CHAPTER VII

Provisions on Safety Matters

GUIDANCE ON THE UNSMS ROLE IN OCCUPATIONAL SAFETY & HEALTH (OSH)
A. Background

1. The IASMN rolled out the revised Security Risk Management (SRM) process in December 2015. The accompanying SRM Manual established a distinction between security and safety. Security relates to undesirable events deliberately caused by a motivated human antagonist. Safety relates to undesirable events that are non-deliberate, i.e., acts of nature or accidents. The “cause” of deliberate events is a “threat”, while the “cause” of non-deliberate events is a “hazard”. In this way, the concept of “security” covers threats and the concept of “safety” covers hazards. Although security covers most human-caused, deliberate events, in the United Nations Security Management System (UNSMS), safety does not cover all non-deliberate hazard events. The UNSMS has the remit for three areas of safety: road safety, fire safety and aviation safety. In this way, there are many other areas of safety not covered by the UNSMS (and, therefore, the SRM process), including medical issues such as disease, occupational health and safety, and structural engineering.

2. In the SRM process, natural hazards are considered in the General Threat Assessment (GTA), but there is no risk assessment for natural hazards. In addition, other safety hazards are not reflected in the GTA. The Inter-Agency Security Management Network (IASMN) noted the need to develop guidance on safety risk management responsibilities of the UNSMS.

3. Figure 1 below shows the relationship of safety and security, as well as the various components of Occupational Safety and Health (OSH). The list of OSH components is by way of example only and is not exhaustive.

4. Various UNSMS organizations may have established different levels of responsibilities for safety management within their respective organizations and this UNSMS guidance does not restrict their respective approaches. However, the IASMN, through this guidance, clarifies the minimum responsibilities for the UNSMS in OSH so the UNSMS supports existing OSH frameworks and accountabilities.
5. While the United Nations has rigorous security risk management processes in place, until now the UN has not fully assessed, understood, or effectively addressed occupational safety hazards and the risks they present to UN personnel and operations. Incident data in the Secretariat, for example, showed that, from 2012-2017, occupational safety and health-related fatalities outnumbered security-related fatalities by approximately 3 to 1. Occupational safety and health injuries and illness outnumbered security injuries by approximately 10 to 1. The disproportionate impact of safety hazards versus security threats is also supported by system-wide statistics as reported in the annual report of the Secretary General to the General Assembly.¹ These fatalities, injuries and illnesses come with a significant impact on the wellbeing of UN personnel, and on operational capability, and also cost tens of millions of dollars annually from sick leave, compensation and health care.

6. To meet all UNSMS organizations’ duty of care to the safety and wellbeing of their personnel, similar efforts that the UN has directed towards security threats are now also being directed towards occupational safety and health hazards.

B. Purpose

7. The purpose of this guidance document is to provide comprehensive information on the current roles and responsibilities of the UNSMS in OSH and how to carry out these functions.

8. This guidance is provided within the context of a rapidly developing but currently embryonic UN OSH framework. It is expected that these roles and responsibilities will change as the UN OSH system develops.

9. This guidance also supports the system-wide development of safety risk management responsibilities within the emerging UN OSH framework. Those developments will also further define and strengthen the UNSMS support and response role in safety-related crises² under the new UN OSH framework.

C. Overview of United Nations Occupational Safety and Health (OSH) Framework

HLCM OSH framework

10. The High-Level Committee on Management (HLCM) at its March 2015 meeting endorsed a common system-wide OSH Framework (CEB/2015/HLCM/7/Rev.2, 31 March 2015) to ensure harmonization between organizational policies of individual HLCM member organizations. Subsequently, in July of 2018, the United Nations Secretary General issued a Bulletin (ST/SGB/2018/5) which calls for an integrated OSH system to be established.

11. In direct response to both the CEB/HLCM OSH Framework and the Secretary General’s Bulletin, OSH was incorporated into the UN Management Reform with the establishment of a new Department of Operational Support (DOS) in the Secretariat, which subsequently include a dedicated Health Management and Occupational Safety & Health (HMOSH) division. The objective of the new HMOSH division is to consolidate all safety risk

¹ See, for example, A/73/392 and A/73/392/Corr.1.

² Note, this guidance covers the UNSMS role in safety-related crises. The management of day-to-day safety-related incidents may be handled by different mechanisms in each UNSMS organization, including under OSH responsibilities where applicable.
management programmes (where they may exist) and safety categories to ensure that they are integrated under one OSH risk management system to maximize resources, capacity and effectiveness/output in order to reduce safety risk to both UNSMS and UN common system personnel via a harmonized, coordinated, standardized and fully integrated data and prevention driven risk management system.

12. The OSH Framework and system calls for phased introduction of the following elements:

i. A safety and health oversight body led by senior management.

ii. An organizational OSH policy.

iii. A mapping of organizational workplace safety and health risks, a rating and prioritizing these risks, and the development of risk management plans for the highest risks.

iv. The implementation of an OSH incident reporting system.

v. The development of further OSH standards and guidance, and the development of a compliance mechanism for these standards.

vi. Capacity-development across the organization through training and awareness.

**Other OSH Frameworks**

13. The diversity of work environments among United Nations entities has an impact on the implementation of the OSH framework. UNSMS organizations have their own OSH policies and approaches, each with varying reach and authority to meet their duty of care to their personnel and provide safe and healthy workplaces, prevent work-related injury and ill health, and continually improve their OSH performance. OSH may be led by different parts of UNSMS organizations. In all cases, OSH is an in-line management responsibility and roles and responsibilities for the planning, implementation and response are held throughout all levels of each organization. Furthermore, linkages exist between the OSH framework and security risk management strategies and tools.

**D. Definitions**

14. The following are key definitions for the purpose of this guidance:

- **Occupational Safety and Health (OSH):** refers to work-related hazards that cause or may cause harm to our personnel, including natural, accidental and health hazards, and that are not security-related.

- **Safety Hazards:** The mechanisms by which unintended harm occurs. Safety hazards can exist both in the workplace and in the wider environment where UN personnel work.

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3 CEB/2015/3, 28 May 2015

4 For example, in the Secretariat, OSH is led by DOS, while in other UNSMS organizations, it may be led by a security and safety section or some other section, such as medical services.
the purpose of this guidance, safety hazards are broken down into these three sub-
groups:

▪ **Accidental Hazard**: Source of potential harm, risk or difficulty created by/through either chance, non-deliberate negligence or at-risk behavior, error and/or by unexpected or unintended failure by the individual(s), assets, equipment, infrastructure and/or the surrounding [work or life] environment.

▪ **Health Hazard**: The medical components of OSH, such as infectious disease, illness, pollution, and ergonomics.

▪ **Natural Hazard**: Natural process, event or phenomenon (geophysical, meteorological, atmospheric, hydrological, extraterrestrial, climatological or biological) that may cause loss of life, injury or other health impacts, property damage, loss of livelihoods and services, social and economic disruption, or environmental damage.

- **Safety Risk Management**: The process of identifying and preventing unintended events that may cause harm. These events are also known as accidents, near misses, or dangerous occurrences.

- **Security Risk Management**: The process of identifying and protecting against deliberate actions that are intended to cause harm (also known as malicious acts).

- **Security Threats**: The cause of deliberate harm to organizational personnel, assets or activities. (This can also refer to those who are responsible for these deliberate actions). Security threats can exist both inside and outside the workplace.

- **Workplace safety**: Often used in the context of the “safety” elements of OSH, leaving out the medical components of OSH.

### E. Roles and Responsibilities

15. The roles and responsibilities for OSH are identified in the United Nations Common System OSH Framework adopted by the HLCM in March 2015. Individual organizations of the Common System are responsible for the implementation of the OSH Framework, and OSH management system within their organizations.

16. However, some aspects related to OSH are managed through the UNSMS policy framework:

   a) Natural hazards are identified through the GTA in the SRM process.

   b) At this stage, the UNSMS maintains its responsibilities on three specific safety areas: road safety, fire safety and aviation safety. The various roles and responsibilities on these three topics are identified in the respective UNSMS policies⁵, in line with the Framework of Accountability.

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c) Security plans allow UNSMS actors to anticipate and prepare for the management of crises following safety incidents, in line with UNSMS policy and guidelines.  

17. Specific roles and responsibilities in Occupational Safety are as follows.

*Senior Management*  

18. Senior management take overall responsibility and accountability for the prevention of work-related injury and ill health, as well as the provision of safe and healthy workplaces and activities, for their personnel. Specifically, they are responsible for:

a) Establishing and confirming the OSH risk management responsibilities of personnel.

b) Supporting the overall OSH management system.

*Security Personnel*

19. For the purpose of crisis planning, and based on the best available information, security professionals are responsible for:

a) Listing all safety hazards identified in the area (Security Area or SRM Area). This includes fire, commercial aviation, and road safety hazards, as well as natural hazards and Chemical, Biological, Radiological, Nuclear (CBRN) hazards. When listing hazards that are not covered under the UNSMS, security professionals should seek professional expertise in the relevant domain.

b) Assisting with the implementation of fire, commercial aviation and road safety measures based on the relevant UNSMS policies (and in the case of road safety, the UN system-wide strategy on Road Safety) and following the advice from relevant experts, where available.

c) Developing and implementing specific crisis response plans for all hazards identified and listed as in 19(a), including the crisis management aspects of OSH hazards.

d) Providing security support related to safety-related incidents and crises. However, they cannot be crisis managers in these events.

*UN Country Presence*

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7 “Senior Management” here refers to the heads of UN organizations and their senior representatives at the country level.

8 UNSMS decision-makers and advisers can seek professional expertise on specific hazards through the OSH office in the UN Secretariat, at osh@un.org.

9 Ibid

20. At the country level, UN organizations have a collective role outside of the UNSMS, through the UN country presence\(^\text{11}\), on the following aspects:

- a) Identifying and assessing safety hazards falling under the OSH definition;
- b) Managing OSH risks by implementing related risk management measures;
- c) Providing input into Organizational Resilience and Business Continuity Management;
- d) Establishing Business Continuity Plans and managing recovery from crisis;
- e) Undertaking post-incident analysis, reviewing and improving OSH risk management measures as required;
- f) Supporting OSH incident response;
- g) Supporting incident/crisis response plans.

*Occupational Safety and Health focal points*

21. Where designated OSH Focal Points exist, they are responsible for identifying and coordinating the management of occupational safety and health hazards. Specifically, with regard to security functions, the OSH Focal Point will:

- a) Coordinate with the UNSMS and fire, aviation and road safety experts\(^\text{12}\) regarding the management of these safety responsibilities;
- b) Provide input regarding crisis response to occupational safety and health incidents;
- c) Assist with fire, aviation and road safety based on input from specialist advisers where available;
- d) Actively liaise, communicate, coordinate and cooperate with UN DOS OSH capacity regarding overarching and/or cross-cutting UN system-wide OSH related core compliance, standards, guidance, concept and methodology.

**F. Guidance on UNSMS Roles and Responsibilities**

22. As noted above, the DO, the Security Management Team (SMT), Security Advisers have a role to support the OSH framework at the country level. The following are more details on these support responsibilities.

- a) Identification of Natural Hazards\(^\text{13}\)

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\(^{11}\) Exactly how the UN country presence will fulfill these roles and responsibilities will be established by UN OSH policies and guidelines. Consult with osh@un.org.

\(^{12}\) Ibid

\(^{13}\) It is possible, pending IASMN agreement, that in the future “hazards” portion of the GTA can be removed. The impact on the GTA and the resultant Security Level would be negligible.
i. The aim of the GTA is to provide an objective description of the prevailing security threats and hazards in the environment of the SRM Area.

ii. The GTA is not a predictive tool. It is based on current and historical information but does not try to anticipate future changes. It describes the hazards as they exist now in the SRM Area. History and Severity/Intensity are “drivers” in the hazard and Warning/Preparedness is a “restrainer” of the hazard.

iii. Once specific hazards are identified in the process of doing the GTA, the Security Adviser informs the SMT of the existence of these as well as the level for “Hazards” in general (through the SRM Report). Using various sources including historical data, incident records, mission expertise (fire officers, medical officers, etc.), local expertise, among others, the Security Adviser can assist the SMT to identify the broad categories of hazard in the duty station (mission/country team, etc.), including:
   - Occupational safety and health;
   - Specialized safety (fire, commercial aviation, road);
   - Natural disasters.

b) In consultation with the SMT, the DO will decide how existing resources (fire, medical, counselling, facilities management, aviation, transportation, environmental officers etc.) should be responsible for dealing with/managing the risk from each identified hazard and to what extent.

Source of information on road, fire and aviation safety issues

23. The following are the main sources of policy information for the UNSMS on road, fire and aviation safety issues:

a) Security Policy Manual (SPM) - Chapter VII - Section A - Commercial Air Travel Safety Policy, 23 January 2019

b) SPM - Chapter VII - Section B - Fire Safety, 1 May 2017
   - SMOM - Fire Safety Guidelines, 28 June 2012

c) SPM - Chapter VII - Section C - Road Safety, 1 May 2017
   - UN road safety strategy

Post-OSH incident/Crisis Response

24. Whether the incident is caused by a security threat or a safety hazard, the UNSMS policy on security planning (SPM, Chapter IV, Section B, 28 September 2018) applies, as do the Security Management Operations Manual (SMOM) guidelines on the management of security crisis situations (29 September 2017).

25. Recognizing that Security is responsible for most crisis response, security personnel must collaborate with the person/group responsible for each identified hazard on how to best plan for and manage the crisis response for an incident involving that hazard.
26. Response and recovery can be considered a continuum, and so, in that regard, security’s role and associated response winds down and is handed over to those responsible for OSH during recovery. It will be at the discretion of UN leadership as to when crisis coordination will be transferred from security to OSH personnel.

Annexes:

Annex A: HLCM OSH Framework
Annex A
United Nations Common System

Occupational Safety and Health (OSH) Framework
INTRODUCTION

1. The UN system recognizes that the safety and health of its staff are of utmost importance, not only as a fundamental component of the employer’s duty of care, but also to enable staff to accomplish their mandates and objectives. UN system organizations are therefore committed to protecting and promoting the safety and health of all staff, seeking to offer them a safe and healthy work environment where staff are protected from hazards and risks, work-related injuries and diseases. This Framework aims to build UN organizations’ abilities to optimize staff safety and health, prevent staff harm, and to harmonize these efforts across the UN system.

PURPOSE

2. This Framework describes common principles for an Occupational Safety and Health (OSH) management system that caters to the common interests of co-located UN system organizations, and facilitates the adoption of an OSH system across the UN Organizations.

RATIONALE

3. This Framework gives effect to:

   3.1 The recommendations of the JIU report JIU/REP/2011/1; and
   3.2 The request of the HLCM for developing OSH policy in the UN system (CEB/2010/HLCM/11, 2010).

4. The staff of the UN system are its greatest asset, and the UN has an absolute duty to prevent occupational accidents and diseases and protect the health and well-being of its staff. The UN’s ability to deliver its mandate is inextricably linked to the occupational safety and health of its workforce and is part of an employer’s duty of care.

5. This Framework is complementary to existing security and safety policies, but recognizes that staff also face safety and health hazards and risks that are not fully addressed through current UN safety and security policies.

6. A guiding system-wide OSH Framework is therefore needed to ensure harmonization between the individual organizational policies of various UN common system organizations and to prevent inconsistencies that might otherwise impede joint and cooperative actions, particularly in many of the operational environments at the country and field mission level. A system-wide shared Framework will allow country teams, field duty stations and shared offices to implement effective occupational safety and health systems across the UN system organizations.

7. This Framework is not intended to replace individual UN common system agencies’ policies on occupational safety and health, but rather, seeks to define the minimum requirements for occupational safety and health programs at all UN organizations.

OSH MANAGEMENT SYSTEM

8. The OSH management system is a comprehensive system ensuring that the organization has effective tools for minimizing preventable staff harm, and for optimizing the occupational safety and health conditions and working environments of the United Nations system’s workforce.
9. The core elements of an OSH management system are:

9.1 Policy
   a. A formal Occupational Safety and Health policy statement developed and endorsed by the Head of each UN system organization.
   b. Staff participation in the implementation of the OSH management system through a structure defined by the oversight body.

9.2 Organizing
   a. Organizational responsibility and accountability with an appropriately constituted safety and health oversight body.
   b. Necessary OSH competencies and training for all members of the organization, staff, managers, senior leadership, safety and health officers and other specialists as appropriate.
   c. OSH management system documentation of the performance according to the specifications of the organization.
   d. Appropriate internal and external communication to ensure OSH matters are received, documented and responded appropriately.
   e. Sufficient resources to implement the OSH management systems.

9.3 Planning and implementation
   OSH risk management system
      i. Hazard prevention through identification and risk management plans
      ii. Safety and health risk management objectives and methodology
      iii. Standards of compliance
      iv. Information and data management tools, processes and protocols
      v. Emergency prevention, preparedness and response documented and communicated
      vi. An occupational health service with primarily preventive functions and the individual management of staff whose health is at risk or actually harmed by way of their employment in the organization

9.4 Evaluation
   a. Incident, accident and work related disorder and diseases reporting
   b. Incident, accident and work related disorder and diseases analysis
   c. Audit and management review

9.5 Action for improvement
   a. Preventive and corrective actions
   b. Continual improvement including policy objectives on prevention

10. The implementation of an OSH management system in an organization shall take place through:
   a. Appointment of an appropriately constituted safety and health oversight body, with senior management leadership, and representation from managers, staff, the medical service, the staff counselor and all other appropriate specialists;
   b. Definition of a structure within the organization to implement the OSH management system at all levels;
   c. Management of a risk register and risk management plan;
   d. Development, implementation and management of an incident/ accident and work related illness reporting system;
   e. Identification of appropriate standards with which compliance will be required;
f. Implementation of a training regimen; and

g. Ensuring access to occupational safety and health services appropriate to the needs of the staff and the office’s operational environment.

11. When implementing an OSH system, the UN organization should ensure that core elements as set out in this Framework are included in field duty stations, country teams, etc. in conjunction with individual organizational polices.

**OCCUPATIONAL SAFETY AND HEALTH PRINCIPLES**

12. This Framework is underpinned by the following principles:

a. Occupational safety and health is a line management responsibility and cannot be addressed by a health service operating in isolation from management action;

b. Executive accountability for occupational safety and health is a core requirement of a functioning and effective system;

c. Staff are also responsible for their own occupational safety and health; and

d. Occupational safety and health interventions should be developed according to local conditions and priorities, informed by data (such as incident reports), and regularly reviewed for effectiveness.

**GOVERNANCE**

13. The Chief Executive Board is the owner of this Framework.

**MONITORING AND COMPLIANCE**

14. The implementation of this framework will be undertaken by all UN system organizations. On behalf of the Chief Executive Board, the High-Level Committee on Management shall monitor the implementation of this Framework. All organizations in the United Nations Common System will provide an annual implementation update to the Chief Executive Board -- the first report shall be due to the CEB on 1 September 2016.

15. United Nations system organizations shall adjust relevant internal policies and procedures to facilitate harmonization and ease of its implementation in each organization including multi-organization environments.

**TERMS AND DEFINITIONS**

**Occupational health:** Aims at the development, promotion, and maintenance of workplace policies and programs that ensure the physical, mental, and emotional well-being of staff.

**Occupational safety and health:** Identified as the discipline dealing with the prevention of work-related injuries and diseases as well as the protection and promotion of the health of workers. It aims at the improvement of working conditions and environment. Members of many different professions (e.g. engineers, physicians, hygienists, nurses) contribute to "occupational safety, occupational health, occupational hygiene and improvement of the working environment".

**OSH management system:** A set of interrelated or interacting elements to establish OSH policy and objectives, and to achieve those objectives.
**Risk assessment**: The process of evaluating the risks to safety and health arising from hazards at work.

**Continual improvement**: Iterative process of enhancing the OSH management system to achieve improvements in overall OSH performance.

**REFERENCES**

- International Labor Organization, OSH series # 72 Technical and ethical guidelines for workers health surveillance, 1998
- Occupational Health and Safety Policy in the UN System. Submission of the UN Medical Directors Working Group
- ILO Occupational Safety and Health Convention, 1981 (No. 155), and its accompanying Recommendation (No. 164)
- ILO Occupational Health Services Convention, 1985 (No. 161) and its accompanying Recommendation (No. 171)
Occupational Safety and Health Framework

-Recommended phased implementation

**Phase 1 – Initiation**

**Recommended Target date for completion – 31 December 2015**

- Appointing an appropriately constituted health and safety oversight body, with senior management leadership, and representation from managers, staff, the medical service and the staff counselor;
- First Task of Organisational oversight bodies - development of an organisational policy that is compliant with the requirements of this directive.

**Phase 2 – Risk management I – Risk mapping**

**Recommended target date for completion – 30 June 2016**

- Development and management of a risk register (consists of mapping risks from existing data sources (e.g., ABCC claims data, health service information, DSS data, DPKO occ health data).

**Phase 3 – Risk management II – Risk assessment and mitigation**

**Recommended target date for completion – 31 December 2016**

- Rating of identified risks
- Prioritisation of identified risks
- Implementation of mitigations for highest priority risks (NB extreme risks should be subject to mitigation on an urgent basis, regardless of this target date).

**Phase 4 – Incident reporting systems I**

**Recommended target date for completion – 30 June 2017**

- Development, implementation of an incident reporting system
- Severity assessment and analysis of incidents (according to priority);
- Feedback loop from reported incidents to Risk Register
Phase 5 – Standards and Compliance

Recommended target date for completion – 31 December 2017
- Identification of appropriate standards with which compliance will be required; (e.g. external sources or development of internal standards) with reference to risk registers, incident reports, local laws and regulations, international standards)
- Development of compliance methodology (e.g. self-reporting, compliance audit etc.)

Phase 6 – Capacity Building

Recommended target date for completion – 31 December 2018 (NB some training will need to be commenced well in advance, to underpin Phases 2 – 5. Phase 6 is about training for staff who are NOT in roles with core OSH responsibilities.
- Implementation of a training regimen to embed OSH in line management functions – training to all supervisors in roles, responsibilities, and how to manage workplace OSH incidents.