

Directorate of Occupational Health and Safety



Annual Report 2016

March 2017

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Presentation

I am pleased to present the 2016 activity report of the Joint Prevention Service of the Banco Sabadell group (hereinafter following the Spanish abbreviation: SPM). The goal of publishing this document is to offer all personnel under our care a comprehensive and transparent view of the main preventive activities that we have carried out in 2016, all of which fall within the framework of the programmes regulated under the Banco Sabadell Group's Prevention Plan.

The SPM is a unit with no executive capacity; its mission is to assess risks and provide the group's companies with the advice, support and coordination required to carry out preventive activities to ensure adequate protection of the health and safety of workers by advising and assisting the management bodies, workers and their representatives, as well as specialised representation bodies.

The team is made up of ten people, integrated in the Directorate for the Prevention of Occupational Risks, and depends on Human Resources management.

Our actions are aimed at both regulatory compliance and the development of the Occupational Risk Prevention Management System and promoting the integration of prevention and continuous quality and improvement by way of values, such as efficiency, involvement and professionalism.

Given the high number of offices and their geographical extension, our management model handles prevention in a decentralised manner. Our SPM technicians are divided between Sant Cugat del Vallès, Madrid, Alicante and A Coruña, as well as being embedded in the organisational structure, so that the various territories, regions and even individual offices have a designated person, with specific training and functions, who is responsible for prevention.

We have always operated with the conviction that, here at the SPM, we are working to reduce accidents and promote occupational health by offering novel proposals and services that respond to our group's needs.

We consider occupational risk prevention as an added value, a commitment that, with all certainty, will help us to consolidate our vision for the future. Our desire is to be the group's strategic agency for people's health, the improvement of occupational safety procedures and the elimination or reduction of our occupational risks to a minimum, by means of the joint definition of value propositions based on a permanent and trusting relationship.

Joan Lluch Orta
Occupational Risk Prevention Director

Chapter 1. Organisation

Prevention Plan

The Prevention Plan is the legal document that lays out the prevention policy and builds the model on which all preventive activities are articulated.

One of the indispensable precepts the plan must comply with is that it be integrated into the organisation as a whole. Along these lines, and to achieve an optimal level of integration, the plan includes a set of responsibilities and functions in consonance with the main organic structures of the Banco Sabadell Group.



Ten years after its creation, the preventive system implemented has allowed the prevention of occupational risks to be considered and managed from the main areas of action, thereby obtaining very satisfactory results.

The designation and involvement of those in charge of PRL of the branches, regions and territories has been fundamental in achieving a good level of integration, accompanied by good communication, training, processes and tools.

In this regard, the SPM had the opportunity to participate as a speaker in the PRL Conference organised on 5 October by the *Fomento del Trabajo Nacional* (Spanish Employers' Association) in collaboration with the company, SGS Tecnos. The model for integrating occupational risk prevention in the network of branch offices was the title of the speech. This model turns on a single axis: the figure of the person in charge of the office's risk prevention, who has received formal training and some standardised tools and procedures. Most importantly, their functions are aligned with the GBS's organic structure, both in a network and in corporate services.



The Prevention Plan is comprised of a set of procedures that make up the preventive model. This year, the following documents, which are part of the plan, have been updated:



- Protocol for requesting a monitor riser
- Protocol criteria on BS Group first aid kits
- Protocol for security measures to apply in 3D services
- Incorporation agreement of the SPM of companies belonging to the BS Group
- Measuring instruments for environmental conditions
- Emergency plan for branch offices
- Emergency instructions in singular buildings
- Preventive action plan for remodelling work
- Procedure for work done at heights
- Procedure for work done in confined spaces
- Mutuels collaborating with the Social Security Administration
- Outsourced Prevention Services (abbreviated SPA in Spanish)
- Threat protocol

National Health and Safety Committee (CESS for its acronym in Spanish)

Banco Sabadell S.A. has established a National Health and Safety Committee (abbreviated CESS in Spanish). There are also CESSs in operation in those subsidiaries where they must be legally constituted.



CESS meetings are held quarterly to discuss aspects related to the safety and health of their respective areas of action. They are formed by company representatives, union representation (Prevention delegates) and the Joint Prevention Service (SPM), which is a guest adviser. It is a forum for information, participation and debate on safety and health, in which proposals are formulated and accidents, absenteeism, risk assessments, training, and many other topics are followed up on.

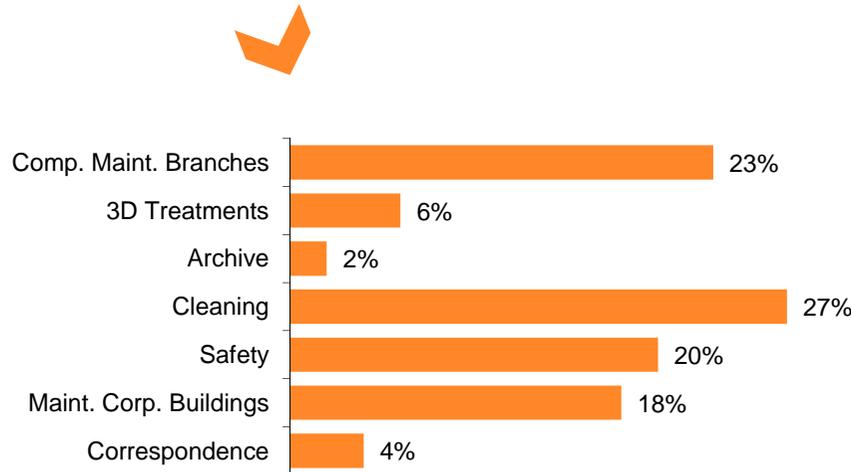
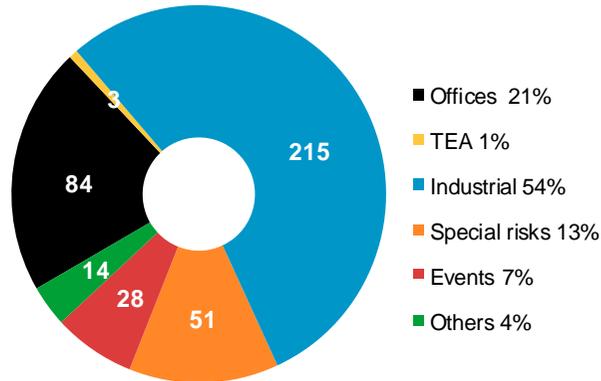
Coordination of prevention between companies

In compliance with PRL regulations, in reference to the coordination of activities with outsourced companies, the bank has implemented a comprehensive management model in line with current legislation.

The level of coordination and control in preventive matters is managed on the basis of two variables: the activity and the volume of the service they provide. Based on these conditions, groups of companies are formed to facilitate and unify coordination criteria.

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There are presently 395 companies registered in the coordination process. In 2016, 30 new companies were approved and the documents of 26 were updated.



This year, the Manual of coordination ([CAE Manual](#)) was periodically updated. It is a document with minimal contents that all outsourced companies that render services in our facilities have signed and completed.

Suppliers use the manual to give details about the activity for which they have been hired and state their compliance with PRL regulations. The bank informs them about the risks, the preventive measures for our activities and emergency procedures.

The following circuit is established for approval of suppliers in preventive matters:



Based on the activity contracted, the initial preventive coordination is done by way of a series of procedures and measures the supplier must apply.

The following preventive measures have been taken for jobs with **greater intrinsic risk**, which are covered in the Prevention Plan:

- Remodelling of work centres.** For each case, the Preventive Action Plan has been applied in order to protect the safety and health of the bank's employees and/or customers. Over the course this year, this protocol has been updated to integrate into one document the guidelines to follow when remodelling any of the institution's work centres.
- Disinfection, Disinsection and Rat Control (DDD) Treatments.** In centres where chemical products with a safety period have been used in the environment, the preventive measures included in the protocol have been taken throughout all phases of the process. This year, this procedure has been revised, and additional preventive measures added that are aimed at ensuring the required air renewals.
- Jobs with forklifts.** According to the corresponding protocol, the use of forklifts owned by the bank has been controlled in its own facilities.

Chapter 1. Organisation

- **Work at heights.** Seventy-nine outsourced workers from 10 different companies have been authorised to carry out work at the bank's own facilities. Different companies have also been authorised to carry out their activity at a height of more than 2 meters using their own methods. The protocol for working at heights has been applied to all of them.
- **Jobs in confined spaces.** The procedure to be applied in this type of work has been updated by modifying and clarifying it.



Agumarga building (Alicante).
Access to the septic tank

The following **specific campaigns** are noteworthy:

Branch offices	<ul style="list-style-type: none"> • Revision of CAE Manual. Information for employees. • Application for preventive documentation. Notification of accidents/incidents. • Assessment of five mortgage centres outside of BS. Application for information on what the owner of the centre should do in case of an emergency.
Events	<ul style="list-style-type: none"> • Twelve corporate events managed that were held in facilities outside the bank, with the assistance of a significant number of employees. • In coordination with the owner of the centre, revision of the locale, which must meet a series of safety conditions in the event of any emergency.
Maintenance	<ul style="list-style-type: none"> • Revision of CAE Manual. Information for employees and sub-contractors. • Reminder of BS regulations: protocols for special risks. • Application for preventive documentation. Notification of accidents/incidents. • In corporate buildings, be part of emergency teams.
Cleaning service	<ul style="list-style-type: none"> • Reminder to complete the protocol for working at heights. BS regulations. • Application for preventive documentation. Notification of accidents/incidents.
Filing and storage	<ul style="list-style-type: none"> • Application and delivery of preventive documentation. • Collaboration in being part of the emergency team. • Notification of accidents/incidents.

Training/Information

In 2016, **1,747** people received training in prevention of workplace risks and **13,194** hours were dedicated to it. The training programme is designed to be aligned to three key needs in matters of prevention:

- Know how to identify risks and preventive measures in an office setting.
- Be able to carry out the functions of managing risks pertaining to the head of prevention in the office.
- Have received the theoretical and practical training required to perform the functions as a member of emergencies in accordance with self-protection plan guidelines.



Training/informational activity	Recipient	No. pers.	No. hours
Course 830 on health and safety	All personnel	825	1,650
Course 850 on PRL	RPSO/DORZ/DOT-R	350	10,500
Introductory course on fire prevention	Emergency teams	69	276
Informational sessions on self-protection	Emergency teams	272	272
Course on use of defibrillators	Safety Pers.	33	198
PRL course on remodelling	RPSO	11	11
Course on stress prevention	All personnel	87	87
Prevention of dorso-lumbar accidents	All employees	63	126
Prevention of vocal overexertion, voice workshop	All employees	37	74
Total		1,747	13,194

Chapter 1. Organisation

- **Course 850 on PRL** is aimed at people who are part of the prevention structure, from Heads of Prevention and Safety in Offices (RPSO), to the Directors of regional and territorial Resources and Organisation. It is a course that is part of the training itinerary by function, approved by the National Institute of Occupational Safety and Health that enables the person to perform basic level PRL functions.



At the end of the year, **2,098 employees** had taken the course, and a **94.8% performance ratio was achieved**, a percentage that, once again, demonstrates the management and collaboration of our network of branch offices.

- This year, in comparison with last year, there has been a slight increase in the performance of **course 830 on health and safety**, and a total of **98.4%** of the entire workforce have taken the course.
- As a general criterion, those people taking part in emergency teams with intervention responsibilities take **a course to learn about and practice with real fire** the basic techniques for extinguishing a fire.

2,098
Basic technique
in PRL

98.4%
of staff have
received
course 830

Seven courses have been given to the emergency teams in Barcelona, Sabadell, Sant Cugat del Vallès, Polinyà and Alicante.



- **Information sessions on self-protection.** To implement self-protection plans, it is essential to have people who are adequately prepared and who have received clear instructions on how to act. For this reason information sessions are organised for all emergency teams. They explain the main risks that an emergency can create, the means of protection available in the building, organisation of the equipment and, finally, the protocols of action of these teams.
- **Workshops for the back** To prevent injuries from musculoskeletal disorders. This theoretical and practical training gives keys to improving postural habits, both at work and outside, and how to foster a healthy lifestyle.
- **Voice workshops** have been given to people of the Activobank and active management collective. The purpose of the awareness talks is to provide participants with the tools needed to measure the vocal effort required in telephone service tasks. Dynamics are practiced, so that attendees can detect the characteristics of their voice and how to improve it.
- **Course on defibrillators** intended, mainly, for security personnel who render service in GBS cardioprotected buildings. Although these devices are easy to use and do not require special training, their criticality implies periodic training in how to use them. Courses have been held in Alicante, Sant Cugat and Madrid.
- **Frontal Proteo** is the major channel of communication with employees for spreading information on matters of health and safety. News and documents about activities, regulations and processes of interest for employees are published there from time to time.
- **PRL reception manual:** document that contains the basic information about PRL at the GBS that every employee must know at the time they join the GBS:
 - The occupational risks of the tasks to carry out in the group and how to minimise them.
 - Instructions on how to act in the event there is an emergency at a work centre.
 - The notification loops established to solve problems related with PRL.



In 2016, **738 people** received the reception manual.

Chapter 1. Organisation

- The Employee Care Service (abbreviated OAE in Spanish) unifies and expedites the queries addressed to Human Resources. It provides data that help to detect improvements in the PRL management system. A total of 920 queries were handled, 78% of which were answered within 48 hours. The overall user rating is very positive: 4.21 out of 5.



The following table depicts that the largest number of queries continue to be those related to medical exams.

Type of query	Number	%
Medical exams	687	74.7%
Work conditions	158	17.1%
Work accidents	26	2.9%
Other queries	49	5.3%
Total	920	100%

PRL checklist at offices

The checklist was created with the objective of providing branch offices with an additional monitoring tool in regard to PRL. A survey was drafted that was incorporated into tasks to be carried out in the periodic visits by the DORZ to the offices.



Proposed as a useful tool for self-management, it enables verification of the office's general conditions of health and safety and how to provide specific solutions.

The survey consists of fifteen items by which the office's general state of health and safety conditions is reviewed. It is completed by the DORZ during their visit in collaboration with the RPSO, who will monitor resolution of the problems.

As a supplement, a technical guide has been drafted that provides criteria for detecting incidents and possible solutions in a simple pictorial way for each scenario.

In 2016, the DORZ completed 855 checklists during their visits to branch offices; 239 of them have been analysed as a representative sample.

Results for each item revised are:

- ↑ The best ratings
- ↓ The worst ratings

Item	Description	✓	✗	%	
1	RPSO gave course 850	230	9	96%	↑
2	Extinguishers: pressure/location/correct fastening and signage	196	43	82%	
3	Proper rate of tidiness and cleaning material	176	63	74%	↓
4	Enclosed stairwells, low structural elements marked	218	21	91%	
5	Evacuation routes and transparent doors marked	188	51	79%	
6	Signage for risk of entrapment and falls	171	68	72%	↓
7	Controlled electrical risk	205	34	86%	
8	Work places and seating	227	12	95%	↑
9	Leg room	229	10	96%	↑
10	Correct height and distance from computer monitor	229	10	96%	↑
11	Tidy, properly stored material	163	76	68%	↓
12	Shelves and filing cabinets secure and in good condition	215	24	90%	
13	Stepladder in good condition	205	34	86%	
14	First aid kit marked, accessible and with complete contents	171	68	72%	↓
15	Emergency and accident signage in a visible place	206	33	86%	
Total responses		3,029	556		



Chapter 1. Organisation

That 85% of the total number of reviews are in a correct condition seems very positive. The best rated items are those related to ergonomics of the workplace and training in PRL, with 95% or more responding that they are correct.

Some aspects that could be improved, although they have a high adequacy percentage (between 68% and 74%), would be issues related to the first aid kit, tidiness and cleaning and signage for falls or entrapments.

If we focus on the total scores of the checklists obtained in the offices analysed, i.e. the number of correct items in relation to the total, and group them by rank, we observe that of the offices analysed:

- 59% had a outstanding score (between 13 and 15)
- 36.4% had a correct score (between 9 and 12)
- 4.6% had a low score (between 1 and 8)

Score	No. offices	✓	%
1/15	1		4.6%
5 /15	1		
7/15	3		
8 /15	6		
9 /15	9		36.4%
10 /15	21		
11 /15	26		
12/15	31		
13 /15	44		59%
14 /15	35		
15/15	62		
Total no. of offices analysed: 239			100%



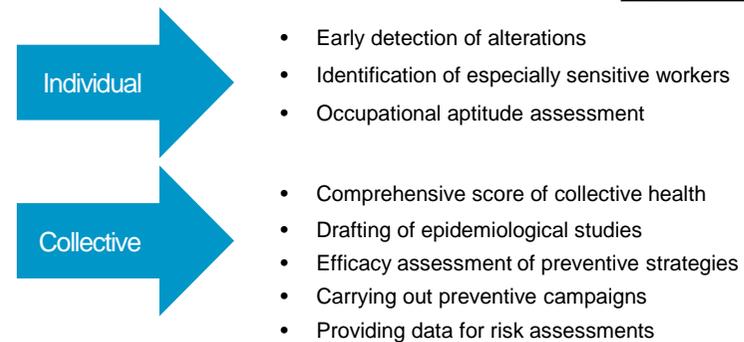
After this year of implementation of the checklist project, the DORZ has been asked to evaluate it; the general satisfaction with the tool is worth mentioning. They indicated that the most positive aspects were the immediacy in the resolution of the deficiencies, its simplicity and the usefulness of the Guide for resolving doubts. In regard to aspects to improve, they indicated the possibility of being able to follow up the resolution of the deficiencies detected in a simpler way.

The most recurrent incidents in the 2017 campaign will be analysed with the areas involved and measures will be identified to improve and reduce incidents.

Chapter 2. Health surveillance

Health surveillance is one of the instruments used by Occupational Medicine to monitor and follow-up the impact of working conditions on workers' health.

It implies a multidisciplinary interaction and complementariness relationship with other preventive activities. Among its individual and collective objectives are the following:



Health surveillance is integrated into the Prevention Plan and is coordinated with other preventive disciplines (safety, industrial hygiene, ergonomics and psychosociology) to improve the effectiveness of all interventions.



This activity is **outsourced** to eleven Outsourced Prevention Services (abbreviated SPA in Spanish) spread over different geographical areas, throughout the national territory. The SPM is in charge of managing and coordinating this activity with all of them:

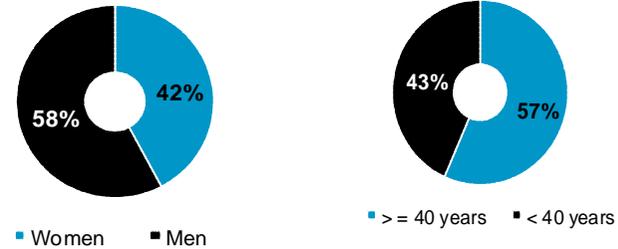
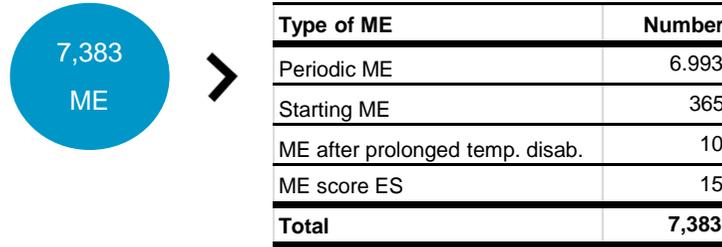
- CUALTIS, PREMAP, ASPY, VALORA PREVENCIÓN,
- MEDYCSA, EGARSAT PREVENCIÓN, UNIPRESALUD,
- PREVINT, PREVIS, UNIMAT, SP ACTIVA.

With the objectives of a better use of the information they provide us with, as well as to simplify the tasks of management and monitoring with the various SPAs, the SPM proposed they be concentrated into seven in 2017, so that by the end of the year we can have a report with information on the state of health in the six territorial areas of the BS and that a seventh SPA provide us with information about the subsidiaries.

Chapter 2. Health surveillance

Medical exams

7,383 medical exams were performed, divided as follows:



The calls for periodic medical exams (abbreviated RMP in Spanish) began on 25 February and ended on 11 March. 11,883 employees were convened (70% of the workforce) and a total of 8,343 accepted (70% of the personnel summoned). 6,993 RMPs were performed (84% of those who accepted).

The SPAs, used the medical exams to identify especially sensitive workers (abbreviated TES in Spanish) and propose specific preventive/protective measures to adapt the work to the person.

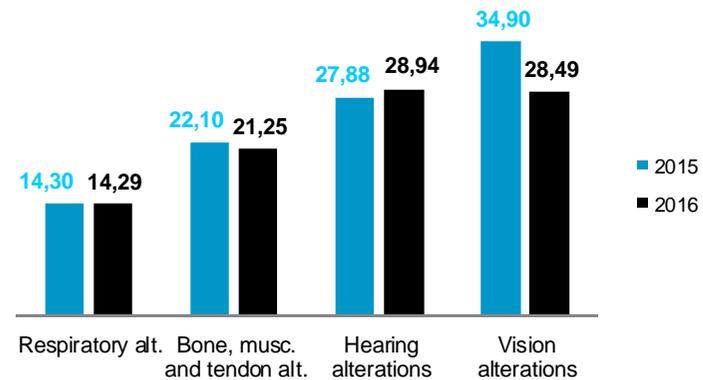
99.90% of workers examined passed and were considered able to carry out their jobs.

Aptitude score	Number
Pass	7,376
Pass with limitations	6
Fail	1
Total	7,383

Of all the exams carried out, 42% were for women and 58% for men. In regard to age, 57% were 40 or over and 43% were under 40.

Each worker's individual reports have followed the appropriate recommendations regarding the individual's state of health (alterations detected) and with the specific risks of the work place assessed, mainly related to the use of computer monitors, except for some specific groups: chauffeurs, jobs with forklifts and working at heights, and employees with a Contact Centre agreement.

The epidemiological studies conducted by the SPAs, based on ME results, provide an overview of the health of the workforce. The number of alterations found among the population examined, in general, is shown below:

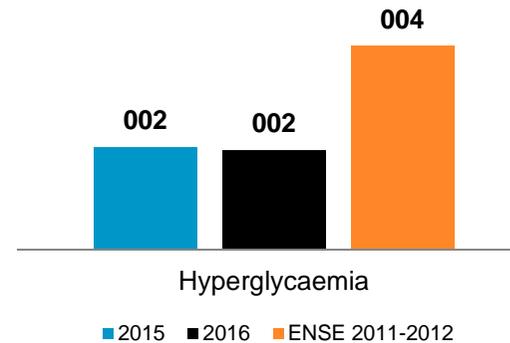
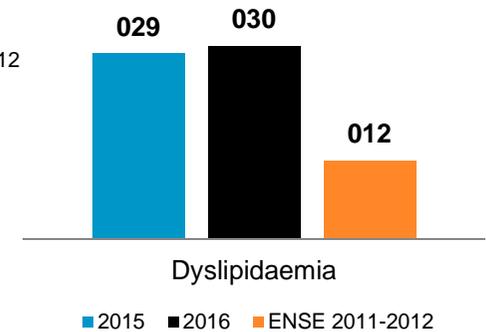
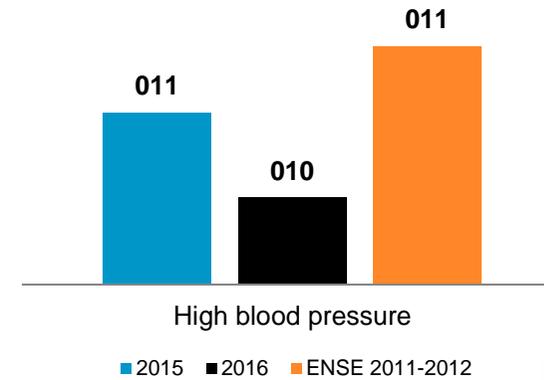
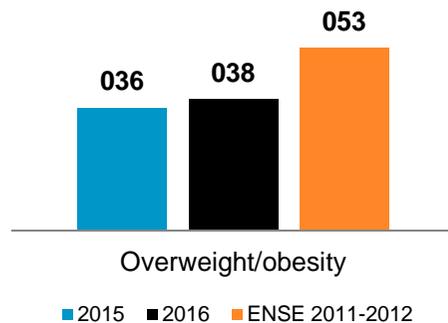
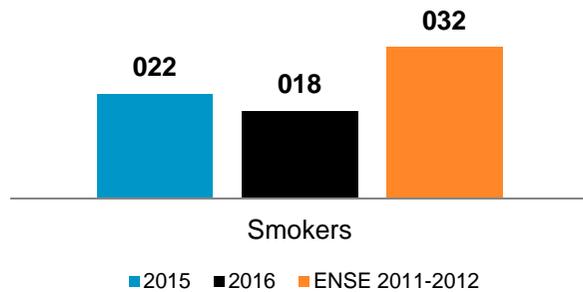


Chapter 2. Health surveillance

In order to disseminate the Ergonomics Manual and raise the staff's awareness about the benefits of an adequate layout of the workplace and correct postural habits, a text that recommends the need to consult the Ergonomics Manual in Proteo > Employee area> Occupational risk prevention> Ergonomics, has been incorporated in the recommendations section of the medical reports the SPA sends to a worker.

To discover the degree of implementation of these ergonomic recommendations, an item has been included in the [satisfaction survey](#), on the quality of the services provided by the SPA, to find out whether people consult and apply the criteria set out in the Ergonomics Manual. Forty-two percent of the respondents said they had read the manual and 86% of the people who queried the manual later adapted their workplace according to the recommendations in the manual.

Because of their importance and frequency in the population, [other variables related to cardiovascular risk](#) have been analysed, such as: smoking, being overweight/obesity, hypertension, dyslipidaemia and hyperglycaemia. The results of the workforce covered by the SPM for the years 2015 and 2016 have been compared with the data obtained in the last National Survey of Spanish Health (ENSE 2011-2012):



The [Healthy Company](#) project, managed by the Employer Branding Unit (HR), has carried out different activities related to the promotion of health among employees:

- [Blood donor campaigns](#)

Four blood donation events were scheduled at the corporate centres of Sant Cugat, Sabadell and Madrid; 111 employees voluntarily donated a total of 49,950 cubic centimetres of blood. In addition, fifteen of these employees were also enrolled in the Spanish Registry of Bone Marrow Donors.

Chapter 2. Health surveillance

- Stroke prevention course

The conference, "We can all have a wrinkle in our Superman costume" was held in Madrid in October. It was carried out by the *Asociación Freno al ICTUS* (Put the Brake on Strokes Association). This conference aimed to inform, educate and raise public awareness about the extent of this type of medical emergency and its risk factors. In addition, it also provided useful information on how to detect it and how to act in the event it occurs in our setting.

- Promotion of healthy eating habits

A total of 459 employees had the opportunity to prepare five dishes of creative, healthy cuisine in fourteen cooking workshops, divided among all the territorial departments. They were all led by an executive chef specialised in nutrition.

- Informative talks about cancer awareness

In partnership with the Spanish Association for Cancer Prevention (abbreviated AECC in Spanish), ten informative sessions were held on breast cancer and colon cancer in all territorial centres. These conferences were intended to inform, educate and raise public awareness of the scale of this disease and its risk factors.

- Promotion of practicing physical exercise

Due to the underwriting of race bibs in 32 Spanish community races, 270 employees were able to exercise and measure their physical condition along with their colleagues. Noteworthy among all the scheduled competitions are the nine official races in favour of research against breast cancer (Women's Race).

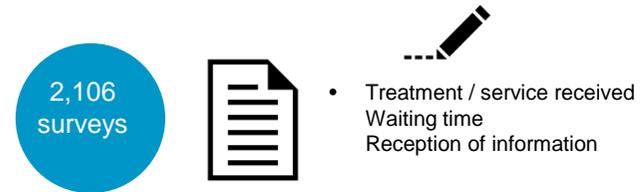
- Courses to quit smoking

In 2016, three workshops to quit smoking were held in the corporate centres of Sant Cugat, Valencia and Madrid. These courses, lasting between three and ten months, were attended by thirty employees, among whom the success rate was 30%.

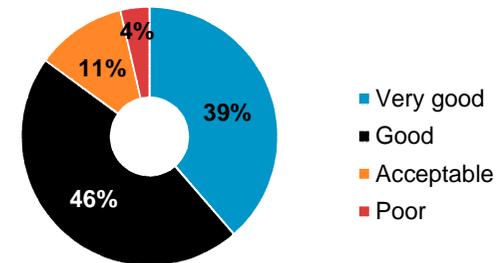
All these activities originate under the brand, Sabadell Life, and are available to all employees on an internal web page. This portal also offers a multitude of preventive articles on physical and psychological diseases, as well as several sports tips. All of them given by specialised personnel.



To assess the quality and satisfaction of the services provided by the SPAs, a survey has been sent to a sample of the workforce who received MEs. The results obtained make it possible to detect and correct possible incidents.



The sum of the "Very Good" and "Good" scores represent 85% of the total score.



All the incidents detected, both through the OAE and satisfaction surveys, have been transferred to the corresponding SPA for their knowledge and management. The majority are related to:

- Non-reception of the medical report.
- Waiting period.
- Occasional complaints about conditions in some particular centre. In one specific case the SPA chose to change the associated centre to improve service rendered.
- Appointments.

Chapter 2. Health surveillance

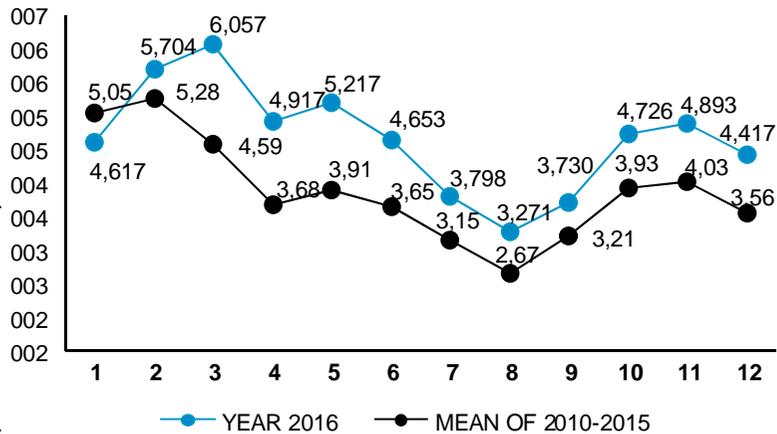
General absenteeism

The data on the prevalence rate (number of employees with absenteeism/staff) and severity I (number of days lost/total working days) follow the same trend as in previous years, although values for 2016 are slightly above the average of previous years.

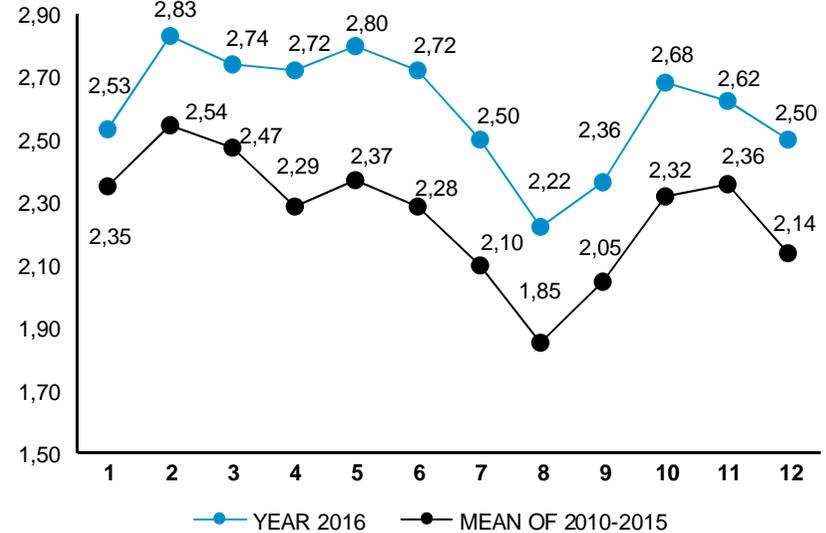
The upswing in cases in February and March coincides with the high incidence of flu cases in the population. The epidemic began later than in previous years.

The annual prevalence rate was 4.67 and the severity I rate was 2.60. In the last six years, the prevalence rate has oscillated between 3.1 and 4.3, whereas that of severity I has varied between 1.7 and 2.5. Both rates have been rebounding since 2014, after having declined steadily during the years 2011, 2012 and 2013. The downward trend of recent years coincides with the general decline in absenteeism in all sectors, due to the conjunctural situation (economic crisis).

PREVALENCE RATE



SEVERITY RATE



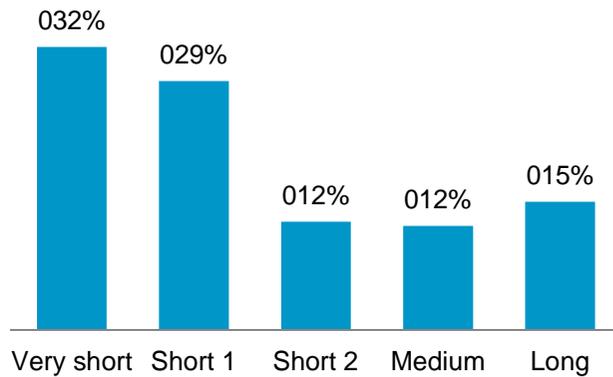
Absenteeism data is analysed below for both common contingencies (non-occupational disease) and work accidents. The duration of the processes are defined as follows:

- A **very short** duration for a process is considered as: fewer than five calendar days.
- A **short** duration for a process is considered as being: from 5 to 30 calendar days. This process was subdivided into two sections, so it could be assessed in greater detail:
 - Short 1: 5-15 calendar days.
 - Short 2: 16-30 calendar days.
- A **medium** duration for a process is considered as being: from 31 to 60 calendar days.
- A **long** duration for a process is considered as being: more than 61 calendar days.

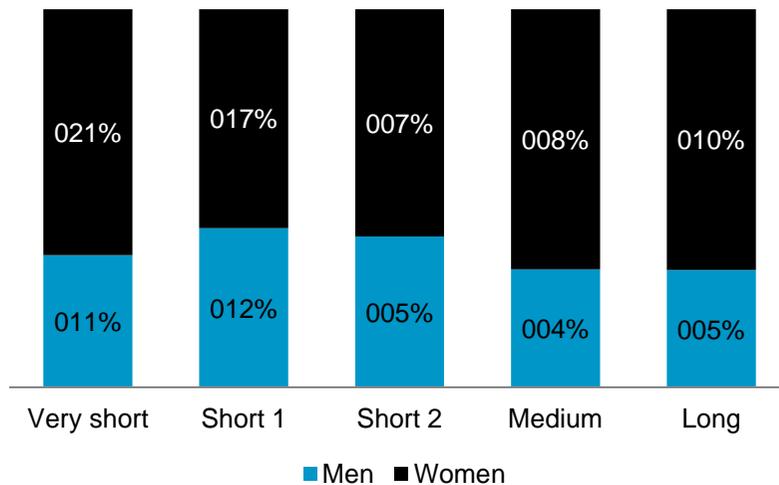
Each of these processes was analysed by breaking down the data by gender (male, female) and age (< 31, from 31-44 and > 44 years of age). This was a way to identify and analyse in detail which groups were most affected.

Chapter 2. Health surveillance

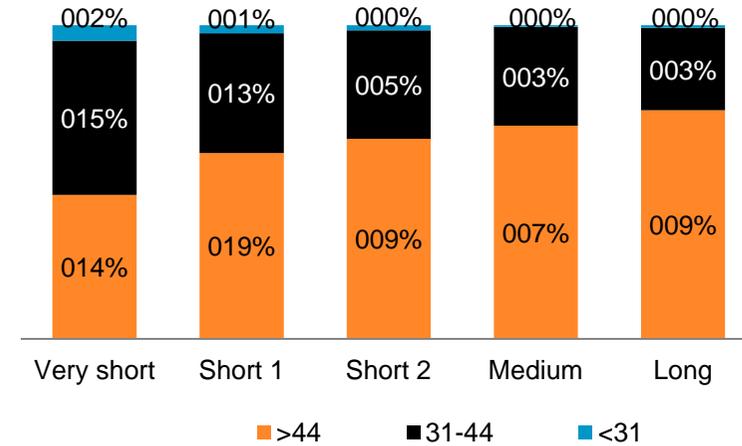
The processes with **very short and short durations are 73.35%** of the total of sick leave absences. Medium and long processes represent 11.95% and 14.70% of the total, respectively.



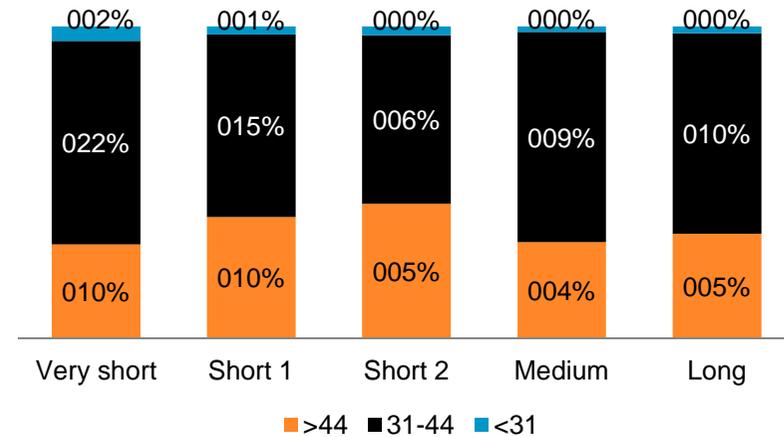
Out of the total percentage, **36.60%** were men, whereas the percentage of women was 63.40%. In both men and women, the highest number of cases were short-term processes, with percentages of 16.96% and 23.97%, respectively. On the contrary, medium length processes represent the fewest cases: 3.74% in men and 8.22% in women.



In regard to percentages based on gender and age, **men** under 31 years of age represented 2.76% of the total; those from 31-44 were 38.92% of the total and those **over 44 years of age were 58.32%**, which is the highest percentage.



As for the total of women, the percentage of absenteeism of those under 31 years of age was 3.16%; **between 31-44, it was 62.19%**, and for those over 44, it was 34.65%. In this case, the age group with the highest percentage was the group from 31-44 years of age.



Chapter 2. Health surveillance

Management of especially sensitive cases

Legally, especially sensitive workers (abbreviated TES in Spanish) include:



- Women who are pregnant or breast-feeding.
- Personnel with legally recognised disabilities.
- Personnel who, without having a recognised disability, have a limitation generated by a common disease or occupational accident that may condition their work activity (sensitivity to certain risks).
- Underage workers.

The SPAs, by way of periodic and/or specific MEs, evaluate their health condition in relation to the specific risks of the job and/or function carried out and, if necessary, the work doctors who draft the report add or propose, in the aptitude certificate of suitability, the preventive or protective measures necessary to upgrade or adapt their workplace according to their special sensitivity.

Certain preventive measures are established for **pregnant women**, in relation to the risks of their job position, which the employees are informed of when they inform us that they are carrying a child. In those cases in which working conditions may imply a risk for the pregnancy or breast feeding and no change can be made to the job position, the employee is referred to the private insurance fund for processing of the risk provision during pregnancy. Nineteen cases were processed this year.



Adaptation of the job positions of employees with any **recognised disability** is individually assessed, as there are disparate causes motivating disabilities and each case must be individually assessed to adapt it to its needs. In these years, three new cases of employees with a disability above 33% have been evaluated and seven cases have been re-evaluated. Apart from the general measures of ergonomic suitability of the position, other “special” measures have been carried out to adapt the position to the person, which have required the approval of new work equipment: provision of an anti-pressure cushion for the chair of a person with reduced mobility, a chair with a headrest and a mouse for vertical use.

The different SPAs have issued six certificates with some type of limitation to perform some of the tasks of the job and only one certificate of not being suitable. In another 32 cases, they have issued a decision of clearly suitable, but with recommendations of changes of work equipment (chairs, larger monitor, auricular device...) for medical reasons.

There are no **minors** on staff.

We would like to emphasise that, over all, this reflects the good general health of our staff, but we still have room for improvement through new detections and the application of preventive criteria to those pathologies that may affect a significant percentage of our employees.

Type of action	No.
Provisions for pregnancy risks	19
Assessment of new disability cases sup. 33%	3
Re-evaluation of disability cases sup. 33%	7
Adaptation of TES work places	38
Total	67

In situations where staff may be subjected to new risks, such as workplaces affected by works, remodelling or 3D treatments, information is given about the general preventive measures to be applied during the action, so that nobody is affected by the new risks. In the case of those people who are affected by them, due to a possible special sensitivity, additional preventive measures customised on a case-by-case basis will be taken.

Regarding emergency actions, a section has been included in offices for the evacuation of persons with reduced mobility. In large buildings, operation of self-protection plans contemplate a differentiated action with respect to the plan’s general guidelines. In some cases, they are assigned guardians to facilitate evacuation in an emergency.

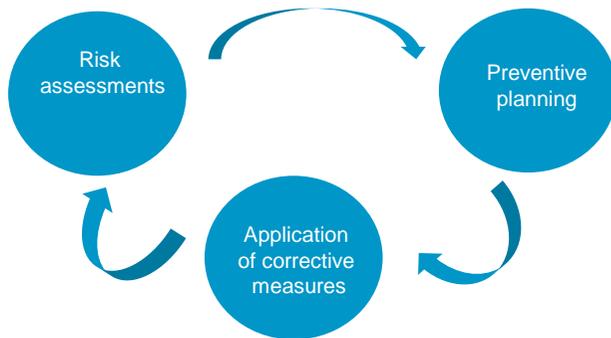
For further information on this matter, we suggest you read the following **action protocols, which are annexes to the Prevention Plan**:

- Procedure for managing special sensitivities in the Banco Sabadell Group.
- Risk factors and preventive measures for women who are pregnant and/or breast feeding.

Chapter 3. Safety

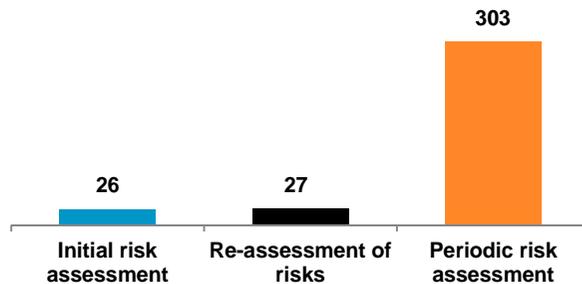
Risk assessments

A risk assessment is one of the fundamental pillars in any system for managing prevention of occupational risks. The assessment estimates the magnitude of the risks that could not be avoided and, based on the level of risk, corrective actions are planned, aimed at eliminating or reducing the risk.



A total of 356 risk assessments were done in 2016. In new centres, an initial assessment is made, fully reformed risks are completely re-evaluated and the rest are periodically assessed based on established criteria.

Distribution based on [assessment motive](#) is as follows:



Among the assessments carried out, given the high number of work places affected, we'd like to highlight the following ones:

Premises	Area evaluated
Ed. Madrid, Gran Vía	1st floor
Ed. CS Sabadell	5th floor
Ed. Cartagena	1st floor and common areas
Ed. Orihuela	4th, 5th floors and common areas
Ed. CBS II	Ground floor, 1, 2 and 3 - nucleus C
Ed. Torre BS	6th floor
Ed. Coruña, Linares Rivas	Ground floor, mezzanine and 1st floor

According to the cycle of the evaluation management process, the deficiencies detected are incorporated into the corrective action plan, where measures are proposed for implementation within the deadline set by the methodology itself, with more or less urgency, depending on the level of risk assigned by the evaluating technician.

The Head of Prevention and Safety at the Office (abbreviated RPSO in Spanish) is the person who manages those deficiencies with the most standardized resolution. The rest are resolved through the direct intervention of the corresponding technical fields (General Services or End Users IT Services).

Data entry, management and analysis is done via the Human Resources SAP platform, accessible by all the areas and people involved in the system.

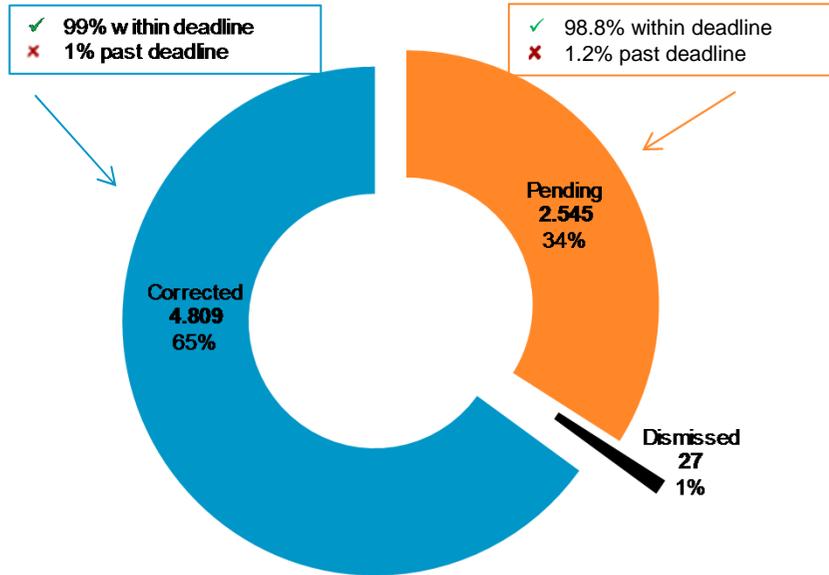
Finally, the SPM follows up the preventive measures programme in a coordinated way with the areas in question.

Results of the evaluations in 2016

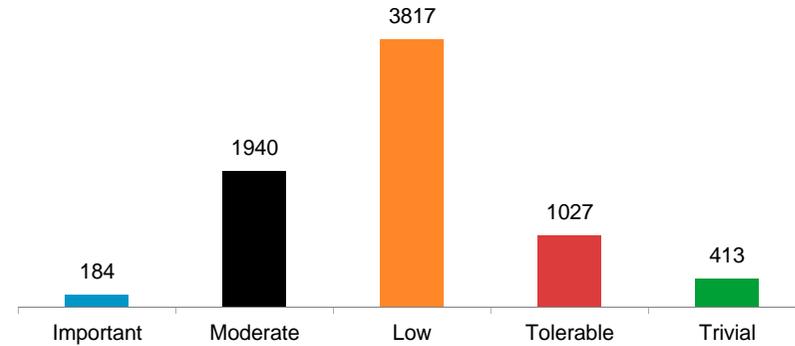
A total of 7,381 deficiencies were detected in the 356 evaluations carried out in the workplace. Of these, 65.15% were corrected, 0.37% were dismissed, and corrective action is pending for 34.48%. However, given the methodology of the evaluation, it is important that the deficiencies are not only corrected, but also within the deadline associated with each level of risk. In these terms, 99% of corrected deficiencies have been resolved within the deadline, indicating that the system works and that the responsible areas are very involved in the process.

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The **management level** of the risk assessments is as follows:

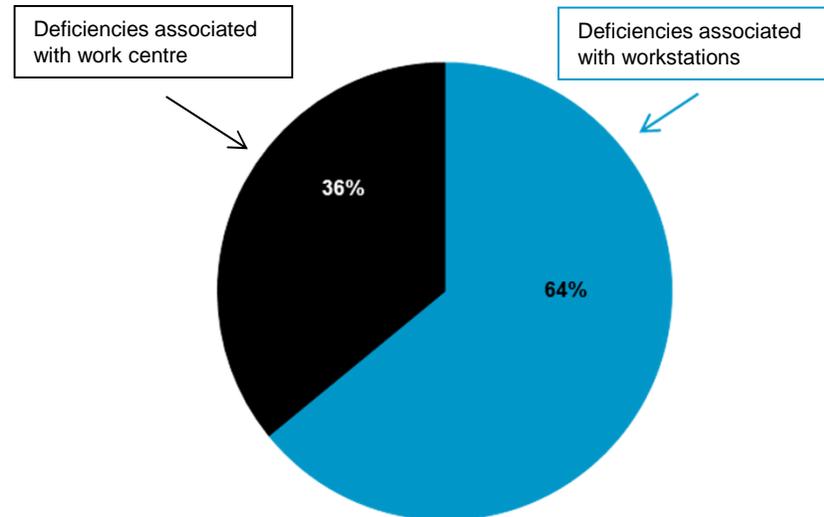
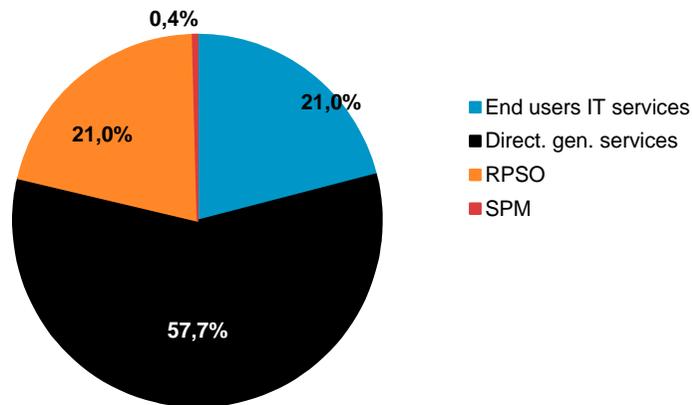


Grouping by **levels of risk** detected follows this distribution:



The deficiencies noted in the **risk assessments performed in 2016** are classified based on workstation or work centre and grouped based on type.

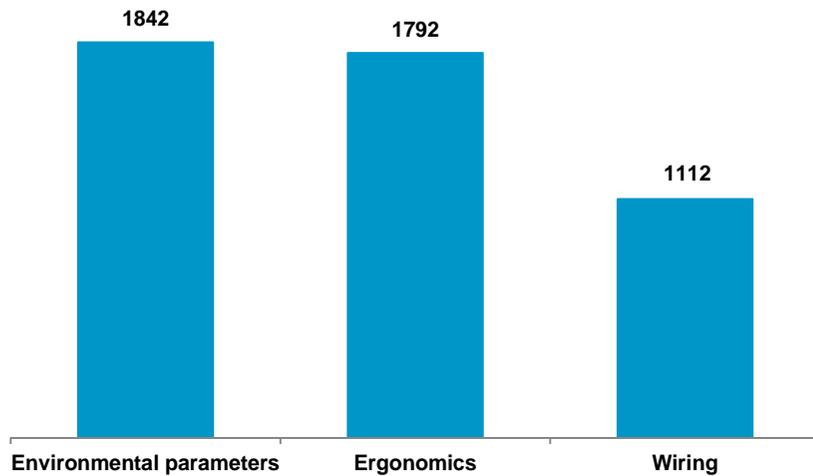
The distribution of the deficiencies based on **areas** responsible is as follows:



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The deficiencies of the evaluations carried out in 2016, as applied to the [job](#), are broken down according to the type of risk.

Deficiencies related to environmental parameters (temperature, lighting, etc.) and those related to ergonomics (chairs, equipment and furniture distribution) stand out above those related to wiring of the workstations.

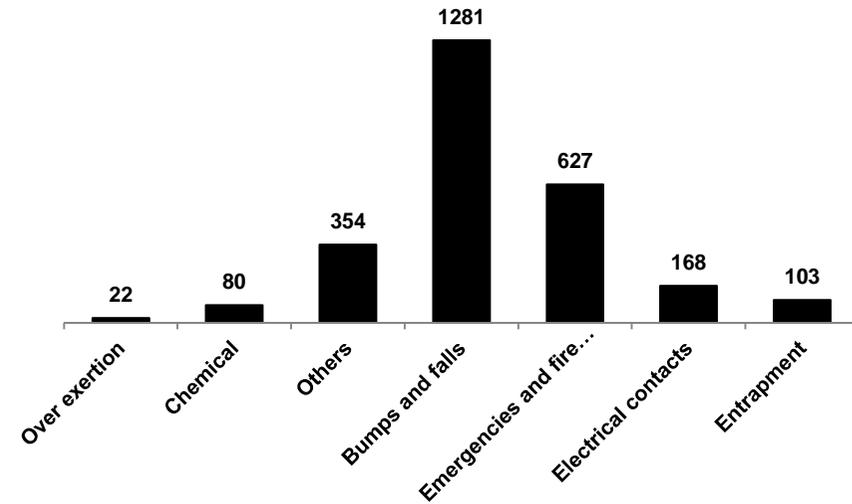


Of all the deficiencies that refer to the [work centre](#), it is observed that the most recurrent are those related to bumps and falls. This group includes deficiencies related to the condition of stairs, ramps and pavements, as well as those detected in fixed structures with risk of impact.

The “Emergencies and means of extinction” group includes those deficiencies related to fire protection equipment, evacuation signage and first aid kits. The “Entrapment” group encompasses deficiencies related to poor condition of dispensers, recyclers and sliding doors.

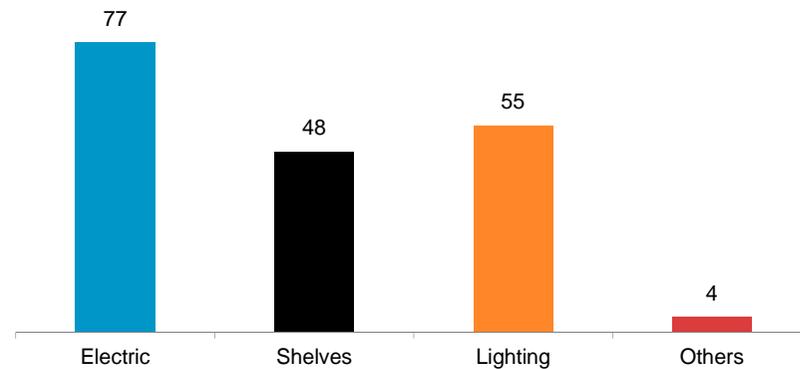
“Electrical contacts” includes deficiencies related to the electrical installation of the work centre; the “Chemical” group is related to missing labels on containers of stored cleaning products and the “Overexertion” group has to do with the width of the hallways in the archive.

The “Others” group includes those deficiencies not covered in any of the previously mentioned groups.



In the 356 risk assessments performed in 2016, [184 important risks](#) were detected. Those deficiencies are associated with electrical risks, to faulty, unstable or improperly fastened shelves and to inadequate lighting.

The following graph depicts the [distribution according to type](#) of deficiencies mentioned.

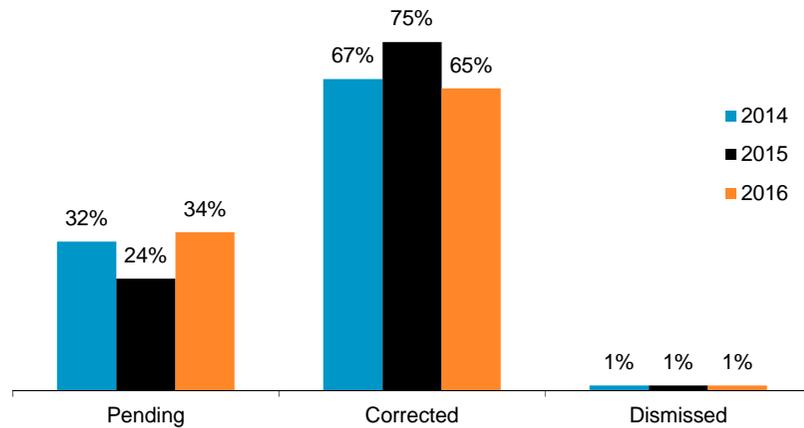


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Management of assessments in prior years

By the end of 2016, 97% of the deficiencies detected in assessments from 2015 were corrected; 1% were rejected and 2% are pending solution.

If we take a look at the level of management for each year of the past three years, the percentages of resolution have remained constant.



Checklist of the final phase works

The General Services Directorate, by way of the project management, after a new office opens, transfer or comprehensive remodelling, performs a final checklist of the work before carrying out the risk assessment. The purpose of this is to minimize the number of deficiencies detected. This checklist was introduced in November 2015 and, although positive results are being achieved, it is still too early to make assessments.

Other assessments

The **technical areas** of the corporate or singular buildings, as well as work places that are **not part of the office itself**, due to their specific situation, must be assessed separately. This year, the areas listed below have been evaluated and/or re-evaluated.

Premises	Area assessed
200 Rambla Catalunya	Technical areas
0900 Sabadell, OP	Technical areas Control room
1015 Cartagena	Technical areas
1427 Orihuela	Technical areas
2742 Benidorm	Technical areas
2950 Aguamarga	Cafeteria Mail room
2953 La Rambla	Technical areas
	Technical areas Control room
2961 Tabimed	External car park External car park Kitchen. GF Office
3483 Vilafranca, OP	Control room
3534 Oviedo, Fruela	Technical areas Safety deposit boxes
3571 Pintor Sorolla	Kitchen. Office Floors 1, 2, 3 Control room. Reception
3646 St. Pere Molanta	Mail room Maintenance workshop
3700 Oscar Esplá	Chauffeur breakroom IT support

Risk assessments for work stations not strictly involved with office work were also carried out in 2016. They included the: call centre, chauffeurs, kitchen, cleaning, concierge and correspondence.

The deficiencies detected in these risk assessments are corrected according to the deadlines marked out and the majority of the deficiencies detected in the assessments from 2015 have been corrected.

The Safety Directorate assessed **the risk of being robbed** in 451 branches: 444 re-evaluations and 7 initial assessments were performed. To remedy the results obtained in the assessments, 17 improvement actions were carried out. They were all aimed at minimising the risk of being robbed.

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Self-protection plans

Unlike offices, which have an emergency sign, corporate and unique buildings, because of their occupation and surface area, have a Self-Protection Plan (PAU), so that a possible emergency can be met and the physical integrity of people safeguarded.

Scope of self-protection

27 buildings
566 people on teams



Managing self-protection of the buildings consists in five phases that make up a comprehensive safety programme that must be addressed to ensure its efficiency:



Self-Protection Plan Manual (PAU)

The Self-Protection Plan is a comprehensive safety study of a building to respond to the following questions:

1. What type of emergencies could occur?
2. What means of protection are available to counteract or eliminate them?
3. How and when should emergency teams act?

This year, the transfer of GBS personnel to the D-core of the CBS II building in Sant Cugat has implied the modification of the GBS Self-Protection Manual and expanding the emergency teams according to the complex's general guidelines. The PAU of office 225 Seville, OP has also been drafted, following the recommendations of Civil Protection.

Configuration of teams

This year, 129 people belonging to 18 buildings have joined or changed their roles on emergency teams. The organisational changes force the permanent updating of the teams and, to the extent possible, to fill vacancies, collaboration by people who have already been part of an emergency team is usually proposed. The selfless and voluntary collaboration of these people is indispensable for the viability of the plans.

At the end of the year, at the initiative of the Committee on Safety and Health, printed cups were delivered to all members of the emergency teams, in recognition of their work, commitment and contribution to safety and health. The heads of emergency, because of their involvement and level of responsibility, received a Rusticae pack for two people.



A draw of ten Rusticae packs was also organised among the hundred people who correctly answered a questionnaire on operational aspects of self-protection.

Training of teams

This year, 69 people from the emergency teams have taken the theoretical-practice course on basic fire-extinguishing techniques.

Training sessions given by the SPM were organised and intended for the members of the emergency teams, with a total of 272 people participating. The training and information of the team is a key element to ensure proper responses to emergency situations.

These sessions provide an overview of possible emergencies and protection measures available, with particular emphasis on each team's action protocol. As a general criterion, these sessions are given before the drills, to be a reminder of the procedures and to resolve possible doubts.

However, it is of little use that the teams act according to the protocol contained in the Emergency Plan if the rest of the building's occupants do not know or do not follow the general instructions in the event of an emergency situation. In this line, the offices have general instructions on the internal bulletin board that all employees must know.

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However, for corporate or unique buildings, the instructions are specific and adjusted to the casuistry and risks of the particularities of its facilities. The aim of the emergency triptychs published on the intranet and periodic drills is to disseminate these instructions as widely as possible.

Emergency drills

The drills allow us to train staff, evaluate their response and test the building's security. They offer us the opportunity to detect the Emergency Plan's weak points and to apply corrective measures for the benefit of the safety of the people who carry out their activity at these centres. Incidences in communications or coordination among emergency teams are aspects that can only be assessed by way of this type of exercises.

In order to obtain the maximum amount of data and information, a group of people is strategically placed whose mission is to observe and record times of actions included in the procedures of the PAU during the exercises. The data is subsequently analysed and a report is drafted that details the development of the drill, the times, the mobilisation of the personnel, and based on that, the conclusions and recommended improvements are drafted.

In 2016, eleven drills were carried out; all were evaluated very positively.

Work centre	Date	No. people evacuated	Evacuation time
Of. 569 Madrid, OP	20.06.2016	8 BS (170 total edif.)	6 min
Of. 572 Madrid Cuzco	12.02.2016	33	5 min
0901 - Sabadell, CS	19.07.2016	50 (*)	9 min 27 sec
2953 - La Rambla, Alicante	13.06.2016	120	3 min 50 sec
3483 - Vilafranca del Penedès	09.06.2016	53	3 min 58 sec
3538 - Oviedo, La Correduría	29.12.2016	2	30 seg
3598 - Barcelona, Torre Diagonal	28.09.2016	191	8 min 40 sec
3607 - CBS I Sant Cugat del Vallès	12.12.2016	561	9 min 17 sec
3390 - CBS II Sant Cugat del Vallès	27.10.2016	700	7 sec
3624 - Bilbao SCD	22.12.2016	23	10 sec
3900 - CBS Madrid	26.05.2016	408	6 min 55 sec
Total		2,149 people	

(*) People from the emergencies teams

Each year we try to increase the level of difficulty of the drills, limiting information about them, so that the surprise effect is ever greater. However, the difficulty is always conditioned by the volume of occupation, the history of drills and other considerations.

For example, this year the Sant Cugat del Vallès CBS was the first not to inform either the emergency teams or the occupants of the day when the drill was planned. The greater the level of uncertainty, the higher the level of difficulty, but the better the effectiveness of the plan itself and the need for improvement detected.



Drill at the Torre Banc Sabadell. The emergency teams at the outdoor meeting point.



Drill at CBS II Sant Cugat del Vallès. Moment in which the emergency teams report to the head of evacuation about the revision of floors.

In addition to the drills listed in the summary table, quarterly internal simulations will be performed in the following buildings due to their height of evacuation and volume of occupation:

- 3598 - Barcelona, Torre Diagonal
- 3607 - CBS Sant Cugat del Vallès
- 3700 - Alicante, Oscar Esplá
- 0901 - Sabadell, CS

The objective is to train the security personnel in the procedures, especially the operator of the control centre, because a good part of the emergency management depends on their correct performance.

The recording and analysis of the results provide information about the development, times used and the detection of possible malfunctions. Maintenance staff and emergency managers are also sometimes involved.

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Maintenance

Finally, for self-protection plans to be effective and operational, a series of preventive actions must be followed by the Security, Maintenance and Prevention Services, each from their areas of responsibility, such as:

- Weekly revision of loudspeaker systems.
- Periodic revision and updating of emergency equipment.
- Modification of the contents of the manual based on the changes that may occur in a building.
- The regulatory revision of the fire-fighting media and effective application of the fire permit.
- The periodic revision of the defibrillators in place.
- Distribution of diptychs on emergency instructions to outsourced personnel who visit BS corporate centres.

The SPM presents the results of self-protection management carried out during the year via the [Self-Protection Plans Committee](#) of corporate buildings. It is an internal body for coordination between the areas involved with safety to analyse incidents and propose improvement actions that result in a higher level of prevention and security for the GBS. Those aspects that, because of their size or criticality, cannot be decided unilaterally, are brought before the Committee for analysis and decision from a broader and consensual vision.

During the month of October the [firefighters of the Rubí Firestation](#) visited the Sant Cugat del Vallès CBS facilities. It is essential for everyone's safety, theirs and ours, that they know the layout our facilities, know where the riskiest spaces are and the protection media available. In collaboration with the building maintenance technicians, they were able to see technical rooms, identify critical points and share knowledge. We had the opportunity to know firsthand their protocol of arrival, deployment of equipment and intervention. This experience allowed us to improve the procedure for reception and coordination with external aid.

The excellent predisposition and collaboration of the professionals of the Rubí fire station should be pointed out.

It is important, due to its scope to emphasise the investment in improvements of the system of [fire prevention media](#) in the buildings of CBS in Sant Cugat, Torre Banc Sabadell and Oscar Esplá of Alicante. In this line, works have been carried out to increase the evacuation capacity of the [emergency exits](#) of the CBS Sant Cugat building nuclei, and the [internal radiofrequency communication system](#) has been improved in the Aguamarga and Torre Banc Sabadell buildings.

Visits to the work centres

The Prevention Service carried out 61 visits to offices for the following reasons:

Reason for the visit	No.
Revision of general conditions	30
Partial revision of office branches	9
Initial meeting of works (Preventive Action Plan)	16
Occupational risk assessment	3
Correction risk assessment	2
Others	1
Total	61

Improvement efforts in offices

In addition to the works of preventive maintenance (climate, electricity, elevators, means of protection against fires), the [Technical Maintenance Department](#) carries out a series of actions aimed at improving working conditions and application of the safety and ergonomic standards of the group.

The actions that have the most direct impact on the conditions of the jobs: redistribution of posts, change of air-conditioning equipment, etc.

All these actions are, apart from the remedial measures, originated by the deficiencies detected in the risk assessments, as well as all those caused by malfunction messages.

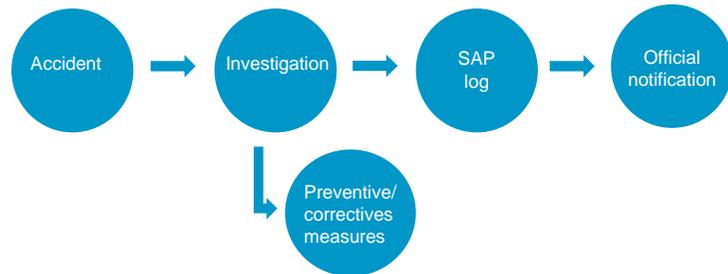
Type of activity	No.
New office branches and moves	12
Comprehensive remodelling in office branches	24
Organisational remodelling and improvements	393
Renewal of ATMs and recyclers	983
Renewal plans for HVAC	73

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Accidents

One of the basic pillars of managing occupational risk prevention is the research and prevention of occupational accidents.

When an accident occurs, a series of activities are begun aimed at guaranteeing care of the injured person and their recovery. Next, the causes of what happened are investigated and **corrective and/or preventive measures** are proposed that are suitable for each case. The process culminates with the issuing of official notification (DELTA system). All of these steps are managed via the SAP computer platform, a unique and comprehensive management tool that makes it possible to correlate and analyse data.



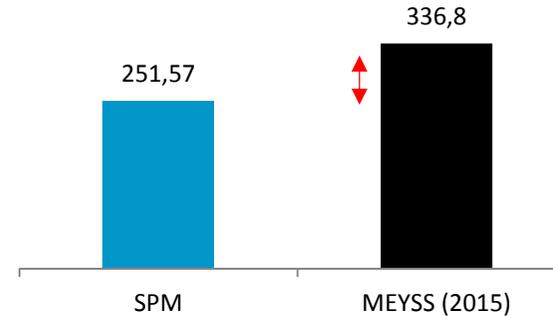
Accidentability is studied from a double perspective: a **particular analysis** of each accident to determine the specific causes and adopt measures aimed at providing a solution, so that they do not happen again and, in addition, an **overall analysis** of all the data, which enables detection of recurrent situations that may lead to a more general preventive action.



- Total no. of accidents: **301**
 - With Temporary Disability: **36%**
 - Without Temporary Disability: **64%**
- **47%** of the total of accidents are *in itinere*
- (*) Prevalence rate: **1.76%**
- (**) Incident rate: **251.57**

(*) **Prevalence rate**: sum of occupational accidents divided between the number of people on staff, multiplied by 100.

(**) **Incident rate**: number of accidents with disability leave during the working day (excluding those *in itinere*) divided between the annual mean of current workers in the study period multiplied by 100,000.



If the GBS incident rate for 2016 is compared, it is significantly lower than the “Financial services, except insurance and pension funds” rate for 2015, published by the Ministry of Employment and Social Security (MEYSS).

Place where accidents took place

The greatest number of accidents happened *in itinere*, i.e., those that took place on the way to or back from work, and they represent a **47%** of the total.

As far as number of accidents, the next type is that made up of the ones that took place in the **work centre**, and they represent a **38%** over the total.

Accident	Total		With TD*		Without TD*	
	No.	%	No.	%	No.	%
Usual work centre	115	38%	25	23%	90	47%
In another centre or place of work	5	2%	3	3%	2	1%
Commute during workday	40	13%	15	14%	25	13%
<i>In itinere</i>	141	47%	66	61%	75	39%
Total	301	100%	109	100%	192	100%

*TD: temporary disability (leave)

Out of the traffic accidents, **91%** took place *in itinere*.

Site of accident	Traffic	
	No.	%
Customary work centre	1(*)	1%
Another centre or work place	0	0%
Commute during workday	10	8%
<i>In itinere</i>	108	91%
Total	119	100%

(*) Accident in car park

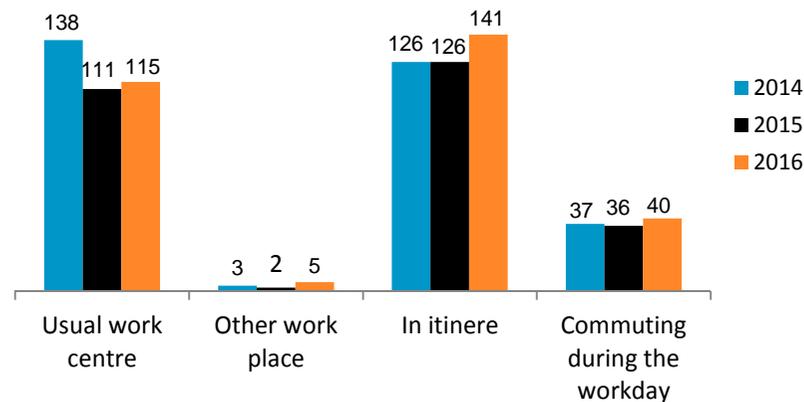
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The most relevant data, in comparison with the previous year, is as follows:

- The total number of accidents has risen from 275 to 301.
- In spite of that figure, the number of accidents that occurred at the work centre has decreased from 40% to 38%.
- In regard to traffic accidents, the percentage over the totality remained constant, which is 39%.

The evolution of accidents during the last three years shows that the vast majority of occupational accidents continue to occur in the workplace and *in itinere*; they remain above 85% of the total.

The following graph shows the evolution in the percentage of accidents, according to where they happened, over the past three years.



Prognosis of accidents

Of the 301 accidents that occurred this year, 99% were categorised as minor. The remaining 1% were accidents categorised as major.

Causes of accidents

In general terms, with respect to the causes of the accidents, and in the same way as the previous year, the main cause is being hit or bumped by vehicles, which represent 39% of the total.

Falls, representing 27% of the total, remain the second cause of accidents. However, compared to the previous year, there has been a decrease in same-level falls from 23% to 19%. Same-level falls have gone from 8% to 7%.

Over exertion has increased slightly, scarcely significantly, going from 12% to 14%.

The rest of the causes follow the same line as in the past few years.

Cause of accidents	Total	%
Being hit or bumped by vehicles	117	39%
Same-level falls	58	19%
Overexertion	41	14%
Different-level falls	22	7%
Bumping into objects	13	4%
Entrapment by or between objects	12	4%
Other	38	13%
Total	301	100%

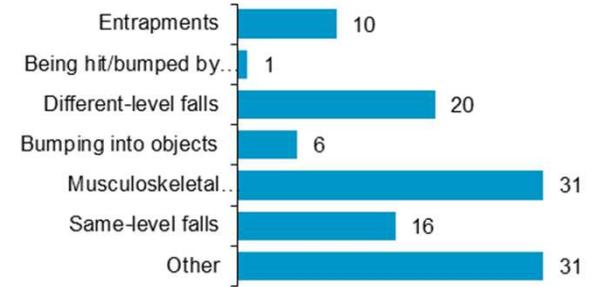
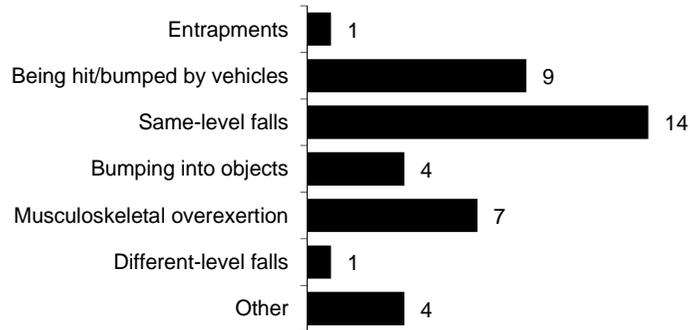
It should be pointed out that in the work centre, compared to last year, a modification has occurred in the major causes of accidentability.

Over exertion has increased to being the first cause; thus, 27% of the accidents that occurred in the work centre were due to this reason.

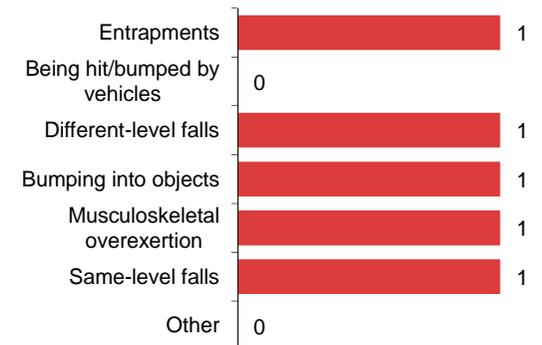
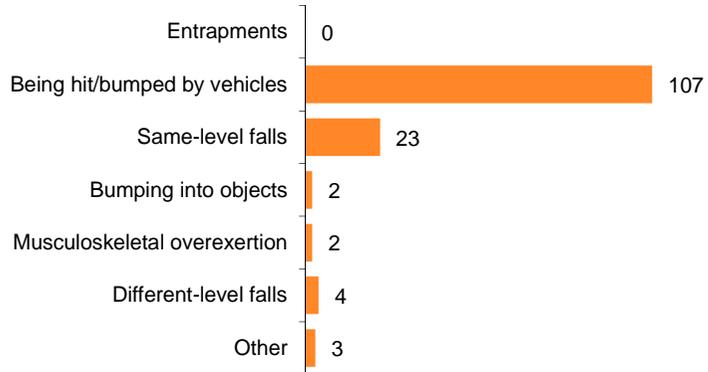
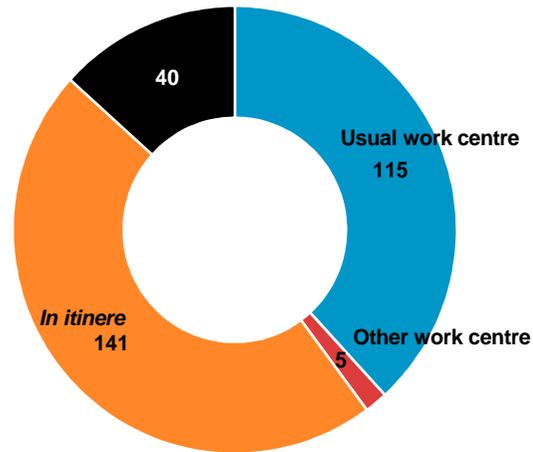
Followed by same-level falls, that account for 17% of the falls in the work centre.

The distribution by percentage of the totality of occupational accidents that occurred in 2016, shown by where they took place is depicted below. Moreover, they have been broken down by cause.

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Commuting during the workday



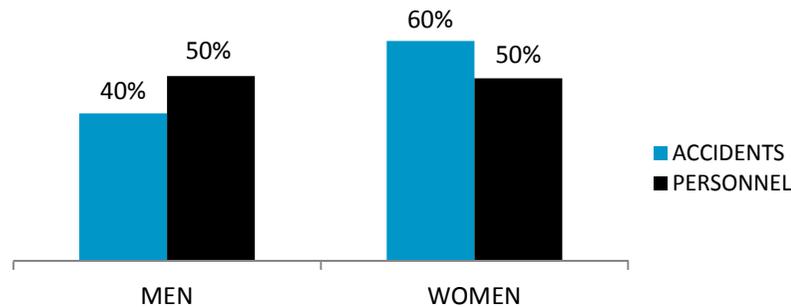
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Analysis of accidentability based on gender, age, territory and function

Based on gender. Of the total number of accidents that occurred in 2016, 60% (180) correspond to women, versus 40% (121) for men.

Gender	Total accidents		Total personnel	
	No.	%	No.	%
Men	121	40%	8,550	50%
Women	180	60%	8,452	50%
Total	301	100%	17,002	100%

Although women continue to have a higher number of accidents compared to last year, the gap between men and women has diminished compared to the total workforce. Specifically, +10% in the case of women, compared to -10% in men.



The most numerous accidents for women were *in itinere* ones. There were 79 cases. The main cause of the 71 accidents in work centres was *over exertion*, with 18 cases, followed by same-level falls, with 17 cases.

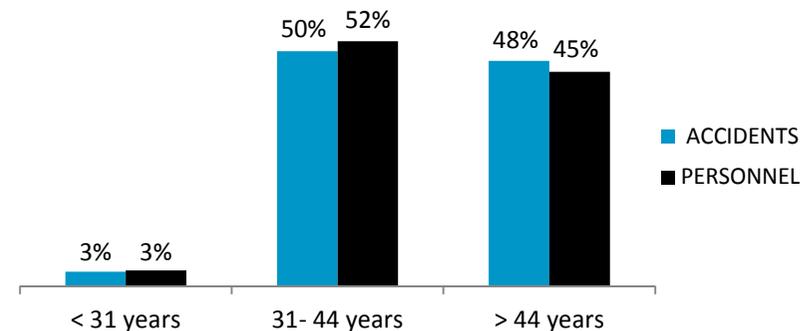
Regarding last year, this data indicates not only that the main cause of accidents women have in the workplace has changed, but also that the total number of cases of same-level falls registered last year has decreased.

The greatest number of accidents for men occurred *in itinere* (62 cases, 53 of them in traffic). Of the cases registered in the work centre (44), *over exertion* remains the main cause of accidents, with 13 cases.

According to age. The deviations between accidentability and personnel and each of the sections detected are not very significant; the data practically coincide.

Age range	Total accidents		Total personnel	
	No.	%	No.	%
< 31 years of age	9	3%	545	3%
31- 44 years of age	149	50%	8.773	52%
> 44 years of age	143	48%	7.684	45%
Total	301	100%	17.002	100%

In relation to last year, there has been a variation of the age group with the highest accident rate, those on staff who were between 31 and 44 years old had the highest number of accidents. In this age group, the greatest number of accidents are *in itinere* (80 cases, 65 of them traffic).



Although the workforce under 31 years of age has a very low accident rate, all the accidents that have occurred (9) have been *in itinere*, a fact that is still in line with last year.

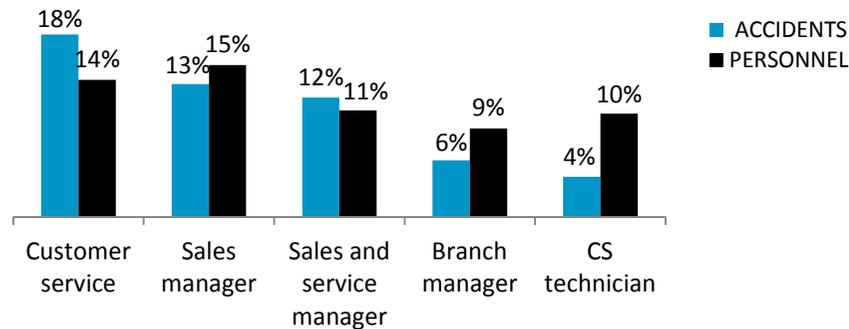
In the rest of the extremes, it is those over 44 who have the greatest number of accidents at work centres, 66 cases; outstanding among the causes are over-exertion and, very often, same-level falls.

Chapter 3. Safety

According to function. The functions corresponding to the personnel assigned to the Network of Office Branches are those that have the highest number of accidents. The functional division most affected by accidents are the CS (Central Services) technicians.

Functions	Total accidents		Total personnel	
	No.	%	No.	%
Customer service	55	18%	2,334	14%
Sales manager	40	13%	2,587	15%
Sales and service manager	36	12%	1,810	11%
Branch manager	17	6%	1,506	9%
CS technician	12	4%	1,756	10%
Other	141	47%	7,009	41%
Total	301	100%	17,002	100%

However, comparing the data from the total of occupational accidents with the personnel assigned to each function, minimal deviations are only presented at **Customer Service**, which presents the most cases **+4%**, whereas **CS technicians** have a **6%** decrease. The rest of the functions hardly show any significant deviations.



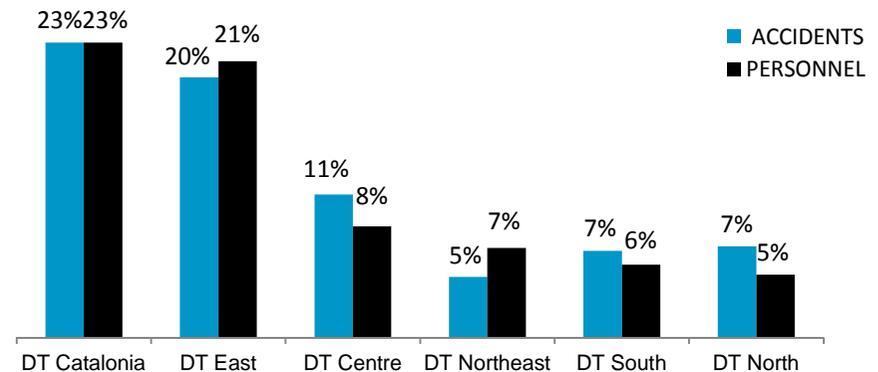
In the Network of Offices, in the **work centre**, the **Customer Service** function is the one that presents the most cases (32), of which over exertion stands out as the first cause.

At Central Services, **CS technicians** display a greater rate of accidents *in itinere* than in the work centre, which corresponds with the location of the work centres and commutes that the personnel assigned to them must make.

According to territory. In terms of Territorial Directorates (hereinafter DT as abbreviated in Spanish), the DT from Catalonia, the East DT and the DT Centro are where accidents are most numerous.

Territorial Directorate	Total accidents		Total personnel	
	Núm.	%	Núm.	%
DT Catalonia	68	23%	3,843	23%
DT East	60	20%	3,600	21%
DT Centre	33	11%	1,445	8%
DT Northeast	14	5%	1,166	7%
DT South	20	7%	948	6%
DT North	21	7%	819	5%
Others	85	28%	5,181	30%
Total	301	100%	17,002	100%

But if this data is compared with the total workforce allocated to each of them, the deviations are insignificant, practically coinciding with the number of accidents with the workforce assigned to each DT.



Accidents are the most numerous and *in itinere* in the **DT in Catalonia** (30 cases, 26 of them were traffic accidents), continuing along the lines of the previous year. Along these same lines is the **East DT**, in which there is the most noteworthy amount of *in itinere* accidents (30 cases, 21 traffic).

Chapter 3. Safety

Corrective/preventive measures

Based on the investigation of the accident, it can be determined whether any corrective / preventive measures need to be adopted. A total of **118 measures** have been adopted: **46 corrective actions** and **72 preventive actions**.

Measures	Corrective		Preventive		Total
	No.	No.	No.	%	
Information for the worker	7	45	52	44%	
Revision of facilities	12	6	18	15%	
Signage	12	6	18	15%	
Upgrading of work place	3	2	5	4%	
Others	12	13	25	21%	
Total	46	72	118	100%	

Adopting each of these measures involves:

- **Information for the employee:** inform the worker of any aspect related to his or her work environment and that may affect them in the daily performance of their job (ergonomic risks, postural hygiene, traffic risks, etc.). In short, it is about the adoption of adequate practices and aimed at promoting good practices.
- **Revision of the facilities:** carry out various actions in the work centre, such as, checking the stairs, grounding operations, checking opening/closing mechanisms, etc.
- **Signage:** verify the existence of the relevant signage in the work centres so that, in the event there isn't any or it has been put in place, it is properly supplied and/or put in place; this includes: risk of entrapment in safes, ATMs and safety deposit boxes, wet floor signage when cleaning companies mop the floor of the work centre, etc.
- **Upgrading of work station:** make all adjustments that are necessary so the station is correctly configured (proper distribution of work elements, change of chair, bundling of wiring, etc.).
- **Others:** adoption of any other measure that is not included in any of the previous classifications.

Traffic accidents are a very important part of occupational accidents. For this reason, we are working with the MAPFRE Foundation (institutional partner of the Spanish General Directorate of Traffic) in an awareness campaign aimed at those groups most affected. This will mean having a more adequate tool than those in the current recommendations, when appropriate, in the viewing of some videos on Proteo by employees affected.

Accident history. Comparative

If the accident data for 2016 is analysed, in terms of percentages with the average of the past fifteen years, it can be observed that:

- The percentages for accidents with Temporary Disability (with leave) and accidents without Temporary Disability (without leave) are practically the same.
- Accidents occurring at the usual work centre continue to decline.
- Slight increase of accidents *in itinere*, as well as those that happen in commutes during the working day.
- The percentages related to the accident forecast score remain unchanged.

	2000-2015		2016	
	No.	%	No.	%
Temporary Disability				
With Temporary Disability	1,141	37%	109	36%
Without Temporary Disability	1,952	63%	192	64%
Total	3,093	100%	301	100%

	2000-2015		2016	
	No.	%	No.	%
Site of accident				
Usual work centre	1,520	49%	115	38%
Other centre or workplace	46	1%	5	2%
Commute workday	288	9%	40	13%
<i>In itinere</i>	1,239	40%	141	47%
Total	3,093	100%	301	100%

	2000-2015		2016	
	No.	%	No.	%
Severity of injury				
Slight	3,054	99%	298	99%
Severe	36	1%	3	1%
Death	3	0%	0	0%
Total	3,093	100%	301	100%

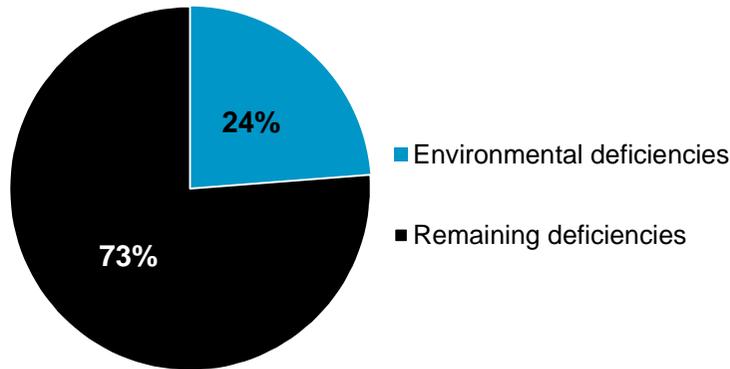
Chapter 4. Industrial hygiene

Environmental measurements

In the scope of office work, industrial hygiene is a preventive specialty focused mostly on environmental parameters, with ranges that fall within the field of comfort, in that, except in very exceptional cases, there are no hygiene risks.

During the **risk assessment** process, physical agents are registered in the workplace, which can influence people's health, mainly those related to temperature, noise, air quality and lighting conditions of work centres.

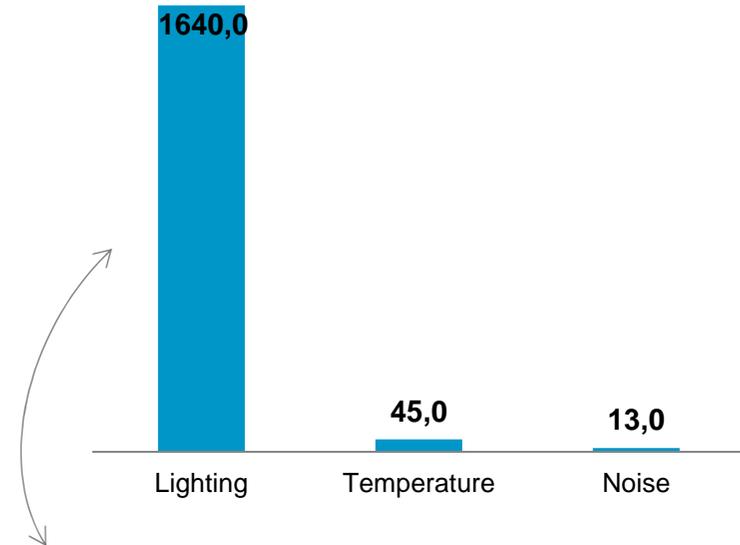
Of the total deficiencies observed in the **356 risk assessments** carried out in 2016, **24% of those deficiencies are linked to environmental conditions**, a very similar proportion to previous years.



Within the environmental deficiencies, we differentiate the measurements taken in the work places/areas (lighting, temperature and noise) with the centre's general ones (carbon monoxide and dioxide, relative humidity and speed of air changes).

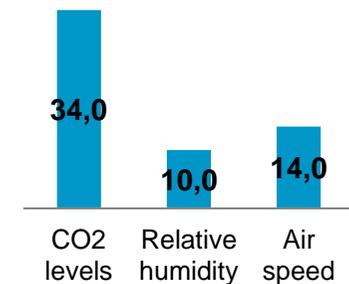
- The deficiencies of the measurements made in the **work places/zones** represent **97% of environmental deficiencies**. The following graph shows the number of deficiencies detected in regard to light, temperature and noise.

Of the total of deficiencies in regard to the work places/areas, it is observed that lighting is, by far, the environmental parameter with the greatest recurrence. This group includes deficiencies due to excess or lack of light. Most of them are deficiencies due to insufficient lighting in the workplace, 67%.



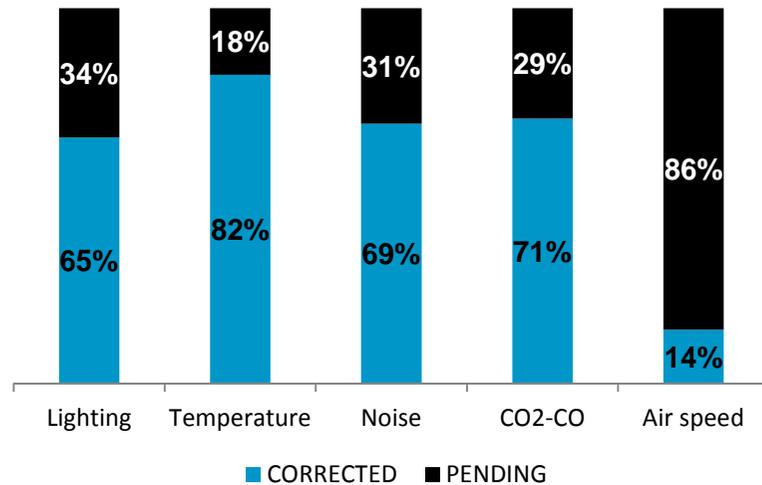
Level of lighting/location	No. def.	Percentage
	1.640	100%
Insufficient/work station	1.094	67%
Excessive/work station	247	15%
Insufficient/archive	209	13%
Insufficient/other areas	90	5%

- The deficiencies of the general measurements of the **work centre** represent **3% of the environmental measurements**. The following graph shows the number of deficiencies detected for relative humidity, levels of carbon dioxide (CO₂) and air velocity.



Chapter 4. Industrial hygiene

As environmental deficiencies are included in the risk assessment, they are managed and corrected according to the deadlines set by the assessment methodology. The management status of those recorded in this year's assessments is as follows:



If we look at the level of management, at the end of 2016, 65% of the deficiencies detected linked to environmental conditions have been corrected, 1% have been dismissed and 34% are pending resolution. However, based on the assessment methodology, it is important not only that deficiencies be corrected, but that it be done within the time frame. **In these terms, 98% of the deficiencies have been resolved in time.**

3D Interventions (disinfection, disinsection and rat control)

In this type of intervention, when products with a safety period are used and applied as a spray in the environment, a set of preventive measures included in the internal protocol that regulates it must be strictly controlled and respected. In any case, before carrying out this type of action, alternative mechanical type techniques with less risk are always studied.

Seven actions were performed in 2016, mostly in the offices of the East Territory.

Hygiene assessments

Hygiene assessment is an occasional control element complementary to risk assessments. When the SPM becomes aware of a problem that may be related to a centre's environmental conditions, it orders the SPA to take measurements and to perform a sanitary evaluation and, if necessary, to apply the preventive actions considered necessary.

The following assessments were performed in 2016:

Office 1344 Diputación, Alicante

At the request of the National Health and Safety Committee and according to the SPM, a complete hygiene assessment was carried out of this centre in June 2016. The study has led to a review of the ventilation and ambient air systems of all facilities. After analysing the results obtained, no parameter was detected that implied non-compliance with regulations. The feasibility and application of the recommendations indicated in the report have been assessed with the objective of continuing to obtain good levels in the parameters analysed.

Office 0157 Platja d'Aro, Girona

A hygienic assessment was carried out due to a fire that occurred in that office on 18 February 2016. The study comprised the ground floor and basement. The values of the environmental parameters measured were well below the reference limit values but workers' complaints and discomfort persisted.

Subsequently, after applying a series of additional improvement interventions, the employees ceased complaining. Finally, in the month of May, a new hygienic assessment of the entire centre was commissioned; results were once again favourable in all cases corroborating that the environmental conditions are correct.

Office 0036 Mataró, OP, Barcelona

A complete hygienic assessment was carried out with measurements of physical parameters throughout the centre, following the fire that originated in the office on 25 June 2016, which affected the ground floor area. The results showed that the parameters analysed are well below the recommended maximum limits, so it can be concluded that there is no risk to the health and safety of people. Continuation of the specific maintenance and cleaning plan established is recommended to obtain, in the next sampling, these good results.

Chapter 5. Ergonomics-Psychosociology

Ergonomics

Ergonomics is the preventive specialty aimed at adapting work stations and their conditions to the person, and analysing and assessing the environmental systems and the capacities of these people. It is responsible for the design and evaluation of organisations, work environments and healthy work equipment and tailoring them to workers.

The ergonomic design of a work station should facilitate the work being carried out comfortably, prevent forced postures, and allow changes in posture and the users to work at ease.

Our activities in the work centres apply ergonomic criteria, which include the different protocols and internal agreements, according to the regulations and the studies conducted. The risk assessments act as an element of control of the process as well as a correction tool for the ergonomic conditions of work stations. Periodic monitoring of the corrective action programmes resulting from the evaluations ensures that they are implemented within the timeframes foreseen in the Prevention Plan.

The SPM actively participates and collaborates with the Purchasing Department in the [process of selection of equipment and furniture](#) to provide the technical and design considerations that affect the safety and health of employees, certifying their suitability. It also addresses the ergonomic problems employees propose, and offers solutions to the areas in charge of their management, which highlights the level of collaboration between the SPM and the General Services Directorate, both for incident resolution and for the design and configuration of the jobs.

Among the various activities performed in 2016, we would like to highlight:

- Recyclers Plan 2016: [174 new dispensers-recyclers](#) have been supplied this year, 128 of which are to replace older models. This implies a substantial improvement in the ergonomics of the stations affected, due to their better functional design and reduced dimensions, in addition to being much more operative. This process has led to significant improvements in the teller positions affected, which prevent the adoption of forced positions that occurred with the replaced models.
- We have also participated in the [Renewal Plan for Printers](#) in offices providing general criteria so that their location and space does not pose an added risk.

- Likewise, the deployment of the [Proteo Mobile](#) project involved the distribution of more than [3,500](#) tablets in 2016. The SPM participated in its validation, specifically, and taking into account the peculiarities of this type of equipment, a document was drafted to promote ergonomic habits in their use. This document can be queried in the technological corner section of Proteo.

According to the [protocols and criteria established](#), in 2016, the various special work items were added to improve people's working environment, as detailed below:

Material	Units
Mouse wrist rest	1.555
Keyboard wrist rest	25
Telephone headsets	334
Monitor riser	764
Coin trolley	42
Footrest	658



The [Manual of ergonomics](#) is published on the intranet. The document offers specific and practical criteria and solutions on postural hygiene, chair adjustments, work station configuration, etc.

All this has helped us achieve a double objective: [protection of people's health](#) by seeking their physical comfort and [improving the degree of user satisfaction](#), which contributes to their psychological comfort. That benefits both the protected workers themselves as well as such as companies affiliated to the SPM.

Other ergonomic measures taken were the adaptations of the work stations of workers who are especially sensitive to adapt them to their special circumstances and singularities. These adaptations are detailed in another section of this report.

Chapter 5. Ergonomics-Psychosociology

Psychosociology

Psychosociology focuses on the study and treatment of factors of a psychosocial and organisational nature that exist in the workplace, which can have repercussions on workers' health, especially in their psychic and social dimensions. It studies the interactions between the content of the work, the environment in which it is developed and the conditions of organisation, on the one hand, and the worker's capacities, needs, culture and personal situation outside work.

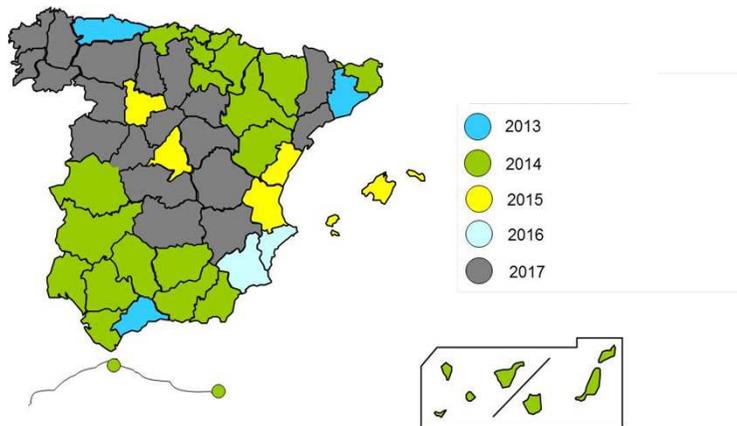
Experiencing an unsatisfactory or stressful work situation, as well as the capacity to tolerate these situations will depend, to a great extent, on the individual differences and the different reactions of the people to the same situation.

We also observe that work factors associated with the environment (noise, lighting, design, etc.) or related to the content of the task, pace of work, mental load, autonomy, monotony, among others, and in relation to the organisation: hierarchical structure, command style, communication, ambiguity or role conflict, working time, type of day, promotion possibilities are all factors that may exert an influence and would be directly related to well-being and job satisfaction.

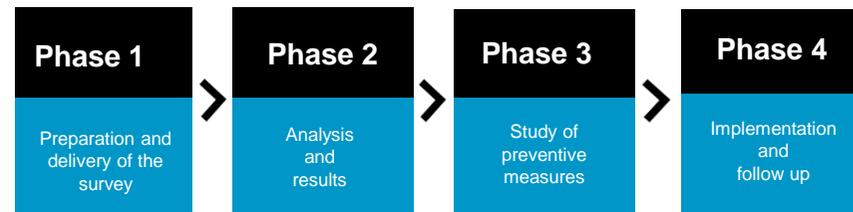
This is the fourth year of deployment of the Comprehensive Psychosociology Project, which will be completed in 2017. The psychosocial evaluation Encompasses the entire national territory.



The **timing of the project** by territorial areas has been planned by configuring the following action map:



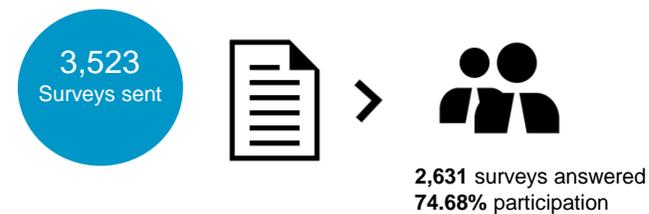
Management of assessments has been broken down into the following phases:



The working group constituted by delegates of Prevention, Prevention Service and company representatives address all management phases covered in the evaluation.

Following the timing established, the **percentage of participation** in each of them was as follows:

- Province of Alicante: 71.6%
- Province of Madrid (only CS): 67.5%
- Province of Murcia: 88,2%



The risk **assessment method** employed is based on the application of a survey assessing psychosocial factors (**FPSICO**) designed by the National Institute of Occupational Safety and Health based on nine factors related to the work environment.

Chapter 5. Ergonomics-Psychosociology

The chart below depicts the results by risk factor for each area assessed.

RISK FACTOR	ALICANTE PROVINCE	MADRID PROVINCE CS	MURCIA PROVINCE
Working times	Green	Green	Green
Autonomy	Green	Green	Green
Work load	Red	Yellow	Red
Physochological demands	Green	Green	Yellow
Variety-content	Green	Green	Green
Supervision-participation	Red	Red	Red
Worker's interest	Green	Green	Green
Implementing role	Green	Green	Green
Social relations and support	Green	Green	Green

According to the rating, risks are categorised as adequate (green), improvable (yellow), high risk (orange) and very high risk (red).

Of the nine risk factors evaluated, workloads and supervision-participation are the two parameters with the least favourable assessment. These results are very much in line with those obtained in the areas evaluated up until now.

Some aspects that are likely to be improved were considered based on the analysis:

•**Aspects related to workloads:** related to times of working quickly, acceleration of the time and intensity of service, etc. It should be mentioned that these aspects are, the great majority of times, inherent to the activity; nevertheless, it is necessary to consider them and to be able to correctly organise and plan the various activities to perform, and the work load.

•**Aspects related to psychological demands:** this aspect is closely related to the current economic social context as well as to the profiles of positions evaluated, which means that presently, on many occasions, there are high demands to hide and manage emotions, information, communication that must be given both to workers and customers, which leads to emotional and mental burnout.

•**Aspects related to supervision and participation:** related to the degree of participation available in the introduction of working methods, hiring personnel, launching new products, etc. It should be pointed out that, as the questions are defined in the psychosocial questionnaire FPSICO V3. In the great majority of psychosocial studies, unfavourable answers are obtained in the items related to participation; nevertheless, in the questions related to supervision in the sample evaluated, answers within appropriate limits were obtained.

In the past three years, we have been:

- Giving training in psychosocial risk management for specific technical groups. Promoting visits to offices with DORZ status reports, which review the adequacy of their size, assignment of workloads, human and material resources, prioritising the implementation within two months of the proposed corrective measures.
- Training sessions on the implementation of the Marketing Development Plan, clarifying roles and functions to be developed in network work centres, culminating in the current business system model. This has implied a notable reduction in incidents in the section of role conflict, as well as modifying the schedule of the business meetings to avoid having them in the afternoon.
- Implementation of monitoring of work schedules.
- Establishment of policies of non-tolerance of behaviours that imply any type of harassment (including occupational), developed in the Plan for Equality, as well as the establishment of a protocol of action for threats by customers.
- The talent cycle has been strengthened by way of initiatives such as the new performance model, integrated talent management, segmented management of people, transformation of training in concept schools (marketing, financial, management, etc.).
- Strengthen organisational capacities via tools such as the Multigenerational Talent Management Model, Management Quality, Extension of Work Life, establishment of flexibility measures (telework pilot test), etc.
- The content and scope of the main network functions have been reviewed using a participatory model involving at least 15% of the people performing their function.

In addition, in 2016 we worked on the individual application measures by establishing training packages with help tools in both aspects of daily organisation (time management, e-mail management, delegation of functions, practical leadership, etc.), as well as aspects related to incident management, such as conflict management, stress level detection, complaint management, etc. Their implementation has been extended over time, so that their effective implementation will be developed over the course of 2017.

Glossary

SPA:	Outsourced Prevention Service
CESS:	National Health and Safety Committee
PRL:	Occupational Risk Prevention
SPM:	Joint Prevention Service
RPSO:	Head of Prevention and Safety in Offices
D. SS. GG.:	General Services Directorate
RM:	Medical Exam
RMP:	Periodic Medical Exam
DP:	Prevention Delegate
PAU:	Self-protection plan
ES:	Special sensitivity
DORZ:	Area Delegate for Organisation and Resources
DOT/R:	Directors of regional and territorial Resources and Organisation
OAE:	Employee Care Service
GBS:	Banco Sabadell Group
PVD:	Monitor
TES:	Especially sensitive workers