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Including gender issues in risk assessment

Continuous efforts are needed to improve the working conditions of both women and men. However, taking a 'gender-neutral' approach to risk assessment and prevention can result in risks to female workers being underestimated or even ignored altogether. When we think about hazards at work, we are more likely to think of men working in high accident risk areas such as a building site or a fishing vessel than of women working in health and social care or in new areas such as call centres. A careful examination of

real work circumstances shows that both women and men can face significant risks at work. In addition, making jobs easier for women will make them easier for men too. So it is important to include gender issues in workplace risk assessments, and 'mainstreaming' gender issues into risk prevention is now an objective of the European Community (¹). Table shows some examples of hazards and risks found in female-dominated work areas

Table 1. Examples of hazards and risks found in female-dominated work

Work area	Risk factors and health problems include:			
	Biological	Physical	Chemical	Psychosocial
Healthcare	Infectious diseases, e.g. bloodborne, respiratory, etc.	Manual handling and strenuous postures; ionising radiation	Cleaning, sterilising and disinfecting agents; drugs; anaesthetic gases	'Emotionally demanding work' shift and night work; violence from clients and the public
Nursery workers	Infectious diseases, e.g. particularly respiratory	Manual handling, strenuous postures		'Emotional work'
Cleaning	Infectious diseases; dermatitis	Manual handling, strenuous postures; slips and falls; wet hands	Cleaning agents	Unsocial hours; violence, e.g. if working in isolation or late
Food production	Infectious diseases, e.g. animal borne and from mould, spores, organic dusts	Repetitive movements, e.g. in packing jobs or slaughterhouses; knife wounds; cold temperatures; noise	Pesticide residues; sterilising agents; sensitising spices and additives	Stress associated with repetitive assembly line work
Catering and restaurant work	Dermatitis	Manual handling; repetitive chopping; cuts from knives and burns; slips and falls; heat; cleaning agents	Passive smoking; cleaning agents	Stress from hectic work, dealing with the public, violence and harassment
Textiles and clothing	Organic dusts	Noise; repetitive movements and awkward postures; needle injuries	Dyes and other chemicals, including formaldehyde in permanent presses and stain removal solvents; dust	Stress associated with repetitive assembly line work
Laundries	Infected linen, e.g. in hospitals	Manual handling and strenuous postures; heat	Dry cleaning solvents	Stress associated with repetitive and fast pace work
Ceramics sector		Repetitive movements; manual handling	Glazes, lead, silica dust	Stress associated with repetitive assembly line work
'Light' manufacturing		Repetitive movements, e.g. in assembly work; awkward postures; manual handling	Chemicals in microelectronics	Stress associated with repetitive assembly line work
Call centres		Voice problems associated with talking; awkward postures; excessive sitting	Poor indoor air quality	Stress associated with dealing with clients, pace of work and repetitive work
Education	Infectious diseases, e.g. respiratory, measles	Prolonged standing; voice problems	Poor indoor air quality	'Emotionally demanding work', violence
Hairdressing		Strenuous postures, repetitive movements, prolonged standing; wet hands; cuts	Chemical sprays, dyes, etc.	Stress associated with dealing with clients; fast paced work
Clerical work		Repetitive movements, awkward postures, backpain from sitting	Poor indoor air quality; photocopier fumes	Stress, e.g. associated with lack of control over work, frequent interruptions, monotonous work
Agriculture	Infectious diseases, e.g. animal borne and from mould, spores, organic dusts	Manual handling, strenuous postures; unsuitable work equipment and protective clothing; hot, cold, wet conditions	Pesticides	

^{(&#}x27;) 'Adapting to change in work and society: A new Community strategy on health and safety at work, 2002–06'. Communication from the European Commission, COM(2002) 118 final



A model for making risk assessment more gender-sensitive

Risk assessment should take account of gender issues, differences and inequalities. Work, its organisation and the equipment used should be designed to match people, not the other way round. This principle is enshrined in EU legislation. The legislation requires employers to carry out risk management based on risk assessment, and this can be divided into five stages:

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- 1. Hazard identification
 - 2. Risk assessment
 - 3. Implementation of solutions
 - 4. Monitoring
 - 5. Review

Below are some suggestions for making this process more gendersensitive. As there are gender differences in a variety of broader issues relating to work circumstances, such as sexual harassment, discrimination, involvement in decision-making in the workplace, and conflicts between work and home life, a holistic approach to risk prevention is needed. Another aim is to identify less obvious hazards and health problems that are more common for female workers.

Key issues for gender-sensitive risk assessment

- Having a positive commitment and taking gender issues seriously
- Looking at the real working situation
- Involving all workers, women and men, at all stages
- Avoiding making prior assumptions about what the hazards are and who is at risk

Step 1: Hazard identification. For example, include gender by:

- considering hazards prevalent in both male- and femaledominated jobs;
- looking for health hazards as well as safety hazards;
- asking both female and male workers what problems they have in their work, in a structured way;
- avoiding making initial assumptions about what may be 'trivial';
- considering the entire workforce, e.g. cleaners, receptionists;
- not forgetting part-time, temporary or agency workers, and those on sick leave at the time of the assessment;
- encouraging women to report issues that they think may affect their safety and health at work, as well as health problems that may be related to work:
- looking at and asking about wider work and health issues.

Step 2: Risk assessment. For example, include gender by:

- looking at the real jobs being done and the real work context;
- not making assumptions about exposure based purely on job description or title;
- being careful about gender bias in prioritising risks according to high, medium and low;
- involving female workers in risk assessment. Consider using health circles and risk mapping methods. Participative ergonomics and stress interventions can offer some methods;
- making sure those doing the assessments have sufficient information and training about gender issues in occupational safety and health (OSH);
- making sure instruments and tools used for assessment include issues relevant to both male and female workers. If they do not, adapt them;
- informing any external assessors that they should take a gendersensitive approach, and checking that they are able to do this;
- paying attention to gender issues when the OSH implications of any changes planned in the workplace are looked at.

For example, for stress include:

- home-work interface, and both men's and women's work schedules:
- career development;
- harassment;
- · emotional 'stressors';
- unplanned interruptions and doing several tasks at once.

For example, for reproductive health:

- include both male and female reproductive risks;
- look at all areas of reproductive health, not just pregnancy.

For example, for musculoskeletal disorders:

 look critically at 'light work'. How much static muscle effort is involved? Does the job involve significant standing? What loads are really handled in practice, and how often?

Step 3: Implementation of solutions. For example, include gender by:

- aiming to eliminate risks at source, to provide a safe and healthy workplace for all workers. This includes risks to reproductive health:
- paying attention to diverse populations and adapting work and preventive measures to workers. For example, selection of protective equipment according to individual needs, suitable for women and 'non-average' men;
- involving female workers in the decision-making and implementation of solutions;
- making sure female workers as well as men are provided with OSH information and training relevant to the jobs they do and their working conditions and health effects. Ensure part-time, temporary and agency workers are included.

Steps 4 and 5: Monitoring and review. For example, include gender by:

- making sure female workers participate in monitoring and review processes:
- being aware of new information about gender-related occupational health issues.

Health surveillance can be part of both risk assessment and monitoring:

- include surveillance relevant to jobs of both male and female workers;
- take care about making assumptions, for example based on job title, about whom to include in monitoring activities.

Accident records are an important part of both risk assessment and monitoring:

 encourage the recording of occupational health issues as well as accidents.

General measures to promote gender-sensitivity in OSH management

- Reviewing safety policies, specifically including a commitment to gender mainstreaming, and relevant objectives and procedures
- Seeking to ensure that both internal and external occupational health services used will take a gender-sensitive approach
- Providing relevant training and information on gender issues regarding safety and health risks to risk assessors, managers and supervisors, trade union representatives, safety committees, etc.
- Linking occupational safety and health into any workplace equality actions, including equality plans
- Looking at ways to encourage more women to be involved in safety committees. For example, are meetings held at times when women can attend?

Further information

The Agency's report *Gender issues in safety and health at work* — *A review* provides more information about risks to women workers and their prevention. This report is available at:

http://agency.osha.eu.int/publications/reports/209/en/index.htm

Factsheet 42 summarising the report is available at: http://agency.osha.eu.int/publications/factsheets/

The Agency's web site has a section devoted to providing links to further information related to women and occupational safety and health at: http://gender.osha.eu.int

The Agency's web site also contains other resources relevant to 'typical' women's work, including resources on the prevention of musculoskeletal disorders and stress and risks to healthcare workers.

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