ISSA Guidelines

Prevention of Occupational Risks

Extended edition 2016

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The ISSA Guidelines have been developed by the ISSA technical commissions and staff of the ISSA General Secretariat, based on a broad consultation with experts, international organizations and the worldwide ISSA membership.

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Introduction

The *ISSA Guidelines on Prevention of Occupational Risks* addresses occupational risks that are insured by social security institutions. It provides guidance on how social security institutions can develop and promote prevention activities that cover occupational accidents and occupational diseases.

Prevention – along with compensation and rehabilitation – represents an intrinsic part of social security, aiming to protect the population groups covered from safety and health risks at work. While social accident insurance systems have been established in most countries worldwide, according to information collected by the ISSA, many of these institutions have not yet developed prevention capacities and programmes.

The importance to society of preventing occupational risks is obvious. Where preventive measures have been taken, significant reductions in occupational accidents and diseases have been achieved, thus saving lives, avoiding human suffering and safeguarding the health and well-being of workers. Safe and healthy working conditions are increasingly understood as strategic assets for enterprises and for society as they go hand in hand with productivity and competitiveness.

The ISSA's international study on the costs and benefits of investments in occupational safety and health (OSH), demonstrating a global return on prevention (ROP) of 1:2.2 or 120 per cent, has clearly revealed the enormous potential that prevention holds for business and society.

For social security institutions, involvement in prevention activities means proactively to address the occupational risks, before providing benefits for treatment, rehabilitation, early retirement or invalidity, i.e. following the principle that "prevention is better than rehabilitation" and "rehabilitation is better than compensation".

Based on this strategic approach, the ISSA's Guidelines offer social security institutions in the field a comprehensive set of prevention concepts and tools to build their own prevention capacities, infrastructures, programmes and activities, taking into account their specific national and institutional circumstances.

The target audience for these Guidelines is social security funds dealing with occupational risks, workers' compensation boards and social insurances for occupational accidents and diseases, all of which are referred to as "social security institutions".

Objectives of the *ISSA Guidelines on Prevention of Occupational Risks*

These Guidelines focus on the prevention and administration of occupational accidents, diseases and other work-related health risks. They form part of a broader concept of prevention which includes proactive and preventive approaches to social security, addressing the prevention of occupational risks, health promotion and return to work.

Prevention approaches and services vary around the world, reflecting different levels of socio-economic development, policies and legal frameworks. Prevention is normally driven by government through occupational safety and health legislation, developed in consultation with the social partners and enforced by competent state authorities (through labour inspection). Social security institutions in many countries complement these services and contribute to the prevention of occupational risks.

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As social security institutions are responsible for the compensation of occupational accidents and diseases, and in a number of cases for the rehabilitation of injured workers, they (should) have a strategic interest in contributing to a safe and healthy workforce. However, in many countries their main focus remains to provide compensation in case of occupational injuries, rather than to engage in their prevention.

Social security institutions are, in many countries, valuable partners for safety and health authorities as they dispose of detailed data on the insured workers. Such data is of great importance for the preparation of national prevention programmes, in particular for targeting risk areas and for setting priorities, as well as for the evaluation of their impact.

Besides complementing government services in occupational safety and health at work, social security institutions may be offering support to government authorities in the occupational sectors they insure.

These Guidelines provide measures to assist social security institutions to conduct prevention activities with a view to reducing the number of occupational accidents and diseases and related compensation claims. By including all relevant stakeholders, such as the social partners, government authorities and prevention experts, social security institutions can actively promote a culture of prevention by encouraging improved prevention performance at both enterprise and national levels.

Framework for the Prevention of Occupational Risks

In order to structure and prioritize their occupational safety and health activities, social security institutions establish a prevention framework focusing on four key areas of action: workplace safety and health, safe technology, individual prevention capacities and behaviour, and clear instructions/guidance. If all these are addressed systematically, continuous improvement in safety and health can be expected. These areas are often enshrined in a prevention strategy, which defines objectives to reduce the number of occupational accidents and diseases within a given time frame and outlines the cooperation with other actors, including the social partners and safety and health authorities (through labour inspection).

At the international level, the International Labour Organization (ILO) Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187), calls for setting up a national occupational safety and health policy, system and programme, and the World Health Organization (WHO) has adopted its Global Plan of Action on Workers' Health (2008–2017). The member states of the European Union operate under the priorities and defined objectives set up in the Community Strategy on Health and Safety at Work, which obliges them to establish national prevention strategies and programmes that contribute to the implementation of the Community Strategy. One example is the United Kingdom, where the Health and Safety Executive has published *The health and safety of Great Britain: Be part of the solution.* The German Social Accident Insurance (*Deutsche Gesetzliche Unfallversicherung* – DGUV) has adopted a Vision Zero strategy that assumes that safe and healthy workplaces are not an illusion but a realistic objective, provided all suitable means are taken, and that every fatal and serious work accident or occupational disease can and should be prevented by targeted measures. Concentrating prevention actions on fatal and serious cases will therefore raise the general level of safety and health.

Prevention actors

According to national safety and health legislation, the prime responsibility for prevention measures at enterprise level lies with the employer. National safety and health systems and policies supervise and

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support the employer in his or her duties. These systems include a tripartite approach based on social dialogue between workers and employers, enforcement of the legal provisions by the competent safety and health authorities (through labour inspection), support provided through occupational health and prevention services, including services provided by social security institutions, etc. The ILO Occupational Safety and Health Convention, 1981 (No. 155), provides an outline for a sound national occupational safety and health programme.

Work injuries and occupational health risks are usually insured under a state-run social security system (e.g. social accident insurance scheme, workers' compensation board, etc.), which in most cases cover both occupational accidents and occupational diseases. In a number of countries, insurance is not managed by a specialized institution but by a social security fund that covers multiple branches of social security, such as unemployment, pensions, health or family benefits, in addition to work injuries.

In some countries where a compulsory insurance system for occupational risks has not yet been put in place, private sector schemes exist. Where there is a state-run social security system, private sector schemes can complement it by insuring those work-related risks that may not be covered by the state system, in some cases, occupational diseases.

Health insurance schemes are also concerned with the prevention of occupational risks. Depending on the duration and nature of the injury or illness, payment of medical benefits for the insured may either be shared between the health insurance scheme and a workers' compensation board or be entirely covered by the health insurance scheme, depending on the provisions of the national social security legislation. As an injury may also lead to disability, pension funds also have an interest in early intervention and the reduction of occupational accidents leading to a disability pension claim.

Framework for Dealing with Cases of Occupational Diseases

Insurance covering occupational diseases is an important pillar of social security. This is particularly true in latency diseases such as cancers, which may occur many years after the occupational exposure.

Appropriate insurance cover for workers should therefore be independent of the existence or economic performance of the employer. It is important for employees that the handling of their work-related health problems is not dependent on litigation or the solvency of their employer.

Regardless of the organization of insurance cover, it is essential to have distinct and transparent criteria for the definition of occupational diseases to distinguish these from diseases of other origin. This applies to the "definition" of the general concept (and for each disease, unless a list of occupational diseases is to be used) and to the criteria to be applied to the recognition of each case, for example to meet the required level of causality/probability.

At the international level, the International Labour Organization (ILO) established the first ILO list of occupational diseases in 1925. Changes in the structure of industries, the development of new chemicals, and advanced national workers' compensation schemes have led to revisions in the ILO's list. The current *ILO List of Occupational Diseases* annexed to Recommendation No. 194 of 2002 is composed of two dimensions (causes and diseases) and subcategories. The European Commission's current list of occupational diseases is part of Commission Recommendation 2003/670/EC (see also *Report on the current situation in relation to occupational diseases' systems in EU Member States and EFTA/EEA countries, in particular relative to Commission Recommendation 2003/670/EC concerning the European*

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Schedule of Occupational Diseases and gathering of data on relevant related aspects). The relationships between exposure and disease are also having effects on the design of prevention strategies.

The international list of occupational diseases is often adjusted to national needs and realities. However, national lists may not be regularly updated and therefore may not include new occupational diseases such as those related to ergonomic, psychosocial or certain chronic diseases. To address these gaps and to recognize the occupational nature of the disease, national authorities often work with so-called "open systems" that assess the link of a newly-recognized pathology that is not on the list to occupational exposure to the disease.

Structure of the *ISSA Guidelines on Prevention of Occupational Risks*

The following guidelines are organized in two parts:

Part A, Basic Conditions for Prevention Programmes, deals with the structural issues that need to be addressed if social security institutions are to be able to support and facilitate the development of preventive approaches with and for enterprises.

Part B, Prevention Activities and Services, deals with specific prevention activities and services that can be offered.

Within each part, specific guidelines are grouped according to particular elements of a prevention programme. They are presented as follows:

Guideline. The guideline is stated as clearly as possible.

Structure. This is the suggested structure for the particular aspect of a prevention programme that may support the application of the guideline and facilitate the promotion of the underlying principle. A sound structure is essential for the effective functioning of a prevention programme. It should ensure an appropriate division of operational and oversight responsibilities as well as the suitability and accountability of the persons involved.

Mechanism. There are different ways in which a guideline may be implemented. The suggested mechanisms for a prevention programme are designed to ensure appropriate controls, processes, communication and incentives which encourage good decision-making, proper and timely execution, successful outcomes, and regular monitoring and evaluation.

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A. Basic Conditions for Prevention Programmes

This part of the Guidelines is concerned with establishing the national and institutional frameworks for the prevention programme to be conducted by a social security institution.

A.1. Framework for Prevention

Any social security institution planning to set up or improve prevention services, as recommended, should first undertake a thorough analysis of the existing legal and institutional national framework for prevention activities.

Special attention should be given to the existing regulatory mandate of the institution as regards prevention activities. If the current legal mandate does not include prevention activities, or if the mandate is insufficient to carry out all necessary prevention measures, the institution should submit a proposal to the government or the responsible ministry.

Social security institutions with a mandate to prevent occupational accidents and diseases should develop and implement a prevention programme, including infrastructures, capacities and prioritized activities within their area of responsibility.

The social partners and competent safety and health authorities should be consulted. Social security institutions should likewise be consulted by the authorities when preparing new safety and health legislation, both because of their unique data and knowledge regarding work injuries and because they can be helpful in assessing the feasibility of the envisaged legal provisions.

Guideline 1. National legal framework

The institution conducts a thorough analysis of the national legal framework, including safety and health regulations, in order to identify its role in prevention and develop prevention activities in line with current legislation. If no legal mandate to carry out prevention services exists, the institution initiates a process to provide an adequate legal prevention framework. The same is valid for the recognition of occupational diseases.

Guideline 2. Internal structuring of prevention programme

The institution assigns responsibility for conducting a prevention programme to a dedicated prevention department.

Guideline 3. Involvement of social partners and competent state authorities

In establishing a framework for prevention, the institution ensures the full participation of social partners and competent state authorities from the outset.

Positive communication at this level is essential in order to gain acceptance and support. These stakeholders must be kept informed and involved from the very beginning and throughout the process.

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A.2. Institutional Settings for Prevention

The social security institution must have the necessary internal structures and resources to conduct prevention programmes. This includes appropriate staff qualifications and competences, clear understanding of important prevention principles, sufficient financial resources to ensure the necessary human resources, the necessary infrastructure to deliver prevention services, a reliable database and the means to identify all possible target groups.

Guideline 4. Defining a prevention strategy

The board defines a prevention strategy to provide both internal and external guidance.

Guideline 5. Provision and management of financial resources

The institution provides a sustainable financial basis for setting up a successful and effective prevention programme. The board and management take the necessary decisions to provide the required financial resources.

Guideline 6. Human resources

The institution has an appropriate human resources policy to support its prevention programme.

A sound human resources policy will define the technical, legal and social competences required to conduct a successful prevention programme, address the need for qualification of existing staff (through training), identify knowledge gaps within the institution that may be compensated for through recruitment of external experts, and allocate adequate staff to the prevention department.

Guideline 7. Infrastructure and consumables

To support its targeted prevention programme, the institution has a functional infrastructure and financial resources for consumables.

Relevant consumables include office equipment, transport for field staff, laboratory equipment and other, related expenses.

Guideline 8. Reporting, data collection and analysis of occupational accidents and diseases

The institution has an adequate and reliable reporting system for occupational accidents and suspected cases of occupational disease.

This is an indispensable tool for data collection and data analysis. It enables the institution to conduct targeted prevention activities based on identified occupational risks and contributes to the evaluation of prevention activities by comparing longitudinal data from interventions.

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Guideline 9. Identifying target groups for prevention services

The institution identifies the target groups to whom the prevention services are offered and their specific needs in prevention.

This enables the institution to produce well-focused prevention products for its target groups.

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B. Prevention Activities and Services

This part of the Guidelines describes prevention programmes which can be conducted by social security institutions, provided that the legal and institutional frameworks are in place.

B.1. Incentive Systems

Economic incentives in occupational safety and health refer to ways of rewarding enterprises for high levels of safety and health at work. While the government can reward an enterprise for improving its occupational safety and health performance by lowering its tax rates, social security institutions can use various means, including economic incentives, to reflect the safety and health performance of the enterprises they cover.

Incentive schemes, including risk-related contributions, financial and even non-financial incentives, are intended to motivate employers and enterprises to make a particular effort in the field of prevention. The idea behind these schemes is that insurance premiums paid by an enterprise are linked to its safety and health performance. Those enterprises with lower than average accident and disease rates may pay lower premiums and those with higher than average rates may pay higher premiums (bonus-malus).

Guideline 10. Risk-related contributions

The institution applies a risk-based approach by linking each employer's insurance contribution to the probability of incidents (occupational accidents and occupational diseases) in their workplace.

The probability calculation takes into account the frequency, severity and cost of insurance cases within the sector of economic activity in which the employer operates.

Guideline 11. Financial incentives

The institution encourages enterprises to participate in prevention programmes by offering financial incentives.

Examples of financial incentives include "bonus-malus systems" or reward schemes that are applied in addition to risk-related contributions.

Guideline 12. Non-financial incentives

The institution encourages enterprises to participate in prevention programmes by offering non-financial incentives.

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B.2. Information and Communication

Information and communication constitutes an inherent part of all prevention services. Information is the basic element which underpins all prevention services. It involves the systematic collection, processing, description, presentation and transfer of knowledge (e.g. through the education and training of staff dealing with prevention) and making effective use of all available communication channels. The dissemination of information to target groups as well as the general public is vital. In this process, knowledge in prevention is the key.

Guideline 13. Principles of information and communication on prevention

The institution's prevention experts are in direct exchange with employers and safety representatives to enable the transfer of prevention knowledge and facilitate the implementation of prevention measures at the operational level.

Guideline 14. Communication with enterprises

The institution guarantees the transfer of prevention information to the operational level of enterprises by using selected media and effective communication and taking into account the different demands of target groups when generating material for their workplaces.

Guideline 15. The role of prevention experts

The institution's prevention experts continuously provide information on prevention to member enterprises through various information channels.

Guideline 16. Communication with preschools, schools, vocational training institutes and universities

The prevention department and its prevention experts take into account different levels of development and education when producing and disseminating information materials for children and adult students.

Guideline 17. Campaigns as a communication tool

The institution undertakes campaigns for the transfer of prevention information and to raise awareness on prevention topics or health and safety targets.

Campaigns are a very effective tool as they are typically broadcast through several media channels and attract far more attention than sporadic advertising activities.

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Guideline 18. Internal communication

Good internal communication carries the prevention message to the operational level of the institution, enables staff to better understand the purpose of the institution's prevention activities and facilitates motivation.

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B.3. Prevention and Early Detection of Occupational Diseases and Early Intervention

The prevention of occupational diseases is a major challenge for social security systems. Accident ratio studies can predict the exact probability of the occurrence of a major accident or injury. However, calculations on the probability of the occurrence of occupational diseases must take into account factors that are difficult to measure or predict, such as prevalence, the duration of medical treatment and environmental factors that foster occupational risks. It is a challenge to predict the impact of occupational diseases on society and hence the viability of a social security system that insures these risks.

The sooner an occupational disease can be detected and addressed, the higher the chance of cure and reintegration into work. The timely diagnosis of relevant symptoms (both physical and psychological) allows not only for effective medical treatment but also for workplace interventions such as changes to work processes and improved protective devices.

In addition to occupational diseases, the prevention of work-related conditions such as musculoskeletal disorders and mental health problems is increasingly coming into focus. These may not be recognized as occupational diseases on national lists, but are often directly linked to work exposure and can be a major cause of absenteeism.

To address these challenges in a timely manner requires a regulatory framework that forms the basis for systematic examinations, standardized guidelines for quality-assured diagnosis, and a medical infrastructure involving occupational physicians and assisting medical personnel.

The following six guidelines aim to assist social security institutions to support employers in providing preventive medical examinations.

Guideline 19. Occupational health services

The institution defines a clear policy for working with occupational health services, including the nature of the support and cooperation.

Principles and suggested structures and mechanisms for occupational health services outlined in the *ISSA Guidelines on Workplace Health Promotion* apply (e.g. Guideline 27, Supporting the development of occupational health services).

Guideline 20. Prevention of occupational diseases

The institution – if it covers occupational diseases – participates in the development of a national strategy on occupational diseases and the regular updating of the national list of occupational diseases.

Guideline 21. Preventive medical examinations

The institution supports the timely diagnosis of occupational health issues on the appearance of physical or psychological symptoms, which allows for early workplace interventions.

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Such interventions could include changes to work processes, improved protective devices or the removal of workers from exposure, effective medical treatment and improving the safety behaviour of exposed employees.

Guideline 22. Early detection and intervention

The institution undertakes measures to identify cases of occupational health issues and to intervene as early as possible. In order to facilitate the process of notification of occupational diseases, the institution cooperates with the medical profession, the social partners and inspection services.

Guideline 23. Database of exposed workers

The institution maintains a database on occupational health risk exposure to arrange for medical screening and long-term follow-up, to collect exposure and diagnostic data and to verify insurance claims based on suspected occupational diseases.

Guideline 24. Use of mobile examination units

The institution operates a mobile examination unit for on-site medical screening which conducts high-quality, cost-efficient examinations and provides comprehensive documentation of results.

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B.4. A Systematic Approach to the Identification and Recognition Process of Occupational Disease Cases

The figure below provides an example of a systematic approach to occupational diseases, starting from individual suspicion of an occupational disease and notification to the final decision on whether or not the diseases will be recognized by the social security institution. The decision on such recognition depends on causality between the disease and the workplace in order for the disease to be classified as occupational.

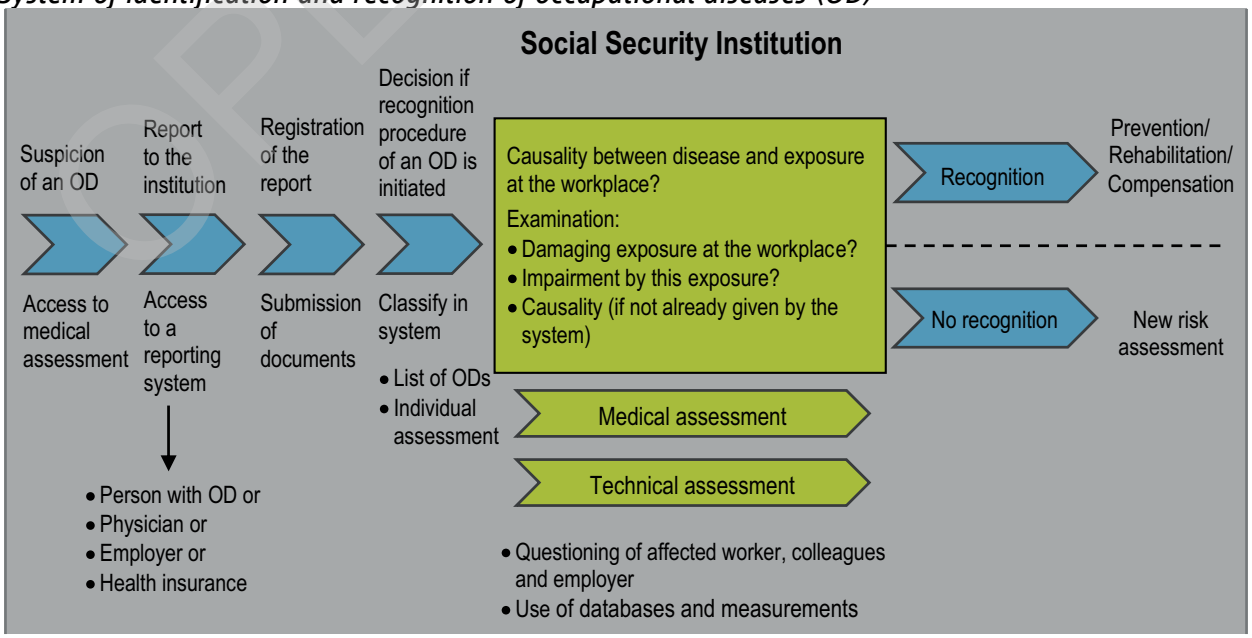
The legal framework must clearly define the recognition procedure of reported cases of occupational diseases. This procedure can be based on individual (medical and technical) assessments. Data relating to exposures in the workplace supplied by the prevention department, as well as scientific surveys on occupational risks, are also useful in the recognition procedure. A national list of occupational diseases containing the precise recognition criteria, supplemented by a complementary system of recognition for diseases which are not on the list, is in most cases an efficient way to have clear and validated recognition criteria; it can also be based on the individual assessment of cases by experts; a combination of these two systems is also possible (national indicative list/ILO/EU and investigation on a case-by-case basis).

Modern social security systems that provide integrated services of occupational risk prevention, rehabilitation and compensation put prevention first, followed by treatment/ rehabilitation and compensation. This approach can be applied to both, occupational accidents and diseases. As regards the rehabilitation process, these principles are described in the *ISSA Guidelines on Return to Work and Reintegration*.

In addition to timely access to acute treatment and medical rehabilitation, vocational services focusing on individual prevention measures should be included.

Financial compensation shall be part of the benefits of social security if an occupational disease is not curable or the vocational reintegration of the victim is incomplete leading to a loss in earning capacity.

System of identification and recognition of occupational diseases (OD)



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Guideline 25. Recognition of occupational diseases

The institution has a system in place that facilitates an efficient and timely recognition of occupational diseases. It ensures that a process is set up to assess the causality between a professional activity and a disease.

Guideline 26. Medical and vocational rehabilitation in occupational disease cases

The institution defines a clear policy for handling cases of occupational disease. It ensures that a process is set up to assess the degree of disability caused by the occupational disease.

In general, the same rehabilitation principles and measures are valid for occupational disease cases and occupational accidents as described in the *ISSA Guidelines on Return to Work and Rehabilitation* (e.g. Guideline 8, Combining medical treatment and vocational rehabilitation).

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B.5. Consulting Services

There are manifold reasons for a social security institution to carry out personal consulting activities among its member enterprises. Regular site visits are commonly based on defined frequency rates, which often depend on the specific risk category of the enterprise. Other important causes include the investigation of occupational accidents or a work history of exposures leading to occupational diseases. But there are other reasons: if a social security institution is running a prevention campaign, on-site visits may be a suitable way to communicate it and to motivate employers to organize their own activities for their employees. If an employer requests a consultation, it is important to visit the enterprise as soon as possible. Site visits should be organized so as to ensure maximum impact on prevention.

Personal contact between the social security institution and its member enterprises ensures that highly qualified prevention experts will offer competent, face-to-face advice directly to employers, their managers or their representatives. Consultancy staff must be qualified, trained and experienced in the occupational safety and health aspects of relevant industrial sectors. Why and how enterprise visits are conducted must be clearly defined in order to achieve the desired outcome.

There are a number of prerequisites to introducing or improving a social security institution's consulting service. The role and scope of the service must be clearly defined. The prevention experts must have a mandate and sound technical, legal and social competences to introduce the necessary preventive measures at the workplace.

The organizational and geographic structure of the service, and the support of committees of experts, must be ensured. Any preventive activity should be based on the principle of proper risk assessment.

Guideline 27. Setting the framework for consulting services

The institution conducts on-site visits among its member enterprises, with clearly defined objectives and including consulting services focused on specific sectors of economic activity.

Guideline 28. Assessment of occupational accidents and diseases

The institution systematically and thoroughly assesses occupational accidents and occupational diseases as soon as possible after the event, and documents the results.

The purpose of this assessment is to help enterprises identify problematic conditions, behaviour or practice in the workplace and learn from and avoid similar occupational accidents or diseases at other workplaces. Assessment results are documented to provide statistical data and, where applicable, to form the basis for fair compensation.

Guideline 29. Risk assessment

The institution bases its prevention services on a systemic approach to risk assessment and promotes it as a general requirement for any insured activity by its members. It supports all members to carry out efficient risk assessment and provides them with an incentive to integrate it into daily operations.

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Guideline 30. Measuring services

The institution provides measuring services to monitor and document the impact on the workplace of chemical or biological factors, exposure to hazardous substances and elements such as noise or vibration.

The results of valid measurement provide a solid basis for monitoring preventive action and the need for improvements, for research projects on the impact of workplace exposures and for the setting of threshold limits. The results of measurements also provide a basis for fair compensation in the event of an insurance claim.

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B.6. Research and Development

Innovation at the workplace, changing work processes or the use of new products and materials at work can lead to exposure to new risks. Research in prevention plays a crucial role in identifying and addressing these risks. Research and development, including evaluation research, ensures constant improvement in the quality of provision of occupational safety and health services.

Guideline 31. Risk observation for early detection

The institution maintains a "risk observatory" in order to identify new and emerging occupational risks and enable it to demand political, administrative and technical support that ensures high levels of safety and health at work.

Guideline 32. Research and development in prevention

The institution supports research in occupational safety and health, and research related to innovation and improvements in products, production processes and other relevant matters.

Guideline 33. Scientific cooperation and networking in research and development

The institution cooperates with national and international institutes to share research and development work and establish global research and development networks.

Guideline 34. Transfer of research and development results

The institution communicates the results of research and development to the general public and to the operational level of member enterprises to facilitate up-to-date prevention activities.

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B.7. Development of Skills and Training

Effective prevention is not possible without knowledge of hazards and how they can be addressed. This principle applies to all stakeholders in occupational safety and health: employers and managers; specialists such as safety engineers, safety representatives, occupational physicians and skilled workers such as blasting engineers; as well as the personnel of social security institutions.

The development of skills and provision of training offer opportunities to disseminate information, raise awareness and motivate. Keeping up to date is vital for everyone in occupational safety and health. Seminars and training workshops can help to meet the challenges of rapidly changing technology in the safety and health sector.

The development of skills and provision of training is one of the major opportunities for social security institutions to stay in touch with their target groups – and it works both ways.

Guideline 35. Training provision

The institution conducts training in prevention as a means to develop prevention skills and knowledge.

Guideline 36. Qualification of trainers

The institution ensures that both in-house and external trainers are properly qualified and have professional occupational safety and health and industry experience.

The success of training activities depends not only on the content and infrastructure of training but also, and above all, on the competence of the trainers.

Guideline 37. Use of an in-house training centre

The institution develops its own in-house training centre in order to better meet participants' expectations of training quality, effectiveness and efficiency.

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B.8. Collaboration and Prevention Networks

Collaboration and networking offer opportunities for knowledge sharing, the exchange of good practice, increased impact and enhanced outreach. They also make effective use of human and financial resources and help identify a common approach among all stakeholders.

While national partnerships help to combine actions and reach target groups more effectively, international collaboration is also particularly helpful, since there are similar or identical occupational safety and health challenges in all regions of the world. Studies and good practice examples from social security institutions in other parts of the world offer vast potential for improvement in prevention work at national level.

Social security institutions dealing with prevention place an increasing emphasis on workers' health. This approach takes into account that work-related and nonwork-related factors are having an impact on the health and productivity of workers and that the workplace provides excellent opportunities to promote health and prevent diseases. However, the promotion of such activities is only possible through collaborative and strong networks. For instance, occupational health services play a key role in health promotion. Not only do regular health screenings contribute to reducing the prevalence of chronic diseases, but they allow for early intervention, thus helping to avoid temporary or long-term work incapacities. Another example is collaboration between workers' compensation boards, health insurances, primary health care and ministries of labour to provide a holistic approach to both the prevention of occupational risks and the promotion of health and well-being at the workplace.

Social security institutions should therefore establish contacts and collaborate with other stakeholders in the field of occupational safety and health and related areas such as standardization, labour inspection or primary health care.

Guideline 38. Networking for prevention

The institution defines cooperation and networking as a strategic objective in order to benefit from the vast potential for increased impact and enhanced outreach, as well as the effective use of human and financial resources.

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B.9. Promoting a Prevention Culture

The promotion of a prevention culture should be a declared goal of a social security institution. This requires all stakeholders in occupational safety and health, but also in areas related to it, to jointly formulate their prevention targets and contribute to sustainably improving safety and health throughout society and in all aspects of life. Building a prevention culture is the "responsibility of the society as a whole" as stated in the Seoul Declaration.

Guideline 39. Establishing a prevention culture

The institution commits to promoting a nationwide prevention culture and recognizes that the development of a prevention culture is the responsibility of society as a whole.

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B.10. Addressing Small and Medium-sized Enterprises

One of the most important target groups for occupational safety and health solutions is small and medium-sized enterprises, which typically employ the largest number of workers in any country. These businesses differ significantly from large corporations in their structure and resources as well as in aspects of prevention. Small and medium-sized enterprises do not often employ safety and health specialists. A prevention approach addressing small and medium-sized enterprises must take into consideration the specificity of these enterprises and utilize methods tailored to their needs, options and abilities.

Social security institutions can initiate a variety of actions to reduce and control these risks.

Guideline 40. Addressing small and medium-sized enterprises

The institution places special emphasis on small and medium-sized enterprises and delivers prevention services tailored to their needs and possibilities.

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B.11. Addressing Specific Risks

Among the many occupational risks to be addressed are the widespread hazards involved in transporting goods and passengers by public transport. Occupational risks in transportation account for a large number of accidents and are among the many which may be insured by a social security institution. Other specific occupational risks can be addressed similarly by applying the principles of guidelines on traffic and commuting accidents to other areas of economic activity The ISSA's Special Commission on Prevention addresses various sector-related occupational risks through its international prevention sections.

Guideline 41. Traffic and commuting accidents

The institution – if it covers work-related traffic and/or commuting accidents – cooperates with employers and road safety stakeholders to address these risks.

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4 route des Morillons
Case postale 1
CH-1211 Geneva 22

T: +41 22 799 66 17
F: +41 22 799 85 09
E: issa@ilo.org | **www.issa.int**