A set of principles outlining the steel industry's approach to safety and health
Nothing is more important than the safety and health of the people who work in the steel industry.”

worldsteel Board of Members

The industry is committed to maintaining a safe and healthy workplace and acting on safety and health incidents, risks, and opportunities for improvement.

We consider safety and health to be an integral component of doing business, and it starts with each one of our people.

The safety and health of our people is our core value and must not be compromised in the face of other business challenges. This applies to everyone involved in the industry, including business leaders, employees, contractors and other third parties such as suppliers, customers and visitors.

worldsteel has developed this guidance book to encourage member companies to apply the principles and the metrics for their organisation and set the standard for the industry. This booklet provides guidance to worldsteel members on the meaning of the principles. Definitions and calculations have been included to ensure a common standard.

Individual companies have different goals and procedures. The principles should be adapted to meet specific contexts (internal and external) and corporate environments.
Six safety and health principles for the steel industry

Is safety and health a core value and integral component in your organisation? Is this reflected in your safety policy and organisational mission and objective?

01
All injuries and work-related illness can and must be prevented.

02
Managers are responsible and accountable for safety and health performance.

03
Employee engagement and training is essential.

04
Working safely is a condition of employment.

05
Excellence in safety and health drives excellent business results.

06
Safety and health must be integrated into all business management processes.

worldsteel's Board of Members believes that clearly defined principles will result in an enhanced safety and health culture, as well as improved business results across the industry.

Through the adoption of the principles by the leaders of the member organisations, worldsteel and its members demonstrate their commitment to an injury-free and healthy workplace.

The principles are based on the experience, knowledge, company policies and values of worldsteel members.
Companies need to apply the six principles to the following four focus areas to ensure comprehensive safety and health management.

**Four areas of focus**

**Safety culture and leadership**

The safety culture of an organisation is the product of individual and group values, attitudes, competencies, and patterns of behaviour that determine how people and systems act and respond in relation to risks and opportunities. Safety culture and leadership evolve gradually over time as people go through various changes, adapt to environmental conditions and solve problems. To create a truly robust safety culture, organisations need to proactively position safety as an integrated value for all workers. To attain this level of safety culture, significant commitment and a drive towards continuous improvement are required.

**Process safety management**

Process safety is a blend of engineering, operations and management skills focused on preventing catastrophic accidents, particularly structural collapse, explosions, fires and toxic releases associated with loss of containment of energy or dangerous substances such as toxic gases, molten metal, chemicals and petroleum products.

**Occupational safety management**

Occupational safety management promotes the safety of employees, contractors and visitors by preventing personal injuries in the workplace, and has a strong focus on primary prevention of exposure to hazards.

**Occupational health management**

In its widest definition, occupational health management encompasses the physical, mental and social well-being of the people working in the company. The focus is placed on long-term effects of exposure to hazards. The health of workers has several determinants, including risk factors at the workplace leading to cancers, musculoskeletal diseases, respiratory diseases, hearing loss, circulatory diseases, stress-related disorders and others.
Six safety and health principles

All injuries and work-related illness can and must be prevented.

An essential framework to prevent work-related injuries and illness (especially serious events) should consider the following:

1. **Risk Management** is an essential component to identify hazards, assess risk and determine appropriate controls (applying the hierarchy of controls).

2. **Integrated safety and health management systems** are there to keep everybody safe and healthy: our people, our contractors, suppliers, customers, and the community. Systems bring order, standardisation and operational discipline to safety.

3. Ensuring the **reliability of every piece of machinery and process** is an important component of the strategy used to help companies avoid adverse events and incidents that impact people, environment, communities and business continuity.

4. **Human and organisational performance** are the cornerstone for safety and health excellence.

5. **Accident investigation** should strive to find systemic root causes.

We are committed to a workplace where all people are protected; because everyone deserves to feel safe and valued.
Leaders should ensure a safe and healthy workplace by empowering and supporting people to identify and freely report potential risks and develop effective controls to keep them safe.

It is expected that every person who works for the steel industry should be aware of potential risks, and to fully comply with health and safety standards and procedures, whilst contributing to their continual improvement.

It is essential that managers lead the safety and health agenda and initiatives in a consistent way. It lends credibility and thoughtfulness to every task, big or small. By leading the initiatives consistently, managers demonstrate their leadership and commitment.

Managers should set priorities and objectives based on risk. They should also provide resources for safety and health functioning and maintenance. This active involvement shows that there is a genuine desire to succeed.

Managers are responsible and accountable for safety and health performance.

Include safety and health objectives in performance assessments and other career advancement decisions.

Ensure effective safety and health competence for managers in your organisation.
Everyone must be involved in a meaningful way, daily, to support injury and occupational illness prevention. Through constant exposure to safe practices, people will develop behaviour that ensures each task is performed safely.

Engaged and empowered employees will choose to work safely themselves and ensure others do as well. They will also feel comfortable contributing their ideas for safety and health improvement and act on safety incident risks and opportunities. Involvement and recognition of the employee will promote good safety and health results.

Training is an essential part of an effective safety and health system. Employees should know how to keep themselves and those around them safe and healthy.

All employees must undertake the necessary training and acquire the skills and tools to do their job safely. Employees need to show a willingness to be trained and must apply their acquired knowledge and skills. With the right training, each person can perform independent job risk assessments.

Consult your employees and contractors every day about safe and healthy ways of working. Are they aware of the inherent hazards and risk associated with their tasks?

Provide your employees with adequate training and competence to protect themselves and their colleagues.

Engaged, empowered, and competent employees will choose to work safely for themselves as well as for others.
By making adherence to safe work practices a condition of employment, we foster the importance of safety and health in the workplace.

It is important that everybody is psychologically and physically fit to work. This includes fatigue, illness, physical restriction, or emotional distraction (mental health issues included). Employees, and anyone undertaking work, must not be impaired by illegal or legal drugs, including alcohol.

It is the responsibility of every employee to understand and comply with all relevant safety and health rules and safe work practices. Each individual employee must take personal responsibility for the safety and health of themselves and others.

Every employee is empowered to stop any work or process if they believe it to be unsafe or unhealthy. For many companies, there could be a substantial cultural barrier to encourage such actions. It is a management responsibility to make sure that employees feel empowered and confident to take such a step.

Human error is normal, therefore, blame shouldn’t be attributed to individuals. All factors essential and contributing to incidents should be identified and consequences for deliberate disregarding of the rules clearly articulated and transparent.

Does everyone on your site work safely? What are the actions taken to ensure safety and health performance?
Caring about the well-being of our people is the essence of successful leadership. Good safety and health is good business and has a positive impact on employees. Engaging people in safety and health discipline also contributes to improved business results.

Prevention of injuries and occupational illnesses creates a competitive advantage by having our most valuable resource – our people – at work. All resources are jeopardised by workplace incidents, which result in production losses and downtime for investigations. The costs of incidents (with or without injuries) and occupational illnesses undermine competitiveness.

A robust safety management system will help managers to reduce loss through incident prevention.

Harm events can include:
- Harm to people
- The environment
- The company assets
- The company reputation
- The company business objectives

To invest in safety and health is to improve productivity and performance.

Excellence in occupational safety and health and process safety contributes to the zero-harm objective and prevents catastrophes that can lead to business disruptions.

Excellent safety systems form part of excellent management systems.

Do you strive for excellence? Is your organisation a high reliability organisation?
Safety and health should be included in all new and existing business processes, for example, managing assets, production, projects and administration. Risk should be reassessed before any changes are applied.

When safety and health are consistently brought to the forefront of business decisions and processes, people develop an appreciation for the importance of the topic. People understand what is expected of them and have the knowledge to work safely.

**Principle 06**

*Safety and health is integrated into all business management processes.*

Before decisions are made, make an assessment of the safety and health implications. Involve different levels of people to ensure a thorough appraisal.
Employees and contractors

Company employee (employee)
A person who is on the payroll of the member company, e.g. has an employee number that identifies that person as a company employee. Employees are directly supervised by a company representative. Temporary or agency workers hired directly by the company are to be considered as employees if the company has primary responsibility for supervising their activities.

Contract employee (contractor)
An individual supplied by an external company (contractor, sub-contractor, consultant, or vendor) on a full or part-time basis and who is providing a service (production, maintenance, or administrative support) to the member. The contractor’s safety, health and well-being are primarily supervised by the external contractor’s supervisor or manager. He is paid by the external company directly. The external company presents an invoice for the contract for service to the member company.

Visitor
Anyone on the company premises other than a company employee or contractor. Injuries to a visitor will be included as a company employee since the company has the duty of care and direct safety supervision. If hours visited can be added to the calculation for frequency purposes, then please include them.

Types of incidents

Fatality (F)
Death from a work-related injury, certified by a medical professional. Fatality Frequency Rate (FFR) is calculated on the number of fatalities per million man hours.

Lost Time Injury (LTI)
Any work-related injury resulting in the employee or contractor not being able to return to work for their next scheduled work period. Returning to work with work restrictions does not constitute a lost time injury status, no matter how minimal or severe the restrictions, provided it is at the employee’s next scheduled shift. However, if an injury deteriorates and time is later lost, an LTI should be recorded. Lost Time Injury Frequency Rate (LTIFR) is calculated as number of Lost Time Injuries per million man hours.

Restricted Work Case (RWC)
Any work-related injury other than a fatality or a Lost Time Injury where the injured person cannot fulfil his normal work the day following the injury but is able to undertake a temporary job, work at his normal job but not full-time, or work at a permanently assigned job but unable to perform all duties normally assigned to it. If the injury has led to lower productivity or slower work from the worker, but the worker is still capable of undertaking all of their routine tasks, then this would not be classified as restricted work.

Medical Treatment Injury (MTI)
Any work-related injury other than a fatality, a Lost Time Injury, or a restricted work case, that resulted in a certain level of treatment (not first aid treatment) given by a physician or other medical personnel under standing orders of a physician (e.g. medical treatments: using prescription medications, or use of a non-prescription drug at prescription strength, Using wound closing devices such as surgical glue, sutures, and staples, Using any devices with rigid stays or other systems designed to immobilise parts of the body, Administration of oxygen to treat injury or illness).
**Potential Serious Injury or Fatality (PSIF)**

Any incident regardless of actual severity that has the potential to lead to a life-threatening, life-altering, or fatal injury.

Serious Injuries generally refers to long term or permanent incapacity and fatalities.

A PSIF precursor is any unmitigated high-risk situation that will result in serious injuries if not controlled because management controls are absent, ineffective, or not complied with.

PSIF events can be identified using predetermined criteria based on the hazards and risk related to steelmaking operations e.g. molten metal contact, confined spaces, electrical hazards, fire hazards, etc.

An event can also be considered as having high potential for serious injury or fatality if it ranks high for severity in a risk matrix. This is the reason why some steel companies describe these events as ‘Severity 4 (S4), Potential 4 (P4).’

**Minor Injury (MI)**

Any work-related injury other than a fatality, a Lost Time Injury, a restricted work case, or a Medical Treatment Injury which is treated by first aid or minor manipulation to provide relief for a strain or bruise. A minor injury does not require treatment by a professionally trained paramedic or physician and does not incur loss of work time other than time of the shift on which it occurred. The injured person continues with his normal scheduled work (e.g. using a non-prescription medication at non-prescription strength, administering tetanus immunisations, cleaning, flushing or soaking wounds on the surface of the skin, using wound coverings such as bandages, Band-Aids™, gauze pads, etc.; or using butterfly bandages or Steri-Strips™, using hot or cold therapy, drilling of a fingernail or toenail, using eye patches).

**Near miss incident**

An incident that physically occurred but there was no personal injury to the employee, contractor or visitor but which could have resulted in a serious injury and needs to be followed up in the same way as a Lost Time Injury but recorded as a near miss.

Example: Operator finds a heavy bolt on the floor next to his operating station, likely coming from an overhead crane or roof structure.

**Unsafe act, unsafe situations (they can be called Precursors)**

- Any action that may endanger a person or people working around him/her.

Examples: When working at heights (on a roof for instance) without using a safety harness or not clipped on; not wearing a seatbelt when driving a vehicle.

- Or any situation judged as being such that, sooner or later, it may lead to a risk of an incident inflicting harm to one or more persons.

Example: Missing or broken handrail leading to risk of falling from height.
Occupational pyramid including PSIF concept:

Typically, precursors of fatalities and serious injuries account for approximately 20% of the total events in each level of the occupational pyramid. Expressed by increasing consequence pyramid levels are: PSIF Precursors, near misses, minor injuries, medical treatment, restricted work cases and lost time injuries with the potential to cause fatality and serious injuries.

Preventive actions:
Preventive actions are activities planned with the intention of preventing the occurrence of safety incidents. They include:
- Health and safety audits
- Walks
- Safety inspections
- Reviews
- Innovations
- Positive safety observations

Calculation of frequency rates

Hours worked
For company employees, the total number of hours worked including overtime and training during the period. For contractor employees, the total number of hours worked for the company during the period.

Work-related and non-work-related injuries

Work-related injury
A workplace injury is the direct result of ‘work-related’ activities for which management controls are, or should have been in place, or those occurring during business travel.

Examples:
- Exposure (contact with, contacted by, falls, etc.) to workplace conditions that directly result in injury, i.e., slippery floors, falling objects, protruding objects, molten metal, dust, gases
- Strains and sprains while performing work-related activities such as strenuous lifting and pulling. In summary, those injuries in which corrective action(s) can be identified and can be taken to improve upon the work being done at the time of the injury (This point is the key determining factor.)
Work-related’ includes attending company-sponsored courses, conferences, business travel, or any other activity where presence is expected by the company. For contractor personnel, ‘work-related’ normally includes only the time spent on company premises.

Injuries occurring in member company car parking lots, walkways, or any other portion of company property.

Non-work-related injuries:

- Symptoms arising on member company property or business travel that are the result of other factors, i.e., cold or flu, heart attack
- Voluntary participation in wellness programmes/sports
- Personal grooming, self-medication, self-infliction
- Vehicle incidents/on foot travel to and from work, other than during business travel

**Commuting accident**

Any accident on the public road during trip from home to the workplace or from the workplace back home with any type of vehicle or on foot. Accidents inside the site or during business travel are excluded as they are considered workplace accidents.

Worldsteel recognises that not all companies record commuting accidents because of local legislation and also that not all commuting accidents are the result of measures the company has or has not taken.

**Sickness absence**

**Sickness absence**

Absence from work on the grounds of incapacity to work due to any sickness, work-related or not, and which could qualify for ‘disability income’. All other cases of absence such as pregnancy, childbirth, leave, training and seminars are not included in the definition of sickness absence.

**Sickness absence rate**

Sickness absence rate is calculated as total number of hours of sickness.

Absence per scheduled hours. Sickness absence is calculated for a year, and for a defined perimeter (department, plant, country, region...).