



Company Guidance:

Health and Safety

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What do we mean by Health and Safety?

Health and safety refers to the measures intended to prevent or mitigate adverse outcomes to worker physical and mental health due to risks and hazards at the workplace. Physical health includes ill health, injuries, or fatalities. Mental health encompasses the psychological, emotional and social wellbeing of workers, which is reflected in the ability of workers to cope with workplace and life stressors and live and work productively.

A full list of terms and their definitions can be found in the [WDI glossary](#).



What causes poor Health and Safety?

The nature of work and the inherent risks involved drive health and safety outcomes

Risk factors vary according to industry type, location, and economic structural factors. Working hours, which cause an estimated 40 per cent of work-related fatalities, are increasing due to unhealthy work cultures, lax labour laws and low-wage labour in global supply chains.^{1 2 3 4} Workers in the garment industry work as much as 16-18 hours per day to meet order deadlines.⁵ The particle matter, gases and fumes from mining and other industrial sectors account for 30 per cent of occupational fatalities through lung conditions and other related illnesses.⁶ Workers in the agricultural sector that are exposed to pesticides have higher levels of respiratory illness.⁷ The risks to worker mental health are highest in jobs in sectors such as finance or insurance that fail to provide work/life balance or a supportive work culture.^{8 9}

Workplace health and safety culture and practices determine outcomes for workers¹⁰

Values such as mutual trust, a shared view of the importance of safety and a confidence in preventative measures all reinforce a strong health and safety culture.¹¹ For mental health, a positive culture includes the presence of clear policies on work/life balance and values centred on connection, vulnerability and compassion, and leaders that can share their own experiences on mental health.¹² A culture of inequality can drive poorer mental health outcomes for minority groups that have experienced systemic racism or other forms of oppression at the workplace.¹³

Countries' healthcare systems and social services influence health and safety outcomes

The quality of healthcare for sick workers impacts their overall health, work performance and the number of lost workdays.^{14 15} A

significant proportion of workers rely upon healthcare and social services for treatment of chronic illnesses. 23.5 per cent of the working population in the 27 EU member states report chronic illness and 19 per cent manage long-standing health issues.¹⁶ Where national healthcare systems are insufficient, these conditions are less effectively managed. This is exacerbated if employers are unable to provide suitable alternative healthcare to address these gaps.¹⁷

There is a strong link between the presence of unions and improved health and safety outcomes

Individual workers find it difficult to gather information and lobby employers on health and safety standards.¹⁸ The rate of serious injury of workplaces in the United Kingdom that have trade union health and safety committees is half that of workplaces that do not.¹⁹ There is evidence that trade unions reduce the levels of injury and ill health, promote increased reporting of injuries or near misses, improve organisational health and safety culture and reduce the costs of lost working time to businesses.²⁰ International studies show that companies with a trade union presence are more likely to have a health and safety committee, conduct management safety audits and provide employees with personal protective equipment (PPE).²¹

The COVID-19 pandemic has increased the risks to worker health

Workers in certain working environments, such as slaughterhouses and meat packing plants, have been exposed to a major risk of COVID-19 infection.²² 1500 of 7000 workers at a meat factory in Gutersloh, Germany contracted COVID-19 in June 2020.²³ Working from home has become normal for many workers and has led to greater isolation from work colleagues and more uncertainty around future work practices. The large number of furloughed workers caused some workers to take on a higher workload, increasing work-related stress.²⁴ In 2020, 41 per cent of UK employees experienced mental health symptoms that were caused or worsened by work.²⁵

What are the consequences of Health and Safety for workers?

Unsafe work environments have a devastating impact on workers' lives

The consequences of poor health and safety are severe for workers. It is estimated that in 2016 1.88 million workers lost their lives due to work-related diseases and injuries, which also caused workers to lose a further 90 million years of life in total.²⁶ Each year there are around 360 million non-fatal occupational accidents that result in five or more days of absence from work.²⁷ A 2012 study found that one third of UK workers that left work due to sickness or injury were living in poverty within a year.²⁸

Workers in the global south bear a disproportionately large burden of the impacts of work-related disease and injury

A disproportionately large proportion of work-related injury and disease is observed in the African, South-East Asian and Western Pacific regions.²⁹ Developing countries have a higher proportion of workers in hazardous industries and more unfavourable working conditions.³⁰ In addition, health and safety practices are less effective and the higher proportion of informal employment and small enterprises in such countries make large-scale improvements to health and safety practices more difficult.³¹



Contingent, female, ethnic minority, and young workers are more vulnerable to the adverse outcomes of poor health and safety practices

Contingent workers have considerably higher injury rates, often because they are hired to perform hazardous tasks that permanent employees will not.³² Temporary and agency workers are less able to assert their rights to a safe working environment because they are generally less experienced, have less bargaining power, and are less likely to be represented on health and safety committees.³³ In Spain, agency workers have injury rates that are 2.5 times those of permanent employees.³⁴

Young people are more vulnerable to dangerous working conditions, primarily because they lack the skills, experience, and bargaining power needed to avoid hazardous work. Young people are also less aware of their occupational health and safety rights. The frequency of non-fatal injuries at work in Europe is more than 40 per cent higher for workers between the ages of 18 and 24 than for older workers.³⁵

Female workers' higher participation in the care sector and informal work makes them more vulnerable to repetitive work, muscle strain and fatigue, increasing the risk of acute and chronic work-related conditions.³⁶

Working conditions frequently impact worker mental health, with female, ethnic minority and LGBT+ workers worst affected

In 2020, 84 per cent of US workers reported at least one workforce factor that adversely affected their mental health.^{37 38} The most predominant work factors affecting mental health include a workload that creates excessive pressure or prevents workers taking leave, and a lack of support from co-workers.³⁹

Bullying and discrimination can create an oppressive work environment and leave workers feeling lonely and isolated.⁴⁰ This is a particular concern for female, ethnic minority, and LGBT+ (lesbian, gay, bisexual and transgender) workers, who are more likely to experience discrimination, bullying and harassment at the workplace.⁴¹ Thirty per cent of BAME (Black, Asian and minority ethnic) employees in the UK feel they experienced negative outcomes at work due to ethnicity, such as bullying or harassment.⁴² The mental health of female workers was more negatively impacted by changes to work during the COVID-19 pandemic as women are at higher risk of experiencing an unsafe home working environment and online harassment and cyber bullying in digitalised work.⁴³

The COVID-19 pandemic has had specific impacts on worker physical and mental health

In the UK, 1.3 million people reported persistent symptoms of COVID-19 at the start of 2022, with one fifth unable to return to work and others returning on reduced hours.⁴⁴ The incidence of mental health problems has increased since the start of the pandemic. In 2020, 76 per cent of US workers surveyed reported at least one symptom of a mental health condition, up from 59 per cent in 2019.⁴⁵ Home working has also led to an increase in ergonomic injuries and created more sedentary lifestyles, reducing worker wellbeing.^{46 47} The uncertainty around company policies on remote working and returning to the office are creating anxiety for workers.⁴⁸

How can wage levels and pay gaps affect companies?

Health and Safety practices that may be harmful to workers can have significant impacts on companies' performance and risk exposure. These include:

- Loss of productivity⁴⁹
- Industrial action^{50 51}
- Fines and legal charges⁵²
- Reduced company performance^{53 54}
- Diminished worker trust and performance⁵⁵
- Increased costs⁵⁶

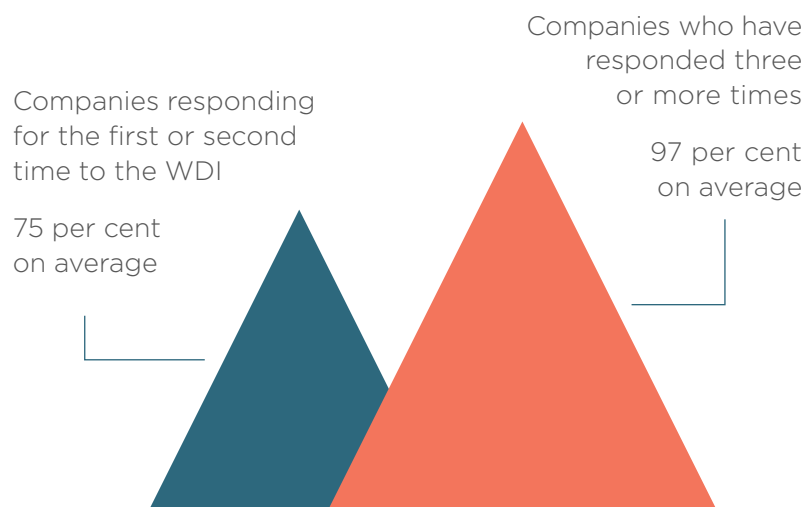


What are businesses doing about Health and Safety?

Data from the 2021 cycle of the WDI provides an insight into how companies are addressing Health and Safety:

Companies that engaged in more extensive workforce reporting have better health and safety practices.

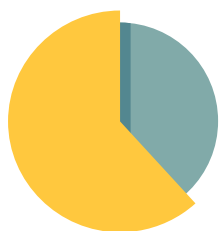
The proportion of companies that have consulted workers on health and safety policies is lower in companies responding for the first or second time to the WDI:



US companies recorded low levels of disclosure and poor health and safety practices.

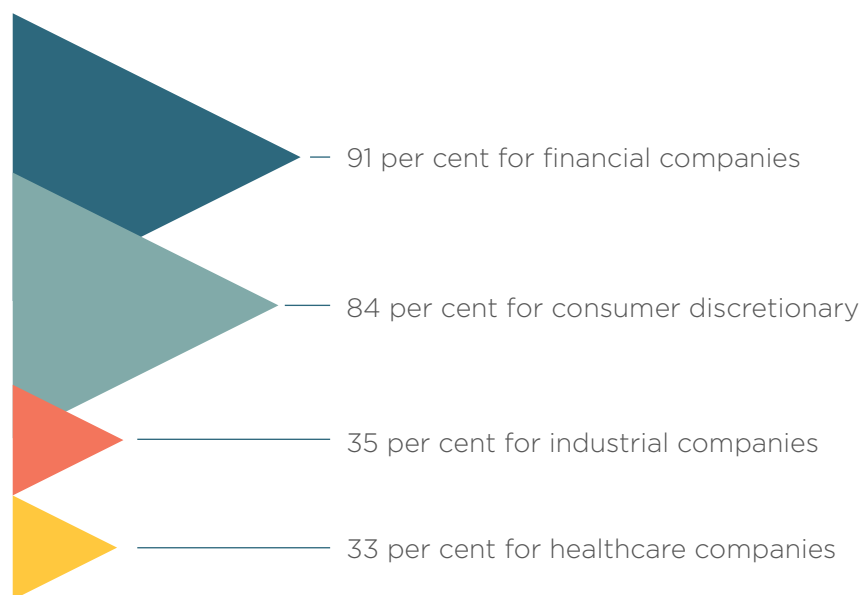


Monitoring and reporting on mental health

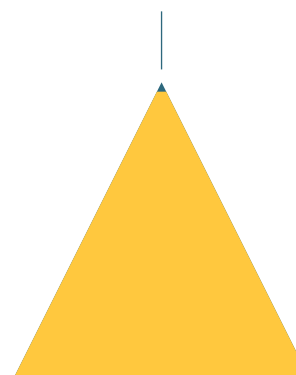


65 per cent of all companies monitored and reported on mental health.

The percentage of companies that monitored and reported on mental health varied considerably across sectors:

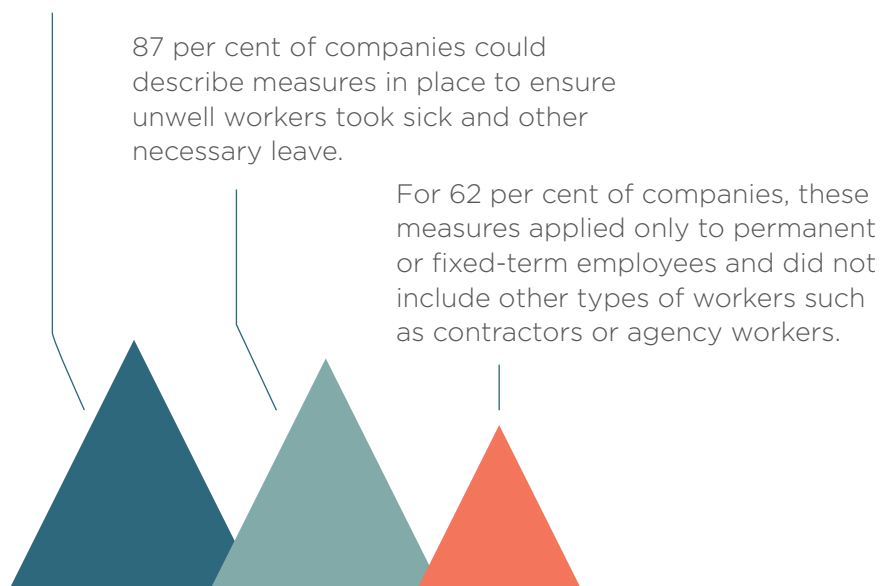


91 per cent of companies disclosed information on their health and wellbeing programmes.



Of those companies, 99 per cent both offer a health and wellbeing programme and could provide an example of how the programme has improved workers' wellbeing.

During the COVID-19 pandemic, 94 per cent of companies took steps to protect the physical and mental health of workers during the pandemic.



Positive steps in company practices

Company practices on physical health and safety have improved over time

Globally, total work-related deaths have fallen by 14 per cent between 2000 and 2016.⁵⁷ This is likely due to company improvements in workplace health and safety practices. In Ireland, the 30-year low number of work-related fatalities in 2021 was attributed to company safety improvements in the agricultural and construction sectors that addressed risks associated with heavy machinery and falls.⁵⁸

Companies are learning from disasters and improving health and safety policies

After the collapse of the Rana Plaza building, which housed five garment factories and killed 1,132 people, companies that purchase garments in Bangladesh worked with local authorities, the ILO and international organisations to strengthen occupational health and safety in Bangladesh.⁵⁹ This led to the Accord on Fire and Building Safety, a five-year, legally binding agreement between retailers, brands and trade unions to provide a framework for the inspection and remediation of buildings with diminished structural integrity.⁶⁰

In the wake of the COVID-19 pandemic, companies are paying more attention to mental health⁶¹

Companies have begun to invest in mental health support out of necessity, with extra paid time off, company-wide mental health days, and mental health training all increasing.⁶² According to a US survey, 54 per cent of workers believed that their company made mental health a priority in 2020, compared to 41 per cent of workers in 2019.⁶³ The number of workers that believed their managers had the tools to support them with a mental health condition or symptom increased from 39 per cent in 2019 to 47 per cent in 2020.⁶⁴

More companies are investing in wellbeing programmes

It is estimated that over 80 per cent of US companies are spending more on stress management and resilience resources, and over half of US companies are offering mindfulness and mediation programmes.⁶⁵ To support worker wellbeing, Johnson & Johnson offers telephone counselling, in-person visits to mental health professionals and educational tools on how to boost physical energy and monitor exercise.^{66 67} Their employees report lower rates of obesity and hypertension compared to the general population and the company's healthcare costs are lower than most other major corporations.⁶⁸

Companies are tackling the root causes of poor mental health outcomes

To encourage workers to talk openly about mental health, executives at Bank of America have partnered with One Mind at Work to create a workplace culture of assistance and acceptance.⁶⁹ BP has incorporated mental wellbeing questions into regular employee surveys to understand the impact of home working on work/life balance, productivity, and wellbeing.⁷⁰ Companies have also established a variety of initiatives on diversity and inclusion. In 2020, legal firm Allen & Overy established a global, employee-led LGBT network, A&Out, which provides guidance and support to employees.

Areas for improvement in company practices

Most workplace diseases, injuries and accidents are preventable, and at mostly limited costs.⁷¹ Despite this, poor practices relating to health and safety persists.

Industrial accidents that result in worker death and injury remain a common occurrence

Fundamental flaws in health and safety practices continue to lead to a high incidence of work-related accidents. In 2021, 51 people died in a coal mine fire in Siberia, Russia. The mining company failed to implement robust safety protocols and work continued despite excessive methane concentrations in the mine.⁷²

Companies are not protecting workers from toxic particles which can cause long-term disease

Company awareness and action on exposure to toxic particles is still insufficient, despite the well-documented risks to workers. 1.3 million construction and industry workers in the US are currently exposed to asbestos, a fibre that can cause lung disease and cancer.⁷³

A study of workers at a steel factory in Terengganu, Malaysia, confirmed that long-term exposure to chromium dust significantly impaired lung function, and potentially led to chronic respiratory disease.⁷⁴ The exposure of agricultural workers to pesticides can lead to respiratory issues while an estimated 25 million agriculture workers are poisoned by pesticides each year.^{75 76}

Long working hours remain commonplace, with wide ranging impacts on workers across sectors and geographies

At Foxconn factories manufacturing iPhones in China, the high stress and long workdays have led to mental health crises. Workers recorded more than 100 overtime hours per week during the peak season to meet production targets, with many working as many as 29 days per month.^{77 78} In 2010, there were 18 reported suicide attempts at Foxconn's factory in Shenzhen, with 14 deaths.⁷⁹

Bankers in Global North countries also report widespread mental health issues due to toxic work culture. In 2021, junior bankers at Goldman Sachs faced regular 100-hour work weeks in the US, the majority experiencing abuse, all of which severely affected mental health.⁸⁰ In 2013 a Bank of America Merrill Lynch intern died of an epileptic seizure after working 72 hours consecutively.⁸¹

Harmful workplace cultures contribute to excessively high rates of injuries

High rates of injuries continue to occur, even in companies with leading market positions and with high levels of financial investment in health and safety. The high rate of serious injury in US Amazon warehouses has been attributed to the company's "obsession with speed". The rate is almost 80 per cent higher than competitors, with 5.9 injuries per 100 people. This is despite Amazon investing over US\$1bn into workplace safety in 2020 and establishing a safety team of over 6,200 staff.⁸²

What is the legal framework for Health and Safety?

International law

- ▶ Articles 3, 23 and 25 of the Universal Declaration of Human Rights
- ▶ Articles 7 and 12 of the International Covenant on Economic, Social and Cultural Rights
- ▶ The ILO Promotional Framework for Occupational Safety and Health Convention No. 187
- ▶ The ILO Occupational Safety and Health Convention No. 155
- ▶ The ILO Occupational Health Services Convention No. 161
- ▶ The Declaration of Alma-Ata
- ▶ The WHO Declaration on Occupational Health for All
- ▶ Article 3 of the European Charter of Social Rights
- ▶ Principle 10 of the European Pillar of Social Rights
- ▶ Article 11(f) of the United Nations Convention on the Elimination of All Forms of Discrimination against Women
- ▶ International Organization for Standardization Occupational health and safety management – Psychological health and safety at work – Guidelines for managing psychosocial risks

Key developments in national law

The following provides an overview of some of the legislative and case law developments relating to workforce composition across the world. For a more comprehensive understanding of the legal framework in different jurisdictions, always consult local legal experts.



In the United Kingdom, [the Health and Morals of Apprentices Act 1802](#) established humane standards of treatment for apprentices in factories, nearly all of whom were children. The act is seen as the beginning of modern health and safety legislation.



In the European Union, [the European Council Framework Directive 89/391/EEC on Safety and Health at Work](#) provided a framework for minimum health and safety requirements for member states that covers technical safety and ill health, principles for risk assessment and preventative measures.



In the United Kingdom, [R \(Independent Workers Union of Great Britain \(IWGB\) v Secretary of State for Work and Pensions and another](#) established that Health and Safety protections under EU Health and Safety Directives apply to 'limb b workers', namely workers that are registered as self-employed but provide a service as part of someone else's business.

1802

1974

1989

2018

2020



In the United Kingdom, [the Health and Safety at Work Act 1974](#) mandated that all employers in all industries provide a safe working environment, health and safety risk assessments and training, and appoint a competent person to oversee health and safety.



In Mexico, the regulation [NOM-035-STPS-2018](#) for 'Occupational psychosocial risk factors - Identification, analysis and prevention' detailed the obligations of employers to identify, prevent and control psychosocial risk conditions of workers.



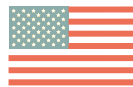
In Alberta, Canada, [Ensuring Safety and Cutting Red Tape Act, 2020](#) reduced the right of workers to refuse work where there are serious and immediate threats to health and safety and provided more flexibility for employers on worker training and health and safety programs and committees.



In China, [the 2021 amendment to the Law of the People's Republic of China on Work Safety](#) clarifies the supervisory responsibilities within companies and sets out the internal mechanisms for management and reporting of health and safety risk. The amendment also increased the fines for serious accidents and failure to remedy health and safety violations.

2021

2022



In the US, the [Healthcare Emergency Temporary Standard](#) (under the Occupational Safety and Health Act) protects workers providing healthcare or healthcare support services from COVID-19 by establishing standards on respiratory protection and PPE.



In Western Australia, the [Work Health and Safety Act](#) requires business directors and officers to establishing a system of due diligence, with processes to collect information, understand and mitigate hazards and risks.

Does your company have sufficient data?

The following questions, based on the indicators in the WDI, provide a basis for companies when considering if they have sufficient data to respond to challenges relating to health and safety.

Getting started

The essential foundations companies need to begin tackling these issues

Next steps

Providing the insights required to make more substantial progress

Leading practice

Demonstrating leadership and providing the tools for comprehensive, innovative responses

Getting started

Can your company describe its strategy for identifying and managing health and safety risks and hazards in the workplace, including through audits, training and the provision of personal protective equipment?

Yes Somewhat No

Does your company consult with workers and/or worker representative bodies when developing and evaluating health and safety policies and practices?

Yes Somewhat No

Can your company provide the total number and/or rate of recordable work-related injuries or ill health (excluding fatalities), as well as the change in the number of incidents since the last reporting period, for employees for each of the company's significant operating locations?

Yes No

Can your company provide the total number and/or rate of fatalities as a result of work-related injury, as well as the change in the number of incidents since the last reporting period, for employees for each of the company's significant operating locations?

Yes Somewhat No

Can your company provide the total number and/or rate of recordable work-related injuries or ill health (excluding fatalities), as well as the change in the number of incidents since the last reporting period, for non-employee direct operations workers for each of the company's significant operating locations?

Yes No

Does your company monitor and report on employee mental health and well-being, such as sick days due to mental health?

Yes No

Does your company have measures in place to ensure that workers who are unwell take sick leave, and other necessary leave, and are protected economically if they need to do so?

Yes Somewhat No

Next steps

Can your company identify the operating locations, business lines and workforce demographics where physical and/or mental health and safety risks and injuries are reported to be higher, and any processes in place to address problem areas?

Yes Somewhat No

Does your company offer a health and wellbeing programme?

Yes No

Is your company taking steps to protect the physical and mental health of its workforce during the COVID-19 crisis, including their safe return to the workplace? Where new health and safety policies have been introduced in response to COVID-19, will these remain in place beyond the current pandemic period?

Yes Somewhat No

Leading practice

Does your company integrate mental health safeguarding into job design and workplace conditions?

Yes Somewhat No



How can the WDI help companies with health and safety?

The first step to being able to meaningfully address health and safety is understanding how and where these issues are impacting the company's workforce.

Taking part in the WDI helps companies identify where there are gaps in their data and provides a framework to address this, as well as allowing them to benchmark their data collection against peers. Companies that disclose to the WDI can provide more comprehensive data on their health and safety, moving from being able to complete an average of 51 per cent of this section of the survey in the first year, to 59 per cent in the third year, to 72 per cent in the fifth year. Taking part in the WDI survey also helps your company communicate what you are doing to protect and provide for your workforce and showcases your commitment to transparency.

The WDI also offers a year-round engagement programme that gives companies the opportunity to hear about best practice, share challenges, and learn from investors and their peers.

Based on expert input and constructive discussion, this range of sessions enables companies to take the insights they gained from participating in the WDI and use them to identify innovative solutions to challenges they may be facing. Beyond that, it prepares companies for any legislative changes that may develop in the markets they operate in.

Resources

International Labour Organisation

[“ILO Codes of practice and guidance documents”](#)

The codes of practice set out practical guidelines for companies, with a focus on sectors, particular hazards or health and safety measures

World Health Organisation and International Labour Organisation

[“WHO/ILO Joint Estimates of the Work-related Burden of Disease and Injury, 2000–2016”](#)

An extensive quantitative analysis of the impact on human health from various occupational risk factors from the years 2000 and 2016 that also includes concrete proposals for policies and actions to improve workers’ health and safety

Harvard Business Review

[“It’s a New Era for Mental Health at Work”](#)

A comparison of the mental health of workers in the US before and after the pandemic, with recommendations for employers on how to support their employees’ mental health

International Labour Organisation

[“Safety and Health at the Heart of the Future of Work: Building on 100 years of experience”](#)

A report that examines the future challenges and opportunities of health and safety at work and how changes to occupational health and safety can mitigate these risks



Insights from WDI Investor Signatories

BMO Global Asset Management

[The Rana Plaza legacy: eight years on, the fight for garment-worker protection continues](#)

[ESG Viewpoint: COVID-19 and labour-related impacts](#)

PIRC

[Lost workers: Companies neglect to disclose safety risks faced by workforces](#)

[Boosting the S in ESG](#)

[Paltry fines for meat processors](#)

[Covid-19 cases and fatalities missing from company reports](#)

Newton Investment Management

[Covid-19: A tough gig](#)

Endnotes

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