

Lessons Learned in Optimizing Workers' and Worker Representatives' Input in Work Planning and Control



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Special Integrated Safety Management Champions Workshop

Key Questions

- What are the appropriate roles for workers and their representatives related to work-planning and control?
- What are the barriers to workers playing those roles?
- What examples do we have of effective worker and representative engagement?
- How do we optimizing worker and worker representative input?

Speaking for:

- **The United Steelworkers and its Tony Mazzocchi Center for Worker Health, Safety and Environmental Education.**
- **The diversity of labor unions involved in DOE work have a diversity of opinions on HSE matters. I am not speaking for them.**

DNFSB Review Reveals Management System Weaknesses (2012)

- A review of recent DOE accident investigations, notices of violation, and occurrence reports reveals the consequences of not fully leveraging this **system of safety management**. (p. iii)

Integrated Safety Management at the Activity Level: Work Planning and Control. August 2012. Defense Nuclear Facilities Safety Board Technical Report. DNFSB /TECH-37.

DNFSB Review (cont'd)

- Reviews of activity level work planning and control across the DOE complex ... have indicated a *consistent set of weaknesses* shared by nearly all contractors attempting to implement ISM at the activity level. (p. iii)

Integrated Safety Management at the Activity Level: Work Planning and Control. August 2012. Defense Nuclear Facilities Safety Board Technical Report. DNFSB /TECH-37.

NNSA Guidance (2006)

- This document was developed following indications that **ISM was not being effectively implemented or practiced** on the floor where work is being performed. (p. 2)

Activity Level Work Planning and Control Processes: attributes, Best Practices, and Guidance for Effective Incorporation of Integrated Safety Management and Quality Assurance. January 2006. National Nuclear Security Administration

Lessons Learned - Unlearned?

- A 'lesson' is not learned until it is applied – until then it is just an abstraction, an idea – perhaps fleeting or stored away somewhere.
- There seem to be recurring failures in learning to fully institutionalize ISM at the activity level.



Lessons Learned - Unlearned? (cont'd)

- We propose one lesson:
 - Workers and their representatives need to be involved and have a say in all aspects of ISM governing activity level work planning and control. This should be commensurate with being the primary stakeholders in HSE.



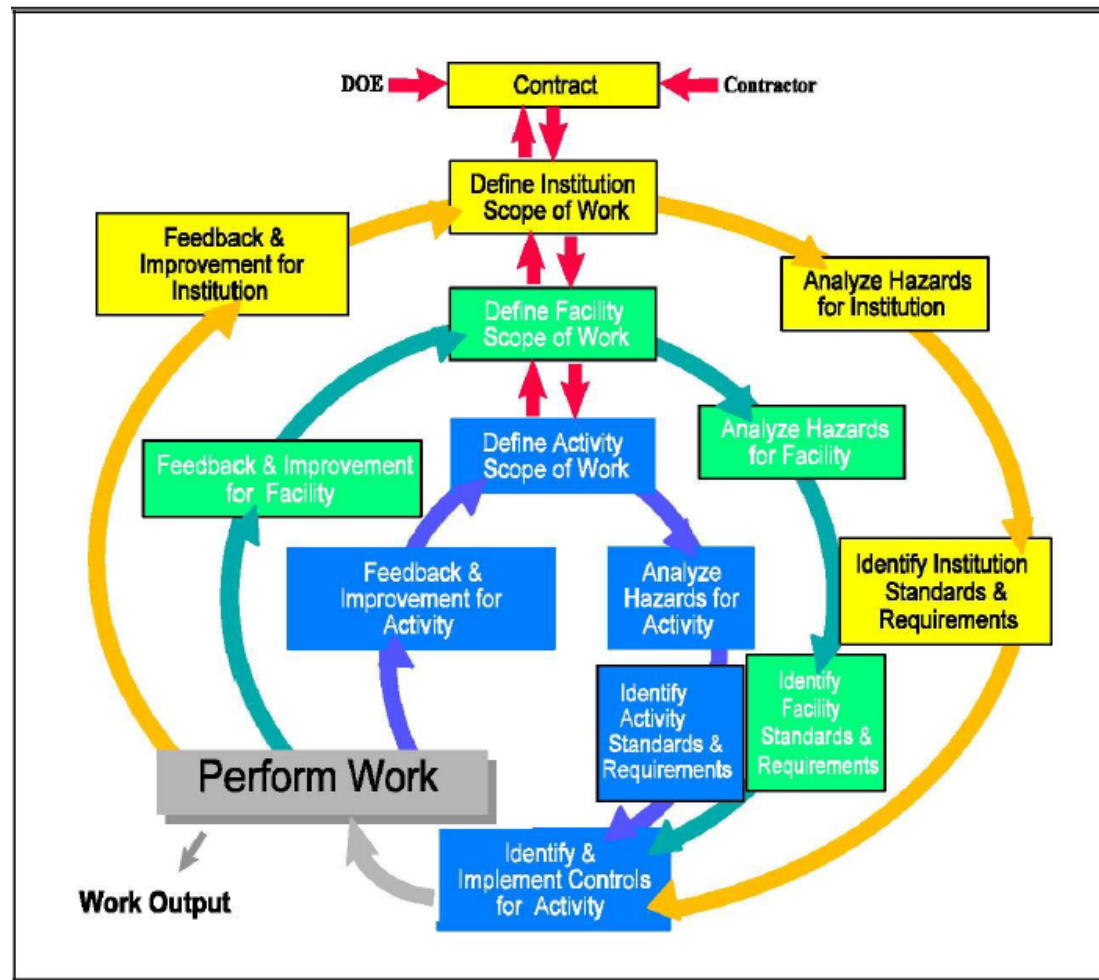


Figure 4. An illustration of major interactions between organizational levels for the five ISM core functions.

Levels of Participation in ISM – Who Is at Which Table?

- DOE
 - EFCOG
 - Contractor's Line Management
 - Workers and their Representatives
- *Institutional Level*
 - Priorities, regulations, directives, and guidelines
 - *Facility Level*
 - Safety basis, procedures and protocols
 - *Activity Level*
 - Planning
 - Safe execution of hazardous work



Symptoms

- At the Institutional Level, DOE health and safety documents, frequently reference EFCOG or have EFCOG as the lead or partner.
 - Documents frequently mention worker health and safety,
 - Mention workers less frequently and
 - Mention worker representatives – unions – much less frequently (exception: Soviet Union).




Nuggets Pointing to Possibilities

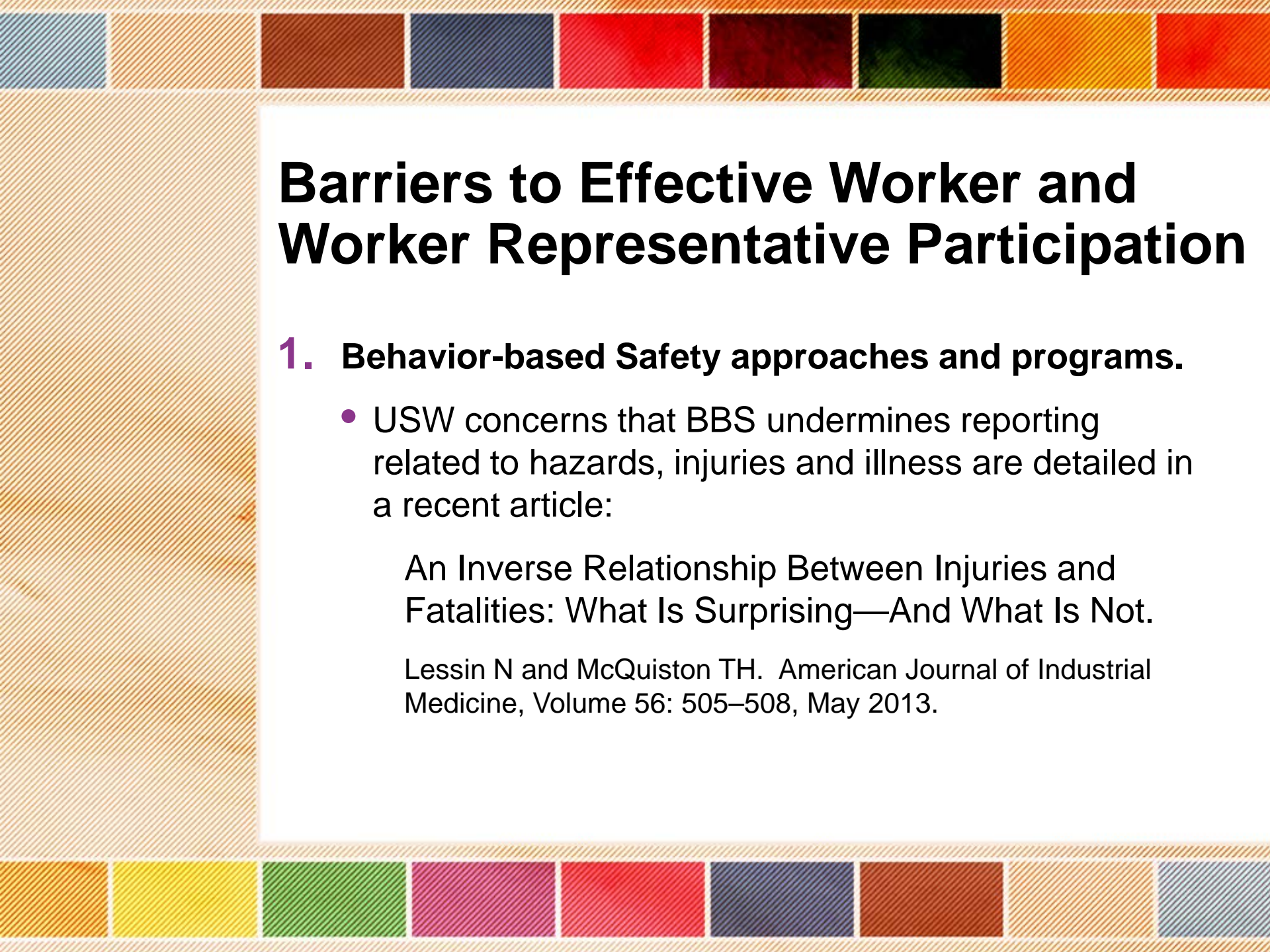
The following change management steps are valid and relevant to this effort, both in development and in implementation of ISM systems [*list truncated*]:

- Establish a coalition of involved organizations to guide ISM efforts.
- Develop the vision and strategy.
- Empower employees for broad-based action.
- Anchor new approaches in the culture (institutionalize the new approaches).

(p. 4, Attachment 7)

Integrated Safety Management System Guide. DOE G 450.4-1C 4. 9-29-11.
See John P. Kotter, 1996, *Leading Change*, Boston: Harvard Business School Press.





Barriers to Effective Worker and Worker Representative Participation

- 1. Behavior-based Safety approaches and programs.**
 - USW concerns that BBS undermines reporting related to hazards, injuries and illness are detailed in a recent article:

An Inverse Relationship Between Injuries and Fatalities: What Is Surprising—And What Is Not.

Lessin N and McQuiston TH. American Journal of Industrial Medicine, Volume 56: 505–508, May 2013.



Barriers (cont'd)

- **Behavior-based Safety** approaches and programs advocated and implemented at multiple levels including:
 - **Workers observing workers**
 - **Injury discipline**
 - **Post-incident drug testing**
 - **Prizes and rewards** (for lagging indicators)
 - **Signs tracking injuries and other posters or signs** implicating workers as the source of problems

Barriers (cont'd)

2. Limiting engagement of workers and worker representatives to the activity level.

- Often where lower levels of organizational learning occur
- Where assumptions and organizational root causes go unchallenged

3. Need to be involved at institutional and facility levels

4. Need time and resources for full engagement

Healthy Learning Organization

- Individuals contribute knowledge and learning to the group and groups to organizations.
- Organizations provides opportunities and supports for learning among groups and individuals.
- Where barriers exist:
 - Formal and informal means for bridging gaps and spanning boundaries,
 - Sharing of power,
 - Effective and open communication,
 - Trust and respect built through experience.



Viewpoints Matter

Because any [individual, group or organization] only has a limited view of the system, obtaining different viewpoints of the symptoms, the problem, and the system can help in identifying the fundamental problem.

(p. 9)

Second Workshop on the Investigation and Reporting of Incidents and Accidents,
IRIA 2003. NASA/CP-2003-212642



Models of Success

- Our union (and others) have been involved in a number of collaborative programs that demonstrate the possibility for working together to achieve important goals.

Models of Success - FWP

1. DOE Former Worker Medical Screening Program

- Involves over 20 organizations including DOE HSS administrators and staff, independent occupational health experts from universities, labor unions, and commercial organizations on-site workers
- Has screened over 73,000 workers
- Reflects best practices in medical screening, program implementation and continuous improvement
- Has made DOE a national innovator and leader in lung cancer screening and prevention

http://www.hss.energy.gov/healthsafety/fwsp/formerworkermed/FWP_Annual_Report.pdf




Models of Success - TOP

2. USW Triangle of Prevention Program

- In place over 30 industrial plants (primarily oil refineries, petrochemical plants and paper mills)
- Collects approximately 20,000 near miss and incident reports each year (over 800 per site in recent study)
- Conducts thousands of investigations with labor-management teams
- Identifies and makes recommendations to correct thousands of root causes each year (over 300 per site in recent study)

McQuiston T, et al. 2012. Triangle Of Prevention: A Union's Experience Promoting A Systems-of-safety Health And Safety Program. *New Solutions*, Vol. 22(3) 343-363.





Optimizing Worker and Worker Representative Input

- Optimization must:
 - Happen at multiple levels not just activity level
 - Give workers and their representatives a real say commensurate with their stake.

Optimizing (cont'd)

- Optimization must:
 - Push programs towards modern systems of safety views and approaches
 - Push programs away from behavior based programs that limit reporting and focus attention onto workers' so called unsafe behaviors
 - Provide workers and their representatives the time and resources necessary for full participation

All Key Stakeholders at All the Tables

- DOE
 - EFCOG
 - Workers and Worker Representatives
- *Institutional Level*
 - Priorities, regulations, directives, and guidelines
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