



Work in tune with life

Template Model of Good Practice 2

Work in tune with life **contact person (NCO)**:

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A. Identification and Motivation

General information about the MOGP company:

Name of organization	FCC – Delegación Lleida-Tarragona
Address	C/ Coure , nº26, Pol. Ind. Riu Clar. 43006
City	Tarragona
Country	SPAIN
Contact person (name/function)	Montse Gómez: occupational physician Anna Puigdomènech: Human resource manager
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Telephone number(s)	0034977541787
Website	http://www.fcc.es/fcc/corp/inicio_i.aspx
Sector	Environmental services: Collection, treatment and elimination of solid urban waste, street cleaning.
Number of employees	1.400

(When the company does not want to provide this information a reference to the NCO will be made, which will support the connection to the company if necessary)



Motivation (max. 100 words)

Companies feel helpless when faced with alcohol and other drugs in the workplace. This topic is considered as very sensible for safety and economic reasons in addition to health and ethic issues.

This action is a useful example that provides a structured and pragmatic strategy to address alcohol and other drug issues. It goes beyond reactive interventions, considering the importance of creating a working environment which understands the problems associated with the use of alcohol and other drugs, supporting the affected worker and fostering job retention.

It's also a good example of partnership among in and out-house stakeholders and of communication.

B. Policy and Culture (max. 300 words)

“FCC, a safe and healthy company” The FCC Group operates within a framework of business ethics and respect for relations with its stakeholders, coupled with a commitment to act responsibly and sustainability with the goal of creating wealth and well-being in society. One of its principles is to promote the professional development of FCC Group employees so that they may perform their work in appropriate conditions of safety and health, with equal treatment and equal opportunities, fairness and respect for diversity, always with the objective of facilitating work-life balance.

To manage health and safety policies, the different business areas of FCC apply occupational risk prevention management systems that go well beyond strict compliance with the legal necessities. The main standard these systems apply is OHSAS 18001. FCC Delegació Lleida-Tarragona has OHSAS 18001 certification that, among other benefits, has created a preventive workplace culture at all levels.

FCC has drawn up action plans that promote healthy lifestyles, it has developed different resources and it has introduced patterns of behaviour that preserve and protect personal health. Some of the foremost of these initiatives are activities to help in the fight against tobacco, alcohol and drug dependencies.

The need for the alcohol and drugs prevention programme rises in first instance from the analysis of periodical health surveillance done at the occupational unit that shows a high percentage of frequent alcohol and drug use among workers. This fact motivated the study of additional data coming from human resource department, OSH service and Production and ended with the decision of implementing a programme covering awareness actions, detection and prevention of drinking/drug use problems and case management including measures of job retention.

A pre-requisite for the implementation of the programme in the different worksites is the signature of an agreement by management and workers' representatives. A direct impact the programme was the amendment of the internal company rules related to the management of positive alcohol or drug screening test.

C. Organisation and Structure (max. 200 words)

Once the need of such a programme arises and before designing and implementing the intervention, key internal stakeholders (mainly the occupational physician in charge of the programme, other members of the OSH, Human resource and production units and the members of the company works council) were trained/informed about alcohol and drug issues with the support



of the Health Department of the Catalan Autonomous Government. More over the company put in place a workers' survey in order to know the acceptability and feasibility of the programme.

Departments involved in planning and implementing the programme are: Occupational Health Unit, OSH service, Human Resource Department, Production Unit and Company Works Council. Members of these units plus workers delegates constitute an Evaluation Committee which has as main duties the follow-up of the process, analysis of results and effectiveness and case management. It's also planned to create among workers the figure of "health agents" in order to implement a peer-to-peer support.

Drug Sub-Directorate of Catalan Health Department has participated as external assessor and trainer and is involved in the Evaluation Committee. FCC has also been assessed and supported by Catalan Labour Department and the Catalan Police participates in training events.

For treatment and case management the firm has the collaboration of two drug-addiction control and treatment centers of the Catalan Health Service.

Other material resources are: Alcohol meter, Drug test, merchandising and PR materials (posters, leaflets, logos...)

D. Implementation and Strategy (max. 400 words)

Planning is done involving key internal actors, looking for a consensus and signing a company agreement. Main objectives are: to contribute to a safer, healthier and more productive workplace; to prevent occupational injuries and to reduce disciplinary measures; to diminish absenteeism both in frequency and in duration; to improve company image and to promote good working climate; and to enhance workers' commitment to the company. The implementation consists in three steps: 1- an awareness campaign; 2- a detection and control phase; 3- the intervention itself. The process and the results are evaluated by an Evaluation Committee.

FIRST STEP: INFORMATION-TRAINING-RECREATIONAL ACTIVITIES

During this first step and after the analysis of health and related data an expert provider developed PR materials (mainly posters, leaflets and tailor-made messages and moto "At work drugs and alcohol 0,0") and a communication plan including information transfer, training and recreational activities that enhance participation and reinforce the messages of the campaign. Training is offered to all workers divided in two main groups: 1- Upper and middle management and members of the Company Work Councils; and 2- Workers.

SECOND STEP: DETECTION AND CONTROL

Detection is done by different means: worker's demand; periodical medical surveillance or alcohol/drug screening tests (planned; random; because there is suspicion of intoxication; in case of an occupational injury or for case monitoring). The aim of this phase is to detect harmful use as soon as possible and include affected worker in the last phase of the programme.

THIRD STEP: ASSESSING-TREATMENT-FOLLOW UP-REINTEGRATION

Workers at risk for developing alcohol/drug related problems will be submitted to a brief intervention conducted by the occupational health service. This brief intervention is also used to motivate alcohol/drug dependent workers to enter out-patient or in-patient specialized treatment .

Reintegration after treatment will be supervised by the occupational physician with the support of the OSH service and human resource department .

Programme is evaluated and follow-up periodically.

E. Evaluation and Lessons Learned (max. 300 words)



Evaluation is undergone by a special Committee where all relevant stakeholders are represented. This Committee meet every three months but there is also the possibility of extraordinary meetings to discuss any problem or issue that arises during the process.

Different indicators related to absenteeism, accidents and alcohol/drug use are gathered In order to know the level of achievement of the objectives and for improving the programme. Process evaluation indicators are also gathered (number of hours and people trained, workers' satisfaction, number of screening and medical monitoring, number of affected workers that are follow up or referred to specialized treatment...)

Related to occupational injuries, frequency index and seriousness have been cut by 27% with respect to 2008. It was also a reduction of dyas lost due to illness (5%), occupational injuries (30%) and non justified absence (46%).

Results are communicated every three months to Upper management through quality, M.A., prevention and corporate social responsibility meetings. Workers are informed through workers' representatives who are dully informed about all the actions that will be undergone, training, results... but always with the due respect to confidentiality. Workers can at any time make suggestions and comments on the process and actions.

Related to the costs, for FCC-Reus (first work-site in implementing the programme) the cost was approx 16,000 € for 180 workers. This cost has been recovered during the first year of implementation because of the reduction of frequency and duration of absence to work.

Main success factors of the programme are FCC social responsibility policy; the wish of improvement and innovation; to deal with this social issue as a company issue; the participation and commitment of all parties; but above all, the first phase of the programme (workers' awareness) because intervention is seen as a support and something good for people in and out the company.

Main difficulties were linked to convince workers' representatives that the intervention is done to benefit people and to persuade them that "not everything is allowed" because they have also the duty of preserving health and safety; and to make evident the benefits of the programme to skeptics. This was solved by the results of this programme in the quality of work, improved company image, economic results and return of investment.