

Global best practices in contractor safety

IOSH/ASSE good practice guidelines



direction

10.1

IOSH publishes a two-tier range of free technical guidance. Our guidance literature is designed to support and inform members and motivate and influence health and safety stakeholders.

Direct info

Brief, focused information on health and safety topics, typically operation- or sector-specific.

Direction

Strategic corporate guidance on health and safety issues.

Global best practice in contractor safety – IOSH/ASSE good practice guidelines

This document is aimed at anyone who needs to ensure good and continuously improving health and safety performance in contracting organisations worldwide. It summarises current good practice standards which apply to:

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

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

These guidelines represent the combined global experience of many senior health and safety advisers, brought together at a joint IOSH/ASSE seminar in October 2000. There are sections covering:

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

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

February 2010

Contents

1	Introduction	02
2	What is good practice contractor health and safety?	03
3	Implementing good practice contractor health and safety in developed countries	05
4	Implementing good practice contractor health and safety in developing countries	06
5	Implementing good practice contractor health and safety in international contracts	07
6	Acknowledgments	08

Appendices

A	Keynote address: UK and North America construction health and safety	09
B	The UK Construction (Design and Management) Regulations 2007: a global best practice	10
C	Construction best practices: a global perspective	11
D	The UK client's perspective	12
E	A multinational corporate perspective	13
F	Contractor safety checklist	14

1 Introduction

These guidelines summarise the presentations and subsequent discussions at a joint IOSH/ASSE seminar, *Global best practices in contractor safety*, held in London in October 2000. Around 60 delegates attended, mostly based in the UK or US but with international work experience. Others had global responsibilities managed from a UK or US base. There were also delegates from the Gulf states and Australia. Overall, the delegates represented a wide range of global health and safety experience.

The seminar included five presentations, which are summarised in the appendices. Although three of them focus on construction issues and practices, much of their material has a wider application. The two presentations relating to the client's perspective cover the full range of contracted services. After the presentations, the delegates broke into groups to share their experiences and develop ideas concerning best practice in a variety of situations. The following sections summarise these group discussions.

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

2 What is good practice contractor health and safety?

2.1

Key aspects of good practice health and safety culture include:

- an organisational vision that includes ethical and moral values, not just purely commercial reasons for good health and safety results
- externally verifiable excellent results – with consistently low injury, illness and damage statistics in a culture of open, honest reporting
- management systems that take account of local situations but which also meet global standards
- excellent contractors working with excellent clients
- an expectation of continuous improvement in all aspects of health and safety, aided by external benchmarking
- enough resources and time allocated for training and competence development among workers, professionals and managers
- prequalification of contractors and subcontractors based on their regional or local, as well as global, processes and results.

2.2

For capital projects, good practice clients will:

- make sure that overall project objectives are realistic and don't compromise health and safety results; projects will be on time, on budget and safe
- stress best value over the life of the project rather than lowest initial cost
- make sure that health and safety is thoroughly integrated into the design phase as well as into construction, start-up and operation
- make sure that there is enough time and resources for adequate planning, for example when mobilising construction contractors.

2.3

For all contracts, good practice clients will:

- use health and safety responses to pre-tender questionnaires throughout the tender, clarification and award processes
- create a culture that fosters co-operation, co-ordination, communication and competence, avoiding confrontation based on narrow interpretations of the contract, both internally and with the contractor
- consistently manage their own dealings with the contractor and expect the contractor to do the same with their subcontractors
- have clear contract health and safety management processes and accountabilities, including regular active monitoring and enforcement of performance standards where appropriate.

2.4

Good practice contractors will consistently:

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

2.5

Good practice contracts will have the following elements:

2.5.1 Before mobilisation

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

2.5.2 On site (for contracts carried out at the client's premises)

- site- or contract-specific induction training, clearly linked to any passport scheme used for generic inductions
- making sure that site inductions include 'good neighbour' issues and procedures, ie addressing the expectations of local health and safety stakeholders
- providing suitable welfare facilities, making sure that the standard does not imply that contract personnel are treated as 'second class citizens'
- active interface management and regular review, particularly to ensure consistent communication between client and contractor and joint ability to manage any pressures for improved performance, including refusing to condone or ignore short cuts

- regular, planned joint health and safety performance monitoring and feedback, including providing enough time and resources for workplace contacts and worker representatives, where appointed
- processes to communicate and manage change, including the revision of risk assessments by competent people, and agreement that changes mustn't take place without such assessments
- implementation of systems to recognise and reward both good practice and new best practice – the systems should be clear, consistent, communicated and followed, and may be used for individuals and groups.

2.5.3 After completion of the contract (often forgotten or ignored)

- adopt a holistic approach, covering the performance, both good and bad, of the client, contractor and subcontractors and its root causes
- link feedback and improvement opportunities to the likelihood of repeat business orders; where possible, expect and plan for more contracts with those who demonstrate continuous health and safety improvement
- make sure client and contractor feedback is linked to agreed precontract performance standards and other expectations.

3 Implementing good practice contractor health and safety in developed economies

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

3.1

There are two main issues for clients:

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

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

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

3.2

The two main issues for contractors are:

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

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

- increased and retained skills and experience
- market edge
- reduction in losses and insurance costs.

3.3

There are also some issues facing both clients and contractors:

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

Other aspects to consider include:

- less confrontational contracts and relationships can lead to the reduction of resources and costs devoted to accident claims and detailed contract variations
- the UK's Construction (Design and Management) Regulations 2007 (CDM) – see Appendix B – represent global best practice for defining construction project health and safety responsibilities, especially for clients and designers. However, standard methods for complying with the previous (1994) version of CDM were overly bureaucratic. CDM 2007 has tried to address this problem; only time will tell whether this approach has been successful.
- US employer liability insurance assessments and ranking represent a global best practice to reflect actual health and safety results in premiums.

4 Implementing good practice contractor health and safety in developing economies

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

4.1

The key issues are:

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

4.2

For both clients and contractors, good practice solutions include:

4.2.1 Management personnel

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

4.2.2 Local workforce

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

5 Implementing good practice contractor health and safety in international contracts

5.1

The key issues are:

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

5.2

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

- the publication of clear corporate value statements covering ethics, human rights and health and safety risk acceptance
 - being willing to challenge local health and safety values and standards constructively, where they're lower than corporate ones, but accepting variances which are based on local preferences – eg working hours, dress or social hierarchy
 - in extreme cases, clients deciding to decline to do business in certain situations, or contractors walking away from certain clients
 - regularly updating internal bid lists with contract-specific feedback from all parties (see 2.5.3), using industry-wide feedback where available (eg First Point Assessment Ltd for the UK sector of the North Sea)
 - at both corporate and site level, implementing health and safety management systems, based on a recognised standard which includes expectations of continuous improvement from 'good' towards 'best' practice
 - using management system audit plans, reports and auditors as a means to drive and disseminate improvements, rather than as a basic 'tick-box' exercise
- including all identifiable contractor and subcontractor personnel in published corporate health and safety results and improvement targets
 - setting realistic, balanced health and safety key performance indicators, including both leading and lagging indicators, and defining clear accountabilities
 - identifying leaders and followers (from audit data) and encouraging them to share best practices and learn from each other, to disseminate good practices more quickly
 - publishing and sharing results and lessons learned, both internally and through external bodies
 - including poor results as well as good ones, since much can be learned from the root cause analysis of failures.

6 Acknowledgments

We thank everyone who participated in this seminar and contributed their experiences, both as speakers and in the subsequent discussions. In particular, we thank Black & Veatch, sponsor of this event. We also thank IRATA for permission to use the front cover image.

We've tried, in this summary, to identify the key points at issue and make them widely available as a basis for further understanding of what global good practice is in contractor health and safety. Many of the practices identified may also be applied to environmental hazards.

Contacts for feedback on these guidelines are:

IOSH

Richard Jones

Policy and Technical Director
richard.jones@iosh.co.uk

Sarah Hamilton

Networks and International Director
sarah.hamilton@iosh.co.uk

IOSH

The Grange
Highfield Drive
Wigston
Leicestershire
LE18 1NN
UK

t +44 (0)116 257 3100
www.iosh.co.uk

ASSE

Rennie Heath

Manager, Practice Specialties
ASSE
1800 East Oakton Street
Des Plaines
IL 60018
USA

t +1 847 768 3436
rheath@asse.org
www.asse.org

Appendix A – Keynote address: UK and North America construction health and safety

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

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

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

Endemic problems include:

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

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

construction is largely driven by lowest cost rather than best value.

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

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

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

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

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

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

Dr Rodger Evans

Head of Construction Sector, Health and Safety Executive
London, UK

Addendum

Since this event, in addition to improving CDM, there have been further UK initiatives, including one aimed at improving worker competence through minimum knowledge requirements (passport scheme) and another standardising the pre-qualification scheme for those tendering for construction work. There have also been national awareness raising projects on issues such as working at height, co-operative working, and various construction-related occupational health issues, including asbestos.

In 2009, a report for the government into the underlying causes of fatal accidents in construction made 28 recommendations for improvement, including amending the Building Regulations to cover the safety of the building process, positive directors' duties and licensing of gangmasters in construction.

In the last decade, the construction industry worldwide has benefited from the development of high speed global communications, meaning that best practice solutions can be shared more quickly and widely.

John Lacey

Chair, IOSH Construction Group

Appendix B – The UK Construction (Design and Management) Regulations 2007: a global best practice

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

Before the implementation of the CDM Regulations in 1994 and the recent updated version in 2007, there were invariably differences in the way that the client, architect, structural engineer, safety adviser and contractor each perceived a project. Now, with improved communication between these parties, there is a better climate for competently managed, accident-free, completed-on-time construction projects.

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

The CDM Regulations 2007 require clients, designers and contractors to

rethink their approach to health and safety in order to co-ordinate and manage a construction project effectively.

Clients must use only competent personnel and be satisfied that sufficient resources – including time – are allocated to the project. Designers must work to avoid risks to health and safety, or at least to minimise them. Information about the risks which cannot be designed out must be provided to the CDM co-ordinator (CDMC) to be included in the preconstruction phase health and safety information document. In turn, the CDMC (which may be a group within an organisation, not necessarily a single person) ensures that an information document is prepared and must monitor the health and safety aspects of the design which will be included in the information document.

The principal contractor is then responsible for taking over the health and safety information to prepare and implement a construction phase plan, co-ordinating the activities of all contractors, ensuring co-operation between all the relevant parties and providing information, training and consultation with employees.

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

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

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

Bob Sayers

Group Safety, Health and Environment Manager, Redrow plc
London, UK

Appendix C – Construction best practices: a global perspective

The speaker used Black & Veatch's health and safety programme to illustrate his presentation.

The key elements of a health and safety programme are:

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

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

- contractor prequalification, including a background check and insurance review
- pre-employment procedures, including drug and alcohol screening and site safety orientation, plus specific task orientation with a middle management foreman
- employee training, including 10 hours of class time
- cardiopulmonary resuscitation/first aid, emergency procedures
- the presentation of a job hazard analysis. This allows the workers to

organise their tasks effectively by identifying hazards and preparing a plan to control them

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

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

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

Emergency plans must be established with strategies in place for:

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

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

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

Les Murphy

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

Appendix D – The UK client’s perspective

The speaker used AstraZeneca’s health and safety programme to illustrate his presentation.

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

AstraZeneca operates by forming alliances with strategic partners; it does not rely on one organisation satisfying all its needs. In a typical project, AstraZeneca manages the construction, and works with partner organisations to facilitate the implementation of shared goals and strategies, continuity on site and familiarity with standards and systems. The additional benefits of such alliances include an extended knowledge base which promotes input and challenge during the design phase and encourages innovation in a variety

of projects. These alliances have provided project timescale reductions of more than 30 per cent, with attendant cost benefits.

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

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

John Sudgen

Construction Group Head, AstraZeneca
Manchester, UK

Appendix E – A multinational corporate perspective

The speaker used Hasbro Inc's health and safety programme to illustrate his presentation.

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

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

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

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

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

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

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

Jack Popp

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

Appendix F – Contractor safety checklist

Introduction

This checklist is intended for use by internal or external assessors as a simple way of recording and summarising how well an organisation is following the best practices recommended in the guide. We've included section references to the guide for convenience.

A key concept in the guide is that clients need to use occupational safety and health (OSH) best practices so that their contractors can do likewise. In turn, contractors need to be best practice clients for their own subcontractors. The single checklist therefore covers both roles – client and contractor.

Completing the checklist

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

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

As outlined above, many organisations will act as both client and contractor in different circumstances, so we've used a single checklist. For convenience, we give a cross-reference to the relevant section of the IOSH/ASSE guide for each practice, and also an abbreviation to show whether it applies to clients (Cl) or contractors (Co). You can mark as 'not applicable' those items that are not relevant to the organisation you're assessing, but remember that most contractors will also act as clients for their subcontractors.

Using the results

For comparison, the assessment results can be converted to an overall Improvement Opportunity rating, using the method given at the end of the checklist. An Improvement Opportunity of 25 per cent or lower indicates that contractor OSH best practices are widely deployed and effective. A score of 50 per cent shows many opportunities for improvement, and a score of over 50 per cent indicates serious deficiencies compared with best practice – there must be some zero assessments, not balanced by an equivalent number of 2s.

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

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

Notes

The checklist is self-explanatory when used alongside the rest of this guide, but the brief best practice descriptions listed here are not sufficient on their own.

In the second column, 'App' is short for 'Applicability' and can refer to clients (Cl), contractors (Co) or both.

Scoring system

- n/a This element is not applicable to the organisation being assessed
- 0 No or minimal evidence that this practice is in effective use. The opportunities for improvement are obvious, so need not be summarised
 - 1 The practice is only partly deployed and/or effective. Complete the 'Opportunities for improvement' column to summarise how it could be made fully effective
 - 2 The practice is fully deployed and fully effective across the organisation

If you need an overall assessment score (see 'Using the results' above), calculate it as follows:

There are 63 best practices overall. Let X equal the number of practices assessed as not applicable, and let Y equal the overall total score (on page 17). The Improvement Opportunity (IO) score can be expressed algebraically as:

$$IO = \frac{(2 \times (63 - X) - Y) \times 100}{2 \times (63 - X)}$$

'Using the results' above tells you how to interpret this figure.

Do you know of any other best practices that aren't included in this guidance? If so, please let us know using the contact details on page 08, so that we can include them in future revisions.

Best practice	App	Score	Opportunities for improvement
2.1 OSH culture			
OSH more than just 'good business'	Both		
Verifiable excellent results	Both		
Open, honest reporting	Both		
OSH management system standard	Both		
Expectation of continuous improvement	Both		
Resources for competence development	Both		
Prequalification includes local OSH results	Both		
2.2 Capital projects			
Realistic objectives and timescales	CI		
Best value, not lowest initial cost	CI		
OSH integrated into all phases, including design	CI		
Adequate planning	CI		
2.3 All projects			
OSH pre-tender responses used	CI		
Non-confrontational culture	CI		
Consistent interface management	CI		
OSH accountabilities, active monitoring, enforcement	CI		
2.4 All projects			
Hazard identification, risk-based controls	Co		
Non-confrontational culture	Co		
Global or regional OSH standards used	Co		
2.5.1 Contracts – pre-mobilisation			
Contract-specific plan, contractor buy-in	Both		
Workforce competence, including passport schemes	Both		
OSH key performance indicators	Both		
Agree performance standards (PSs), rewards and sanctions	Both		
Team-building activities	Both		
Page total			

Best practice	App	Score	Opportunities for improvement
2.5.2 Contracts – on site			
Site/contract-specific inductions	Both		
Community expectations in induction	Both		
Welfare facilities	Both		
Active interface management and review	Both		
Planned OSH monitoring and feedback	Both		
Effective change management	Both		
Good/best OSH practices recognised and rewarded	Both		
2.5.3 Contracts – after completion			
Identify and feed back root causes of good and bad results	Both		
Link this feedback to future work opportunities	Both		
Compare feedback with pre-contract PSs	Both		
5.2 International contracts			
Published corporate values	Both		
Challenging local OSH standards where appropriate	Both		
'Walking away' from some work opportunities	Both		
Current bid lists	Both		
OSH management system standard	Both		
Audits for continuous improvement	Both		
Published corporate OSH results include contractors	CI		
Balanced OSH key performance indicators	Both		
Best practice sharing, based on audit results	Both		
Internal and external publishing of lessons learned	Both		
Willingness to share lessons from failures	Both		
Page total			

Best practice	App	Score	Opportunities for improvement
3.1 Implementation in developed economies – clients			
Clear OSH leadership and focus	CI		
Contracts awarded on best value	CI		
3.2 Implementation in developed economies – contractors			
Simple, comprehensive risk assessments	Co		
Demonstrating workforce competence	Co		
3.3 Implementation in developed economies – clients and contractors			
Investing resources in best practices	Both		
Adequate prequalification	Both		
Partnering arrangements	Both		
OSH incentives	Both		
Learning from accidents	Both		
4.2.1 Implementation in developing economies – management personnel			
Highly skilled core management team	Both		
Locals trained elsewhere if needed	Both		
Managers' personal standards and community vision	Both		
Local government bodies involved	Both		
Management visibility with local workers	Both		
Both corporate and local OSH results measured	Both		
4.2.2 Implementation in developing economies – local workforce			
Practical, focused local training	Both		
Training/education strategy	Both		
Valued local workforce	Both		
Targeted workforce OSH communications	Both		
Fostering trust	Both		
Page total			
Overall total			

IOSH
The Grange
Highfield Drive
Wigston
Leicestershire
LE18 1NN
UK

t +44 (0)116 257 3100
f +44 (0)116 257 3101
www.iosh.co.uk

IOSH is the Chartered body for health and safety professionals. With more than 36,000 members in 85 countries, we're the world's largest professional health and safety organisation.

We set standards, and support, develop and connect our members with resources, guidance, events and training. We're the voice of the profession, and campaign on issues that affect millions of working people.

IOSH was founded in 1945 and is a registered charity with international NGO status.