



UL 904Z

Guidelines for Integrating Health and Safety in the Workplace

Guidelines for Integrating Health and Safety in the Workplace, UL 904Z

First Edition, Dated December 22, 2015

SUMMARY OF TOPICS

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The new requirements are substantially in accordance with Proposal(s) on this subject dated December 4, 2015.

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1

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CONTENTS

INTRODUCTION

1 General	5
2 The Guideline	8
3 Scope and Intended Users	10
3.1 Definition of organization size	10
3.2 Geographic applicability	10
3.3 Intended users	10
4 Glossary	11
4.1 Acronyms	11
4.2 Terminology	12

ECONOMIC DIMENSION

5 Standards for Leadership and Program Management	14
5.1 General	14
5.2 IHS policy	15
5.3 Responsibilities for integrated program management	15
5.4 Benchmarking of IHS leadership and program management	16
6 Standards for Absence and Disability Management	16
6.1 General	16
6.2 Identification and evaluation of employee injury and illness conditions	16
6.3 Management of disabilities	16
6.4 Responsibilities for disability management	17
6.5 Benchmarking of absences and disability	17
7 Standards for Integrating Health, Safety and Productivity	17
7.1 General	17
7.2 Incorporation of IHS into business strategy	17
7.3 Management of integrated health, safety and productivity	17
7.4 Responsibilities for the evaluation of integrated health, safety and productivity interventions	18
7.5 Benchmarking of integrated health, safety and productivity management	18

ENVIRONMENTAL DIMENSION

8 Standards for Healthy Workers	18
8.1 General	18
8.2 Employee health evaluations	18
8.3 Arrangements for medical care	19
8.4 Responsibilities for healthy workers	19
8.5 Benchmarking of workers' health	19
9 Standards for Healthy Workplace Environments	19
9.1 General	19
9.2 Health and safety hazard evaluations and abatement	19
9.3 Hazard communications	20
9.4 Organizational learning and hazard recognition	20
9.5 Responsibilities for healthy workplace environments	20
9.6 Benchmarking of healthy environments	21

SOCIAL DIMENSION

10	Standards for Engagement in Prevention and Well-Being	21
10.1	General	21
10.2	Primary Prevention	21
10.3	Secondary prevention	22
10.4	Tertiary prevention	22
10.5	Prevention and wellness responsibilities	22
10.6	Benchmarking of engagement in prevention and wellness	23
11	Value Based Health Benefits Management	23
11.1	General	23
11.2	Characteristics of health benefits	23
11.3	Responsibilities in value based health benefits management	23
11.4	Benchmarking of value based health benefits management	24
12	Community Engagement	24
12.1	General	24
12.2	Employment practices	24
12.3	Community education and outreach	24
12.4	Responsibilities for community health and safety engagement	24
12.5	Benchmarking of community engagement	25

APPENDIX A: REFERENCES

A1	General	A1
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INTRODUCTION

1 General

1.1 In recent decades, U.S. employers have made significant progress in addressing issues of health and safety in the workplace. Since 1970, workplace fatalities have been reduced by more than 65 percent and injury and illness rates have declined by 67 percent, according to the Occupational Safety and Health Administration (OSHA). Worker deaths have been reduced from approximately 38 per day in 1970 to 12 per day in 2012.

1.2 Major safety improvements have been made through the use of risk assessment, medical surveillance examinations, safety training, improved protective equipment, better mechanical safety engineering and other physical changes in the workplace, and a host of other factors. These include efforts by labor and management to address safety issues more comprehensively, the rise of new governmental agencies focused on safety, and an increase in research and education devoted to safety. The establishment of OSHA and the National Institute for Occupational Safety and Health (NIOSH) in 1970 was also an important factor. Over time, employers adopted safety as a company value and built what came to be known as a “culture of safety” among their employees.

1.3 Coinciding with advances in safety was the rise of a workplace wellness movement in the United States, driven in part by rising health care costs in the 1970s and 1980s. As costs increased, employers began to introduce “worksites health promotion” programs on a large scale in an effort to keep their employees healthier and thus reduce health-care cost impacts on their employee health plans.

1.4 Early employer-based programs consisted of health screenings, smoking cessation, weight-loss education, and on-site exercise offerings, including corporate fitness centers. Over time, these programs evolved into much more sophisticated efforts, which today include the use of health risk appraisals (HRAs) and biometric screening; programs for the management of chronic health conditions, such as diabetes; behavior modification; and large-scale population health strategies based on clinical data. Many large employers have even established medical clinics and pharmacies onsite. Increasingly, employers use these programs and other strategies to integrate health broadly into corporate practices in an effort to establish what is often referred to as a “culture of health” alongside a culture of safety.

1.5 Over the course of many decades, these two workplace activities, safety and wellness have evolved in tandem, but they have operated mostly independently, with separate work teams and organizational reporting structures. Today, they are broadly known as “health protection” (safety) and “health promotion” (wellness).

1.6 Health protection usually encompasses the activities that protect workers from occupational injury and illness ranging from basic safety training and the use of protective gear to equipment safety-enhancements and improvements to the environment. Health promotion encompasses workplace policies, programs and practices that maintain or improve the personal health and well-being of a workforce ranging from the provision of appropriate wages and benefits and the use of health risk assessments to immunizations to chronic-disease and catastrophic-illness management. The professionals who work within these activity centers include everything from safety engineers and industrial hygienists to occupational health nurses and physicians trained in occupational and environmental medicine (OEM), and they may be housed in a variety of operational centers, from occupational health to human resources or benefits administration.

1.7 In recent years, employers and others in the occupational health community have begun to view the traditionally separated “silos” of health promotion and health protection or, more simply, health and safety in a new light, recognizing that their positive impact in the workplace could be magnified by more effectively aligning their strategies to be mutually beneficial.

1.8 A growing number of initiatives and studies, in fact, are embracing the idea that establishing a true culture of health in the workplace is dependent on the integration of health protection and health promotion efforts. Leading experts in both the health and safety professional communities are building programs around the concept that health activities impact safety and safety activities impact health.

1.9 In a 2011 paper titled Workplace Health Protection and Promotion: A New Pathway for a Healthier and Safer Workforce, Hymel et al described the integration of health protection and health promotion as a continuum, in which “health promotion interventions contribute dynamically to improved personal safety in addition to enhancing personal health, while occupational safety interventions contribute dynamically to improved personal health in addition to enhancing personal safety. The two factors, personal health and personal safety – each essential to a productive worker and to a productive workplace are effectively combined in a symbiotic way that increases their impact on overall health and productivity. The whole becomes greater than the sum of its parts.”

1.10 Supporters of the health and safety continuum concept are increasing, and various integration projects, initiatives or studies are either under way or in development at organizations such as the American College of Occupational and Environmental Medicine (ACOEM), Underwriters Laboratories (UL), the American Society of Safety Engineers (ASSE), the American Industrial Hygiene Association (AIHA) and the National Institute for Occupational Safety and Health (NIOSH), as well as at leading employers, such as The Dow Chemical Company, American Express and Navistar, and at academic centers, such as Dartmouth-Hitchcock and UCLA. Diverse professional voices within these communities ranging from industrial hygienists and safety engineers to occupational health nurses and practitioners of OEM are seeking new ways to work together and leverage their various best-practices and long-established health and safety guidelines.

1.11 In the years since the publication of Workplace Health Protection and Promotion: A New Pathway for a Healthier and Safer Workforce, the chorus of voices advancing health and safety integration has certainly grown, but the number of employers actively exploring this concept remains small. Though employers have made great strides in creating separate cultures of health and safety in the United States, and many theorize that they could be more powerful if integrated, the two have yet to meet and merge into a truly sustainable and integrated culture.

1.12 Cross-discipline and cross-sector initiatives including the integration of health interventions across the community (public health), the home (primary care) and the workplace (occupational health and safety), hold the most promise for success in addressing our growing global health issues (See Figure 1.1).