



Promoting a Preventative Safety and Health Culture:

International instruments, national strategies and good practices

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ABSTRACTS

SESSION I: International Strategies

ILO Strategy for Occupational Safety and Health and Systems Approach

Seiji MACHIDA, Director, Programme on Safety and Health at Work and Environment (SafeWork), ILO

Occupational Safety and Health (OSH) has been a central issue for the ILO ever since its creation in 1919 and continues to be a fundamental requirement for achieving the objectives of the Decent Work Agenda through the development of a number of OSH Standards. However, it is estimated that about 2.3 million workers die each year from work-related accidents and diseases. In 2003, the International Labour Conference reviewed the ILO standards and activities in the field of OSH and developed Global Strategy, which underlined the importance of creating preventative safety and health culture and the management systems approach towards the full-functioning of the ILO instruments at the national level.

Following the Global Strategy, Promotional Framework for Occupational Safety and Health Convention (No.187) and Recommendation (No.197) were adopted in 2006, aiming to place OSH high at national agendas and to apply systems approach to OSH at the national level. Its key elements include development of national policy and programmes by the government in consultation with social partners.

The preparation and regular updating of national OSH profile are important steps for a systematic review and reinforcement of national programmes and systems. Actions for strategic national approach would include expansion of training, information and advisory services and the reviewing and redesigning of legislation with a view to ensuring full coverage of legal protection and supporting the full functioning of the national OSH system. As of July 2011, 20 countries have ratified the Convention No.187. Soonest application and ratification of the new Convention by all countries are essential steps forward for improving occupational safety and health globally.

WHO Global Plan of Action on Workers Health 2008-2017

Dr. Maria NEIRA, World Health Organisation

WHO's action on protecting and promoting the health of workers is mandated by the Constitution of the Organization and a number of resolutions of the World Health Assembly. Recognizing that occupational health is closely linked to public health and health systems development, WHO is addressing all determinants of workers' health, including risks for disease and injury in the occupational environment, social and individual factors, and access to health services. Furthermore, the workplace is being used as a setting for protecting and promoting the health of workers and their families.

Concerned that despite the existence of effective interventions to prevent occupational diseases and injuries there are still major gaps in the health status of workers between and within countries, the 60th World Health Assembly in 2007 endorsed the Global Plan of Action on Workers' Health. This Plan provides a political framework for development of policies, infrastructure, technologies and partnerships for achieving a basic level of health protection in all workplaces throughout the world. The Health Assembly also urged the 192 Member States of WHO to develop national plans and strategies for implementing the Global Plan of Action and to work towards full coverage of all workers with essential interventions and basic services for prevention of occupational diseases and injuries. A large network of 65 collaborating centres provides support to WHO's action on workers' health.

The priorities for global action in the coming ten years include policy instruments on workers' health, workplace health protection and promotion, occupational health services, evidence for action and practice, and workers' health in other policies. Thus, WHO action on workers' health contributes to the global health agenda with regards to health security, climate change and Millenium Development Goals.

The International Association of Labour Inspection (IALI) programme

Michele PATTERSON, President, International Association of Labour Inspection (IALI)

The International Association of Labour Inspection (IALI) has more than 100 member countries representing authorities for labour inspection worldwide. The key role of labour inspectors is responsibility for administering labour laws in workplaces, that are designed to ensure fair, safe and healthy working conditions and decent work.

IALI's international strategy is based on the fundamental premise that until a robust and effective system of inspection exists to monitor and ensure compliance with national labour laws, their effectiveness will be limited and sometimes, non-existent.

Professional and effective labour inspection is therefore a pre-requisite to the development of fair and safe globalisation of the workforce. In a globalised workforce, it is the norm for both enterprises and workers to work across borders. Labour inspectors must also respond to this modern characteristic of the world of work. Regional cooperation amongst labour inspection services has become a key objective and essential element of IALI's international strategy to promote professional and effective labour inspection worldwide.

In response to dramatically increased demands for assistance and services over recent years, IALI recognised the need to develop a comprehensive international strategy.

After the first 3 years of implementation since 2008, IALI is able to demonstrate significant and important progress. This presentation will outline IALI's new and updated international strategy under the Action Plan for the Future 2011-2014.

ISSA Strategy on Proactive and Preventive Social Security

Hans-Horst KONKOLEWSKY, Secretary General, International Social Security Association (ISSA)

The traditional objective of social security to protect populations in case of the realisation of defined risks has been increasingly broadened through the inclusion of pro-active and preventive measures. Instead of the traditional focus on compensation, proactive and preventative social security approaches aim to tackle major risk factors to reduce the need for social security benefits. These approaches cover, for instance, occupational risk prevention, but also promote rehabilitation programmes to bring people back to work.

The ISSA strategy

This is why the Council of the International Social Security Association agreed to include the strategic objective of developing and promoting Proactive and Preventive Social Security as a topical priority in its programme for the triennium 2011 -2013.

The ISSA Strategy calls for

- Supporting activity and employment
- Improving health
- Enhancing empowerment and individual responsibility
- Supporting the sustainability of social security schemes.

Measures related to OSH include promoting a safety and health culture, a study on the economic benefits of prevention and on return to work programmes.

The ISSA implements its strategy through the Special Commission on Prevention and Technical Commissions on insurance against occupational accidents and diseases, sickness, unemployment as well as on old age and invalidity Insurance.

SESSION II: Regional and National Strategies

EU Strategy and its application at National Level

Antonio Cammarota, European Commission, DG EMPL B/3 Luxembourg

One of the main priorities set out by the 2007-2012 EU strategy on safety and health at work aims at encouraging the development and implementation of national strategies on occupational safety and health (OSH).

Efforts to tackle OSH problems, whether at international or national levels, are in fact often dispersed and fragmented and as a result do not have the level of coherence necessary to produce effective impact.

This is why the EU strategy on safety and health at work intends to make the general adoption of a strategic approach to OSH policies the key element to improve their effectiveness and the basis to step up participation by all interested parties.

Adopting a strategic approach entails designing a consistent process, which involves at least 1) the identification of objectives and priorities, 2) the definition of actions to improve the state of occupational safety and health, and 3) the development of monitoring tools to evaluate the impacts of the actions carried out.

Different initiatives are under development within the Advisory Committee on Safety and Health at Work (ACSH) to help sharing experience and discovering factors which may help the Member States and the social partners to create solutions adapted to specific national situations, while also contributing to improve consistency in the way the Member States approach OSH problems.

Based on the outline provided by the mid-term review of the current strategy which the Commission adopted in April this year, the lecture will examine the results of the work carried out so far and the possible developments in the framework of a future new EU strategy on safety and health at work for the period post-2012.

Chilean strategies on occupational safety and health

Pedro CONTADOR Abraham, Jefe Division Asesoría Legislativa y Coordinación Internacional subsecretaria de Previsión Social, Chile

On August 22, the line of sounding makes contact with the mines, who send a note to the surface with the memorable words " We are all well at the refuge". There is a worldwide joy, all possible human and technological efforts, not only from Chile, but of other countries, end after 70 days of isolation with the rescue all 33 miners.

This lesson was unfortunately originated in an unacceptable safety non-compliance from their his employer and even, the insufficient and uncoordinated action of the authorities and bodies, responsible for inspection in the workplace, a lack of a national preventative safety and health culture and the absence of a national policy on occupational safety and health.

The present government undertook the challenge to improve the Chilean system for occupational Safety and Health, one of the best in the continent, formed a council integrated by specialists who proposed the ratification of the 187 ILO convention, the implementation of a tripartite dialogue, setting of the national policy, the improvement of the national systems of inspections, the reexamination of our preventative system, among other measures that have been put to practice during the last months.

The Joint German OSH Strategy – a systematic and co-operative approach for the improvement of Safety and Health in Germany

Kai SCHÄFER, Occupational Safety and Health Section, Federal Ministry of Labour and Social Affairs / Hartmut KARSTEN, Ministry for Health and Social Affairs of Saxony-Anhalt, Head of Section “Occupational Safety and Health” / Sven TIMM, German Social Accident Insurance (DGUV), Section “Strategic Co-operation”

The German Government, the 16 German federal states and the statutory accident insurance institutions with their lead organisation DGUV, supported by the Social Partners Confederations, have launched a Joint Occupational Safety and Health Strategy for Germany. This is a statutory strategic approach to performing tasks of occupational safety and health. The strategy requirements were put in force by law in 2008. It is in line with European and international requirements and examples such as the ones of the EU OSH Strategy 2007-2012 and ILO Convention 187 concerning the promotional framework for occupational safety and health of 2006. Germany signed the C187 in 2010.

Core elements of the first period 2008-2012 of the Joint German Occupational Safety and Health Strategy - against the background of a 125 year old, well-functioning but somewhat fragmented dualistic OSH system - were the development of joint objectives, the elaboration of joint fields of action and work programmes and their implementation according to uniform principles. Major elements are also the evaluation of objectives, joint fields of action and work programmes, the determination of concerted action by public occupational safety and health authorities and accident insurance institutions based on the division of labour and the establishment of a transparent, reasonable set of provisions and regulations without duplications.

The Joint Strategy's overarching target consists of maintaining, improving and promoting workers' safety and health through preventive and systematically implemented measures of occupational safety and health, supplemented by corporate health promotion measures.

In the presentation the iterative development of the strategy at large, of the related work programmes to be executed in different economic and societal sectors and of the results will be presented. Additionally an outlook on the next strategy period 2013-2017 will be given.

LUNCHEON SESSION & BREAK:

Integrating occupational health and safety measures into the construction process at Frankfurt airport

Martin SCHLEGEL, Fraport AG

Starting off with general information on Frankfurt airport, the participants will gain an insight into the construction measures undertaken by Fraport AG during the lecture.

We will take a recent construction project as an example and explain the high-level quality criteria of the accredited certification body for sustainable construction as well as the integration of occupational health and safety into the presented project.

With Fraport sustainability is an integral part of its construction projects as well as an important element of its comprehensive sustainability strategy. Therefore all persons involved have to imply all aspects of sustainable construction and follow construction site regulations as well as occupational safety for workers in the construction industry defined in the building code of the Federal State of Hessen.

SESSION III: Good Practice at National level

OSH Approach on the Construction Sector in Singapore

Kevin TEOH, Ministry of Manpower, Singapore

The construction sector accounted for more than half of all work fatalities in 2010 in Singapore. It continues to be one of the riskiest industries and despite an overall improvement in Workplace Safety and Health (WSH) standards in Singapore over the past few years, the gains in the construction industry is still limited. Singapore has therefore re-looked at our efforts and this presentation will provide the overview of our revised strategy in improving safety management within the industry. This strategy is aligned with our overall national WSH strategy – WSH2018.

A key part of this strategy is our engagement and outreach efforts. We have focused our efforts on a more targeted approach with greater involvement from the industry stakeholders. For example, we have formed two industry led taskforces – the Work-at-Height and the Crane Safety Taskforces to have sustained efforts in engaging the industry and build industry capabilities in the two top accident agents. These efforts are being led by the Workplace Safety and Health (WSH) Council.

We have also at the same time enhanced our enforcement efforts under the Ministry of Manpower. We are sharpening our analysis and have developed a framework to target the poorer performing construction companies

instead of just addressing issues at the industry level. We adopt a differentiated approach depending on the performance level of these companies. At the same time, we are also continually improving our existing tools such as the demerit point scheme to encourage construction contractors with poor WSH records to make improvements in their WSH standards.

With the revamp efforts, we aim to reduce our workplace fatalities in the construction industry to a rate of below 3.4 fatalities per 100,000 workers by 2013 and a rate of below 1.8 fatalities per 100,000 workers by 2018.

The development and implementation of a programme of work to change the health and safety culture of the construction industry

Philip WHITE, Health and Safety Executive, London

In 2001 the Health and Safety Executive developed and introduced a Construction Programme to bring about a cultural change in the way that health and safety is managed across the construction industry in Great Britain. The Programme has delivered considerable change in the way health and safety is managed, particularly with the larger more structured part of the industry. Fatal accident and major injury rates have reduced by fifty percent.

Central to the Programme are the objectives of ownership by the industry, leadership from senior industry figures and partnership working between those who create, manage and are exposed to risks. The Programme is designed to engage with stakeholders, deliver a targeted programme of work that supports industry, encourages those who are striving for excellence and takes a robust enforcement line with those who are not.

Early research to support the development of the Programme, and priorities for action reviewed accident data to help understand causal factors underlying construction accidents. This information was then structured using an Influence Network to provide a basis for quantifying risk and the benefits of improvement. The model considered the technical and human activities in construction in the context of site organisation, corporate policies and wider environmental factors. Key findings of the work illustrated critical paths of influencing factors on construction health and safety including company culture, management, supervision, competence, situational awareness and communication. In turn the Health and Safety Executive's work was developed to target these issues, to have maximum effect on health and safety in construction.

Good practices at the national level protecting the occupational health of health workers

Susan WILBURN, World Health Organisation WHO

A health care facility is a workplace as well as a place for receiving and giving care. Health care facilities around the world employ over 59 million workers who are exposed to a complex variety of health and safety hazards everyday including:

- biological hazards, such as TB, Hepatitis, HIV/AIDS, Influenza;
- chemical hazards, such as, glutaraldehyde, ethylene oxide;
- physical hazards, such as noise, radiation;
- ergonomic hazards, such as heavy lifting;
- psychosocial hazards, such as shiftwork, violence and stress; and
- fire and explosion hazards, such as using oxygen, alcohol sanitizing gels..

The 2006 World Health Report Working Together for Health on human resources reported on a global shortage of health personnel which had reached crisis level in 57 countries.

Unsafe working conditions contribute to health worker attrition in many countries due to work-related illness and injury and the resulting fear of health workers for the same.

New joint guidelines and international instruments for health worker occupational health were published by the World Health Organization (WHO), International Labour Organization (ILO) and UNAIDS in 2010 and 2011 including a Global framework for national occupational health programmes for health workers, joint WHO-ILO-UNAIDS policy guidelines for improving health worker access to HIV and TB prevention, treatment and care and a new practical tool for improving the work environment: Health WISE based on the ILO Work Improvement in Small Enterprises (WISE) programme.

Progress towards the implementation of the above international instruments in Brazil, Colombia, Peru and Venezuela in Latin America as well as in Egypt, south Eastern Europe, Senegal, South Africa, Tanzania, Thailand and Vietnam will be discussed.

SESSION IV (1): Good Practice in the construction industry

Presentation of the ISSA Construction Section

G rard ROPERT

President, ISSA Construction Section, France

In the construction industry 60,000 fatal accidents occur each year worldwide.

The topic we have chosen for this Conference is some examples of good practices concerning occupational risks throughout the construction process.

ISSA Construction Section was founded in 1968 to promote the prevention of occupational risks in this particularly dangerous sector with

- Work groups on specific topics
- IMHOTEP Competitions

- Publishing brochures like « Pictures for prevention »
- Regular organization of International Symposiums

The next International Symposium of the ISSA Construction Section on Occupational Safety and Health in the Construction Industry will be held in Boston in October 2012 on the themes Strategies for Integrating Occupational Safety and Health in the Construction Process: Research, Innovation, Best Practices.

The last International Symposium of the ISSA Construction Section on Occupational Safety and Health in the Construction Industry was held in Brussels in November 2009 on the themes Ageing and Globalisation
The Declaration of Brussels, November 25, 2009 has been signed during this Symposium.

As Vice-president of the Special Commission on Prevention of occupational risks for ISSA since 2009, I encourage Cooperation between occupation specific and transverse Sections. The Special Commission on Prevention wants that Good practices and recommendations are efficiently transposed worldwide.

Difference in Occupational Safety Cultures: Internal Comparison between Germany and Great Britain - Determining Measures

Oliver POLANZ, Head of AGUS Center, HOCHTIEF, Germany

When comparing the occupational safety cultures in different countries, it is interesting to note that the forms of these cultures are significantly different. Some European countries are dominated by a rules-influenced culture, others by a risk-based way of thinking. The less the occupational safety culture is reactive and the more it is proactive, the more positive the impact on the reduction of accident ratios. The inhomogeneity of European social systems is clearly demonstrated in sick pay, third-party liability and accident medical expenses. The appropriate benefits correlate with the number of reportable accidents at work and the downtime caused by accidents. The more benefits are provided, the more accidents are recorded.

In an international comparison, the main objective must be to develop occupational safety ratios that allow a valid comparison with uniform definitions of health and safety levels of companies. As an example, such accidents must be included where the victim is assigned "light duties".

A change in culture will only succeed if all parties involved in the work process, including subcontractors and joint venture partners, are regularly included in behavioral prevention measures. In addition, the occupational safety authorities must be tasked with developing and implementing appropriate tools and vigorously verifying their compliance.

(A)live on site: Raising awareness on behaviour relating to daily risk taking

Françoise SOEUR, VINCI Construction Grands projets, France

VINCI Construction Grands Projets designs and realizes around the world major civil engineering works (tunnels, bridges, dams, reservoirs of liquefied natural gas, road and rail infrastructure, etc..) and building (high rise buildings, shopping centers, hotels, large industrial facilities, nuclear sites, etc..). Our policy of partnership with local businesses enables us to deploy solutions that are both global and flexible. Significant efforts are being made for several years to achieve zero accident. Despite the progress made and resources committed, many accidents still occur, most often caused by individual behavior. It is difficult for the company to establish a framework of due to the variety of countries where it operates and diversity of languages and cultures. The program, designed in collaboration with the Health and Safety committee, is a safety awareness programme intended for project staff, whether local or expatriate. The aim is to raise awareness of risky behaviours and create safety reflexes in each participant. It is based on the realization of a video, highlighting the good and bad practices on site. This structure the whole process (A)live on site, serving as an introduction to exchange sessions held in small groups with participants, all hierarchical levels combined, and in the local language. (A)live on site is deployed on our projects since 2008, with a dozen different languages. About 2000 persons participated since the beginning. The frequency rate improved steadily since 3 years and the severity rate increased too. The program (A)live on site received the safety price of VINCI innovation Award 2009.

Erfahrung mit dem Arbeitsschutz im mittelständischen Bauunternehmen

Peter PICK, Vorsitzender Präventionsausschuss der BG BAU, Berlin

Die Erfahrungen eines mittelständischen Bauunternehmens in der Umsetzung von Arbeitsschutzmaßnahmen werden dargestellt.

Im Mittelpunkt der Darstellung stehen dabei

- die gesetzlichen Verpflichtungen zum Arbeitsschutz (SGB VII)
- die Umsetzung in der BG BAU – Prävention
- das paritätische Wirken Arbeitnehmer-Arbeitgeber
- die Frage, wie der mittelständische Familienbetrieb damit umgeht
- Kosten-Nutzen-Betrachtungen

Impact of the Declaration of Brussels in companies - towards Boston Construction Section Symposium

Carl Heyrman, Director General, navb-cnac Constructiv, Vice President, ISSA Construction Section

The 29th International Symposium of the ISSA Construction Section took place in Brussels from November 23 to

November 25, 2009 and was hosted by navb-cnac Constructiv, the Prevention Institute of the Belgian Construction Industry.

At the end of this Symposium, participants decided to sign the Declaration of Brussels to jointly address the needs imposed by the ageing of the population of construction workers and by the rapidly emerging globalization of many aspects of the construction industry.

The full text of the Declaration of Brussels can be found at <http://www.issa.int/Resursy/Resources/The-Declaration-of-Brussels>

Almost two years have passed now and it was time to gather information on initiatives taken since and to determine what the situation is like at this time. Therefore a survey has been conducted amongst the participants of the Brussels' Symposium and the stakeholders of the Construction Industry.

In this survey we have asked feedback on the impact of the Declaration of Brussels, on the implementation and organization of concrete actions as a result of the Declaration of Brussels in companies and on regional and national levels. We have not only inquired after realizations so far, but have also asked if any further initiatives will be planned or programmed in this context. From the filled out surveys we will have received, we will be able to detect results and thus be able to present good practices in the context created by the Declaration of Brussels.

The analysis and results of this survey were recently presented at the ISSA World Congress in Istanbul September 2011 and will be presented at the A&A ILO-OSH Conference in Düsseldorf. Furthermore, these will be used as input for the 30th International Symposium of the ISSA Construction Section, which will be held in Boston, USA from 16 to 18 October 2012. (www.issaboston2012.org)

SESSION IV (2): Good Practice in the health care sector

Prevention of risks relating to physical activity in the health and social sector

Claudine BERJONT, Formateur à l'Education Nationale, France

The National Education / CNAM framework agreement of 1 February 1993 set the basis for Prevention of Risks linked to Physical Activity (PRAP) training in French vocational schools. The aim of this agreement was to "Make risk management an integral element of any vocational qualification".

It was rapidly realised that the future professionals in the health and social sectors (vocational certificate (BEP) in Health and Social Careers) would need to be trained. In 1994, the PRAP3S (Prevention of Risks linked to Physical Activity in the Health and Social Sectors) certificate was created by INRS to meet this need, as part of the BEP Health

and Social Careers curriculum. The certificate was subsequently renamed PRAP2S (Prevention of Risks linked to Physical Activity in the Health and Social Sectors).

At the start of the school year in 2011, a new vocational Baccalauréat was launched by National Education: Support, Care and Services for individuals. The following description was provided in the curriculum: "The training sessions of the certificate in the Prevention of Risks linked to Physical Activity in the Health and Social Sectors (PRAP2S) will allow students to acquire skills to prevent risks associated with physical activity". In addition, a "Care ergonomics" module shows that the skills to be learned are largely based on the PRAP2S certificate.

This training (PRAP2S) is provided to students by INRS-trained teachers. This has proven successful, and has now been extended country-wide to students in this branch of education. Workers are also trained within companies to the same ends, and links are being created between initial training and continuing training.

The aims, skills and teaching techniques used in this training will be presented. The atypical organisation of the training durations, the means used and their impact on students will be covered.

EFICATT: an online guide on the conduct to be adopted in the event of occupational exposure to an infectious risk

Bayeux-Dunglas M-C1., Abiteboul D.2, Bouvet E.2, Abadia G.1

(1) Institut National de Recherche et de Sécurité (INRS), Paris, France

(2) Groupe d'étude sur le risque d'exposition des soignants aux agents infectieux (GERES)*, Paris, France

The EFICATT database on bystander exposure to infectious agents and the conduct to be adopted in the workplace provides physicians with useful information for assessing risks, defining the immediate conduct to be adopted, establishing the actions to be undertaken and determining the medical follow-up to be implemented.

EFICATT is made up of data sheets drawn up by a working group bringing together physicians specialised in different fields (infectiology, bacteriology, virology occupational health, hygiene, etc.) steered by INRS in collaboration with GERES (Study group on health care workers' exposure to infectious agents). The guide initially targets occupational physicians but may be used by all physicians faced with a case of contagious infectious disease.

Each data sheet is divided into four sections:

- Pathogen and pathology
- Procedure to follow in the event of exposure
- Cases of laboratory exposure
- References

Reference documents can be easily accessed by clicking on direct links.

The EFICATT database presently comprises 33 data sheets that are regularly updated. They can be accessed either by the name of the pathogen or the name of the disease at the following address: www.inrs.fr/eficatt.

Prevention of occupational risks in the business of aid and home care (CNAMTS)

Carole ALLARD, National Mission for the Prevention of Occupational Risks, French National Health Insurance Fund, France

In 2006, a National Mission for the Prevention of Occupational Risks in the home-help and -care professions was set up in the Occupational Risk Directorate of the French National Health Insurance Fund, in line with a new prevention challenge. The booming home-help and -care sector has not, up to now, been a main focus in occupational risk prevention, despite the fact that it produces a high rate of work-related accidents.

The Mission's activity centres on:

- external collaborations, creating strong operational partnerships with: institutions, professional branches and experts;
- the development of tools and approaches by specific work groups within the national health insurance fund's network of OHS professionals.

The sure road to success: Organizational development for back pain prevention in the health care sector by implementing Caregocoaches® (= in-house experts for the implementation of the Directive for the Manual Handling of Loads)

Barbara-Beate BECK, Forum fBB, Hamburg

Der Vortrag beschreibt die erfolgreiche Vorgehensweise bei der Prävention von Muskel- und Skeletterkrankungen im Berufsgenossenschaftlichen Unfallkrankenhaus Hamburg (BUKH). Die im Arbeitsschutzgesetz geforderte systematische und ganzheitliche Vorgehensweise sichert eine nachhaltige Wirkung von Maßnahmen zur Prävention. Auch den Anforderungen nach Qualität in der Pflege muss Rechnung getragen werden. Im BUKH wurde dieser ganzheitliche Ansatz im Sinne der Organisationsentwicklung gewählt. In einem kontinuierlichen Prozess werden z.B. die Arbeitsplätze spezifisch in Bezug auf physische Belastungen überprüft, Handling-Hilfsmittel erprobt und alle Pflegekräfte in der ergonomischen Arbeitsweise nach dem Ergonomico® - Konzept qualifiziert; es stützt sich auf die Empfehlungen des Konzeptes TOPAS_R der Berufsgenossenschaft für Gesundheitsdienst und Wohlfahrtspflege, Erkenntnisse aus Forschungsprojekten sowie auf die europäischen Empfehlungen zur Prävention von Rückenerkrankungen in Pflegeberufen der Arbeitsgruppe Ergonomie der Internationalen Vereinigung für Soziale Sicherheit (ISSA). Multiplikatoren wurden ausgebildet und implementiert (Caregocoaches®). Die Entwicklung und Umsetzung einer entsprechenden Verfahrensanweisung sichert die Integration des Arbeitsschutzes in das Qualitätsmanagement. Somit wird auch den Anforderungen der Lastenhandhabungsverordnung entsprochen. Die Vorgehensweise im BUKH wird kontinuierlich u.a. durch Mitarbeiterbefragungen evaluiert und ggfs. angepasst. Die Ergebnisse zeigen, dass die Maßnahmen genau die positive Wirkung zeigen, die man sich zum Ziel gesetzt hat. Im Jahre 2007 wurde das BUKH für diese Maßnahmen zur betrieblichen Gesundheitsförderung mit dem Hamburger Gesundheitspreis ausgezeichnet.

Online self-assessment: An innovative prevention offer for companies and facilities in the healthcare sector

Albrecht LIESE, BG für Gesundheitsdienst und Wohlfahrtspflege

German occupational safety and health authorities, the accident insurance institutions and the federal government developed an innovative prevention offer for companies and facilities in the healthcare sector: an internet-based self-assessment tool. With the help of an online questionnaire facilities can quickly and efficiently identify risks and threats to the safety and health of their employees. To each question and topic of the questionnaire they directly receive a recommendation of adequate prevention measures, valuable information and support. Having filled in the questionnaire companies can immediately compare their results with the average results of all participants. Thus the new online tool offers effective self-assessment, consulting and a benchmark, free of charge. It helps to improve safety and health of the employees as well as the profitability of hospitals, nursing homes and other facilities in the healthcare sector.

The data of each participant and the individual results are made anonymous. So this instrument meets all requirements of data protection. An aggregate statistical evaluation delivers important information to accident insurance institutions and governmental authorities: They receive an overview of occupational safety and health in the healthcare sector. With the help of this information they can improve their prevention strategies and achieve an efficient use of resources.