

Date: September 30, 2017

To: AAOHN Board

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Subject: GRI 403

Thank you for the opportunity to review the GRI 403: Occupational Health and Safety Standard. Our first comment centers on the disclosure noted on Page 9, last paragraph. We applaud the inclusion of the link between morale and productivity in the workplace as well as the reference to potential workplace inequity when injury rates are increased. This is reflected on page 7, line 105-107, when a healthy and safe workplace is recognized as a human right, including psychological and physiological factors on line 128.

On page 7, beginning on line 151, we suggest that voluntary health programs and health promotion programs be continued throughout the document. The lack of health or health promotion is noted whenever voluntary program is written. As an example, on Pg. 22. Ln. (533-536) The disclosure covers **Voluntary/Preventative** programs for workers aimed at addressing major nonwork-related health risks, such as smoking, drug and alcohol consumption, physical inactivity, unhealthy diets, HIV and other psychosocial risk factors. **Voluntary/Preventative** programs may include, for example, smoking cessation programs, dietary and exercise programs, or Employee Assistance Programs. A program is voluntary when it does not set personal targets related to incentives at the place of employment.

Beginning on page 8, lines 181-182, the term **worker's** is used throughout and to us, worker is synonymous to employee but later in the document (Pg. 17, line 424 under Reporting Requirements), we would **recommend** clarification between employee, worker, contractor, vendor as a way of documenting to what organization recordable incidents belong.

Beginning on Pg. 12, line 302, how training is designed and delivered, including the content or topics addressed, the competency of trainers; the recipients. the frequency, and whether it is provided free of charge and during paid working hours; *or, if not provided during working hours is, it mandatory for workers to attend, and if so, are they compensated?*

Beginning on Pg. 14, line. 356, the cases of action taken, using the hierarchy of controls, in response to work-related injuries that were fatal and non-fatal impairments, and to high potential incidents, *Question: How does GRI define and measure high potential incidents?*

Beginning, Pg. 15, lines 76-377, 22.3, & 22.4, a break down the number of recordable work-related injuries by type of incident: if chemical hazards have been identified, report the chemicals. *Question: Should GRI also include reporting of complications such as permanent disability or loss of bodily parts or essential functions?*

Beginning on Pg. 16, lines 421-422, "An organization may choose to use a different methodology for calculating the rates and explain this in its report."

Question: Should GRI list or describe a standardized way to report these rates? How many different reports on methodologies are they willing to calculate and report statistics on?

Beginning on Pg. 21, lines 514-516, 2.6.7 it states whether it provides workers with access to non-occupational medical and healthcare services, such as through health insurance or financial contributions, and the coverage provided. *Question: Would GRI consider How many pre-existing or nonwork-related injuries/illnesses are reported under workers' occupational insurance if health insurance is not provided?*