid the use of the term “service” to refer to the medical and social assistance offered to the employee in order not to confuse between in-house services and services offered to the community.
Some Requirements for the Proper Functioning of the Occupational Health and Safety Unit

- The Occupational Health and Safety Unit must have adequate space to carry out its activities and so its staff can perform its administrative functions.

- The professional independence of the Unit’s members must be safeguarded in accordance with national laws and with standards agreed upon between management and workers.

- The Unit’s professionals must adhere to confidentiality standards concerning information they receive on employees while performing their functions. Professional confidentiality is subject to exceptions defined in the legislation and in national regulations.

The items in the section “Strategies of Occupational Health and Safety” mention the role of the Occupational Health and Safety Unit in accomplishing occupational health and safety strategies. See also ILO recommendations concerning establishing an Occupational Health and Safety unit in the tool section of this Manual (Tools 2 and 3).

2.4 OCCUPATIONAL HEALTH AND SAFETY COMMITTEE

The Occupational Health and Safety Committee is an extraordinarily important tool in the management of occupational health and safety. It is a permanent group composed of representatives of employees and the employer who communicate and collaborate to identify and solve health and safety problems at the workplace, providing orientation and support to the occupational health and safety unit.
The Committee is charged with issuing recommendations to solve occupational health and safety problems, but is not responsible for implementing those recommendations. The ultimate responsibility for guaranteeing worker safety rests with the employer; in other words, the management or administration of the health care facility. The Committee may collaborate in implementing the recommendations, provided that management has established favorable conditions for the collaboration to occur (clear delegation of responsibilities, training, support personnel, etc.).

If the number of workers in the health care establishment is small, alternative arrangements may need to be made or the establishment may resort to pertinent technical norms. Thus, a small primary health care unit with fewer than ten workers probably will not be able to establish a committee. In that case, one of the workers may be designated as a health and safety representative. This worker would be the focal point for all occupational health and safety situations and matters. The worker may also represent his or her establishment and its workers in a health and safety committee made up of representatives from primary health care establishments from other health systems or from other geographical areas.

**What Does the Occupational Health and Safety Committee Do?**

The committee’s activities to promote a safer and healthier working environment are the following:

- promote occupational health and safety in the workplace in order to increase awareness and interest in them;
- respond to workers’ health and safety concerns;
- help solve occupational health and safety problems;
- participate in hazard awareness campaigns;
- promote worker attendance at training and orientation sessions;
- review safe work practices;
- help select tools, equipment, and personal protection equipment;
- participate in worksite inspections to identify hazards;
- review accident and illness reports to identify their causes and prevent their recurrence; and
- develop safety policies and procedures that are secure and realistic; and
• establish links with other committees such as the infection control committee.

Benefits of a Productive Occupational Health and Safety Committee

1. Accident reduction. Time lost due to accidents will decrease. Additional expenses such as funds paid for overtime, retraining, and compensation to other workers who stopped working or helped the accident victim also will be cut down.

2. Prevention of occupational diseases. The adoption of adequate preventative measures to protect workers can prevent the acute effects of hazardous chemical substances such as headaches, dizziness, nausea, disorientation, intoxication, and dermatological problems. Long-term, chronic effects such as cancer, respiratory diseases and neurological damage also can be prevented.

3. Morale boost in the workforce. This comes about as a result of the committee’s calling of attention to the needs and improvements in health and safety issues and providing a communication channel for every worker to ensure that his or her concerns will be taken care of. Workers see results and can verify that the employer is genuinely interested in eliminating hazards. The worker then views his or her workplace as cleaner, more orderly, and pleasant.

4. Damage reduction. The causes of damage to materials and equipment are, by and large, the same as those of damage to the worker’s physical integrity. Both imply high costs to the establishment, human costs due to the damage to the person and financial costs to repair or replace equipment or material.

5. Productivity optimization. Time lost due to equipment failure or poor work practices will be avoided.

6. Reduction of material loss. Losses often result from precarious work processes that can be controlled by health and safety practices.

How to Establish and Develop the Health and Safety Committee

National legislation regulating the composition of the Health and Safety Committee may already exist. If no national norms are in place, it is recommended that a minimum of four members be designated, at least half of whom should represent workers and the remainder, the employer. It may be useful to add a fifth member elected by both parties to facilitate decision making. Worker representatives should be elected by their colleagues for a predetermined term and with a guarantee of job security unless they are found to have committed a serious misconduct.

Training of Occupational Health and Safety Committee members is a must. Copies of all legislation relating to workers’ health policies and their procedures, as well as
information on workplace alerts and hazards, must be sent to committee representatives. Outgoing members should brief new members.

The Committee should hold regular meetings with management. Workers and the administration must be equally represented at the meetings, or worker representatives should be the majority. Regular joint meetings of the Committee and management are necessary. Representatives should receive standard compensation for the time they spend on their functions and attendance at committee meetings.

To ensure that the Committee functions effectively, assistance can be requested from such institutions as ministries of labor or of health, the PAHO/WHO Country Office, and the International Labor Organization (ILO). These institutions may have useful posters, booklets, films, and guides. There may also be courses offered for members interested in improving the Committee’s efficiency.

The last section of this Manual provides useful tools (Tools 4, 5, 6, 7 and 8) to assist in establishing and maintaining the Occupational Health and Safety Committee.

### 2.5 ADDITIONAL ADMINISTRATIVE RESPONSIBILITIES RELATED TO THE OCCUPATIONAL HEALTH AND SAFETY UNIT

As a way to reinforce the occupational safety and health system, management should create administrative systems or adapt existing ones so that they include occupational health and safety components. This will strengthen the interface between the Occupational Health and Safety Unit and the administration of the health services, which will be adjusted to coordinate responsibilities for achieving occupational health and safety goals.
2.5.1 Purchasing Control

Management’s responsibilities concerning the occupational health and safety of its staff members include dealing with those who design and manufacture products such as machinery, equipment, substances, and protective clothing. It is essential that purchasing regulations consider health and safety. The administration should have the support of the Health and Safety Committee in these matters, so that all potential risks and the costs of implementing controls are considered before any equipment, products, or services are introduced into the workplace.

A purchasing system should require that suppliers and vendors comply with the health care facility’s specific health and safety standards as well as with all pertinent industrial standards norms. The suppliers and vendors should provide written information (such as technical information on the safety of materials) on the health and safety of all their products, chemicals or substances. Advice and training should be provided to all those responsible for any acquisition.

2.5.2 Managing Employees Hired Under Contract

In a health care service, the responsibilities of management, self-employed workers, employees, supervisors, and contractors (those who contract persons who are not employed by the health care facility) must be clearly defined.

Management is responsible for applying all practical measures to ensure that persons hired as staff, contractors, subcontractors, as well as any other persons who happen to be in the area, are not injured while the contracted work is performed. This does not absolve the contractor or subcontractor from his or her responsibilities as employer.

There may be many different types of work performed under contract at the same health care facility including long-term contract work (i.e., laboratory services that are
performed by private providers) and short-term contract work (i.e., nursing professionals contracted to cover a specific period).

The health care establishment should develop adequate administrative and procedural policies to deal with contractors and subcontractors in order to arrange their responsibilities to management and ensure that all subcontracted work complies with expected standards.

Large organizations with long-term contract arrangements should establish formal systems and negotiate compliance with health and safety requirements as part of the contracting process.

The coordination among contractors, those contracted, local management, and the health care facility’s employees should be negotiated when contracts are determined for construction or maintenance projects as these jobs may generate hazards such as noise or solvent vapors that could affect patients and health care personnel.

The contractor should present the administration with a health and a safety management plan, stating the following:

- compliance with workers’ health and safety standards and other pertinent regulations and codes of conduct;
- a system for identifying new and existing hazards for the duration of the contract and a plan to control serious hazards;
- health and safety information and training for contract workers;
- roles and responsibilities (a flow diagram would be useful);
- an employee supervision system, wherever necessary; and
- pertinent procedures to report and investigate accidents and incidents that may occur during the course of the contract work and procedures to advise management of said accidents and incidents.

Before contract work can begin, the establishment must ensure that all contractors are fully aware of the health and safety procedures applicable at the worksite.

This should include the following:

- information on any known health hazard contract workers may be exposed to at the worksite and ways to control those hazards;
- established emergency procedures to be adhered to in the event of an emergency; and
• observation of all instructions, warnings, and restricted areas.

2.5.3 Registries and Reporting of Accidents and Serious Harm to Health

Management should maintain registries of work-related accidents and of serious harm to health. Registries should record all accidents that cause injury (or could have caused injury, such as exposure to body fluids of a patient). Registries and reporting should cover the following persons:

(a) any employee at the workplace,

(b) any person at the workplace who is under the employer’s control.

Employers also should investigate, jointly with employees, every accident, injury, or risk of injury to determine whether it was caused by a significant hazard and propose changes to prevent the recurrence of another incident.

Employers should immediately report all serious injury to an employee during his or her work to the appropriate governmental office. Depending on the country’s legislation, a reporting form may also need to be filled out.

If the injury is serious, the accident scene must not be disturbed, except to:

• save lives or avoid suffering;

• maintain public access to essential services, such as electricity or gas; or

• prevent severe damage or loss of property.

The responsible governmental office may want to investigate the accident and may dictate actions that should be undertaken in the meantime.

2.5.4 Treatment of Injuries and Rehabilitation

A comprehensive health and safety management system integrates rehabilitation with prevention strategies.

The goal of a rehabilitation program is to promote an injured employee’s return to work as quickly as possible. The program should therefore be designed, run, and overseen so as to ensure that the recovery process is maintained and the risk for further illness and injury is eliminated.
Human Resources management should work closely with the Occupational Health and Safety Unit during the reincorporation of employees whose illnesses or injuries require rehabilitation and gradual reintroduction to work.

If its structure permits, management may assume responsibility for the administrative and financial components (authorizations, pensions, etc.) and delegate responsibility for the medical and rehabilitation components to the Occupational Health and Safety Unit through the Employee Assistance Program (EAP).

Most employees will require only basic medical treatment for their injuries and illnesses and will return to work after short-term assistance without the need for formal rehabilitation. Injuries or illnesses that have caused serious harm or have required a long absence from work, however, will require more involved assistance procedures before recovery and a return to work can occur. (Also see sections “Occupational Health and Safety” and “Health Care, Rehabilitation, and Reintegration” found in this chapter.)

These procedures may include the following:

- early measures necessary for notification, intervention, and evaluation;
- clearly defined responsibilities within the rehabilitation program (e.g., the appointment of a rehabilitation coordinator);
- a multidisciplinary rehabilitation process;
- an established system so that the injured person, those in the workplace whose work has been affected by the injured party’s absence, and health professionals can communicate with one another;
- a system for monitoring recovery and coordinating the recovery with rehabilitation;
- follow-up after the employee returns to work; and
- a system for identifying alternative work duties.

Initiation programs for new employees should clearly explain the rehabilitation policy, ensuring that the process is well understood.

Needle injury episodes call for urgent action. Tool 18 at the end of the Manual’s last section includes a form to be used when reporting wounds caused by sharp objects. The form could be used as part of a program for monitoring biological risks (Also see the section “Biological and Infectious Risks” in the next chapter.)
Investigation

It is important that all occupational illnesses and injuries be fully investigated, so that:

- the real causes can be identified;
- effective methods to prevent similar occurrences in the future can be developed; and
- national health and safety legislation requirements can be met.

2.5.5 Registries and Statistics

Registries and statistics are extremely important tools (see Tools 20 and 21 in the last section of this Manual). They can be used:

- to compile and analyze data on the causes of injuries and illnesses so that specific control measures can be adopted;
- to identify particular work situations such as sites, departments, and tasks (for example, lifting of heavy loads) associated with high risk of injury or disease, in order to target prevention efforts;
- to provide concrete information for employees, management, and Health and Safety Committee representatives so they can objectively evaluate health and safety programs; and
- to evaluate progress and efficacy of injury and accident prevention efforts.

Management should ensure that information included in registries and reports be summarized and disseminated periodically (such as in monthly and annual reports; see Tool 21). This information should be used to steer the institution’s occupational health and safety management system.

Monthly summaries should be prepared without delay (for example, within 30 days) after the end of each month and as the data become available. The monthly occurrence history can be analyzed for adopting necessary preventive measures. Typically, a monthly report presents monthly totals, cumulative data (for example, over the preceding 12 months), and necessary information needed to calculate injury and illness rates and trends.

Annual summaries of work-related occurrences showing cumulative totals of the previous year should be prepared without delay at the end of the year (for example, within 30 days).
2.6 PROCEDURES FOR MANAGING OCCUPATIONAL HEALTH AND SAFETY

An occupational health and safety management system is inherently cyclic and participatory in providing continual feedback as it searches for information and improvement. This system is implemented in two phases: the first establishes the conditions so that the system can be created (initial steps) and the second allows the participatory and feedback features to clarify the system and procedures (ongoing improvement).

It is up to management to initiate the process if possible by consulting with existing occupational health and safety entities in the institution. The first steps may include the search for information to validate the decision to establish an occupational health and safety management system at the facility. (References at the end of Module 2 are useful for conducting a cost-effectiveness study in this regard.)

2.6.1 First Steps

Management may already be sufficiently committed to implement or improve an occupational health and safety system. If so, the next goal should be to inventory all existing structures and practices in the establishment that deal with occupational health and safety (hospital infections committee, disaster management, vaccination routines, etc.). Tool 9 in the last Section presents a checklist that can be adapted and applied for this purpose.

Initial-stage inventories, planning, and actions may be undertaken by the director or management may delegate, and duly authorize, the responsibility to an employee, an existing occupational health and safety entity, or a consulting firm specifically hired to that end. Two actions are required: the delegation of authority and the communication to all employees of the decision to establish (or improve) an occupational health and safety management system.

The initial phase should end in the establishment of a system’s minimal structure, which should always be in compliance with regulations issued by ILO/WHO and national bodies, as well as in consideration of local conditions. The minimal structure should include the following:

- an Occupational Health and Safety Committee (also see section “Occupational Health and Safety Committee” earlier in this chapter) and

- an Occupational Health and Safety Unit (see section “Occupational Health and Safety Unit” that appears earlier in this chapter) or mechanisms for tapping into the Occupational Health and Safety Unit that covers all health care facilities in the geographical area or a group of health care facilities.
The occupational health and safety management system will begin to fully operate only after the Health and Safety Committee and Unit have been implemented. With the implementation of these two entities, the system has the minimal structure to begin the cycle of self examination and improvement of the health services in terms of occupational health and safety. The structure will reinforce the following:

- Workers’ certainty that their occupational health and safety needs will be met.
- An understanding of occupational risks.
- The setting of priorities.
- The strengthening of communication channels between the establishment’s workers and senior management.
- The establishment and ongoing improvement of the establishment’s occupational health and safety policy.
2.6.2 Continued Improvements

This section will describe five essential processes for the ongoing operation of an occupational health and safety management system. These processes were included when the initial steps were undertaken. Now, with the system’s minimal structure in place, these activities should become routine and should occur continuously.

These processes need not follow a prescribed sequence. Their order will depend on the system’s level of development and current needs.

Dialogue or Consultation

Dialogue, or consultation, should be inherent in good management and administration. It is the means through which employers and workers can work together to improve health and safety in the workplace. When changes in the workplace are being planned, consultation should take place as early as possible, and they should be ongoing.

Dialogue or consultation can lead to improvements in health and safety practice as workers become aware of the hazards in their work and suggest effective solutions. Employee involvement in identifying problems and in workplace changes also helps ensure worker commitment to the changes.

Dialogue or consultation includes:

- the development of policies, procedures, and plans of action for identifying, assessing, and controlling workplace hazards;
- the review of accident statistics;
- participation in solving problems;
• the involvement of senior management, workers, and the labor union;

• the consultation with workers or their representatives about major occupational safety and health concerns; and

• the guarantee that workers have access to all pertinent information and training on occupational health and safety.

There are several ways to consult with workers ranging from an exchange of ideas with supervisors, to discussions held in the committees, to the use of surveys. As an example, Tool 19 presents a survey form asking about workers’ dietary habits and physical activity. The information gathered may be used to help design health promoting programs for workers and their families.

**Planning**

In order to attain uniform occupational health and safety goals throughout the health service facility, each institution must develop an administrative plan. Planning is essential if a health care facility is to have consistent focus and maintain adequate environmental and working conditions.

Planning should:

• be conducted by competent persons in consultation with workers and/or their representatives;

• be based on a situation analysis. The results should be documented and should achieve the following five points:

  - identify the national and specific occupational health and safety legislation and directives in effect;

  - identify existing occupational health and safety practices, voluntary protection programs, and other initiatives already in place in the institution;

  - identify the most significant occupational risks and adapt the existing control mechanisms accordingly;

  - serve as the basis for developing an occupational health and safety management system; and

  - serve as a reference for the ongoing evaluation of the occupational health and safety management system.
• define clear objectives and establish quantifiable goals or standards that should be attained; and

• incorporate an action plan that sets task assignments and deadlines.

Planning also should consider the provision of adequate information and training for personnel at all levels so that the staff can assume their responsibilities.

Providing Information

Employers should provide information to health care workers, patients, suppliers and to anyone in the community who uses the health care facility. This will ensure that the legal requirements in effect are known and that relevant and updated information is adequately provided on an ongoing basis regarding:

• all identified hazards;

• control of priority hazards (such as steps taken to control the likelihood that hazards could result in damage);

• the use and maintenance of personal protective equipment as necessary;

• any hazard workers may generate during work and the ways to control the likelihood of incurring harm to themselves or others;

• new hazardous processes, products, equipment and measures taken to control the likelihood of any associated damage;

• standards for work methods and practice;

• the health care facility’s emergency procedures; and

• any means and procedures established through the occupational health and safety management system to ensure awareness by all so that the system is kept active and has the support of the workers.

There are many activities that can be used to disseminate information on health and safety. Recommendations include:

• the use of existing administrative and other staff meetings to provide and promote information on health and safety;

• development of new or modified job and duty descriptions;

• bulletin boards;
inclusion in employee initiation training;

• supervisors’ instructions to workers; and

• election of a health and safety representative for each work area.

The information should be presented in an appropriate format with consideration of employees’ reading and writing level and language needs. It may be necessary to present and explain the information as well as verify the workers’ understanding of the information they have received.

Visitor Information

The system put in place should ensure that visitors (such as deliverers, volunteers, merchants, patient visitors, or inpatients) are aware of the health service facility’s occupational health and safety requirements and comply by them.

Information should include:

• the facility’s emergency procedures;

• the observance of, and strict compliance with, all instructions and precautions;

• the use of safety and warning signs in high-risk areas; and

• the banning of visitors from certain work areas where they might be affected by hazards or present a work hazard themselves.

Education and Training

Employers should provide education and training in occupational health and safety for their workers as part of their responsibility to ensure a healthy and safe workplace. Employers should offer such training at all levels, including management, to ensure that the administration and workers can assume their responsibilities and to strengthen the culture of prevention of occupational health hazards at the facility.

Training in occupational health and safety should be integrated into the overall in-house training program. Occupational health and safety training should be periodically evaluated as part of the overall monitoring of the occupational health and safety program in order to ensure that all training needs regarding workplace hazards and their management have been identified and handled.

Workers’ occupational health and safety training may be incorporated into:
• new employee initiation training (including training on workplace standards, occupational hazards and risks, controls, the use of personal protective equipment, accident notification system, and emergency procedures);

• job site training (handling of machinery, equipment, procedures, etc.);

• training of managers and supervisors (handling human resources and health care processes); and

• training of persons assigned to roles and responsibilities such as occupational health and safety coordinators and representatives, committee members, and emergency and first-aid responders.

A training record should be kept for each employee with data on acquired skills and competencies and any additional training that may be required. Training records should be updated regularly with the workers. (See also the section on “Fire Precautions” in Module 4.)

**Supervision**

Employers should ensure that workers who do not yet have sufficient knowledge or experience to conduct their tasks and duties are supervised by an experienced worker until they can perform work without causing harm to his or herself or to others.

**Audit and Review**

Health and safety audits and work performance reviews are the final steps of the health and safety management control cycle that effective organizations employ to maintain and improve risk management to the fullest extent. This process aims at ensuring coherent functioning and updating of the control mechanisms in relation to their intended goals.

Reviews should become part of all the facility’s occupational health and safety practices; auditing should be done periodically. Both should measure results such as the attainment of goals and objectives, trend analyses, and program efficacy. They also should be used to identify issues that require modifications to elements of the occupational health and safety program thereby improving the overall efficiency.

As a way to evaluate results, employees should be interviewed, tested, and observed at work to assess their understanding of health and safety policies, procedures, and training. Program effectiveness also may be evaluated by institution-wide and departmental trend statistics of occupational injuries and illnesses.
Auditing and review permit the policy to be evaluated according to the following four key indicators:

- attainment of set occupational health and safety performance standards;
- achievement of specific objectives of the action plan;
- identification of areas where standards are absent or inadequate so as to intervene immediately; and
- ongoing analysis of incident, accident and illness data.

Periodic audits should determine whether the occupational health and safety management system:

- is effective in terms of the health care facility’s occupational health and safety policy and objectives;
- is effective in promoting full worker participation;
- responds to the conclusions of former reviews and audits;
- complies with national laws and regulations; and
- meets the goals of ongoing improvements and better occupational health and safety practices.

### 2.7 OCCUPATIONAL HEALTH AND SAFETY STRATEGIES

Occupational health and safety procedures may be organized along three main complementary strategies. A single strategy or a combination of these strategies can be used depending on the status of diseases and injuries that are targeted and on the local conditions.

Occupational Health and Safety Unit and Occupational Health and Safety Committee activities adhere to chosen occupational health and safety strategies.
2.7.1 Prevention of Injuries and Illnesses

This is probably the most widely used occupational health and safety strategy. It is based on the management of occupational hazards that may lead to injuries and diseases. It targets workplace risk factors that need to be identified, assessed, and controlled in order to prevent adverse health outcomes that have been selected for prevention.

This module sketches a broad concept of a system for the analysis and prevention of occupational risks. For a more applied treatment, consult Module 3, which presents the most frequent occupational hazards in the health sector and their preventive measures.

Systems for Identifying, Evaluating, and Controlling Hazards

Occupational health and safety hazards and risks cannot be effectively identified, evaluated, or controlled unless the facility maintains a system for hazard identification, evaluation, and control. The system should be standardized for the entire health care facility to ensure that there will be no confusion about managing the occupational hazards and risks.

The occupational health and safety action plan should outline the details of the procedures that the personnel and administration must follow to identify, evaluate, and control hazards in their work environment.

It is important to conduct an inspection of the health care facility in order to make an initial diagnosis.

A. Hazard Identification

 Comprehensive hazard identification is the basis for the prevention of human or equipment damage or loss and interruption of processes.

The initial hazard identification makes it possible to:

- identify pertinent and important hazards in the health care process;
- establish appropriate controls;
- define objectives for training and information needs;
• clearly define the responsibilities of management, supervisors, and workers; and

• draft and implement comprehensive work standards and integrated practices, including emergency procedures.

The methods of hazard identification include:

• area-specific identification based on the division of the workplace into identifiable areas. (Tool 10 shows a list of hazards that were identified by the site of their most frequent occurrence);

• task-specific identification of hazards by each step in the task;

• process-specific identification of hazards at each process stage; and

• job-specific identification of the hazards by stage in the process.

None of the above methods is unique or ideal for hazard identification. The preferred system depends on the type of services rendered, the processes involved, and the types of installations at the health care facility. A combination of methods may, therefore, be the best choice.

Tools 11 and 12 provide checklists for the identification of occupational hazards during a survey of the installations. The checklists may cover too much ground or may miss important aspects for the level of complexity of the workplace where they will be applied. They therefore need to be reviewed and adapted to the particular context where they will be used.

Existing resources such as codes of practice and guidelines, health sector information booklets, information and specifications from medical supplies and equipment manufacturers, reports from inspectors or consultants, and environmental health reports should be used to identify hazards. Registries of accidents, diseases, and absenteeism, as well as records of results of dialogue and consultations with workers are important sources of information.

A gender approach must be applied to the methods listed above because a person’s sex may affect the effect of a given risk. For example, pregnant women may be particularly susceptible to radiation. Likewise, alternate shifts seem to affect women to a greater extent (e.g., menstrual dysfunctions,¹⁵ greater alcohol and tobacco abuse.¹⁶)

B. Hazard Assessment
As health hazards in the workplace are identified, decisions should be made to:

- immediately set up measures to control priority hazards or
- introduce control methods to reduce or eliminate the likelihood of injury from hazards that are not considered priorities.

Tool 14 in this Manual’s last section provides a hazard-assessment worksheet designed to facilitate the decision making process.

**C. Hazard Control**

Hazards that have been identified and assessed as priorities require the employer to implement adequate control measures.

Control measures should follow the hierarchy described below, with a strong emphasis on eliminating hazards at the source, whenever possible.

1) Take all feasible measures to eliminate the hazard (for example, by substituting or modifying the process).

2) If elimination is impractical or remains incomplete, take all feasible measures to isolate the hazard (for example, instituting engineering controls such as insulating noise).

3) If it is totally impossible to eliminate or isolate the hazard, its likelihood to cause injury should be minimized. This effort should include:
   - ensuring that effective control measures are being applied, such as installing proper exhaust ventilation and providing personal protective clothing and equipment that is properly used and maintained, and
   - monitoring exposure among at-risk workers.

**D. Hazard Mapping**

“Hazard maps” for a given health facility are graphic and visual representations of occupational hazard data for that facility. Visual representation facilitates the identification, location, and assessment of hazards and yields a clearer understanding of the exposure that various groups of workers are subjected to.

Hazard maps should incorporate data collected with tools (Tools 10, 11 and 12) that were used to identify and quantify hazards.
Data may be presented for the establishment as a whole or for part of it. If a suitable floor plan is unavailable, a sketch of the overall architectural distribution or task distribution may be used to facilitate understanding and discussion.

This information should be systematic and easily updated. The process should not be viewed merely as a way to collect, organize, and analyze data.

The objectives of mapping are to:

• locate occupational hazards and risks and associated working conditions;
• understand conditions that may expose workers to existing occupational hazards; and
• understand measures adopted by establishment to control existing hazards in each task or area.

The methodology includes:

1) Elaborate work descriptions.
2) Develop a sketch of work areas.
3) Design inspection and hazard assessment manuals (tools presented here for the hazard identification and assessment may be adapted for this purpose).
4) Conduct relevant inspections followed by the identification of existing hazards by area or work process.
5) Point out the hazards that were identified and assessed.
6) Assess identified hazardous situations in order to seek and implement preventive measures to control the risk factors.

Mapping of the facility’s various areas should present information through signs composed of:

• geometric forms (indicating information, precaution, prohibition, or warning);
• colors (indicating existing hazard, hazard in control phase, and hazard under control); and
• symbols or pictograms indicating the nature of the hazard.

Universal symbols facilitate understanding and should be used whenever feasible. It is recommended that signals that are similar to those used in signaling safety in the work areas be used in order to avoid misinterpretation.
Generating a map for each physical subdivision would be ideal. In special cases, specific maps may be prepared, depending on the complexity that of what needs to be represented.

Tool 13 in the last section of this Manual presents an example of a hazard map and signals that may be used in preparing maps.

**Monitoring**

Monitoring refers to any evaluation or follow-up intended to establish the current condition of the workplace or the workers in terms of a hazard that has been determined to be a priority.

There are two major types of monitoring:

- environmental monitoring, an evaluation of the extent of a physical, chemical, or biological hazard or exposure at the workplace; and

- monitoring of workers or of worker exposure to physical, chemical, or biological hazards in the workplace.

For ethical reasons, informed consent is required of each worker before personal health monitoring is conducted. As with any medical records, monitoring records of workers must be kept confidential between the worker and the person that carried out the monitoring, unless the worker explicitly grants permission to have the results made available to the employer. The only results of biological monitoring that would normally be accessible to the employer are aggregate group results in which the identification of individuals has been obliterated.

**Emergency Procedures**

A health care facility must be prepared to respond to a variety of emergencies—fires, riots, earthquakes, hurricanes, acts of terrorism, chemical accidents, etc.—and to take care of external clients, workers, and collaborators.

To this end, management should develop an emergency and disaster plan and conduct emergency simulations for all facility personnel so that the staff is fully prepared to react properly during emergencies or disasters. Every worker must know exactly what to do in every type of emergency. The police, fire departments, emergency services, and other authorities should be included in the emergency response plan.

Management is responsible for ensuring that such a program is instituted and that it is reviewed and updated frequently. All employees should be given the opportunity to fully
participate in the development of emergency procedures so that every health worker knows what to do in these emergencies.

At a minimum, the program must include:

- a corporate policy statement that emphasizes the importance of emergency response planning and affirms management’s endorsement of the emergency response initiative;
- an outline of the chain of command or responsibility during an emergency that ensures rapid and effective response;
- clearly defined functions and responsibilities of all facility staff members during an emergency;
- a clearly defined communications network and warning system to be used during normal working hours and beyond;
- detailed emergency responses for every type of emergency;
- preparation and posting of emergency evacuation procedures and routes;
- procedures to be followed by workers who remain in charge of critical facility operations or are charged with shutting them down before the facility’s evacuation;
- clearly defined early notification requirements establishing who is responsible for notifying within the organization and to external authorities about an incident;
- training requirements for all staff in the facility; and
- regular reviews and updates of the emergency response plan.

The section “Registries and Reporting of Accidents and Serious Harm to Health” presented earlier in this module gives an overview of notification and registration of accidents and serious injuries.

**2.7.2 Health Promotion**

*Health promotion has the widest perspective on workers’ health, safety, and performance. It is a tool that can help to prevent injuries and illness by substituting risky situations and behaviors for less hazardous ones. Thus, in promoting healthy lifestyles, health promotion not only targets the working environment but also other health risks and protective factors in workers’ lives.*
Preparing health promotion materials and activities for the workplace may help prevent work-related injuries as well as encourage healthy practices and behaviors that could have a beneficial effect outside of the workplace (for example, a physical activity program can help offset some musculoskeletal risks).

Health promotion emphasizes the following aspects:

- an comprehensive focus with multidisciplinary collaboration and the establishment of a favorable environment in the workplace;
- responsibility for oneself and for others;
- prevention of illnesses and injuries;
- strengthening of overall health;
- participation and empowerment of workers; and
- equity and access.

Tool 19 in the Manual’s final section presents a questionnaire that can be administered to workers to orient the design of health promotion programs.

Policy on the Consumption of Tobacco, Alcohol, and Psychoactive Substances in the Workplace

Considering that several countries regulate these substances, it will be necessary to consult technical norms in force within the country to guide the programs concerning these substances and their use. At any rate, management, in consultation with workers, should develop a policy to cover the consumption of tobacco, alcohol, and psychoactive substances in the workplace.

The policy on smoking at the workplace (even if the country does not have standards in this regard) should be based on the principle that non-smoking workers should be totally protected from tobacco smoke in the workplace because there are no safe parameters on what constitutes a safe level of exposure to cigarettes in the environment. To this end, it will be necessary to incorporate a series of minimum restrictions in health care facilities, including a smoking ban:

- in elevators;
- when working with certain chemical products (for example, flammables), when performing certain tasks or processes, or when working in certain spaces (for example, entrances into confined spaces or where patients are being cared for);
• in offices where more than one person works; or

• in an enclosed space where air is shared.

The policy should focus on:

• communicating with employees (through clear policy, such as defining where smoking is permitted in outside areas);

• education (providing information that justifies the policy); and

• support for employees who wish to quit smoking (providing counseling and support groups as part of the institution’s policy to help employees withdraw from tobacco).

Similar practices can be adopted to deal with the consumption of alcohol and other psychoactive substances. In countries where there are no specific regulations in this regard, policies at health care facilities should incorporate elements to prevent the use of these substances, not only because they may injure the health of the user, but also because of the danger they represent to the health care process, the installations, and other workers.

FURTHER INFORMATION

(ENGLISH)

Work Research Centre: A manual for Promoting Health Activity at Work. Dublin, 1996.

To request a list of publications, write to: Work Research Centre Ltd. 22 Northumberland Road, Ballsbridge, Dublin 4, Irlanda (fax: 353 1 6683142).


Standards for Health Promotion in Health Promoting Hospitals
http://www.who.dk/healthpromohosp/Publications/20030127_7


(SPANISH)

2.7.3 Health Care, Rehabilitation and Reintegration to Work

The emphasis should be on the care and rehabilitation of existing health problems with the aims of restoring the employee’s physical and mental health, preventing recurrences, and facilitating the return to work.

Personal problems, including health concerns, may seriously affect work performance and result in less safe and less healthy work practices. This may endanger the worker, fellow workers, patients, clients, and other persons in the work area. The workplace should have a management system for these situations as soon as they emerge. This system is called the Employee Assistance Program (EAP).

Personal problems that may be dealt with by the Employee Assistance Program include:

- alcohol or drug dependency;
- financial difficulties;
- family difficulties;
- stress;
- bereavement;
- physical or mental health problems; and
- return to work and rehabilitation.

The primary objective of the Employee Assistance Program is to assist the worker in restoring his or her health and work performance to satisfactory levels. Care should be taken, however, not to let this become the main function of the specialist physician. In other words, the medical professional should not become so overwhelmed with triage consultations and prescribing rest that reduce his capacity for occupational health tasks.
The policy and practices of the Employee Assistance Program should be developed in consultation with the workers and adapted to local conditions.

It is a good idea for the Employee Assistance Program to become a component of the health care facility’s Occupational Health and Safety Unit, or at least function in close communication with it (see the section “Occupational Health and Safety Unit” presented earlier in this module, the International Labor Organization’s Convention 161, and Recommendation 171 on occupational health services in Tools 2 and 3 presented in this Manual’s last section). This arrangement favors the use of the Occupational Health and Safety Unit’s resources (e.g., its privileged communication with Human Resources’ administrative areas, its medical knowledge of personnel, etc.) to manage cases and even to provide medical and psychosocial care in varying degrees of collaboration with other assistance units.

Depending on available resources and the legislation in force, the above collaboration may be extended to include professionals at the health care facility, the local health system, social security, the network of associated professionals and enterprises in legal or psychological services, etc.

It is essential that the staff members’ medical care be integrated with the facility’s other administrative units that deal with occupational health and safety (for example, those responsible for registries and statistics, administrative processes for acquisition of treatments, gradual return to original duties, etc.).

Referrals and other matters related to counseling and treatment of workers must conform to strict confidentiality and discretion requirements.

Tool 16 at the end of this Manual presents a medical form that may be adapted for use in the Employee Assistance Program.

**FURTHER INFORMATION**

Tools for Cost-benefit Analysis of OH&S Management:

(traditional version) www.cersso.org/mat_pmctradicional

(electronic version) www.cersso.org/mat_pmcrramientas.asp.

Download the software for epidemiological and statistical procedures (Epi Info™) at http://epi.minsal.cl/epi/html/frames/frame1.htm

Construction Safety:

Emergency Preparedness:


(ENGLISH)


(PORTUGUESE)
Portaria 37 - Proposta de texto de criação da Norma Regulamentadora N.º 32 – Segurança e Saúde no Trabalho em Estabelecimentos de Assistência à Saúde.

CAMINHOS DA ANÁLISE DE ACIDENTES DO TRABALHO
Secretaria de Inspeção do Trabalho – SIT - 2003
Esplanada dos Ministérios, Bloco F, Sala 147 – Ed. Anexo
Tels.: (0xx61) 317-6672/6671/6688; Fax: (0xx61) 224-3538

Ministerio da Saúde (2001) MANUAL BRASILEIRO DE ACREDITAÇÃO HOSPITALAR.
Série A. N.117. 3a Edição.

(SPANISH)

Guía para el Diseño, Implantación, Evaluación y Control de Programas de Seguridad y Salud en el Trabajo. http://www.cersso.org/mat_pmsgst.asp


Investigación de accidentes, método árbol de causas.
http://www.mtas.es/insht/information/Ind_temntp.htm

SAISO = Sistema de Vigilancia

http://epi.minsal.cl/epi/html/frames/frame1.htm y

http://216.239.53.104/search?q=cache:lFX09ror3CgJ:epi.minsal.cl/epi/html/vigilan/saiso/saisowe bfl.pdf+SAISO+OPS&hl=en&ie=UTF-8

http://training.itcilo.it/actrav_cdrom2/es/manuale/cap01_01.html