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Participative management strategy for occupational health, safety and well-being risks

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ABSTRACT. The article discusses the principles that underlie a coherent and efficient prevention program for occupational health, safety and well-being: the need of a global approach of these problems not only at the workplace but for the whole of the living conditions at work; a clear understanding of the complementarity between the different partners of this prevention; the role of actor of the workers and therefore the absolute necessity of a participative approach; the real usefulness of measurements and of risk quantification in general; the differences between risk assessment and risk management and the specificities of small and medium size enterprises. On the basis of these principles, the various steps and levels of intervention are defined. The SOBANE prevention strategy is introduced and its 4 levels (Screening, Observation, Analysis and Expertise) are described as well as the consultation guide Déparis for the Screening level. The strategy proved to make it possible to approach the work situations progressively in small as well as in large companies, to coordinate the cooperation between the workers, the technical staff and the occupational health practitioners and to prevent the problems more rapidly, more efficiently and more economically. The paper describes the role of a 'facilitator' to introduce the philosophy and the tools of the SOBANE strategy in the company, to monitor its application and insure the continuity and the efficiency of the participatory approach.

Key words: *prevention, risk management, risk assessment, SOBANE, Déparis, participation.*

RIASSUNTO. L'articolo tratta dei principi che sono alla base di un programma per la salute e la sicurezza occupazionale coerente ed efficiente: la necessità di un approccio complessivo per tutti i problemi, sia quelli legati allo svolgimento del lavoro che a quelli che possono condizionare il rapporto tra l'uomo e il lavoro; un chiaro riconoscimento dell'interdipendenza tra tutti i soggetti preposti alla prevenzione; il ruolo centrale della forza lavoro e quindi la necessità assoluta di un approccio partecipativo; la reale utilità delle misure e della quantificazione del rischio; la differenza tra valutazione del rischio e gestione del rischio e la specificità di queste problematiche relativamente alle imprese di diverse dimensioni (piccole,medie, grandi). Sulla base di questi principi, diversi punti e livelli di intervento vengono definiti. Nel lavoro viene presentata la strategia di prevenzione SOBANE e con essa i suoi quattro livelli di intervento (Screening, Observation, Analysis and Expertise), allo stesso modo viene illustrato la guida Deparis, utile per completare il livello di Screening. In conclusione, la strategia in discussione è stata pensata per poter essere utilizzata sia nelle aziende più piccole che in quelle di maggiori dimensioni, poter coordinare il lavoro tra lavoratori, staff tecnico e Medici del Lavoro e poter prevenire più efficientemente ed economicamente i problemi. Il lavoro descrive inoltre, il ruolo di un " ***facilitator*** **" per introdurre la filosofia e gli strumenti da utilizzare per la applicazione della strategia SOBANE e per monitorate il suo impiego e assicurarsi della continuità e efficienza dell'approccio partecipativo.**

Parole chiave: prevenzione, rischio professionale, partecipazione, Sobane, Deparis.

Introduction

Following the Directive 89/391 (1), the various European states had to restructure, sometimes considerably, their legislation concerning the organization of health, safety, well-being at work. In particular, the companies are since required to carry out a risk assessment for all their workplaces.

Very many methods were developed and proposed to carry out this assessment. Many of them actually draw up only one inventory of the dangerous situations, with some general and usually stereotyped recommendations.

The SOBANE strategy presented here gives less importance to this phase of recognition of the problems to go more directly towards the search for solutions. It is not of a method, a checklist nor a tool, but a strategy seeking to organize efficiently, economically and durably the efforts of the various protagonists of health and safety at work: the employees, the hierarchy, the occupational physicians, the occupational health and safety (OHS) practitioners and the experts.

This strategy is based on a certain number of fundamental principles presented and discussed in the first part of the paper. It is then described and the tools for its practical implementation are briefly presented.

Fundamental principles

1. Workstations and work situations

By "workstation", one generally understands, in a restrictive way, the place and the conditions (noise, heat, dimensions, spaces…) in which a worker has to perform a stereotyped task. This concept is now obsolete and, in the new forms of work organization, the work is more changing and the operators work in a group of workstations, that we will call a 'work situation', where they interfere the ones with the others.

Moreover, the behaviour, satisfaction, quality of work and well-being of any worker do not depend only on the physical or chemical factors of his working environment, but also on the work organization, the responsibilities, the collective relations…

The expression **'work situation'** refers to all the aspects, physical, organisational, psychological, social of the working life, that are likely to have an influence on the health, the behaviour and the well-being of the employee.

2. Risks and risk factors

Are called **risk factors** all the aspects of the work situation that have the property or the capacity to cause a damage. These factors can relate to safety (machines, ladders, electricity…), to physiological health (heat, pollution, repeated movements…), or to psychosocial health (problems of relation, work contents, temporal organization…).

The risk in itself is the **probability** of a damage of a certain **severity**, taking into account the **exposure** to the risk factor and the **circumstances** of this exposure. It is for example the probability of being killed while falling from a ladder, taking into account the state of this ladder and the fact that the employee climbs at 3m high 10 times per day and for 45 minutes.

When a rigorous use of the terms is essential - and thus in discussions between OHS practitioners and in the regulations - the terms of *risk factors* should be used rather than the terms of *danger* (referring mainly to the risk factors of safety) or *nuisance* (used rather for the factors of environment, in the discomfort zone).

It appears unrealistic to seek to impose this rigorous terminology in industry but, however, a clarification of what the interlocutors imply by these terms is needed in many occasions.

This definition of the terms of *risk factor*s differs from that adopted in medicine, where, for example, cholesterol is called a risk factor for cardiac problems. These individual characteristics (age, gender, weight, personal sensitivity…) are thus actually **risk co-factors** since they increase the risk for a given person.

3. OHS practitioners and experts

We will designate by **OHS practitioners** the persons, such as safety officers, occupational nurses, occupational physicians, industrial hygienists, ergonomists…, who received some training in health and safety at work and who developed a particular motivation to recognize, evaluate, prevent and limit the risks. The training and competences of these people can be varying and one will make a distinction between the OHS *general* practitioners and those more *specialized*, for example, on musculoskeletal disorders, occupational hygiene, stress…

We will call **experts** the people, coming in general from specialized laboratories, who have the competences and the methodological and technical means to look further into a particular problem. In general however, these competences and means are limited to a particular aspect: electricity, toxicology, acoustics, mental effects, stress…

4. The small and medium-sized enterprises (SME)

In the western countries, less than 40% of the employees work in companies employing more than 250 people. Usually, in these large companies, a well trained OHS practitioner is present, competences are available, consultation bodies function rather well, the problems are dealt with and the frequency and severity rates of accidents and occupational diseases are lower by 30 to 50% to those in small and medium-sized enterprises (SME).

The majority of the employees work in SME where the situation is much more variable.

In the medium-sized companies, an internal OHS practitioner is sometimes available, but often he remains isolated and appointed part-time to this mission of prevention. In the smallest enterprises, the employer himself is often theoretically in charge of this mission.

The regulations organize the recourse to external occupational health and safety services or consultants to fulfil the missions that cannot validly be accomplished in-house. These external OHS practitioners are or should be general OHS practitioners, since they are confronted, here with a safety problem in a garage, there with an occupational disease in a dry cleaning shop, or still with a stress problem in an office. They have in general at their disposal basic material for ordinary measurements.

The methods to be developed must therefore be addressed in priority at these SME, by taking account of the limited means and competences that are there available.

5. The qualifications available

Knowledge from what really occurs in the work situation is decreasing from the employee to the expert. Quite realistically (and unfortunately), the situation can be described as follows in the majority of the cases:

- The employee knows what he does and what he lives everyday (real work);
- The foreman and even more so the management of the company know what the employee is supposed to do (prescribed work) and believe to know what he lives;
- The internal OHS practitioner knows what he has time to study;
- The occupational physician knows what he asked and what he heard (complaints) on the occasion of the periodic medical checkups with the employee and what he sees, feels, hears (noise) when he visits the company;
- The external OHS practitioner called for a specific problem knows what one told him and, again, what it sees, feels, hears during the 2 hours - 2 days when he stays in the company;
- The expert knows only what interests him for the specific problem for what he was called in.

On the other hand, qualification in health, safety, and well-being increases in the opposite direction.

- Employees, foremen, direction… are not or are little aware of the risks they incur, depending upon the health education they received or acquired;
- The internal OHS practitioner, depending upon the training he received, knows the main legal requirements and the general principles of prevention;
- The external OHS practitioners have, the ones a rather general qualification, the others more specialized competencies;
- The experts are specialized in a certain field and very often unaware of the others.

It thus appears logical to consider that the two sets of knowledge - about the work situation and about the principles of the well-being - are complementary. Remain to organize this cooperation in an interdisciplinary way (2).

6. The main actor of the prevention

Insofar as the goal of an OHS intervention in the work environment is the maintenance or the improvement of the well-being of the employee, no relevant action can be taken without the knowledge of the work situation that only the employee holds, as discussed here above.

Thus it is understood that many studies undertaken by an OHS practitioner or an external expert, the day that is convenient for him, on a specific problem not put in its context, have very little effects, or even a negative effect due to the missed opportunity for a more coherent action.

The employee must thus be the main ***actor*** - and not only the ***object*** - of prevention and must be regarded as such by all the OHS practitioners or others. This means that participation - and not only consulting - of the employees is indispensable. This is only possible if the qualification of the employees concerning their work situation, and their integrity is explicitly recognized.

7. The globality of the problems

20 to 30 years ago in the western countries, the priority was to avoid very handicapping accidents and occupational diseases: specific actions on specific factors (electricity, falls, fire, chemical agents…) had to be taken rapidly to reduce the hazardous exposures. Since then, industrial disastrous situations have been eliminated and a particular problem can no longer be isolated and solved independently of the context.

The employee 'sees' his work situation like a whole and not like a set of distinct and independent facts: he is 'being well' or not, he likes is job globally or not… In addition, all aspects of the work situation are interrelated: the noise influences the relations between the people; the technical organization between workstations influences the risks for musculoskeletal disorders; the division of the responsibilities influences the work content, the accidents...

The employees can hardy understand and furthermore actively cooperate to a prevention program focused on a specific aspect (for example, vibration, as a new European directive must be applied), while other aspects, more significant for them are ignored.

It is also the reason why, training programs on manual handling or actions on the stress conditions are doomed to fail when they are not preceded or accompanied with a revision of the machines, of the work organization, with noise abatement…

8. Quantification vs qualification of the risks

The number of methods aiming at 'assessing' the risks is definitely greater than the number of methods aiming at 'preventing' them and these methods relate to generally only one factor of particular risk. Most of them were developed by experts (as we defined them) whose responsibility and interests are mainly to establish the dose-response relationships, rather than to solve a particular problem in a particular work situation.

That is particularly obvious in the case of the environment factors: evaluation of the concentration of a pollutant in the air, of the personal exposure to noise, of the exposure to heat. Extremely sophisticated methods were published to this end (3, 4, 5). They are little used and, most of the time, are misused, because difficult, heavy and costly.

From these methods and handbooks, it should be concluded that the representative and correct quantification of the exposure to any risk factor is very difficult and expensive and that the many measurements or quantitative evaluation do have little or not value.

It is thus necessary to draw the attention of the OHS practitioners who measure systematically and of the employers who require these evaluations, on the real interest of these measurements, their validity, and their cost and to encourage them to quantify better and more validly but more advisedly and for explicit prevention objectives. It is thus necessary to discourage the systematic and at first quantification, which is likely to distract from the first goal, prevention. In each case, it is up to the OHS practitioner to determine if he must or not conduct a quantification of the risks and the reasons (epidemiologic, technical, political…) for which he must conduct it.

9. Risk assessment vs risk management

This tendency for systematic quantification also exists concerning the risk of accident. Methods are used to classify the risks and to define priorities for actions - what is certainly very desirable - but often by neglecting the analysis of the elements defining these risks, the reasons and the means of improving the situation.

The **prevention** approach consists in seeking the most effective means to reduce the risk, by acting on one or several of its components: elimination of the risk factor, reduction of the exposure, increase of the reliability of the work system… It is thus essential that the analysis of the risk be not simply a recording of its components, but consist in a careful analysis of the reasons of the exposure, the circumstances of this exposure, the severity of the consequences and the most relevant and reasonably practicable means to reduce them.

The final quantitative evaluation of the risk is consequently secondary, the most important thing being to study the components and the details on which it is going to be possible to act.

Rather than speaking about risk assessment, it is thus more appropriate to speak about risk management.

Dynamic management: the various *steps* of intervention

Although all the problems are dependant, it is neither realistic nor possible to solve all of them at once. Just like a steel ingot is laminated to its final thickness in several passes, the problems - risks - can be solved only progressively. The process is therefore dynamic.

- The first lamination consists, for example, in replacing a defective tool, levelling the ground, improving the ventilation system, modifying a hierarchical relation… Essential step, it is not sufficient because the reasons for which the tool was defective, the ventilation was degraded, the hierarchical relation was aggressive… did not disappear and the situation will return soon or later towards the initial state.
- Perhaps the second lamination will consist in re-examining the general work organization, the institutional links between people, in rearranging the operating areas…
- Perhaps a third lamination will relate to the workers training: vocational training to perform the tasks, education to their well-being, leading them to recognize themselves the problems, to manage them directly as they arise, bringing the employees to a degree of self-management of their health, safety and well-being to work.
- Maybe a fourth, fifth… lamination will relate to the *culture* of the company, the integration of the concerns of well-being in the overall management of the company.

The amplitude of each step will vary as a function of numerous parameters and the number of steps will be infinite, as, at any step, the risk is great to regress to a state of carelessness and improvisation.

The knowledge, information, data… necessary during the first steps relate primarily to the work situation: the tools used, the machines circulating, the chemical products to exhaust…

Knowledge in ergonomics, medicine and safety is certainly desirable to select the good tool, to ventilate more effectively… but is less essential than the knowledge of the work situation day after day. This first step must therefore be carried out as close as possible of the work situation and its output will be especially a function of intimate knowledge of what occurs in the course of time in this work situation.

Conversely, at a more advanced step of the 'lamination' of the work situation, the problems require more qualification in work organization, training, management of the relations…. The analysis must be finer, more specific and requires tools and competences that only OHS practitioners generally have.

According to the step, the necessary competences will thus rather be those of an OHS practitioner or of the workers themselves, these remaining the main actors of the prevention, for whom and by whom prevention is implemented.

The SOBANE strategy of Risk management

Various competences being complementary and necessary at the various stages of the risk management process, a 'strategy' is essential to coordinate these various partners and to use advisedly their competences and resources.

The intervention strategy includes 4 levels:

- Screening
- Observation
- Analysis
- Expertise

These levels correspond to what is carried out spontaneously in many cases.

- Following a complaint or a routine visit (Screening), a problem is examined more in details (Observation);
- If that does not make it possible to solve the problem, an OHS practitioner is called in (Analysis);
- In the extreme cases and when that becomes essential, one turns to an expert to help solving a quite specific aspect (Expertise).

This spontaneous procedure remains however little systematized and overall not very effective, due mainly to the lack of tools to guide these Screening and Observation levels and of the frequent desertion by the people in the field (workers and their local management) of the problems to the OHS practitioners and the experts.

It is thus a question of developing tools for the Screening and Observation levels, for the people of the ground, in SME, and of ensuring the complementarity with the other partners.

The strategy, called **SOBANE (Screening**, **Observation**, **Analysis**, **Expertise**), obeys the diagram of figure 1 and the criteria defined in table I.

1. Level 1, Screening

Objective: The question here is to identify the main problems and make up for the obvious errors such as holes in the ground, containers with toxic materials and left abandoned, VDUs oriented towards a window…

Actors: This identification must be carried out internally, by the people in the company knowing the work situations perfectly, even if they have no or little qualification in safety, physiology or ergonomics. They will thus be the employees themselves, their local technical management, the employer himself in the small companies, with an internal OHS practitioner when available, in the medium-size or larger firms.

Method: For this, they need a simple tool that can be used rapidly. It is here useless or even counterproductive to require a rigorous use of the terms risk, damage, probability of occurrence…. They will discuss 'problems' in the general meaning of the common language.

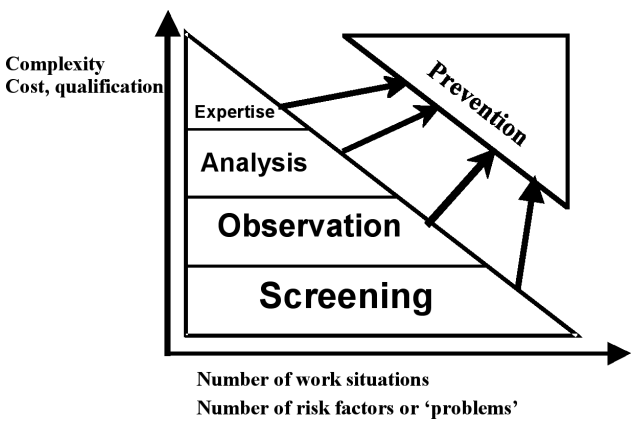

Figure 1. *General outline of the SOBANE strategy*

Table I. *Characteristics of the four levels of the SOBANE strategy*

	Level 1 Screening	Level 2 Observation	Level 3 Analyze	Level 4 Appraise
When?	All cases	If problem	Difficult cases	Complex cases
How?	Simple observations	Qualitative observations	Quantitative observations	Specialized measurements
Cost?	Low 10 minutes	Low 2 hours	Average 2 days	High 2 weeks
By whom?	People of the company	People of the company	People of the company + OHS practitioners	People of the company + OHS practitioners + Expert
Competence **• work situation** **• health and safety**	Very high Low	High Average	Average High	Low Specialized

The tool on this level 1, **Screening**, must make it possible to identify the problems in all the circumstances of the work situation, during the day or the year and not at a precise time. The consultation guide **Déparis** presented below fulfils these criteria.

At this first level, some problems will already be solved and others will be identified. They will be studied at level 2, **Observation**.

2. Level 2, Observation

Objective: The problems unsolved at the time of level 1, **Screening**, must be investigated further in order to design adequate solutions.

Actors: The Observation tools must remain simple to assimilate, fast and inexpensive to implement, so as to be used again, as systematically as possible, by the employees and their local management with the collaboration again of a internal OHS practitioner when available

Method: This level 2, **Observation**, requires an intimate knowledge of the work situation under its various aspects, its alternatives, the normal and abnormal operations.

The depth of the **Observation** will be variable according to the risk factor and according to the competence of the participants.

The essential is again to lead these people to consider the various aspects of the work situation and to identify the solutions of prevention as soon as possible.

3. Level 3, Analyzes

Objective: When the **Screening** and **Observation** levels do not make it possible to bring the risk back to an acceptable level or that a doubt remains, it is necessary to go further in the **Analysis** of its components and the search for solutions.

Actors: This requires now the assistance of someone with the needed qualifications, tools and techniques. These people will often be OHS practitioners external to the company, intervening in close cooperation with those who conducted the **Screening** and the **Observation** levels (and not in their place).

Method: The **Analysis** is usually about particular circumstances of the work situation defined at the end of level 2, **Observation**. It can require simple measurements with current instruments, measurements with the explicit objectives to authenticate the problems, investigate the causes and optimize the solutions.

4. Level 4, Expertise

The study of level 4, **Expertise**, must be conducted by the same people of the company and OHS practitioners, with the additional assistance of a very specialized expert. It will relate to particularly complex situations and will possibly require special measurements.

Putting the SOBANE strategy into operation

The use of the SOBANE strategy to coordinate the actions in health, safety and well-being at work must not be improvised. In general, the sequence of the events is as follows:

1. The company has a *problem*, of musculoskeletal disorder, stress, safety…. This problem led to an accident, an occupational disease, absenteeism, claims…
2. The problem was discussed within the legal OHS body if it exists or with the trade-union delegation if it exists and a decision was reach to do ‘something’. Remain to know what.
3. An internal OHS practitioner in the medium-size and large company or an external OHS practitioner for the small companies is invited to propose solutions.
4. Realizing that all the aspects of the work situation are dependant, this OHS practitioner recommends to proceed to a detailed review of the work situation, with a group discussion among employees and lower management, to reconsider one by one all the aspects of the work situation.
5. The OHS practitioner presents to the direction of the company the SOBANE strategy and the guide Déparis and describes their application and interest. The direction agrees to discuss it with the employees.
6. The OHS practitioner presents the SOBANE strategy and the guide Déparis to the legal OHS body and/or the trade-union delegation.

7. The partners become aware of the implications and the stakes of the strategy and decide to 'try the experiment'.
8. The OHS practitioner coordinates a first Déparis meeting by observing as best as possible the recommended procedure. He trains a person from the work situation (the coordinator) so that he can lead these Déparis meetings thereafter.
9. The results are presented at the legal OHS body. They are evaluated and a decision is made to choose this type of management of the problems of health, safety and well-being with work.
10. Periodically, the Déparis meetings are repeated by the coordinator himself and the group fully adapts the consultation guide to manage its work situation.

The guide **Déparis** describes hereafter constitutes the tool for the level 1, **Screening.**

The tools for the **Observation, Analysis** and **Expertise** levels of the strategy were developed and validated with regard to noise (6, 7), thermal environments of work (8, 9), lighting (10), whole body (11) and hand-arm vibration (12), musculoskeletal disorders (4,13) and more recently chemical agents, biological agents, fire and explosion hazards, electric safety, machine safety and work on VDUs.

The whole set of documents is available (in French and Dutch) on the www.sobane.be site.

Criteria of a tool for general Screening of the risks

According to the philosophy of the SOBANE strategy, the criteria for a **Screening** tool of the risks can be defined as follows:

- To approach quickly as many aspects as possible of the work situation.
- Not to require any special knowledge in safety, physiological or cognitive ergonomics.
- To be based only on the intimate knowledge of the work situation of the operators.
- To be usable directly by the operators and their technical management, with, if possible, but not in essential manner, the assistance of a person trained in safety, ergonomics… It results that the tool must be simple to understand, must use the common vocabulary, take time little and not require any measurement.
- To be directed towards the questioning of the work situation and the search for improvements. It proves to be essential to avoid rating scales that divert the attention from the search for solutions towards the sterile determination of a score.
- To be oriented not only towards the disappearance of the health and safety problems, but rather towards the search for the optimal state of health technically, humanly and economically for the company.
- To lead to an action plan in the short, average and long terms and later to a plan of effective interventions by more specialized OHS practitioners.
- To be conceived within the framework of the general strategy of prevention **SOBANE** of which it constitutes the first level.

The consultation guide Déparis (14, 15)

Déparis (Dépistage participatif des risques, participative screening of the risks), the tool of the ***Screening*** level, strictly follows the criteria given in the previous section. It consists primarily in a systematic review by the employees and their technical management of the work situation.

Right away, it is essential to recognize that this systematic review can not be enough for screening all the risks, at least as long as the participants are not educated to recognize the whole of the aspects that can condition their safety and health. The visit of the workplaces by a qualified person, using a checklist appropriate to the work situation makes it possible to mitigate this gap.

The Déparis guide consists of a series of 18 tables, successively approaching 18 facets of the work situation: (1) the operating areas; (2) the work organization; (3) the risks of accidents; (4) the electrical risk and fire explosion; (5) the orders and signals; (6) the tools and work material; (7) the work postures; (8) the handling operations; (9) illumination; (10) noise; (11) chemical and biological risks; (12) thermal environments; (13) vibration; (14) the autonomy and personal responsibilities; (15) the work content; (16) the time constraints; (17) the relations between employees and management; (18) the psychosocial environment.

Each **Déparis** table proposes a list of aspects to consider in the discussion with some recommendations for an optimal situation. Next to this list, the table includes a space where the coordinator (described below) will note what can be done in practical terms to improve the situation regarding these points. Within a third section, the coordinator indicates the aspects that require a more detailed study (on the Observation or Analysis levels) to develop the solutions considered during the discussions, for example, to select an appropriate seat, a tool more adapted, to re-examine the work organization or to reorganize the responsibilities given to the operators in the development of the product. Lastly, the group as a whole makes a global assessment (final indicator) of the situation regarding these aspects. The determination of a numerical score was avoided by choosing an intuitive figurative system of colours and figurines:

☺ Green: completely satisfactory situation;
😐 Amber: average and ordinary situation, to improve if possible;
☹ Red: situation unsatisfactory that requires improvements.

• **Headings**	
To be discussed **Keywords** ✧ Recommendations	**WHO can DO WHAT in PRACTICAL terms and WHEN ?**
Aspects to be studied more in details:	☹ 😐 ☺

At the end of the meeting, the actions and complementary studies considered during the discussion are summarized in a table with indications of 'who can do what and when". This table represents the short-term action plan for the work situation.

There is a partial redundancy between various headings. That was avoided as much as possible in order to arrive to rather complementary tables. However, a total separation is neither possible, nor desirable, because the work situation constitutes a whole and is lived by the operators as this whole where the various aspects interfere, are reinforced, are neutralized.

A more complete description of the Déparis guide and the guide itself are available on the www.sobane.be web site.

Procedure of use of Déparis

The recommended procedure can be summarized as follows:

1. The direction informs the operators and the hierarchical line about its objectives and its commitment to take account of the results of the meetings and the studies.
2. A 'work situation' is formed with a small group of workstations interacting the ones with the others.
3. A coordinator is designated with the agreement of the direction and the operators.
4. The coordinator familiarizes himself with the details of the **Déparis** guide, adapts it to the specificities of the work situation and trains himself to use it.
5. A 'discussion group' is formed with 2 to 4 key-operators of the concerned work situation, designated by their colleagues or their representatives and with supervisory technical staff chosen by the direction. It includes at least a woman and a man in the event of a mixed work situation.
6. A meeting of the discussion group is organized in a calm room, close to the working places.
7. The coordinator explains the procedure clearly and proposes one after the others the points to be discussed, using the tables of the Déparis guide.
8. The discussion begins on the different aspects of each table, concentrating, not on carrying a score, but on determining what can be made simply, directly and in practical terms to improve the situation and what requires a more thorough Observation. The written document is used as support for the discussion, but is not the goal. The goal is to structure and make the debate progress, not simply to describe the situation and fill the tables.
9. After the meeting, the coordinator prepares a synthesis with:
   - A table with the global assessment (☺, 😐 or ☹) for the 18 tables.
   - The list of solutions under consideration with the indication of who can do what and when.
   - The 18 tables with the detailed information arising from the meeting.
10. This synthesis is presented to the participants, individually or possibly during one second meeting, for confirmation and possible additions.
11. The finalized synthesis is then submitted to the direction and the OHS body of the company.
12. The study is continued for the unsolved problems, factor by factor, by means of the methods of level 2, Observation, of the SOBANE strategy.
13. Action plans at short, average and long terms are decided and implemented.
14. Periodically, the operation is repeated; the general state of the work situation is re-studied by the main actors and the action plans are updated.

The OHS practitioner - facilitator (2)

As discussed already, the optimal state of health, safety and well-being for the workers and of physical and economic health for the company cannot be reached in once. The iterative process can be represented by the diagram of figure 2.

At the time of a first participative step, some improvements are made, some decisions are taken, mentalities, motivations and confidences start to change. However, the structural modifications cannot usually be brought and the state of the system will return to what it was at the beginning if, at an appropriate time, a second step is not undertaken.

This second step cannot be started too early when the actions decided have not yet produced their effects, nor too late when the situation starts again to deteriorate.

The process must therefore be monitored permanently to determine this appropriate time to revive the participative process.

The energy necessary to start and maintain the process is represented by the arrows.

Inertia is important at the beginning, because of lack of understanding, lack of confidence, resistance to change, fear of the unknown, lassitude or idleness. Once launched, the process becomes progressively easier to maintain.

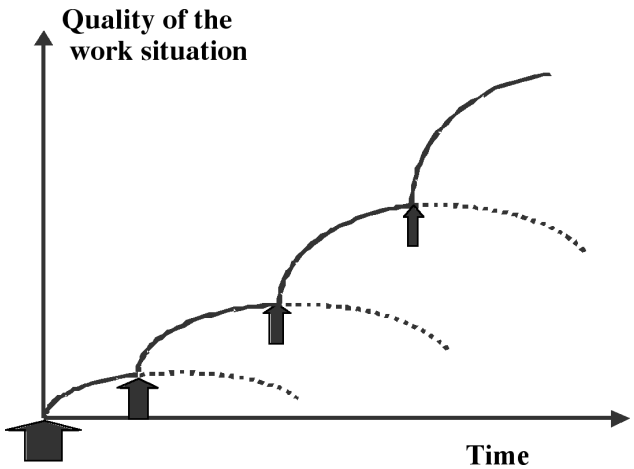

Figure 2. ***Iterative process of improvement of the quality of the work situation***

The energy necessary to launch, monitor and revive the process can come only from someone trained in the participative process, able to seize the whole of the problems of health, safety, well-being, productivity…, to stand back from the work situation and to weigh morally rather than hierarchically on the process.

It can thus be only a OHS practitioner (16), called here OHS practitioner - facilitator (17, 19, 20) to distinguish him from the uni-disciplinary OHS practitioners more likely to intervene in second line, at the Analysis level, to study in detail a particular and isolated aspect of the work situation.

This OHS practitioner - facilitator is thus strictly speaking the engine of the participative process. It is up to him to:

- Make aware the direction and lead it to adopt the basic principles of the SOBANE strategy;
- Make aware and get the hierarchical line to participate effectively;
- Alleviate some fears of the trade-union organizations;
- Coordinate the first meetings and train the coordinators;
- Control the erroneous hopes, fears, mistrust, disappointments;
- Help the partners to recognize their limits;
- Identify the appropriate time to relaunch the process;
- Revive it and continuously monitor this process.

The efficiency of the OHS practitioner - facilitator will depend much on extrinsic characteristics: the type of management of the company, its experiences in the participative process, the 'culture' of the company. It will also depend on intrinsic characteristics, all the more so since the extrinsic characteristics are unfavourable (16, 18, 21):

- His personality and his capacity of influencing without being dominating and intimidating;
- His experiment and his credibility;
- His qualifications in health, safety and well-being at work;
- His capacity to listen but also to make decisions, to conduct a group discussion, to make it progress without manipulating it, to conclude on a particular aspect;
- His attendance in the company and his knowledge of the social climate;
- His aptitude to provide at the appropriate time the information necessary and to induce among the partners the need for information and further training;
- His capacity to determine the opportune time to revive the process.

It is necessary finally to insist on the fact that this OHS practitioner is indeed a *facilitator* and not the person *responsible* for the participative process and his success. His role remains external: to smooth things over, to train the people so that they assume the full responsibility for the process (16), to make so that the partners deal with themselves gradually and manage *their* problems jointly.

If this OHS practitioner is the facilitator of the participation within the work situation, he is also the facilitator of the relationship between the company and external consulting OHS services in order to insure the coherence of the external interventions. He becomes therefore the coordinator of the external interventions, leaving to the external OHS practitioners the task to provide the specialized technical assistances. He thus holds a 'hinge' position, supervising the evolution of the company and ensuring the recourse to the external assistances when necessary. The objective of the participative approach and of the SOBANE strategy is, indeed, as said, not to do without the OHS practitioners but to utilize them advisedly and more effectively.

Conclusions

An in-depth analysis of the dynamic policy of risk management results in proposing a strategy, called SOBANE, whose purpose is to gradually approach the work situations in the small as well as in the large companies, to coordinate the cooperation between employees, management, internal and external OHS practitioners and to arrive faster and less expensively to effective prevention. Tools are proposed to implement the strategy.

The employer remains fully responsible for the implementation of the policy. This implementation however requires the intervention of an OHS practitioner-facilitator, oiling the wheels of the participative process.

In systems of health and well-being at work such as those in use in Belgium and France, the OHS practitioner-facilitator is in all probability the occupational physician, who remains the only one in contact with the SME and the only one to enjoy there some moral capacity of influence. Concurrently to his surveillance mission of the individual health of the employees, he is thus invited to play the role of coordinator of the collective and individual actions of prevention, being interested in the coherence and effectiveness of the interventions and leaving to more specialized OHS practitioners the technical details of these interventions.

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