Item 03 – Exposure draft of GRI 403: Occupational Health and Safety

For GSSB approval

Date 05 July 2017
Meeting 19 July 2017
Project Review of GRI 403: Occupational Health and Safety
Description This paper sets out the exposure draft of GRI 403: Occupational Health and Safety, for the approval of the GSSB.
A list of defined terms is included in the Annex.
Background

The Global Sustainability Standards Board (GSSB) has initiated a project to update its occupational health and safety reporting standard – GRI 403: Occupational Health and Safety 2016 (hereafter ‘GRI 403’). In line with the GSSB’s Due Process Protocol, a multi-stakeholder Project Working Group (hereafter ‘PWG’) has been formed to develop content for the review of GRI 403.

This paper sets out the exposure draft of GRI 403 as developed by the PWG, for approval of the GSSB. This draft incorporates feedback from the GSSB during its 29 June 2017 meeting and additional feedback from the PWG.

The exposure draft is expected to be released for a 60-day public comment period from 10 August to 9 October 2017, following GSSB approval.

Key changes since 29 June 2017

In addition to the changes presented to the GSSB on 29 June, the following key changes have been made to the draft, based on GSSB and PWG feedback:

- New guidance has been added on calculating the ‘the number of hours worked’ within Disclosure 403-2 ‘Work-related injuries’. See lines 442-445.

- Previous recommendation clause 2.2.4 on ‘the number of corrective actions for high potential incidents broken down by the categories of the hierarchy of controls’ (in the document Item 03 – Rough draft of GRI 403: Occupational Health and Safety) has been taken out, based on PWG feedback that this information will be difficult to calculate.

- The requirement to report ‘the number of hours worked’ has been removed from Disclosure 403-3 ‘Work-related illnesses’, based on PWG feedback that the rate of work-related illnesses will not be meaningful, due to the long-latency period of many illnesses.

- Disclosure 403-5 ‘Worker health promotion’ has been amended to clarify it concerns ‘non-work related’ health risks. See Disclosure 403-5 ‘a’ and ‘b’ in line 538, and lines 572-574.

- Lines 193-197 (Background context) and 567-570 (Disclosure 403-5) have been amended to clarify that worker health promotion programs should not become criteria for promotion, compensation or other favorable treatment towards workers.

- Previous recommendation clause 1.3.4 on ‘the presence of OHSMS among contractors’ (in the document Item 03 – Rough draft of GRI 403: Occupational Health and Safety) has been taken out, to reduce duplication of content.

- A new definition of ‘formal joint management–worker health and safety committee’ has been added to the Glossary section. See lines 640-644.

- References to the Sustainable Development Goals have been added in lines 153-156, 561-566, 584-586 and 613-614.
• Minor wording changes have been made all throughout to ensure language clarity and consistency.

The Standards Division will undertake a final editorial review of this draft before it is released for public comment.

**Feedback from the GSSB**

The GSSB is asked to raise any questions, concerns, or feedback on the draft Standard by email to the Standards Division by **13 July 2017**. This will allow the Standards Division time to analyze and respond to comments ahead of the **19 July virtual meeting**.
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About this Standard

Responsibility This Standard is issued by the Global Sustainability Standards Board (GSSB). Any feedback on the GRI Standards can be submitted to standards@globalreporting.org for the consideration of the GSSB.

Scope GRI 403: Occupational Health and Safety sets out reporting requirements on the topic of occupational health and safety. This Standard can be used by an organization of any size, type, sector or geographic location that wants to report on its impacts related to this topic.

Normative references This Standard is to be used together with the most recent versions of the following documents.

GRI 101: Foundation
GRI 103: Management Approach
GRI Standards Glossary

In the text of this Standard, terms defined in the Glossary are underlined.

Effective date This Standard is effective for reports or other materials published on or after [tbc]. Earlier adoption is encouraged.

Note: This document includes hyperlinks to other Standards. In most browsers, using 'ctrl' + click will open external links in a new browser window. After clicking on a link, use ‘alt’ + left arrow to return to the previous view.
Introduction

A. Overview

This Standard is part of the set of GRI Sustainability Reporting Standards (GRI Standards). These Standards are designed to be used by organizations to report about their impacts on the economy, the environment, and society.

The GRI Standards are structured as a set of interrelated, modular standards. The full set can be downloaded at www.globalreporting.org/standards/.

There are three universal Standards that apply to every organization preparing a sustainability report:

GRI 101: Foundation
GRI 102: General Disclosures
GRI 103: Management Approach

GRI 101: Foundation is the starting point for using the GRI Standards. It has essential information on how to use and reference the Standards.

An organization then selects from the set of topic-specific GRI Standards for reporting on its material topics. These Standards are organized into three series: 200 (Economic topics), 300 (Environmental topics) and 400 (Social topics).

Each topic Standard includes disclosures specific to that topic, and is designed to be used together with GRI 103: Management Approach, which is used to report the management approach for the topic.

B. Using the GRI Standards and making claims

There are two basic approaches for using the GRI Standards. For each way of using the Standards there is a corresponding claim, or statement of use, which an organization is required to include in any published materials.

1. The GRI Standards can be used as a set to prepare a sustainability report that is in accordance with the Standards. There are two options for preparing a report in accordance (Core or Comprehensive), depending on the extent of disclosures included in the report.

   An organization preparing a report in accordance with the GRI Standards uses this Standard, GRI 403: Occupational Health and Safety, if this is one of its material topics.

2. Selected GRI Standards, or parts of their content, can also be used to report specific information, without preparing a report in accordance with the Standards. Any published materials that use the GRI Standards in this way are to include a ‘GRI-referenced’ claim.

See Section 3 of GRI 101: Foundation for more information on how to use the GRI Standards, and the specific claims that organizations are required to include in any published materials.

C. Requirements, recommendations and guidance

The GRI Standards include:

Requirements. These are mandatory instructions. In the text, requirements are presented in bold font and indicated with the word ‘shall’. Requirements are to be read in the context of recommendations and guidance; however, an organization is not required to comply with recommendations or guidance in order to claim that a report has been prepared in accordance with the Standards.

Recommendations. These are cases where a particular course of action is encouraged, but not required. In the text, the word ‘should’ indicates a recommendation.
Guidance. These sections include background information, explanations and examples to help organizations better understand the requirements.

An organization is required to comply with all applicable requirements in order to claim that its report has been prepared in accordance with the GRI Standards. See GRI 101: Foundation for more information.

D. Background context

In the context of the GRI Standards, the social dimension of sustainability concerns an organization’s impacts on the social systems within which it operates.

GRI 403 addresses the topic of occupational health and safety.

A healthy and safe workplace is recognized as a human right and is addressed in authoritative intergovernmental instruments. This includes key instruments of the International Labour Organization (ILO), the Organisation for Economic Co-operation and Development (OECD) and the World Health Organization (WHO): see References.

A healthy and safe workplace is also a target of the Sustainable Development Goals, adopted by the United Nations as part of the 2030 agenda for sustainable development.

Health and safety at work involves both the prevention of harm and the promotion of workers’ health.

The prevention of harm involves addressing workplace hazards and risks. These can include the exposure of workers to unsafe or unhealthy:

- equipment, machinery, processes, practices or conditions;
- chemicals, physical, and biological substances and agents;
- psychosocial and physiological factors.

The prevention of harm, and the promotion of workers’ health, require organizations to demonstrate commitment to workers’ health and safety, and to engage workers in the development, implementation and performance of an occupational health and safety management system that is appropriate for the organization’s size and activities.

It is essential that workers are consulted in the development of occupational health and safety policy and participate in the processes necessary to plan, support and operate the management system; and in continual performance evaluation.

Hazard identification and risk assessment, worker training, and the identification and investigation of incidents are all key to the planning, supporting and operating of a management system.

In addition to effectively addressing workplace hazards and risks, organizations can also promote workers’ health through offering voluntary health programs; for example, to help workers improve their diet or stop smoking. Such health promotion programs are expected to respect workers’ right to privacy and cannot become criteria for employment, promotion, compensation or other favorable treatment towards workers. Health promotion programs are not a substitute for effective systems that prevent workplace hazards and risks, and protect workers from work-related injuries and illnesses.

1 See Target 8.8 ‘Protect labour rights and promote safe and secure working environments for all workers, including migrant workers, in particular women migrants, and those in precarious employment’ within Goal 8 ‘Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all’. 
This Standard includes disclosures on the management approach and topic-specific disclosures. These are set out in the Standard as follows:

- **Management approach disclosures (this section references GRI 103)**
  - Disclosure 403-1 Workers covered by an occupational health and safety management system
  - Disclosure 403-2 Work-related injuries
  - Disclosure 403-3 Work-related illnesses
  - Disclosure 403-4 Workers’ access to occupational health services
  - Disclosure 403-5 Worker health promotion

### The scope of ‘workers’ in this Standard

In the context of the GRI Standards, the term ‘worker’ is a broad term for a ‘person that performs work’. In some GRI Standards, the particular subset of workers to be used is specified. This Standard covers the following subset of workers, for whom an organization is expected to be responsible for their occupational health and safety:

- all workers performing work that is controlled by the organization, including outsourced work;
- all workers whose workplace is controlled by the organization, whether or not their work is under the control of the organization.

Whenever the term ‘worker’ is used in this Standard, it refers to ‘workers whose work, or workplace, is controlled by the organization’.

This includes not only the organization’s employees but also other workers whose work, or workplace, is controlled by the organization, such as contractors, sub-contractors, self-employed persons, outworkers, interns, apprentices, or volunteers.

This also includes workers for whom the organization does not have full control of the work activity or workplace where work is performed. This is often the case when an organization outsources activities or functions to a supplier: the organization still has responsibility for the health and safety of the workers concerned, and is expected to cover them in its reporting.

See the definitions of ‘worker’, ‘employee’ and ‘control of work and/or workplace’ in the GRI Standards Glossary.
1. Management approach disclosures

Management approach disclosures are a narrative explanation of how an organization manages a material topic, the associated impacts, and stakeholders’ reasonable expectations and interests. Any organization that claims its report has been prepared in accordance with the GRI Standards is required to report on its management approach for every material topic, as well as reporting topic-specific disclosures for those topics.

Therefore, this topic-specific Standard is designed to be used together with GRI 103: Management Approach in order to provide full disclosure of the organization’s impacts. GRI 103 specifies how to report on the management approach and what information to provide.

Reporting requirements

1.1 The reporting organization shall report its management approach for occupational health and safety using GRI 103: Management Approach.

1.2 The reporting organization shall:

1.2.1 report whether it has developed and implemented an occupational health and safety management approach using a recognized occupational health and safety management system standard, and the name of the standard;

1.2.2 describe the scope of workers, activities and workplaces covered by its occupational health and safety management approach, and explain why any workers, activities or workplaces are not covered;

1.2.3 describe the processes used to identify hazards and to assess risks on a routine and nonroutine basis, and to implement measures to eliminate or control them, including:

1.2.3.1 how the organization ensures the quality of the processes, including the competency of those who carry it out;

1.2.3.2 how the results of the processes are addressed in its management of occupational health and safety;

1.2.4 describe its processes for worker participation and consultation, and for communicating and providing access to relevant information to workers, in relation to occupational health and safety;

1.2.4.1 where formal joint management–worker health and safety committees exist, describe their mandate, frequency of meetings, decision-making authority, and whether any workers are not represented by these committees;

1.2.5 describe the processes for workers to report about hazards and hazardous situations, and how the processes protect them from reprisal;
1.2.6 describe the processes for workers to exercise the authority to remove themselves from exposure to hazards or hazardous situations which they have reason to believe will cause injury or ill health, and how the processes protect them from reprisal;

1.2.7 describe the occupational health and safety training provided to workers, including generic training and training on specific hazards or hazardous activities or situations.

Reporting recommendations

1.3 The reporting organization should:

1.3.1 report whether occupational health and safety is covered in local or global formal agreements with trade unions, and the topics covered;

1.3.2 report the leading indicators used to measure the performance of its occupational health and safety management approach;

1.3.3 describe its approach to preventing or mitigating negative occupational health and safety impacts that are directly linked to its operations, products or services via business relationships, including with entities in its value chain.

Guidance

Guidance for clause 1.2

The overall description of the reporting organization’s management approach for occupational health and safety is required by Disclosure 103-2-a in GRI 103: Management Approach.

When describing its management approach for occupational health and safety, the organization can:

• explain how responsibility for occupational health and safety is integrated into its business processes and governance structure, including which position has overall responsibility for occupational health and safety;

• specify how it achieves the continual improvement of its occupational health and safety management approach. A process for continual improvement is the ‘iterative process of enhancing the management system to achieve improvements in overall occupational health and safety performance.’

Guidance for clause 1.2.1


If the organization uses an internally-devised system or protocol, which is therefore not a recognized standard, it can explain this.

Guidance for clause 1.2.3

In the context of this Standard, ‘risk’ means the combination of the likelihood of an occurrence of a hazardous event and the severity of injury or damage to the health of workers caused by this event.

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For guidance on control measures, see section 3.10.1. ‘Prevention and control measures’ of ILO-OSH 2001.

When describing the processes to identify hazards and assess risks on a routine and nonroutine basis, and to implement measures to eliminate or control them, the organization can:

- specify whether recognized standards or guidance are used for these processes;
- describe the frequency and scope of processes undertaken on a routine basis;
- for processes undertaken on a nonroutine basis, describe the process and triggers. Triggers can include, for example, changes in operating procedures or equipment, incident investigations, worker complaints or referrals, changes in workers or workflow, health surveillance and monitoring, and the results of workplace exposure monitoring (e.g., exposure to noise, dust and any other chemical, physical or biological hazards).

**Guidance for clause 1.2.4**

A common form of workers’ participation in occupational health and safety is through joint management–worker health and safety committees. In addition to direct worker participation at all levels, health and safety representatives, where they exist, may be involved in these joint activities or may be authorized to make other workplace decisions.

When describing processes for workers’ participation in occupational health and safety, the organization can describe:

- formal participation, based on legal requirements;
- participation through engagement with formally recognized workers’ representatives;
- direct participation by workers, in particular by affected workers (for example, in small organizations with few workers, where all participate in occupational health and safety decisions);
- the use of workers’ representatives or committees, and how committees are established;
- workers’ participation in the occupational health and safety management system (for example, in hazard identification and risk assessment, and their elimination or control, incident investigation, audits, use of contractors and outsourcing);
- how it identifies and removes obstacles to workers’ participation, including fear of reprisal.

**Guidance for clause 1.2.4.1**

Where formal joint management–worker health and safety committees exist, the organization can also describe the level at which each committee operates within the organization, its dispute resolution mechanism, its chairing responsibilities, and how committee members are protected against dismissal.

Clause 1.2.4.1 requires a description of whether any workers are not represented by these committees. It does not require information on which workers are members, or not, of such committees.

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3 Examples of these standards include, but are not limited to, ISO 31000:2009 series (Risk management – principles and guidelines), IEC 31010:2009 (Risk management – risk assessment techniques), BS 18004:2008 (Guide to achieving effective occupational health and safety performance), and ILO’s ‘A 5 step guide for employers, workers and their representatives on conducting workplace risk assessments’ and ‘Training package on workplace risk assessment and management for small and medium-sized enterprises’.
When describing the occupational health and safety training provided, the organization can describe:

- how training needs are assessed;
- how training is designed and delivered, including the content or topics addressed, the competency of trainers; the recipients, the frequency, and whether it is provided free of charge and during paid working hours;
- how the effectiveness of the training is evaluated.

Agreements at the local level typically include such topics as personal protective equipment; the participation of workers’ representatives in health and safety inspections, audits, and incident investigations; the provision of training and education; and protection against reprisal.

Agreements at the global level typically include such topics as compliance with International Labor Standards promulgated by the ILO; arrangements or structures for resolving problems; and commitments regarding target performance standards, or levels of practice to apply.

Leading indicators measure an organization’s performance regarding the actions it takes to prevent work-related injury and ill health. They are important because organizations cannot rely solely on lagging indicators, which may not give a true picture of their occupational health and safety risk management due to issues such as long-latency diseases and underreporting.

While leading indicators are often unique or tailored to a specific organization, examples may include the number of workers trained in hazard identification; the number of new assessments for changes in processes or equipment; or response times for the investigation and remediation of hazards.

An organization is expected to be responsible for the occupational health and safety of workers whose work or workplace it controls. Beyond that, organizations might also be involved with occupational health and safety impacts as a result of their business relationships with other entities, such as entities in the value chain.

Even though in these cases an organization does not have control over the work or the workplace, it has a responsibility to make efforts, including exercising leverage it may have, to eliminate or minimize negative occupational health and safety impacts it causes or contributes to, or that are caused or contributed to by entities with which it has a business relationship, when these harms are directly linked to the organization’s activities, products or services.\(^4\)

\(^4\) For more guidance, see Principles 13 and 19 of the UN Guiding Principles on Business and Human Rights.
2. Topic-specific disclosures

Disclosure 403-1 Workers covered by an occupational health and safety management system

Reporting requirements

<table>
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<th>Disclosure 403-1</th>
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<tbody>
<tr>
<td>The reporting organization shall report the following information:</td>
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<tr>
<td>a. The percentage of workers that:</td>
</tr>
<tr>
<td>i. are covered by an occupational health and safety management system;</td>
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<tr>
<td>ii. are covered by an occupational health and safety management system which has been internally audited;</td>
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<tr>
<td>iii. are covered by an occupational health and safety management system which has been audited or certified by an external party.</td>
</tr>
<tr>
<td>b. An explanation of how the data have been compiled, including why any workers have been excluded, and any standards, assumptions, and methodologies used.</td>
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</table>

Guidance

Guidance for Disclosure 403-1

This disclosure covers occupational health and safety management systems implemented by the reporting organization, whether based on recognized standards or internally-devised systems.

The reporting organization can explain:

- whether the management system uses a recognized standard, and the name of the standard, or whether it is internally-devised;
- the auditing or certification standard used.

Background

Occupational health and safety management systems are widely accepted as an effective approach to managing and continually eliminating and controlling occupational health and safety hazards and risks. It is a systems-based approach that seeks to integrate occupational health and safety management with overall business processes. Typically, a system moves through a 'plan-do-check-act' cycle, promoting leadership and practice through the meaningful consultation and participation of workers at all levels of an organization.

A systems-based approach can be a significant advance on an approach that considers hazard identification, risk assessment and their control, and incident investigation as isolated activities. Focusing on system deficiencies can enable an organization to identify deficiencies in its overall management of occupational health and safety, addressing resources, policy, operational controls, and continual improvement activity.
Disclosure 403-2 Work-related injuries

### Reporting requirements

#### Disclosure 403-2

The reporting organization shall report the following information:

**a. For employees, report:**

1. The number of fatal work-related injuries;
2. The number and rate of work-related injuries that were fatal and non-fatal impairments;
3. The number and rate of recordable work-related injuries;
4. The number of hours worked.

**b. For workers (excluding employees), report:**

1. The number of fatal work-related injuries;
2. The number and rate of work-related injuries that were fatal and non-fatal impairments;
3. The number and rate of recordable work-related injuries;
4. The number of hours worked.

**c. The number of high potential incidents.**

**d. The causes of and action taken in response to work-related injuries that were fatal and non-fatal impairments, and to high potential incidents.**

**e. A list of safety hazards identified that pose significant risks, and an explanation of how the list has been decided on.**

**f. An explanation of how the data have been compiled, including why any workers have been excluded, and any standards, assumptions, and methodologies used.**

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2.1 When compiling the information specified in Disclosure 403-2, the reporting organization shall:

2.1.1 include fatal work-related injuries in the calculation of the number and rate of recordable work-related injuries;

2.1.2 calculate the rates of work-related injuries that were fatal and non-fatal impairments and of recordable work-related injuries using the following formulas:

\[
\text{Rate of work-related injuries that were fatal and non-fatal impairments} = \frac{\text{The number of work-related injuries that were fatal and non-fatal impairments}}{\text{The number of hours worked}} \times 1,000,000
\]
Rate of recordable work-related injuries =
\[
\frac{\text{The number of recordable work-related injuries}}{\text{The number of hours worked}} \times 1,000,000
\]

Reporting recommendations

2.2 When compiling the information specified in Disclosure 403-2, the reporting organization should:

2.2.1 use data from Disclosure 102-7 in GRI 102: General Disclosures to identify the total number of employees;

2.2.2 if the numbers and rates reported are significantly higher for certain countries, business lines, or workers’ demographics, provide a breakdown of this information;

2.2.3 break down the number of recordable work-related injuries by type of incident;

2.2.4 if chemical hazards have been identified, report the chemicals.

Guidance

Guidance for Disclosure 403-2

This disclosure covers work-related injuries. Work-related injury data are a measure of the extent of harm to workers; they are not a measure of safety.

An increase in the number or rate of reported incidents does not necessarily mean that there have been a greater number of incidents than previously recorded and reported: it can indicate an improvement in the recording and reporting of incidents.

If an increase in the number or rate is the result of actions by the organization to improve the reporting and recording of fatalities, injuries or illnesses, or because it has expanded the scope of its management system to cover more workers or workplaces, then the organization can report on those activities and their results.

Guidance for Disclosure 403-2-d

If there are a high number of work-related injuries that are fatal and non-fatal impairments, the organization can describe the causes and corrective actions for the fatal ones and the most severe non-fatal impairments.

Guidance for Disclosure 403-2-e

This disclosure covers uncontrolled safety hazards that pose a significant risk or that are known to increase the risk of work-related injury.

The processes to identify hazards and assess risks, and to implement measures to eliminate or control them, are covered in clause 1.2.3.
In situations where the organization follows the ILO Code of Practice on Recording and Notification of Occupational Accidents and Diseases (Code of Practice), it can state this.

In situations where the organization does not follow the ILO Code of Practice, it can indicate which system of rules it applies and their relationship to the ILO Code of Practice.

If the organization cannot calculate the number of hours worked by employees and/or workers (excluding employees), it can calculate this on the basis of normal hours of work, taking into account entitlements to periods of paid absence from work, such as paid vacations, paid sick leave and public holidays, and explain this in its report.

Standardized rates allow meaningful comparisons of statistics, for example between different periods, or organizations, to take account of the differences in the number of workers in the reference group, as well as in the hours worked by those in the reference group.

These rates indicate the number of work-related injuries per 500 full-time workers over a one year timeframe, based on the assumption that one full-time worker accounts for 2,000 work hours per year. For example, a rate of 1.0 means that, on average, there is one work-related injury for every 500 full-time workers.

This methodology is based on the ILO ‘Resolution concerning statistics of occupational injuries (resulting from occupational accidents), adopted by the Sixteenth International Conference of Labour Statisticians in 1998’. This instrument proposes additional rates that the organization may wish to report; the incidence rate and the severity rate.

In addition to standardizes rates, this disclosure requires the absolute data to be reported, to allow information users to calculate these rates with other methodologies if needed.

An organization may choose to use a different methodology for calculating the rates and can explain this in its report.
Disclosure 403-3 Work-related illnesses

Reporting requirements

Disclosure 403-3

The reporting organization shall report the following information:

a. For employees, report:
   i. The number of fatal work-related illnesses;
   ii. The number of recordable work-related illnesses;
   iii. A list of the main types of work-related illness.

b. For workers (excluding employees), report:
   i. The number of fatal work-related illnesses;
   ii. The number of recordable work-related illnesses;
   iii. A list of the main types of work-related illness.

c. A list of health hazards identified that pose significant risks, and an explanation of how the list has been decided on.

d. An explanation of how the data have been compiled, including why any workers have been excluded, and any standards, assumptions, and methodologies used.

2.3 When compiling the information specified in Disclosure 403-3, the reporting organization shall include fatal work-related illnesses in the calculation of the number of recordable work-related illnesses.

Reporting recommendations

2.4 When compiling the information specified in Disclosure 403-3, the reporting organization should:

2.4.1 use data from Disclosure 102-7 in GRI 102: General Disclosures to identify the total number of employees;

2.4.2 if the numbers reported are significantly higher for certain countries, business lines, or workers’ demographics, provide a breakdown of this information;

2.4.3 if chemical hazards have been identified, report the chemicals;

2.4.4 report the number of workers that are exposed to each health hazard identified that poses significant risks.
Work-related illnesses are acute, recurring or chronic health problems caused or aggravated by work conditions or practices. They may include, but are not limited to, musculoskeletal, skin, and respiratory diseases, malignant cancers, noise-induced hearing loss, and mental illnesses.

This disclosure covers both short and long-latency work-related illnesses detected during the reporting period, where this information is available. Latency means the time period between exposure and the onset of illness.

Many long-latency work-related illnesses are not detected; and when they are, it may not necessarily be due to exposures with one employer. For example, a worker may be exposed to asbestos while working for different employers over time. For this reason, data on work-related illnesses is to be complemented with information on work-related health hazards.

The reporting organization may report separately any work-related illnesses that were detected during the reporting period among former workers. This may apply for long-latency work-related illnesses.

This disclosure covers uncontrolled health hazards that pose a significant risk or that are known to increase the risk of work-related illness. It includes exposures to the International Agency for Research on Cancer (IARC) Group 1 (Carcinogenic to humans) and Group 2A (Probably carcinogenic to humans) agents.\(^5\)

The processes to identify hazards and assess risks, and to implement measures to eliminate or control them, are covered in clause 1.2.3.

In situations where the organization follows the ILO Code of Practice on Recording and Notification of Occupational Accidents and Diseases (Code of Practice), it can state this.

In situations where the organization does not follow the ILO Code of Practice, it can indicate which system of rules it applies and their relationship to the ILO Code of Practice.

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Disclosure 403-4 Workers’ access to occupational health services

Reporting requirements

The reporting organization shall report the following information:

a. The percentage of workers that have access to occupational health services.

b. An explanation of how the data have been compiled, including why any workers have been excluded, and any standards, assumptions, and methodologies used.

Reporting recommendations

2.5 When compiling the information specified in Disclosure 403-4, the reporting organization should describe:

2.5.1 how it maintains the confidentiality of personal information related to workers’ health;

2.5.2 how it ensures that personal information related to workers’ health is not used for discriminatory purposes or in any other manner prejudicial to workers’ interests.

Guidance

Background

Occupational health services aim to protect the health of workers in relation to their work environment.

ILO Convention 161 ‘Occupational Health Services’ defines occupational health services as ‘services entrusted with essentially preventive functions and responsible for advising the employer, the workers and their representatives in the undertaking on the requirements for establishing and maintaining a safe and healthy work environment which will facilitate optimal physical and mental health in relation to work and the adaptation of work to the capabilities of workers in the light of their state of physical and mental health.’

Occupational health services functions may include, among others:

• surveillance of the factors in a working environment, or in working practices, which may affect workers’ health, including in any sanitary installations, canteens and housing provided to workers;

• surveillance of workers’ health in relation to work;

• advice on occupational health, safety and hygiene;

• advice on ergonomics, and on individual and collective protective equipment;

• promoting the adaptation of work to the worker;

• the organizing of first aid and emergency treatment.

Guidance for Disclosure 403-4

The reporting organization can explain how it ensures the quality of the occupational health services.
Guidance for clause 2.5

See the ILO Code of Practice on Protection of workers’ personal data (1997).

References

See References 2, 5 and 6 in the References section.
Disclosure 403-5 Worker health promotion

Reporting requirements

<table>
<thead>
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<th>Disclosure 403-5</th>
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<tbody>
<tr>
<td>The reporting organization shall report the following information:</td>
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<tr>
<td>a. A description of voluntary programs it has established for workers to address major non-work related health risks.</td>
</tr>
<tr>
<td>b. The percentage of workers that have access to voluntary programs to address major non-work related health risks.</td>
</tr>
<tr>
<td>c. An explanation of how the data have been compiled, including why any workers have been excluded, and any standards, assumptions, and methodologies used.</td>
</tr>
</tbody>
</table>

Reporting recommendations

2.6 When compiling the information specified in Disclosure 403-5, the reporting organization should describe:

2.6.1 how it selects topics to cover in a program;

2.6.2 how workers are included in the selecting of topics;

2.6.3 the extent to which proven effective interventions are included in the programs;

2.6.4 the metrics used to evaluate programs’ effectiveness;

2.6.5 how it maintains the confidentiality of personal information related to workers’ health;

2.6.6 how it ensures that personal information related to workers' health, and workers’ participation or lack of participation in the programs, is not used for discriminatory purposes or in any other manner prejudicial to workers’ interests;

2.6.7 whether it provides workers with access to non-occupational medical and healthcare services, such as through health insurance or financial contributions, and the coverage provided.

Guidance

Background

This disclosure covers the promotion of the health of workers and their families within the community, complementing other occupational safety and health measures that are required to protect workers’ health and safety.

Ensuring healthy lives and promoting well-being for all at all ages is one of the Sustainable Development Goals adopted by the United Nations as part of the 2030 agenda for sustainable development. This goal includes targets such as reducing by one third premature mortality from non-communicable diseases through prevention and treatment and promoting mental health and well-being, as well as strengthening
the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.

Worker health promotion programs are expected to respect workers’ right to privacy and cannot become criteria for employment, promotion, compensation or other favorable treatment towards workers; and they cannot not substitute for effective systems that prevent workplace hazards and risks, and protect workers from work-related injuries and illnesses.

Guidance for Disclosure 403-5

This disclosure covers voluntary programs for workers aimed at addressing major non-work related health risks, such as smoking, drug and alcohol consumption, physical inactivity, unhealthy diets, HIV, and psychosocial risk factors.

Voluntary programs may include, for example, smoking cessation programs, dietary advice, or Employee Assistance Programs. A program is voluntary when it does not set personal targets related to incentives.

Disclosure 403-5-b requires the percentage of workers that can access these programs on a voluntary basis. It does not require the percentage of workers that participate in these programs.

Guidance for clause 2.6.3

For guidance on effective interventions see Reference 11 in the References section.

Guidance for clauses 2.6.5 and 2.6.6

See the ILO Code of Practice on Protection of workers’ personal data (1997).

Guidance for clause 2.6.7

Achieving universal health coverage, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all is one of the targets of the Sustainable Development Goals.

If the reporting organization does not provide access to medical and healthcare services because it operates in a country where they are freely provided to the population, it can explain this.

References

See References 1, 2, 10, 11 and 12 in the References section.
References

The following documents informed the development of this Standard and can be helpful for understanding and applying it.

Authoritative intergovernmental instruments:

Annex – Defined Terms

Terms and definitions

control of work and/or workplace

the control of work and/or workplace includes both full and shared control:

full control: the work activity is performed by the reporting organization’s employees, or by workers in workplaces that are managed by the organization

Note 1: For example, if the organization’s products are manufactured by its employees, this work is considered to be ‘fully controlled’.

Note 2: This may include joint ventures, where the organization has management control.

shared control: the work activity is performed by workers or in workplaces that are managed by an external party, on behalf of the reporting organization

Note 1: For example, if the organization outsources the manufacturing of its products to a supplier, this work is considered to be under the ‘shared control’ of the organization.

Note 2: This may include workplaces owned by the organization, but which are managed by an external party on behalf of the reporting organization.

formal agreement

written document signed by all relevant parties declaring a mutual intention to abide by what is stipulated in the document

Note: A formal agreement can include, for example, a local collective bargaining agreement, or a national or international framework agreement.

formal joint management–worker health and safety committee

a committee made up of management and worker representatives, whose function is integrated into an organizational structure, and operates according to agreed, written policies, procedures and rules, and which helps to facilitate worker participation and consultation on occupational health and safety

hazard

source or situation with potential to cause injury and/or ill health

Note 1: Hazards can be physical (such as ergonomics), chemical, biological, psychosocial (such as verbal abuse, harassment, or bullying), work-organizational (such as due to shift
work, long hours, or night work), physiological, mechanical, electrical, and based on movement and energy.


**high potential incident**

incident with a high probability of causing death, impairment and/or ill health but where none occurs

Note 1: A potential incident may also be referred to as a ‘near-miss’, ‘near-hit’, or ‘close call’.

Note 2: This definition is based on ISO/DIS 45001.2:2017.

**impairment**

y any loss or abnormality of psychological, physiological or anatomical structure or function

Note 1: Examples of impairment include blindness, deafness, paralysis or amputation of a limb, the loss of a finger, musculoskeletal disorders, back injury, or intellectual disability.

Note 2: This definition comes from the World Health Organization (WHO), International Classification of Impairments, Disabilities and Handicaps, 1976.

**incident**

occurrence arising out of, or in the course of, work that could or does result in injury and/or ill health

Note 1: This definition comes from ISO/DIS 45001.2:2017.

Note 2: Incidents may be due to, for example, electrical problems, explosion, fire; overflow, overturn, leak, flow; breakage, bursting, splitting; loss of control; slipping - stumbling and falling; body movement without stress; body movement under/with stress; shock, fright, violence.

**occupational health and safety management system**

set of interrelated or interacting elements to establish occupational health and safety policy and objectives, and to achieve those objectives

**recordable work-related injury or illness**

A recordable work-related injury or illness is one that results in any of the following: death, days away from work, restricted work or job transfer, medical treatment beyond first aid, or loss of consciousness; or a significant injury or illness diagnosed by a physician or other licensed health care professional, even if it does not result in death, days away from work, restricted work or job transfer, medical treatment beyond first aid, or loss of consciousness.


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**work-related injury or illness**

Negative impacts on health arising from exposure to hazards at work.


Note 2: Work-related injuries or illnesses are those that arise from the conduct of the reporting organization. Other types of incident can occur, which are not connected with work or the conduct of the organization. For example, the following incidents are not considered to be work-related:

- A worker or another person suffers a heart attack while at work which is unrelated to work or the conduct of the organization;
- A person driving to work is injured in a car accident (where driving is not part of their work);
- A person with epilepsy has a seizure at work which is unrelated to work or the conduct of the organization.

Note 3: Terms such as ‘disease’, ‘illness’ and ‘disorder’ are often used interchangeably, as are ‘occupational’ and ‘work-related’.

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**worker participation**

Workers’ involvement in decision-making.

Note 1: Worker participation may be carried out through workers’ representatives.

Note 2: Worker participation and consultation are two distinct terms with specific meanings. See the definition of ‘worker consultation’.

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**worker consultation**

Seeking of workers’ views before making a decision.

Note 1: Worker consultation may be carried out through workers’ representatives.
Note 2: Consultation is a formal process, whereby management takes the views of workers into account when making a decision. Consultation must, therefore, take place before the decision is made. It is essential to provide timely information to workers or their representatives to make an informed decision. Genuine consultation involves dialogue.

Note 3: Worker participation and consultation are two distinct terms with specific meanings. See the definition of 'worker participation'.