

GUIDELINES FOR DETERMINING IF BBS IS IN FORCE AT YOUR WORKPLACE



If your employer wishes to introduce one of these programs, or your workplace already has one, it is useful to ask the following questions. If you answer YES to any of the following then the proposal is about shifting responsibilities towards workers.

1. Are there any disciplinary features or individual rewards for lack of accidents/ Incidents? etc
YES NO
2. Does the plan involve observing others working? YES NO
3. Does the plan involve observing only workers i.e. is there a plan that observes managers, owners, directors, the CEO or the Board's activities? YES NO
4. Has there been a visit by consultants marketing behavioural safety systems (or talking about the 'next' step in looking at unsafe behaviours)? YES NO
5. Is there a Lost Time Injury reward system (eg if an injury is reported, does everyone lose the chance to enter the raffle/ receive an award?) YES NO
6. Does the program use language like: antecedents or activators, behaviours, consequences (A B C); Positive, Soon or Certain consequences; at-risk behaviour; workplace or safety culture; key performance indicators and behaviours? YES NO
7. Is management suggesting a program like DuPont's STOP for each other, or SAFEMap, or some kind of 'fix it all' program? YES NO

If you answer NO to any of the following then the proposal is about blaming workers!

- 1.** When giving examples of how the program works, do any of the examples of Key Behaviour Indicators refer to managers' behaviours? YES NO
- 2.** Will the plan allow a chain of events to be investigated? YES NO
- 3.** Do the observations include looking at risks that have health effects? (What observations are being made for health effects?) YES NO
- 4.** Does the list of behaviour measures include management performance behaviours such as:
 - a.** Number of discussion per week between managers and employees where the main topic of conversation is safety? YES NO
 - b.** Percentage of agreed items that have been completed each week? YES NO
 - c.** Number of health and safety concerns that are resolved each week? YES NO
 - d.** Number of higher level hierarchy of control measures that are implemented every three months e.g. elimination? YES NO