

# The HI Management Standard

## How to use the self-assessment tool



### Instructions

1. Work through each of the six leading indicators, considering how your organisation is currently performing in each area, giving a score for each question area. Note down evidence to support the scores you have given, to assist when referring back to this and sharing with others.
2. For each section, add up the score and enter the total. Finally, enter these totals into the overall assessment table below.
3. Identify those areas where the score is lowest and use this as a basis for completing the action plan sheet at the back of the document.
4. You can use this tool to assess performance company-wide or for individual sites and projects.

### Assessment

Score the answer to each question as follows, with a maximum of three points per question:

- 0 No
- 1 Yes but there is limited evidence or implementation
- 2 Yes there is good evidence and expectations are generally met
- 3 Yes expectations are met and there are examples of best practice

### Overall Assessment

**Company/Project/Site Name:** \_\_\_\_\_

Leading Indicator	Score			
	0-5	6-11	12-17	18+
Leadership & Commitment				
Planning & Prevention				
Risk Assessment				
Control				
Competency, Training & Behaviours				
Programme Management				

# Leading Indicator: Leadership and Commitment



Demonstrate that worker health protection is valued.

- Manage workplace health risks as an integral element of delivering the business, so it is part of the business strategy not just an add-on
- Put in place a programme and procedures that address all potential ill health and disease risks
- Designate named management responsibility and accountability for Worker Health Protection at company, project and site level
- Develop a culture of prevention through good practice, advocacy, positive intervention, supervision and contractor management

Company/Project/Site Name: \_\_\_\_\_

Question	Evidence	Score
Is worker health protection (WHP) given the same recognition as safety?	WHP included in company OHS policy. WHP included alongside Safety in Health & Safety meetings / reporting / targets etc.	
Have you got a plan that outlines how you ensure worker health is protected?	Company OHS policy includes WHP. Any plans or documents (e.g. procedures) which show how you assess risks to hazardous agents and how exposure is prevented or controlled.	
Has a senior manager been given responsibility for WHP?	Individual at senior management level in the organisation formally recognised as responsible for WHP and making sure plans are implemented.	
Do people throughout the organisation know they have responsibility for WHP?	Responsibility for WHP identified at the start of new projects, at project and Site Level (and it is written down). WHP built into line management objectives.	
Is the management of WHP promoted & encouraged in the organisation?	Promotion of WHP via in-house publications e.g. leaflets, site posters. Company targets set for WHP and reported.	
Are site level supervisors engaged in the management of WHP?	Site level supervisors understand the main health risks on their site and checks they need to make to ensure controls are being used and working e.g. use of correct tooling / processes, extraction systems, personal protective equipment.	

Other Evidence or Best Practices

**Score** (points per question)

- 0 No
- 1 Yes but limited evidence / implementation
- 2 Yes good evidence and expectation generally met
- 3 Yes expectation met and examples of best practice

**Total**

# Leading Indicator: Planning and Prevention



Eliminate and minimise risks to health early on: design and plan them out wherever possible.

- Remove high risk processes/substances/activities completely from the start
- Substitute with less hazardous processes/substances/activities where elimination isn't feasible
- Plan hazardous work activities so they minimise impact on other working groups
- Involve specialist expertise to advise during the planning/design process

**Company/Project/Site Name:** \_\_\_\_\_

Question	Evidence	Score
Are high risk processes / substances / activities reviewed and removed at the design stage?	Worker health protection included in planning stage. High risk activities are identified so that they can be avoided completely e.g. off site pre-fabrication of high noise processes or one that generates lots of hazardous dust or fumes.	
Are substances / processes substituted for less hazardous ones at the planning stage?	Substances and processes reviewed at the planning stage so lower risk alternatives can be chosen e.g. selection of chemicals which do not cause serious breathing problems e.g. asthma, selection of processes and tools which have lower vibration.	
Are high risk activities / processes identified and listed?	List generated of high risk activities or chemicals. List is communicated and shared so everyone makes an effort to avoid their use. List could even be included in contractual agreements.	
Is work planned / scheduled so that other workers are not exposed to hazardous agents when they are not directly involved with the activity?	Where there may be a high risk of exposure from an activity e.g. noise and dust from concrete cutting, work is planned so other people do not have to work in this area at the same time.	
Are there regular meetings / reviews of work schedules to maintain segregation of high risk activities?	Daily, weekly or monthly work reviews of high risk site activities to identify where they may be delayed / overrun. Other working groups may need to be rescheduled to avoid working alongside these high risk activities or additional WHP controls may be needed to protect them.	
Is there a suitable level of knowledge of WHP included at the planning & design stages?	Specialists are available to help identify hazardous agents and WHP options at the planning stage.	

Other Evidence or Best Practices

**Score** (points per question)

- 0 No
- 1 Yes but limited evidence / implementation
- 2 Yes good evidence and expectation generally met
- 3 Yes expectation met and examples of best practice

**Total**

# Leading Indicator: Risk Assessment



Assess the actual risks to health from workplace activities and substances (don't just list the hazards).

- Take a systematic, task-based approach to the identification and assessment of health risks
- Anticipate all potential chemical, biological and physical hazards arising from products used and processes that are carried out
- Consider routine, non-routine, maintenance and emergency tasks
- Measure exposure risks quantitatively (i.e. via workplace monitoring), where required

**Company/Project/Site Name:** \_\_\_\_\_

Question	Evidence	Score
Are the health hazards and risks assessed by a competent person for all activities / tasks which are conducted?	Not just a list of substances & safety data sheets, but how and when people could be exposed, number of people & controls for each task. Risk assessor has competence / knowledge, skills & experience in WHP.	
Are all health hazards identified and considered in the risk assessment?	Not just the list of chemicals used but also any hazardous agents generated by the activity e.g. biological / chemical / noise / vibration / UV etc.	
Are the ill health risks also assessed for non-routine activities such as maintenance?	Planned and foreseeable maintenance activities are also assessed for WHP including maintenance of control equipment e.g. emptying LEV bins.	
Are the health risk assessments reviewed when there are changes to the task or new information available?	Exposure monitoring & health surveillance data is reviewed and health risk assessments updated accordingly. Risk re-assessed where different tools or chemicals may be introduced.	
Is there a process in place to assess the risks to emergency situations and unplanned activities?	Foreseeable exposures are covered e.g. spillages of hazards chemicals. Have a process for quickly assessing risk for unplanned activities e.g. dynamic risk assessment.	
Is exposure monitoring conducted by a competent person where risk of exposure is not clear?	Use of specialists e.g. occupational hygienists to measure actual exposure where risk is not clear e.g. noise / dust / fumes / vibration etc.	

Other Evidence or Best Practices

**Score** (points per question)

- 0 No
- 1 Yes but limited evidence / implementation
- 2 Yes good evidence and expectation generally met
- 3 Yes expectation met and examples of best practice

**Total**

# Leading Indicator: Control



Companies should adopt the most effective and appropriate exposure controls to prevent ill health and disease.

- Implement a hierarchy of control and a preference for engineering solutions
- Use straightforward and effective measures utilising the principles of good practice
- Consider personal protective equipment (PPE) only as a last resort
- Ensure controls are proportionate to the health risk

**Company/Project/Site Name:** \_\_\_\_\_

Question	Evidence	Score
Where risks to ill health cannot be eliminated are engineering controls used rather than relying on personal protective equipment?	Engineering controls in use e.g. On-tool extraction for dusts / fumes, remote control of vibration equipment, vehicle exhaust extraction / filtration. PPE only used where other controls not reasonable.	
Do controls protect all the routes in which a hazard may affect health?	Controls take into account all potential impacts on health e.g. may need controls for breathing in a chemical as well as preventing exposure to the skin.	
Are sensible and practical controls used?	Use of industry / HSE guidance documents on WHP controls which are 'tried and tested' and provide a suitable level of protection for the particular process.	
Are technical specialists used to help to select and design engineering controls?	Use of technical specialists to specify controls where standard controls are not available e.g. occupational hygienists, acoustic experts.	
Is control information shared within the company as well as with other working groups / organisations to help ensure best controls are used?	Benchmarking with other companies /contractors / industry associations on the most effective controls & working with suppliers of equipment.	
Where PPE is required is it selected by a competent person?	Competence to assess which type of PPE will provide enough protection e.g. assigned protection factors, filter selection, noise attenuation, PPE compatibility requirements.	

Other Evidence or Best Practices

**Score** (points per question)

- 0 No
- 1 Yes but limited evidence / implementation
- 2 Yes good evidence and expectation generally met
- 3 Yes expectation met and examples of best practice

**Total**

# Leading Indicator: Competency, Training & Behaviours



Ensure that every worker is on board, competent in, and takes ownership of, their own health risk management at work.

- Information, instruction and training for the whole workforce about the health risks they face and the precautions to take
- Systems and rules that are enforced to ensure control measures are used
- Regular monitoring and review of competency and behaviours
- Requirement (and support) for subcontractors to work to the same high standard and within the same good practice framework

**Company/Project/Site Name:** \_\_\_\_\_

Question	Evidence	Score
Does everyone have training on WHP?	Includes all relevant health hazards (chemical / dusts / noise / vibration / UV etc.), controls and how they are used. Includes management & workers.	
Is there a process to ensure that workers understand all the WHP requirements on the site before they start work?	Site induction to ensure that employees know the specific risks and controls on site and risks from other workers.	
Are WHP risks / controls clearly communicated and in a suitable format so employees are clear on what they must and must not do?	Provision of simple, clear hazard information and instructions on what must and must not be done – provided in format relevant to complexity e.g. tool box talk or signage for simple requirements, class room for more complex risks.	
Is there ongoing supervision to ensure that WHP requirements are being used?	Routine inspection / checks by supervisors that correct processes, tooling, controls and PPE are being used, and used correctly.	
Is training provided for the correct use and fitting of PPE?	When and which types of PPE to be worn, limitations of PPE, user pre-use tests and maintenance, Face fit testing for respirators etc.	
Are sub-contractors required to work to the same standards?	Review of sub-contractors to ensure they are following WHP requirements and working to the same standards. Could be via site inspections.	

Other Evidence or Best Practices

**Score** (points per question)

- 0 No
- 1 Yes but limited evidence / implementation
- 2 Yes good evidence and expectation generally met
- 3 Yes expectation met and examples of best practice

**Total**

# Leading Indicator: Programme Management



Manage Worker Health Protection all the time: over the whole site, before and throughout every project and from the top to the bottom of the company.

- Maintain and evaluate the effectiveness of controls on an ongoing basis
- Establish an exposure monitoring programme
- Ensure early reporting and investigation of any potential workplace ill health or disease, through health surveillance
- Set and then monitor measurable targets which relate to the occupational ill health prevention programme

Company/Project/Site Name: \_\_\_\_\_

Question	Evidence	Score
Are routine checks in place to ensure controls are working properly?	e.g. daily pre-use checks for extraction systems as well as annual thorough examination & testing, Pre-use checks for PPE / RPE – filter change etc.	
Is there a programme of preventative maintenance to ensure controls do not 'break down'?	e.g. planned maintenance to ensure extraction works correctly / filters changed, collection bins emptied, damaged ductwork repaired. Maintenance of tooling so that it does not deteriorate (increase noise and vibration) etc.	
Has a need for ongoing exposure measurements been identified?	Routine exposure monitoring conducted to show that exposure assessments are still valid e.g. measurement of dust / fumes / noise / vibration.	
Is health surveillance required? Has this need been assessed?	Health surveillance targeted based on exposure risk assessments where there is a valid surveillance method and there is a significant risk of exposure.	
Are any abnormal health surveillance or exposure monitoring results investigated to identify any unsatisfactory controls?	Health surveillance & exposure measurement data reviewed to identify adverse trends, investigation to identify if controls need to be improved.	
Have targets been set to help monitor how well the WHP programme is working?	% risk assessment completed, % maintenance completed on controls, pre-use checks completed, % of high risk activities, training on health hazards completed, results of exposure monitoring & health surveillance, use of controls and PPE.	

Other Evidence or Best Practices

**Score** (points per question)

- 0 No
- 1 Yes but limited evidence / implementation
- 2 Yes good evidence and expectation generally met
- 3 Yes expectation met and examples of best practice

**Total**

# The HI Management Standard Action Plan



**Company/Project/Site Name:** \_\_\_\_\_

<b>Leadership and Commitment</b>	Person responsible: Review date:
Action:	Comments:
<b>Planning and Prevention</b>	Person responsible: Review date:
Action:	Comments:
<b>Risk Assessment</b>	Person responsible: Review date:
Action:	Comments:
<b>Control</b>	Person responsible: Review date:
Action:	Comments:
<b>Competency, Training and Behaviours</b>	Person responsible: Review date:
Action:	Comments:
<b>Programme Management</b>	Person responsible: Review date:
Action:	Comments: