Version 1.0

Behaviour-Based Safety:

the blame game

An entire department is given bingo cards. The game continues until someone in that department reports a work related injury or illness. At that time, everyone has to turn in his or her markers and the game starts over. Imagine the pressure on the poor worker who slices his or her finger or suffers some type of sprain, not to report an injury, because a co-worker is about to reach BINGO and win the VCR or microwave oven.

Sound familiar? Scenarios such as this are growing in frightening proportions as more and more work-places are adopting *behaviour-based safety programs* as part of their health and safety arsenal.

At the same time repetitive strain injuries, stress, workplace violence, fatalities and other work-related illnesses if not injuries are also growing in equally frightening proportions. Lost time from these workplace injuries and illnesses cost employers tens of millions of dollars a year. In a push to cut costs, some employers are incorporating behaviour-based safety programs — programs that shift responsibility for health and safety from the company onto the workers.

Workers are supposed to duck, dodge, jump out of the way, lift safely, wear PPE, and focus on the task at hand. Such programs undermine health and safety by abdicating management's legislated responsibility to provide a safe and healthy work environment. Instead, attention is directed at workers who in most cases had little or nothing to do with the selection of machinery or processes, or the establishment of methods and procedures.

By taking the behaviour-based safety approach proponents of the program are promoting the age-old myth of "the careless worker." Sadly, a recent survey commissioned by the Workers Health and Safety Centre, shows 36 per cent of workers in this province have also bought into this outdated notion. These individuals believe illnesses and injuries result from the 'unsafe' actions of their colleagues and not from the hazardous environment in which they work.

Herbert W. Heinrich

The notion, workers are to blame for critical incidents in the workplace is not a new concept. The idea originated with questionable research from Herbert W. Heinrich an insurance investigator in the 1930s and 1940s. Heinrich, who worked for Travelers Insurance Company in the U.S., investigated incident reports completed by company supervisors. In the reports, supervisors blamed workers for most of the injuries and illnesses. Based on these reports, Heinrich concluded 88 per cent of industrial accidents are primarily caused by "unsafe acts." To add insult to injury literally, he also concluded "ancestry and social environment" are also factors in every incident. Most of the behaviour-based programs today are updated versions of Heinrich's research.

What is behaviour-based safety?

Behaviour-based safety (BBS) refers to a wide range of programs, which focus attention on workers' behaviour as the cause of most work-related injuries and illnesses. These programs are now routinely used in a variety of industry sectors, from construction, and the automobile industry to food processing and steel. Based on the principles of *behavioural psychology,* also known as *behaviour modification* BBS is a technique for modifying behaviour of workers to make them work safely.

Instead of investigating the root cause of the illness or injury by identifying the hazards and eliminating or reducing them; the emphasis of the BBS program is to "encourage" workers to work more carefully around the hazards that should not be there in the first place. Using incentives such as pizza nights, bingo games and free jackets some employers hope to "bribe" workers to work safely.

BBS programs originated in the United States but are now marketed worldwide. Some of the leading companies are as follows:

- Dupont (the Dupont STOP program),
- Behavioral Science Technologies (BST),
- Aubrey Daniels International (ADI - SafeR + program), and
- Safety Performance Solutions (Total Safety Culture program).

While there are some differences between brands of BBS programs, most have several common elements.

- Checklists called *critical behaviour lists* are developed with input from workers themselves to target specific actions of co-workers (e.g. wearing PPE, staying out of "the line of fire", using proper body positions, following work procedures, housekeeping, use of tools and equipment);
- Workers and management are trained as observers to monitor their co-workers' behaviour (i.e. documenting workers' "safe" or "unsafe" actions on the shop floor) using the critical behaviour list; and
- Depending on the program, such "observations" may be followed up with feedback be it positive reinforcement (complimentary evaluations, prizes, rewards), negative reinforcement (if you don't work safely you will be drug tested) or discipline (firing).

These programs may attract workers because: there is a commitment of resources, and a seeming new management commitment to health and safety; it involves workers to some degree, gives management authority to workers; it addresses some causes of injury and illness; and finally worker observers get their own office and time off the job.

Another hallmark of most behaviour-based safety programs is *safety incentives* or *safety awards* programs. Safety incentive programs offer "prizes" or "rewards" to workers or groups of workers to encourage them to work safely. Prizes range from jackets and mugs to gift certificates to free lunches, banquet dinners, cash, days off with pay, computers or trucks to name a few. One company even offered a motorboat and trailer, which they parked outside the main gate, as a visual reminder for workers to work safely.

What are the hazards of BBS?

Fear and underreporting

Safety incentives create an atmosphere of fear and intimidation in the workplace. If workers or groups of workers are competing for safety awards they often experience peer pressure not to report an injury. The implications for not reporting an injury can be serious for the worker involved. Any injury such as a back injury, which has the possibility of recurring, is especially important to report.

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In some cases injured workers have taken their sick pay or holiday pay rather than accept loss time payments from the Workplace Safety and Insurance Board (WSIB) and ruin their crew's chances for the company's safety award. Not reporting injuries artificially lowers a company's accident frequency rate. The company is then able to show to their head office that their safety performance has improved while the true accident figures have been driven underground.

Injury discipline programs are the flipside of a safety incentive program. When a worker is injured he or she is "blamed" for not working carefully enough. Discipline can then become some management's preferred response to worker injury. These programs/ policies advocate negative consequences such as automatic drug testing, counseling sessions, verbal and written warnings, suspension or unpaid time off work and even termination, when workers become injured on the job.

Like safety awards, injury discipline programs do nothing to improve workplace health and safety. They primarily discourage workers from reporting work injuries or filing workers compensation claims. When these injuries aren't reported, workers may not get the medical care they need, and the hazards that caused the injuries are not identified and corrected.

An injury discipline program that is popular in the U.S. is the "Accident Repeaters Program." This program identifies workers who have had a certain number of injuries (usually one or two in a 12 or 24 month period) and sends them for counseling if they report another injury, hands out a written warning for the next injury, suspends them for the next injury and terminates them if they report yet another injury after that.

Another popular discipline program assigns a point system to injuries reported and/or workers compensation claims filed. An injury requiring only medical care and no days away from work is assigned one point, and a lost-time accident is worth five points. When a worker reaches 30 points, he or she is fired.

Hazards left unabated

While proponents of BBS may have seen some success in reducing minor injuries the "blame the worker" approach does nothing to address critical injuries. Nor does it address in particular, occupational disease and environmental degradation.

Those injuries and illnesses are caused by worker exposure to *hazards* present in the workplace. Workplace hazards may be eliminated or reduced by identifying, assessing and controlling worker exposure. The method of selecting the most effective control measures is embodied in what is commonly called the *hierarchy of controls*. The hierarchy is as follows:

- Elimination or substitution;
- Engineering;
- Warnings;
- Training and procedures; and
- Personal protective equipment.

Controls may also be described in terms of where they are applied:

- At the source (elimination, substitution, engineering);
- Along the path (warnings, ventilation, barriers); and
- At the worker (PPE, work organization; training and procedures).

Eliminating hazards is seen as the most effective way of addressing an occupational health and safety problem. Personal protective equipment is viewed as the least effective method. Proponents of behaviour-based safety programs do not support the hierarchy of controls to reduce or eliminate hazards because it contradicts their theory that 95 per cent of incidents are caused by unsafe acts of workers.

Instead these programs turn the hierarchy upside down, implementing the least effective, lowest level controls such as safety procedures and PPE, rather than controlling hazards at the source. For example, "staying out of the line of fire" replaces effective safeguarding and design. Proper body position has become a replacement for a good ergonomics program, and ergonomically designed tools, workstations and jobs. And PPE becomes a substitute for noise control, chemical enclosures, ventilation, and toxic use reduction.

What can be done to control BBS?

Behaviour-based safety programs weaken hard-won protections and discourage workers from taking a more active role in the union. A number of unions in Canada and the United States have issued policy positions opposing "blame the worker" approaches to health and safety. A 1999, policy resolution drafted by the AFL-CIO in the U.S., stated, "These programs and policies have a chilling effect on workers' reporting of symptoms, injuries and illnesses which can leave workers' health and safety problems untreated and underlying hazards uncorrected. Moreover, these programs frequently are implemented unilaterally by employers, pitting worker against worker and undermining union efforts to address hazardous conditions through concerted action."

In order to combat BBS programs unions are advising their members to do the following:

- Use their health and safety bargaining rights to negotiate against use of incentive programs;
- Draft policies and position papers against BBS programs;
- Communicate to their members (workshops, leaflets, brochures, buttons etc.) the hazards of BBS and the real sources of injury and illness thus helping to dispel myth of "careless worker"; and
- Press government for improved health and safety laws and enforcement of existing legislation.

Joint health and safety committees are being encouraged to:

- Exercise their right to regularly inspect the workplace;
- Recommend establishment of a health and safety program (exercise right to monitor program and make recommendations);
- Press for hazard awareness training for all workers; and
- Press for certification training for all committee members.

Workers and their representatives are also advised to:

- Report all workplace hazards;
- Report injuries and illnesses;
- Refuse unsafe or unhealthy work; and
- Refuse to participate in bingo games and other safety games introduced by the employer.

NOTE: The Workers Health & Safety Centre has developed a new video on Behaviour-Based Safety called the Hazards of Behaviour-Based Safety. For more information contact a regional office near you.

Workers Health & Safety Centre

RESOURCE LINES

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