

SCORECARD SUPPLEMENT

HEALTH SERVICES

1. PHYSICAL FACILITY

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| 1.1 Cleanliness <i>Health facility is kept clean</i> | 1.1.1 Soap and running water OR hand sanitizer are available for hand washing at the health facility | Onsite physical observation by assessor/independent person or a workplace manager. Interviews with Health Provider and Management. Worker survey/interviews: <ul style="list-style-type: none"> ▪ When you visited the clinic was there running water? ▪ Was there dirt on the floor? ▪ Was there a waste bin? etc. | An essential principle of care is not exposing the client or provider to infection or disease. This principle includes both the practice of hygiene and the availability of the products and facilities to maintain hygiene. Health providers must follow good practices and workplace managers must ensure hygiene standards are met AND that health facilities have the products needed to follow these practices. Note that while a factory may have staff who are responsible for basic cleaning – sweeping/mopping the floors, throwing out trash – the health staff is responsible for ensuring the clinic space is clean and disinfecting equipment and furniture. Hot water must be available if the facility is providing higher level services that involve exposure to bodily fluids. In general, hot water is valuable for hygiene in any facility – but must include the practice of using clean towels. |
| | 1.1.2 Dedicated cleaning materials and disinfectants are available for cleaning furniture and instruments | | |
| | 1.1.3 Waste receptacles are on site | | |
| | 1.1.4 Workspace is not dirty or messy | | |
| | 1.1.5 Hot water is available and easily accessible in facility | | |

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| <p>1.2 Client/Provider Safety <i>The facility does not expose clients or providers to health hazards</i></p> | <p>1.2.1 A dedicated disposal receptacle for hazardous materials, separate from general waste, is in facility</p> <p>1.2.2 Separate container for disposing of needles is available</p> <p>1.2.3 No expired medicines are on-site</p> <p>1.2.4 Hazardous waste is disposed of by a hazardous waste service (private or public) provider.</p> | <p>Onsite physical observation by assessor or workplace manager.</p> <p>Interview with service providers.</p> <p>Review of policies/contacts with waste disposal firm.</p> | <p>For most facilities, hazardous waste will entail bandages/cloth soiled by blood or other bodily fluids or needles.</p> <p>Correct handling of these wastes is needed to protect the client, the health provider and the person who disposes of the waste. If hazardous waste is not separated from general trash, the workplace is exposing the cleaning staff to potentially dangerous materials. In locales where hazardous waste services are offered, workplaces should ensure to make use of them.</p> |
| <p>1.3 Privacy & Confidentiality <i>The facility ensures client privacy and protects confidential information</i></p> | <p>1.3.1 Space is provided where provider and client can speak privately and not be overheard</p> <p>1.3.2 Waiting area is separate from examination or intake area</p> <p>1.3.3 Facility has a secure location which client records are locked</p> <p>1.3.4 Facility is not a passage, exit, or entrance for non-clients</p> <p>1.3.5 A private space separate from client intake is provided for client exams, counseling and other communications</p> | <p>Onsite observation by assessor or manager.</p> <p>Workers and nurse surveys:</p> <ul style="list-style-type: none"> ▪ For workers, when you visited the clinic was there room to speak with the nurse in private? ▪ For nurses, where are the client records kept? Do you usually lock this room/cabinet? | <p>Privacy and confidentiality are a universal right for patients – regardless of the cultural norms of any locale. Privacy and confidentiality are a heightened concern when any health services are being provided by an employer at the workplace.</p> <p>Therefore, whether it is a simple health station on the production floor or a large health facility, the site for health services must provide an environment for privacy. But also, client records need to be kept in safe locations that are locked whenever health providers are away. There needs to be clear policies and practices to ensure management do not have access to the records of individual patients.</p> <p>Privacy and confidentiality are not costly to ensure – these can be protected by a simple curtain, a lockable file cabinet and careful practices by health care providers.</p> |

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| 1.4 Lighting <i>Electricity and adequate lighting is provided</i> | 1.4.1 Adequate lighting is available to perform functions 1.4.2 Electricity is available in facility, supported by a generator, to perform functions | Onsite observation by assessor or manager. Workers and nurse surveys: <ul style="list-style-type: none"> ▪ For workers, when you visited the clinic was there room to speak with the nurse in private? ▪ For nurses, where are the client records kept? Do you usually lock this room/cabinet? | Light is essential for providers to perform basic services and maintain records. In low resource settings, ambient light from windows may be acceptable if external light provides adequate illumination to read materials, use instruments and see patients clearly. It is much preferable to have electric lighting, which also must provide adequate illumination. Yet having a combination of electric and ambient light is valuable particularly in setting where there are frequent power outages and no or limited generator power. |
| 1.5 Furniture <i>Adequate furniture is provided for client services</i> | 1.5.1 A desk/table and chairs are available for intake and consultation 1.5.2 Locked cabinet to store medicines and other materials 1.5.3 A bed is available for rest and care 1.5.4 An examination table is available for clinical services | Onsite observation by assessor or manager Nurse interview: <ul style="list-style-type: none"> ▪ Does the clinic space have the furniture required to care for patients? | A health provider needs a place to document patient information and hold equipment and materials. Both need a place to sit that is comfortable and conducive to communication. Higher level services require furniture for examination and care. |
| 1.6 Record-Keeping <i>Health records are maintained for each patient/client</i> | 1.6.1 A registry book is used for documenting client intake and consultations 1.6.2 All information gathered identifies the sex and age of the client and phone number (if available) 1.6.3 Forms tracking individual client history, services and follow up are used | Onsite observation by assessor or workplace manager. Nurse/provider interview: <ul style="list-style-type: none"> ▪ What information do you record when patients visit? ▪ Do you provide sex, phone number of client? ▪ How do you manage client records? | Record-keeping and analysis are essential parts of good patient care. They are also essential to good management. But good records – that is, information – enable providers and management to use the data to improve worker well-being and productivity. Providers are better able to follow-up with workers, track trends and revise education activities accordingly. Management can use health data (stripped of personal identifying information) to identify health needs that need to be addressed. It is essential to know age and sex of the patient to analyze the data and identify trends that may be affecting care and services based on gender and age. |

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| <p>1.7 Public Information <i>Information on health services is publicly posted in the facility and in workplace.</i></p> | <p>1.7.1 Facility and health provider hours and services are posted in front of the clinic</p> <p>1.7.2 Facility and health provider hours, services and location are posted in one or more public spots.</p> <p>1.7.3 Provider responsibilities to patients/clients are posted in the facility: informed decision-making, right to refuse care, client-centered care, and confidentiality.</p> <p>1.7.4 Workplace policies on workers' access to health services during and after work hours are posted in and near health facility/spaces.</p> | <p>Onsite observation by assessor or workplace manager</p> <p>Identify that the policies are written and in a language workers understand</p> <p>Verify with workers:</p> <ul style="list-style-type: none"> ▪ Where can you find out about the opening hours of the clinic? | <p>Posting hours/services in multiple locations ensures that workers are aware of their right to services and when they are available. In many contexts, there may be a part-time doctor, and his/her schedule needs to be posted.</p> <p>Posting workplace policies should be posted as well to inform or remind workers of their rights regarding health services. These policies should also have been reviewed with them during initial employment intake and orientation or training.</p> <p>Workers, providers and management should clearly know the standards required in the provision of care. These include:</p> <ul style="list-style-type: none"> ▪ Being treated respectfully and without judgment ▪ Having the right to refuse treatment for any reason ▪ Being informed of the treatment choices and risks and benefit of each ▪ Having one's health information kept private from other workers and management. |

2. PRODUCTS/EQUIPMENT/MATERIALS

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| 2.1 Instruments <i>The facility is stocked with instruments and materials appropriate to the level of services provided</i> | 2.1.1 A first aid kit is kept stocked with bandages and other items required by law and basic needs | Onsite observation by assessor or workplace manager. Interview with nurse/doctor: <ul style="list-style-type: none"> ▪ Have you ever missed soap or bandages when you needed to care for a client? | Management of supplies is both very important and too often not done well. Without basic supplies on hand whenever they are needed, providers cannot do their jobs effectively and safely. Soap, water, bandages are the basics – and should never be unavailable. Protective rubber or preferably non-latex gloves are essential if the provider is in contact with bodily fluids. The health provider also needs basic tools to perform routine tasks like taking vital signs. These tools do not cost much, but enable providers to use their skills. |
| | 2.1.2 Washing products are available for cleaning wounds | | |
| | 2.1.3 Provider has access to thermometer, weight scale, and tap measure | | |
| | 2.1.4 Stethoscope and blood pressure cuff or machine are available | | |
| | 2.1.5 Protective gloves (preferably non-latex) are available | | |
| | 2.1.6 Equipment/products for specific tests or services offered by the facility are available | | |
| 2.2 Medicines <i>Reproductive health products are made available to workers</i> | 2.2.1 Non-prescription pain reliever is available | Onsite observation by assessor or workplace manager. Nurse/doctor interview: <ul style="list-style-type: none"> ▪ Have you ever needed a pain reliever for a client and it was not available? ▪ Who prescribes antibiotics to clients at the clinic? | Basic pain relief is important to provide workers. However, providing other medicines requires additional training so that they are taken properly. Medicines may also include nutritional supplements and vitamins. |
| | 2.2.2 Medicines and immunizations are available based on illnesses specific to the workplace/community and training of health provider | | |

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| <p>2.3 Reproductive Health <i>Reproductive health products are made available to workers</i></p> | <p>2.3.1 Sanitary napkins and/or other products for menstruation are available to workers</p> <p>2.3.2 Treatment for urinary tract and gynecological infections are made available on-site or off-site by a qualified provider</p> <p>2.3.3 Modern contraception is made available in the facility or through other mechanisms onsite or formal relationships offsite</p> | <p>Onsite observation by assessor or workplace manager.</p> <p>Check if contracts with health suppliers are in place.</p> <p>Workers survey:</p> <ul style="list-style-type: none"> ▪ Have you needed products like sanitary napkins/condoms and the clinic did not have them available? ▪ Review anonymized client records for registration of treatment of reproductive diseases | <p>The management of enterprises tends to be unaware of the different health needs of men and women workers. This can lead to inequitable treatment. Lack of rest breaks, long periods of sitting, poor hydration all contribute to infections for women workers. The health facility in higher-capacity workplaces should carry treatments for these infections.</p> <p>Proper menstrual products and hygiene are essential for women workers' well-being on the job and off. Management should ensure that women workers have access to these products at the workplace and they can obtain them in a confidential way.</p> <p>Women's -- and men's -- needs for contraception need to be taken seriously. Workplaces with training health providers and strong policies and practices ensuring confidentiality have successfully provided contraception onsite. All workplaces can actively ensure that workers have access to these products offsite through formal arrangements with reputable and accessible vendors or providers. It needs to be recognized that young, unmarried women, many of whom have migrated from rural or distant areas need confidential access to these products. Married and unmarried women who have given birth recently need family planning to ensure they can prevent unwanted pregnancies or space desired pregnancy to ensure their own health and that of their children. Workplaces should ensure women workers of access to these products.</p> |

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| <p>2.4 Health Education Products <i>Health educational materials appropriate for the literacy level and in the language of workers are available</i></p> | <p>2.4.1 Health education materials are posted on wall in clinic, bathrooms and production areas (as appropriate)</p> <p>2.4.2 Health education materials are available as handouts for workers at a reading level that reflects their literacy</p> <p>2.4.3 The facility provides information (posters and/or handouts) on topics that are related to disease prevention or health protection of the workforce: correct use of antibiotics, hand washing, hydration, nutrition, family planning, ergonomics/stretching, and coughing)</p> <p>2.4.4 The facility provides information (posters and/or handouts) on topics that are specifically relevant to women workers: menstrual hygiene, spacing pregnancies, pre- and post-natal care, and urinary/gynecological infections</p> <p>2.4.5 Materials are available on treatment or prevention of essential health issues in the workers' local community, such as sexually transmitted diseases, reproductive health/family planning, harassment/gender-based violence, and critical health issues in the locale (cancer, HIV, tuberculosis, malaria, alcohol/drugs, anemia etc.)</p> | <p>Onsite observation by assessor or workplace manager.</p> <p>Worker interviews:</p> <ul style="list-style-type: none"> ▪ Have you used health education materials at the factory? On which topics? ▪ Were they useful/provided the information you were looking for? ▪ Were the materials easy to access? ▪ What other topics should these materials cover? ▪ Where/in what form should they be available to | <p>Health education materials should be available on site as hand-out and posters on the wall. These materials complement the health information that workplace nurses and doctors may provide workers. They also enable workers to receive basic information on health that can influence their health behaviors and encourage them to seek services when needed. Education is one of the activities that workplace health personnel should be required to undertake.</p> <p>Educational materials – from posters to handouts – can be made available to workers by health care providers. These materials can be acquired from public health clinics, local NGO and other providers and through the internet (to which many factories have access as part of doing business). Posters do not have to be printed – many effective posters can be created by hand (adapting or copying existing health education materials).</p> <p>Signs should be visible from a distance; and ideally a worker leaves care or counseling with a handout that provides information at a level he or she can understand.</p> <p>A range of organizations provide such materials. But providers and workplaces should not think that educational materials need to be professionally printed on glossy material. Low tech educational posters and handouts can be produced onsite and are effective.</p> |

3. FACILITY POLICIES/PROCEDURES

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| <p>3.1 Hygiene Protocols <i>Health providers follow good hygiene practices</i></p> | <p>3.1.1 Hands are cleaned between clients visits</p> <p>3.1.2 The work space is cleaned and disinfected as necessary each day</p> <p>3.1.3 Protective gloves worn whenever there is contact with blood or bodily fluids</p> <p>3.1.4 Hazardous materials (blood, bandages, needles) are always put in safe disposal site, separate from other trash and not put part of the routine handling of trash</p> <p>3.1.5 Instruments and examination furniture are cleaned between clients</p> | <p>Review written policies for the health facility if these exist.</p> <p>Interview nurses/health providers on common practices set out in guidelines such as:</p> <ul style="list-style-type: none"> ▪ Do you wash your hands between patients? ▪ Is the workplace cleaned every day? <p>Interview cleaning staff and workers.</p> | <p>“Universal precautions,” standard precautions, or routine practice are terms that guide efforts to control infection in a health care setting. They are meant to protect health care workers and patients from potential exposure to infection.</p> <p>They are based on the premise that all blood, body fluids, secretions, excretions, mucous membranes, non-intact skin or soiled items are potentially infectious. Intact skin is presumed to be non-infectious. For example, people cannot get HIV from hugging someone or holding hands.</p> <p>Providers can do vital signs without gloves, but if a patient has a sore, or the provider is touching a body cavity, such as the mouth, they need to be wearing gloves. And medical waste that may carry infection must be handled in a way that does not expose anyone to infection. That’s also why instruments and equipments should be cleaned between patients.</p> |
| <p>3.2 Confidentiality <i>Health providers takes precautions to protect confidential information</i></p> | <p>3.2.1 The provider provides the clients medicines, products, counseling, or information in a fashion that ensure their confidentiality</p> <p>3.2.2 The provider keeps all patient/client information in a locked site when providers are not in facility</p> <p>3.2.3 The provider never shares individual client information with management, workers, non-health professionals or any other person without a medical need to know</p> | <p>Review written policies for the health facility if these exist.</p> <p>Interview nurses/health providers on common practice such as:</p> <ul style="list-style-type: none"> ▪ When and with whom do you share clients’ health information? <p>Interview management about policies (if done by an independent assessor).</p> | <p>Confidentiality and trust are the basis for candid communication between provider and patient. Confidentiality is even more important at the workplace where workers often fear they can be fired for health problems. Thus, it is essential that worker medical information is kept away from all management and that workers are informed that the confidentiality policies are in place and followed.</p> |

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| <p>3.3 Client/Patient Protections <i>Providers follow common practices for outside observers during patient services</i></p> | <p>3.3.1 Clients are informed that they may have a second person of their choice with them at any time when receiving care from or consulting with a provider</p> <p>3.3.2 A second person of the same sex as the client is present when the provider is of a different sex and undertaking a physical exam beyond vital signs</p> | <p>Review policies if written ones exist.</p> <p>Interview nurses/providers on common practices.</p> | <p>A second person in the room protects the patient and the provider particularly if they are of different sex. The patient may not want a second person for discussion, counseling or education sessions on very private issues, and there should be no pressure by the provider to have a second person.</p> <p>Yet telling patients of their options and rights is an aspect of providing client-centered care.</p> |
| <p>3.4 Availability/Accessibility of Services <i>Health services are made available to workers</i></p> | <p>3.4.1 The facility/workplace has the minimal number of health staff and level of qualifications required by law</p> <p>3.4.2 The health staff takes lunch at a time different from the workforce</p> <p>3.4.3 Workers may leave during work hours at no penalty to receive non-emergency services they need, if these are not accessible to the worker at a reasonable cost during non-work hours</p> <p>3.4.4 A health facility with more than one provider is never closed during the day</p> <p>3.4.5 Workers have access to the health facility for non-emergency matters during work hours</p> <p>3.4.6 Workplace health services or programs are extended to workers' spouses and children</p> | <p>Review policies if these exist for health facility operations and staff recruitment.</p> <p>Interview nurse/providers and workers:</p> <ul style="list-style-type: none"> ▪ Is the clinic open during workers' lunch time? ▪ Can workers visit the clinic during working hours? If yes, in what situations? If no, why not? | <p>Some workplaces try to limit access to health services and have policies and procedures that signal to workers that they should not use services except in emergencies. Others with more open policies may assume that onsite services are both available and accessible. Yet they may not be aware of practices that limit use. For instance, if the facility or provider is not available during certain hours, typically lunch hour and breaks, then the workplace has a problem of availability.</p> <p>At the same time, line supervisors may not allow workers to seek care under pressure to meet quotas or production targets; thus workers do not really have accessibility to services. This is an important point for offsite services. Many workers, especially women workers, do not have the time after hours to seek non-emergency care even if public or private health clinics are open. Often they are available only during the day. Thus workers have the choice of missing a day's wages for basic care.</p> <p>Workplaces need to be aware that line supervisors may view trips to the health facility as a waste of time. They may make it clear to workers of the consequences for leaving their workstation for anything but an emergency.</p> |

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| <p>3.5 Client Screening <i>Inventory of supplies and medicine is managed to ensure quality and sufficient supplies</i></p> | <p>3.5.1 Clients are asked basic screening questions to inquire about general health status beyond the specific health issue being treated</p> <p>3.5.2 The height, weight, blood pressure and temperature of clients are taken as a routine part of services. (Note: this is linked to indicator 1.6.2 on recording patient information)</p> | <p>Review policies if these exist.</p> <p>Interview nurses/providers on common practice:</p> <ul style="list-style-type: none"> Do you have a set of screening questions to ask when a client visits the clinic? <p>Review of anonymized patient care health records.</p> <p>Worker/patient interviews about experience.</p> | <p>Asking general questions about a worker’s general health (beyond the reason for the visit) is a good practice and gives health providers insight into worker health concerns. Workplace clinics do not have time for a comprehensive screening that might take place at a primary care facility, but elements of a screening should be adapted to the workplace infirmary. Screening questions signal to workers a concern for their well-being that goes beyond handing out pain relievers and can provide useful information. A workplace health provider can check the patient’s record and inquire about the past health concerns.</p> <p>Vital signs should be a routine part of services but done as necessary or medically indicated. Again, production pressures may make it difficult for workers to have vital signs taken or even sit for screening questions. Each trip to the health facility should not lead to a lengthy exam. Therefore health providers need to use judgment about the clinical needs and the timing for these activities.</p> <p>Issues like headaches and fainting require more attention than a request for aspirin or a sanitary napkin. Yet even in the latter case the health provider may ask about what foods the worker is eating and general pain concerns. Nevertheless, it is important to establish these practices as expected behaviors of the health providers while recognizing the need for flexibility.</p> |
| <p>3.6 Inventory Management <i>Inventory of supplies and medicine is managed to ensure quality and sufficient supplies</i></p> | <p>3.6.1 Providers check supplies each week (first aid kit, medicines, etc.) to cover worker needs</p> <p>3.6.2 The providers track supplies in facility to prevent stock-outs or unauthorized use of medicine</p> <p>3.6.3 Medicines are procured from reputable companies or organizations that are recognized as ensuring high-quality products</p> | <p>Review policies where these exist, otherwise interview nurses on common practice.</p> | <p>Workplace health facilities need to manage inventories for supplies as a basic expectation of the health staff. Often out-of date medicines are a result of poor supply management or overstocking. Expired medicines should not be given to workers.</p> <p>Furthermore, the use of low quality or fraudulent medicines harms both the person being treated and the long-term efficacy of drugs. Antibiotics, malarial drugs and other medicines that have been produced (usually to cheat customers) at below the correct dosage levels leads to immunity to these medicines by microbes. Poor quality medicines are thus a danger to not only the individual worker but also the entire community.</p> |

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| <p>3.7 Grievances/ Comments <i>Existing grievance systems or worker management processes address health issues and provision of healthcare in the workplace.</i></p> | <p>3.7.1 The facility has a sign indicating workers can raise any concerns about health services or treatment through the existing grievance processes and suggestion boxes.</p> <p>3.7.2 Comments/complaints are reviewed by management with providers</p> | <p>Physical observation. Review policies if these exist. Interview nurse/health provider. Worker interview:</p> <ul style="list-style-type: none"> ▪ Have you raised any comment on health services? How? If not, why not? Would you raise it? In what circumstance? | <p>Health services should be part of a workplace’s process to engage workers and address complaints. Comments about health should be part of existing systems – with the addition of ensuring health providers receive the comments and play a role in responding. Although the term used is often grievance mechanism or complaint, the point is not just to receive complaints but also suggestions and comments for improvements.</p> |

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| <p>3.8 Client Records <i>Client records are maintained and used for ongoing patient care</i></p> | <p>3.8.1 Workplace is in compliance with any legal requirements to record and report on workplace accidents and related diseases</p> <p>3.8.2 Health providers record on paper or registers basic health information of the client, including sex and services rendered</p> <p>3.8.3 Providers store all client health records in a cabinet or private space that is locked at the end of each day</p> <p>3.8.4 File folders with individual client records are kept if providers perform health screenings and vital signs and provide medical treatments or services on-site</p> <p>3.8.5 Health records and data are regularly reviewed by providers to ensure follow-up with individual clients</p> <p>3.8.6 Health records and data are regularly analyzed to identify worker health trends and needs overall and by sex and age</p> <p>3.8.7 Health needs and trends of workforce are reported to management</p> | <p>Observation of practices by external assessor or workplace manager.</p> <p>Interview nurses/providers on common practice.</p> | <p>Patient health information can be a valuable tool for improving worker health and well-being. Yet record-keeping is often poorly done at workplace health clinics, and the patient information is not collected in a way that enables health providers or managers to analyze trends, identify new issues and assess progress.</p> <p>At a minimum records should be well organized, maintained and protected. Better practices include collecting patient information in ways that are useful to health providers and workplace managers. Good record-keeping enables health providers to access patient information when it is needed for medical appointments, referrals, screening questions, education or counseling.</p> <p>Furthermore, patient records are confidential. It is a basic practice to ensure that no one other than medical personnel have access to private information. It is particularly important that policies and practices are in place to ensure that neither senior managers nor direct supervisors can gain access to these records.</p> <p>Workplace health providers therefore need to follow common practice of documenting every health issues that the patient mentions. Registries and other records should note the sex and age of the patient. This information can enable health providers and management to analyze health trends (not individual patient information) that allows then to identify different needs of workers by sex and age – and even by section of the workplace (if this information is kept). Analyzing aggregate health data can help workplaces address health issues more effectively through education and services and promote a healthier workforce.</p> |

4. REFERRAL/PROVISION OF CARE

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| <p>4.1 Referrals <i>Effective referral services are provided to workers</i></p> | <p>4.1.1 Provider makes available to clients accurate referral information on available public/private health providers, including exact location, hours of operation, sex of providers, types of services, costs (if not free), availability of health products, and general quality of care</p> <p>4.1.2 Provider follows up with client to ensure the referral took place and services were received</p> <p>4.1.3 Health provider refers clients needing family planning to facilities and/or pharmacies where family planning methods and emergency contraception are available</p> <p>4.1.4 Provider has a referral contract with public and/or private service providers</p> | <p>Onsite observations by external assessor.</p> <p>Nurse/health provider interview.</p> <p>Review of onsite information facility keeps on health services available outside the factory.</p> <p>Review <i>anonymized</i> client records for evidence of referrals and follow-up.</p> <p>Evidence of a contract or formal agreement with an external provider.</p> | <p>For many workplaces, referrals may be the main way they ensure workers receive the primary care services they need. Many workplaces will refer workers to external public or private services rather than offering the treatment on site. Thus it is necessary for the workplace and its providers to make effective referrals. It is easy to direct a patient to go externally to seek care. That is not enough.</p> <p>Patients require assistance in seeking external care. Workplaces need to create a proactive referral system – not just making referrals but doing as much as feasible to ensure the workers get the care they need. The more the provider can share about the availability, quality, hours of an external clinic, the more likely the patient will go. Research shows that if people are asked when they are likely to go and how they are likely to get there, they are more likely to go to the referred site. If the provider follows up with the patient, this adds support.</p> <p>A good referral model includes making sure the service providers have the treatments and medicines needed. This is especially true for family planning, where the provider must be sure that the referral site has the contraception methods that workers may want available in stock.</p> |

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| <p>4.2 Provision of Care <i>Health providers use a client-centered approach with workers</i></p> | <p>4.2.1 Health providers demonstrate (1) concern for the client’s overall health needs, (2) lack of negative judgments expressed orally or physically about client health issues or client’s gender, (3) friendly provision of services, (4) respectful responses to client choices and questions; (5) protection of confidentiality.</p> <p>4.2.2 Clients are informed that they may refuse treatment at any time.</p> | <p>External assessment by a health professional.</p> <p>Nurse/provider interview of self-perception and attitudes about workers’ health behaviors, hygiene etc.</p> <p>Interview workers on their “care” experience in the clinic by health providers.</p> | <p>Treating patients with respect is an essential, but too often poorly realized practice – especially when the patient is young and female. A “client-centered” approach is a basic standard that not only creates trust but also sends the message that the patient is the ultimate authority over his or her own care. Health providers, often unknowingly, inject personal views about the right course of action based on religious, moral or community norms. This is especially true of family planning and reproductive health, which is an area of much misunderstanding and myth by providers and patients alike.</p> <p>The danger of personal bias and a non client-centered care is especially likely when providers are of a different nationality, ethnic group or class status as the providers may treat the patient with less respect. Management must be aware of this danger and take steps to mitigate it.</p> |

| BENCHMARK | INDICATORS | SOURCE OF INFORMATION & VERIFICATION | EXPLANATION |
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| <p>4.3 Additional Services <i>Workplace addresses unmet health needs of women and men workers onsite</i></p> | <p>4.3.1 Health provider has taken at least one action during the year to improve knowledge or skills to improve or expand services offered.</p> | <p>Interview human resources and/or health facility manager about skills-development activities.</p> | <p>All health providers require ongoing medical education to keep their skills and knowledge sharp. Continuing medical education is typically part of a country's requirements for licensing and registration of health professionals. Yet often these requirements are poorly enforced. At a minimum, workplace health providers should be required to take some action to improve their skills or knowledge each year.</p> |
| | <p>4.3.2 Health providers are in compliance with their professional requirements for licensing and continuing medical education.</p> | <p>Interview nurses/providers about continuing professional development activities in the last year.</p> | <p>And management should also ensure that their health providers are meeting legal requirements.</p> |
| | <p>4.3.3 Health team reviews information gathered at least once a year (from facility data, meetings with workers and worker representatives, supervisors, health providers, surveys/focus groups and/or external public health information) to identify any critical unmet health needs of women and men workers.</p> | <p>Interview workers on health program and activities.</p> <p>Identify/review documents that exist demonstrating action on health information:</p> <ul style="list-style-type: none"> ▪ budget, spread sheets ▪ health plan ▪ report on worker health needs ▪ meeting agenda | <p>In cases where the workplace health provider is the equivalent of community health worker or not fully licensed as a doctor, nurse or paramedic, it is essential that they build their health knowledge and capacities. A nurse and doctor requires higher level training.</p> <p>A focus on improving health activities (staff skills and knowledge, education, and services) based on regular analysis of clinic health records and review of worker health needs also encourages the workplace management to think strategically about its resources and staff capacity.</p> |
| | <p>4.3.4 Workplace takes action to address the unmet health need(s) of workers prioritized each year.</p> | | <p>It may make business sense, for instance, to train a nurse in certain treatments that can be provided effectively on site rather than depend on referrals and risk production problems because of absenteeism and low concentration.</p> |
| | <p>4.3.5 Screenings for prevalent non-communicable diseases are offered onsite or offsite once a year.</p> | | <p>With the rise of many non-communicable diseases like diabetes and heart disease, helping to identify, prevent and facilitate treatment these diseases should be a priority for workplaces where the employees are at risk.</p> |

5. EDUCATION/COUNSELING

| BENCHMARK | INDICATORS | SOURCE OF INFORMATION & VERIFICATION | EXPLANATION |
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| 5.1 Health Education/ Client Counseling <i>Health providers perform health education and counseling services at the workplace</i> | 5.1.1 Provider plays a proactive role in improving worker health through formal and informal education outreach in the facility or at the worksite, where possible, with groups of workers or individual workers | Interview nurse/health provider about knowledge on basic topics as well as their understanding of their responsibilities to provide health education. An external medically trained expert observes health providers providing workers information on health topics as well as counseling (with the free and informed consent by worker). | Health providers can occupy a unique position of trust and access in a workplace. They can help workers adopt healthier behaviors and receive needed care through education, promotion, follow-up support, and counseling. Health providers are also in a unique position in that they can move about the workplace during the day to interact briefly with workers. This type of informal outreach helps build trust and develop relationships. Too often, health providers remain at their stations when there are not patients. A proactive health provider finds opportunities to teach and assist workers: <ul style="list-style-type: none"> ▪ At work sites within the workplace ▪ At new worker orientations ▪ At lunch and other breaks ▪ During visits to the facility and scheduled appointments The responsibility for ensuring more proactive health provider falls on management. Line supervisors and senior managers can quickly squash proactivity if they make it hard for nurses to do outreach and education. Thus management must make health education a priority for providers; it also must build ownership of key internal stakeholders like line managers, and work with them (and the provider) to ensure activities fit into production cycles. Reproductive health and family planning are often overlooked needs of workers. It is common for management to view these issues as external to the factory. In fact, they play important roles in worker productivity and well-being. In many places, the fact of working in a factory or farm creates situations that increase the need for these services. Finally, it is important to understand the distinction between counseling and providing health information and education. Counseling requires training and a much higher level of skill than sharing health information. |
| | 5.1.2 Provider provides basic health information to workers on nutrition, general and menstrual hygiene, stretching, coughing, and reproductive health/family planning as well as occupational health risks | Evidence of health education activities (schedule of meetings, curriculum, health education materials on site). | |
| | 5.1.3 Provider is able to provide basic health information on leading health issues in the community, such as waterborne and infectious diseases, maternal and child health and any other health issues that are known risks to workers (Diabetes, TB, HIV/AIDS, malaria, heart disease etc.) (Relates to indicator 2.4) | Interview workers on experience seeking health information from workplace health providers. | |
| | 5.1.4 Provider provides counseling on family planning methods and reproductive health based on principles of free and informed consent | | |
| | 5.1.5 Provider provides counseling on critical public health issues affecting workers | | |

MANAGEMENT SYSTEMS AND CORPORATE LEADERSHIP

6. MANAGEMENT SYSTEMS

| BENCHMARK | INDICATORS | SOURCE OF INFORMATION & VERIFICATION | EXPLANATION |
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| 6.1 Management Processes <i>Management structures and processes exist</i> | 6.1.1 Management assigns responsibility for oversight of health practice and standards to the appropriate senior manager | Review written policies that exist. Interview HR & factory management. Interview health providers. Review annual budget. | Health services need to be managed that same way other workplace functions and operations are managed. Yet this is not usually the case. Workplace management is typically hands-off when it comes to health services. To enable effective management, the workplace needs to have in place processes and structure that enable effective and supportive supervision. Such structures include assigning oversight responsibility to a manager outside of the health staff, although in a large workplace the manager might be located within the health facility but have direct report to senior manager. In fact, without direct supervision and support of a manager, the health care staff will not necessarily follow policies or good clinical practices. The management processes related to health outlined in this section are meant to ensure an active engagement by management in health services. The first component of good management of health functions is to have the structures and processes in place. This includes assigning responsibility, defining the reporting structure up and down, and providing the resources necessary to meet plans and policies. Job descriptions make sure health providers know what is expected by management; a formal hiring process ensures that qualified health providers are employed and that these employers are hired because of their capacity and skills, not their connections to or friendships with people in the workplace. Second, health functions need to be part of overall management discussion. The senior manager must have not only a direct report to the Chief Executive Officer but also a regular role in report on health issues. |
| | 6.1.2 A reporting structure exists for health facility that defines roles, responsibilities, and decision-making authorities. | | |
| | 6.1.3 Each health provider receives a <i>job description</i> defining responsibilities based on standards | | |
| | 6.1.4 The senior manager reports on progress in meeting the health standards and benchmarks twice a year to senior and middle management | | |
| | 6.1.5 A formal process for hiring new health providers based on the review and documentation of qualifications is in place | | |
| | 6.1.6 An annual budget for health operations is allocated that is adequate for meeting workplace health standards and plans | | |

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| <p>6.2 Supervision of Health Services <i>Management supervises the health facility and staff and provides necessary support for achievement of annual plans</i></p> | <p>6.2.1 The senior manager meets regularly with the health staff to ensure and plans are being met</p> <p>6.2.2 The senior manager and the health staff develop each year an action plan for health improvement and outreach</p> <p>6.2.3 The senior manager reviews each year the standards and health plans with any part-time medical staff to ensure their compliance with workplace health policies and practices</p> <p>6.2.4 Each health providers' <i>job performance</i> is evaluated against defined goals and responsibilities by the senior manager annually and compensated appropriately</p> <p>6.2.5 An external health expert observes the health operations at least every two years to assess compliance with the Guidelines and identify areas for improvement</p> | <p>Interview HR & factory management.</p> <p>Review of HR records and written policies.</p> <p>Interview health providers.</p> | <p>Senior and middle managers assume that health is outside of their capacity or skill. In fact, the basic management skills are the same for health as any other workplace function. Medical knowledge is needed to provide services and assess higher level of clinical skills. But workplace management is fully capable of setting health goals, defining policies and practices and determining the kinds of services a workplace will provide it workers.</p> <p>Management oversight is essential to ensure ongoing focus on continuous improvement of health services and the adoption of good practices. A schedule of structured meetings – for planning, problem-solving, self-assessment and review – is a common approach in many workplaces. But it is rarely used with workplace health staff – even if such meeting structures are used elsewhere in the enterprise.</p> <p>There is nothing new or different about this approach, except its absence in workplace health services. However, it needs to applied to the health services so that the health team and management builds its capacity to monitor and manage its practices and progress.</p> <p>Effective supervision also requires planning and goal setting and evaluating health staff performance against both overall and individual goals.</p> <p>The one area where outside expertise will be needed is for assessment of clinical services. Thus the senior manager should engage such experts to help with the assessment of the quality of services and use of clinical protocols.</p> |

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| <p>6.3 Integration of Health into Workplace Operations <i>Health activities are integrated into overall company processes and functions</i></p> | <p>6.3.1 General health practices under the <i>standards</i> are integrated into existing occupational health and safety practices, policies, and standards</p> <p>6.3.2 Management has a process for addressing violence, harassment and threats to women and men workers and it includes an appropriate role for workplace health providers</p> <p>6.3.3 The health staff participates in all worker committees and, as appropriate, management committees to engage participants on health issues and activities</p> <p>6.3.4 New worker orientation and training programs include introductions to the health provider and infirmary and a briefing on health services, policies, and patient rights</p> <p>6.3.5 Management seeks the formal input of women and men workers and their representatives in developing the annual health plan each year</p> <p>6.3.6 Facility health data is incorporated into overall management data systems for quality, productivity, and occupational safety</p> <p>6.3.7 Health data, disaggregated by sex and age, is reviewed at least twice a year by the management team and the appropriate worker committees</p> | <p>Review occupational health and safety policies. HR & factory management interview.</p> <p>Review documents if they exist:</p> <ul style="list-style-type: none"> ▪ committee meeting agenda/notes ▪ policies ▪ health data in spread sheets, reports or other forms <p>Interview health providers</p> <p>Interview representatives of worker-management committees (OSH or others)</p> <p>Interview HR & factory management</p> | <p>Worker health services are typically tangential to other functions. For instance, nurses are not included in the health and safety committees or, if they are included, they play a passive role as the focus is mainly on safety issues.</p> <p>Too often, workplace health resources (facilities, staff) are under-utilized or not utilized effectively. In almost all workplace, the health function can be improved. Making health more integrated into business operations signals to workers, line supervisors, and senior managers alike that worker health is a valued components of workplace productivity and good management practices. The Benchmark on “Health Integration” is designed to encourage management to think constructively about how health services can play a stronger role in promoting productivity and worker well-being.</p> <p>Data collection related to health services is an example of a resource often not well managed. Health staff typically collects basic data, but it is not compiled in a way that is not usable for analysis or planning. Thus workplaces do not have good information about health issues that may be undermining productivity. Disaggregated data by sex (and other categories) is becoming a global standard for any company that is committed to gender equity. It is impossible to assess the effectiveness of gender equitable policies or practices without having information on men and women separately. This is particularly important for health services. Men and women often have different health needs, but management is unable to recognize these needs because basic health information is collected poorly and not presented in ways that allow basic analysis.</p> <p>Improving data collection does not necessarily require more work. Rather it requires having existing personnel (health and management staff) change the way they collect information and integrating this data into existing information systems.</p> <p>Sexual harassment and gender-based violence are critical issues for management to address. Women are the primary victims of harassment and violence inside and outside of a workplace. It is common for women when they report abuse to be victimized a second time by various authorities (management, police, the courts, even health officials) and family members. Workplace health staff can play a role in supporting victims with education, counseling and referral to services, only if properly trained and if appropriate external services exist. Otherwise, health care staff can be put in ethically compromising positions. Thus the Benchmarks require management to have strong policies against harassment and violence and define clearly what role, if any, the health staff should have in supporting the policies.</p> |

7. CORPORATE LEADERSHIP

| BENCHMARK | INDICATORS | SOURCE OF INFORMATION & VERIFICATION | EXPLANATION |
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| <p>7.1 Integration of Health into Enterprises Policies, Goals, and Values <i>Health and well-being are explicit part of values statements, codes, and business strategy</i></p> | <p>7.1.1 Worker health and wellness policies based on the Guidelines and other occupational health and safety standards are established</p> <p>7.1.2 Gender equity in health services (and all other operations) is explicitly written into policies</p> <p>7.1.3 Chief Executive Officer communicates annually to managers and workers information on workplace policies, national law, and contractual requirements relating to health</p> <p>7.1.4 Corporate values or codes statements include commitments to worker health and well-being beyond the legal minimum</p> <p>7.1.5 Chief Executive Officer evaluates and enforces policies that address the specific health issues of migrant workers from other countries</p> <p>7.1.6 Chief Executive Officer evaluates health and wellness policies each year with senior and middle managers for gaps, understanding, and workplace performance</p> <p>7.1.7 Chief Executive Officer makes a corporate commitment to applying the World Health Organization’s Healthy Workplaces model and plan of action</p> | <p>Interview HR & factory management.</p> <p>Review corporate policies and codes.</p> <p>Interview workers and worker representatives.</p> <p>Interview health providers.</p> | <p>A tenet of quality health services is that senior leadership plays an active role in institutionalizing and overseeing policies and practices. It is a common experience with factories that institute new health programs for middle or line managers to undermine the work even though company leadership has sanctioned the activity but not been directly engaged. Production goals can conflict with health education or services, and managers receive no direct recognition for the health or well-being of their workers.</p> <p>Thus, senior leadership – starting with the owner or Chief Executive Officer – must actively support the Guidelines and lead the culture change required to integrate them into business operations. They also are essential for resolving any conflicts so that policies and practices can be implemented effectively within the specific workplace context.</p> <p>The Chief Executive determines the overall policies for the enterprise and the process for changing or updating them and shapes the corporate culture embodied by the policies. Ensuring good health practices and gender equity requires leadership from the top.</p> <p>UNWomen/Social Accountability International say that gender equity means that women and men are treated fairly according to their respective needs. This may include equal treatment or treatment that is different but considered equivalent in terms of rights, benefits, obligations and opportunities.</p> |

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| <p>7.2. Strong Accountability Framework for Health <i>Accountability for adhering to policies promoting worker health and well-being at all levels of the enterprise is established</i></p> | <p>7.2.1 The manager of health services reports <i>quarterly</i> to the chief executive officer on performance on the health guidelines and related occupational health issues</p> <p>7.2.2 Chief Executive Officer makes commitment to improve at least one health area under the Guidelines each year</p> <p>7.2.3 Chief Executive Officer ensures that the funds for the health line item in the budget are allocated</p> <p>7.2.4 Chief Executive Officer uses health data and metrics as part of its annual assessment of enterprise performance and productivity</p> <p>7.2.5 Chief Executive Officer communicates formally each year to line and senior managers and workers on the health status of the workforce and its impact on business performance</p> <p>7.2.6 Performance reviews of line managers and related compensation takes into account their adherence to workplace health policies, plans and commitments</p> <p>7.2.7 The enterprise shares primary health information related to infectious diseases and illness with the public health system (in addition to data on injuries and occupational health events)</p> | <p>Review written policies</p> <p>Interview HR & factory management</p> <p>Interview Workers/Representatives:</p> <ul style="list-style-type: none"> ▪ Are you aware of a company health policy? ▪ What does your supervisor or management say about how and when you can use health services onsite or offsite? <p>If these exist:</p> <ul style="list-style-type: none"> ▪ Review meeting minutes ▪ Review HR performance reviews | <p>The Chief Executive sets the tone in an organization and by his or her priorities and examples signal what is important to the enterprises. A key way of demonstrating the importance of policies is holding managers accountable for adhering to policies. New health practices will not be maintained if these are not incorporated in the workplace's accountability structures.</p> <p>This means that line and middle managers know that company leadership views health policies as important. One of the basic signals of importance is linking health data and performance to the overall performance of the enterprise.</p> |