

UK CIA Sustainable Health Metrics Indicator Tool with relevant good practice



Helping members achieve sustainable healthy workplaces

Foreword

In 2012 CIA launched the successful Sustainable Health Metrics Indicator Tool, which has helped many of our members to move forward to achieving sustainable healthy workplaces. It therefore gives me great pleasure to be commending this update of the Tool containing member examples of relevant good practice that we have collected over the past five years from those who have received acclaim or recognition through national awards and/or Responsible Care verification visits.

CIA champions health leadership (one aspect of CIA's Responsible Care Guiding Principles) – this looks after an organisation's best resource, its people! Our objective is to help CIA member sites achieve sustainable healthy workplaces. Today health leadership is a common term and for many companies a prominent focus for businesses, but back in 2012 this was not so evident. We have moved a long way forward since then to improving the health of employees in CIA member companies as demonstrated by CIA's annual Indicators of Performance data, yet we must not become complacent as more can and needs to be done.

I believe there is a business case for health leadership and it's good to see the Health & Safety Executive raising the profile of health with the launch of their Health & Work Strategy together with their sector plans. This strategy identifies three priorities as a nation for all businesses to focus their efforts towards, these being occupational stress and related mental health issues, musculoskeletal disorders and occupational lung disease; all are relevant to member businesses.

I am certain you will continue to find the Tool useful and we hope this update together with the health best practice examples will encourage further continuous improvements to be made.



The chemical industry is an industry that matters.



Steve Elliott, Chief Executive, Chemical Industries Association

“ I am very pleased to see this updated version of the health metrics indicator tool. It offers a pragmatic way for companies to drive improvements in the management of health at work and the focus on both measurement and continuous improvement is exemplary.”

Peter Brown, Health and Work Programme, Health & Safety Executive

This revised Metrics Tool (3rd edition) brings together the former Leading Indicators Questionnaire, a visual 'how to' schematic (primarily aimed at the site management team), and a collection of leading health best practices kindly supplied by our member companies whom have received acclaim or recognition through national awards or Responsible Care verification visits.

CIA's Sustainable Health Metrics Tool focuses upon health leadership systems across the following key areas: culture; organisation; hazards and exposure control; exposure monitoring, performance and well-being.

NOTE: CIA's Health Metrics Tool was first published 2012 and previously updated in September 2016.

DISCLAIMER: CIA's Tool, developed by members for members, is an aid to help businesses improve the health and well-being of their existing programmes. Its use does not guarantee there will be no occupational health events, but can help in reducing and preventing them.

When using this Tool, please reference CIA as the source.



CIA'S INDICATOR TOOL HEALTH LEADERSHIP SYSTEMS AND COMPONENTS

Health leadership system	Health leadership components	Benefits using CIA's Tool: <ul style="list-style-type: none"> • Contains simple questionnaire. • Encourages continual improvement. • Can help motivate investment in prevention programmes. • Provides performance rating with state of achievement. • Promotes understanding of CIA's Responsible Care Guiding Principles (updated 2017).
Health leadership culture	Health leadership	
Health organisation	Health policies and procedures	
	Records	
Health hazards and exposure control	Health programme and auditing	
	Information instruction and training	
	Workplace health hazards and health risks	
	Control of chemical exposure	
Health exposure monitoring	First aid	
	Medical emergency planning	
	Exposure monitoring programme	
Health performance and well-being	Health surveillance monitoring	
	Wellness support programmes	
	Absence case management	
	Health promotion and education	

HEALTH LEADERSHIP CHECKLIST

Good health leadership should incorporate the following aspects...

- ✓ (If questioned) Senior managers know how their workforce are protected from hazardous substances e.g. carcinogens.
- ✓ Governance mechanisms for workplace health are included within the organisation's policy, prescribing management expectations, commitments and corporate/site activities.
- ✓ Workplace health is on the agenda, alongside safety and environment, for all board/site management team meetings.
- ✓ A designated site management team member is responsible for health leadership.
- ✓ Senior managers show personal leadership of and involvement in health improvement via communication, performance monitoring and objective setting.
- ✓ Senior managers take part in plant visits, tours, audits and inspections.
- ✓ Senior managers actively promote health management principles and ask questions on health internally and externally.
- ✓ Workplace health risks from chemical processes are understood by all.
- ✓ A positive notification/reporting culture exists for health (and safety and environment) to help drive continuous improvement.



USING CIA'S HEALTH METRICS TOOL and examples of relevant good practice guide

A proactive approach, the right people, a programme of management, the correct tools, as well as measures and systems in place to monitor and also improve understanding and performance are all important aspects to achieving sustainable healthy workplaces. This cannot be achieved however unless health leadership becomes a core part of an organisation's ethos.

A workplace can have a significant impact on an individual's health, and protecting the health of those who work for your organisation is at the heart of every sustainable business; it looks after your best resource, your people! CIA advocates that everyone in the organisation, from the top down and bottom up, has a duty of care towards health leadership.

CIA's 2017 Responsible Care (RC) Guiding Principles, which CIA members sign up to, contain a principle focusing on leadership and management systems stating '*Senior management will maintain a positive leadership culture in all aspects of health (including mental health), safety and environmental management*'. Under our commitment to RC, CIA's Sustainable Health Metrics Indicators Tool encourages continual improvement thereby helping members achieve sustainable healthy workplaces. RC is the chemical industry's commitment worldwide to continual improvement in all aspects of health, safety and environmental performance and to openness in communication about its activities and achievements.

Our Sustainable Health Metrics Indicator Tool uses two sets of metrics to highlight areas that are working well or that could need further attention. The following two sets of metrics when used together help to achieve sustainable healthy workplaces:

- **Sustainable Health Leading Indicators Questionnaire** – This explores how you manage your facility's occupational health programme to prevent avoidable health events; and
- **Performance Lagging Indicators** – These provide a check on your company's/organisation's workplace health performance i.e. occurrence of undesired health events; lagging indicators are specific to each business/organisation and must be measurable and quantifiable.

In this revised edition of the Tool you will find a visual 'how to' schematic on what to do (this is based on the Health and Safety Executive's (HSE) 'Plan-Do-Check-Act' model in HSG 65 and is primarily aimed at the Site Management Team), the leading indicators questionnaire and a number of examples of relevant good practice that have been noted by CIA member companies. The intention is that these examples of relevant good practice may assist you as suggestions for consideration within your own

operations as appropriate. The examples of relevant good practice can be found under the Tool's Health Systems and are given in tabular format using the HSE's 'Plan-Do-Check-Act' headings.

Users of this proactive tool are able to check and score their own health programmes against a number of elements, thus enabling them to identify areas for improvement. Following the introduction of interventions and lapse of a suitable time period for these to take effect, the tool can be run again to check whether the changes have resulted in the desired beneficial health outcomes. It can be used as either an 'off the shelf' tool or be incorporated into an integral part of a company's health programme to facilitate continual improvement.

Using the Leading Indicators Questionnaire: The leading indicators are those systems that companies/organisations should have in place to achieve a sustainable healthy workplace. It should be noted that these are not prescribed musts, as your site may have different needs; for example some members have included questions on ergonomics and mental health. Under each of the systems (leading indicators) you will find a number of questions that have been designed to probe your site/company's health programme. Each question together with the descriptions for each level should be considered carefully before selecting the most appropriate grade: A = Advanced; or B = Best Practice; or C = Controlling; or D = Developing.

Inputs and views should be sought from the facility management team, Environment, Health & Safety adviser, Human Resources adviser, Occupational Health service provider and others where relevant. In cases where your facility could fit into either of two grades, the 'best fit' level should be selected. If there is no exposure to chemicals, question 7 does not apply and where there are no indications for exposure monitoring or health surveillance, then questions 10 and 11 do not apply either. All other questions apply to any type of facility. A comments box is provided under each question for your own use.

For ease of use we recommend to use the Leading Indicators Scorecard provided in the Annex to record your answers. This can be adapted to your individual needs. Companies with more than one site should ideally complete a separate scorecard for each facility. The complete Tool in WORD format is available on CIA's member website. Our aim is that the Tool is sufficiently flexible to meet the needs of your business. A checklist of good health leadership aspects to look for is provided at the front of these guidelines.

Performance Lagging Indicators: These measure the occurrence of



undesired health events and can identify performance trends as a check that leading indicators are adequately protecting employees' health. These can be pretty much anything provided that it is relevant to your business, can be measured and quantified. When used in conjunction with the leading indicators, the two highlight areas of your health programme that are working well or that could need further attention. For CIA's Annual indicators of performance, CIA uses the following to measure overall performance of member companies:

- Specific conditions related to workplaces making and/or using chemicals: occupational lung diseases and skin diseases rates per million working hours (number actual reported illnesses/ number actual hours worked by the population at risk multiplied by 1,000,000);
- Occupational illness frequency rate per million working hours (number actual reported illnesses/number actual hours worked by the population at risk multiplied by 1,000,000); and
- Days lost to occupational illness.

Other examples of lagging indicators (not used by the CIA) include workers compensation claims and medical termination of employment. Rates can also be determined per number of workers e.g. per 100,000 workers.

Taking the Tool further...

After using the tool for several cycles, it can become difficult when A or B scores become a regular occurrence to find new measures for implementation to achieve continuous improvement. As a consequence, some companies have evolved the Tool further by including the consideration of maturity levels for the leading indicators. This coupled with internal audits has enabled further continuous improvements to be made. The case study from Johnson Matthey elaborates on this.

CASE STUDY – taking the Tool further...

'In 2010 Johnson Matthey began collecting occupational health information from all its global production facilities, using the CIA self-assessment Health Metrics Tool. From an initial starting point of 48% of facilities reporting A or B grades in 2010 this improved to 68 % reporting A or B grades by 2016. Over the same time-frame the rate of occupational illnesses per 1,000 employees had declined by just over 63 %. However the rate of improvement had begun to flatten and it was apparent that the programme needed to be refreshed in order to achieve continuous improvement.

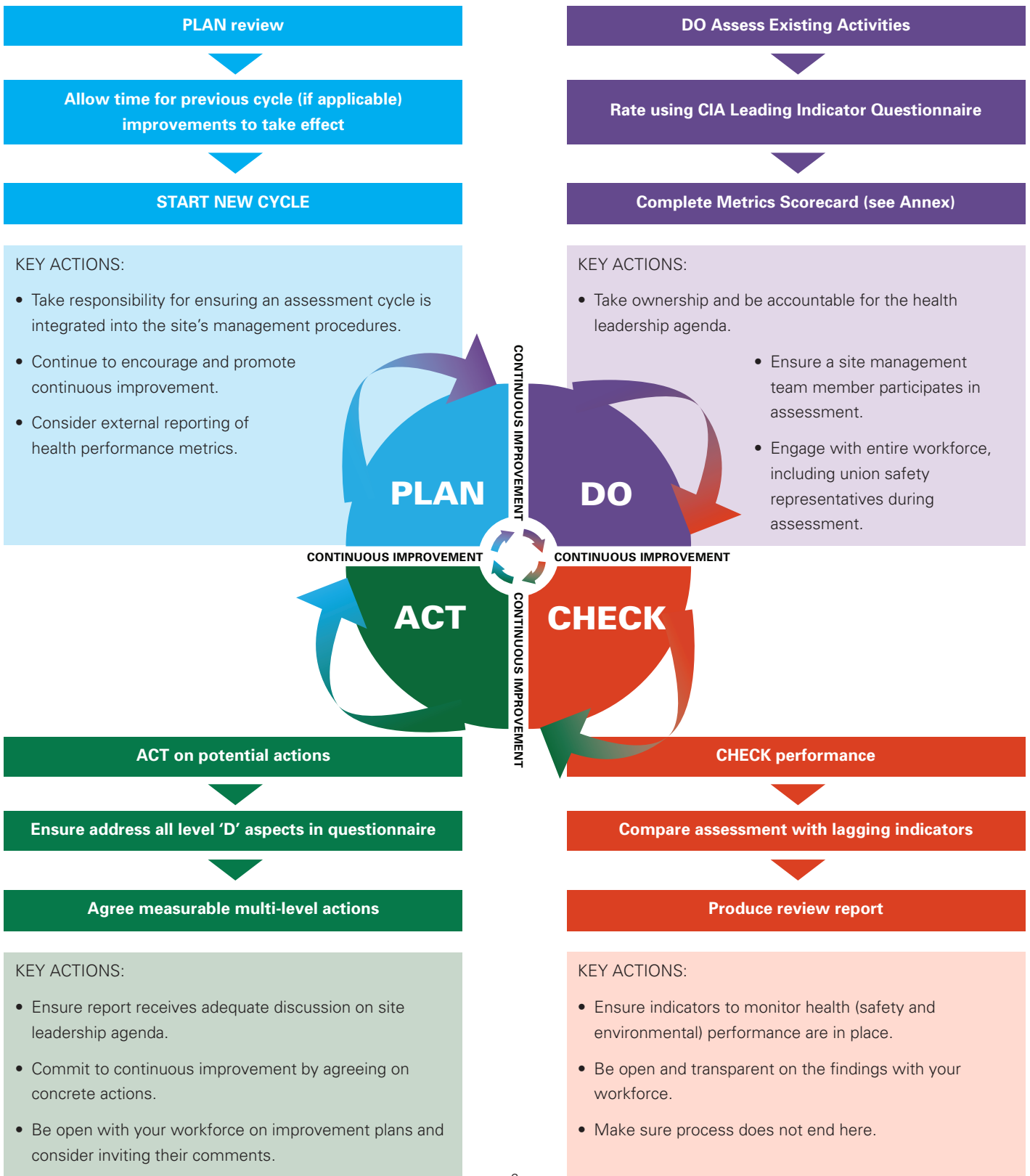
In 2016 an audit visit method was devised, also based upon the CIA Health Metrics Tool and resembling existing audit protocols already used in JM. By asking audit questions based on the Health Metrics Tool it is possible to calculate maturity level characteristics

that can validate the self-assessment results. In summary the new audit protocol checks that self-assessment scores are an accurate reflection of the maturity state of occupational health processes. During financial year 2016-2017 five Johnson Matthey production sites around the world were audited using the new Tool, with results that largely confirmed the self-assessment scores. Each site developed improvement actions based on audit observations, which are being tracked to completion along with actions from other company financial and safety audits.

This project has allowed Johnson Matthey to use a well-known internal process to handle the management of occupational health in a similar way to how it handles financial and occupational safety management verification.'



USING THE TOOL – SCHEMATIC (primarily aimed at site management teams)





LEADING INDICATORS QUESTIONNAIRE

SYSTEM: Health Leadership Culture (Legal requirement for occupational health)

Q1. How would you best describe health leadership culture on your site?

(A) Managers (from the most senior down) show personal leadership of and involvement in health improvement via communication, performance monitoring and objective setting. Senior managers promote health management principles both internally and externally.

(B) Senior managers are aware of relevant good practice, and are visibly involved in the promotion and communication of health issues. They lead by example having a shared understanding of health risks and give active support to continuous improvement in health management.

(C) Senior managers are involved in health and safety and ensure systems are effective and reviewed by others. They support recommendations made by health and safety advisers.

(D) Senior managers are not routinely involved in health management issues, delegating this to the health and safety adviser for health management. There is little or no active support for health objectives.

Comments

Health Leadership CIA companies relevant Good Practice noted in awards and recognitions

CIA Health Leadership Award winners:

2013 – SABIC

2014 – Novartis

2015 – Huntsman Pigments and Additives

2016 – Innospec

2017 – DSM Nutritional Products

Other (those that we are aware of):

• Britain's Healthiest Workplaces Competition 2016:

GSK – Highly Commended (large company category) and Winner Healthiest Employer;

Inovyn ChlorVinyls – Recognition for low number musculoskeletal diseases

• NHS Scotland Healthy Working Lives Awards 2016:

FMC Technologies – Gold; DSM Nutritional Products – Bronze

• North East Better Health at Work Awards:

SABIC – Continuing Excellence



HEALTH METRICS TOOL SYSTEM	Some aspects of relevant good practice noted within member companies
Health Leadership	PLAN
	<ul style="list-style-type: none"> • Global leadership team driving Health and Safety. • Company Chief Exec committed to SHE policy, and policy is signed and posted in prominent locations. • Responsible Care Guiding Principles has leadership team commitment and posted in a prominent location. • Corporate SHE policy aims to have 'no adverse impact on the health of those who work in, or live near our operations and not to those who use our products'. • Site Leadership Team is engaged, informed and with buy-in. • Health and wellness are part of corporate EHS 2020 Vision ten year strategy. • Corporate initiative for all facilities worldwide to adopt CIA Sustainable Health Metrics Indicator Tool as part of company sustainability objective (target is above 'Controlling'). • Health included in site's plan of improvement objectives.
	DO
	<ul style="list-style-type: none"> • SHE is first item on daily agenda of the Group Executive Committee. • There are weekly 'gemba' or 'go and see – with purpose' site leadership team visits that includes health. • Support from senior leadership for health promotions and OH service key performance indicators (KPIs). • Site leadership teams attend monthly site EHS Council to discuss lead and lag indicators. • Specific Teams are in place to drive and monitor improvements such as a 'Health and Well-being Improvement Team'. • Occupational Health is a core part of the Corporate Responsible Care Management System (RCMS). • Site Director and Site Manufacturing Manager lead training on hazards from lead exposure.
	CHECK
<ul style="list-style-type: none"> • Senior management track health metrics and KPIs as a key business measure, daily, weekly and monthly to monitor performance. • Working with Regional Health promotion service looking for trends. 	
ACT	
<ul style="list-style-type: none"> • Health performance is discussed in Group Management Systems Committee and Safety Health and Environment Committees in order to take action when required or reinforce positive behaviours and 'celebrate success'. 	



SYSTEM: Health Organisation		
Health Policies and Procedures	Records	Auditing
<p>Q2. How would you best describe your policy and practice for health?</p> <p>(A) In addition to (B), responsibility and accountability emphasised in performance evaluation of managers. Formal business review and planning process in place for health programmes. Health performance metrics and improvement plans formally reviewed periodically by senior management.</p> <p>(B) The health policy adequately addresses key health risks associated with the business and is fully publicised to all employees. Roles and responsibilities for health management formally identified and documented.</p> <p>(C) A general understanding of health responsibilities and accountabilities but not formally recorded.</p> <p>(D) No written health policy. Responsibility for health not assigned.</p>	<p>Q3. How would you best describe your position on occupational health and hygiene records?</p> <p>(A) Procedure implemented for review of data and for maintenance and improvement of system. Data is analysed and health trends reported back to management as formal business health metrics.</p> <p>(B) In addition to (C), records are readily accessible and appropriately managed.</p> <p>(C) Appropriate records are maintained and securely stored.</p> <p>(D) There is no formal system and no readily accessible records.</p>	<p>Q4. How would you best describe your internal auditing programme?</p> <p>(A) Regular audit with performance review using standard indicators. External benchmarking. Plans for continuous improvement.</p> <p>(B) Regular internal audit using standard documented procedure.</p> <p>(C) Internal audit on an ad-hoc basis but no detailed documentation or strategy.</p> <p>(D) No internal audits are carried out.</p>
Comments	Comments	Comments



HEALTH METRICS TOOL SYSTEM	Some aspects of relevant good practice noted within member companies
<p>Health Organisation</p> <ul style="list-style-type: none"> – Policies and Procedures – Records – Auditing 	<div style="background-color: #00AEEF; color: white; padding: 5px;">PLAN</div> <ul style="list-style-type: none"> Set up a specific Health and Well-being Improvement Team (from all levels of organisation). Health Champions nominated and active on site. There is a partnership with the local health authority and includes training of Health Advocates. Corporate Sustainability KPI for all sites worldwide to meet 'Controlling' level in CIA's Sustainable Health Metrics Tool by target date; led by Exec Team senior managers. Shown commitment and signed up to 'Mindful Employer Charter for Management of Positive Mental Health'. There is inclusion with union (TUC) involvement throughout. Ergonomic drivers led by a Director from Production. Annual Health Plan in place, which sets success criteria to enable evaluation of the effectiveness of health promotions. Consideration given to Occupational Health (OH) strategy and manning levels with employment of an OH Manager and Hygienist. Occupational Hygiene support and exposure monitoring, as required, operating in an intelligent customer philosophy at sites for knowledge with support from corporate hygienist. Doctor, Occupational Nurse and Health Advisor (under a service level agreement or on site provision). Health promotion included as part of Health Plan and programme. <div style="background-color: #4B3A7D; color: white; padding: 5px;">DO</div> <ul style="list-style-type: none"> Employee involvement through programmes such as 'ENGAGE' (safety), Zero Harm culture and daily/shift-based Safety Cross team meetings. SHE Management System has an identified Health performance standard. Workplace health risk assessment programme in place. Provision of Safety Critical Medicals. Behavioural programme called 'Living safety' embeds H&S Management in the workforce giving control to people to ensure they can proactively manage their own health. Ergonomic risks filter system in place with guidance on avoiding accidents. Members from Operations have instigated their own improvement projects for health (i.e. Manual handling improvements). Onsite computerised 'ergo tool' for Display Screen Equipment (DSE) assessments. Regular Safety Committee, Health Surveillance and PPE Working Group meetings.



- SHE Committee comprising joint workforce (including Trade Unions and site management), SHE Committee responsible for reviewing site's health performance.
- Utilisation of external agencies to support.
- Health Management Systems (includes absence/return to work; hazard evaluation; medical emergency response; health promotion; occupational illness investigation).
- Management of Change for New Substances Approval.
- Approved COSHH Assessors list.
- Partnerships with external occupational health providers.
- On Site Physiotherapist available to support.
- Open orientated culture – 'being your brother's keeper' encouraged across site.

CHECK

- Metrics implemented for health regulatory compliance programmes; these incorporate KPIs for personal monitoring programmes and health checks.
- CIA Health Metrics Tool used with monthly reviews of KPIs to target areas for improvement e.g. introduction of management plan to improve medical attendance rate.
- Occupational Health is one of the 10 RC Codes within the Responsible Care Management System (RCMS) and is audited separately.
- Entire Site Leadership Team supported by a member of the SHE team and individuals from area/safety rep conduct audits.
- Improved 'near miss' electronic reporting system and improvements in level of health discussion and communication on site.
- Formal accident and incident reporting system.
- Monitoring programmes for COSHH (Noise, PPE, CLP REACH, ergonomics).

ACT

- Cultural Survey completed (95% response) resulted in ill health case monitoring being implemented.
- Flexible working and working from home policy.



SYSTEM: Health Hazards & Exposure Control (Legal requirement for occupational health) –

'How would you best describe your...?'

Information, instruction and training	Workplace health hazards and health risks	Control of chemical exposure
<p>Q5. ...position on the provision of information, instruction and training for employees on workplace health hazards issues?</p> <p>(A) In addition to (B), systems, materials and competence subject to formal review to ensure continuous improvement.</p> <p>(B) Information on all hazards is critically evaluated, instructions included in standard operating procedures, scheduled training programme fully implemented.</p> <p>(C) Systems in place to provide appropriate information, instruction and training with documentation relevant to workplace health risks.</p> <p>(D) Limited systems and retrievable material for providing information, instruction and training.</p>	<p>Q6. ...assessment and control of all types of hazards to health and attendant risks on your site, i.e. including hazardous substances, physical agents, ergonomic hazards, etc?</p> <p>(A) Regularly benchmark risk control techniques with other organisations. Systems are in place for measuring performance.</p> <p>(B) In addition to (C), you can demonstrate continual improvement through comprehensive auditing programmes.</p> <p>(C) Hazards identified, risks evaluated by trained personnel. Essential actions to maintain risk control identified. Areas for remedial action identified and tracked to completion.</p> <p>(D) Limited risk assessment completed but significant further work needed to achieve adequate control of exposure/risks.</p>	<p>Q7. ...systems to control exposure to workplace chemical health hazards on your site?</p> <p>(A) Recommendations fully implemented, as far as is reasonably practicable, with minimal or no dependence on personal protective equipment (PPE). Action has been taken to reduce risk at exposure levels well below current regulatory occupational exposure limits and exposure levels only occasionally found to be above these limits.</p> <p>(B) Assessed the need for comprehensive exposure monitoring programmes, implemented where necessary. Documented exposure performance to assist with continuous improvement. Recommendations from health risk assessments fully implemented, as far as is reasonably practicable. Minimal or no dependence on personal protective equipment (PPE).</p> <p>(C) General understanding of principles of control of exposure to health hazards, evidence of compliance with occupational exposure limits. Can demonstrate efficacy of risk management controls e.g. LEV. Some dependence on PPE to achieve adequate exposure control.</p> <p>(D) No clear strategy for control of exposure, little data on compliance with occupational exposure limits (e.g. WELs, noise limits and HAV exposure action/limit values). Significant reliance on (PPE) to achieve adequate exposure control.</p>
<p>Comments</p>	<p>Comments</p>	<p>Comments</p>



SYSTEM: Health Hazards & Exposure Control cont. (Legal requirement for occupational health)

First aid and initial treatment	Emergency response
<p>Q8. How would you best describe your first aid arrangements?</p> <p>(A) First aid programme subjected to formal audit at regular intervals. Regular simulation exercises of first aid response conducted as part of major site emergency incident rehearsals. Some degree of general first aid awareness training made available to all employees e.g. basic CPR.</p> <p>(B) First aid provision significantly exceeds minimum regulatory requirements e.g. additional refresher training provided regularly as part of an ongoing training programme.</p> <p>(C) Formal risk assessment of first aid requirements is undertaken and updated periodically.</p> <p>(D) Basic provision of workplace first aid through first aiders trained to statutory standards.</p>	<p>Q9. How would you best describe your health emergency response plan on your site?</p> <p>(A) Detailed health response plan with individual actions including hygiene. Full scope of any emergency covered including evacuation of treatment areas. Regular rehearsals and update of plan. Provision for post-event psychological support and management.</p> <p>(B) Written health plan, with responsibilities by job title integrated into site plan. Liaison with outside emergency services. Detailed communication links. Plan updated as needed.</p> <p>(C) A general written plan, covering basic activities for different functions.</p> <p>(D) No written plan or only general concepts of activities to be undertaken.</p>
<p>Comments</p>	<p>Comments</p>



HEALTH METRICS TOOL SYSTEM	Some aspects of relevant good practice noted within member companies
<p>Health Hazards and Exposure Control</p> <ul style="list-style-type: none"> – Information, instruction and training – Workplace health hazards and risks to health – Control of chemical exposure – First aid and initial treatment – Emergency response 	PLAN
	<ul style="list-style-type: none"> Developed an occupational hygiene [substance specific] guidance document which has been published by an International Sector Association, with on-going review through its Committee. Developed own 'integrated hierarchy of exposure control measures': Level 1 – People and Behaviour; Level 2 – Engineering dust control and PPE; Level 3 – Personal monitoring confirmation, Guidance and Leadership; Level 4 – Well-being. COSHH Assessments and monitoring programme in place. Register of all materials used on site, plus 'Intermediate Info Cards'. Strict policy on work clothing. Medical emergency response procedure in place.
	DO
	<ul style="list-style-type: none"> Health is a core part of mandatory EHS training with regular toolbox talks with teams and managers. Manual handling and Display Screen assessors have been trained up in each department. Investment in technical controls e.g. glove-box batching facility for key hazardous raw material. Induction programme includes week long training for material handling; follow detailed work instructions on the monitoring requirements including personal hygiene, static and personal monitoring, individual consultation with the doctor and bio monitoring (annual for all workers in certain areas). Directed toolbox training package on hazards of lead presented for workers. Hierarchy of COSHH and ergonomic risk assessments (cascading down to each area). First aiders receive training on trauma care and biannual medical needs assessment (link to local ambulance service). Percentage of staff trained to NEBOSH National General Certificate (further % to be trained). Physiotherapist access to all on site, who also conducts manual handling training. On site competence with RPE Management and fit testing 'Fit2Fit' training. Have DSE and manual handling assessors. Second Aid for First Aiders (backed by Standard Operating procedures (SOPs)). Role of safety assessment and job hazard checklist is a regular activity across many disciplines. Modular programme includes the study of risks and associated medical checks. Hazard education includes a useful site map; colour coding identifies health hazards, risk assessments and signposts info to other services. E-learning SHE training system. Utilise a web-based training application linking relevant policy procedure to associated roles. Short-form hazard sheets are attached to routine tasks.



- Manual handling training and assessments delivered by trained trainers and risk assessed.
- Shift operations have 'clean' and 'dirty' sides for segregation.
- Compulsory Health Awareness training for all.
- Sun protective screen cream freely available for all outside workers.
- Isotonic drinks for all workers using breathing apparatus for prolonged periods (particularly in summertime).
- Shift rota change to reduce chance of circadian rhythm disturbances (2x 12 hour days followed by 2x 12 hour nights).
- Manual handling risk assessment with specific controls attached to all part-time workers.
- First aiders give full coverage and training conducted on various scenarios.
- Emergency teams have oxygen supplies, defibrillator, toxic gas suits and thermal cameras.
- Emergency teams have hot fire training at the fire college
- Wipe testing for work wear areas for clean and dirty clothing, plus special bleach cleaning regimes.
- Strict PPE regime and Matrix available to identify visible respect to hazards.

CHECK

- 10 years occupational illness free.
- Approved COSHH assessors list; all new materials subject to assessment; system is audited.
- Site in top % of lowest [substance name] exposures in processing; monitoring regime exists with 24 hour environment sampler in key exposure areas; with biological monitoring showing % reduction in levels (age 35-45) with more stringent than HSE targets.
- HAVS meter purchased to allow for management with mobile sensors being attached to equipment to allow exact vibration motion monitoring.
- Dräger tubes used for substance specific monitoring (seen as relevant good practice); noise, vibration and personal dosimetry.

ACT

- Use of air fed helmets as now preferred with annual re-fresher face-fit testing.
- 'Fog' units installed round powder transfer points.
- PPE committee lead a 'lead in air committee' looks at RPE changes (air fed helmets).



SYSTEM: Health Exposure Monitoring (Legal requirement for occupational health)	
Exposure monitoring	Health surveillance
<p>Q10. How would you best describe your performance in the monitoring of exposure to workplace health hazards such as chemicals and noise?</p> <p>(A) Personal exposure monitoring programme fully implemented where identified by risk assessment and advised by an occupational hygienist. There is a documented monitoring strategy, quality assurance in place for sampling, analysis and record keeping. Results used to drive continuous improvement in exposure control measures.</p> <p>(B) Personal exposure monitoring data available related to relevant workplace health hazards in all work processes. Documented monitoring methods, according to recognised protocols.</p> <p>(C) Personal exposure monitoring conducted related to most health risk assessments where the adequacy of exposure control is assessed as uncertain. Evidence of competence of monitoring personnel.</p> <p>(D) No formal plan for monitoring exposure to health hazards. Little or no data on exposure. Data largely based on static rather than personal exposure monitoring. Competence of monitoring personnel not established.</p>	<p>Q11. What is the status of health surveillance programmes for workplace health hazards on your site such as chemicals, noise or hand-arm vibration?</p> <p>(A) In addition to (B), a formal system to review links between health and exposure monitoring data. Formal audit programme implemented to check performance of health surveillance programme.</p> <p>(B) Health surveillance, if identified as a requirement, is an integrated part of comprehensive risk management systems for the control of workplace health hazards. Written and reviewed protocol for surveillance procedures. Formal reports of programme outcomes reviewed for learning and consultation with management and workforce. Sickness absence monitoring in place to detect possible work-related health effects.</p> <p>(C) Health surveillance complies with specific regulatory requirements. Outputs from risk assessment are used to inform health surveillance programme.</p> <p>(D) Health surveillance requirements have not been fully implemented for all relevant workplace health hazards.</p>
Comments	Comments



HEALTH METRICS TOOL SYSTEM	Some aspects of relevant good practice noted within member companies
<p>Health Monitoring</p> <ul style="list-style-type: none"> - Exposure monitoring - Health surveillance 	<p>PLAN</p> <ul style="list-style-type: none"> • In-house occupational health department with support from occupational health physician. • Pre-employment and periodic medicals as well as annual health review. • Tailored health surveillance and support. • Appropriate level of D&A testing Policy and Programme implemented (that includes or does not include testing). • Contractor Compliance to be medically fit clause added to contracts. • Private medical health care is provided for everyone. • On-site physiotherapy service. <p>DO</p> <ul style="list-style-type: none"> • Tailored occupational health programme has been generated for exposures in accordance with risk, job, and pattern adhering to corporate compliance tool. • Health surveillance for routine checks with Health 'MOTs' or Wellness medicals offered to site. • Health Risk Assessments, company 'Life Beats' programme (H&S in the home). • Drugs and alcohol screening process. • Comprehensive COSHH Assessments and monitoring as appropriate. • Drivers medical including eyesight and hearing checks. • Breathing apparatus operatives' checks for lung function, height, weight, BP, pulse. • Safety critical medicals and case management. • Reproductive Health and Capability (back to work) assessments. • Health Survey respiratory dust sensitisers. • In-house monitoring and analysis (dust and bio) with all results shared with workers. • Personal dust monitoring undertaken for all workers every six months. • Dust monitoring with time-line for specific activity or equipment and static dust monitoring >40 locations. • Return to work programme after absence including home visits. • Surveillance medical testing completed by risk and working areas. • Well-man clinics and back to work rehabilitation plans incorporating capability assessments that involve a walk-through of the workers plant and job activities. • Special support for rehabilitation with DVT (swimming) and stroke (Gym) during working hours. • Risk Based screening in place i.e. HAVS. • Flu vaccinations offered. • Fitness tests and counselling made available for operations personnel.

**CHECK**

- Company doctor undertakes annual health checks and recommends corrective actions where necessary.
- Weekly reviews with HR to identify health issues and trends with agreed action plan.
- Portable dust monitors identified specific releases such as small fugitive emissions from opening of vessels.
- Health information centre on site with meetings held to monitor excursions from expected performance and action taken.
- Personal dosimetry monitoring to identify peak noise points to assist with noise reduction management for tasks. Noise surveys completed every two years.

ACT

- One-to-one assistance provided when abnormal levels found for specific materials monitored.



SYSTEM: Health Performance and Well-being		
Wellness support programmes	Absence case management and rehabilitation programmes	Health promotion and education'
<p>Q12. What level of wellness support programmes is offered to your employees to enhance general health and well-being and promote business performance?</p> <p>(A) Promoting business performance through investment in programmes to enhance the health, well-being and productivity of employees formally part of a company health management strategy. Health and productivity business performance metrics included in performance data reviewed by senior management.</p> <p>(B) Company policy requires assessment of wellness programme needs and provision of wellness support programmes for enhancement of both physical and mental health.</p> <p>(C) General health and well-being support is recognised as a business need and some basic wellness programmes in place e.g. periodic health education awareness campaigns.</p> <p>(D) No wellness support programmes.</p>	<p>Q13. How would you best describe your absence case management and rehabilitation programmes following periods of absence due to illness or injury (occupational or non-occupational)?</p> <p>(A) Additional funding and provision of services to encourage earlier return to work for selected cases guided by business case e.g. physiotherapy treatment, counselling/psychotherapies, rehabilitation treatment programmes and funding of private medical investigations/ treatment.</p> <p>(B) Absence case management and rehabilitation process formalised in policies and procedures with co-ordinated roles and responsibilities defined for management, HR and health team. Proactive referral of cases to occupational health specialist to initiate case assessment within first few weeks of absence and co-ordinated process to follow up case through to completion of rehabilitation programme.</p> <p>(C) Absences monitored by HR / line management and some reactive involvement of occupational health specialist e.g. return to work health assessments.</p> <p>(D) No involvement by occupational health specialist in the management of absence cases.</p>	<p>Q14. How would you best describe your health promotion and education programmes for general health and well-being issues?</p> <p>(A) Integrated part of business health and well-being strategy to enhance health, productivity and performance. Explicit senior management support for health education campaigns. Employee participation encouraged through incentive programmes. Formal auditing of health promotion campaign effectiveness.</p> <p>(B) Health promotion programme plan that includes periodic health education campaigns to address the specific wellness needs of the workforce.</p> <p>(C) Occasional provision of health promotion information e.g. newsletters, notice boards, leaflets.</p> <p>(D) No programme in place.</p>
Comments	Comments	Comments

HEALTH METRICS TOOL SYSTEM	Some aspects of relevant good practice noted within member companies
Health Performance and Well-being – Wellness support programmes – Absence case management and Rehabilitation programmes – Health promotion and education	PLAN
	<ul style="list-style-type: none"> • Work Life Balance action plan developed for well-being considerations. • Annual health promotion plan focusing on stroke awareness, healthy eating, cancer prevention etc. • Programme in place for weekly communication briefs on health subjects e.g. plasma screen presentations in canteen, 'back toilet door' poster campaigns and specific topic 'roadshows' on stress, back-care, smoking and healthy eating. • Organisation in place for Medical and Physiotherapist support, private medical health care scheme, local gym membership or gym available. • Corporate 'Vitality' health programme: mindset, movement, nutrition and recovery; 'HealthStart'. • Corporate social purpose: to help people to 'Do More', 'Feel Better' and 'Live Longer'. • Corporate athlete programme, course for performance (fitness/emotional/motivation). • Corporate recognition that more is needed on site to support traditional legislative driven health programmes. • Employee Assistance Programme 24hr helpline in place and access available.
	DO
<ul style="list-style-type: none"> • 'Be Healthy' global initiative consisting of MOVE, CHOOSE, KNOW and MANAGE. • Prevention driven; workplace wellness programmes addressing lifestyle changes promoting health (to prevent up to 40 % of non-communicable diseases). • Annual Global Corporate Challenge → virtual walk, cycle round world, pedometers, team events. • Personal well-being – covers personal review of life goals, exercise, healthy eating and how work and home life interact. Personal resilience awareness by self-assessment and a training course. • Corporate Health and Well-being. <ul style="list-style-type: none"> – enable employees to understand their own health; – employees take actions to protect their health as well as that of their family; and – encourages them to make healthy choices that enable them to live well so they feel healthier, happier and more energised at work and at home. • Implementation of a comprehensive and systematic programme that covers personal and team resilience, coaching and time for feedback and self-reflection. • Health advice brochure for shift workers. • Staff canteen subsidies 'Be Healthy' food options with on-site food vending machines containing healthy options. • 'Don't Eat Red Campaign' healthy eating promoted in site canteen and provision of free food in staff canteen. • Out-of-hours health advice. 	



- Toolbox talks for stress management and mental health guidance and 24/7 counselling support is provided for all.
- Stress Awareness Days, with Occupational Health Nurse as first contact managing stress cases, with 24/7 counselling helpline. Worker stress survey completed every 3 years; counselling service available; shift managers trained; also includes at home stressors.
- Four health campaigns each year including focus on prostate cancer.
- Campaign for Mind Safety, refers to stress and encouraging staff to 'take 5 minutes out'.
- Charity sponsored events and other activities helps reduce stress (create 'feel good' factor) e.g. quiz, lunchtime walks.
- Counselling service 24/7 plus OH Manager's referral facility for additional support.
- Medicals for COSHH conducted on site, but wider workforce offered free NHS medicals.
- Physiotherapist; massage; flu jabs and well-being initiatives such as 'cycle to work' scheme; 'cycle to local town'; 'John O'Groats to Lands End'.
- Biannual SHE fair organised by safety reps with contractors with regulators invited.
- On-going health campaigns e.g. hydration, smoking etc.; ageing workforce programme for health promotion with health campaigns included in site education centre.
- Responsible Care newsletter with health section sent to homes of all workers to share with families.

CHECK

- Formal comparisons with Euro colleagues and initiatives: fitness, mental health, sleep problems, stress.
- Bronze Award for NHS Better Health at Work.
- Well-being successes reported resulting from lifestyle changes.
- CIA Sustainable Health Metrics Tool used for benchmark assessment – carried out by Factory Health and Safety Committee (all areas scored either A or B; improvement actions identified).
- Stress curve tool used to assess teams and individuals enabling them to take action and on-site counselling helpline service for stress issues.
- Use of external health tools: CIA Sustainable Health Metrics Indicator Tool, European Agency for Safety and Health at Work healthy-workplaces website and SEQOHS standards.

ACT

- Work life balance considerations and flexible working (Fridays off every two weeks or Friday afternoon every week).
- Flexible working to avoid culture of long hours & allow people to contribute fully around their limitations.
- Cycle to work scheme and on site gym.



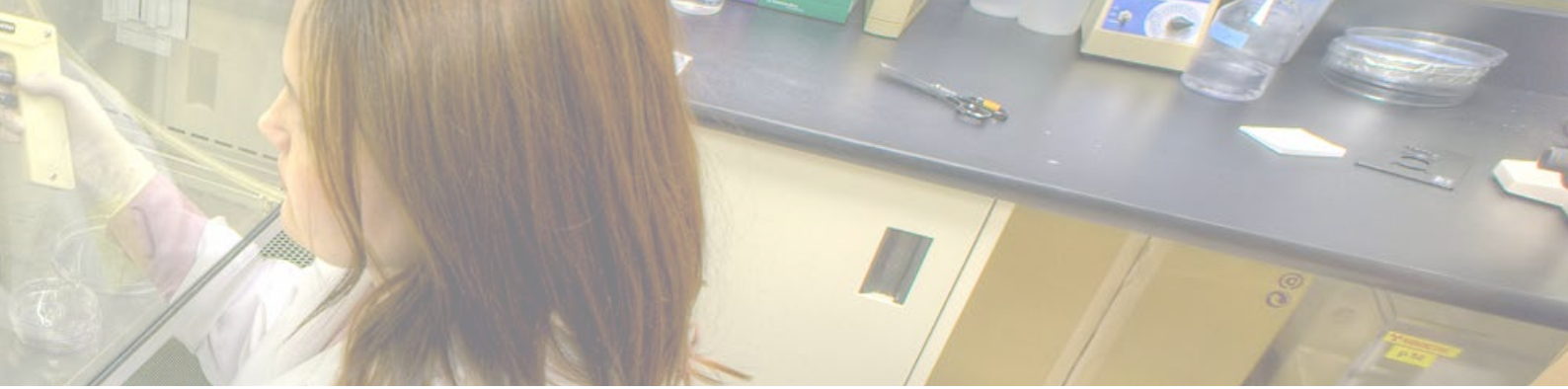
ANNEX – CIA’S SUSTAINABLE HEALTH LEADING INDICATORS METRICS SCORECARD (part of the UK CIA Sustainable Health Metrics Indicator Tool)

Either of the following tables, which are provided for convenience, can be used to record your answers to the leading indicators questionnaire. Where there is no exposure to chemicals, question 7 does not apply and if there are

no indications for a need for exposure monitoring or health surveillance, then questions 10 and 11 do not apply either. All other questions apply to any type of facility.

	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14
A														
B														
C														
D														
FACILITY NAME:	Health leadership	Health policies and procedures	Health records	Health programme auditing	Information, instruction & training	Workplace health hazards & risks	Control of chemical exposure	First aid	Medical emergency planning	Exposure monitoring programme	Health surveillance programme	Wellness support programmes	Absence case management	Health promotion & education
DATE:	Health Leadership Culture	Health Organisation			Health Hazards & Exposure Control			Health Exposure Monitoring			Health Performance & Well-being			
	SYSTEMS (OR LEADING INDICATORS)													

KEY: A: Advanced B: Best practice C: Controlling D: Developing



FACILITY NAME:				
DATE UNDERTAKEN:				
HEALTH LEADERSHIP SYSTEMS	HEALTH LEADERSHIP COMPONENTS	Questionnaire Question No.	Rating (A/B/C/D)	NOTES
HEALTH LEADERSHIP CULTURE	Health leadership	Q1		
	Health policies and procedures	Q2		
HEALTH ORGANISATION	Records	Q3		
	Health programme auditing	Q4		
	Information, instruction and training	Q5		
HEALTH HAZARDS & EXPOSURE CONTROL	Workplace health hazards and health risks	Q6		
	Control of chemical exposure	Q7		
	First aid	Q8		
	Medical emergency planning	Q9		
	Exposure monitoring programme	Q10		
HEALTH EXPOSURE MONITORING	Health surveillance programme	Q11		
	Wellness support programmes	Q12		
HEALTH PERFORMANCE & WELL-BEING	Absence case management	Q13		
	Health promotion and education	Q14		

***Helping members to achieve
sustainable healthy workplaces***



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Responsible Care:
continuously improving health, safety
and environmental performance