BC ESG • EXECUTIVE FIELD REFERENCE

Workplace Health & Safety Quick Card: ISO 45001:2018 Management System Core

Current version — Nov 2, 2026.
Source: bcesg.org/workplace-health-safety-wellbeing-iso-45001-psychosocial-risk-esg/

CORE POSTURE: MANAGEMENT SYSTEM GOVERNANCE VS. ADVISORY
ISO 45001 establishes a systematic, process-driven framework to prevent work-related injury and illness. It provides managerial structures, worker participation mechanisms, and continuous improvement loops. Risk ratings and control selection must be determined through internal operational assessment; this card provides system structure, not site-specific safety advice.

1. PLAN-DO-CHECK-ACT (PDCA) CORE ARCHITECTURE

PLAN — System Design

- **Context & Scope:** Internal/external issues, regulatory mandates, supply chain boundaries.
- **Hazard Identification:** Systematic capture across all 4 operational hazard domains.
- **Worker Consultation:** Frontline participation in OHS system planning.

DO — Execution

- **Hierarchy of Controls:** Strict elimination, substitution, engineering priority.
- **Competence & Training:** Verified capability, refreshers, recognition training.
- **Emergency Preparedness:** Fire, spill, medical, disaster & continuity plans.

CHECK — Surveillance

- **Performance Monitoring:** Lagging injury rates (LTIFR/TRIR) & leading indicators.
- **Incident Investigation:** Root-cause analysis of near-misses, injuries, illnesses.
- **Audits & Inspections:** Gap analysis against standards & statutory compliance.

ACT — Improvement

- **Corrective Actions:** Eliminating systemic causes of observed nonconformities.
- **Process & Tool Redesign:** Engineering upgrades based on aggregated incident trends.
- **Management Review:** Aligning OHS performance with enterprise value.

2. CONTEXT, SCOPE & WORKFORCE COVERAGE BOUNDARIES

Operational Boundaries: An effective OHSMS explicitly defines whether scope covers all operational facilities or designated facilities. **Workforce Coverage:** Must encompass direct full-time employees, part-time personnel, contractors, subcontractors, and temporary agency labor. Excluding contractor pools creates hidden enterprise liability and violates reporting norms.

3. THE FOUR CORE HAZARD DOMAINS & PRIORITIZATION RULES

Hazard Domain	Operational Scope (Article Taxonomy)	Risk Prioritization & Vulnerable Groups Mandate
Physical Hazards	Machinery mechanics, electrical energization, chemical substances, falls from height, structural stability.	**Two-Pillar Prioritization Rule:** Both High-Consequence / Low-Probability risks (catastrophic fatalities, severe structural/chemical failure) AND High-Probability / Moderate-Consequence risks (chronic illness, cumulative trauma disorders) require mandatory control allocation. **Vulnerable Groups Requiring Special Consideration:** Pregnant workers, young workers, workers with disabilities, migrant workers, night shift workers, and lone workers require dedicated risk assessments, tailored ergonomics, and modified exposure limits.
Biological Hazards	Airborne and bloodborne pathogens, infectious disease vectors, organic contaminants, bio-hazards.	
Ergonomic Hazards	Repetitive motion strain, heavy manual lifting/handling, sustained awkward postures, vibration.	
Psychosocial Hazards	Work intensity, micromanagement, organizational change, harassment/bullying, role ambiguity, isolated labor.	

4. THE HIERARCHY OF CONTROLS (DECREASING EFFECTIVENESS)

Control Level	Mechanism & Standing	Article Operational Examples	EHS Governance Posture
1. Elimination	Most Effective Physically remove hazard	Stop using toxic chemical solvents; eliminate hazardous processes entirely.	Permanent hazard eradication; zero residual worker exposure.
2. Substitution	High Control Replace with safer alternative	Substitute toxic cleaning solvent with certified non-toxic aqueous cleaner.	Requires verification that substitute does not introduce novel hazards.
3. Engineering	Design Control Isolate people from hazard	Machine guarding, local exhaust ventilation, acoustic containment booths.	Independent of worker behavior; requires regular maintenance & testing.
4. Administrative	Behavioral Change the way people work	Standard operating procedures (SOPs), safety training, mandatory shift rotations.	Temporary or incomplete control; highly vulnerable to human fatigue/error.
5. PPE	Last Resort Protect individual worker	Respirators, safety goggles, hearing protection, fall arrest harnesses.	Does not eliminate or reduce hazard; fails when barrier is removed or breached.

5. WORKER PARTICIPATION, TRAINING & INCIDENT INVESTIGATION

Consultation & Worker Participation
ISO 45001 requires active worker voice in decision-making: direct involvement in hazard ID, risk assessment, control selection, training development, and incident debriefs. Authentic participation improves practical relevance of controls and hardens organizational safety culture.

Competence, Emergency & Investigation
Training: Documented, verified through on-the-job competency assessment.
Emergencies: Drilled response for fire, spills, medical crises, and business continuity.
Investigation: Aggregated root-cause analysis across near-misses and injury reports.

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Workplace Health & Safety Quick Card: ISO 45003 Psychosocial Risk & ESG Metrics

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1. ISO 45003 PSYCHOSOCIAL RISK MANAGEMENT ARCHITECTURE

Psychosocial hazards arise from work design, organization, and social context capable of causing psychological or physical injury. Under ISO 45003:2023, organizations manage six operational hazard domains:

Psychosocial Hazard	Operational Root Causes	Health & Enterprise Impacts	Primary & Administrative Controls
1. Work Intensity & Workload	Excessive workloads, relentless time pressure, unrealistic deadlines, insufficient break recovery.	Chronic stress, cognitive fatigue, burnout, CVD, musculoskeletal disorders.	Systematic workload assessments, adequate staffing, realistic scheduling, enforced rest breaks.
2. Control & Influence Over Work	Exclusion from operational decisions, severe micromanagement, lack of job autonomy.	Psychological distress, disengagement, depression, operational cynicism.	Worker participation in process design, delegated autonomy, regular feedback, career progression.
3. Organizational Change & Instability	Frequent restructuring, opaque strategic direction, revolving leadership, contract instability.	Anxiety, chronic job insecurity, reduced discretionary effort, high turnover.	Structured change management plans, transparent change communication, transition support.
4. Interpersonal Conflict & Harassment	Bullying, racial/sexual harassment, aggressive supervision styles, toxic peer dynamics.	Severe anxiety, depression, PTSD symptoms, acute burnout, talent attrition.	Comprehensive code of conduct, independent reporting channels, bystander training, zero tolerance.
5. Role Ambiguity & Conflict	Vague responsibilities, contradictory mandates (e.g., speed vs. safety protocol adherence).	Elevated stress, decision paralysis, inter-departmental friction, turnover.	Written role definitions, explicit conflict-resolution mechanisms, manager training on clarity.
6. Inadequate Support & Resources	Absence of supervisory assistance, defective tools/equipment, isolated or lone workers.	Impaired task competence, acute exhaustion, operational errors, alienation.	Supervisory coaching, resource provisioning, structured check-ins for remote/lone workers.

2. PSYCHOSOCIAL ASSESSMENT METHODOLOGY (4 DIAGNOSTIC CHANNELS)

1. Validated Surveys
Annual or biennial questionnaires (e.g., COPSOQ, GHQ) measuring stress, control, and support. Cross-tabulate by department and tenure to locate stress hotspots.

2. Focus Groups
Confidential qualitative sessions exploring frontline stressors, localized coping mechanisms, and management support adequacy across high-pressure units.

3. Absence & Claims
Continuous surveillance of absenteeism rates, voluntary turnover, healthcare claims patterns, and workers' compensation claims for psychological injury.

4. Culture Audits
Structured evaluation of leadership styles, psychological safety, fairness, equity, and trust through independent 360 interviews and culture pulse metrics.

3. THREE-TIER HOLISTIC WELLBEING STRATEGY & EAP STANDARDS

Three-Tier Wellbeing Intervention Architecture

- **Primary Prevention (Root Cause):** Hazard elimination, workload leveling, flexible work policies, management development, psychological safety.
- **Secondary Intervention (Early Detection):** Mental health screenings, resilience coaching, peer support networks, Mental Health First Aid for leaders.
- **Tertiary Support (Treatment):** Formal clinical intervention, crisis response, structured accommodation, and guided return-to-work pathways.

Employee Assistance Program (EAP) Audit Standards

- **Absolute Confidentiality:** Independent provider; strictly employer-anonymized data; zero disciplinary consequence for utilization.
- **Universal Accessibility:** Multi-lingual, phone/web access, 24/7 hours, specialized clinical referrals for advanced care.
- **Benchmarking:** Typical uptake is 5–10%. Low utilization indicates stigma or access friction; high uptake reflects trust and operational stress.

4. HEALTH & SAFETY PERFORMANCE METRICS & ESG DISCLOSURE ALIGNMENT

Metric Category	Operational Formula & Tracking Scope	ESG Alignment (GRI 403 / ISSB S1)
Traditional Injury Rates	• **LTIFR:** (Lost Time Injuries / Total Hours Worked) × 1,000,000. • **TRIR:** All medical treatment & restricted work cases per benchmark. • **Fatality Rate:** Work-related fatalities per million hours worked.	GRI 403-9 (Work-related injuries: rates, fatalities, high-consequence injuries against historical trend).
Absence & Recovery	• **Days Lost:** Person-days absent due to occupational injury/illness per 100 workers. • **Return-to-Work Rate:** % of injured workers successfully reintegrated.	ISSB IFRS S1 Human Capital: Operational continuity and worker accommodation effectiveness.
Psychosocial Indicators	• **Distress Indicator:** % of workforce screening positive for stress/depression. • **Culture Score:** Psychosocial survey index (control, support, fairness). • **Mental Health Leave:** Tracked trend (normalization vs. acute strain).	ISSB IFRS S1: Psychological wellbeing risks, workforce stability, and human capital resilience.
Leading Indicators	• **Training Completion:** % workforce certified (Target: 100%). • **Hazard & Near-Miss Reports:** Total hazards identified & resolved. • **Audit Findings & Turnover:** Action item closure rate & skilled worker retention.	GRI 403-2/403-5: Worker training efficacy, hazard identification engagement, and preventative culture.