

**REGIONAL GUIDELINES  
FOR THE DEVELOPMENT OF  
HEALTHY WORKPLACES**

**WORLD HEALTH ORGANIZATION  
REGIONAL OFFICE FOR THE WESTERN PACIFIC  
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## **PREFACE**

The Western Pacific is a diverse and ever-changing Region with very active economies. While economic development may contribute to improved health status, unplanned and poorly controlled industrialization can also add to health risks. Environmental factors associated with urbanization and industrialization, such as exposure to harmful agents and practices in the workplace and contamination of surrounding communities have made a significant contribution to the disease burden.

The Western Pacific Region of WHO considers the workplace a priority setting for health protection and health promotion in the 21<sup>st</sup> century. Like other settings where WHO has developed health-promoting initiatives (cities, islands, schools, hospitals and marketplaces), the workplace can have a very positive impact on the health and well-being of workers, their families, communities and the society at large. However, in spite of demonstrated benefits, a healthy workplace is not a reality for many workers in the Region.

New strategies are needed to help extend high-quality workplace health protection and promotion programmes to all workers. In the Western Pacific Region, Healthy Cities and Healthy Islands initiatives have been employed very successfully. They have given us a model of how to bring together such issues as occupational health and safety, healthy lifestyles and behaviour, basic hygiene and sanitation, nutrition and food safety, mental well-being and access to preventive health services - all essential to a healthy workplace.

Addressing this broad range of issues in the workplace setting will require the cooperation and collaboration of multiple sectors and disciplines as well as supportive public policies and strong community action. Only when workplace health protection and health promotion become a part of national policy and workplace personnel practice will they become sustainable. Therefore, these guidelines are designed for coordinators of healthy workplace initiatives in government (all relevant Ministries, including Health, Labour, Environment, Industry), industry, employer associations, trade unions, professional associations, universities and nongovernmental organizations.

We hope that all countries and areas of the Western Pacific Region will use the guidelines to review their current policies, programmes and practices on healthy workplaces and to develop and implement plans for the future.

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# I. Introduction

## Economic development, technological change and healthy workplaces

Satisfying work in a safe and pleasant environment is a source of health and well-being. Yet, the physical, psychological and organizational work environment is all too often responsible for injury and disease.

The health of adults of working age affects economic and social development. The Western Pacific Region of the World Health Organization (WHO) contains one-third of the global population and some very active economies. A major challenge for the future is to ensure that health and the environment are enhanced by economic development. While industrialization has made many positive contributions to health, such as increased revenue, better living conditions and improved services, industrial activities have also introduced health hazards to the workforce and the general population. Such hazards are felt either directly through exposure to harmful agents and practices, or indirectly through environmental degradation.

Recent occupational health data indicate that 40% - 50% of the world's population is exposed to hazardous conditions in the workplace. It is estimated that approximately 120 million occupational accidents occur worldwide each year, with 200 000 fatalities. Each year, between 68 million and 157 million new cases of occupational diseases arise as a consequence of various types of work-related exposures<sup>1</sup>. Mechanical factors (e.g. work processes, equipment), physical factors (e.g. noise, heat, radiation) and chemical agents are the main problems in industry, while pesticides, heavy physical work, organic dusts, biological factors (e.g. infections), and accidents are the occupational burdens of agricultural workers. In addition, approximately 30% - 50% of workers in industrialized countries experience psychological stress. Environmental stressors such as hazardous conditions are one cause, but occupational stress also results from work organization (e.g. workload, lack of autonomy and control over work, shiftwork, wage scales and routine, repetitive work). Stress associated with work organization has been shown to contribute to cardiovascular disease, musculoskeletal problems and other conditions<sup>2</sup>.

The transfer of hazardous industries is also of growing concern in the Region. The divergent needs of industrialized and developing nations often lead to a double standard in the control of industrial hazards. For example, one country may restrict a product or process, while another does not. Established standards frequently differ between countries and may be determined by economic, political and educational factors, rather than health protection.

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<sup>1</sup> WHO, 1995. *Global strategy on occupational health for all*. WHO, Geneva. (Document WHO/OCH/95.1)

<sup>2</sup> Karasek R and Theorell T, 1990. *Healthy work, stress, productivity and the reconstruction of working life*. New York, Basic Book Ince.

### **Case 1: Technology transfer in the Republic of Korea**

A rayon factory was imported from Japan and established in the Republic of Korea in 1962. Carbon disulphide (CS<sub>2</sub>), used as a solvent in the preparation of rayon fibres, is known to damage the central and peripheral nervous system and can lead to neurological problems, including loss of muscular control, tremors, psychosis and suicide. Repeated exposure has also been associated with an excess of coronary heart disease and reproductive disorders, as well as vision changes, kidney impairment and liver damage.

The first case of CS<sub>2</sub> poisoning in the Republic of Korea was reported in 1981. Although large numbers of poisoning cases had been reported in rayon factories in Japan between 1960 and 1980, the Koreans were not given any health hazard information or environmental management recommendations when the factory was transferred. In fact, environmental monitoring and periodic medical examinations for exposed workers were not conducted until 1986.

Since 1981, about 800 workers have been diagnosed with CS<sub>2</sub> poisoning and the number is still rising. The factory was closed in 1993 due to the occupational health problem.

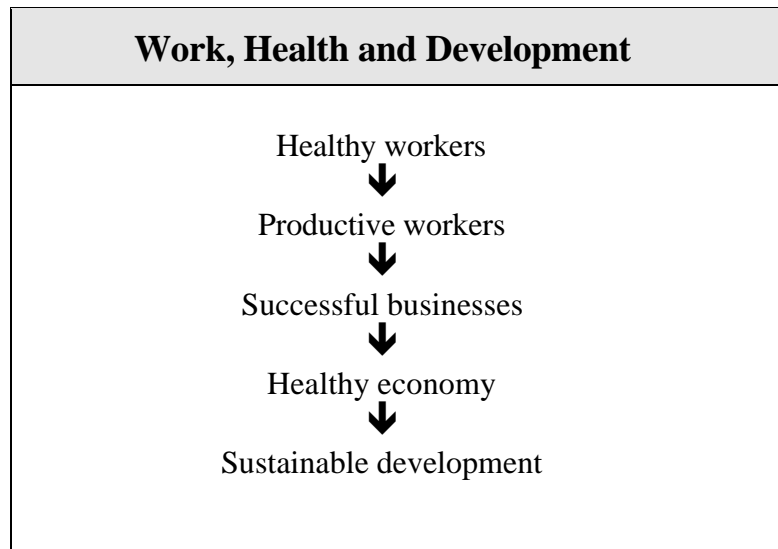
Presented at WHO Workshop on the Health and Safety Aspects of Technology Transfer, Manila, Philippines, May 1999.

In addition to the transfer of unsafe technologies, the changing nature of work will have a dramatic impact on workers' health. Technological innovations will result in job losses, replacement of full-time work with part-time work, more work in the informal sector (small enterprises, home and cottage industries), and more self-employment. There will be an increasing number of workers in small businesses, which already employ the vast majority of the workforce. These small businesses, many with fewer than 20 employees, are often beyond the reach of existing occupational health and related services, although they tend to have more hazardous working conditions with fewer resources and expertise to minimize harm. Innovative approaches for reaching small businesses and the informal sector are still in their infancy.

Unfortunately, only 5% - 10% of workers in developing countries and 20% - 50% of workers in industrialized countries have access to adequate occupational health services<sup>3</sup>. In many countries, there are neither the resources nor the institutional structure to deal with the control of occupational hazards. Services are also scarce because many managers and employers have failed to recognize the relationship between the workplace, health and development. Healthy workers are more likely to be productive workers, who are essential for successful businesses and lay the foundation for a prosperous economy and sustainable development.

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<sup>3</sup> WHO, 1995. *Global strategy on occupational health for all*. WHO, Geneva. (Document WHO/OCH/95.1)



For many years, WHO has collaborated with the International Labour Organization (ILO), other international partner agencies and Member States to improve the health of the workforce through occupational health programmes. The recent introduction of WHO's "healthy settings" approach has shed new light on the application of health promotion to the workplace. Like other settings where WHO has developed health-promoting initiatives (schools, cities, hospitals and marketplaces), the workplace can have a very positive impact on the health and well-being of workers, their families, communities and society at large. WHO has worked with Member States in the Western Pacific Region on the development of healthy workplaces for several years.

The healthy workplace concept provides a valuable tool for developing or reinforcing occupational health and safety standards so that conditions continuously improve for the working population. However, a healthy workplace is not only free of hazards, but also provides an environment that is stimulating and satisfying for those who work there. There is a growing appreciation for the multiple determinants of workers' health, including environmental, organizational (e.g. work load, management style and communication), community and societal factors, as well as personal lifestyle. The healthy organization acknowledges all of these elements in the development of policies and programmes for the well-being of its workers.

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# Determinants of workers' health in the workplace and the community

## Purpose of the guidelines

The guidelines which follow provide a framework for the development of health-promoting policies and workplaces throughout the Region. The document is designed to complement existing occupational health and safety and environmental health laws and ILO conventions<sup>4</sup>. The guidelines may help to broaden national standards by including factors that are not yet sufficiently covered in legislation, such as the organizational environment, the promotion of healthy lifestyles, and non-occupational factors, such as family, home and commuting conditions, which affect workers' health. The guidelines also outline a participatory process to help promote the implementation of occupational and environmental health legislation.

The document is divided into five parts. Following the introduction, section two provides an overview of what constitutes a healthy workplace, and the advantages of workplace health promotion. Section three outlines the steps for implementing a healthy workplace initiative at the national, provincial, local and workplace levels. Details of potential action areas and indicators of success, or checkpoints, in developing a healthy workplace are outlined in section four. The final section discusses maintaining or strengthening a national healthy workplace initiative through an awards system that acts as an incentive for participating enterprises, and the creation of healthy workplace networks. Several case studies from the Region have been included as examples.

Sample needs assessment questionnaires for managers and employees are included in Annex 1. They can provide ideas for developing survey questionnaires and inspection checklists tailored to the specific needs of each workplace.

## How to use the guidelines

The guidelines are designed for use by the facilitators or coordinators of healthy workplace initiatives in government, industry, employer associations, trade unions, professional associations, universities and nongovernmental organizations, as well as other resource people who provide services to the workplace, such as nutritionists, fitness specialists, and human resources development professionals. The information provided may be less relevant for self-employed workers who do not benefit from an "organization", such as independent farmers, forestry workers, and fishermen. However, there are model healthy workplace initiatives, such as in Canada, where independent farmers get together, form a farm health committee and seek health protection and promotion services from community agencies and departments of health and agriculture, among others<sup>5</sup>. Self-employed workers may, therefore, pick up useful knowledge from the guidelines and list of references.

The document should not be seen as prescriptive. Innovation and adaptation for different countries and priority industries are encouraged, while upholding the essential features of healthy workplaces. Countries may wish to produce a national version of the guidelines in the appropriate language(s). Input from all relevant sectors should be sought when adapting this document, especially from those responsible for implementing occupational and environmental health legislation (e.g. Ministries of Health, Labour and Environment), to ensure that a consistent and collaborative approach to achieving a healthy workplace can be promoted at the national level.

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<sup>4</sup> ILO conventions can be found at website <http://ilolex.ilo.ch:1567/public/english/docs/convdsp.htm>

<sup>5</sup> Health Promotion Directorate, 1993. *Farm workplace health*. Health Promotion Directorate, Health Programs and Services Branch, Health Canada. Ottawa.

## II. A healthy workplace: What is it?

A healthy workplace is a place where everyone works together to achieve an agreed vision for the health and well-being of workers and the surrounding community. It provides all members of the workforce with physical, psychological, social and organizational conditions that protect and promote health and safety. It enables managers and workers to increase control over their own health and to improve it, and to become more energetic, positive and contented. In return, the workforce is more stable, committed and productive.

A healthy workplace aims to:

- create a healthy, supportive and safe work environment;
- ensure that health promotion and health protection become an integral part of management practices;
- foster work styles and lifestyles conducive to health;
- ensure total organizational participation; and
- extend positive impacts to the local and surrounding community and environment.

Two concepts are crucial to the achievement of healthy workplaces – *the protection of health* and *the promotion of health*. Fundamental to a healthy workplace is the need to protect individuals, both within and outside the workplace, from harm due to a potentially hazardous, stressful or degraded work environment. Work styles conducive to health and good health practices can be supported through health promotion.

### Advantages of a healthy workplace

**A healthy workplace encourages the development of a healthy workforce, which is vital to a nation's economic and social growth.**

Healthy workers are among the most valuable assets of any nation. A healthy organization supports a healthy workforce, which is fundamental to the socioeconomic well-being of the country. Unhealthy organizations contribute to an unhealthy workforce, resulting in economic losses through absenteeism, injury and disease, direct and indirect health expenditures, and significant social costs to families and communities. A healthy organization integrates policies, systems and practices conducive to health at all levels of the organization.

**A healthy workplace offers the ideal setting for introducing health promotion programmes.**

Since the majority of the adult population spends approximately one-third of their daily life at work, the workplace offers an excellent environment for promoting health. If neglected, the work environment can have extremely negative consequences for workers' health, causing stress, injury, illness, disability and death.

**A healthy workplace acknowledges the non-occupational factors that can influence workers' health, and encourages interaction with families and communities.**

The health of workers is also affected by non-occupational factors, which, in turn, have an impact on job performance and productivity at work. These factors include poor living conditions, tense family relationships, use of tobacco, alcohol and drugs, unhealthy diet, financial difficulties, and unsafe leisure activities. By improving knowledge and skills on how to better manage their health, both workers and their families should benefit, as does the workplace.

**A healthy workplace promotes the overall success of the organization.**

A healthy workplace can result in changes that are beneficial to the long-term survival and success of an organization. Benefits include improved worker health status, increased job satisfaction, enhanced morale and work productivity, cost savings (e.g. reduced absenteeism and employee turnover, lower health care and insurance costs), a positive company image and competitiveness in the marketplace.

**The healthy workplace protects the general environment and supports sustainable development.**

A healthy workplace reduces and controls environmental pollution and contributes to the development of Healthy Cities and Healthy Islands. Environmental preservation is essential to the health and well-being of future generations, and to sustainable development.

<b>Benefits of A Healthy Workplace</b>	
<b>To the organization</b>	<b>To the employee</b>
<ul style="list-style-type: none"><li>• A well-managed health and safety programme</li><li>• A positive and caring image</li><li>• Improved staff morale</li><li>• Reduced staff turnover</li><li>• Reduced absenteeism</li><li>• Increased productivity</li><li>• Reduced health care/insurance costs</li><li>• Reduced risk of fines and litigation</li></ul>	<ul style="list-style-type: none"><li>• A safe and healthy work environment</li><li>• Enhanced self-esteem</li><li>• Reduced stress</li><li>• Improved morale</li><li>• Increased job satisfaction</li><li>• Increased skills for health protection</li><li>• Improved health</li><li>• A healthier family and community</li></ul>

**Guiding principles of healthy workplaces**

The principles that guide the development of healthy workplaces must be comprehensive, participatory and empowering. The healthy workplace initiative must encourage multisectoral and multidisciplinary cooperation, promote social justice and be sustainable.

**Comprehensive**

A healthy workplace acknowledges the multiple determinants of workers' health by incorporating a range of interventions that create a safe, healthy and supportive work environment, promote organizational and individual behaviour change, and protect the general environment.

## **Participatory and empowering**

Workers at all levels of the organization must be actively involved in identifying health needs as well as ways to solve problems and improve working conditions. Participation in decisions that affect their health makes workers more confident in their ability to make changes in their lives and develop skills for health protection and promotion.

## **Multisectoral and multidisciplinary cooperation**

Good health is the result of many interrelated factors. Any effort to promote employee health must take an integrated approach that addresses as many of these factors as possible. Therefore, building a healthy workplace requires the participation of key stakeholders from different sectors including government, industry, the health sector, academic institutions, trade unions, nongovernmental organizations, the community and others. The expertise of professionals from a variety of disciplines is also necessary.

## **Social justice**

Health promotion and protection programmes should be available to all members of the workplace, regardless of rank, gender or ethnic group. This includes migrants, contractual or temporary workers and shift workers. The need to reach workers with low or no literacy should also be recognized when developing programmes.

## **Sustainability**

A healthy workplace integrates health and safety concerns into workplace culture and regular management practices. Health promotion and protection programmes should be ongoing and aim at long-term gains. If health-promoting practices are to be sustainable, programmes must be appropriate and responsive to the needs of the workers and to problems related to conditions in the workplace.

### **III. Making it happen: The healthy workplace process**

#### **Who should be involved: Building a multidisciplinary and intersectoral partnership**

The development of healthy workplaces requires efforts from all sectors at national, provincial, local and workplace levels. A relevant government department should initiate the process. Key participants are the government departments responsible for enforcement of occupational and environmental health legislation, often the Ministries of Labour, Health, Environment and Industry. Ideally, the healthy workplace initiative should be part of the implementation strategy of all relevant regulatory agencies and service providers. In this way, health and labour inspectors, environmental managers, health centre personnel, employer associations and trade unions will support the initiative and convey a similar message. If the regulatory agencies do not endorse the initiative and its guidelines, it will not be effective.

Other stakeholders in this initiative include occupational health and safety organizations, health promotion/public health organizations, health insurance providers, environmental health and protection groups, consultants in organizational development, etc.

#### **Steps in building a healthy workplace initiative**

What follows is an example of the steps needed to build a collaborative partnership and implement a healthy workplace initiative at national, provincial or local and workplace levels.

##### **National level**

1. Establish a working group to select the lead agency and convene a National Steering Committee. Review existing legislation to identify potential implementers at provincial and local levels and ensure that they are represented.
2. Establish the National Steering Committee and its terms of reference, including responsibility for all the steps outlined below. Major stakeholders and interest groups should be represented on the Committee.
3. Collect national baseline data and information to obtain an overview of workplace health and safety and to identify priorities. The National Steering Committee should establish an appropriate body to facilitate information collection.
4. Provide an information seminar on healthy workplaces for members of the working group and the National Steering Committee. Involve healthy workplaces where they exist.
5. Develop a position statement, a statement of commitment to the initiative that outlines the definition, guiding principles and objectives of healthy workplaces, as adopted in the country.

6. Develop a three- to five-year national strategic plan for healthy workplaces. The plan may include analysis of existing legislation and the development of new, health-promoting policies, the production of training and resource materials, the creation of a support network for facilitators, and the establishment of Provincial/Local Steering Committees on healthy workplaces. An annual action plan should be produced for each budget/fiscal year.
7. Coordinate training for facilitators of healthy workplace programmes. Develop training standards and resources and identify individuals and institutions that can conduct the training.
8. Promote the concept of healthy workplaces through national conferences and workshops and the media.
9. Develop an evaluation and monitoring strategy to track the progress of the initiative. Conduct an annual review and produce a report that describes existing healthy workplace activities.
10. Review and revise the national position statement, strategic plan and annual action plans based on the review process and feedback from the provinces.
11. Draft a national policy and adapt the regional guidelines for healthy workplaces.

#### **Provincial and local levels (if relevant)**

1. Establish provincial and/or local Steering Committees to coordinate activities.
2. Develop a position statement on healthy workplaces and a three- to five-year strategic plan, which may include information dissemination and advocacy, resource mobilization, workplace-based projects, training, and network building. An annual action plan, review and report should also be produced for each budget/fiscal year.
3. Identify potential facilitators and implementers of healthy workplace programmes. Ideally these should be people based in the workplace and those who provide services to the workplace (e.g. managers, health and safety personnel, inspectors, medical personnel, etc.).
4. Identify and prepare a list of governmental and nongovernmental agencies that can provide support to workplaces in the development of their programmes.
5. Provide training courses for facilitators who will be responsible for the design and implementation of healthy workplace programmes.
6. Implement healthy workplace programmes in selected trial sites.
7. Provide a follow-up training workshop for facilitators to refresh and reinforce knowledge and skills, as well as report on the outcome of the trial.
8. Collect and publicize success stories. Evaluate selected trial sites at the provincial and local levels and develop a resource directory.
9. Revise the strategic plan and annual action plan and coordinate their implementation.

## Workplace level

The development of a healthy workplace can be viewed as an 8-step process.

<b>Steps in creating a healthy workplace</b>
<b>1. Ensure management support</b>
<b>2. Establish a coordinating body</b>
<b>3. Conduct a needs assessment</b>
<b>4. Prioritize needs</b>
<b>5. Develop an action plan</b>
<b>6. Implement the plan</b>
<b>7. Evaluate the process and outcome</b>
<b>8. Revise and update the programme</b>

### **1. Ensure management support**

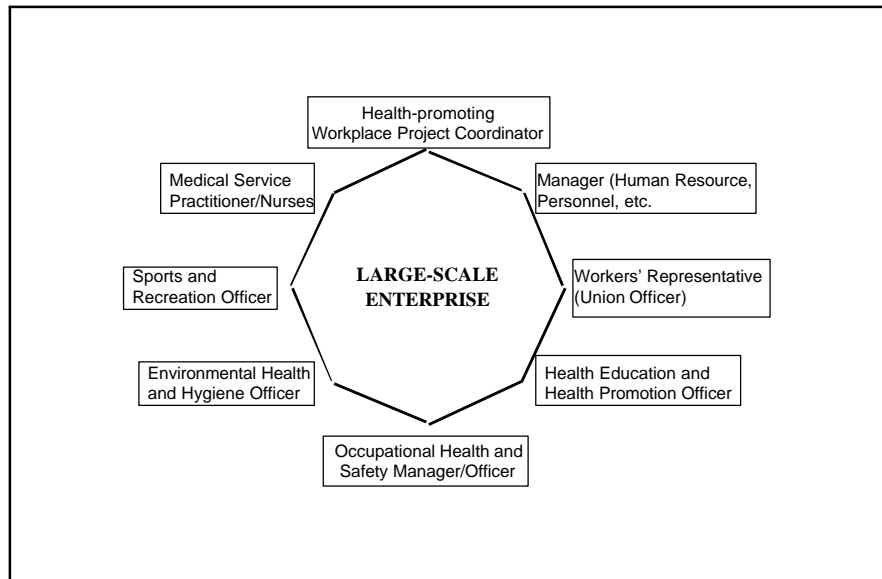
To develop a healthy workplace, management support and commitment to the process is essential. This includes not only a willingness to sponsor the initiative, but a commitment to implement recommended changes as much as possible. Once management has agreed to conduct the programme, general information about the initiative should be circulated within and outside the work setting to foster discussions and to attract potential partners. A programme coordinator should then be selected to facilitate the process.

### **2. Establish a coordinating body**

To drive the process, management needs to establish a coordinating body, for instance a Health, Safety and Environment Committee. The coordinating body may be the existing health and safety committee, but should include representatives from all levels and sectors of the workplace (e.g. management, production/service delivery, sales, personnel, and health) and the trade union, if applicable.

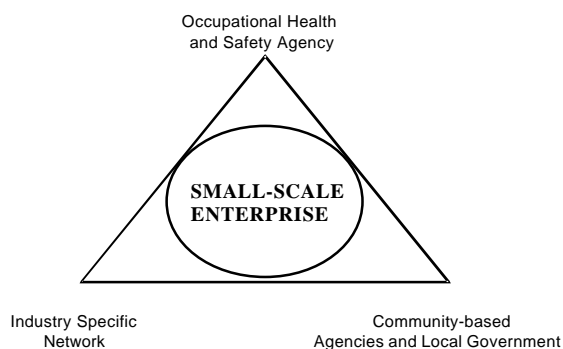
The membership of the coordinating committee may vary with the nature, size, and structure of the workplace. The following diagram reflects the sample membership of a coordinating committee in a large enterprise.

## A multidisciplinary coordinating committee, large-scale enterprise



The above example may not be appropriate for small-scale enterprises (fewer than 50 workers), which often seek the support of community resources to strengthen their healthy workplace initiative. A multisectoral support system at the local level might involve a community health centre, the occupational health and safety agency, industry-specific networks (e.g. metal trade associations, hairdressers association) or nongovernmental associations (lung and heart associations, cancer society, environmental groups). Pooling their resources, this network can work with small-scale enterprises to identify their needs and provide support for programme development and implementation.

## Support network for small-scale enterprises



### 3. Conduct a needs assessment

The committee should then conduct a needs assessment. This involves gathering relevant information about health and safety needs and concerns, existing health policies and safety practices. The goals of the needs assessment are to identify potential health risks and to generate interest in the programme among the staff.

The needs assessment provides the basis for programme design and direction. Initially, the assessment may focus on key problems or concerns identified by employees and employers. It can also include a more extensive analysis of the work environment, occupational health and safety records, and input from health practitioners and occupational health experts.

Detailed findings of the needs assessment should be reported to the coordinating body and to management and the workers. The needs assessment report can be a useful tool to reinforce or gain further support from management.

The process of analysing the possible effects on people of exposure to substances and other potential hazards in the environment is known as *risk assessment*. A detailed discussion of the field of risk assessment goes beyond the scope of this document. Additional information can be found in the references in Annex 3.

A comprehensive needs assessment consists of:

- a workplace profile;
- the health and safety record; and
- a summary of the needs and concerns of members of the workplace.

Each of these elements is described below.

#### Workplace profile

The workplace profile provides details on the workforce, the physical plant, organizational aspects, work processes and existing resources.

<b>Workplace profile</b>	
People	Demographic profile of the company – number, age, sex ratio, socioeconomic status and education background of workforce
Place	Work process and workstation design, environmental conditions of the workplace, potential hazards and exposures, etc. An inspection checklist can be helpful.
Organization	Management style, company image, communication channels, worker morale and work group cohesion, etc.
Existing health provisions, resources and equipment	Health care clinics and services available, health and safety policies and procedures, health promotion programmes, facilities such as canteen serving healthy food.

## Health and safety record

Relevant health and safety data should be compiled and reviewed. The data should include health status of the workforce, results of any occupational health screening, occupational morbidity and mortality figures, injury rates, sick leave, workers compensation statistics, rehabilitation outcomes, staff turnover, conditions and times when accidents occur, inspection records and data from any environmental monitoring and records of training provided.

## Perceptions of members of the workplace

The views of employers, employees, health service providers, union leaders, and occupational and environmental health experts regarding workplace needs and priorities should be ascertained.

### Methods of data collection

There are a variety of methods to collect the information required for the needs assessment. They include the following:

- **Review of documents:** Much of the information needed for the health and safety record can be compiled from a review of inspection reports, accident and injury statistics, safety audits, absentee rates, etc.
- **Walk-through inspection:** A workplace inspection to identify hazards and potential health risks in the physical and organizational environment should be conducted.
- **Environmental monitoring and health surveillance:** When indicated, further data on physical and chemical exposures in the workplace may be obtained with the assistance of experts in occupational hygiene and medicine. This may include any necessary environmental monitoring (e.g. for atmospheric contaminants, noise, etc.), physical examinations or biological monitoring (e.g. blood tests).
- **Written survey:** A survey can be administered to all staff to identify key problems and concerns. It includes a broad range of potential risk factors in the physical environment, workplace design and organization, personal health, as well as community issues that may impact health, such as basic sanitation and access to housing. Questionnaires may be submitted anonymously. If feasible, a computerized survey instrument will facilitate the process. (See sample surveys in Annex 1).
- **Focus group discussion:** Based on the size of the workplace, literacy and other factors, a focus group approach may be substituted for the survey, or may complement it. In these discussions, worker input is sought in small group meetings.
- **Interviews:** More in depth, face-to-face interviews may be conducted with representatives from key departments, health providers, occupational hygienists, inspectors, etc.
- **Suggestion box:** Staff input can be sought through a suggestion box. Suggestions can be anonymous, which may allow for a more candid situation analysis.

## 4. Prioritize needs

The committee then prioritizes the problems identified based on interest and need, potential health risk and available resources. It is essential for the committee to familiarize itself with the relevant occupational health and safety legislation. Areas where the workplace is not in compliance with existing legislation will be more urgent priorities. The project will not have all the resources required to address every problem or concern. Linkages with community resources

may provide a broader range of options. The information collected will provide the basis for developing programme initiatives.

## **5. Develop an action plan**

Based on the prioritized needs and problems, the coordinating body then develops an action plan. A three- to five-year plan is recommended, including achievable short- and long-term goals and objectives, strategies, activities, budget, timetable, a designation of roles and responsibilities for implementation, and an evaluation approach. An annual work plan should then be developed for each fiscal year. The *goals* state the overall desired outcomes and must be logically derived from the problems identified. *Objectives* should specify what needs to be done in order to achieve the goals. *Strategies* should outline methods of achieving the objectives followed by the specific actions needed to implement each strategy. A detailed *action plan* should have components and checkpoints from the six areas of action described in Chapter IV. The *evaluation approach* should outline how the programme will monitor achievement of objectives.

The coordinating group will also want to develop a way to disseminate information about the plan in the workplace. Effective communication strategies include announcements at meetings, use of bulletin boards, flyers and inclusion of notices in pay checks.

## **6. Implement the action plan**

The coordinating committee will proceed to implement the plan. During all stages of implementation, the active involvement of the workers is crucial. A sample plan might consist of engineering controls and access to personal protective equipment, enhanced participation in decision-making by the workforce, and a smoking cessation programme sponsored by the local lung association. The plan will probably include training for management and employees on particular risk factors, resources for assistance in addressing them and the ongoing role and responsibilities of both labour and management for creating a healthy workplace. Outside assistance for proposed interventions may be needed from partners in relevant Ministries (Labour, Health, Environment) and community organizations.

## **7. Evaluate the process and outcomes**

Evaluation is essential to see how well the programme is progressing, to identify achievements and problems, and to obtain feedback for improvement. Evaluation may include obtaining direct feedback from participants on programmes as well as a more systematic appraisal of outcomes. To evaluate a comprehensive workplace health promotion programme, baseline data is required and process and outcome evaluations should be conducted.

### **Establishing baseline data**

The baseline data provide a clear picture of the workplace situation before programme implementation. The data can be drawn from the needs assessment.

### **Process evaluation**

The process evaluation takes a close look at the implementation of strategies, for example, how were the activities received, how satisfied were the participants, what is the quality or appropriateness of the programme, what aspects need to be improved, and who is the programme reaching.

## **Outcome evaluation**

The coordinating committee should establish targets or quantifiable indicators of success for each of the programme objectives. The outcome evaluation assesses both the immediate and long-term effects of specific programme activities, and to what extent targets have been met. Examples of effects are changes in awareness, knowledge, beliefs, skills, and behaviour of participants. Specific measures might be a reduction in accidents or changes in smoking rates. Long-term outcomes may include an improvement in the health and well-being of workers and development of a more supportive workplace culture.

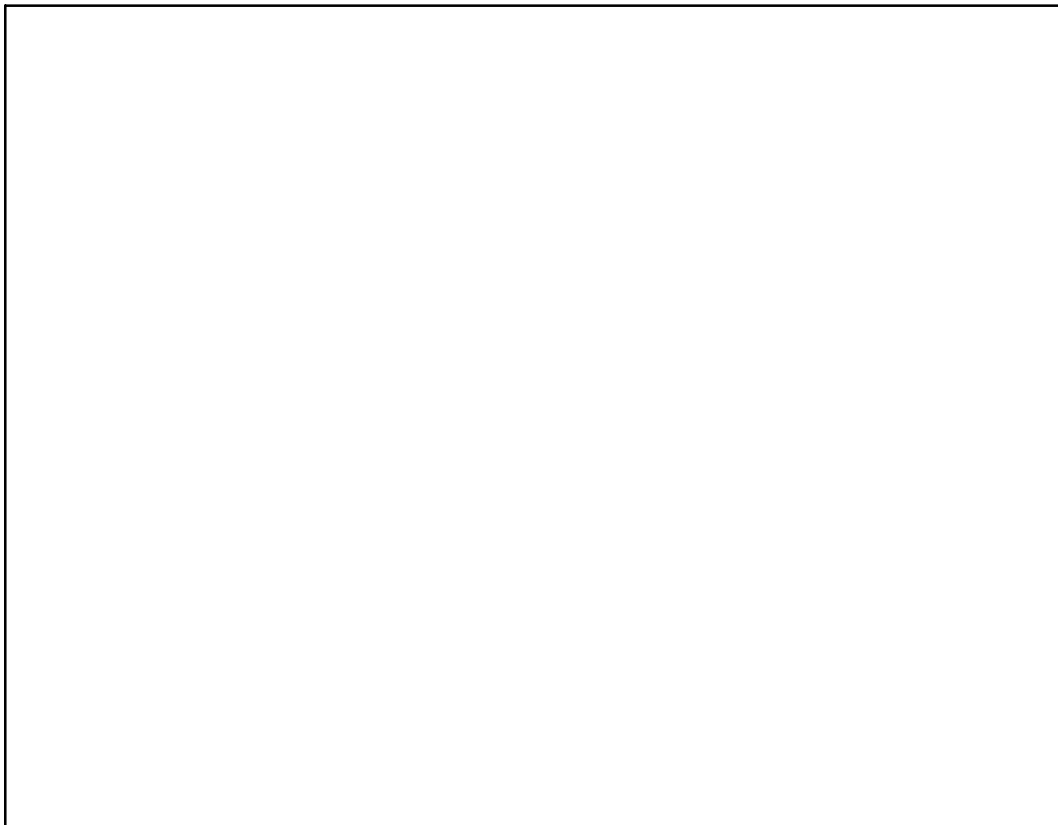
A thorough evaluation of the programme should take place at least annually, with a report on the results presented to all interested parties.

### **8. Revise and update the programme**

The evaluation may establish that the previously identified needs have been met or that new needs have arisen. Findings from the evaluation provide information crucial to the redesign of the programme and will become the basis of a new action planning cycle.

The above steps are illustrated in the diagram shown below.

### **A planning and implementation cycle**



## Case 2: Healthy workplace project in China

The Shanghai Health Education Institute, Ministry of Health and WHO launched a model healthy workplace project in four enterprises between 1993 and 1995. Factories from four different industries were selected, including shipbuilding, metallurgy, textile and chemical manufacturing. The criteria for selection included management interest and support, good health education infrastructure, the potential for positive economic returns and variety of industry. Implementing a comprehensive approach, the project's objectives were to create healthy work environments, encourage healthy lifestyles and reduce the incidence of occupational diseases and industrial accidents.

Under the leadership of the Shanghai Municipal Health Bureau, a centralized steering committee and executive group were convened to oversee the project in the four factories. While the steering committee took charge of overall supervision, the executive group was responsible for implementation and surveillance. Day-to-day project management was guided by worksite health promotion committees in each factory, comprised of representatives from management, labour unions, occupational health and safety and environmental protection.

A total of three surveys were conducted during the course of the project, the first to establish baseline data and guide the development of an action plan, the second to measure mid-term progress and the last to evaluate project outcomes. Using data collected from the baseline survey and focus group discussions, the factories developed multifaceted work plans focused on promoting healthy lifestyles (smoking and drinking behaviours), controlling common diseases (hypertension, ulcers, laryngitis and cervical erosion), reducing occupational health risks (exposure to noise, carbon monoxide, silica and cotton dust), improving the general work environment (e.g. better garbage disposal, expanded green space) and strengthening basic and occupational health care services.

The occupational health strategy attempted to control the hazards at the source through purchase and use of new equipment and reorganization of work processes. In addition, the use of hearing protection and dust masks markedly increased following both a labour union mandate and intensive health education.

As one manager commented, "the project brought more energy into our enterprise". Among the outcomes were:

- Reduced smoking rates and increase in physical exercise among males
- Decreased noise and dust levels
- Development of health-promoting policies (e.g. smoking, occupational protection and diet)
- Reduced salt content in canteen food
- Improved health services (e.g. hypertension management programme)
- Cleaner environment (e.g. improved toilet facilities and waste disposal)
- Decreased prevalence of target diseases (e.g. ulcers, laryngitis)
- Integration of health promotion and protection into ongoing management practices.

Following this successful experience, the Healthy Workplace Initiative is alive and well in Shanghai. The project experience has been shared with professionals in healthy workplace development in Shanghai and other cities in China. The four initial enterprises continue to host visitors interested in learning about the healthy workplace process.

From documents and reports submitted to WHO/WPRO.

### Case 3: Health-Promoting Workplaces in Small and Medium Scale Enterprises in Viet Nam

A Healthy Workplace Programme was initiated in Viet Nam in collaboration with WHO in 1998-1999. The programme was introduced through the Healthy Cities initiative, and targets small and medium-sized enterprises (SSEs and MSEs) in two cities, HaiPhong and Hue. SSEs and MSEs employ 80-90% of the workforce in Viet Nam. Recent occupational health studies have revealed that labourers in these enterprises often work in sub-standard conditions with high levels of noise, dust and toxic chemical exposure. Frequently, they work with out-of-date technology and with imported machinery that is not suitable for conditions in Viet Nam. Moreover, workers' health has not been a priority for employers, who often lack basic knowledge of health and safety.

It is against this backdrop that the healthy workplace programme was initiated. As a first step, a local steering committee was established. The initiative benefited from the participation of many agencies at the district level, including the Department of Health, Department of Labour and Social Affairs, Commercial and Industry Office, trade unions, women's group, etc. A primary objective of the project was to define the role and function of the District Health Units in occupational health and safety for SSEs and MSEs.

By way of orientation, the project steering committee participated in a three-day workshop on healthy workplaces. In addition, two training courses were conducted for agency representatives and workplace personnel to prepare them for project management. One course was offered for multidisciplinary managers at district level (including the health units) to introduce them to OSH regulations and health risk management in the workplace. A second course was provided for worker's representatives and owners on the principles of improving working conditions.

The steering committee then conducted a survey among 23 enterprises in HaiPhong and 42 in Hue to assess workers' needs in health protection and promotion.. Participating enterprises included the bronze casting industry in Hue city, largely family-owned businesses which employ 5-10 workers. The survey uncovered a variety of health and safety complaints and a limited number of existing health interventions. Almost all of those surveyed were interested in taking part in a health promotion programme and were even willing to pay part of the fee for participation.

Based on the survey results, a comprehensive healthy workplace action plan was developed and implemented in 30 enterprises and 15 foundry households, including modifications in working conditions, health examinations and healthy lifestyle activities. Smoking cessation classes have been particularly popular as well as the distribution of leaflets on occupational health and safety (including hazards in the workplace, solvents, prevention of backaches, skin diseases, nutrition and exercise at work) and public health (malaria, tuberculosis, AIDS, hearing loss).

To encourage high achievement among participating workplaces, a competitive award system has been established based on 100 checkpoints. Realistic criteria were developed for small and medium-sized businesses, such as the improvement of at least two working conditions and the creation of a health corner at the workplace, a special place dedicated to health and safety with a first aid box, posters and materials on workers' health which staff can take advantage of at their leisure.

Although the managers of small businesses were initially negative about the programme, they became supportive after observing the benefits. The programme has resulted in a change in workplace culture within participating enterprises, including a more relaxed work environment. The workers have also benefited from improvements in the physical work environment and health information on a variety of topics. A cost-benefit analysis revealed financial gains from increased productivity relative to any health and safety investments made by management.

What's next? Based on this experience, the project team plans to develop a manual on occupational health risk management for distribution to all health staff. It is also recommended that the project methods and materials be disseminated and available for adaptation by SSEs and MSEs throughout the country. To ensure full compliance with occupational health and safety regulations, future programmes should also train the labour inspectorate on the special needs of SSEs and MSEs.

From documents and reports submitted to WHO/WPRO.

## IV. Components and checkpoints for healthy workplaces

Components and checkpoints are presented under six areas, which reflect the major elements of a healthy workplace:

- workplace policies;
- the organizational environment;
- the physical environment;
- lifestyles and personal health skills;
- health services; and
- impact on the external environment.

The checkpoints provide examples of criteria which participating enterprises can use to measure their progress in becoming healthy workplaces. The list is not all-inclusive. In fact, there may be other checkpoints more relevant to the situation in particular countries and workplaces. Some countries may opt to use their own legislation and standards as the criteria for evaluating a healthy workplace. However the list which follows includes elements that are probably not covered by legislation, yet are important for worker health and well-being. Before presenting the checkpoints, there are some important issues to address.

*Does a workplace need to adhere to all of these checkpoints to be considered healthy?*

No, these are simply areas for action and indicators of success on the path towards creating a healthy workplace.

*For a small business or an enterprise with very limited experience, expertise and resources, what are the highest priorities?*

Organizations with limited resources should focus on the physical environment. Priorities should include:

- adherence to occupational health and safety laws and environmental standards;
- elimination of safety hazards (e.g. fire, mechanical and electrical) as these are more likely to cause accidents, injury and death in the short term;
- elimination of health hazards (e.g. chemical, biological)
- access to safe drinking water and basic sanitation.

### **Workplace policies (PO)**

An organization that aims to become a healthy workplace regards the enforcement of health and safety laws, regulations and standards as a top priority. Where there are no externally enforced standards, the organization develops its own and vigorously monitors and evaluates their implementation, while continuously upgrading and improving them. Many organizations have recognized the need for a comprehensive workplace health policy as a way to show their commitment to the health of their workers. Unlike more specific policies that address single issues such as smoking, a comprehensive health policy addresses the whole range of factors that influence workers' health. A comprehensive policy provides a framework within which actions can be planned to deal with particular health issues.

A written policy has multiple benefits. It is less open to misinterpretation than a verbal statement because it clarifies who is affected and specifies roles and responsibilities regarding implementation. A policy also justifies the allocation of resources to health promotion activities or to efforts to improve the work environment.

However, policies are only as good as their implementation. Successful organizations realize that maintaining a safe and healthy workplace is an important management function. Special training may be required for management in the concepts and practice of a healthy workplace.

	<b>Components</b>	<b>Checkpoints</b>
PO1	The organization has a policy on developing a healthy workplace that includes health, safety and environmental components. The policy outlines the roles and responsibilities of employers and employees for ensuring a healthy workplace.	<ul style="list-style-type: none"> <li>• The organization has placed health, safety and environmental protection among its top corporate goals.</li> <li>• The organization has a tobacco-, alcohol- and drug-free policy.</li> <li>• The organization has a policy on nutritious and safe food.</li> </ul>
PO2	The policy ensures that a Health, Safety and Environment Committee is established with significant authority and full participation of the workforce.	<ul style="list-style-type: none"> <li>• The Health, Safety and Environment Committee includes membership from all levels and departments in the organization.</li> <li>• Where appropriate, external members are included from municipal government, occupational medicine, primary health care, etc.</li> <li>• The committee meets regularly and is responsible for the development of policy and the supervision of its implementation.</li> <li>• The committee's role includes regular health and safety checks. The monitoring team is comprised of representatives from all levels of the organization.</li> <li>• There are clear information channels for getting health and safety information to employees, e.g. newsletter, employee letter, bulletin board.</li> <li>• In organizations with limited resources, a contact has been made with the local primary health centre or municipal health bureau for assistance with the development of policy and a health and safety plan, and the implementation of regular health and safety checks.</li> </ul>
PO3	The Health, Safety and Environment Committee	<ul style="list-style-type: none"> <li>• Basic data are collected on environmental hazards, employee health, safety performance</li> </ul>

establishes indicators for monitoring and evaluating progress.

(including injuries and their causes) and violation of safety provisions.

- A walkthrough inspection of the workplace is conducted, including on-the-spot monitoring (e.g. noise levels). If necessary, an environmental monitoring programme is established to ensure that exposures are measured and evaluated on a regular basis.
- A survey on potential risk factors in the physical, organizational, and external environment and in personal lifestyle is undertaken to seek input and establish priorities for a health promotion programme. The survey is conducted during work time and administered to workers on all shifts.

PO4 An education and training policy is established which ensures that training in health and safety and health promotion are offered to all levels of the organization, including management and supervisors.

- Training is provided to all employees (including temporary and contractual workers) on potential hazards associated with their jobs and how to protect themselves. The training is part of employee orientation and is updated at regular intervals, especially when new products or practices are introduced.
- Provisions are made for communicating health risks to staff with low or no literacy (e.g. classes, videos, personal orientation). Literacy is a skill which enhances health and safety and other aspects of life. Literacy classes are provided for interested staff.
- Training on health promotion topics is made available (e.g. smoking cessation, nutrition).

PO5 The organization has clearly defined human resources management policies.

- Recruitment and selection of staff is based on merit.
- Dismissal of staff follows fair and justifiable rules.
- Opportunities for professional development and continuing education are available to all employees.

## **The organizational environment (OE)**

The organizational environment refers to the culture of an organization and how work is designed and organized. Elements of a healthy organizational environment include good leadership, an open management style, increased employee participation, a sense of control over one's work, enhanced communication and teamwork, opportunities for professional and social development, protection from harassment and discrimination, an equitable system of remuneration, and other mechanisms for acknowledging and rewarding good work.

Organizational factors are known to have an important influence on mental and physical health, particularly stress-related conditions such as hypertension, coronary heart disease, and a wide range of emotional problems. Evidence suggests that a caring workplace culture, which fosters empowerment, skills development and accountability, and which encourages worker participation in decision-making, has a positive impact on workers' health.

The structure and sequence of work tasks are also important determinants of health. Work factors such as the type and variety of work tasks, workload, repetitive motion, speed of work activities and shift work can have a tremendous impact on employee well-being.

	<b>Components</b>	<b>Checkpoints</b>
OE1	The organization supports the development of workstyles conducive to health	<ul style="list-style-type: none"> <li>• Managers are trained in the concepts and practice of a healthy workplace.</li> <li>• Managers encourage worker participation in decision-making and overall control of their jobs.</li> <li>• Realistic deadlines and targets are established with staff participation.</li> <li>• Opportunities to learn and do a variety of tasks are encouraged to avoid repetitive and monotonous work and increase challenge and stimulation.</li> <li>• Conditions of work include time for breaks between repetitive tasks and for food and rest according to ILO standards.</li> <li>• Job descriptions are clear and feedback and appraisal are regular. All information about potential job uncertainty is related clearly and frequently. This avoids prolonged high levels of uncertainty.</li> <li>• Managers encourage the development of good relations between members of teams, divisions or departments.</li> <li>• A system of recognition or awards for high performance is in place.</li> </ul>
OE2	The organization ensures that shift work causes minimum harm to physical and	<ul style="list-style-type: none"> <li>• Shift work schedules are designed</li> </ul>

	social health.	with respect for physical well-being and family life.
OE3	The organization manages the transition for those staff who are retiring or losing their jobs.	<ul style="list-style-type: none"> <li>• Pre-retirement courses are available to all staff. Transition planning and assistance in finding new employment is provided for staff who are losing their job as a consequence of downsizing or restructuring.</li> </ul>
OE4	The organization seeks to protect and enhance the well-being and participation in the workforce of groups of staff with special needs.	<ul style="list-style-type: none"> <li>• The participation of women in the workforce is ensured at levels consistent with their qualifications and experience.</li> <li>• Nurseries, child care facilities and maternity leave are provided to enable women to continue work after childbirth.</li> <li>• Equal opportunity policies are put into practice with regard to the employment, placement and promotion of disabled persons.</li> <li>• The workplace aims to accommodate the special needs of employees with disabilities, for example, ensuring wheelchair accessibility.</li> </ul>

## The physical environment (PE)

Factors in the physical environment that influence the health and safety of the workforce include technology, buildings, plant, equipment, materials, and work processes and practices – both indoor and outdoor. The term also refers to basic amenities such as sanitation and the availability of water and hygiene facilities.

A healthy workplace implements policies, programmes and activities to eliminate or minimize exposure to physical, chemical, biological, psychosocial and ergonomic hazards in the work environment.

Preventive actions should adhere to the principle of “hierarchy of controls”, which prioritizes efforts to remove or reduce the source of the hazard. *Engineering controls* that prevent occupational exposure by managing the work environment are preferable. Source reduction measures include modifying the processes or equipment that create the hazard, substituting materials with less toxic alternatives, and better maintenance of equipment. When source modifications are not feasible, or are not sufficient to attain the desired level of control, then hazards should be prevented by *administrative controls* that interrupt their transmission path, such as isolating the work process by putting the equipment or chemicals in a separate room or area, better clean-up of the work environment, or rotating jobs so an individual worker is not exposed to a hazard for a long period of time. As a last resort, occupational exposure can be avoided or reduced by placing a protective barrier on the worker, that is, the use of *personal protective equipment*, such as respirators, gloves

and eye protection. Since this method depends on equipment availability, proper fit and worker initiative, it is the least desirable.

	<b>Components</b>	<b>Checkpoints</b>
PE1	The organization provides a safe and healthy environment for staff.	<ul style="list-style-type: none"><li>• In designing buildings, pathways, plant, equipment and ventilation systems, the organization regards health and safety as a major consideration.</li><li>• Work stations are well-spaced to ensure adequate light, ventilation and noise control.</li><li>• Rest areas and designated eating places are provided.</li><li>• The organization undertakes periodic health and safety audits of all buildings, plant and equipment to ensure that they are safe and in good working condition. Such audits are supervised by the Health, Safety and Environment Committee and used as baseline data for the monitoring and evaluation process.</li><li>• Walking and working surfaces are kept clean, clear and free from hazards.</li><li>• Switches and controls are properly designed and within easy reach of workers.</li><li>• Hand and power operated tools are periodically inspected and properly maintained.</li><li>• Proper guards are attached to protect employees from dangerous moving parts of machines and power transmission equipment.</li><li>• The organization has a fire prevention plan and well-maintained fire extinguishers. Employees are periodically instructed in their role in fire protective procedures.</li><li>• Fire exits are appropriately designated.</li><li>• All electrical equipment is in compliance with applicable codes. All powered equipment is locked out before servicing or maintenance.</li><li>• Guidelines for the use of plant and equipment are developed in the form of</li></ul>

health and safety manuals and checklists. Training programmes are conducted for all staff with continuous upgrading.

- A strategic plan with a clear timeframe and allocation of resources is developed for the upgrading of buildings, plant, and equipment.
  - The organization has an established procedure to check the impact on health when new technologies and/or work systems are introduced into the workplace.
  - Compliance with existing national standards and regulatory requirements is enforced. In the absence of national standards or when existing standards are not sufficiently protective, new standards are developed and agreed upon by the Health, Safety and Environment Committee.
  - Inspections and any necessary monitoring (e.g. of emissions, fumes and noise) are conducted at established intervals.
  - Recommended control measures are implemented in a timely manner.
  - Follow-up inspections are conducted to determine whether corrective action has been taken.
  - There are special procedures for handling immediate health and safety problems, e.g. stopping an unsafe job, or the right for employees to refuse what they perceive as unsafe work.
- PE2      The organization has eliminated or minimized the exposure to work-related hazards, such as emission of dust, fumes, radiation, excess heat or cold, noise, vibration and contact with dangerous substances or materials.
- PE3      The organization has clearly defined procedures for the safe handling of materials including the use of personal protective clothing and equipment.
- Continuous monitoring of the safety conditions and equipment in the workplace is conducted by the supervisor and the health and safety committee.
  - Protective clothing and equipment is provided to the workforce and high levels of supervision ensure that it is used as required.
  - The procedure for safe use of equipment has been part of training for all staff. Training is continuously upgraded.

		<ul style="list-style-type: none"> <li>• The workplace has clear signs in a number of languages (if appropriate) and with pictorial representation so that workers with low or no literacy can be well informed of health and safety procedures and hazards.</li> </ul>
		<ul style="list-style-type: none"> <li>• The workplace has an emergency response protocol. All employees have received training on this protocol.</li> <li>• Investigations are performed on all accidents resulting in injury, regardless of how minor they may be.</li> <li>• Training in first aid is provided to all staff.</li> <li>• Health and safety practice is expected and rewarded; unsafe practice is sanctioned with a clearly outlined procedure.</li> </ul>
PE4	The organization ensures that the direct line manager is held clearly accountable for the health and safety of the workforce within his or her jurisdiction.	<ul style="list-style-type: none"> <li>• The manager possesses all relevant information on safety procedures, injuries and their cause. The performance indicators of the manager should include the enforcement of safe work conditions and practices.</li> </ul>
PE5	The organization ensures basic hygiene and sanitary workplace conditions.	<ul style="list-style-type: none"> <li>• There are sufficient toilets for both men and women with complete sanitary fixtures.</li> <li>• Safe and clean potable water is available for drinking and hand washing. Sanitary detergents are provided.</li> <li>• An adequate amount of water is available for washing facilities and sanitation.</li> <li>• Workplaces are regularly cleaned, with proper management of garbage disposal (liquid, solid and recyclable waste) according to health standards.</li> </ul>

## **Lifestyles and personal health skills (HL)**

The health status of workers is affected significantly by their personal lifestyle, particularly in the areas of diet, exercise, stress, smoking and alcohol abuse. For example, the protective effect of exercise has been demonstrated for some types of cancer and heart disease. The interaction among multiple risk factors in the workplace is also significant. Increased job stress (time pressure, piecework, exposure to hazards) may lead to unhealthy coping mechanisms such as smoking, excessive alcohol intake, overeating or drug use. Similarly stress factors are associated with musculoskeletal injury and heart attacks. Furthermore, health behaviours and environmental factors can work together to multiply the negative health effects. For example, workers who are exposed to asbestos and who also smoke are much more likely to develop lung cancer than exposed workers who are non-smokers.

Organizational change, improvements in working conditions (including health and safety), and support for healthy lifestyles must go hand in hand. Unless the workplace itself is healthy and safe, the provision of health information and education will not be effective in improving the overall health status of the workforce. The promotion of lifestyles conducive to health and the development of personal health skills are part of a coherent strategy for a healthy workplace.

<b>Components</b>	<b>Checkpoints</b>
<p>HL1      Programmes to promote healthy lifestyles and personal health skills are an integral part of the workplace action plan coordinated by the Health, Safety and Environment Committee.</p>	<ul style="list-style-type: none"> <li>• The content of healthy lifestyles programmes reflects issues which the workforce have prioritized in the health survey.</li> <li>• Materials and learning modules are designed to be engaging and relevant to staff and are specifically tailored to meet the needs of different genders, cultural and ethnic groups and levels of literacy.</li> <li>• Sufficient time is allowed in the working day for education and training activities.</li> <li>• Incentives are provided to encourage and help maintain positive changes in health-related behaviours. These may include prizes and public recognition.</li> </ul>
<p>HL2      Healthy lifestyle programmes are designed to support skill-building and behaviour change in a variety of areas.</p>	<p><b>Nutrition</b></p> <ul style="list-style-type: none"> <li>• Healthy and nutritious food is available in the staff canteen and vending machines.</li> <li>• Literature and education on nutrition and healthy eating habits are provided for employees.</li> <li>• Food in the staff canteen is prepared in accordance with all food/hygiene regulations.</li> </ul> <p><b>Tobacco use</b></p> <ul style="list-style-type: none"> <li>• The smoke-free policy has an appropriate communication strategy; no smoking signs are posted.</li> <li>• Smoking cessation programmes, which</li> </ul>

also involve spouse and family members, are made available to the workforce. When appropriate, they are provided by community resources, such as the health centre or a nongovernmental organizations (e.g. the lung association).

- Designated smoking areas are ventilated separately to the outdoors.

#### **Alcohol and other drug use**

- The supervisor is made accountable for enforcing the on-site no drinking and drug use policy.
- Education and training is made available to staff about sensible drinking and the hazards of drug use.
- The organization provides access to counseling services and employee assistance programmes for alcohol abuse and addiction, which also involve spouse and family members.
- Opportunities for peer education and support are provided for employees with drug and alcohol problems.

#### **Physical activity**

- The organization promotes stretching and exercise, especially during regular breaks from repetitive activity.
- Access to fitness education and exercise classes are provided for staff. If exercise programmes are not available on-site, they are promoted in nearby facilities.

#### **Mental health**

- The sources of organizational stress are identified as part of the needs assessment. A systematic approach for reducing or eliminating these sources is implemented (e.g. increased control over work).
- Stress management programmes are made available to the workforce.

#### **Reproductive and sexual health**

- The organization enforces health and safety procedures and practices to ensure the health of pregnant women.

HL3	Family and community connections to the organization are respected and enhanced.	<ul style="list-style-type: none"> <li>• Breastfeeding is encouraged and supported.</li> <li>• Information on the prevention of HIV/AIDS is made available to staff.</li> <li>• Appropriate procedures are in place to ensure that employees can seek information, confidential consultation, treatment, care and support, for example on sexually transmitted diseases including HIV/AIDS and the risk of hepatitis.</li> <li>• Where appropriate, families and the community are invited to participate in health education and training.</li> <li>• Local groups with skills to contribute to the development of health education programmes are invited to collaborate with the Health, Safety and Environment Committee.</li> <li>• The organization supports health promotion events in the community and, where possible, contributes financially to those events.</li> </ul>
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## Health services (HS)

A healthy workplace ensures that the workforce has access to basic health services, primary and preventive care, and occupational health services. Health services also play an important role in the management of critical incidents. Many large and medium-sized organizations provide health services on site, while small businesses often rely on industrial clinics or community health centres. Contracts with health insurance providers support the provision of good health services.

### Components

### Checkpoints

HS1	Basic health services are available to staff.	<ul style="list-style-type: none"> <li>• The organization provides a pre-employment medical examination for its employees as a means of assessing employee fitness and establishing a baseline for any necessary periodic testing.</li> <li>• The organization actively ensures that all members of staff are immunized.</li> </ul>
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		<ul style="list-style-type: none"> <li>• The organization conducts periodic medical check-ups for workers exposed to specific hazards, e.g. lead or silica dust, and other workers as indicated. Annual dental check-ups are conducted for all workers. Necessary medication and treatment are made available.</li> <li>• Appropriate health screening is provided, e.g. vision, hearing, cervical screening and corresponding treatment.</li> <li>• Any necessary occupational health screening is provided, e.g. periodic blood tests, lung function tests.</li> <li>• Health records are kept with full rights to privacy guaranteed.</li> <li>• Health providers on-site receive training on occupational health and safety and healthy lifestyle issues.</li> </ul>
HS2	Rehabilitation and return-to-work programmes are in place to enable staff to return to work after illness or injury	<ul style="list-style-type: none"> <li>• A return-to-work policy is developed and implemented to encourage staff to resume work after injury or illness without prejudice.</li> <li>• The return-to-work programme offers support, including redesign of the work station to accommodate any disability.</li> </ul>
HS3	Local health services contribute to the organization's healthy workplace programme.	<ul style="list-style-type: none"> <li>• Health service personnel complement the work of the Health, Safety and Environment Committee, and may participate in the development of the healthy workplace programme.</li> <li>• Health service personnel provide training through the Health, Safety and Environment Committee in appropriate topics, e.g. first aid.</li> </ul>

## **Impact on the external environment (EE)**

Workplaces are not isolated from the external environment. They can contribute to environmental contamination and create health risks for the surrounding community through emissions and pollution from smoke, fumes, dust, dirt, radiation and noise. The environment can also be affected by inefficient energy consumption in the production process (contributing to greenhouse gases and climate change) and by the use of chemicals that are difficult to transport, use and dispose of safely. Alternatively, a healthy workplace can strive to prevent external pollution by considering the health and environmental impact of raw materials, production processes, energy consumption, waste generation, product distribution and use, and product recycling. The goal of such "cleaner production" is to avoid generating pollution rather than focus on what to do with wastes and emissions once they have been created.

Lack of adequate and safe transport for employees is a problem in the external environment that can detract from the health and safety of the workplace. Organizations have a key role to play in both environmental preservation and the development of more effective transport systems.

## Components

## Checkpoints

EE1	The organization develops an environmental management strategy to prevent negative impacts on the external environment from the plant and work processes.	<ul style="list-style-type: none"><li>• The organization complies with existing regulations and standards for environmental protection. Continuous monitoring and surveillance mechanisms are in place, with a system for reporting on environmental impacts to the government and the public.</li><li>• The organization implements cleaner production strategies to prevent or minimize the environmental impact of its industrial processes.</li><li>• Hazardous materials are handled safely during the entire lifecycle of the material: formulation, purchase, transport, storage, use and disposal.</li><li>• Information about the impact of emissions and pollution from dust, fumes, dirt, radiation and noise is collected by the Health, Safety and Environment Committee, which participates in the development of pollution prevention strategies.</li><li>• Senior management indicates commitment to the preservation and improvement of the external environment by providing adequate resources for clean-up and beautification activities in the community.</li></ul>
EE2	The organization promotes worker access to adequate and safe transport to and from work.	<ul style="list-style-type: none"><li>• The organization may provide transport or arrange for the redeployment of transport for staff.</li><li>• The organization advocates for accessible public transportation to and from the workplace (e.g. new bus routes).</li></ul>
EE3	The organization plays a positive role in local community life.	<ul style="list-style-type: none"><li>• The organization supports local child care, sports, cultural and environmental initiatives and programmes.</li></ul>

## **V. A national healthy workplace initiative: How to strengthen and maintain it**

### **Establish an award system**

Countries may decide to establish a national awards programme to recognize achievement in becoming a healthy workplace. Such awards can encourage organizations to strive for excellence in promoting health-related policies and programmes in the workplace. There are many benefits for organizations in participating in an awards programme. Businesses have an opportunity to obtain an independent assessment of the levels of excellence within their organizations. Winning an award also recognizes the achievements of employees and tends to boost esteem and morale in the organization. Recipients gain country-wide recognition. Media coverage, including press, television and Internet, can be extensive and invaluable.

The steps in setting up an awards programme are outlined below.

#### **Select an awards committee**

Awards committees should be set up at the national, provincial and local levels. The role of the committee is to review potential candidates against a list of established criteria and select the winners. The committee can be comprised of representatives from health promotion centres, occupational health and safety authorities, departments of labour, trade unions and employer groups.

#### **Develop award criteria**

The criteria should reflect achievement in all six components of a healthy workplace, and can be drawn from these guidelines and/or from national legislation. The award system should recognize that not all organizations have the same capacity or resources to become a healthy workplace. For example, small businesses, with fewer than 10 employees, are less likely to have implemented effective health and safety provisions. For this reason, a three-tiered system is proposed to accommodate different sized organizations. A series of bronze, silver and gold awards can be established. An organization can move from bronze to silver to gold as it progresses in the achievement of a healthy workplace. There can be multiple award winners each year since all applicants are judged against the criteria and not against each other. In fact, there will be as many awards as there are qualified candidates.

#### **Select award winners**

The awards committee will review applications and determine eligibility for a site visit. During the site visit, the committee will verify achievement of the criteria through inspection and interviews with representatives from all levels of the organization. The awards will be presented at a prestigious national ceremony, with the participation of leading government officials. The ceremony can have the added benefit of further educating national officials on the concept and practice of a healthy workplace.

#### **Case 4: Healthy Workplace Campaign in the Philippines**

The Department of Health in the Philippines has initiated a healthy workplace campaign with a special awards programme. The objectives of the campaign are to strengthen the linkages among the various sectors involved in worker health promotion and protection, to provide information and education on occupational health and safety and to increase industry compliance with occupational and environmental health legislation.

A collaborative effort, the campaign is coordinated by the Department of Health in conjunction with the Civil Service Commission, Department of Environment and Natural Resources, Department of the Interior and Local Government, Department of Labor and Employment, Employees Compensation Commission and the Safety Organization of the Philippines. All types of manufacturing industries are eligible for awards regardless of employment size (small, medium and large scale).

The award system recognizes companies that have made special progress in both worker and environmental health protection. Potential winners are judged against a set of criteria that include compliance with legal requirements, promotion and implementation of occupational health and safety programmes, presence of a health and safety committee, environment friendly, smoke-free, and community involvement. Winners are selected in each category- small (50 workers maximum), medium scale (51 to 199 workers) and large (200 workers or more).

The screening and selection of 25 healthy workplaces all over the country is undertaken by municipal, provincial and regional committees of the different member agencies. This year-long process involves applications by participating companies and site visits to finalists. In 1996, the majority of the winners were engaged in semiconductor/ electronics, food processing, chemicals, metals, bottling and glass industries.

According to the organizers, this event “highlights the significant role of government to give due recognition to employers who have contributed greatly towards productivity and economic development without compromising the health and well-being of the workers”. Additional benefits are increased visibility and enthusiasm for the healthy workplace initiative throughout the country.

Presented at WHO Workshop on the Health and Safety Aspects of Technology Transfer, Manila, Philippines, May 1999.

## **CASE 5: THE SINGAPORE H.E.A.L.T.H. AWARD**

### **Workplace health promotion in Singapore**

The Singapore Government pays great attention to promoting health at the workplace. With 65% of the population aged 15 years and above in the workforce, and people being Singapore's most precious resource, the Ministry of Health in Singapore has implemented various strategies to encourage management from both the public and private sector to take ownership and responsibility for improving their employees' health. One such strategy is the Singapore H.E.A.L.T.H. award. H.E.A.L.T.H. is the acronym for **H**elping **E**mployees **A**chieve **L**ife-**T**ime **H**ealth.

### **About the Award**

The Singapore H.E.A.L.T.H. Award, to be presented annually, is designed to give national recognition and honour to workplaces with commendable health promotion programmes. The awards programme was initiated in 1999 by the Ministry of Health. The Prime Minister will present the awards at a ceremony that will also launch the National Healthy Lifestyle Campaign, one of the most high profile health events in the country.

Unlike other awards, this is not a competition to judge who is the best. Instead, the purpose is to :

- Generate awareness of the benefits of an effective healthy workplace programme;
- Identify healthy workplaces, which will serve as role models for other companies to emulate; and
- Challenge workplaces to engage in regular assessment and continuous improvement of their health promotion and protection programmes.

Selection of the award recipients is based on a set of criteria that include:

- A comprehensive programme with activities to raise awareness, motivate, as well as empower employees to make informed decisions to improve their own health;
- A workplace environment that supports and sustains health at the workplace;
- Compliance with workplace health and safety standards;
- Systematic planning and implementation of the programme;
- Regular monitoring and evaluation of the programme;
- Strong management support and commitment;
- Employee participation; and
- Sustainability.

These criteria are based on the WHO principles of effective health promotion. Depending on how well the above criteria are met, participating workplaces are awarded gold, silver or bronze medals.

### **Impact of the Awards Programme**

The Singapore H.E.A.L.T.H. award for 1999 received 135 applicants, of which 132 qualified for the award. The award has succeeded in generating a spirit of friendly competition among workplaces which, for the first time, were able to measure their progress against some of the best healthy workplace programmes in the country. It also provides a framework which other countries can adapt and customize to suit their own special needs.

Presented at WHO Workshop on the Health and Safety Aspects of Technology Transfer, Manila, Philippines, May 1999.

## **Develop networks for healthy workplaces**

Countries are encouraged to establish national and regional networks of healthy workplaces to facilitate the sharing of best practices and provide mutual support. Networks can include the facilitators of healthy workplace initiatives, such as industry managers from the public and private sector, trade union representatives, government officials, health service personnel, nutritionists, fitness experts, etc.

The establishment of networks of healthy workplaces helps to facilitate interaction among organizations and programme managers. Potential benefits include the following:

- sharing of information resources, expertise and experience;
- support for national and provincial efforts to improve workplace health and safety;
- reinforcement of the healthy workplace concept; and
- an ongoing mechanism for monitoring progress towards the achievement of health-promoting workplaces.

## SAMPLE QUESTIONNAIRES

Sample needs assessment questionnaires have been included for managers and employees. The questions are drawn from surveys which have been used by the *Project on Healthy Workplaces in Small and Medium Scale Enterprises in Viet Nam*; the *Wellworks Project* of the Dana Farber Cancer Institute, Boston, Massachusetts, USA; and the *Workplace Health Systems Project* of Health Canada, Ottawa, Canada.

The sample questionnaires can be developed to help programme organizers design surveys which meet the needs of their organizations. The final product will probably be shorter and may contain issues and concerns which are specific to each workplace. The sample questionnaires can also be used as a resource for the development of inspection checklists, focus groups topics and interviews.

**HEALTHY WORKPLACE PROGRAMME  
SAMPLE QUESTIONNAIRE FOR MANAGERS**

Company: \_\_\_\_\_

Company Representative, Title: \_\_\_\_\_

1. Visible management commitment and leadership:		<b>YES</b>	<b>NO</b>
A.	Does the company have a written Health and Safety Programme?	<input type="checkbox"/>	<input type="checkbox"/>
	A.1 If yes, is the programme reevaluated and/or updated on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>
	A.2 If yes, is it available for review?	<input type="checkbox"/>	<input type="checkbox"/>
B.	Is there a health and safety policy statement signed by top management?	<input type="checkbox"/>	<input type="checkbox"/>
	B.1 If yes, does it specifically mention importance of employees?	<input type="checkbox"/>	<input type="checkbox"/>
C.	Does management set formal, annual health and safety goals for the company?	<input type="checkbox"/>	<input type="checkbox"/>
	C.1 If yes, how are these goals communicated? (Check all that apply)		
	<input type="checkbox"/> Bulletin board	<input type="checkbox"/> Letter to employees	<input type="checkbox"/> Health, Env. and Safety Committee
	<input type="checkbox"/> Other _____		
D.	Is there an annual health and safety budget designated for control measures, as opposed to general operating expenses?	<input type="checkbox"/>	<input type="checkbox"/>
E.	Do written H&S policies hold managers and supervisors directly accountable for health and safety in their areas ?	<input type="checkbox"/>	<input type="checkbox"/>
F.	Is health and safety a formal part of managers' performance evaluations ?	<input type="checkbox"/>	<input type="checkbox"/>
G.	Is health and safety a formal part of foreman/line supervisors' performance evaluations ?	<input type="checkbox"/>	<input type="checkbox"/>
H.	Do any full-time employees have health and safety as their primary responsibility?	<input type="checkbox"/>	<input type="checkbox"/>
	H.1 If yes, specify number: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more		
	H.2 If yes, specify type(s): <input type="checkbox"/> Safety Professional		
	<input type="checkbox"/> OH Nurse		
	<input type="checkbox"/> Other _____		

**II. Employee participation:**

	YES	NO	N/A
A.1 Does the company have a Health and Safety committee?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A.1.a If yes, specify type(s):			
<input type="checkbox"/> management			
<input type="checkbox"/> union/employee			
<input type="checkbox"/> joint			
A.2 Are there specific, written, mission statements, goals, contract language, or other documents describing functions, duties, and authority of the health and safety committee(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A.2.a If yes, is it available for review?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A.3 Does the committee(s) meet consistently at a regularly scheduled time and place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A.3.a If yes, does the committee(s) meet at least monthly?			
A.3.b How many scheduled meetings have been missed In the past year? _____ out of _____			
A.4 Are the committee's agendas and minutes distributed to all employees, or posted in a way that makes them accessible to all employees? (check all that apply)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Bulletin boards			
<input type="checkbox"/> Notices to employees			
<input type="checkbox"/> Company newsletter			
<input type="checkbox"/> Other _____			
B.1 Are there formal procedures for employees to report health and safety hazards, problems, issues or concerns?			<input type="checkbox"/>
B.2 Is there a formal "feedback" system for responding to employees' concerns?		<input type="checkbox"/>	
B.3 Are there special procedures for handling immediate health and safety problems (other than emergency response), e.g. stopping an unsafe job, or the right for employees to refuse what they perceive as unsafe work?		<input type="checkbox"/>	
B.4 Does the company offer any health and safety incentive programmes?		<input type="checkbox"/>	
B.5 Are employees allowed to conduct health and safety activities on work time?		<input type="checkbox"/>	
<input type="checkbox"/> training			
<input type="checkbox"/> meetings			
<input type="checkbox"/> accident investigations			
<input type="checkbox"/> Other _____			

	<b>YES</b>	<b>NO</b>
B.6 Do line employees participate in the identification and elimination of workplace hazards?	<input type="checkbox"/>	<input type="checkbox"/>

Always     Frequently (>50%)     Sometimes (<50%)     Rarely or never

Example: \_\_\_\_\_

B.7 Do line employees participate in developing or revising health and safety practices and/or policies?	<input type="checkbox"/>	<input type="checkbox"/>
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B.8 Are there clear communication channels for getting health and safety information to employees? (check all that apply)	<input type="checkbox"/>	<input type="checkbox"/>
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Newsletters     Health and safety bulletin boards     Other \_\_\_\_\_

### III. Workplace analysis:

	<b>YES</b>	<b>NO</b>
A. Are new processes, machinery, methods, and materials formally reviewed for health and safety considerations before their introduction into the workplace?	<input type="checkbox"/>	<input type="checkbox"/>

Always     Frequently (>59%)     Sometimes (<50%)     Rarely or never

B. Does the Health and Safety Committee have the authority to keep any processes, machinery, materials, or work methods out of the workplace?	<input type="checkbox"/>	<input type="checkbox"/>
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C. Have formal Job Hazard Analyses been done on all processes, machinery, or methods? If yes, by whom? <input type="checkbox"/> Supervisor <input type="checkbox"/> Affected Employees <input type="checkbox"/> Other _____		
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D. Are detailed health and safety audits or inspections for all areas carried out on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, specify interval:		
<input type="checkbox"/> monthly or less		
<input type="checkbox"/> <1 year		
<input type="checkbox"/> annually		
<input type="checkbox"/> >1 year		

E. Has the quality of personal protective equipment been evaluated?	<input type="checkbox"/>	<input type="checkbox"/>
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F. Are investigations/analyses performed for all accidents resulting in injury, regardless of how minor they may be?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Always <input type="checkbox"/> Frequently (>50%) <input type="checkbox"/> Sometimes (<50%) <input type="checkbox"/> Rarely or never		

G. Do line employees participate in accident investigations, other than as witnesses?		
<input type="checkbox"/> Always <input type="checkbox"/> Frequently (>50%) <input type="checkbox"/> Sometimes (<50%) <input type="checkbox"/> Rarely or never		

**YES NO**

H. Are the results of accident or incident investigations and analyses reported to top management?

Always       Frequently (>50%)       Sometimes (<50%)       Rarely or never

I. Are any employees subject to medical surveillance or monitoring for specific hazards (e.g. noise)?

If yes, which \_\_\_\_\_

**IV. Hazard Prevention and Control**

**YES NO**

A. Is responsibility for the correction of a potential hazard typically assigned to one specific individual?

Always       Frequently (>50%)       Sometimes (<50%)       Rarely or never

B. Are specific time deadlines set for the correction of potential hazards?

C. Are follow-up inspection made to determine whether corrective action has been taken?

D. Is there an occupational health physician/nurse on site?

Full-time       Part-time

E. Are engineering controls for a given process or problem always fully researched before adopting either personal protective equipment or administrative control solutions?

F. Is there a preventive maintenance programme?

**V. Health and Safety Training and Education**

A. Are all site employees, including managers and supervisors, provided with health and safety training?

B. Who is responsible for conducting H&S training? (check all that apply)

Supervisors       Employees from affected area       Environment and safety staff       Other \_\_\_\_\_

C. Does health and safety training include some formal assessment of comprehension or mastery of material (Ex.: demonstration of skills, tests, etc)?

Always       Usually (>50%)       Sometimes (<50%)       Rarely or never

D. Does health and safety training include an assessment of the training by participants?

- E. If so, are these evaluations used to modify future training?  
 Always     Usually (>50%)     Sometimes (<50%)     Rarely or never     N/A
- F. Does typical job/task training include specific health and safety elements, e.g. inclusion of how to perform tasks in accordance with safe work practices, PPE use, etc.?  
 Always     Usually (>50%)     Sometimes (<50%)     Rarely or never
- G. Are employ[ ]ees potentially exposed to hazards connected with the following? Check all that apply.
- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Hazardous chemicals  | <input type="checkbox"/> Confined spaces   | <input type="checkbox"/> Powered industrial vehicles | <input type="checkbox"/> Noise             |
| <input type="checkbox"/> Work in laboratories | <input type="checkbox"/> Work at elevation | <input type="checkbox"/> Hazardous waste             | <input type="checkbox"/> Ergonomic hazards |
| <input type="checkbox"/> Bloodborne pathogens |  |  |  |
- H. Is health and safety training provided to contractors or part-time employees?  
 Always     Usually (>50%)     Sometimes (<50%)     Rarely or never
- YES**    **NO**
- I. Does the company employ workers who have limited literacy skills?
- J. Are provisions made regarding health and safety training for employees with low literacy skills?  
 Always     Usually (>50%)     Sometimes (<50%)     Rarely or never
- If yes, specify: \_\_\_\_\_

**VI. Situation of occupational health and safety during the past year**

- Working accidents:    Yes     No   
 What kind of accident: \_\_\_\_\_ Total days off \_\_\_\_\_
- Trauma:  
 What kind: \_\_\_\_\_ Total days off \_\_\_\_\_
- Number of persons with lost work days due to illness \_\_\_\_\_  
 Total days off \_\_\_\_\_
- Health examination in a year: Yes     No   
 Number of examined  
 Workers: \_\_\_\_\_ Percentage \_\_\_\_\_
- Are medical tests given regularly? Yes     No   
 If so, what types? \_\_\_\_\_

**VII. Promotion of healthy lifestyles**

**YES NO**

- |    |   |                          |                          |
|----|---|--------------------------|--------------------------|
| A. | Is there a no-smoking, no-drug use, no alcohol use policy at the workplace? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. | Are there regulations on food safety?                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| C. | Is safe and nutritious food provided in the canteen?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| D. | Is education on healthy lifestyles available to workers?                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. | Smoking   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Alcohol and drug use  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Nutrition   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | AIDS  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Stress management   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Fitness and exercise  | <input type="checkbox"/> | <input type="checkbox"/> |

**HEALTHY WORKPLACE PROGRAMME  
SAMPLE QUESTIONNAIRE FOR EMPLOYEES**

**HEALTHY WORKPLACE  
SAMPLE EMPLOYEE QUESTIONNAIRE**

Name: \_\_\_\_\_

Workplace: \_\_\_\_\_

A. Lifestyle survey

**I. Personal data**

1. Sex

a. Male

b. Female

2. Race:

3. Marital status

1. Single

2. Married

3. Separated/divorced

4. Widow

4. Age \_\_\_\_\_

5. Highest level of education attained

• No official education

• Primary school

• Secondary school

• Graduated from university

• Having professional qualifications

6. Current weight: \_\_\_\_\_ kg.

7. Current height: \_\_\_\_\_ m.

**II. Health status**

8. Number of days you were unable to work due to sickness in the last year: \_\_\_\_\_ days

9. Number of days you were unable to work due to injury (at work or at home) last year?  
\_\_\_\_\_ days

10. Have you had any of the following health problems diagnosed or treated by a doctor in the last year? (May circle more than one)

1. Lung disease

2. Asthma

3. Bronchitis

4. Heart diseases such as heart attack, heart failure

5. Diabetes

6. Stroke

7. Cancer

8. Others (specify) \_\_\_\_\_

9. Not applicable

11. Have any of your family members (parent, brother, sister) ever had any of the following health problems?

1. Lung disease

2. Asthma

3. Bronchitis

4. Heart diseases such as heart attack, heart failure

5. Diabetes

6. Stroke

7. Cancer

8. Others (specify) \_\_\_\_\_

9. Not applicable

12. Do you consider yourself to be:

1. Healthier than your colleagues

2. At the same level of health as you colleagues

3. Less healthy than your colleagues

13. Do you do exercise?  
(Please underline the type of exercise you do)
1. Yes  (e.g. running, jogging, brisk walking, swimming, cycling, aerobic exercise/dance, other \_\_\_\_\_)
2. No
14. If you do not exercise, what are your reasons?
1. Lack of time
2. Are not interested in
3. No convenient facilities available for exercising
4. Health problems
5. Too tired because of hard work
6. Others (specify) \_\_\_\_\_
15. If you do not exercise, would you do exercise if facilities were provided at the workplace for your use?
1. Yes
2. No
16. Are you a
1. Smoker
2. Non smoker
3. Ex-smoker (stopped smoking completed for at least 1 year)
4. Ex-smoker (stopped smoking completely)
17. If you are a smoker, do you want to stop smoking?
1. Yes
2. No
18. If you are a smoker and would like to stop smoking, would you be interested in joining a Smoking Cessation Club?
1. Yes
2. No

19. How often do you include fresh fruit, vegetables, beans or peas in your meals (breakfast, lunch and dinner)?
1. In all 3 meals of the day
  2. In 2 out of 3 meals of the day
  3. In 1 out of 3 meals of the day
20. How many regular size (or 360 ml) bottles of beer do you drink in a typical week?  
If none, put '0'.  
 Bottles
21. How many glasses (5 oz or 150 ml) of wine do you drink in a typical week?  
If none, put '0'.
22. How do you feel about your job and life?
1. Very good
  2. Rather good
  3. Having difficulties

### III. Rating you own health

23. What, if anything, would you like to do in the next year to improve or maintain your health?  
Check all the answers that apply to you.
- 01 Eat better
  - 02 Exercise more
  - 03 Remove a major source of worry, nerves or stress from life
  - 04 Learn to cope better with worry, nerves or stress
  - 05 Change jobs
  - 06 Change my home situation
  - 07 Quit smoking, or smoke less
  - 08 Drink less alcohol
  - 09 Get medical treatment
  - 10 Have my blood pressure checked
  - 11 Try to control my blood pressure
  - 12 Nothing

24. Of all the things you just checked, which is the single most important thing you would like to do for your health in the next year? Write the number from the list above here.

25. What, if anything, is stopping you from making this change? Check all the answers that apply to you.

- 01 Problem is not serious; there is no rush
- 02 Not enough time
- 03 Not enough energy
- 04 Not enough money
- 05 Do not know how to get started
- 06 No encouragement from family and friends
- 07 No encouragement or help from employer
- 08 It is too hard
- 09 Do not want to change my ways
- 10 Not sure I can really make a difference
- 11 Too much stress right now
- 12 Lack of self-confidence
- 13 I do not know what is stopping me

**IV. Feelings about my health and my job**

26. Show how you feel about the following statements:

	<b>Agree Strongly</b>	<b>Agree</b>	<b>Not Sure</b>	<b>Disagree</b>	<b>Disagree Strongly</b>
a) I am in control of my own health.	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>
b) I have an influence over the things that happen to me at work.	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>
c) My employer knows that stress at work can have bad effects on employees' health.	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>
d) My employer makes every effort to keep unnecessary stress at work to a minimum.	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>
e) I am satisfied with the recognition I receive from my employer for doing a good job.	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>
f) I am satisfied with the amount of involvement I have in decisions that affect my work.	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>
g) My employer has a sincere interest in the wellbeing of its employees.	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>
h) I am satisfied with the fairness and respect I receive on the job.	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>

- i) I feel I am well rewarded for the level of effort I put out for my job. 01 02 03 04 05
- j) I get as much out of my job as I put into it. 01 02 03 04 05
- k) I think that, if I wanted to, I could quite easily find another job at least as satisfying as this one. 01 02 03 04 05
- l) If I had to find another job today, I think I would have all the skills and training I would need to do so. 01 02 03 04 05
- m) At work, I feel I often have to do things or make decisions that I know are bad for my mental or physical health. 01 02 03 04 05
- n) On the whole, I like my job. 01 02 03 04 05
- o) I look outside of my job for my main satisfaction in life. 01 02 03 04 05

27. On the whole, does your present job challenge you (make use of your skills and abilities).

- a.  too much?  
 b.  too little?  
 c.  just enough?

**V. Worry, nerves or stress**

28. What, if anything, caused you excess worry, "nerves" or stress at work in the last six months? Check all the answers that apply to you.

- 01  I changed jobs  
 02  Too many changes within my job  
 03  I do not like the hours  
 04  Too much time pressure  
 05  Unscheduled overtime  
 06  My duties are not clear  
 07  My duties conflict with one another  
 08  Management tries to control my work too much  
 09  I do not have enough influence over what I do and when I do it  
 10  Too much responsibility  
 11  Supervisors or managers have unrealistic expectations of me  
 12  Deadlines  
 13  I do not get enough feedback on how I am doing  
 14  I am not treated fairly here  
 15  I am afraid of losing my job  
 16  My work tires me physically  
 17  My work tires me mentally  
 18  My work is boring  
 19  Conflict with other people at work  
 20  I feel isolated from my co-workers

- 21  I have difficulty speaking with people at work
- 22  I have difficulty understanding written instructions
- 23  I do not have enough control over the pace of my work
- 24  Trying to cope with the results of an injury or illness
- 25  Others

29. Of all the items you checked in question 28, what one thing has caused you the greatest worry, nerves or stress at work in the last six months? Please write the number of the item from the list in question 28 in this box.

30. What, if anything, caused you excess worry, "nerves" or stress at home or outside of work in the last six months? Check all the answers that apply to you.

- 01  A close family member or friend has been ill or injured
- 02  A close family member or friend has died
- 03  Unexpected pregnancy
- 04  Birth or expected birth of a child
- 05  Arguments with other family members
- 06  Physical abuse at home
- 07  Verbal or emotional abuse at home
- 08  Child care and/or elder care problems
- 09  Finding a place to stay or moving to a new home
- 10  Change in living situation (new person in my house, family member leaving, etc.)
- 11  I do not have enough money
- 12  Legal concerns and/or trouble with the law
- 13  My own alcohol or drug use
- 14  I have trouble balancing home and work responsibilities
- 15  I have too much to do
- 16  Fear of AIDS or other sexually transmitted disease
- 17  I have trouble getting to and from work
- 18  Alcohol or drug use of someone close to me
- 19  Nothing

31. Of all the things you checked in question 30, what one thing has caused you the greatest worry, nerves or stress at home or outside of work in the last six months? Please write the number of the item from the list in question 30 in this box.

## VI. Workplace health and safety

32. Below is a list of health and safety hazards and unpleasant working conditions. Please indicate the ones about which you are very concerned in your workplace by checking the relevant boxes below.

- 01  Too much heat
- 02  Too much cold
- 03  Bad air (stuffy, not enough air, etc.)
- 04  Too much noise
- 05  Too much vibration
- 06  Poor work space or not enough working space
- 07  Poor lighting (too much, too little, etc.)

- 08  Having to perform unsafe work
- 09  Working with people who are under the influence of drugs or alcohol
- 10  Fire or explosion hazards
- 11  Litter or mess in work area
- 12  Not enough safety training
- 13  Risk of physical strain (e.g. back, wrist, neck)
- 14  Risk of eye strain
- 15  Dangerous chemicals
- 16  Biological agents or infectious diseases
- 17  Toxic gas hazard
- 18  Too much dust
- 19  Unsafe equipment or machinery (including office equipment)
- 20  Awkward postures and/or repetitive motions
- 21  Lack of personal protective equipment (clothing, gloves, respirator)
- 22  X-rays, other radiation, or video display terminals
- 23  Electrical hazards
- 24  Slipping and tripping
- 25  Travel hazards, e.g. public transportation, driving conditions
- 26  Fear for personal safety and security
- 27  Exposure to tobacco smoke of others
- 28  Bad work-station design
- 29  Meals at enterprise
- 30  Shift work
- 31  Too much work outside working hours
- 32  Lack of health facility or examination
- 33  Lack of facilities or access for employees with disabilities
- 34  Lack of adequate toilet facilities
- 35  Nothing

33. Looking back at the hazards listed above, select the two hazards or problems at your workplace that are of greatest concern to you.

- 01  \_\_\_\_\_
- 02  \_\_\_\_\_

34. What would you do if your supervisor told you to do something that you thought was dangerous for your health and safety?

- 01  I would do it anyway and not complain to anyone in authority
- 02  I would do it, but complain to someone in authority later
- 03  I would not do it until I was satisfied that there was no danger
- 04  I am not sure what I would do

## VII. Health interests

35. Would you be interested in participating in a health promotion programme if it was conducted at your enterprise?
1. Yes
  2. No
36. Would you prefer to attend health sessions during or after working hours?
1. During working hours
  2. After working hours
37. Are you willing to pay some money to participate in a health promotion programme?
1. Yes
  2. No
38. Which of the following topics are you interested in? (you can circle more than one)
1. Exercise
  2. Nutrition and healthy eating
  3. Stress management
  4. Risk of smoking
  5. Hazards of alcohol
  6. Hazardous factors at the workplace
  7. Backache
  8. Musculoskeletal disorder
  9. Heart disease: high blood pressure, heart attack
  10. Diabetes
  11. Occupational diseases
  12. Cancer
  13. AIDS
  14. Other topics (specify) \_\_\_\_\_
39. Other suggestions for a health promotion programme in your enterprise:

**HOW HEALTHY IS YOUR WORKPLACE?**

**CHECKLIST ON THE REGIONAL GUIDELINES FOR DEVELOPMENT OF HEALTHY  
WORKPLACES**

The checklist which follows was used in a training session in Mongolia on *Developing a Healthy Workplace*. Participants were asked to evaluate to what extent the guidelines were being implemented in their own workplace. The checklist served as a tool for both reviewing the guidelines and identifying common problems in the workplace.

## HOW HEALTHY IS YOUR WORKPLACE?

### Instructions:

In the following checklist, select a score between 1 (least healthy) and 10 (healthiest) which best describes your workplace for each category on the list. Feel free to add any remarks to illustrate or clarify your score.

	Score (0-10)	Remarks
<b>Workplace policies (PO)</b>		
<i>PO1 - Healthy workplace policy in place</i>		
<i>PO1 - Enforced alcohol and drug-free workplace</i>		
<i>PO1 - High level of nutrition and food safety in canteen</i>		
<i>PO2 - Health and Safety Committee established</i>		
<i>PO3 - Established indicators for monitoring progress</i>		
<i>PO4 - Education and training on health and safety</i>		
<i>PO5 - Human resources management policies</i>		
<b>The Organizational Environment (OE)</b>		
<i>OE1 - Worker participation in decision-making</i>		
<i>OE1 - Realistic deadlines established</i>		
<i>OE1 - Opportunity to do a variety of tasks</i>		
<i>OE1 - Sufficient break time</i>		
<i>OE1 - Good relations among staff</i>		
<i>OE1 - Recognition for high performance</i>		
<i>OE2 - Shift work causes minimum harm</i>		
<i>OE3 - Support provided to retiring staff</i>		
<i>OE4 - Protection for staff with special needs</i>		
<b>The Physical Environment (PE)</b>		
<i>PE1 - Provision of a safe and healthy environment</i>		
<i>PE2 - Minimized exposure to work-related hazards</i>		
<i>PE3 - Safe use of personal protective equipment</i>		
<i>PE4 - Manager held accountable for health and safety</i>		
<i>PE5 - Adequate sanitation and water</i>		
<b>Lifestyles and Personal Health Skills (HL)</b>		
<i>HL1 - Support for healthy lifestyles</i>		
<i>HL2 - Programmes in nutrition</i>		
<i>HL2 - Programmes in smoking cessation</i>		
<i>HL2 - Programmes in physical fitness</i>		
<i>HL2 - Programmes in stress management</i>		
<i>HL2 - Programmes in reproductive and sexual health</i>		
<i>HL3 - Enterprise connects with family and community</i>		

	<b>Score (0-10)</b>	<b>Remarks</b>
<b>Health Services (HS)</b>		
<i>HS1 - Basic health services available to staff</i>		
<i>HS2 - Rehabilitation and return to work programmes</i>		
<i>HS3 - Participation of local health services</i>		
<b>Impact on the External Environment (EE)</b>		
EE1 - Prevents pollution of external environment		
EE2 - Access to safe transport to and from work		
EE3 - Plays positive role in community life		

## Selected resources for developing a healthy workplace initiative

### WHO documents

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Griffiths JH. *A practical guide to health promotion in the workplace: guidelines for alliance-building and networking with companies.* European Health Promotion Series, No. 5. Cardiff, World Health Organization, 1995.

*Health promoting hospitals. The International Network of Health Promoting Hospitals and its projects.* Vienna, Ludwig Boltzmann-Institute for the Sociology of Health and Medicine and Copenhagen, World Health Organization, 1998. (Contact: Fax: 43 1 4277/48290; E-mail: hph.soc-gruwi@univie.ac.at; Web site: <http://www.who.dk>)

*Health promotion for working populations: report of a WHO Expert Committee.* WHO Technical Report Series, No 765. Geneva, World Health Organization, 1988.

*Teacher's guide on basic environmental health.* Geneva, World Health Organization, 1998 (Document WHO/EHG/98.3).

*The Health-promoting workplace: making it happen.* Geneva, World Health Organization, 1998 (Document HPR/HEP/98.9).

*The Jakarta Declaration on Leading Health Promotion into the 21st Century.* Geneva, World Health Organization, 1997 (Document HPR/HEP/41CHP/BR/97.4).

*The Ottawa Charter on Health Promotion.* Geneva, World Health Organization, 1995, (Document HPR/HEP/95.1).

*WHO's global healthy work approach.* Geneva, World Health Organization, 1997 (Document HPR/HEP/97.2).

### **Other resources**

Chu C, Simpson R (eds.), *Ecological public health: from vision to practice.* Brisbane, Griffith University, 1994 (joint publication of the Centre for Health Promotion, University of Toronto, and the Institute of Applied Environmental Research, Griffith University, Queensland).

*Corporate health model. A guide to developing and implementing the workplace health system in medium and large businesses.* Ottawa, Health Canada, 1991. Also small business and farm business health model. Request list of publications from: Health Canada, Jeanne Mance Bldg, Tunney's Pasture-A1: 1918-B, Ottawa-Ontario K1A 1B4, Canada. (Fax: 1 613 941 2633)

Heaney C, Goldenhar L. Worksite health programs. Theme issue of *Health education quarterly*, 1996, 27 (2).

International Labour Organization. (For ILO publications, contact web site at: <http://www.ilo.org/public/english/180publn/index.htm>. Click on publications icon.)

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O'Donnell MP, Harris JS. *Health promotion in the workplace*, 2nd edition. New York, Delmar Publishers Inc., 1994.

European Network Workplace Health Promotion. *WHP-Net-News*. Contact: The Liaison Office (Fax: 49 231 9071 454; E-mail: [baua@baua2.do.shuttle.de](mailto:baua@baua2.do.shuttle.de); Web site: <http://www.baua.de>).

Roskam, E. *Your health and safety at work.* Geneva, International Labour Organization, 1996. (A collection of 12 comprehensive and participatory training modules on occupational health and safety designed for workers in developing countries. Also useful for managers and factory managers.) Available in print, CD ROM and on the internet at: <http://www.itcilo.it/english/actrav/telearn/osh/default.htm>

Sloan RP, Gruman, JC, Allegrante, JP. *Investing in Employee Health - A Guide to Effective Health Promotion in the Workplace.* San Francisco, Jossey-Bass Publishers, 1991.

Stellman, JM (ed). *Encyclopaedia of Occupational Health and Safety*, 4<sup>th</sup> edition. Geneva, International Labour Organization, 1998.

Wynne R, Clarkin N. *Under construction: building for health in the EC workplace.* Luxembourg, European Foundation for the Improvement of Living and Working Conditions, 1992.

## **Resources for training on the Healthy Workplace**

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Queensland Health. *Health promotion in the workplace: training course*. Brisbane, Australia (Fax: 617 32341699).

Work Research Centre. *A manual for promoting health activity at work*. Dublin, 1996. For a list of publications, contact: Work Research Centre Ltd., 22 Northumberland Road, Ballsbridge, Dublin 4, Ireland (Fax: 353 1 6683142).

Wynne R. *A manual for training in workplace health promotion*. Dublin, European Foundation for the Improvement of Living and Working Conditions, 1997.

## **Video**

Health Canada. *A blueprint for health: establishing the workplace health system*, 1994. *The workplace health system: a strategy for success*, 1994 (Fax: 1 613 941 2633).

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World Health Organization, Regional Office for the Western Pacific. *Healthy urban China projects in Shanghai*. 1997, WHO-WPRO., PO Box 2932, 1099 Manila, Philippines (Fax: 632 52 11 036). *The video documents the three-year process of developing healthy workplaces in four large industrial organizations in the Shanghai area. The project is summarized in Case 3 in the Guidelines.*

World Health Organization, Regional Office for the Western Pacific. *Workplace health promotion in Shanghai*. 1998.

