

CONTENTS

BEHAVIOUR-BASED SAFETY CONTRADICTS	
NATIONAL AND INTERNATIONAL WORK-	
PLACE LAWS AND CONVENTIONS	

HOW BEHAVIOUR-BASED SAFETY TURNS OCCUPATIONAL SAFETY AND HEALTH ON ITS HEAD.....

GUIDELINES ON OCCUPATIONAL SAFETY AND HEALTH MANAGEMENT SYSTEMS – HIERARCHY OF RISK/HAZARD CONTROLS.....5

HIERARCHY OF HAZARD CONTROLS......6

POSITION OF THE IUF7

BEHAVIOUR-BASED SAFETY PROGRAMS

When promoting health and safety control measures to protect food processing workers and countering company-led BBS initiatives/programs, this Position Paper recognizes that the terms "hazard control" and "risk control" are often used interchangeably in everyday speech.1 To avoid confusion, this Position Paper will refer to both these types of health and safety controls because they both aim to (i) improve levels of health and safety protection for workers, and (ii) clearly define the legal duties and responsibilities of employers on health and safety at work.

BEHAVIOUR-BASED SAFETY (BBS) programs have proliferated over the past several decades to such an extent that they have become the primary method many companies and employers use to address safety and health² in the workplace, rather than workplace health and safety, risk management and organization to reduce the number of reported fatalities, injuries and occupational diseases.3

BBS is based on the premise that it is the worker's behaviour and "unsafe acts" that are responsible for fatalities, injuries, and occupational diseases. If the behaviour of workers can be changed, and

workers work more "carefully" then, according to BBS, occupational fatalities, injuries, and occupational diseases will be prevented and workplaces will be safer. A proponent of behaviour-based safety describes implementation strategies, including measurement of the observed behaviours which "should be broken down into two distinct parts. First, the frequency of safe behaviours and then a count of the unsafe or risky behaviours should be measured. Once this process is completed, team leaders are better able to administer corrective actions as well as reward positive behaviours."4

1 Note: In this Position Paper, the IUF uses the following definitions:

A HAZARD is anything that has the potential to cause harm, whether to the detriment of the health or safety of a person, or damage to property, equipment, or the environment. The potential for harm is inherent in the substance or machine or poor work practice, etc.

A hazard can, therefore, be anything - work materials, machinery, equipment, chemicals, pesticides, tools, dust, disease-causing micro-organisms, extreme temperatures, electricity, noise, vibration, transport, poor workplace layout, poor work organization, methods or practices, systems of work, stress, sexual harassment and violence (including domestic violence), attitudes - that has the potential to injure people and/or damage their health. An unlimited number of hazards can be found in almost any workplace.

RISK is the probability (likelihood) that a hazard will actually result in injury or disease/illness or damage to property, equipment or the environment, together with an indication of how serious the harm could be, including any long-term consequences.

Risk = probability of harm x severity of harm

When deciding on the acceptability of risk, it is important to take into account the gender, age and health of the workers for whom the assessment is being conducted, and also to bear in mind their input to the process.

> Source: International Labour Organization (ILO) 2013. Training Package on Workplace Risk Assessment and Management for SMFs

- 2 Source: The term health, in relation to work, indicates not merely the absence of disease or infirmity; it also includes the physical and mental elements affecting health which are directly related to safety and hygiene at work. ILO Convention 155 on Occupational Health and Safety (1981), Article 3 (e)
- 3 Source: ILO, 2010, List of occupational diseases
- 4 Source: https://www.safetyproresources.com/blog/how-to-establish-a-behavior-based-safety-program



The problem with this approach is that by focusing on the individual worker and their behaviour, significant safety and health hazards and the risks arising from them, which result in workers suffering fatalities, injuries and occupational diseases, go unaddressed. Behavioural safety programs ignore the key roles that workplace hazards such as stressful and unsafe working conditions and toxic chemicals play in injury/ occupational disease causation and the notion that employers set the conditions that workers operate in. In addition, with BBS programs' primary focus on accident prevention, this approach to safety and health fails to account for, and thus can do little to prevent, the deaths caused over time due to exposure to toxic substances, and other health-related occupational hazards.

BBS systems shift the responsibility of maintaining good workplace conditions on safety and health onto employees. They undermine unionbased health and safety representatives and worker representatives on health and safety committees and workplace solidarity based on collective bargaining. They can also incentivize the underreporting of injuries and occupational diseases. BBS programs are in the long term unsustainable, largely because managers and authority figures cannot themselves maintain the perfect behaviours needed to allow the programmes to function. Once the workforce sees managers taking shortcuts and breaching rules, it becomes acceptable behaviour and the whole system eventually collapses.

The largest food processing companies including Mondelēz, Nestlé, and Unilever promote Behaviour-Based Safety as a core principle of their Occupational Safety and Health Management programs.

Nestlé states that the company "attributes the highest importance to people's behaviours as the main factor for the prevention of accidents. We believe that every time an accident occurs, the root causes can be traced to someone's behaviour." Unilever describes their health and safety policy as a "behavioural based approach to health and safety." Unilever states that they have "developed new tools and training to guide our employees in adopting safe behaviors."



The IUF strongly opposes employer programs that shift responsibility for worker safety and health from the employer to the worker, by focusing on worker behaviour instead of addressing hazards and the risks that arise from them.

Behaviour-Based Safety is an approach to safety and health that focuses on workers' behaviour as the cause of most work-related injuries and occupational diseases.

Many of the Behaviour-Based Safety programs start with the premise that most accidents are caused by unsafe acts of people. This premise rests on work conducted by an insurance investigator by the name of H.W. Heinrich in the 1930s whose research into injury causation consisted of his review of supervisors' accident reports. According to Heinrich (1931) 88% of all accidents are caused by unsafe acts of people, 10% by unsafe actions and 2% by "acts of God."⁵ Given Heinrich's conclusion that worker error is the major cause of accidents, many BBS programs blame workers for having an accident, suffering an injury or occupational disease, or even getting killed on the job. This type of blaming leads to safety programs that are concentrated on stopping unsafe behaviour through negative consequences.

Source: Heinrich, HW. 1931. Industrial Accident Prevention. New York: McGraw-Hill.

Studies have shown that imposing discipline or implementing programs that negatively impact workers, i.e., firing or imposing points that can count against one's good standing in the company, suppresses reporting of hazards and risks, near-misses, injuries, or other indicators that a danger exists in the workplace. Employee interviews, conducted by the U.S. Government Accountability Office, identified workers' fear of reprisal and employer disciplinary programs as the most important causes of under-reporting. Investigations of major workplace disasters, resulting in loss of life, or serious injury to workers, have revealed significant unreported hazards and risks, coupled with programs which suppress reporting.6

Alternatively, many Behaviour-Based Safety programs use rewards or incentives to recognize or reward "good" behaviours. Typical are programs that give out prizes to workers or departments which achieve the lowest injury/occupational disease recordable rates. The rewards can be as minimal as a pizza party or as large as a new car. These are dangerous programs, which can result in the suppression of injury and occupational disease reporting, as well as deter workers from stepping forward to report hazardous and highrisk conditions.

The United States Government Accountability Office (GAO) issued a report in 2009, with findings as follows:

"According to stakeholders interviewed and the occupational health practitioners GAO surveyed, many factors affect the accuracy of employers' injury and illness data, including disincentives that may discourage workers from reporting workrelated injuries and illnesses to their employers and disincentives that may discourage employers from recording them."7

BEHAVIOUR-BASED SAFETY CONTRADICTS NATIONAL AND INTERNATIONAL WORKPLACE LAWS AND CONVENTIONS

Behaviour-Based Safety programs focus on the individual worker and take the responsibility off the company or employer to provide good working conditions of safety and health, placing the responsibility for maintaining good workplace conditions of safety and health on the individual workers. This contradicts national laws and standards, International Labour Organization conventions and the OECD Guidelines for Multinational Enterprises, which say employers should within the "framework of applicable law, regulations and prevailing labour relations and employment practices, take adequate steps to ensure occupational health and safety in their operations."8 The legal framework of BBS programs can be challenged when considering individual laws and conventions. Furthermore, there must be recognition that those persons dealing with health and safety - employer or representative, worker representative or outside third party/consultant - must be "competent persons on health and safety."9 The government `competent authority' on health and safety may determine criteria for 'competent persons.'

In the United States, the Occupational Safety and Health Act, or OSHA, requires that "each employer furnish to each of its employees a workplace that is free from recognized hazards that are causing or likely to cause death or serious physical harm."10 This places the responsibility on the employer to maintain good working conditions of safety and health. The UK Health and Safety at Work Act 1974 states, for example, that "It shall be the duty of every employer to ensure...the provision and maintenance of plant and systems of work that are, so far as is reasonably practicable, safe and without risks to health."11

⁶ Source: Chemical Safety Board, Phillips Petroleum Refinery explosion, Texas

Source: "Enhancing OSHA's Records Audit Process Could Improve the Accuracy of Worker Injury and Illness Data" GAO-10-10: Published: Oct 15,

⁸ Source: OECD Guidelines for Multinational Enterprises (Accessed September 20, 2018)

Note: Competent persons on health and safety at work: Those persons who deal with occupational health and safety must be competent. A competent person is defined as "A person with suitable training and sufficient knowledge, experience and skill for the safe performance of the specific work." The competent authority (government) may define appropriate criteria for designating such persons and may determine the duties to be assigned to them. (Source: ILO. 2011. Code of Practice on Safety and Health in Agriculture. Glossary. Issued November 28, 2011)

¹⁰ Source: U.S. OSH Act, General Duty Clause, Section 5 (a)

¹¹ Source: UK Health and Safety at Work Act 1974, Section 2.

The ILO Constitution sets forth the principle "that workers should be protected from sickness, disease and injury arising from their employment" in accordance with ILO Convention 155 (1981) -Occupational Safety and Health. In this convention, policies are to be written and implemented, the aim of which is "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."12 Under ILO Convention 184 (2001) on Safety and Health in Agriculture, the most recently adopted sectoral ILO Convention on occupational health and safety, Article 7 (a) states that employers shall "carry out appropriate risk assessments in relation to the safety and health of workers and, on the basis of these results, adopt preventive and protective measures to ensure that under all conditions of their intended use, all agricultural activities, workplaces, machinery, equipment, chemicals, tools and processes under the control of the employer are safe and comply with prescribed safety and health standards."13

The European Union clearly lays out principles on occupational safety and health in the European Framework Directive on Safety and Health at Work (Directive 89/391 EEC) which was adopted in 1989 and was a substantial milestone in improving safety and health at work. It guarantees minimum safety and health requirements throughout Europe while member States are allowed to maintain or establish more stringent measures. The directive:

- Obliges employers to take appropriate preventive measures to make work safer and healthier;
- Introduces as a key element the principle of risk assessment and defines its main elements e.g., hazard identification, worker participation, introduction of adequate measures with the priority of eliminating risk at source, documentation and periodical re-assessment of workplace hazards;
- Obliges employers to put in place prevention measures which stress the importance of new forms of safety and health management as part of general management processes.14

HOW BEHAVIOUR-BASED SAFETY TURNS **OCCUPATIONAL SAFETY AND HEALTH ON** ITS HEAD

BSMS, a Behaviour-Based Safety company, promotes itself as global experts in behavioural safety. "B-Safe clients realize world-class safety performance by achieving the lowest injury rates in their industry. We have assisted companies in more than 30 countries in all six habitable continents." BSMS promotes a process that creates "a safety partnership between management and the workforce by continually focusing everyone's attention and actions on their own, and the others, safety behaviour."

The focus is on workers taking on the responsibility for safety and for the safety of their co-workers. The focus is taken off the company's responsibility to provide safe and healthy working environments, through policies, programs and actions.

Pressures on workers are growing as food processors struggling with revenue growth seek greater profits through the financial engineering typical of private equity firms, aggressive cost cuts and permanent restructuring. Rising competitive pressures and increasing financial short-termism place food processing workers in a position of heightened vulnerability. Permanent insecurity is exacerbated by accelerating automation.

Hazards, and the risks that arise from them, that exist in any manufacturing environment include inadequate or lack of machine guarding; lockout/tag out issues related to maintaining and cleaning equipment and machinery; hazards and risks associated with automation and robotics: chemical hazards and risks and combustible dust; ergonomics and repetitive motion injuries; and industrial trucks and material handling. In addition to these hazards and risks, safety and health concerns affecting food processing workers include effects of automation, downsizing, speedup, turnover of workforce and lack of training/ investment in the workforce. These are considered workplace organizational stressors which translate into safety and health hazards and risks that put workers at risk of suffering death, injury, and occupational diseases.

¹² Source: Convention concerning Occupational Safety and Health and the Working Environment (Entry into force: 11 Aug 1983) Adoption: Geneva, 67th ILC session (22 Jun 1981).

 $[\]textbf{13 Source:} \ https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C184$

¹⁴ See more here: European Framework Directive on Safety and Health at Work (Directive 89/391 EEC), 1989.



Food production, especially line or piece work, is particularly monotonous and repetitive work which can harm mental health. This, combined with fatigue, can result in increased likelihood of accidents, which BBS programs will not identify as they do not consider root causes.

Nanomaterials are increasingly a threat in food processing industries, as new products containing nanomaterials are rapidly being introduced. Nanomaterials are extremely tiny particles, and characterized by their tiny size, measured in nanometers. A nanometer is one millionth of a millimeter – approximately 100,000 times smaller than the diameter of a human hair. Health risks and long-term worker exposures to nanomaterials are not yet fully understood. There is still no known method for limiting, controlling or even measuring human exposure to nanomaterials and processes in or outside the workplace. Workers face exposure to unregulated hazards and risks.

By failing to put the priority on identifying these hazards and the risks that arise from them and implementing control measures, employers instead "control" workers' behaviours, leaving them to work around hazards and risks that should either not be in the work environment in the first place, or should be addressed through recognized environmental and workplace risk/hazard controls.

GUIDELINES ON OCCUPATIONAL SAFETY AND HEALTH **MANAGEMENT SYSTEMS -**HIERARCHY OF RISK/HAZARD CONTROLS

Workplace fatalities, injuries, and occupational diseases are the result of exposure to uncontrolled hazards and the risks which arise from them in the workplace.

The World Health Organization, in its "Global strategy on occupational health for all: The way to health at work," defines occupational health as "a preventive activity aiming at identification, assessment and control of hazardous factors at the workplace and generation of competent and effective actions to ensure a healthy work environment and healthy workers."15

Occupational safety and health management systems use recognized management system and occupational safety and health principles and policies to protect workers from occupational hazards and risks while improving productivity.

Current international conventions and guidelines on occupational safety and health management employ practical approaches and tools that are used with the aim of reducing work-related deaths, injuries, occupational diseases, and incidents. These systems employ the hierarchy of risk/hazard control used in industry to minimize or eliminate exposure to hazards and the risks that arise from them. The risk control/hazard control hierarchy recognizes that design, elimination, and engineering controls are more effective in reducing risk than lower-level controls such as warnings, procedures, and personal protective equipment. This is a widely accepted system promoted by safety organizations and international conventions and is standard practice in the workplace.

Behaviour-Based Safety programs do not, as a rule, refer to the hierarchy of either risk/ hazards controls as the preferred method of improving workplace safety and health.

¹⁵ Source: https://www.who.int/publications/i/item/global-strategy-onoccupational-health-for-all-the-way-to-health-at-work

FIVE STEPS OF WORKPLACE HEALTH AND SAFETY RISK ASSESSMENT¹⁶

Identify the hazards Step 1:

Step 2: Who is at risk and how? Assess the degree of risk for each hazard

Step 3: Identify and implement the health and safety risk controls following the Hierarchy of Risk Controls (see below)

Step 4: Record who is responsible for implementing which risk controls, and the timeframe

Step 5: Record your findings, monitor results, and review your risk assessment. Update.

HIERARCHY OF WORKPLACE HEALTH AND SAFETY RISK CONTROLS (SEE STEP 3)

Risk Control 1: Elimination or substitution of hazards

Risk Control 2: Tools, equipment, technical and engineering controls

Risk Control 3: Safe work organization, systems, practices, information and training

Risk Control 4: Water, sanitation, hygiene, first aid and welfare

Risk Control 5: Personal protective equipment

Risk Control 6: Health/medical surveillance

Note: This is a hierarchy, not a list of controls. Therefore, Risk Control 1 gives the highest level of protection compared to the other risk controls. Risk Controls 2-3, which give collective protection of a work area, provide higher levels of protection than Risk Control 5.

So, for each hazard, the employer must work through the risk controls following the order in which they are listed in the hierarchy. You do NOT start lowering risks by using personal protective equipment as the first risk control. You start with Elimination - Risk Control 1, and then work your way down the hierarchy.

HIERARCHY OF HAZARD CONTROLS



Note: The Hierarchy of Workplace Health and Safety Risk Controls approach and the Hierarchy of Hazard Controls approach, both used around the world, are both a hierarchy of prevention and control measures.



POSITION OF THE IUF

IUF opposes employer programs and policies that shift responsibility for workers' safety and health from the employer to the worker, by focusing in this instance on worker behaviour instead of improving risk management including the control of risks/hazards wherever possible.

IUF opposes (safety and health) incentive programs or injury discipline policies which suppress reporting. Injury discipline policies may include assessing points against a person who suffers or reports an injury, which could lead to firing.

IUF opposes programs that require or encourage workers to observe and report on the behaviours of coworkers, thereby pitting them against one another in the workplace.

IUF supports and encourages employer programs that rely on the accepted principles of:

- Use of the hierarchy of risk controls/hazard controls, to protect workers from work-related fatalities, injuries and occupational diseases;
- Joint management/labour cooperation on workplace risk assessment and implementation of risk/hazard controls plus-cooperation on accident investigations and on incident/near-miss investigations; 17
- Upholding anti-retaliation policies, which protect workers who report injuries occupational diseases, hazards and risks;
- Regular checking by employers with the active participation of their workforces of the effectiveness of the risk controls/ hazard controls they have implemented in protecting workers' health and safety.

IUF supports occupational safety and health risk management systems which rely on principles and objectives that at a minimum include:

- Protecting the safety and health of all members of the organization by preventing work-related fatalities and preventing/reducing injuries and occupational diseases;
- Complying with relevant OSH international and national laws and regulations adhering to collective agreements on OSH, and voluntary programs;
- Providing for the election, technical support, and training (by competent persons) of workplace health and safety representatives;
- Ensuring that workers, their representatives and workplace health and safety representatives are consulted and can participate actively in all elements of the OSH management system.

¹⁷ Note: The US Occupational Safety and Health Administration strongly encourages employers to investigate all incidents in which a worker was hurt, as well as close calls (sometimes called "near misses"), in which a worker might have been hurt if the circumstances had been slightly different. (Source: https://www.osha.gov/incident-investigation, Accessed May 18, 2022)



BEHAVIOUR-BASED SAFETY PROGRAMS

IUF POSITION PAPER

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THE INTERNATIONAL UNION OF FOOD, AGRICULTURAL, HOTEL, RESTAURANT, CATERING, TOBACCO AND ALLIED WORKERS' ASSOCIATIONS (IUF) IS AN INTERNATIONAL FEDERATION OF TRADE UNIONS REPRESENTING WORKERS EMPLOYED IN AGRICULTURE AND PLANTATIONS; THE PREPARATION AND MANUFACTURE OF FOOD AND BEVERAGES; HOTELS, RESTAURANTS AND CATERING SERVICES; ALL STAGES OF TOBACCO PROCESSING.



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