



Behaviour-Based Safety Programs

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 HEALTH IN THE WORKPLACE, AND TO REDUCE THE NUMBER OF REPORTED INJURIES AND ILLNESSES.



BEHAVIOUR-BASED SAFETY is based on the premise that it is the worker's behaviour and 'unsafe acts' that are responsible for injuries, illnesses, and fatalities. If the behaviour of workers can be changed, and workers work more 'carefully' then, according to BBS, occupational injuries, illnesses and fatalities 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."¹

The problem with this approach is that by focusing on the individual worker and their behaviour, significant safety and health hazards, which result in workers suffering injuries and illnesses, go unaddressed. Behavioural safety programs ignore the key roles that workplace hazards, stressful and unsafe working conditions and toxic chemicals play in injury/illness causation and the notion that employers set the conditions that workers operate in. In addition, with BBS' 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.

BBS systems shift the responsibility of maintaining a safe workplace onto employees as well as undermine union-based health and safety committees and workplace solidarity based on collective bargaining. They can also incentivize the underreporting of injuries. These BBS programmes 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 Mondelez, 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."²

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."³

BBS SYSTEMS SHIFT THE RESPONSIBILITY OF MAINTAINING A SAFE WORKPLACE ONTO EMPLOYEES AND UNDERMINE UNION-BASED HEALTH AND SAFETY COMMITTEES AND WORKPLACE SOLIDARITY BASED ON COLLECTIVE BARGAINING



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 hazards.

BEHAVIOURAL BASED SAFETY IS AN APPROACH TO SAFETY THAT FOCUSES ON WORKERS' BEHAVIOUR AS THE CAUSE OF MOST WORK-RELATED INJURIES AND ILLNESSES.

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."⁴ 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 illness, 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.

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, 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 or life, or serious injury to workers, have revealed significant unreported hazards, coupled with programs which suppress reporting.⁵

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/illness 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 illness reporting, as well as deter workers from stepping forward to report hazardous conditions.

The United States Government Accountability Office, or the 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 work-related injuries and illnesses to their employers and disincentives that may discourage employers from recording them."⁶

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 of the company or employer to provide safe working conditions and places the burden or responsibility for maintaining a safe workplace on the individual workers. This contradicts national laws and standards, ILO conventions and the OECD Guidelines for Multinational Enterprises, which state 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."⁷ The legal framework of BBS programs can be challenged when considering individual laws and conventions.

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."⁸ This places the responsibility on the employer to maintain safe working conditions. UK law calls for hazards to be identified through risk assessment and removed or reduced "as far as is reasonably practicable." UK Health and Safety at Work Act requires employers and employees to work together to manage health and safety risks, with the primary responsibility resting with the employer (Section 2 of the Act).

The International Labour Organization, ILO, Constitution sets forth the principle "that workers should be protected from sickness, disease and injury arising from their employment" in accordance with CO155 – Occupational Safety and Health Convention, 1981. 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."⁹

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;
- and 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.

GUIDELINES ON OCCUPATIONAL SAFETY AND HEALTH MANAGEMENT SYSTEMS – HIERARCHY OF CONTROLS

Workplace injuries, illnesses and fatalities are the result of exposure to uncontrolled hazards 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.”¹⁰

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 conventions and guidelines on occupational safety and health management employ practical approaches and tools that are used with the aim of reducing work-related injuries, ill health, diseases, incidents and deaths. These systems employ the hierarchy of hazard control used in industry to minimize or eliminate exposure to hazards.

The 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 conventions and is standard practice in the workplace.

Behaviour-based safety programs do not, as a rule, refer to the hierarchy of controls as the preferred method of improving workplace safety.

Hazards that remain uncorrected or are not eliminated will continue to harm workers.

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

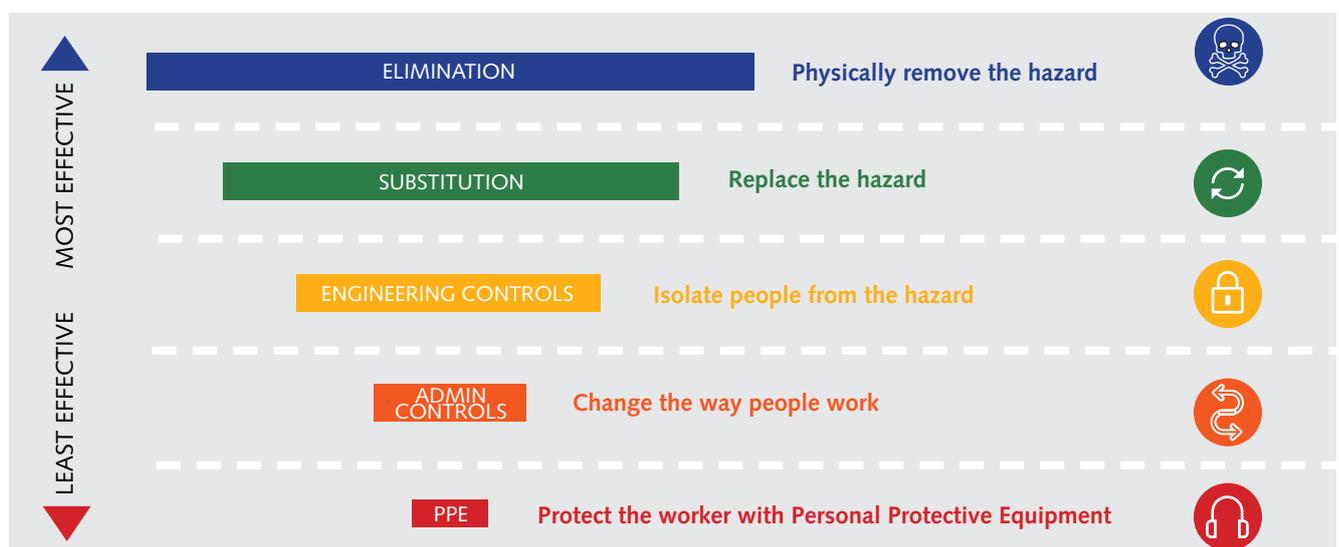
BSMS, a behaviour-based safety company, promotes itself as global experts in behavioural safety. “B-Safe clients realize world-class safety performance by achieving the lowest injury rates in their industry. We have assisted companies in more than 30 countries in all six habitable continents.” BSMS promotes 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 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 associated with automation and robotics; chemical hazards and combustible dust; ergonomics and repetitive motion injuries; and industrial trucks and material handling. In addition to these hazards, safety and health concerns affecting food processing workers, in particular, include effects of automation, downsizing, speed-up, turnover of workforce and lack of training/investment in the workforce.

HIERARCHY OF CONTROLS



These are considered workplace organizational stressors which translate into safety and health hazards that put workers at risk of suffering injury, illness or death.

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 programmes 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.

By failing to put the priority on identifying these hazards in order to control and/or eliminate them, employers instead “control” workers’ behaviours, leaving them to work around hazards that should either not be in the work environment in the first place, or should be addressed through recognized environmental and workplace hazard controls.

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 on worker behaviour instead of hazards.

IUF opposes safety 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 co-workers thereby pitting them against one another in the workplace.

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

- Hazard identification and correction;
- Use of the hierarchy of controls, to protect workers from workplace hazards in order to prevent injuries, illnesses and fatalities;
- Joint management/labour accident/incident/near-miss investigations that identify root causes;
- Upholding anti-retaliation policies, which protect workers who report injuries, illnesses, hazards;
- Regular evaluation of hazard elimination programs.

IUF supports occupational safety and health 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 injuries, ill health, diseases and incidents;
- Complying with relevant OSH international and national laws and regulations, voluntary programmes, collective agreements on OSH and other requirements to which the organization subscribes;
- Providing for the election, support, and training of workplace health and safety representatives;
- Ensuring that workers, their representatives and workplace health and safety representatives are consulted and encouraged to participate actively in all elements of the OSH management system.

1 Source: <https://www.safetyproresources.com/blog/how-to-establish-a-behavior-based-safety-program>

2 https://www.nestle.com/asset-library/documents/library/documents/about_us/policy-on-safety-and-health-at-work.pdf

3 <https://www.unilever.com/sustainable-living/enhancing-livelihoods/fairness-in-the-workplace/building-a-safer-business/making-our-safety-vision-a-reality/index.html>

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

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

6 Source: “Enhancing OSHA’s Records Audit Process Could Improve the Accuracy of Worker Injury and Illness Data” GAO-10-10: Published: Oct 15, 2009.

7 Source: <http://www.oecd.org/investment/mne/1922428.pdf> (Accessed September 20, 2018)

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

9 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).

10 Source: http://www.who.int/occupational_health/publications/globstrategy/en/index5.html

