I. WHAT IS BEHAVIOUR-BASED SAFETY?

Many employers have adopted behaviour-based safety (BBS) programs to weaken trade union organization and undermine solidarity at the workplace. BBS programs expose workers to hazards which threaten their lives and safety. They negate the responsibility of the employer to provide a safe workplace and shift responsibility onto workers, arguing that their individual behaviour and “unsafe acts” are the cause of injuries, illnesses and fatalities.

BBS programs have a number of identifiable characteristics.

These include:

- Employers requiring workers to make a certain number of safety and health observations, often of their co-workers, within a certain period of time;
- Incentive programs or injury discipline policies which suppress reporting of occupational health and safety incidents;
- Pitting one department against one another by using prizes to reward the department or group of workers that achieves the lowest injury/illness rates;
- Management bonus schemes linked to low recordable injuries/illnesses;
- Training workers to be observers of “critical behaviours” or “unsafe acts”;
- An emphasis on “proper lifting techniques” as a substitute for redesigning a job using ergonomic principles.
International standards and guidelines are founded on the principle that it is an employer’s responsibility to provide a safe and healthy working environment. The United Nations’ International Labour Organization Constitution sets forth the principle “that workers should be protected from sickness, disease and injury arising from their employment.” Policies are to be written and implemented “to prevent accidents and injury to health arising out of, linked with or occurring in the course of work, by minimising, so far as is reasonably practicable, the causes of hazards inherent in the working environment.” (ILO C155, Occupational Safety and Health Convention, 1981)

WHY ARE BBS PROGRAMS DANGEROUS AND WHY SHOULD YOUR UNION CARE?

- BBS systems shift the responsibility of maintaining a safe and healthy workplace from employers onto workers. This is in violation of ILO conventions, national laws and standards, and the OECD Guidelines for Multinational Enterprises, which place the responsibility to provide safe and healthy working environments on the employer.
- BBS can incentivize the underreporting of injuries, illnesses and hazards.
- BBS programs shift the focus away from identifying and controlling hazards.
- BBS programs undermine union health and safety representatives, union-based health and safety committees and workplace solidarity based on collective bargaining by turning workers against workers.
- Hazards that remain uncorrected or are not eliminated or reduced will continue to harm workers.

The most effective way to combat behaviour-based safety programs is for unions to organize to implement health and safety procedures based on sound principles of occupational health and safety:

- hazard identification,
- risk assessment; and
- hazard controls based upon use of the hierarchy of controls.

Occupational health and safety programs and policies should aim at both prevention and protection; they should defend and enhance workers’ rights to safe and healthy working conditions and environments. These programs establish processes and programs in which workers are involved in all aspects of the program, including hazard identification and hazard control.

Joint union management committees provide a valuable framework for discussion and for concerted action to improve health and safety.

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1 Note: The OECD Guidelines for Multinational Enterprises, Chapter V., Employment and Industrial Relations, states, Enterprises should, within the framework of applicable law, regulations and prevailing labour relations and employment practices and applicable international labour standards: 4a) Take adequate steps to ensure occupational health and safety in their operations.
II. A UNION APPROACH TO HEALTH AND SAFETY

A union approach to safety and health focuses on identifying and eliminating the hazards that arise out of work, are present in the workplace, or result from the way work is organized, including hours of work, work shifts and schedules, pace of work and staffing levels. Effective safety and health programs rely on established principles of occupational safety and health: "anticipation, recognition, evaluation and control of hazards arising in or from the workplace that could impair the health and well-being of workers." (Fundamental Principles of Occupational Health and Safety, 2nd Edition, Benjamin O Alli, International Labour Organization)

The key elements of health and safety programs are hazard identification, risk assessment and hazard control.

Hazard identification is the part of the process used to identify any sources of potential damage, harm or adverse health effects on someone in the workplace. The term hazard can be very broad and should include physical, chemical, ergonomic, biological and work organization sources.

A common way to classify hazards is by category with examples:

- **BIOLOGICAL** – examples: bacteria, viruses, blood borne pathogens.
- **CHEMICAL** – examples: pesticides, solvents, cleaning compounds.
- **ERGONOMIC** – examples: repetitive movements, awkward postures, use of force, poorly designed workstations, tools and work equipment.
- **PHYSICAL** – examples: radiation, magnetic fields, temperature extremes, pressure extremes (high pressure or vacuum), noise.
- **PSYCHOSOCIAL** – examples: stress, violence, production pressure, lack of adequate staffing.

Unions around the world use mapping techniques to help workers identify health and safety hazards at work. This is a collective approach that provides a way for workers to use their own experiences to document workplace health and safety problems. This practical and collective approach not only helps identify issues and raise awareness but is also key to recruitment or organizing campaigns. These techniques are participatory methods by which workers gather and analyse their own knowledge and experiences. With the information gained, workers and unions can develop strategies to eliminate or reduce workplace hazards and to improve health and safety on the job.

You can reference Annex 1, pages 8-11 of IUF’s **MAKING WOMEN VISIBLE IN OCCUPATIONAL HEALTH AND SAFETY** for more information on mapping techniques.
ROLE OF MONITORING HAZARDS

There may be particular health hazards which require exposure monitoring. Where this is the case, surveillance programs should include the monitoring of workers’ exposure to such hazards.

The main objectives of such monitoring are to:

- Identify real hazards;
- Determine the level of workers’ exposure to harmful agents;
- Prove compliance with regulatory requirements;
- Assess the need for control measures; and
- Ensure the efficiency of control measures in use.

RISK ASSESSMENT

Risk assessment refers to the health and safety process which includes the following steps:

- Identify hazards and risk factors that have the potential to cause harm (hazard identification).
- Analyze and evaluate the risk associated with that hazard (risk analysis and risk evaluation).
- Determine appropriate ways to eliminate the hazard or control the risk when the hazard cannot be eliminated (risk control).

Risk is the chance or probability that a person will be harmed or experience an adverse health effect if exposed to a hazard. It may also apply to situations with property or equipment loss, or harmful effects on the environment. Evaluating hazards and conducting a risk assessment is a critical part of the process, as it will often be used to determine which hazards will be addressed first, and in what order hazard control will take place. The risk assessment must be gender sensitive/gender proofed.

Practically speaking, the hazard identification process could result in a long list of hazards that need to be addressed. But, not all hazards can be fixed immediately. Therefore a process should be in place to determine which hazards will be addressed first and in what order. The risk assessment process can be used to help in this decision making.

The aim of workplace health and safety risk assessment is to ensure employers identify and implement risk control measures to prevent/reduce fatal accidents, injuries and disease/ill health at work. Workplace health and safety risk assessment is something employers are often required by law to carry out — before exposing workers or other persons to danger from work activities.

HAZARD CONTROL

Hazard control methods should be decided only after the hazard identification and the risk assessment has been completed, in which hazards and risks have been evaluated and prioritized.

The main ways to control a hazard include:

- **ELIMINATION (INCLUDING SUBSTITUTION):** remove the hazard from the workplace, or substitute (replace) hazardous materials or machines with less hazardous ones.
- **ENGINEERING CONTROLS:** includes designs or modifications to plants, equipment, ventilation systems, and processes that reduce the source of exposure.
- **ADMINISTRATIVE CONTROLS:** controls that alter the way the work is done, including timing of work, policies and other rules, and work practices such as standards and operating procedures (including training, housekeeping, and equipment maintenance, and personal hygiene practices).

**2** Note: IUF’s Making Women Visible in Occupational Health and Safety also details other occupational health and safety issues for women workers including menstruation and period dignity at work and the need for access to clean, safe, secure and separate toilet and welfare facilities at work.
The hierarchy of control is a system for controlling risks in the workplace. The hierarchy of control is a step-by-step approach to eliminating or reducing risks and it ranks risk controls from the highest level of protection and reliability through to the lowest and least reliable protection.

Eliminating the hazard and risk is the highest level of control in the hierarchy, followed by reducing the risk through substitution, isolation and engineering controls, then reducing the risk through administrative controls. Reducing the risk through the use of protective personal equipment (PPE) is the lowest level of control and should be used when higher levels of controls either are not feasible, or do not totally eliminate the hazard or reduce the risk.

### III. TRAINING AND EDUCATION

Training and education are vital components of a health and safety program. By using a “train the trainer” approach, unions can engage in programs where union members and workers can learn how to teach or facilitate classes on health and safety topics for other union members using a participatory popular education approach. Union officers, representatives, stewards, union health and safety representatives and committee members, and members should receive training and education on the fundamentals of workplace health and safety, with a focus on the topics below:

- Worker and union roles in workplace health and safety
- Identifying BBS programs and the damaging effects of BBS programs
- Identifying hazards in the workplace
  - Mapping of workplace hazards

### IV. ESTABLISHMENT OF JOINT UNION MANAGEMENT HEALTH AND SAFETY COMMITTEES; APPOINTMENT OF WORKERS’ HEALTH AND SAFETY REPRESENTATIVES.

The appointment of joint union management safety and health (OSH) committees and of workers’ health and safety representatives can help to promote workers’ active involvement in safety and health. Health and safety representatives are known to be effective in improving health and safety conditions for shop floor operations and in introducing corrective measures where hazards have been identified. Joint health and safety committees provide a valuable framework for discussion and for concerted action to improve health and safety. To be effective the committees should meet regularly, periodically inspect the workplace, and regularly review the employer’s risk assessments to ensure that the risk control measures implemented are still effective in protecting workers’ health and safety. OSH committees should include workers or their representatives and employers’ representatives with the knowledge, experience and skill in matters of OSH (competent persons). Committees should also be representative of those in the workplace (e.g. include women, etc.).

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3 Note: A joint labour management health and safety committee is defined by the ILO as “[a] committee with representation of workers’ safety and health representatives and employers’ representatives established and functioning at organization level according to national laws, regulations and practice (http://elcosh.org/document/3629/d001184/ilo-guidelines-for-health-and-safety-management-systems-2001.html).”
Workers’ health and safety representatives, workers’ health and safety committees, and joint health and safety committees (or, as appropriate, other workers’ representatives) should be:

- Given adequate information on health and safety matters;
- Enabled to examine factors affecting health and safety;
- Encouraged to propose health and safety measures;
- Consulted when major new health and safety measures are envisaged and before they are carried out;
- Ready to seek the support of workers for health and safety measures;
- Consulted in planning alterations of work processes, work content or organization of work which may have safety or health implications for workers.

Legally-appointed and empowered worker health and safety representatives are the backbone of trade union/labour union organization on health and safety at work. They are the eyes and the ears of trade unions on workplace occupational health and safety problems and play crucial roles in reducing fatalities, accidents and disease/ill health at work. Many deal with workplace environmental issues as well. Health and safety representatives help protect workers, the public and the general environment.

Health and safety representatives deal with day to day health and safety matters but link to workplace health and safety committees which deal with longer term issues, and are usually members of these committees.

V. STRONG COLLECTIVE BARGAINING LANGUAGE ON HEALTH SAFETY AND ENVIRONMENTAL ISSUES

Collective bargaining language should:

- Give the union the right to participate, as an equal partner, in health and safety;
- Create health and safety programs based upon recognized and accepted principles of hazard identification, hazard evaluation and the hierarchy of controls;
- Seek to pre-empt BBS programs;
- Establish union workplace health and safety representative positions.

The IUF encourages all of its affiliates to make use of this guide; please feel free to share it widely.

The IUF and its Food Processing Division also wish to thank all IUF affiliates which provided feedback to this guide and in particular, the UFCW and its Occupational Health & Safety Office, which took a leading role in drafting this guide.

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4 Note: Laws or regulations in some countries require employers to consult with workers on occupational health and safety. In the United Kingdom, for instance, regulations state that [c]onsultation must be either direct or through a safety representative that is either elected by the workforce or appointed by a trade union.