



FOURTH ITEM ON THE AGENDA

**Report of the Meeting of Experts on  
Guidelines on Occupational Safety  
and Health Management Systems  
(Geneva, 19-27 April 2001)**

1. The Meeting of Experts on Guidelines on Occupational Safety and Health Management Systems was held in Geneva from 19-27 April 2001. Twenty-one experts were invited to take part in the Meeting, seven of whom were appointed following consultations with governments, seven after consulting the Employers' group of the Governing Body and seven after consulting the Workers' group. The Meeting was attended by all experts and by several observers from intergovernmental and non-governmental international organizations.
2. The experts examined and unanimously adopted the Guidelines on Occupational Safety and Health Management Systems.
3. The report of the Meeting<sup>1</sup> and the Guidelines<sup>2</sup> are submitted for consideration by the Governing Body.
4. *The Governing Body is invited to take note of the report of the Meeting of Experts and to authorize the Director-General to publish the Guidelines on Occupational Safety and Health Management Systems.*

Geneva, 13 June 2001.

*Point for decision:* Paragraph 4.

<sup>1</sup> MEOSH/2001/1.

<sup>2</sup> MEOSH/2001/2(Rev.).

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INTERNATIONAL LABOUR ORGANIZATION

## Final report

**Meeting of Experts on ILO Guidelines on Occupational  
Safety and Health Management Systems**

Geneva, 19-27 April 2001



**InFocus Programme on Safety and Health at Work  
and the Environment (SafeWork)**

INTERNATIONAL LABOUR OFFICE GENEVA

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**Meeting of Experts on ILO Guidelines  
on Occupational Safety and Health  
Management Systems**

Geneva  
19-27 April 2001

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## Report

### Introduction

1. At its 278th Session (June 2000), the Governing Body decided to convene a Meeting of Experts on ILO Guidelines on Occupational Safety and Health Management Systems and approved the Meeting's agenda. The Meeting was held in Geneva from 19 to 27 April 2001.
2. The agenda of the Meeting consisted of a single item: Examination and adoption of technical guidelines on occupational safety and health management systems.

### Participants

3. Twenty-one experts were invited to the Meeting, seven of them appointed by the Governments of Brazil, Germany, Guinea, Japan, Mexico, New Zealand and Poland, seven after consultation with the Employers' group and seven after consultation with the Workers' group of the Governing Body.
4. Several observers also attended the Meeting, representing: the World Health Organization (WHO); the European Union (EU); the International Organisation of Employers (IOE); the International Confederation of Free Trade Unions (ICFTU); the International Metalworkers' Federation (IMF); the International Social Security Association (ISSA); the American Industrial Hygiene Association (AIHA); the International Construction Institute (ICI); the International Commission on Occupational Health (ICOH); the International Council of Nurses (ICN); the International Occupational Hygiene Association (IOHA); the Korea Occupational Safety and Health Agency (KOSHA); the Occupational Safety and Health Administration (OSHA) of the United States Department of Labor; the Institution of Occupational Safety and Health (IOSH) of the United Kingdom; and the International Head College of Experts (IHCE).
5. The list of participants is annexed to this report.

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## Opening address

6. The Meeting was opened by Mr. Assane Diop, Executive Director of the Social Protection Sector of the ILO. He welcomed the participants to the Meeting and expressed his appreciation to them for making their time and experience available for the examination and adoption of the technical guidelines on occupational safety and health management systems. He further expressed appreciation for the attendance of observers from governments, international governmental and non-governmental organizations. He explained the initiation of the ILO's work for the preparation of the guidelines. He noted that the ISO International Workshop on Occupational Safety and Health Management Systems (OSH-MS), held in Geneva in 1996, decided that the ISO should discontinue its efforts in elaborating OSH-MS standards, and that the ILO would be a more appropriate body to elaborate international documents on the subject. The draft guidelines were prepared based on a series of discussions and consultations with constituents and other interested parties. He emphasized the importance of developing practical guidelines as many governments, employers and workers and safety and health practitioners were waiting for the ILO guidelines.

## Election of the Chairperson

7. Dr. Karl-Ernst Poppendick, the expert nominated by the Government of Germany, was unanimously elected as Chairperson of the Meeting. Dr. Daniel Podgórski, the expert nominated by the Government of Poland, was unanimously elected as Reporter of the Meeting.

## Presentation of the working documents

8. Dr. Jukka Takala, Director of the InFocus Programme on Safety and Health at Work and the Environment (SafeWork), explained the background and steps taken by the Office in preparing the draft guidelines. He introduced the structure of the draft guidelines and the role of ILO guidelines in relation to the development of national guidelines on OSH-MS and tailored guidelines on OSH-MS. The draft guidelines recognized a range of OSH management-related programmes which were in use internationally and nationally, such as responsible care, private voluntary initiatives, good practice in OSH, and the existence of the ISO Standards on Quality and Environment Management. The guidelines should be flexible enough to accommodate different approaches to implementing safety and health management systems. This would include tailored systems for small and medium-sized organizations, professional contributions of labour inspection and occupational safety and health services, and the recognition of the existence of successful OSH management systems. He explained that ILO guidelines had no binding force and carried no legal obligations. Their purpose was to serve as practical guides and not to replace laws, regulations or international labour standards.
9. He presented the framework at the organizational level, which is based on the internationally accepted management model of plan-do-check-act. Sixteen fundamental elements of an OSH management system formed the basis for continual improvement in ensuring the protection and well-being of workers. The draft had been sent to all member States for comments. A considerable number of comments and suggestions had been received from governments and employers' and workers' organizations as well as professional institutions. He highlighted the main issues of the comments, and informed the Meeting that a summary of the comments was included in the folder distributed to the participants and that the full text of the comments was also available.

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## Examination of the draft guidelines

10. During the general discussion, the experts commended the Office for preparing a comprehensive and flexible draft technical guidelines on occupational safety and health management systems, which provided a good basis for finalization by the Meeting. They expressed their appreciation to those who were involved in the preparation of the draft guidelines which proposed a new approach to occupational safety and health. The Workers' experts stressed the importance of the further strengthening of worker participation at national and organization levels. Several experts and observers emphasized the need for strengthening occupational health aspects and psychosocial factors and the involvement of occupational safety and health professionals, while an observer commented that the draft addressed occupational health better than most existing OSH-MS documents.
11. The definition of the terms used in the document was considered important. The experts agreed to have substantive discussions on the glossary after the completion of the review of the main text, while the discussion of some terms could be advanced, as appropriate.
12. Several Government experts highlighted the need for the preparation of implementation documents by the ILO supplementing the technical guidelines. Some other experts considered that such implementation documents should be left to each country to elaborate. The Workers' experts expressed their views that the elaboration of implementation documents should require tripartite review before finalization. The Office explained that there was no allocation of the budget for holding another tripartite meeting for such purpose during the current and next bienniums. However, at the conclusion of the Meeting, it was the view of experts that it was not necessary for the ILO to develop implementation guidelines.
13. Many experts expressed their concern regarding the application of OSH management systems to small and medium-sized organizations and considered the need for special consideration. In response to a request for explanation, the Office clarified the structure strategy of the draft guidelines, including flexibility in the establishment of national guidelines on OSH-MS based on the ILO guidelines and further development of tailored guidelines responding to the needs of specific groups or types of organizations such as small organizations. Such flexibility in the application of the ILO guidelines through adaptation to local conditions and needs was considered a major advantage over the ISO approach which used a single management standard approach.
14. An Employers' expert expressed that the document addressed a field with a large number of competitors and therefore the text should be straightforward and engage people at the workplace. The Chairperson expressed his view that there was a need to avoid unnecessary repetitions in the guidelines, including the cross-references to other parts of the document.
15. The Meeting agreed to highlight in the objectives the importance of OSH management systems in contributing to the protection of workers and the elimination of hazards to work-related injuries, illness, disease, incidents and death. The Meeting also decided to emphasize the concept of continual improvement in the objectives. It was considered that the guidelines should aim at motivating all the members of the organization. The Workers' experts underlined the need for specifying employers and owners as target groups for motivating.
16. Several Workers' experts suggested that the competent institution should be tripartite. However, noting that competent institutions would often be ministries responsible for labour issues, the Meeting decided not to put "tripartite nature" as a condition for competent institution. Tripartite consultation should be ensured in the formulation and implementation of a national policy for the establishment and promotion of OSH

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management systems. While consultation with OSH professional organizations would be useful in formulating a national policy, the Meeting considered that there was no need to highlight such organizations and preferred the wording used in the Occupational Safety and Health Convention, 1981 (No. 155).

17. The Workers' experts proposed a rewriting of the section of the Workers' participation and this was accepted as a basis for discussion on that section.
18. The use of the term non-governmental organizations (NGOs) was considered not appropriate in the context of the guidelines as the term could be understood differently in different countries, for example one possible meaning of an NGO could be a public pressure group. It was decided to use the term "agencies and institutions dealing with OSH" in place of NGOs.
19. The Employers' experts highlighted the importance of ensuring consistency between the ILO guidelines and the national and tailored guidelines, while allowing sufficient flexibility for direct or tailored application at the organization level. It was expressed that the diagram presented at the end of Chapter 2 provided a clear picture on the relation between these guidelines at different levels.
20. The development of tailored guidelines was considered an important element of a national framework on OSH management systems. However, several experts suggested that there was no need to list criteria for the selection of target groups for tailored guidelines, as they should be elaborated based on local needs. After an extensive discussion, the Meeting concluded to include some guidance on this, recognizing the importance of providing guidance to the national authorities since the ILO guidelines would be used throughout the world including in many developing countries.
21. Before the examination of Chapter 3, the ILO consultant explained that the objective of the chapter was to put down the structure and functions of the OSH management system at the organization level. He emphasized the importance of providing adequate information in the chapter so as to provide guidance to a wide range of users, including those in developing countries. The proposed ILO model was unique, but compatible with other management system standards and guides.
22. The Meeting felt that it was important to confirm, at the beginning of Chapter 3, that occupational safety and health was the responsibility and duty of the employer. The recognition of this responsibility provided a firm basis for establishing OSH management systems at organizations. The leadership and commitment of the employer were also considered essential for the success in the establishment and implementation of OSH management systems. The diagram on continual improvement was considered useful as it provided a clear illustration of the key elements of OSH management systems. The Meeting agreed to simplify the diagram to highlight the key components.
23. The Workers' experts proposed that the employer should consult workers and their representatives in setting out the OSH policy of the organization. The Employers' experts and the Government experts supported the proposal, recognizing that the collaboration of the employer and workers was critical for all OSH activities at the organization level including particularly OSH policy formulation.
24. In the elaboration of key principles to be included in the OSH policy, the Workers' experts proposed to insert the words "as a minimum" in order to ensure the incorporation of all key elements in the policy. Bearing in mind this proposal, the Meeting reviewed 11 elements in the draft and decided to limit these to four points related to protection of safety and health of workers, compliance with OSH requirements, worker participation and continual

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improvement. Other elements such as those related to health promotion, the defining of objectives, ensuring competence and allocation of resources, while considered useful, were dropped from the list of “minimum” requirements. Subsequently the Meeting agreed on the inclusion of the words “as a minimum”.

- 25.** The Meeting considered that the integration of the OSH management system with other management systems of the organization was essential for its success. Recognizing the different ways and extent of integration depending particularly on the size of the organization, it was agreed to emphasize the need for ensuring compatibility of the OSH management system with other management systems of the organization.
- 26.** The Workers’ experts submitted a proposal to replace the existing section on “Worker participation” with a view to facilitating smooth discussion. The Employers’ experts considered that the proposal provided the basis for a sensible scheme, while expressing concern at the involvement of workers’ representatives from outside the organization. The Meeting used this proposal as the basis for the discussion.
- 27.** The Meeting confirmed that worker participation was essential for the effective planning and implementation of the OSH management system at the organization level. Workers and their representatives should be consulted, informed and trained on all aspects of OSH associated with their work. Arrangements had to be made for workers and their representatives to have the time and resources to actively participate in all aspects of the OSH management system. The Meeting considered that joint safety and health committees and workers’ safety and health representatives were important for facilitating the participation of workers and their representatives. In this connection, the Workers’ experts held the view that reference should be made to relevant ILO Conventions. After a substantive discussion, the Meeting preferred that the text of the guidelines should stand on its own and decided not to make references to any of the ILO Conventions, Recommendations, codes of practice and other documents. However, the Meeting agreed that the arrangements for joint safety and health committees and workers’ safety and health representatives should be in accordance with national laws and practice.
- 28.** The Meeting had an extensive discussion on the term “control hazards and risks”. The concept of hazard control was well developed and understood in English-speaking countries, whereas such a concept was not clear in French and Spanish. These differences in technical terms were often the cause of confusion. Some experts considered the notion of “identification of hazards” important and others proposed that “prevention” should be clearly added. The Meeting decided to use the term “to identify, eliminate or control work-related hazards and risks”.
- 29.** During the discussions on responsibility and accountability, the Meeting underlined the importance of ensuring OSH as a line management responsibility and defining and communicating responsibility and accountability. It was also agreed to include an item on supervision.
- 30.** The Office explained about the principles in the recent ILO approach on OSH which included prevention, protection and promotion. Health promotion at work was becoming an increasingly important aspect covering such issues as HIV/AIDS and psychosocial factors including stress. Several experts emphasized the importance of health promotion and the Meeting decided to include an item on health promotion at work.
- 31.** The Meeting decided that the organization should have, or should have access to, sufficient OSH competence to implement the OSH management system, particularly to identify, eliminate or control work-related hazards and risks. The necessary OSH competence requirements should be defined by the employer and arrangements established and

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maintained to ensure that all persons were competent to carry out the safety and health aspects of their duties and responsibilities. The Workers' experts emphasized the need for clarifying that the initial and refresher training should be arranged at no cost to the participants and during working hours, if possible.

- 32.** While documentation was considered a very important aspect of the OSH management system, it should be established according to the size and nature of the organization. The arrangement for documentation in different languages was a concern for employers as it might not be practicable. It was clarified that the intention was to address the complexity of one language and not foreign languages. The Meeting agreed that OSH management system documentation should be written in a way that was understood by those who have to use it, but without referring to the language requirement.
- 33.** OSH records should be kept properly and locally. These should include records generated from the implementation of the OSH management system, such as those related to work-related injuries and diseases, worker exposures, health surveillance and the surveillance of the working environment. The Workers' experts underlined the importance of recording worker exposures to hazards and risks, though these might be generally covered by the surveillance of the working environment. Workers should have the right to access records relevant to their working environment and health while respecting the need for confidentiality.
- 34.** The Meeting underlined that the initial review was an important basis for the establishment of OSH management systems or for the reinforcement of the existing system. The result of the initial review and subsequent reviews would also provide a baseline for the measurement of improvements to be achieved by OSH management systems.
- 35.** The Meeting highlighted the importance of the establishment of OSH objectives consistent with the OSH policy. While the objectives should be realistic and consistent with the relevant legal obligations, they should aim at achieving best OSH performance. The proposal to specify that objectives should be outcome-oriented was considered valid, but the Meeting concluded that this concept was covered by the idea of striving for best OSH performance.
- 36.** The Meeting confirmed that the purpose of the planning should be to create an OSH management system that supports: (1) as a minimum, compliance with national laws and regulations; (2) the organization's OSH management system elements; and (3) continual improvements in OSH performance.
- 37.** In controlling hazards and risks, the Meeting underlined the importance of highlighting the principle of taking preventive measures in the order of priority including elimination, engineering control, organizational measures and personal protective measures. The concept of collective protective measures was discussed and incorporated. In providing personal protective equipment, it was considered important to make sure that the equipment was appropriate and provided at no cost, and should be maintained properly. Information and reports from organizations, such as labour inspectorates and OSH services should be considered. This evaluation should lead to preventive action prior to the introduction of changes.
- 38.** In the management of change, the "prior to change" evaluation should be carried out in consultation with workers and their representatives and the safety and health committee as appropriate.
- 39.** In the section on emergencies, a Workers' expert introduced the concept of emergency prevention. While several experts argued that such a term was not generally used, the



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Meeting agreed to include this term, based on the experience in North America, together with an additional sentence in the section, which underlines the importance of prevention. The provision of information and training on emergency procedures to all members of the organization including regular exercises was emphasized. Additional modification in the earlier section on worker participation was agreed to incorporate the issues related to emergency prevention, preparedness and response.

40. The Meeting agreed to highlight the OSH arrangements for contractors and decided to create a section on contracting separating it from the issues on procurement. The Workers' experts argued that the organization's OSH requirements should be applied to contractors. However, the Employers' experts explained that in some cases the contractor's OSH standards could be higher or different but could achieve the same level of protection. Noting this, the Meeting agreed to allow flexibility by using a term "ensuring that the organization's safety and health standards or at least the equivalent are applied". An essential step was to establish OSH criteria in procedures for evaluating and selecting contractors. The effective communication and coordination between the organization and the contractor was considered critical.
41. Workers' health surveillance was considered as an important element of active monitoring to determine the effectiveness of prevention and control measures through medical monitoring for early detection of signs and symptoms of harm to health. An Employers' expert commented that health surveillance by the employer might not always be an effective means of monitoring particularly where sufficient control measures were in place and where good public health programmes were available. In order to reflect this Employers' expert's view, the Meeting agreed to add a conditional phrase of "where appropriate" for the use of workers' health surveillance.
42. The Workers' experts proposed the inclusion of worker rehabilitation and health restoration programmes as an element of reactive monitoring. Several Employers' experts and the Government experts stated that these were usually the responsibility of social security systems and should not be included in the OSH management system. After several exchanges of views, the Meeting decided to include the proposed element.
43. The investigation of work-related injuries, ill health, diseases and incidents was regarded as an important basis for identifying any failures of the OSH management systems. Such investigations should be carried out with appropriate participation of workers and their representatives. The results of investigations should be communicated to the safety and health committee for recommendations. Investigations should also result in the implementation of corrective actions to avoid the recurrences respecting medical confidentiality.
44. Regarding the section on audit, the Workers' experts submitted a proposal to replace the whole section. The purpose of the proposal was to make this section more complete and highlight key components while allowing flexibility. The proposal included sentences without the term "should" to avoid the possible negative reception by auditors. Audit was perceived as a critical aspect of ensuring effective functioning and improvement of the OSH management system and the guidelines should not allow misinterpretation. The Employers' experts proposed modification to the Workers' proposal, while agreeing to the basic ideas of the proposal by the Workers' experts. The major difference in the Employers' proposal was the introduction of a section on "audit conclusion" to avoid "checklist audit" calling for conclusions in relation to effective functioning of OSH management systems.
45. The Meeting used the Workers' proposal, as modified by the Employers' experts, as the basis for discussion. Regarding the areas of audit, it was agreed to list all the headings of

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Chapter 3, while allowing the flexibility to conduct audit covering the whole system or selected elements. The Meeting agreed to the inclusion of “any other audit criteria or elements that may be appropriate” as an additional area for audit. The communication of audit results and conclusions to those people responsible for corrective action was considered as an essential aspect of audit arrangements. The Meeting confirmed the importance of worker participation including the selection of auditors, as appropriate.

46. The independence of auditors was considered as a key factor. The original draft had a clear statement on this, while stating in a footnote that this does not necessarily mean an external audit. The Employers’ experts proposed to insert the words “as far as possible” recognizing the difficulties for small enterprises to have internal independent auditors and with a view to not insisting on the use of external auditors. After an exchange of views, the Meeting decided to use the wording “competent persons, internal or external to the organization, who are independent from the activity being audited”.
47. The Workers’ experts highlighted the importance of the management review particularly its nature of evaluating the overall strategy of the OSH management system. The Meeting agreed that the management review should be carried out by “the employer or the most senior accountable person”. The Workers’ experts proposed the inclusion of “workforce input” as an item to be considered by the management review. The Employers’ experts expressed their view that the worker participation section sufficiently addressed the issue and the guidelines should avoid excessive repetitions concerning worker participation. They stressed the need for simple and precise guidelines, otherwise people would prefer to use other standards, such as the OHSAS 18000 series. In the face of strong opposition, the Workers’ experts withdrew their proposal while maintaining their opinion that the worker inputs in the management review were important.
48. Communication of the findings of the management review to relevant persons and the OSH management system elements were considered important. Recognizing the important role of the workers, the Meeting decided to clarify that the findings should be shared with the OSH committee, workers and their representatives.
49. In the section on “Corrective and preventive action”, a Government expert proposed to include a paragraph highlighting two levels of interventions including immediate action to eliminate or mitigate imminent danger; and action based on the analysis of the root causes. The Workers’ experts opposed the inclusion of the action to eliminate imminent danger, arguing that such action was not necessary in this section. After exchanges of views on the proposal, the Government expert reluctantly accepted the dropping of the first part of the proposal.
50. The Workers’ experts emphasized the importance of the continual improvement of the OSH management system, particularly through corrective actions of the elements of the system and the system as a whole. As additional aspects to be taken into account in the arrangements for continual review, the Meeting agreed to include: changes in laws, regulations, voluntary agreements and collective agreements; and new relevant information.
51. The Employers’ experts proposed the deletion of the appendix on risk assessment. They agreed that risk assessment was important but considered that the ILO guidelines should not list one of many approaches. The Workers’ and Government experts also supported the proposal and the Meeting decided to drop the appendix. Further, the Meeting agreed to limit the reference documents to ILO standards and publications including the forthcoming Convention and Recommendation on safety and health in agriculture. It was considered not appropriate to list only some of the relevant documents available from many international and national organizations, and from professional institutions.

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52. The Office explained that the intention of the introduction was to provide the background of the development of the guidelines including ILO Conventions and Recommendations and various codes and guides and the importance of occupational safety and health programmes. The Office text was examined together with the amendment proposed by the Employers' experts. The Meeting considered that the introduction should be short and concise. The paragraph referring to the ILO standards should be transferred to the reference section as a covering paragraph. The Meeting decided to start the introduction with the reference to the positive impact of introducing OSH management systems. The importance of tripartite consultation should be emphasized in this ILO document. The Employers' experts highlighted the importance of clarification that these guidelines were a non-binding ILO document and that certification was not required. Based on these ideas on the introduction, the Employers' experts proposed a new text. It was adopted with minor modifications.
  53. The Meeting formed two working parties, one to discuss the glossary and another to review the revised text of the guidelines. The two working parties worked in parallel.
  54. The working party on the review of the revised text reported to the experts that they agreed on several editorial changes. These included the consistent use of terms including "work-related injuries, ill health, diseases and incidents", "national laws and regulations", and "voluntary programmes" throughout the text. The Meeting agreed to such proposals by the working party to introduce additional changes for consistency and better reading.
  55. Terms to be included in the glossary were discussed based on the proposals by the working party on the glossary. The Meeting decided to use existing ILO definitions as far as they fitted the issues addressed in the guidelines. New agreed definitions included "contractor", "hazard", "risk", "risk assessment", "safety and health representative", "surveillance of the working environment", "workers' health surveillance", "work-related injuries, ill health and diseases" and "worksite".
  56. The Workers' experts suggested to include the definition of the term "hazard assessment" to reflect the different approach to risk and hazard control in Europe and in North America. Instead of "hazard assessment", a Government expert proposed to develop the definition of "hazard identification" noting that such a term, in connection with risk assessment, was used regularly throughout the text. The Workers' experts opposed the proposal and, after an exchange of views, the Government expert reluctantly accepted the inclusion of the term "hazard assessment". The technical discussions were concluded by the Chair.
  57. There was discussion on the consultation process which occurred prior to the production of the draft guidelines and the Meeting asked the ILO secretariat to review the nature and the usefulness of this procedure.

## **Adoption of the guidelines and of the report**

58. After examining the text of the draft Technical Guidelines on Occupational Safety and Health Management Systems, the experts adopted the Technical Guidelines as amended and decided to rename the document "Guidelines on Occupational Safety and Health Management Systems".

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**59.** After examination of the draft report, the experts adopted it as amended. Thereafter, the experts adopted the report and the guidelines as a whole.

Geneva, 27 April 2001.

*(Signed)* Dr. Karl-Ernst POPPENDICK,  
Chairperson.

*(Signed)* Dr. Daniel PODGÓRSKI,  
Reporter.

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## Appendix

### List of participants and observers

#### ***Experts appointed after consultations with governments***

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#### ***Experts appointed after consultation with the Employers' group***

Dr. L. Greco, Membro Do Grupo Técnico De Segurança E Saúde No Trabalho, Confederação Nacional Da Indústria (Cni), Avenida Nilo Peçanha 50 Grupo 2711, 20.044.900 Rio De Janeiro, Brazil

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## **Experts appointed after consultation with the Workers' group**

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# **Guidelines on occupational safety and health management systems**



Programme on Safety and Health at Work  
and the Environment (SafeWork)

INTERNATIONAL LABOUR OFFICE GENEVA

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# Introduction

The positive impact of introducing occupational safety and health (OSH) management systems at the *organization*<sup>1</sup> level, both on the reduction of hazards and risks and on productivity, is now recognized by governments, employers and workers.

These guidelines on OSH management systems have been developed by the International Labour Organization (ILO) according to internationally agreed principles defined by the ILO's tripartite constituents. This tripartite approach provides the strength, flexibility and appropriate basis for the development of a sustainable safety culture in the *organization*. The ILO has therefore developed voluntary guidelines on OSH management systems which reflect the ILO values and instruments relevant to the protection of workers' safety and health.

The practical recommendations of these guidelines are intended for use by all those who have responsibility for occupational safety and health management. They are not legally binding and are not intended to replace national laws, regulations or accepted standards. Their application does not require certification.

The employer is accountable for and has a duty to organize occupational safety and health. The implementation of this OSH management system is one useful approach to fulfilling this duty. The ILO has designed these guidelines as a practical tool for assisting *organizations* and competent institutions as a means of achieving continual improvement in OSH performance.

<sup>1</sup> See glossary for definition.

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# 1. Objectives

1.1. These guidelines should contribute to the protection of workers from hazards and to the elimination of work-related injuries, ill health, diseases, incidents and deaths.

1.2. At national level, the guidelines should:

- (a) be used to establish a national framework for OSH management systems, preferably supported by national laws and regulations;
- (b) provide guidance for the development of voluntary arrangements to strengthen compliance with regulations and standards leading to continual improvement in OSH performance; and
- (c) provide guidance on the development of both national and tailored guidelines on OSH management systems to respond appropriately to the real needs of *organizations*, according to their size and the nature of their activities.

1.3. At the level of the *organization*, the guidelines are intended to:

- (a) provide guidance regarding the integration of OSH management system elements in the *organization* as a component of policy and management arrangements; and
- (b) motivate all members of the *organization*, particularly employers, owners, managerial staff, workers and their representatives, in applying appropriate OSH management principles and methods to continually improve OSH performance.

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## 2. A national occupational safety and health management system framework

### 2.1. National policy

2.1.1. A competent institution or institutions should be nominated, as appropriate, to formulate, implement and periodically review a coherent national policy for the establishment and promotion of OSH management systems in *organizations*. This should be done in consultation with the most representative organizations of employers and workers, and with other bodies as appropriate.

2.1.2. The national policy on OSH management systems should establish general principles and procedures to:

- (a) promote the implementation and integration of OSH management systems as part of the overall management of an *organization*;
- (b) facilitate and improve voluntary arrangements for the systematic identification, planning, implementation and improvement of OSH activities at national and *organization* levels;
- (c) promote the participation of workers and their representatives at *organization* level;
- (d) implement continual improvement while avoiding unnecessary bureaucracy, administration and costs;
- (e) promote collaborative and support arrangements for OSH management systems at the *organization* level by labour inspectorates, occupational safety and health services and other services, and channel their activities into a consistent framework for OSH management;
- (f) evaluate the effectiveness of the national policy and framework at appropriate intervals;
- (g) evaluate and publicize the effectiveness of OSH management systems and practice by suitable means; and
- (h) ensure that the same level of safety and health requirements applies to contractors and their workers as to the workers, including temporary workers, employed directly by the *organization*.

2.1.3. With a view to ensuring the coherence of the national policy and of arrangements for its implementation, the competent institution should establish a national framework for OSH management systems to:

- 
- (a) identify and establish the respective functions and responsibilities of the various institutions called upon to implement the national policy, and make appropriate arrangements to ensure the necessary coordination between them;
  - (b) publish and review periodically national guidelines on the voluntary application and systematic implementation of OSH management systems in *organizations*;
  - (c) establish criteria, as appropriate, for the designation and respective duties of the institutions responsible for the preparation and promotion of tailored guidelines on OSH management systems; and
  - (d) ensure that guidance is available to employers, workers and their representatives to take advantage of the national policy.

2.1.4. The competent institution should make arrangements and provide technically sound guidance to labour inspectorates, OSH services and other public or private services, agencies and institutions dealing with OSH, including health-care providers, to encourage and help *organizations* to implement OSH management systems.

## 2.2. National guidelines

2.2.1. National guidelines on the voluntary application and systematic implementation of OSH management systems should be elaborated based on the model provided in Chapter 3, taking into consideration national conditions and practice.

2.2.2. There should be consistency between the ILO guidelines, the national guidelines and the tailored guidelines, with sufficient flexibility to permit direct application or tailored application at the *organization* level.

## 2.3. Tailored guidelines

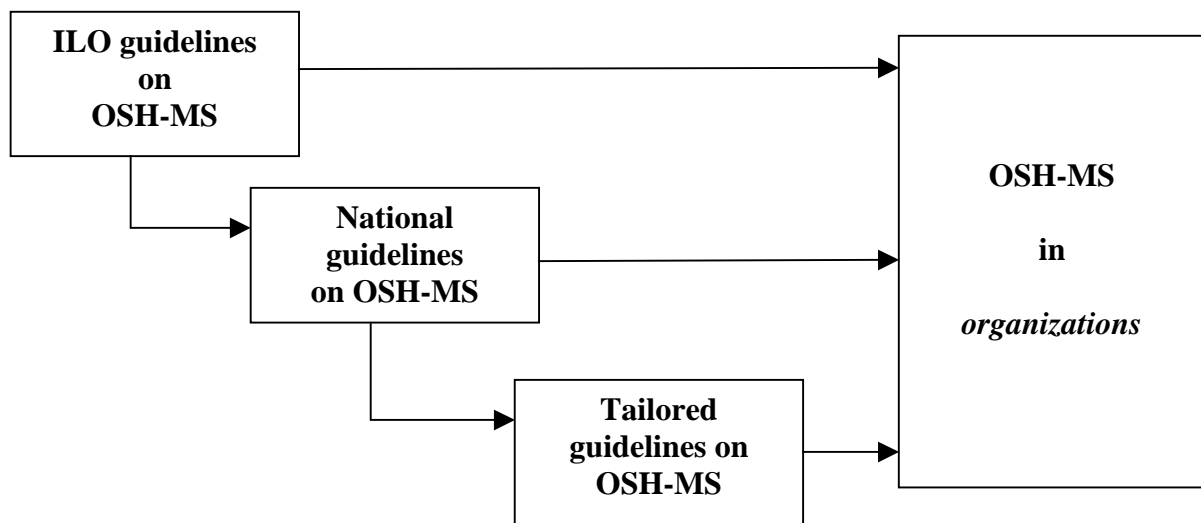
2.3.1. Tailored guidelines, reflecting the overall objectives of the ILO guidelines, should contain the generic elements of the national guidelines and should be designed to reflect the specific conditions and needs of *organizations* or groups of *organizations*, taking into consideration particularly:

- (a) their size (large, medium and small) and infrastructure; and
- (b) the types of hazards and degree of risks.

2.3.2. The links between the national framework for OSH management systems (OSH-MS) and its essential elements are illustrated in figure 1.

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Figure 1. Elements of the national framework for OSH management systems

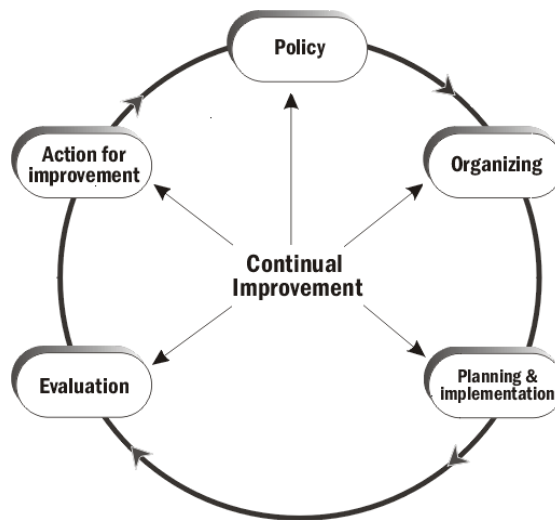


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### 3. The occupational safety and health management system in the *organization*

Occupational safety and health, including compliance with the OSH requirements pursuant to national laws and regulations, are the responsibility and duty of the employer. The employer should show strong leadership and commitment to OSH activities in the *organization*, and make appropriate arrangements for the establishment of an OSH management system. The OSH management system should contain the main elements of policy, organizing, planning and implementation, evaluation and action for improvement, as shown in figure 2.

Figure 2. Main elements of the OSH management system



## Policy

### 3.1. Occupational safety and health policy

3.1.1. The employer, in consultation with workers and their representatives, should set out in writing an OSH policy, which should be:

- (a) specific to the *organization* and appropriate to its size and the nature of its activities;
- (b) concise, clearly written, dated and made effective by the signature or endorsement of the employer or the most senior accountable person in the *organization*;
- (c) communicated and readily accessible to all persons at their place of work;
- (d) reviewed for continuing suitability; and
- (e) made available to relevant external interested parties, as appropriate.



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3.1.2. The OSH policy should include, as a minimum, the following key principles and objectives to which the *organization* is committed:

- (a) protecting the safety and health of all members of the *organization* by preventing work-related injuries, ill health, diseases and incidents;
- (b) complying with relevant OSH national laws and regulations, voluntary programmes, collective agreements on OSH and other requirements to which the *organization* subscribes;
- (c) ensuring that workers and their representatives are consulted and encouraged to actively participate in all elements of the OSH management system; and
- (d) continual improvement in performance of the OSH management system.

3.1.3. The OSH management system should be compatible with or integrated in other management systems in the *organization*.

## **3.2. Worker participation**

3.2.1. Worker participation is an essential element of the OSH management system in the *organization*.

3.2.2. The employer should ensure that workers and their safety and health representatives are consulted, informed and trained on all aspects of OSH, including emergency arrangements, associated with their work.

3.2.3. The employer should make arrangements for workers and their safety and health representatives to have the time and resources to actively participate in the processes of organizing, planning and implementation, evaluation and action for improvement of the OSH management system.

3.2.4. The employer should ensure, as appropriate, the establishment and efficient functioning of a safety and health committee and the recognition of workers' safety and health representatives, in accordance with national laws and practice.

## **Organizing**

### **3.3. Responsibility and accountability**

3.3.1. The employer should have overall responsibility for the protection of workers' safety and health, and provide leadership for OSH activities in the *organization*.

3.3.2. The employer and senior management should allocate responsibility, accountability and authority for the development, implementation and performance of the OSH management system and the achievement of the relevant OSH objectives. Structures and processes should be established which:

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- (a) ensure that OSH is a line-management responsibility which is known and accepted at all levels;
  - (b) define and communicate to the members of the *organization* the responsibility, accountability and authority of persons who identify, evaluate or control OSH hazards and risks;
  - (c) provide effective supervision, as necessary, to ensure the protection of workers' safety and health;
  - (d) promote cooperation and communication among members of the *organization*, including workers and their representatives, to implement the elements or *organization's* OSH management system;
  - (e) fulfil the principles of OSH management systems contained in relevant national guidelines, tailored guidelines or voluntary programmes, as appropriate, to which the *organization* subscribes;
  - (f) establish and implement a clear OSH policy and measurable objectives;
  - (g) establish effective arrangements to identify and eliminate or control work-related hazards and risks, and promote health at work;
  - (h) establish prevention and health promotion programmes;
  - (i) ensure effective arrangements for the full participation of workers and their representatives in the fulfilment of the OSH policy;
  - (j) provide appropriate resources to ensure that persons responsible for OSH, including the safety and health committee, can perform their functions properly; and
  - (k) ensure effective arrangements for the full participation of workers and their representatives in safety and health committees, where they exist.

3.3.3. A person or persons at the senior management level should be appointed, where appropriate, with responsibility, accountability and authority for:

- (a) the development, implementation, periodic review and evaluation of the OSH management system;
- (b) periodic reporting to the senior management on the performance of the OSH management system; and
- (c) promoting the participation of all members of the *organization*.

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### 3.4. Competence<sup>2</sup> and training

3.4.1. The necessary OSH competence requirements should be defined by the employer, and arrangements established and maintained to ensure that all persons are competent to carry out the safety and health aspects of their duties and responsibilities.

3.4.2. The employer should have, or should have access to, sufficient OSH competence to identify and eliminate or control work-related hazards and risks, and to implement the OSH management system.

3.4.3. Under the arrangements referred to in paragraph 3.4.1, training programmes should:

- (a) cover all members of the *organization*, as appropriate;
- (b) be conducted by competent persons;
- (c) provide effective and timely initial and refresher training at appropriate intervals;
- (d) include participants' evaluation of their comprehension and retention of the training;
- (e) be reviewed periodically. The review should include the safety and health committee, where it exists, and the training programmes, modified as necessary to ensure their relevance and effectiveness; and
- (f) be documented, as appropriate and according to the size and nature of activity of the *organization*.

3.4.4. Training should be provided to all participants at no cost and should take place during working hours, if possible.

### 3.5. Occupational safety and health management system documentation

3.5.1. According to the size and nature of activity of the *organization*, OSH management system documentation should be established and maintained, and may cover:

- (a) the OSH policy and objectives of the *organization*;
- (b) the allocated key OSH management roles and responsibilities for the implementation of the OSH management system;
- (c) the significant OSH hazards/risks arising from the *organization's* activities, and the arrangements for their prevention and control; and

<sup>2</sup> OSH competence includes education, work experience and training, or a combination of these.

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- (d) arrangements, procedures, instructions or other internal documents used within the framework of the OSH management system.

3.5.2. The OSH management system documentation should be:

- (a) clearly written and presented in a way that is understood by those who have to use it; and
- (b) periodically reviewed, revised as necessary, communicated and readily accessible to all appropriate or affected members of the *organization*.

3.5.3. OSH records should be established, managed and maintained locally and according to the needs of the *organization*. They should be identifiable and traceable, and their retention times should be specified.

3.5.4. Workers should have the right to access records relevant to their working environment and health, while respecting the need for confidentiality.

3.5.5. OSH records may include:

- (a) records arising from the implementation of the OSH management system;
- (b) records of work-related injuries, ill health, diseases and incidents;
- (c) records arising from national laws or regulations dealing with OSH;
- (d) records of workers' exposures, surveillance of the working environment and workers' health; and
- (e) the results of both active and reactive monitoring.

### **3.6. Communication**

3.6.1. Arrangements and procedures should be established and maintained for:

- (a) receiving, documenting and responding appropriately to internal and external communications related to OSH;
- (b) ensuring the internal communication of OSH information between relevant levels and functions of the *organization*; and
- (c) ensuring that the concerns, ideas and inputs of workers and their representatives on OSH matters are received, considered and responded to.

## **Planning and implementation**

### **3.7. Initial review**

3.7.1. The *organization's* existing OSH management system and relevant arrangements should be evaluated by an initial review, as appropriate. In the case where no OSH management system exists, or if the *organization* is newly

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established, the initial review should serve as a basis for establishing an OSH management system.

3.7.2. The initial review should be carried out by competent persons, in consultation with workers and/or their representatives, as appropriate. It should:

- (a) identify the current applicable national laws and regulations, national guidelines, tailored guidelines, voluntary programmes and other requirements to which the *organization* subscribes;
- (b) identify, anticipate and assess hazards and risks to safety and health arising from the existing or proposed work environment and work organization; and
- (c) determine whether planned or existing controls are adequate to eliminate hazards or control risks;
- (d) analyse the data provided from workers' health surveillance.

3.7.3. The result of the initial review should:

- (a) be documented;
- (b) become the basis for making decisions regarding the implementation of the OSH management system; and
- (c) provide a baseline from which continual improvement of the *organization's* OSH management system can be measured.

### **3.8. System planning, development and implementation**

3.8.1. The purpose of planning should be to create an OSH management system that supports:

- (a) as the minimum, compliance with national laws and regulations;
- (b) the elements of the *organization's* OSH management system; and
- (c) continual improvement in OSH performance.

3.8.2. Arrangements should be made for adequate and appropriate OSH planning, based on the results of the initial review, subsequent reviews or other available data. These planning arrangements should contribute to the protection of safety and health at work and should include:

- (a) a clear definition, priority setting and quantification, where appropriate, of the *organization's* OSH objectives;
- (b) the preparation of a plan for achieving each objective, with defined responsibility and clear performance criteria indicating what is to be done by whom and when;

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- (c) the selection of measurement criteria for confirming that the objectives are achieved; and
  - (d) the provision of adequate resources, including human and financial resources and technical support, as appropriate.

3.8.3. The OSH planning arrangements of the *organization* should cover the development and implementation of all the OSH management system elements, as described in Chapter 3 of these guidelines and illustrated in figure 2.

### **3.9. Occupational safety and health objectives**

3.9.1. Consistent with the OSH policy and based on the initial or subsequent reviews, measurable OSH objectives should be established, which are:

- (a) specific to the *organization*, and appropriate to and according to its size and nature of activity;
- (b) consistent with the relevant and applicable national laws and regulations, and the technical and business obligations of the *organization* with regard to OSH;
- (c) focused towards continually improving workers' OSH protection to achieve the best OSH performance;
- (d) realistic and achievable;
- (e) documented, and communicated to all relevant functions and levels of the *organization*; and
- (f) periodically evaluated and if necessary updated.

### **3.10. Hazard prevention**

#### **3.10.1. Prevention and control measures**

3.10.1.1. Hazards and risks to workers' safety and health should be identified and assessed on an ongoing basis. Preventive and protective measures should be implemented in the following order of priority:

- (a) eliminate the hazard/risk;
- (b) control the hazard/risk at source, through the use of engineering controls or organizational measures;
- (c) minimize the hazard/risk by the design of safe work systems, which include administrative control measures;
- (d) where residual hazards/risks cannot be controlled by collective measures, the employer should provide for appropriate personal protective equipment, including clothing, at no cost and should implement measures to ensure its use and maintenance.

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3.10.1.2. Hazard prevention and control procedures or arrangements should be established and should:

- (a) be adapted to the hazards and risks encountered by the *organization*;
- (b) be reviewed and modified if necessary on a regular basis;
- (c) comply with national laws and regulations, and reflect good practice; and
- (d) consider the current state of knowledge, including information or reports from *organizations*, such as labour inspectorates, occupational safety and health services, and other services as appropriate.

### **3.10.2. Management of change**

3.10.2.1. The impact on OSH of internal changes (such as those in staffing or due to new processes, working procedures, organizational structures or acquisitions) and of external changes (for example, as a result of amendments of national laws and regulations, organizational mergers, and developments in OSH knowledge and technology) should be evaluated and appropriate preventive steps taken prior to the introduction of changes.

3.10.2.2. A workplace hazard identification and risk assessment should be carried out before any modification or introduction of new work methods, materials, processes or machinery. Such assessment should be done in consultation with and involving workers and their representatives, and the safety and health committee, where appropriate.

3.10.2.3. The implementation of a “decision to change” should ensure that all affected members of the *organization* are properly informed and trained.

### **3.10.3. Emergency prevention, preparedness and response**

3.10.3.1. Emergency prevention, preparedness and response arrangements should be established and maintained. These arrangements should identify the potential for accidents and emergency situations, and address the prevention of OSH risks associated with them. The arrangements should be made according to the size and nature of activity of the *organization*. They should:

- (a) ensure that the necessary information, internal communication and coordination are provided to protect all people in the event of an emergency at the worksite;
- (b) provide information to, and communication with, the relevant competent authorities, and the neighbourhood and emergency response services;
- (c) address first-aid and medical assistance, firefighting and evacuation of all people at the worksite; and
- (d) provide relevant information and training to all members of the *organization*, at all levels, including regular exercises in emergency prevention, preparedness and response procedures.

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3.10.3.2. Emergency prevention, preparedness and response arrangements should be established in cooperation with external emergency services and other bodies where applicable.

#### **3.10.4. Procurement**

3.10.4.1. Procedures should be established and maintained to ensure that:

- (a) compliance with safety and health requirements for the *organization* is identified, evaluated and incorporated into purchasing and leasing specifications;
- (b) national laws and regulations and the *organization's* own OSH requirements are identified prior to the procurement of goods and services; and
- (c) arrangements are made to achieve conformance to the requirements prior to their use.

#### **3.10.5. Contracting**

3.10.5.1. Arrangements should be established and maintained for ensuring that the *organization's* safety and health requirements, or at least the equivalent, are applied to contractors and their workers.

3.10.5.2. Arrangements for contractors working on site should:

- (a) include OSH criteria in procedures for evaluating and selecting contractors;
- (b) establish effective ongoing communication and coordination between appropriate levels of the *organization* and the contractor prior to commencing work. This should include provisions for communicating hazards and the measures to prevent and control them;
- (c) include arrangements for reporting of work-related injuries, ill health, diseases and incidents among the contractors' workers while performing work for the *organization*;
- (d) provide relevant workplace safety and health hazard awareness and training to contractors or their workers prior to commencing work and as work progresses, as necessary;
- (e) regularly monitor OSH performance of contractor activities on site; and
- (f) ensure that on-site OSH procedures and arrangements are followed by the contractor(s).

## **Evaluation**

### **3.11. Performance monitoring and measurement**

3.11.1. Procedures to monitor, measure and record OSH performance on a regular basis should be developed, established and periodically reviewed.



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Responsibility, accountability and authority for monitoring at different levels in the management structure should be allocated.

3.11.2. The selection of performance indicators should be according to the size and nature of activity of the *organization* and the OSH objectives.

3.11.3. Both qualitative and quantitative measures appropriate to the needs of the *organization* should be considered. These should:

- (a) be based on the *organization's* identified hazards and risks, the commitments in the OSH policy and the OSH objectives; and
- (b) support the *organization's* evaluation process, including the management review.

3.11.4. Performance monitoring and measurement should:

- (a) be used as a means of determining the extent to which OSH policy and objectives are being implemented and risks are controlled;
- (b) include both active and reactive monitoring, and not be based only upon work-related injury, ill health, disease and incident statistics; and
- (c) be recorded.

3.11.5. Monitoring should provide:

- (a) feedback on OSH performance;
- (b) information to determine whether the day-to-day arrangements for hazard and risk identification, prevention and control are in place and operating effectively;
- (c) the basis for decisions about improvement in hazard identification and risk control, and the OSH management system.

3.11.6. Active monitoring should contain the elements necessary to have a proactive system and should include:

- (a) monitoring of the achievement of specific plans, established performance criteria and objectives;
- (b) the systematic inspection of work systems, premises, plant and equipment;
- (c) surveillance of the working environment, including work organization;
- (d) workers' health surveillance, where appropriate, through suitable medical monitoring or follow-up of workers for early detection of signs and symptoms of harm to health in order to determine the effectiveness of prevention and control measures; and
- (e) compliance with applicable national laws and regulations, collective agreements and other commitments on OSH to which the *organization* subscribes.

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3.11.7. Reactive monitoring should include the identifying, reporting and investigating of:

- (a) work-related injuries, ill health (including monitoring of aggregate sickness absence records), diseases and incidents;
- (b) other losses, such as damage to property;
- (c) deficient safety and health performance, and OSH management system failures; and
- (d) workers' rehabilitation and health-restoration programmes.

### **3.12. Investigation of work-related injuries, ill health, diseases and incidents, and their impact on safety and health performance**

3.12.1. The investigation of the origin and underlying causes of work-related injuries, ill health, diseases and incidents should identify any failures in the OSH management system and should be documented.

3.12.2. Such investigations should be carried out by competent persons, with the appropriate participation of workers and their representatives.

3.12.3. The results of such investigations should be communicated to the safety and health committee, where it exists, and the committee should make appropriate recommendations.

3.12.4. The results of investigations, in addition to any recommendations from the safety and health committee, should be communicated to appropriate persons for corrective action, included in the management review and considered for continual improvement activities.

3.12.5. The corrective action resulting from such investigations should be implemented in order to avoid repetition of work-related injuries, ill health, diseases and incidents.

3.12.6. Reports produced by external investigative agencies, such as inspectorates and social insurance institutions, should be acted upon in the same manner as internal investigations, taking into account issues of confidentiality.

### **3.13. Audit**

3.13.1. Arrangements to conduct periodic audits are to be established in order to determine whether the OSH management system and its elements are in place, adequate, and effective in protecting the safety and health of workers and preventing incidents.

3.13.2. An audit policy and programme should be developed, which includes a designation of auditor competency, the audit scope, the frequency of audits, audit methodology and reporting.

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3.13.3. The audit includes an evaluation of the *organization's* OSH management system elements or a subset of these, as appropriate. The audit should cover:

- (a) OSH policy;
- (b) worker participation;
- (c) responsibility and accountability;
- (d) competence and training;
- (e) OSH management system documentation;
- (f) communication;
- (g) system planning, development and implementation;
- (h) prevention and control measures;
- (i) management of change;
- (j) emergency prevention, preparedness and response;
- (k) procurement;
- (l) contracting;
- (m) performance monitoring and measurement;
- (n) investigation of work-related injuries, ill health, diseases and incidents, and their impact on safety and health performance;
- (o) audit;
- (p) management review;
- (q) preventive and corrective action;
- (r) continual improvement; and
- (s) any other audit criteria or elements that may be appropriate.

3.13.4. The audit conclusion should determine whether the implemented OSH management system elements or a subset of these:

- (a) are effective in meeting the *organization's* OSH policy and objectives;
- (b) are effective in promoting full worker participation;
- (c) respond to the results of OSH performance evaluation and previous audits;
- (d) enable the *organization* to achieve compliance with relevant national laws and regulations; and

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- (e) fulfil the goals of continual improvement and best OSH practice.

3.13.5. Audits should be conducted by competent persons internal or external to the *organization* who are independent of the activity being audited.

3.13.6. The audit results and audit conclusions should be communicated to those responsible for corrective action.

3.13.7. Consultation on selection of the auditor and all stages of the workplace audit, including analysis of results, are subject to worker participation, as appropriate.

### **3.14. Management review**

3.14.1. Management reviews should:

- (a) evaluate the overall strategy of the OSH management system to determine whether it meets planned performance objectives;
- (b) evaluate the OSH management system's ability to meet the overall needs of the *organization* and its stakeholders, including its workers and the regulatory authorities;
- (c) evaluate the need for changes to the OSH management system, including OSH policy and objectives;
- (d) identify what action is necessary to remedy any deficiencies in a timely manner, including adaptations of other aspects of the *organization's* management structure and performance measurement;
- (e) provide the feedback direction, including the determination of priorities, for meaningful planning and continual improvement;
- (f) evaluate progress towards the *organization's* OSH objectives and corrective action activities; and
- (g) evaluate the effectiveness of follow-up actions from earlier management reviews.

3.14.2. The frequency and scope of periodic reviews of the OSH management system by the employer or the most senior accountable person should be defined according to the *organization's* needs and conditions.

3.14.3. The management review should consider:

- (a) the results of work-related injuries, ill health, diseases and incident investigations; performance monitoring and measurement; and audit activities; and
- (b) additional internal and external inputs as well as changes, including organizational changes, that could affect the OSH management system.

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3.14.4. The findings of the management review should be recorded and formally communicated to:

- (a) the persons responsible for the relevant element(s) of the OSH management system so that they may take appropriate action; and
- (b) the safety and health committee, workers and their representatives.

## Action for improvement

### 3.15. Preventive and corrective action

3.15.1. Arrangements should be established and maintained for preventive and corrective action resulting from OSH management system performance monitoring and measurement, OSH management system audits and management reviews. These arrangements should include:

- (a) identifying and analysing the root causes of any non-conformities with relevant OSH regulations and/or OSH management systems arrangements; and
- (b) initiating, planning, implementing, checking the effectiveness of and documenting corrective and preventive action, including changes to the OSH management system itself.

3.15.2. When the evaluation of the OSH management system or other sources show that preventive and protective measures for hazards and risks are inadequate or likely to become inadequate, the measures should be addressed according to the recognized hierarchy of prevention and control measures, and completed and documented, as appropriate and in a timely manner.

### 3.16. Continual improvement

3.16.1. Arrangements should be established and maintained for the continual improvement of the relevant elements of the OSH management system and the system as a whole. These arrangements should take into account:

- (a) the OSH objectives of the *organization*;
- (b) the results of hazard and risk identifications and assessments;
- (c) the results of performance monitoring and measurements;
- (d) the investigation of work-related injuries, diseases, ill health and incidents, and the results and recommendations of audits;
- (e) the outcomes of the management review;
- (f) the recommendations for improvement from all members of the *organization*, including the safety and health committee, where it exists;

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- (g) changes in national laws and regulations, voluntary programmes and collective agreements;
  - (h) new relevant information; and
  - (i) the results of health protection and promotion programmes.

3.16.2. The safety and health processes and performance of the *organization* should be compared with others in order to improve health and safety performance.

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## Glossary

*In these guidelines, the following terms have the meanings hereby assigned to them:*

*Active monitoring:* The ongoing activities which check that hazard and risk prevention and protection measures, as well as the arrangements to implement the OSH management system, conform to defined criteria.

*Audit:* A systematic, independent and documented process for obtaining evidence and evaluating it objectively to determine the extent to which defined criteria are fulfilled. This does not necessarily mean an independent external audit (an auditor or auditors from outside the *organization*).

*Competent institution:* A government department or other body with the responsibility to establish a national policy and develop a national framework for OSH management systems in *organizations*, and to provide relevant guidance.

*Competent person:* A person with suitable training, and sufficient knowledge, experience and skill, for the performance of the specific work.

*Continual improvement:* Iterative process of enhancing the OSH management system to achieve improvements in overall OSH performance.

*Contractor:* A person or an *organization* providing services to an employer at the employer's worksite in accordance with agreed specifications, terms and conditions.

*Employer:* Any physical or legal person that employs one or more workers.

*Hazard:* The inherent potential to cause injury or damage to people's health.

*Hazard assessment:* A systematic evaluation of hazards.

*Incident:* An unsafe occurrence arising out of or in the course of work where no personal injury is caused.

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

*OSH management system:* A set of interrelated or interacting elements to establish OSH policy and objectives, and to achieve those objectives.

*Reactive monitoring:* Checks that failures in the hazard and risk prevention and protection control measures and the OSH management system, as demonstrated by the occurrence of injuries, ill health, diseases and incidents, are identified and acted upon.

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*Risk:* A combination of the likelihood of an occurrence of a hazardous event and the severity of injury or damage to the health of people caused by this event.

*Risk assessment:* The process of evaluating the risks to safety and health arising from hazards at work.

*Safety and health committee:* 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.

*Surveillance of the working environment:* A generic term which includes the identification and evaluation of environmental factors that may affect workers' health. It covers assessments of sanitary and occupational hygiene conditions, factors in the organization of work which may pose risks to the health of workers, collective and personal protective equipment, exposure of workers to hazardous agents, and control systems designed to eliminate and reduce them. From the standpoint of workers' health, the surveillance of the working environment may focus on, but not be limited to, ergonomics, accident and disease prevention, occupational hygiene in the workplace, work organization, and psychosocial factors in the workplace.

*Worker:* Any person who performs work, either regularly or temporarily, for an employer.

*Workers' health surveillance:* A generic term which covers procedures and investigations to assess workers' health in order to detect and identify any abnormality. The results of surveillance should be used to protect and promote the health of the individual, collective health at the workplace, and the health of the exposed working population. Health assessment procedures may include, but are not limited to, medical examinations, biological monitoring, radiological examinations, questionnaires or a review of health records.

*Workers and their representatives:* Where reference is made in these guidelines to workers and their representatives, the intention is that, where representatives exist, they should be consulted as the means to achieving appropriate worker participation. In some instances it may be appropriate to involve all workers and all representatives.

*Workers' representative:* In accordance with the Workers' Representatives Convention, 1971 (No. 135), any person who is recognized as such by national law or practice, whether they are:

- (a) trade union representatives, namely, representatives designated or elected by trade unions or by members of such unions; or
- (b) elected representatives, namely, representatives who are freely elected by the workers of the *[organization]* in accordance with provisions of national laws or regulations or of collective agreements and whose functions do not include activities which are recognized as the exclusive prerogative of trade unions in the country concerned.



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*Workers' safety and health representative:* Workers' representative elected or appointed in accordance with national laws, regulations and practice to represent workers' interests in OSH issues at the workplace.

*Work-related injuries, ill health and diseases:* Negative impacts on health arising from exposure to chemical, biological, physical, work-organizational and psychosocial factors at work.

*Worksite:* Physical area where workers need to be or to go due to their work which is under the control of an employer.

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## Bibliography

Since its foundation in 1919, the ILO has elaborated and adopted a large number of international labour Conventions (and accompanying Recommendations) directly concerned with OSH issues, as well as many codes of practice and technical publications on various aspects of the subject. They represent a formidable body of definitions, principles, obligations, duties and rights, as well as technical guidance reflecting the consensual views of the ILO's tripartite constituents from its 175 member States<sup>3</sup> on most aspects of occupational safety and health.

### Relevant ILO Conventions and Recommendations

#### Conventions

<i>No.</i>	<i>Title</i>
115	Radiation Protection, 1960
135	Workers' Representatives, 1971
136	Benzene, 1971
139	Occupational Cancer, 1974
148	Working Environment (Air Pollution, Noise and Vibration), 1977
155	Occupational Safety and Health, 1981
161	Occupational Health Services, 1985
162	Asbestos, 1986
167	Safety and Health in Construction, 1988
170	Chemicals, 1990
174	Prevention of Major Industrial Accidents, 1993
176	Safety and Health in Mines, 1995

<sup>3</sup> As of June 2001.

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## Recommendations

<i>No.</i>	<i>Title</i>
114	Radiation Protection, 1960
144	Benzene, 1971
147	Occupational Cancer, 1974
156	Working Environment (Air Pollution, Noise and Vibration), 1977
164	Occupational Safety and Health, 1981
171	Occupational Health Services, 1985
172	Asbestos, 1986
175	Safety and Health in Construction, 1988
177	Chemicals, 1990
181	Prevention of Major Industrial Accidents, 1993
183	Safety and Health in Mines, 1995

## Selected ILO codes of practice

*Prevention of major industrial accidents* (Geneva, 1991).

*Safety and health in opencast mines* (Geneva, 1991).

*Safety and health in construction* (Geneva, 1992).

*Safety in the use of chemicals at work* (Geneva, 1993).

*Accident prevention on board ship at sea and in port* (Geneva, 2nd edn., 1996).

*Management of alcohol and drug-related issues in the workplace* (Geneva, 1996).

*Recording and notification of occupational accidents and diseases* (Geneva, 1996).

*Protection of workers' personal data* (Geneva, 1997).

*Safety and health in forestry work* (Geneva, 2nd edn., 1998).

*Ambient factors in the workplace* (Geneva, 2001).

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## Relevant publications

*ILO Declaration on Fundamental Principles and Rights at Work and its Follow-up, adopted by the International Labour Conference at its 86th Session, 1998.* Geneva, 1998.

ILO: *Encyclopaedia of occupational health and safety*, edited by Jeanne Mager Stellman. Geneva, 4th edn., 1998; 4-volume print version and CD-ROM.

ILO: *Technical and ethical guidelines for workers' health surveillance*, Occupational Safety and Health Series, No. 72. Geneva, 1998.

United Nations Conference on Environment and Development (UNCED): *Agenda 21* (Chapter 19 on environmentally sound management of chemicals). Rio de Janeiro, Brazil, 1992.