

## Occupational Health Management: Checklist for assessing the status quo of an OHM in companies and organisations

### Background

Healthy employees are a key success factor for companies. They can do a lot themselves to improve the health of their employees at work. This includes designing a healthy working environment and actively supporting employees in developing and maintaining health-promoting behaviours. Occupational health management (OHM) helps companies<sup>1</sup> to create the best possible conditions for healthy working.

The quality criteria of the DGUV Principle 306-002 “Prevention field ‘Health at work’ - Positioning and quality criteria” (in German only) provide orientation for the systematic and sustainable implementation of an OHM. Figure 1 shows these in a model.

This checklist helps companies and consultants to assess the status of implementation of these quality criteria and to identify starting points for systematic further development.

### Target group

The checklist is aimed at prevention experts from the statutory accident insurance institutions who advise companies on the introduction or expansion of a systematic occupational health management, as well as those responsible in companies. Use of the checklist is recommended for larger companies with 50 or more employees.

### Structure and use

The questions of the OHM Check are based on the quality criteria of the DGUV Principle 306-002.

The left-hand column lists the main criteria. The right-hand column contains points of reference, examples, and suggestions for the practical implementation of these criteria.

The checklist can be used both for an initial overview and for an indepth examination of the status quo of an OHM in the company. The focus is initially on the left-hand column. The answer options are “Yes” and “No”, depending on whether the criterion applies or not. In case of uncertainty, the answer should be assigned to “Yes” if the fact is more likely to apply. The examples and notes in the right-hand column and DGUV Principle 306-002 can be consulted for more indepth processing.

1 Like the term “organisation”, the term “company” also includes educational institutions (daycare centers, schools, universities etc.), facilities for the disabled and workshops for people with disabilities, other service providers in accordance with Section 60 SGB IX, care facilities as well as public companies and administrations.

2 DGUV (ed.) (2023). [Präventionsfeld „Gesundheit bei der Arbeit“ – Positionierung und Qualitätskriterien](#)  
DGUV Grundsatz 306-002 (in German only).  
Webcode: p306002

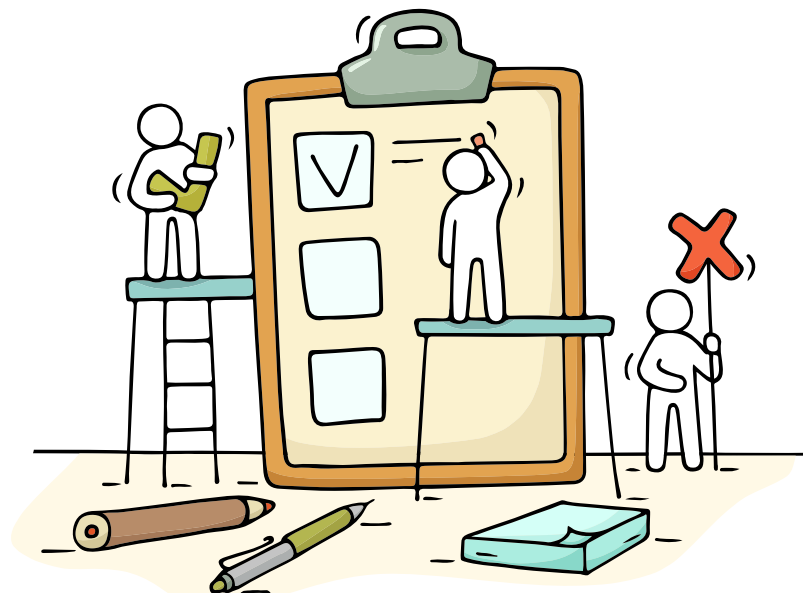
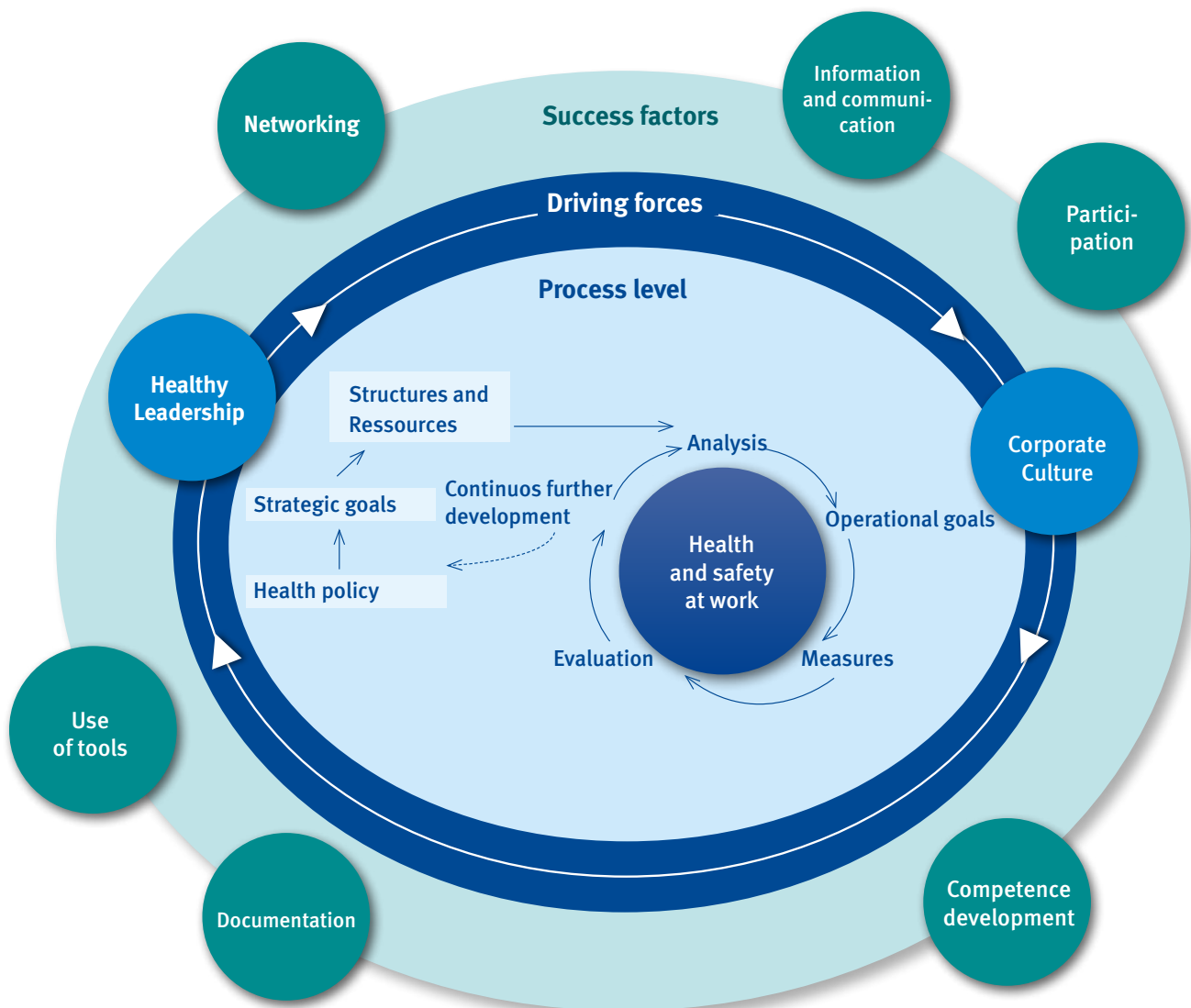


Fig. 1 'Health at work' quality criteria

(Source: DGUV Principle 306-002 'Prevention field "Health at work" - Positioning and quality criteria')



## OHM Check: Overview of topics

Seite 3 | Health policy

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Seite 4 | Strategic goals

---

Seite 5 | Structures

---

Seite 6 | Resources

---

Seite 7 | Analysis

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Seite 8 | Operational goals

---

Seite 9 | Measures

---

Seite 11 | Evaluation

---

Seite 12 | Continuous further development

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## Health policy

**Are there company agreements or regulations for a common understanding of health and a sustainable company health strategy (e.g. as part of a company mission statement, a coordinated OHM concept or a company agreement)?**

yes      no

**Has the management communicated these company agreements or regulations to all employees?**

yes      no

**Are health and fitness for work anchored in the company's objectives and set out in writing?**

yes      no

**Are health-oriented management principles described and set out in writing?**

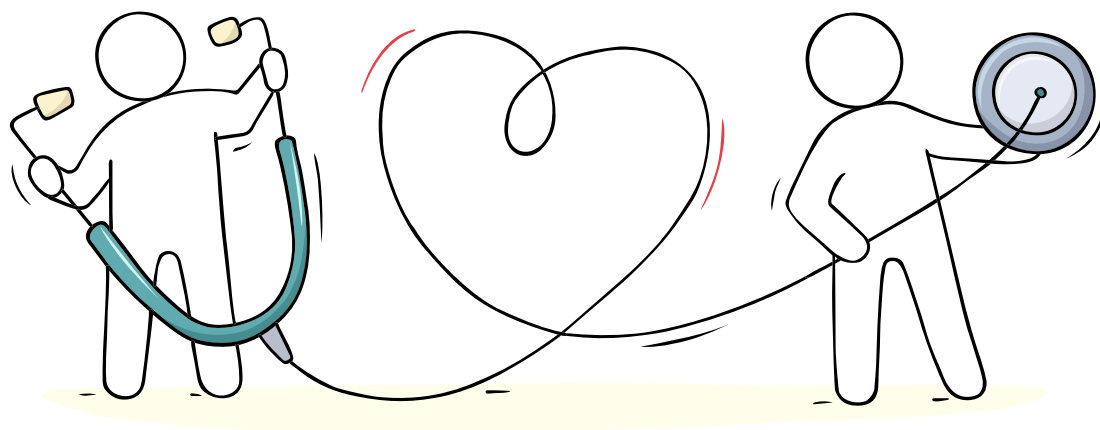
yes      no

**Is a transparent flow of information between managers, employees, consultants and working groups on all process steps in OHM agreed and set out in writing?**

yes      no

**The following points may form part of the agreements:**

- Responsibility of top management for the health of employees
- Commitment of the company management to OHM
- Basic guidelines for health-oriented management
- Importance of the health of employees
- Commitment to the employees duty to cooperate
- Principles for health-oriented working
- Integration of health into decision-making and operational processes
- Strategic objectives for health at work
- Human and financial resources for the health of employees
- Active involvement of employees in the planning and implementation of health-promoting measures
- Self-commitment to the continuous improvement of health at work



## Strategic goals

**Have strategic goals been formulated for the prevention field of “health at work”?**

yes      no

**Do the strategic objectives contribute to achieving the company's goals?**

yes      no

**Were the strategic goals developed together with the management and top management (e.g. in strategy workshops)?**

yes      no

**Are the strategic objectives defined in the company agreement on health policy?**

yes      no

**Has the management communicated the strategic objectives to all employees and managers?**

yes      no

**Strategic goals should always be company-specific.**  
They describe:

- what a company wants to achieve and would like to change in the prevention field of “health at work”
- which topics the company would like to work on strategically

[DGUV Information 206-057 “Ziele als Erfolgsfaktor für eine gesunde Organisation”](#) (in German only) can help with the development of goals.

**Examples of strategic goals in the prevention field of “health at work” may be:**

- Managers ensure safe and healthy working conditions
- All employees work at ergonomically optimized workplaces
- All employees in all areas are reached by means of internal communication and information
- Work processes in the departments are trouble-free
- Good work-life balance
- High quality of service under healthy working conditions
- Employees have a high level of health and safety competence at work



## Structures

**Does the company have one or more persons responsible for the internal coordination of all activities in the prevention field of “health at work”?**

yes      no

**Are the tasks and responsibilities of these persons defined (e.g. job description, OHM concept)?**

yes      no

**Are employees informed about the tasks and responsibilities?**

yes      no

**Is there a steering committee (e.g. health and safety committee, health working group)?**

yes      no

**Are interfaces and cooperations with other organisational units and processes considered?**

yes      no

**Can temporary project teams, health circles or working groups be set up to address specific issues?**

yes      no

**Are external cooperation and support options known?**

yes      no

It is recommended that the person responsible for OHM reports directly to the top management.



**The following persons should be members of the steering committee or be involved on a topic-related basis:**

- Top management
- Works council and staff council
- Personnel department; personnel development
- Occupational physician
- OSH professional
- Safety delegate
- OHM coordinator; OHM representative
- Representative for people with disabilities
- Representative for company integration management
- Equal opportunities commissioner
- Company social counselling
- Contact person for workplace addiction prevention

**Examples of cooperation with external organisations:**

- Social benefit providers (statutory accident insurance institutions, statutory health insurance, statutory pension insurance, integration offices, employment agency; see also map of support providers [Landkarte der Unterstützenden](#) (in German only))
- Company neighborhood
- Regional networks [Regionale Netzwerke, see DNBGF](#) (in German only)

## Resources

**Have sufficient resources been made available for those responsible and for coordinators?**

yes      no

**Are the stakeholders involved qualified for the tasks involved in OHM?**

yes      no

**Do managers have the necessary time resources for healthy leadership?**

yes      no

**Is there a budget for OHM?**

yes      no

**If so, are the persons responsible for the OHM or the steering committee responsible for the OHM budget?**

yes      no

Individual statutory accident insurance institutions and the DGUV offer corresponding qualifications.



## Analysis

**Are working conditions and the health situation of employees regularly surveyed?**

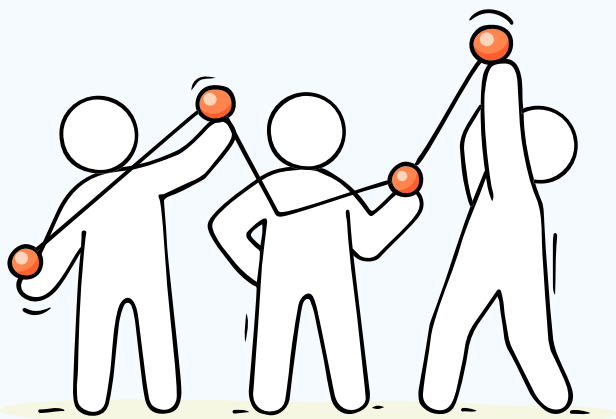
yes      no

→ **Are the results of the assessment of working conditions in accordance with § 5 of the Occupational Health and Safety Act considered?**

yes      no

→ **Are analysis data collected regularly?**

yes      no



→ **Are employee surveys on working conditions and employee health carried out regularly?**

yes      no

→ **When questionnaires are used, is attention paid to the scientifically proven quality of the survey instruments?**

yes      no

→ **Are anonymity and data protection taken into account when using questionnaires?**

yes      no

Opportunities and risks to health are taken into account.

**The following analyses, for example, can be carried out in the company:**

- [Consideration of mental stress in the risk assessment](#) (publication in German only)
- Recording the incapacity for work rate
- Age structure analysis
- Fluctuation analysis
- Health report of the statutory health insurance funds (across all funds)
- Analysis of workload data (e.g. time/overtime accounts)
- Recording of cases of occupational integration
- Evaluation of accident figures
- Recording the quantity and frequency of physical and psychological complaints/impairments
- Impairment of wellbeing
- Employee surveys (e.g. [MOLA](#)) (in German only)
- 360°-feedback
- [KulturCheck](#) (in German only)
- Obtaining specialist expertise (e.g. in the steering committee)

### Examples of health indicators in surveys

- Performance
- Willingness to perform
- Work Ability Index
- Job satisfaction
- Stress experience
- Well-being at work
- Health literacy

→ Are workshops held to analyse the work situation in the company?

yes      no

→ Is information from different sources and perspectives taken into account?

yes      no

Is a need for action derived from the results of the analysis and workshops?

yes      no

### Examples of workshop formats

- [Brainstorming meetings](#)
- [Culture Dialogues for Prevention](#)
- Health circles
- Work situation analyses

This includes objective and subjective as well as quantitative and qualitative information.

## Operational goals

Are operational goals formulated for the prevention field of “health at work”?

yes      no

Are the needs for action used to formulate the operational objectives?

yes      no

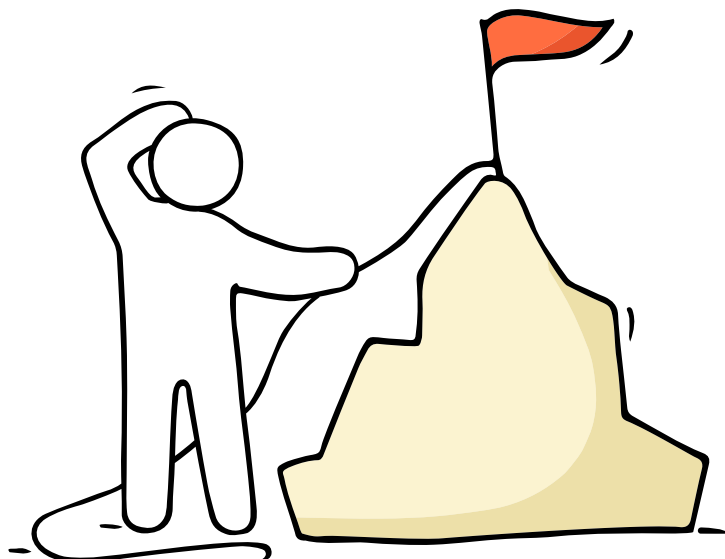
Are the operational goals worked out together with the employees?

yes      no

The following aspects should be considered when formulating operational objectives:

- Operational objectives are formulated S.M.A.R.T. (specific, measurable, acceptable/attractive, realistic, time-bound).
- Target achievement criteria are defined and it is described how to recognize that the target has been achieved.
- It is clear which operational objectives contribute to which strategic objectives.

Participation can take place, for example, as part of an [Brainstorming meeting](#).





## Measures

### PLANNING

Are company-specific, needs- and target group-related measures derived from the operational objectives?

yes      no

Are employees and company experts involved in the derivation and development of measures?

yes      no

Are structural and behavioural measures derived from the operational objectives?

yes      no

Are structural and behaviour-based measures combined with each other on a topic-related basis?

yes      no

Are measures directly related to the activity as well as to general health maintenance taken into account?

yes      no

Are regular qualifications carried out that contribute to maintaining or strengthening health?

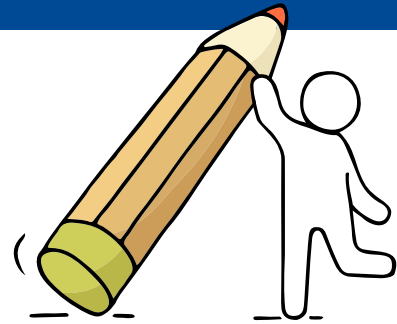
yes      no

Are support and services provided by social service providers included as required?

yes      no

Are prioritization, responsibilities, objectives, and deadlines defined in an action plan and regularly reviewed?

yes      no



Examples of workshop formats for the [Participation](#) of employees

- [Brainstorming meetings](#)
- [Culture Dialogues for Prevention](#)
- Health circles
- Workshops on measures

Examples of topics and measures

- [Healthy leadership](#)
- Work organisation / working hours (e.g. appropriate scope for action)
- Working environment
- Ergonomic workplace design
- [Addiction prevention](#) (publication in German only)
- Measures to reconcile work and private life
- Measures for [error culture](#)
- Development of organisational safety and health competence
- Defined values
- [Design of Desk Sharing](#) (publication in German only)
- Measures against [zoom-fatigue](#) (in German only)
- Design of [work from home](#)
- [Overwork and underwork in the workplace](#) (E-learning in German only)
- Measures for a good [working atmosphere](#)
- Measures on the [importance of safety and health in everyday working life](#)
- [Sustainability and occupational health management](#) (publication in German only)
- [Nudging](#)
- Reduction of activity-related risk behaviour
- Development of individual safety and health competence
- Relaxation and stress management
- Coaching- und counselling services
- Exercise and balance programs
- Nutrition
- [Communication](#) and the ability to achieve consensus
- Giving and receiving information and feedback from colleagues
- A sense of purpose at work
- Trusting interaction, appreciation and fairness



### IMPLEMENTATION

**Are the measures available to all employees in the respective target groups?**

yes      no

**Are all employees informed of the measures?**

yes      no

**Do managers participate in measures and thus fulfil their role model function?**

yes      no

**Do managers point out the measures?**

yes      no

**Are all measures documented?**

yes      no

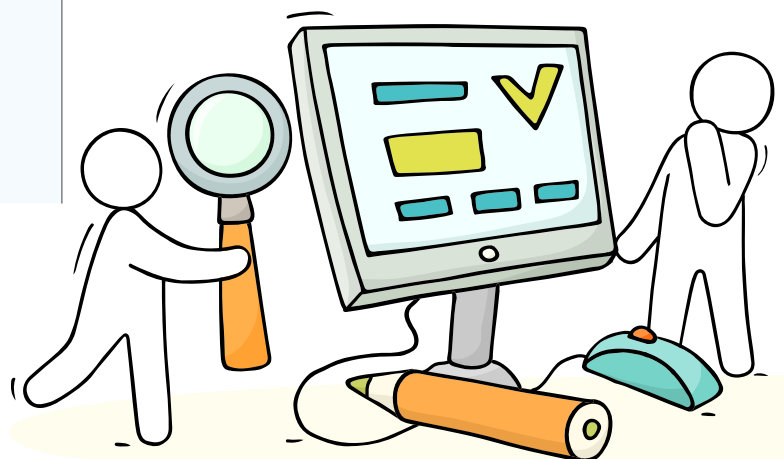
**Are the benefits of the measures made clear in as many places as possible?**

yes      no

- Learning together from mistakes, near misses, accidents and work-related illnesses (positive [error culture](#)) (publication in German only)
- Solution-oriented handling of conflicts and disruptions
- Dealing with values and pointing out differences between desired and actual behaviour
- Communicating and exemplifying desired values and behaviours
- [Mindfulness in the work context](#) (publication in German only)
- [Strengthening of strengths](#) (publication in German only)

Further examples of the development of measures and packages of measures in the fields of “Healthy leadership” and “Work organisation” can be found in [Präventionsfeld „Gesundheit bei der Arbeit“ – Positionierung und Qualitätskriterien](#) (in German only)

For example, part-time employees, shift workers and industrial employees must be taken into account.



## Evaluation

**Is there a regular reflection on whether the structures created are helping to achieve the goals set?**

yes      no

**Is there a regular reflection on whether the measures have been implemented smoothly and as planned?**

yes      no

**Are the measures known to everyone?**

yes      no

**Is there a systematic evaluation of whether the target groups are satisfied with the measures?**

yes      no

**Is there a systematic assessment of whether the objectives associated with the measures have been achieved by the agreed deadline?**

yes      no

**Is there a regular reflection on whether the behaviour of employees is contributing to the achievement of the goals set?**

yes      no

**Is there a regular reflection on whether managers are contributing to the achievement of the goals set?**

yes      no

**Are standardised evaluation instruments used?**

yes      no

**Are the results of the structural, process and results evaluation regularly summarised in a report?**

yes      no

**If yes, is this report accessible to all employees and managers?**

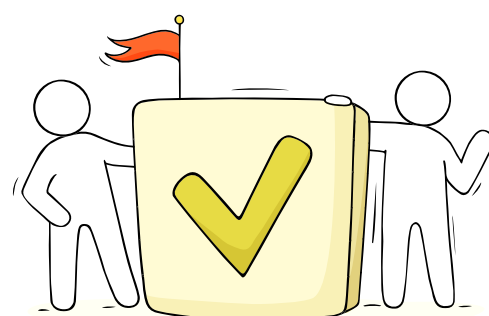
yes      no

### Notes

- Consider structural, process and result evaluation for the entire OHM
- Consider indicators for evaluation as early as the target formulation process
- Take proven findings into account when planning company-specific measures (evidence-based)
- Utilise existing instruments
- Combine quantitative and qualitative analyses, internal and external evaluations
- Ensure an appropriate cost-benefit ratio
- Before-after comparison using the instruments from the analysis phase
- Include both objective data and subjective assessments in the evaluation
- Consider data protection

### Considerations for an evaluation concept:

- What exactly should be evaluated? What are the objectives of the OHM/the measure? What steps will be taken to achieve these goals?
- What is the purpose of the evaluation? Which specific questions are to be answered by the evaluation? What are the indicators?
- How should the evaluation be implemented? (Modalities, design, methodology)
- When should the evaluation be implemented? Who needs to be involved? How can a high level of acceptance by the target group be achieved?
- Who evaluates? Who develops measures? When? How and when are the results and measures presented and implemented?
- See also: [DGUV Information 211-043 „Gute Praxis der Evaluation von Präventionsmaßnahmen in der gesetzlichen Unfallversicherung“](#)
- See also: iga.report 40 [Wirksamkeit und Nutzen arbeitsweltbezogener Gesundheitsförderung und Prävention](#) (in German only)

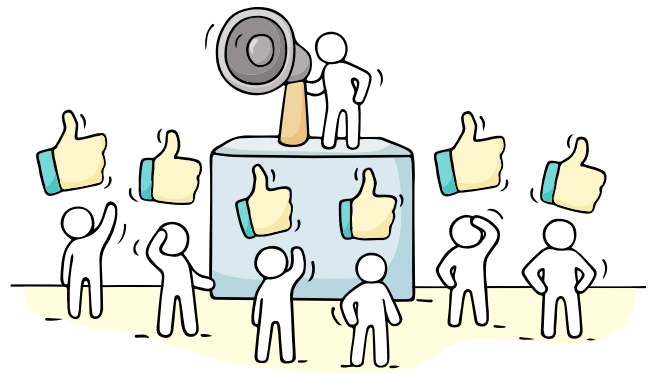


**If yes, are all employees and managers informed of the report?**

yes      no

**Is there a regular evaluation of the results by top management?**

yes      no



## Continuous further development

**Are direct improvements derived from the evaluation results and implemented?**

yes      no

**Is the achievement of the strategic objectives reviewed on the basis of the evaluation results?**

yes      no

**Are the operational goals being developed accordingly?**

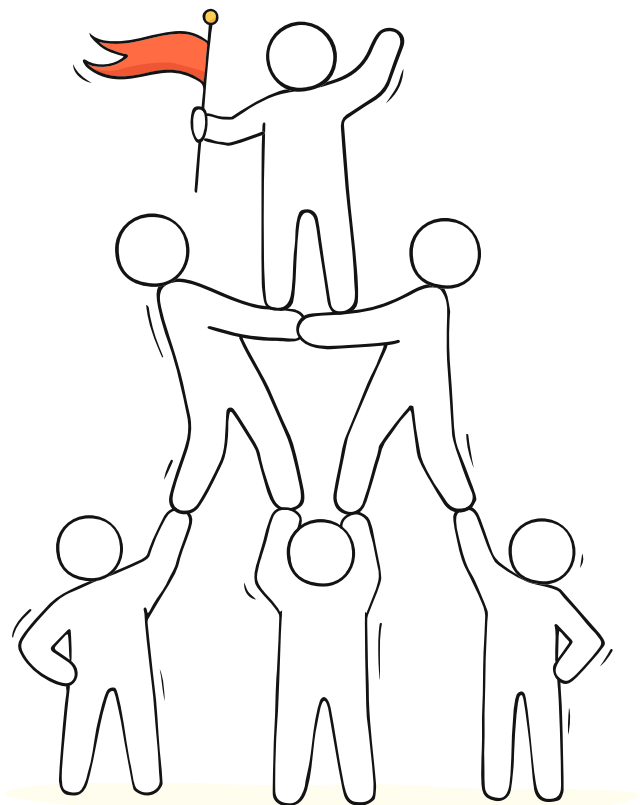
yes      no

**Are adjustments due to changes in legal regulations, occupational health and safety regulations, collective agreements or works agreements considered?**

yes      no

**Does the management inform all employees about improvements, further developments and adjustments?**

yes      no



**An important note at the end:**  
.....

The prevention culture in a company has a significant influence on the achievement of OHM goals. If health is a high priority for the company's management, executives, and employees, and if there is a culture in which healthy working practices contribute to maintaining and strengthening health, then OHM can be implemented well in the company. It is strengthened by a shared understanding of the value of health at work. Key levers of the [prevention culture](#), such as healthy leadership, communication, and participation, are already reflected in the points of this OHM Check. The [Culture Check](#) or the [Culture Dialogues for Prevention](#) in the Company by DGUV can be used for a more indepth examination.

The prevention experts of the respective statutory accident insurance institution can provide support in the further development of an OHM.

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