



Global best practices





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Direction

Strategic corporate guidance on health and safety issues.

Global best practices

in contractor safety

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Introduction

These guidelines summarise the presentations and subsequent discussions at a joint IOSH/ASSE seminar, 'Global best practices in contractor safety', held in London in October 2000. There were approximately 60 attendees, most based in the United Kingdom or the United States, but with international work experience. Others had global responsibilities managed from a UK or US base. Delegates from the Gulf States and Australia were also present, thus a wide range of global health and safety experience was represented.

The seminar included five presentations which are summarised in the appendices to this document.

Although three of the presentations focused on construction issues and practices, much of their material has a wider application. The two presentations relating to the client's perspective covered the full range of contracted services. Following the presentations, the delegates broke into groups to share experiences and develop ideas concerning best practice in a variety of situations. The following sections summarise the group discussions.

Note: Although the seminar's title refers to 'best practice', it is less contentious, but equally effective, to refer to 'good practice' and the discussion summaries therefore use that term.

Executive summary

These guidelines cover:

- client and contractor practices, culture and contract arrangements, leading to good health and safety performance
- issues and their solutions in developed economies
- issues and their solutions in developing economies
- issues and their solutions for international contracts.

The guidelines are intended for use by all those with a stake in workplace contractor health and safety performance.

Acknowledgments and recommendations

We thank all who participated in the seminar and contributed their experiences, both as speakers and in the subsequent discussions. In particular we thank Black and Veatch, sponsor of the event.

We have tried, in this initial summary, to identify the key points at issue and make them widely available as a basis for further understanding of what global 'good practice' is in contractor health and safety. Many of the practices identified may also be applied to environmental hazards, but at this stage we have not extended the title to embrace these.

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Foreword

This document is for use by all who seek to ensure good and continuously improving health and safety performance in contracting organisations worldwide. Its aim is to capture and summarise current good practice standards which apply to:

- all contract situations, both project-related and for ongoing work
- all economic situations – developed and developing
- clients and contractors.

We encourage all IOSH and ASSE members to implement the good practices described in this document. We also welcome suggestions for improvements in these guidelines, based on wider experiences from clients and contractors, and we undertake to revise and update the guidelines as necessary.

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1. What is contractor health and safety 'good practice'?

Key aspects of good practice health and safety culture include:

- an organisational vision which embraces ethical and moral values, not just purely commercial reasons for good health and safety results
- externally verifiable excellent results – injuries, illnesses and damage statistics are consistently low, within a culture of open, honest reporting
- management systems which take account of local situations, but which are also aligned with global standards
- excellent contractors working with excellent clients
- an expectation of continuous improvement in all aspects of health and safety, and use of external benchmarking to aid this
- resources and time for training and competence development for workers, professionals and management
- pre-qualification of contractors and sub-contractors based on their regional or local – as well as global – processes and results.

For capital projects, good practice clients will:

- ensure overall project objectives are realistic, and thus do not compromise health and safety results. Projects will be on time, on budget – and safe
- stress best value over the lifecycle, in preference to lowest initial cost
- ensure health and safety is thoroughly integrated into the design phase, as well as into construction, start-up and operation
- ensure time and resources for adequate planning, for example when mobilising construction contractors.

For all contracts, good practice clients will:

- ensure the utilisation of health and safety responses to pre-tender questionnaires throughout the tender, clarification and award process
- create a culture which fosters co-operation, co-ordination, communication and competence, avoiding confrontation based on narrow interpretations of the contract – both internally and with the contractor
- consistently manage their own interfaces with the contractor, and expect the contractor to do this with sub-contractors

- have clear contract health and safety management processes and accountabilities, including regular, active monitoring and the enforcement of performance standards where appropriate.

Good practice contractors will consistently:

- identify hazards and implement risk-based controls for all their activities
- create a culture which fosters co-operation, co-ordination, communication and competence, avoiding confrontation based on narrow interpretations of the contract – both internally and with the client
- adopt up-to-date regional and global health and safety standards and practices, in preference to local and national standards
- be good practice clients for their own sub-contractors.

Good practice contracts will have the following elements:

Pre-mobilisation stage

- monitoring against a contract-specific plan, developed using contractor specialist experience where appropriate
- ensuring workforce competence – maximise use of passport schemes to cover industry-wide training and competence issues
- agreement on suitable key performance indicators, including relevant health and safety measures
- agreement on and communication of co-operative culture, expected health and safety performance standards and any rewards and sanctions to be used
- consideration of client-contractor team-building activities for safety-critical contracts.

On-site stage (for contracts performed at client's premises)

- site/contract-specific induction training, clearly linked to any passport scheme used for generic inductions
- ensuring site induction also includes any 'good neighbour' issues and procedures, ie addressing the expectations of local health and safety stakeholders
- provision of suitable welfare facilities, ensuring the standard does not indicate that contract personnel are treated as 'second-class citizens'
- active interface management and regular review, particularly to ensure consistent communication between client and contractor, and joint ability to manage any pressures for improved performance,

including refusing to condone or ignore short cuts

- regular, pre-planned, joint health and safety performance monitoring and feedback, including provision of adequate time and resources for workplace contacts and worker representatives, where appointed
- processes to communicate and manage change, including revision of relevant risk assessments by competent people. Agreement that changes must not proceed in the absence of such assessments
- implementation of systems to recognise and reward both good practice and new best practice. Systems should be clear, consistent, communicated and followed,

and may be used for both individuals and groups.

Post-contract stage (often forgotten or ignored)

- adopt a holistic approach, covering client, contractor and sub-contractor performance and the root causes of this – good and bad
- link feedback and improvement opportunities to repeat business opportunities. Wherever possible, expect and plan for further contracts with those who demonstrate continuous health and safety improvement
- ensure client and contractor feedback is linked to agreed pre-contract performance standards and other expectations.

2. Implementing good practice contractor health and safety in developed economies

Note: At the October 2000 seminar, the phrase 'developed countries' was used. However, health and safety standards vary greatly between economic sectors as well as between countries. Some employment sectors in 'developed' economies may have 'developing economy' health and safety characteristics, and vice versa.

Issues for clients:

- leadership and focus on the key health and safety issues must come from clients, even where they are less familiar with the details of health and safety good practice than their specialist contractors
- a need to move from cheapest price to value for money as the award criterion – this requires more sophisticated tender assessment. Transparency of the assessment/award process is still vital but harder to achieve, because some elements of 'value' are not easy to assess monetarily.

If these issues are successfully managed, the benefits for clients include:

- improved health and safety results, often linked with other business results
- transfer of skills and competence from contractor to client organisation
- reduced insurance costs
- positive PR with both internal and external stakeholders.

Issues for contractors:

- the need for comprehensive but simple risk assessments linked to method statements, covering all tasks carried out
- the increasing emphasis on workforce competence and formal systems to demonstrate and verify this, which can require significant investment and management resources.

If these issues are successfully managed, the benefits for contractors include:

- increased and retained skills and competence

- market edge
- reduction of losses and insurance costs.

Issues for both clients and contractors:

- investment in best practice may appear as a short term cost, although most of the benefits are long term
- an adequate pre-qualification process requires significant effort, especially when it is also required to comply with free competition rules. This can be eased by using industry- or sector-wide systems and data, rather than company-specific processes
- the desire for partnering and longer-term contracts is often affected by market conditions, and in some situations can be difficult to reconcile with an 'independent contractor' philosophy
- there is a need to develop, on a joint basis, health and safety-related incentives which drive the right individual, group and organisational behaviours. There is also a need to incorporate leading indicators, because traditional lagging indicators may become very rare events. However, when these do occur, a single serious accident may not mean a specific individual or group should be identified as failing
- although accidents represent failure, they are also learning opportunities. Nevertheless, it can be difficult to investigate root causes fully and share learnings openly in the success-oriented culture which good practice and partnering typically aim to foster.

Other aspects to consider include:

- less confrontational contracts and relationships can lead to the reduction of resources and costs devoted to accident claims and detailed contract variations
- the UK's Construction (Design and Management) Regulations 1994 (CDM Regulations) – see Appendix B – represent global best practice for defining construction project health and safety responsibilities, especially for clients and designers. However, standard methods for complying with the CDM Regulations can be overly bureaucratic
- US employer liability insurance assessments and ranking represent a global best practice to reflect actual health and safety results in premiums.

3. Implementing good practice contractor health and safety in developing economies

Note: At the October 2000 seminar, the phrase 'developing countries' was used. However, health and safety standards vary greatly between economic sectors as well as between countries. Some employment sectors in 'developed' economies may have 'developing economy' health and safety characteristics, and vice versa.

Key issues are:

- communication – the need to be able to speak and listen to local people in their own language, not via interpreters
- the local availability of suitably safe and reliable equipment. In some cases, stopping work due to refusal to accept substandard equipment, though unpalatable, may be the best long term solution
- community and/or government expectations for infrastructure development and education/training as part of the contract, with the consequent widening of the extent of health and safety issues to be managed, and the competent resources required
- the flawed assumption that health and safety standards always need to be raised in the local workforce. Where new workers are trained and enabled to adopt good practices from the start, developing economy contractors often produce verifiable health and safety results well in advance of typical developed economy results.

For both clients and contractors, good practice solutions include:

Management personnel

- the use of a core, highly skilled, expatriate management team which is familiar with, or can become familiar with, local culture and expectations
- supplementing this with skilled local people, training them elsewhere if necessary to ensure that good practices are more readily transferred
- the setting of high personal standards by management team members, showing that all members of the workforce are valued, and sharing a vision for national and/or local development including continuous health and safety improvement
- involving local government bodies to increase their long term ownership of and responsibility for health and safety results, infrastructure, training and education
- being visible on site, to engage with, praise and police the workforce
- monitoring results using meaningful local measures, in addition to required corporate criteria.

Local workforce

- providing brief, practical and relevant training related to daily hazards, rather than long courses
- implementing an agreed education and training strategy, and recognising and rewarding those showing positive behaviour and willingness to learn
- ensuring the local workforce feels valued, for example, by providing family welfare facilities
- making time for individual communication about health and safety good practices and involving families, perhaps in workplace health issues
- fostering trust, for example, by protecting local workers from hazards of which they may not be aware.

4. Implementing good practice contractor health and safety in international contracts

Key issues are:

- how to achieve an acceptable balance between corporate and local values, standards and cultures at a typical worksite (international and/or national employers) with a potentially multinational workforce
- the availability and use of internationally-agreed standards, for example, from the International Labour Organization, the International Standards Organization, the World Bank, the International Monetary Fund and the United Nations
(**Note:** the 2001 International Labour Organization guidelines for health and safety management systems are particularly relevant in a global context, as they are designed as a basis for sector and national guidance, as well as directly for use within larger organisations)
- the key differences in both style and content between major regional health and safety standards, for example, prescriptive versus goal-setting regimes, or the US Occupational Safety and Health Administration versus the European Community versus the Association of South East Asian Nations
- variations in type of contract and size of organisation, for example, those working on a small sub-contract have much less freedom of action.

For both clients and contractors, good practice management solutions include:

- the publication of clear corporate value statements covering ethics, human rights and health and safety risk acceptance

- being willing to challenge local health and safety values and standards constructively, where they are lower than corporate ones, but accepting variances which are based on local preferences – eg working hours, dress, social hierarchy
- in the extreme, clients making the decision to decline to do business in certain situations, or contractors walking away from certain clients
- regularly updating internal bid lists with contract-specific feedback from all parties (see *Post-contract stage*), utilising industry-wide feedback where available (eg First Point Assessment Ltd for the UK sector of the North Sea)
- at both corporate and site level, the implementation of health and safety management systems, based on a recognised standard which includes expectations of continuous improvement from 'good' towards 'best' practice
- the use of management system audit plans, reports and auditors as a means to drive and disseminate improvements, rather than as a basic 'tick in the box' exercise
- the inclusion of all identifiable contractor and sub-contractor personnel in published corporate health and safety results and improvement targets
- setting realistic, balanced health and safety key performance indicators which include both leading and lagging indicators, and define clear accountabilities
- identifying leaders and followers (from audit data) and encouraging them to share practices and learn from each other, to disseminate good practices more quickly
- the publication and sharing of results and lessons learned, both internally and via professional bodies
- the inclusion of poor results as well as good, as much can be learned from root cause analysis of failures.

Appendix A

Keynote address: UK and US construction health and safety

Dr Rodger Evans, Head of Construction Sector, Health and Safety Executive, London, UK

Tackling the construction health and safety record in both the United Kingdom and the United States presents opportunities for identifying common problems, sharing good practice and exchanging information through partnership.

Clients are beginning to realise that taking an active role in achieving construction health and safety makes sound commercial and financial sense. In simple terms, the client has information on risk, while the contractor's role in managing risk is pivotal in securing good health and safety practices on site. However, the project designer or architect often introduces risk and the workers must almost always endure the risk. Everyone in the construction chain has a crucial role in reducing unacceptable loss.

From the UK perspective, much still needs to be done. The US's Occupational Safety and Health Administration has published a goal for 2000 and beyond of "sending every worker home whole and healthy every day", and such a laudable goal is equally valid in the UK. Given that the construction industry in both the UK and US exposes people to higher than average risk, with the worst health and safety record of any industrial sector, the successful management of those risks poses special problems.

Endemic problems include:

- an itinerant workforce
- too little skill and experience
- lack of investment in training
- inadequate access to health and safety advice, especially for small companies.

However, the extent of the problem is greater than can be explained simply by contractors, clients and designers not acting responsibly. Too often, safety during construction is perceived as the responsibility of the contractor alone. A continuing problem is that construction is largely driven by lowest cost, rather than best value.

The CDM Regulations of 1994 brought about one of the most significant of all recent UK legislative initiatives by engaging all responsible parties, including clients and designers, in the elimination or control of risk. One of the objectives of the CDM Regulations is to reduce the overall risk introduced into the construction process by:

- a strategic approach to health and safety in project design
- planning and preparation, and the execution of those plans
- the effective management and co-ordination of health and safety throughout
- the selection of competent and resourceful professionals
- the improved management of construction work.

In 1998, a Construction Task Force published *Rethinking construction*, which cited particularly the need to secure a cultural change to ensure the provision of decent and safe working conditions. The UK government then assisted industry in the development of the *Movement for innovation* initiative to help carry forward the findings of the Task Force's report. The government, recognising itself to be one of the largest procurers of construction work, then launched its *Achieving excellence* campaign to enhance the health and safety performance of government departments.

In mid-2000, 10 government departments and agencies working together launched *Revitalising health and safety*, a 10-year programme aimed at raising the profile of health and safety, and promoting better working conditions for all. The strategy contains several specific action points for the construction industry, as well as planned changes to the current penalty structure, in an effort to improve enforcement and to deter some employers from breaking the law, especially at the expense of their workers.

All stakeholders in construction can make a positive contribution to health and safety in the industry by:

- focusing on the relevant issues and where best to make the greatest contribution
- having an action plan and putting it into effect
- targeting resources to make it happen.

Appendix B

The UK Construction (Design and Management) Regulations – a global best practice

Bob Sayers, Group Safety, Health and Environment Manager, Wates Construction Group, London, UK

Safety management has evolved from 'no interest' through 'focus on incidents or problems' to 'focus on systems to deal with health and safety' and finally to an inclusive 'focus on an entire vision of a project'.

Before the implementation of the CDM Regulations, there were invariably differences in the way that the client, architect, structural engineer, safety adviser and contractor each perceived a project. Now, with improved communication between these parties, there is a better climate for competently-managed, accident-free, completed-on-time construction projects.

Co-operation, partnership and planning are key elements of any project but are particularly important in construction. Competent contractors can provide an innovative team which values health and safety, information, training, planning and public protection. An important element in achieving these values is a monitoring system that takes account of a project's accident potential and the need for risk assessment.

The CDM Regulations require clients, designers and contractors to rethink their approach to health and safety in order to co-ordinate and manage a construction project effectively.

Clients must use only competent personnel and be satisfied that sufficient resources – including time – are allocated to the project. Designers must work to avoid risks to health and safety, or at least to minimise them.

Information about the risks which cannot be designed out must be provided to the planning supervisor to be included in the pre-construction health and safety plan. In turn, the planning supervisor (which may be a group within an organisation, not necessarily a single person) ensures such a plan is prepared and must monitor the health and safety aspects of the design.

The principal contractor is then responsible for taking over the health and safety plan, co-ordinating the activities of all contractors (ensuring they comply with relevant health and safety regulations) and providing information, training and consultation with employees.

To accomplish this, the principal contractor prepares a construction phase plan that lists key tasks, including:

- implementing the plan
- setting up safe systems, such as segregation of traffic and pedestrians
- employing competent contractors
- obtaining and checking method statements
- providing training for and communication with competent contractors
- preventing unauthorised access to the site
- monitoring and review of all systems.

A final responsibility is handing over a project file containing health and safety information that the project user may need, for example to manage health and safety during maintenance activities.

Appendix C

Construction best practices – a global perspective

Les Murphy, Health and Safety Manager,
Black and Veatch Energy Services, Kansas
City, USA

The key elements of our health and safety programme are:

- utilising the most stringent of governmental, international and Black and Veatch requirements
- involving senior level management
- providing an on site safety manager, certified in the relevant country
- involving local health and safety personnel.

While the project is in preparation, the following should be considered:

- contractor pre-qualification, including a background check and insurance review
- pre-employment procedures, including drug and alcohol screening and site safety orientation, plus specific task orientation with a middle management foreman
- employee training, including 10 hours of class time
- cardiopulmonary resuscitation/first aid, emergency preparedness
- the presentation of a job hazard analysis – this allows the workers to organise their tasks effectively by identifying hazards and preparing a plan to control them

- fall protection and working in confined spaces – the areas of most concern.

The beginning of the construction phase triggers daily activities such as:

- a crew safety meeting
- communication of health and safety information among employees
- supervisor safety meetings, which devolve accountability to front line supervisors.

Emergency plans must be established with strategies in place for:

- heavy lift activities
- scaffold tagging, grounding [earthing]
- barrier identification and tagging
- 100 per cent fall protection
- hazardous materials labelling
- hearing conservation and protection
- respirator systems.

Additional safeguards typically include a permit to work system, particularly linked with the commissioning of equipment, and an inspection system for fire watches, and aerial lifts, if these are used.

Black and Veatch puts together joint labour/management health and safety agreements which help to define awareness, responsibility, recommendations, scheduling, inspections and (if necessary) investigations, and other reviews. In this way, all participants in a construction project are jointly aware and responsible and can contribute from their own personal experience and expertise.

Appendix D

The UK client's perspective

John Sudgen, Construction Group Head,
AstraZeneca, Manchester, UK

Safety is implicit in best practice – and best practice results in both time and cost benefits. There is no bad safety – only bad safety management.

AstraZeneca operates by forming alliances with strategic partners; it does not rely on one organisation satisfying all its needs. In a typical project, AstraZeneca manages the construction, and works with partner organisations to facilitate the implementation of shared goals and strategies, continuity on site and familiarity with standards and systems. The additional

benefits of such alliances include an extended knowledge base which promotes input and challenge during the design phase and encourages innovation in a variety of projects. These alliances have provided project timescale reductions of more than 30 per cent, with attendant cost benefits.

It can be demonstrated that, as the number of alliance partnership projects increases, costs reduce in the areas of electrical works, piping, steelwork and design, while safety performance improves.

Safety management is a vital part of best practice and through it both client and contractor benefit. Even where different methods are used, in countries outside the UK, the same standards of project and operational safety must be achieved.

Appendix E

A multinational corporate perspective

Jack Popp, Director of Corporate Safety, Health, Environment and Security Services, Hasbro Inc., Pawtucket, Rhode Island, USA

Hasbro's challenge has been to make contractor safety management a globally-consistent process, but with locally-relevant implementation.

The organisation uses a range of contractors to achieve its ultimate goals of ensuring business continuity and preventing damage to people, property and the environment. Its specific aim is to prevent all contractor accidents – even near-misses – particularly those associated with slips, trips and falls, electrical incidents, fire hazards and defective equipment and tools. The inherent risks in the type of work activities involved in a project are considered, together with effective means of ensuring that any contractors hired have safety knowledge and commitment and have undergone training.

The safety process involves pre-qualification review and pre- and post-work requirements.

During the pre-qualification review, the contractor completes a safety questionnaire which summarises the contractor's safety programme, performance, training standards and any certification. As part of the pre-work requirements, project and safety co-ordinators at the site complete a safety orientation for contractor personnel which includes:

- adherence to government regulations
- reporting injuries
- housekeeping and storage
- personal protective equipment
- fall protection
- fire protection
- working in confined spaces.

Post-work requirements include a contractor performance evaluation that rates the contractor's performance in eight categories. This evaluation will determine whether the contractor will remain on an approved bidder list.

Hasbro's process for managing risks comprises five basic operating principles:

- management commitment and leadership
- risk identification, evaluation and control
- responsibility and accountability
- employee involvement
- continuous improvement.

IOSH/ASSE checklist

This checklist is intended for use by internal or external assessors as a simple way to record and summarise how well an organisation is deploying the best practices recommended in these guidelines.

A key concept in the guidelines is that clients need to employ occupational safety and health best practices so as to allow their contractors to do likewise. In turn, contractors need to be 'best practice clients' for their own sub-contractors. The single checklist therefore covers both roles – as client and as contractor.

Completing the checklist

The checklist can be used to assess either a whole organisation, or a part. The assessor may need evidence from documents, interviews and worksite observations before coming to a firm assessment for each best practice. Any inconsistencies in the evidence can be recorded under 'Opportunities for improvement'.

The most revealing evidence is typically found at worksite level, rather than in documents – some practices may be very effective without necessarily being perfectly documented. Conversely, many good practices may be clearly described in internal documents, but more or less absent in the workplace. It is important to assess both whether each practice is fully deployed (ie available for use wherever needed) and fully effective. The rating scheme combines these two aspects – a more complex rating could be devised which considers each aspect separately.

The checklist shows whether each practice applies to clients or contractors or both. There is provision for marking as 'non-applicable' those items which are not relevant to the organisation being assessed – but remember that most contractors will also act as clients for their sub-contractors.

Using the results

For comparative purposes, the assessment results can be converted to an overall 'Improvement opportunity' rating, using the method given at the end of the checklist. An 'Improvement opportunity' of 25 per cent or less indicates that contractor occupational safety and health best practices are widely deployed and effective; a score of 50 per cent indicates many opportunities for improvement; a score of more than 50 per cent indicates serious deficiencies compared with 'best practice' – there must be some zero assessments, not balanced by an equivalent number of '2' scores.

However, this is a relatively crude measure and care should be taken not to use this percentage rating in an overly simplistic or competitive way. The most fruitful benefits are likely to come from a detailed review of the 'Opportunities for improvement', leading to a prioritised improvement plan.

This type of application could be used as an example of continual improvement within a wider occupational safety and health management system audit or verification process.

Scoring the checklist

The checklist is self-explanatory when used in conjunction with the *Global best practices* guidelines.

Scoring system:

- N/A = This element is not applicable to the organisation being assessed.
- 0 = No or minimal evidence this practice is in effective use. The 'Opportunity for improvement' is obvious, so need not be summarised.
- 1 = Practice only partly deployed and/or effective. Complete the 'Opportunities for improvement' section to summarise how it could become fully effective.
- 2 = Practice fully deployed and fully effective across the organisation.

Global best practices: section 1

OSH culture

OSH more than just 'good business'

Both

Verifiable excellent results

Both

Open, honest reporting

Both

OSH management system standard

Both

Expectation of continuous improvement

Both

Resources for competence development

Both

Pre-qualification includes local OSH results

Both

Opportunities for improvement:

Capital projects

Realistic objectives and timescales

Client

Best value, not lowest initial cost

Client

OSH integrated into all phases, including design

Client

Adequate planning

Client

Opportunities for improvement:

All projects

OSH pre-tender responses used

Client

Non-confrontational culture

Client

Consistent interface management

Client

OSH accountabilities, active monitoring, enforcement

Client

Opportunities for improvement:

	Applies to	N/A	0	1	2
All projects (continued)					
Hazard identification	Contractor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-confrontational culture	Contractor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OSH global/regional standards used	Contractor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Opportunities for improvement:

	Applies to	N/A	0	1	2
Contracts – pre-mobilisation					
Contract-specific plan, contractor buy-in	Both	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workforce competence, including passport schemes	Both	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OSH key performance indicators	Both	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agree performance standards, rewards, sanctions	Both	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team building activities	Both	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Opportunities for improvement:

	Applies to	N/A	0	1	2
Contracts – on-site					
Site/contract-specific inductions	Both	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community expectations in induction	Both	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Welfare facilities	Both	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active interface management and review	Both	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planned OSH monitoring and feedback	Both	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effective change management	Both	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good/best OSH practices recognised and rewarded	Both	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Opportunities for improvement:

	Applies to	N/A	0	1	2
Contracts – after completion					
Identify/feedback root causes of good and bad results	Both	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Link this feedback to future work opportunities	Both	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compare feedback with pre-contract performance standards etc	Both	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Opportunities for improvement:

Global best practices: section 2

Implementation in developed countries

Clear OSH leadership and focus	Client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contracts awarded on best value	Client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Simple, comprehensive risk assessments	Contractor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrating workforce competence	Contractor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investing resources in best practices	Both	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate pre-qualification	Both	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partnering arrangements	Both	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OSH incentives	Both	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning from accidents	Both	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Opportunities for improvement:

Global best practices: section 3

Implementation in developing countries

Highly skilled core management team	Both	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Locals trained elsewhere if needed	Both	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managers' personal standards and community vision	Both	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local government bodies involved	Both	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management visibility with local workers	Both	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Both corporate and local OSH results	Both	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practical, focused local training	Both	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training, education strategy	Both	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Applies to	N/A	0	1	2
Implementation in developing countries (continued)					
Valued local workforce	Both	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Targeted workforce OSH communications	Both	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fostering trust	Both	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities for improvement:					

Global best practices: section 4

	Applies to	N/A	0	1	2
International contracts					
Published corporate values	Both	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Challenging local OSH standards where appropriate	Both	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
'Walking away' from some work opportunities	Both	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current bid lists	Both	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OSH management system standard	Both	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audits for continuous improvement	Both	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Published corporate OSH results include contractors	Client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balanced OSH key performance indicators	Both	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Best practice sharing, based on audit results	Both	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal and external publishing of lessons learned	Both	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to share lessons from failures	Both	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Opportunities for improvement:

X total Y total

Overall assessment 'score'

(only if needed – see 'Using the results' on page 17)

The assessed 'Improvement opportunity' (%) = $[2 \times (64-X) - Y] \times 100 / [2 \times (64-X)]$.
 'Using the results' suggests how to interpret this percentage figure.

Total best practices listed = 64.

X = Number assessed as N/A (4 pages).

Y = Total score (4 pages).

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