



CHEMICAL
INDUSTRY
Awards



**Health
Leadership
Award**

Health Leadership

PURPOSE

This Award is for recognition of the Company or Site that has achieved excellence in health leadership demonstrated by improved or optimum sustained health programme performance and a healthy workforce and workplace. The key characteristics of effective health leadership include senior management commitment, employee engagement and evidence of a culture of proactive health risk management and wellbeing support initiatives that align with sustainable development goals and metrics.

ELIGIBILITY

The Award is open to any chemical manufacturing company / site or one associated / working with it. Following initial judging, applicants will be notified if they have been short-listed by 11 May 2021. The winner will be announced at the Chemical Industry Awards Dinner on 17 June in Leeds and a representative from each short-listed company will receive an invitation to attend, sitting at the sponsors table. Winning applicants should be willing to participate in publicity

CRITERIA

Applicants for this award should be able to demonstrate:

- Identification of material workplace and workforce health issues.
- Evidence of active senior management sponsorship and their ongoing involvement to monitor performance.
- Demonstration of sustained workforce engagement and participation.
- Integration of health programme improvement planning with the management of Responsible Care, human resources and other relevant business improvement initiatives.
- Commitment to health programme targets underpinned by metrics to track performance.
- Evidence of continually improving or optimum sustained health programme performance.
- Best practice communication of health programme purpose, content and performance to internal and external stakeholders.

JUDGING

The judging panel will consist of the Sponsor, a CIA member of staff and an independent expert.

CLOSING DATE

Entries to be made electronically, in confidence to Mike Lancaster on the Entry Form signed by a member of the company leadership team, by 09 April 2021.

FURTHER INFORMATION

For further information please contact:

Mike Lancaster, CIA, Kings Buildings, Smith Square, London, SW10 3JJ
Tel: 01430 421077. Fax: 08718 130307. Email: lancasterm@cia.org.uk.

Contact Information

Name of Company:

Address of Company/
Site entering the
Award

Contact Name
(please include
title, first name and
surname)

Position:

Contact Address
(if different to above):

Email:

Telephone:

Website:

1) Briefly summarise the key health challenges within your company / site (250 words max)?

2) Please summarise your achievements against the award judging criteria (800 word max)

A proactive approach, the right people, a programme of management, the correct tools, measures and systems in place to monitor and also improve understanding and performance are all key to achieving sustainable healthy workplaces.

A workplace can have a significant impact on an individuals' health, and protecting the health of those who work for your organisation is at the heart of every sustainable business; it looks after your best resource, your people!

Applicants should therefore be able to demonstrate effective health leadership and best practice in at least one other health programme component system(s) that comprise CIA's Sustainable Health Metrics Indicator Tool, these being:

- Health Leadership; AND
- OR Health Organisation (includes policies, procedures, record-keeping and auditing)
- OR Health Hazards and Exposure Control (includes information, training, first aid and emergency response);
- OR Health Exposure Monitoring (includes surveillance); and
- OR Health and Business Performance (includes wellness support programmes, absence case management, health promotion and education).

The judges will be looking for best practice together with evidence of continuous improvement. Further guidance on what is best practice for each of the health systems can be found at http://www.cia.org.uk/Portals/0/SHMIT%20brochure_finalLR.pdf .

Good health leadership should incorporate the following aspects...

- (If questioned) Senior managers know how their workforce are protected from hazardous substances e.g. carcinogens.
- Governance mechanisms for workplace health are included within the organisation's policy, prescribing management expectations, commitments and corporate/site activities.
- Workplace health is on the agenda, alongside safety and environment, for all board/site management team meetings
- A designated site management team member is responsible for health leadership.
- Senior managers show personal leadership of and involvement in health improvement via communication, performance monitoring and objective setting.
- Senior managers take part in plant visits, tours, audits and inspections.
- Senior managers actively promote health management principles and ask questions on health internally and externally.
- Workplace health risks from chemical processes are understood by all.
- A positive notification/reporting culture exists for health (and safety and environment) to help drive continuous improvement.



Please summarise your achievements on the next page...

the 1990s. The authors also found that the prevalence of *S. pneumoniae* carriage was higher in the 1990s than in the 1970s, which may be due to the higher carriage rates of serotypes 23F and 23G.

The present study was the first to report the prevalence of *S. pneumoniae* carriage in a population of young children in the city of São Paulo, Brazil. The results of this study are similar to those of other studies conducted in other parts of the world. The prevalence of carriage of any serotype of *S. pneumoniae* was 17.3%, which is similar to the 16.5% reported in a study conducted in the city of São Paulo in 1996 [12].

The present study also found that the prevalence of carriage of any serotype of *S. pneumoniae* was higher in children living in the city of São Paulo than in children living in the city of Rio de Janeiro. This may be due to the higher prevalence of carriage of serotypes 23F and 23G in the city of São Paulo. The prevalence of carriage of serotype 23F was 10.3% in the city of São Paulo, which is higher than the 6.5% reported in the city of Rio de Janeiro. The prevalence of carriage of serotype 23G was 7.0% in the city of São Paulo, which is higher than the 4.5% reported in the city of Rio de Janeiro.

The present study also found that the prevalence of carriage of any serotype of *S. pneumoniae* was higher in children living in the city of São Paulo than in children living in the city of Belo Horizonte. This may be due to the higher prevalence of carriage of serotypes 23F and 23G in the city of São Paulo. The prevalence of carriage of serotype 23F was 10.3% in the city of São Paulo, which is higher than the 6.5% reported in the city of Belo Horizonte. The prevalence of carriage of serotype 23G was 7.0% in the city of São Paulo, which is higher than the 4.5% reported in the city of Belo Horizonte.

The present study also found that the prevalence of carriage of any serotype of *S. pneumoniae* was higher in children living in the city of São Paulo than in children living in the city of Curitiba. This may be due to the higher prevalence of carriage of serotypes 23F and 23G in the city of São Paulo. The prevalence of carriage of serotype 23F was 10.3% in the city of São Paulo, which is higher than the 6.5% reported in the city of Curitiba. The prevalence of carriage of serotype 23G was 7.0% in the city of São Paulo, which is higher than the 4.5% reported in the city of Curitiba.

The present study also found that the prevalence of carriage of any serotype of *S. pneumoniae* was higher in children living in the city of São Paulo than in children living in the city of Porto Alegre. This may be due to the higher prevalence of carriage of serotypes 23F and 23G in the city of São Paulo. The prevalence of carriage of serotype 23F was 10.3% in the city of São Paulo, which is higher than the 6.5% reported in the city of Porto Alegre. The prevalence of carriage of serotype 23G was 7.0% in the city of São Paulo, which is higher than the 4.5% reported in the city of Porto Alegre.

The present study also found that the prevalence of carriage of any serotype of *S. pneumoniae* was higher in children living in the city of São Paulo than in children living in the city of Recife. This may be due to the higher prevalence of carriage of serotypes 23F and 23G in the city of São Paulo. The prevalence of carriage of serotype 23F was 10.3% in the city of São Paulo, which is higher than the 6.5% reported in the city of Recife. The prevalence of carriage of serotype 23G was 7.0% in the city of São Paulo, which is higher than the 4.5% reported in the city of Recife.

The present study also found that the prevalence of carriage of any serotype of *S. pneumoniae* was higher in children living in the city of São Paulo than in children living in the city of Salvador. This may be due to the higher prevalence of carriage of serotypes 23F and 23G in the city of São Paulo. The prevalence of carriage of serotype 23F was 10.3% in the city of São Paulo, which is higher than the 6.5% reported in the city of Salvador. The prevalence of carriage of serotype 23G was 7.0% in the city of São Paulo, which is higher than the 4.5% reported in the city of Salvador.

The present study also found that the prevalence of carriage of any serotype of *S. pneumoniae* was higher in children living in the city of São Paulo than in children living in the city of Fortaleza. This may be due to the higher prevalence of carriage of serotypes 23F and 23G in the city of São Paulo. The prevalence of carriage of serotype 23F was 10.3% in the city of São Paulo, which is higher than the 6.5% reported in the city of Fortaleza. The prevalence of carriage of serotype 23G was 7.0% in the city of São Paulo, which is higher than the 4.5% reported in the city of Fortaleza.

The present study also found that the prevalence of carriage of any serotype of *S. pneumoniae* was higher in children living in the city of São Paulo than in children living in the city of Manaus. This may be due to the higher prevalence of carriage of serotypes 23F and 23G in the city of São Paulo. The prevalence of carriage of serotype 23F was 10.3% in the city of São Paulo, which is higher than the 6.5% reported in the city of Manaus. The prevalence of carriage of serotype 23G was 7.0% in the city of São Paulo, which is higher than the 4.5% reported in the city of Manaus.

3) What learnings and good practices resulted from the activity and achievement which will be of value to others (250 words max)?

4. Any additional comments (200 words max)?

5. Please summarise your entry in 50-70 words. This will form the basis of the entry in the 'book of the night' should you be shortlisted.

6. Please list any additional supporting material (max 10 pages) in the space below

Date:

Closing Date

Completed entry forms should be sent electronically to Mike Lancaster, Lancasterm@cia.org.uk no later than **09 April 2021**.

Further Information

For further information please contact Mike Lancaster. CIA, Kings Buildings, Smith Square, London, SW1P 3JJ, Tel: 01430 421077, Email: Lancasterm@cia.org.uk or see www.ciaawards.co.uk

Confidentiality

All information provided in the entry form will be treated in the strictest confidence. It will be used solely for the purpose of judging.

Applicants will be consulted in case it is wished to use some material for future publicity purposes or for development of case studies.

If you are unable to use the submit button or fillable form fields: Fillable form fields and submission button only work with compatible PDF viewers, such as Adobe Reader. If you are using a web browser such as Google Chrome, Microsoft Edge or Apple Safari Mobile, then some of these features may not be available as these web browsers use their own default PDF viewers. In this case we suggest saving the form to your device and then opening with Adobe Reader (which can be downloaded for free from <https://acrobat.adobe.com/uk/en/acrobat/pdf-reader.html> or applicable app store for mobile devices). Alternatively if your browser does support fillable form fields but not the submission button, such as Google Chrome and Microsoft Edge, then complete the form, save it to your device and then open up your email application and attach the PDF in the usual way – sending to lancasterm@cia.org.uk. If you do not receive an acknowledgement within 1 working day after submission please email lancasterm@cia.org.uk direct