



Driving OSH Sustainability – Are we on the right track ?

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RADZI HJ. ABDUL RASHID
Federation of Malaysian Manufacturers (FMM)



What is OSH Sustainability ?

- Tool for exploring ways to reduce costs, manage risks, create new & safe products, and drive fundamental internal changes in organization culture and structure.
- Integrating sustainability thinking and practice into OSH culture is not a trivial task because it requires a vision, passion to drive commitment and leadership to ensure it is sustainable.
- Requires a systemic approach with an appropriate management framework that enables design, management and communication of OSH sustainability policies received, implemented, complied, reviewed and continuously improved by the stakeholders.



Overview

- Highlighted present national OSH issues & proposes improvement actions for all stakeholders including DOSH & relevant authorities to consider towards a more sustainable OSH culture
- Focused on the National OSH Master Plan 2006-2020
- Content developed based on input from fellow colleagues in FMM & CICM (Chemical Industries Council of Malaysia), Responsible Care committees and own knowledge and experience in OSH & chemical manufacturing operations including HR & sustainability for the past 25 years, OSHMS of multi-national chemical companies and part-time OSH consultant
- The intention is to improve OSH sustainability at all workplaces in the public and private sectors and the community we operate
- Flexible, adaptable & applicable to all industries & workplaces to suit the needs and contexts in which they operate



So are we on the right track towards OSH Sustainability ?

Are the followings adequate & acceptable to move us towards sustainable OSH culture:

- OSH Master Plan (Strategy) ?
- OSH Act & Regulations ?
- Industrial Code of Practice (ICoP) & Guidelines ?
- Leadership, Commitment & Awareness in OSH ?
- Corporate Policy & Self-Regulations ?
- OSH Management System (OSHMS) & HIRARC ?
- Incidents, Accidents, Injuries, Poisonings & Illnesses ?
- OSH Programs based on ESIEAP hierarchy of control ?
- Enforcement ?
- Competent Person ?
- Reward & Recognition ?
- Private & Public, Large & SMI/E ?



Objectives

- ✓ Review & scrutinize the OSH Master Plan implementation and effectiveness to the Malaysian workforce & workplace
- ✓ Share present OSH issues pertaining to regulations, implementation & practices and propose solution to resolve these gaps or shortcomings
- ✓ Identify means of improving OSH awareness & practices among the stakeholders for both public and private sectors
- ✓ Prepare long term objective in building the OSH preventive culture at the workplace for present and future stakeholders
- ✓ Establish common ground and understanding among all the stakeholders on moving forward in upholding the national OSH agenda and making it a reality



Focus

- **National OSH Master Plan 2006-2020 (OSH-MP) particularly on OSH-MP 2020 (Phase III)**



What is OSH-MP ?

- **15-year national strategy & plan for continuous OSH improvement**
- **Stages of National OSH Master Plan (OSH-MP)**
 - **Phase I : 2006-2010 (OSH-MP10)**
Accountability (Kebertanggungjawaban)
 - **Phase II : 2011-2015 (OSH-MP15)**
Self-Regulation (Peraturan Kendiri)
 - **Phase III : 2016-2020 (OSH-MP20)**
Preventive Culture (Budaya Pencegahan)



OSH Master Plan 2020

- **Vision: A safe & healthy work culture for employees, employers & nation prosperity**
- **Mission: Inculcating preventive OSH culture at work**
- **Performance - From 2005 until 2015 & 2020 Target :**

No.	KPI	Unit	2005	2010	2015	2020 Target
1	Fatality Rate	No. per 100,000 workers	6.93	6.45	4.84	4.36 (Reduction by 10%)
2	Accident Rate	No. per 1,000 workers	5.16	3.68	2.81	2.53 (Reduction by 10%)
3	Occupational Illness & Poisoning Case Reported	No. of Cases	N/A	1,198 (2011)	5,617	7,302 (Increment by 30%)



OSH MP : Opportunity for Improvement (OFI)

1. A comprehensive long term plan and strategy but what is the level of

- Awareness & Acceptance**
- Participation & Involvement**
- Impact & Effectiveness**

among the stakeholders i.e. employers & employees (including contractors) of the relevant sectors, OSH practitioners and the general public ? Have a survey conducted to review these factors upon completion of each phase to identify gaps & improve in the next phase ?



OSH MP : Opportunity for Improvement (OFI)

2. **How do we translate & measure these objectives at lower level i.e. state, industry & organization level – are they in line and aware what to do ? Is it refined to ensure that every stakeholders are aware, involved & participated ?**
3. **Is it just to fulfil the KPI targets set for the GTP (Government Transformation Program) and ETP (Economic Transformation Program) ?**
4. **Are we monitoring, reporting and reviewing it on periodical basis ? Monthly ? Annually ? Every 5 years ? Has it been communicated back to the industries periodically ?**



OSH MP : Opportunity for Improvement (OFI)

5. Only lagging indicators (outcome) used as measurement of improvement. How sure are we that outcome is due to the OSH-MP ?
6. Why only lagging indicators used for measurement ? Why leading indicators (input) not used to measure the preventive measures put in place because it is more meaningful and within our control ? Example of leading KPIs involving preventive actions (positive measures of OSH) in place e.g. workplace inspection, promotion program, training, risk assessment, audit, and recognition & reward program.
7. What are the performance level measured within ASEAN and Developed Countries? Where are we?



OSH MP 2020 : The 5-Tier Strategy

- **STRATEGY 1 - Government Leadership**
- **STRATEGY 2 - Reinforcement of OSH Management**
- **STRATEGY 3 - Sharing & OSH Networking**
- **STRATEGY 4 - Promotion & Enhancement of Industrial Hygiene**
- **STRATEGY 5 - Global OSH Strategic Partnership**



OSH Master Plan 2020

STRATEGY NO. 1

GOVERNMENT LEADERSHIP



Strategy 1

Government Leadership

PROGRAMS

- **PROGRAM 1 - Government as the OSH Role Model**
- **PROGRAM 2 - Support & Promotion by NCOSH***
- **PROGRAM 3 - OSH Policy & Regulations**
- **PROGRAM 4 - OSH Data & Research**
- **PROGRAM 5 - OSH Enforcement Capability**

*National Council for OSH



PROGRAM 1

Government as the OSH Role Model

■ Leading by Example

- ✓ As the largest employer in Malaysia, this will bring high impact to the society
- ✓ Introduce and establish OSH MS at all its agencies through policies, procedures, information, education & promotion program to ensure compliance to OSH regulations.
- ✓ Meet key / basic OSHA 1994 requirement
- ✓ Establish and enhance OSH awareness via continuous OSH training & education throughout the public sector particularly the considerably high risk departments / activities
- ✓ Establish or enhance OSH management & compliance on government contractors by making it as part of their job contract requirement.
- ✓ Public sectors role : Assist the through awareness & promotion program



PROGRAM 2

Support & Promotion by NCOSH

- As the custodian of OSH in the country, NCOSH should be able to play effective role in supporting and promoting OSH in the country via stakeholders engagement to provide input and feedback in OSH policy-making, strategic planning, statutory review, improvement initiatives and promotional activities
- Championing the move towards self-regulation among the industries via establishment, review and enhancement of industrial codes of practices (ICoP) and guidelines
- Promote OSH via Rewards & Recognition in OSH such as the Annual OSH National Award. National OSH Award should continue but improved with more winners (recognitions)
- Leverage on OSH best practices such as Responsible Care (RC) from the chemical industry and adapt to non-chemical industries. For instance in N. Sembilan via FMM NS, SHE Excellence Award was introduced based on 3 RC Codes and modify to be adapted to non-chemical manufacturing industries
 1. Employee Health & Safety (EHS)
 2. Environmental Sustainability based on RC Pollution Prevention (PP) Code
 3. Fire Safety & Emergency Response based on RC Fire Code



PROGRAM 2

Support & Promotion by NCOSH

- CICM with 132 signatories comprises of MNC & Local including GLCs is holding the stewardship of the RC in Malaysia.
- With worldwide RC slogan of “Our Commitment to Sustainability”, the RC Code of Management Practices (CMP) comprises of 6 Codes, namely:
 1. Employee Health & Safety (EHS)
 2. Pollution Prevention (PP)
 3. Community Awareness & Emergency Response (CAER)
 4. Process Safety (PS)
 5. Distribution
 6. Product Stewardship (PSt)
- New RC code on Security (Code No. 7) will be introduced in 2017 with DOSH is one of the member in the working committee.
- RC recognizes & rewards exemplary OSH performers among RC signatories and OSH practitioner via Annual CICM RC Awards which had been in Malaysia since 2002.



Responsible Care (RC) Guiding Principles

1. To recognize and respond to community concerns about chemicals and our operations
2. To develop and produce chemicals that can be manufactured, transported, used and disposed of safely
3. To make health, safety and environmental considerations a priority in our planning for all existing and new products and processes
4. To report promptly to officials, employees, customers and the public, information on chemical related health or environmental hazards and to recommend protective measures
5. To counsel customers on the safe use, transportation and disposal of chemical products
6. To operate our plants and facilities in a manner that protects the environment and the health and safety of our employees and the public
7. To extend knowledge by conducting or supporting research on the health, safety and environmental effects of our products, processes and waste materials
8. To work with others to resolve problems created by past handling and disposal of hazardous substances
9. To participate with Government and others in creating responsible laws, regulations and standards to safeguard the community, workplace and environment
10. To promote the principles and practices of RC by sharing experiences and offering assistance to others who produce, handle, use, transport or dispose of chemicals



PROGRAM 3

OSH Policy & Regulations

- **OSH statutory requirements should be effective in line with present industrial needs to ensure establishment and incorporation of the preventive culture at the workplace**
- **Recommendations :**
 1. **The statutory review involving the migration / merging of FMA to OSHA should be speed up**
 2. **The long-standing amendment of several regulations such as USECHH 2000 & Noise Exposure 1989 should be updated, finalized & issued**



PROGRAM 3

OSH Policy & Regulations

3. Distinguish between OS & OH so that more focus could be given particularly on OH hazards, issues and control measures based on the **4P & 1M** concept of OH :

- **Promotion & Maintenance** of the physical & mental health and welfare of workers;
- **Prevention** from illnesses and diseases arising from work activities;
- **Protection** from health risks at work;
- **Placement** of workers in environment and job tasks suitable to their physiological and psychological capabilities.

(Joint ILO / WHO Committee 1950)



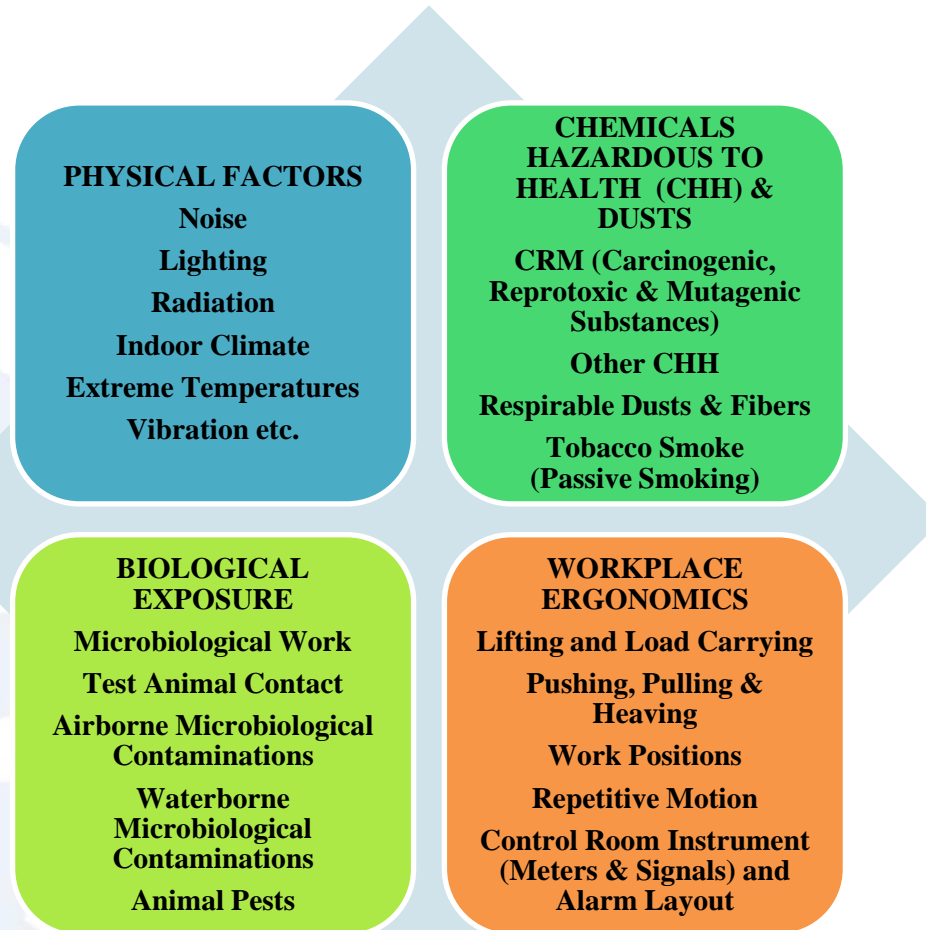
Health Hazard Identification CLASSIFICATION – 3 CATEGORIES

OH issues should be recognized & incorporated based on holistic / comprehensive approach such as follows :

- 1. Work-place Related Health**
- 2. Individual Health**
- 3. Organizational Health**



1 - Workplace Related Health





2 - Individual Health

- Periodic health assessment / checks including preventive screening;
- **Medical provisions for business travelers / expatriates**
- Health promotion programs (work-home (life) balance and lifestyle issues like obesity and physical exercise)
- **Presence of capacity for First-Aid / Medical Treatment for emergencies;**
- Employee Assistance Program (stress management, alcohol / drug abuse, conflict at works, and anxiety & depression)



3- ORGANIZATIONAL HEALTH

1. Organizational Stress Factors

- Management Style
- Shift Work
- Overload/Under load Leading to Stress/Burnout
- Responsibility , Accountability and Resource Misfit

2. Specific Corporate Health Policies

- Alcohol & Substance Abuse Policy
- Smoking Policy
- Dangerous Substance Policy
- Undesirable Behavior / Harassment Policy

3. Vulnerable Groups

- Ageing Worker
- Young Adolescents
- Pregnant & Breast-feeding Women
- Disabled Workers

4. Sickness Absenteeism & Reintegration

- Registration, Monitoring & Analysis
- Disease Management
- Disability Management & Rehabilitation (Return to Work)
- Presenteism



PROGRAM 3

OSH Policy & Regulations

1 - Workplace Related Health

- Physical e.g. Noise, Lighting, Radiation, Indoor Climate, Extreme Temperatures, Vibration etc.
- Chemical including Tobacco Smoke (Passive Smoking)
- Ergonomics e.g. Manual-handling & VDU
- Biological e.g. Microbiological Agents & Contaminations (via bacteria & virus) and Animal / Insect as Pests

2 - Individual Health

- Periodic health assessment / checks including preventive screening;
- Medical & travelling provisions for business travelers / expatriates
- Healthy lifestyle & health promotion e.g. work-home (life) balance and lifestyle issues like obesity, diet & nutrition and physical exercise
- Driving on Official Business
- Lone Worker
- Presence of capacity for first-aid / medical treatment for emergencies
- Employee Assistance Program (physical & mental stress management, alcohol / drug abuse, conflict at works, and anxiety & depression)



PROGRAM 3

OSH Policy & Regulations

3 - Organizational Health

- **Organizational Stress**
 - ✓ **Management Style**
 - ✓ **Shift Work**
 - ✓ **Overload/Under load Leading to Stress/Burnout**
 - ✓ **Responsibility , Accountability and Resource Misfit**
- **Specific Corporate Health Policies e.g. Alcohol & Substance Abuse Policy, Smoking Policy, Dangerous Substance Policy & Undesirable Behavior / Harassment Policy**
- **Vulnerable Groups e.g. Ageing Worker, Young Adolescents, Pregnant & Breast-feeding Women & Disabled Workers**
- **Sickness Absenteeism & Reintegration**
 - ✓ **Registration, Monitoring & Analysis**
 - ✓ **Disease Management**
 - ✓ **Disability Management & Rehabilitation (Return to Work)**
 - ✓ **Presentism**



PROGRAM 3

OSH Policy & Regulations

5. Control of high risk activities at the workplace through:

- Introduction of Life Saving Rules or LSR (by AkzoNobel) or Zeto Rules (by PETRONAS) to prevent OSH-related accident, injuries & illnesses
- Introduction of Consequence Management by the employer on the employee as part of self-regulation vs Section 24(2), OSHA 1994

6. DOSH “Guidelines on Medical Surveillance” since 2001 – need to review

- Change “Medical Surveillance” to “Health Surveillance” (Biological Monitoring, Biological Effect Monitoring & Medical Surveillance)
- Many CHH which may require HS not included
- New methods of investigation not included
- Most recent / latest research data not included



PROGRAM 4

OSH Data & Research

A comprehensive OSH data collection and research conducted on OSH are key elements in measuring OSH performance and resolving OSH issues

- 1. OSH performance measured on outcome / results is considered as reactive and beyond our control.**

Recommendation : Performance should also be measured based on the input as well (leading indicators) so that control could be at various level (state & organization level) in order to get improved results. These leading indicators or KPI could be no. or rate of Positive Measures of OSH (PMOSH) put in place such as hazard identification activities (workplace inspection, UA/UC, PMOSH and BBS), industrial hygiene activities, HIRARC evaluation, OSH training, and audit. This practice already implemented within CICM under RC with continuous improvement in mind for all the 6 codes.



PROGRAM 4

OSH Data & Research

- 2. Establish working relation on OSH-related research projects with universities & colleges, NGOs and consultants. Example : CICM projects with local colleges/universities, SOCSO & RC international organizations on RC initiatives which information could be shared with DOSH and other stakeholders in the country.**



PROGRAM 5

OSH Enforcement Capability

It is essential that the capability of DOSH in terms of knowledge, skill and experience should be continuously improved & enhanced in line with the complexity, challenges and change in OSH today through:

- 1. Full transformation from law enforcement agency to partners in OSH as OSH facilitator, trainer or consultant as well in order to ensure that self-regulation is in place. Industry should be treated differently based on their level of maturity in OSH with different sets of approach. Continue to give more focus on Small & Medium Industries / Enterprises, Non-Manufacturing Industries & Public Sectors.**
- 2. Ensure optimum numbers of DOSH officers to cover by sectors (public & private i.e. manufacturing - Large & SMI & non-manufacturing) of various discipline (OS & OH). May get involvement of OSH practitioners & compensate them accordingly such as monetary reward or CEP points. Opportunity of knowledge & experience sharing & networking.**



PROGRAM 5

OSH Enforcement Capability

It is essential that the capability of DOSH in terms of knowledge, skill and experience should be continuously improved & enhanced in line with the complexity, challenges and change in OSH today through (continue) :

- 3. More DOSH officers with hands on exposure to various sectors of industry i.e. practical training assignments in industry**
- 4. DOSH officers should actively involve in activities / initiatives organized by industries to share knowledge & experience while at the same time establish & enhance engagement with local industries through :**
 - Participation in activities such as periodical industry meetings, dialogues, trainings, conferences, peer audits & awards particularly at state level. FMM & CICM conducted a lot of activities with DOSH in this area at state, zone & national level.**
 - Sharing/Updating of information like OSH MP & new/amended regulations, monitor progress on agreed actions and understand issues faced by the industry**



OSH Master Plan 2020

STRATEGY NO. 2

REINFORCE OF OSH MANAGEMENT



Strategy 2

Reinforce of OSH Management PROGRAMS

- **PROGRAM 1 - Knowledge & Skill in OSH**
- **PROGRAM 2 - OSH Compliance Assistance**
- **PROGRAM 3 - Preventive Culture Promotion**
- **PROGRAM 4 - Innovation in OSH**
- **PROGRAM 5 - Effective OSH Enforcement**
- **PROGRAM 6 - Increasing # & Quality of OSH Practitioners**



PROGRAM 1

Knowledge & Skill in OSH

- **Employer & employee (including contractors/vendors) should have the knowledge, skill & competency in managing OSH risk effectively.**

1. Present : Still lack of public awareness on OSH.

- OSH only introduced to us only at work. Some not only aware of OSH requirement including teachers at schools.
- Contractors conducting public or private projects are also not aware on OSH requirement unless they are CIDB-certified. Although if they are aware, they seldom comply because lack of supervision and enforcement by the tendering party. Some contractors were also not provided PPE & appropriate tools for the job.
- OSH program not taught in school. Only introduced to students as CSR project such as OSH or SHE in School by some O&G, chemical & MNC companies. This is good but not effective & therefore, not sustainable.



PROGRAM 1

Knowledge & Skill in OSH

- Only some government agencies have OSH policy, S&H Committee and provided OSH awareness training to their present & future staffs.
- At working age, when ignorant / unawareness is the value, unsafe behavior is difficult to cure or break. As a result, work force normally difficult to adapt to OSH requirement at the workplace which applies to the management as well. That is why it is difficult to implement OSH at work or later age. The root cause is ignorant, lack of basic knowledge and failure to display leadership by example.



PROGRAM 1

Knowledge & Skill in OSH

- **Recommendation : Basic education & continuous education program for all stages of Malaysian life starting from primary school until working age by building OSH in our education system (curriculum & extra-curricular activities), in line with Malay proverbs, *Melentur buluh biarlah dari rebungnya*. At school, the entire school community or stakeholders should participate including students, PTA/PIBG (teachers & parents) and supporting staffs though an OSHMS at school with Policy, S&H Committee and OSH program run by the committee. May incorporate into present co-curriculum program.**



PROGRAM 2

OSH Compliance Assistance

- **Status:** Level of regulatory compliance for certain sectors is still considerably low
- **Recommendations:**
 1. More work to be done to understand the root-cause why compliance is still low in some sectors. A special task force team need to be formed to identify the holistic approach to this issue particularly in the problematic sectors based on data and information.
 2. Conduct an effective OSH leadership program for the affected industry heads to instil awareness & get the buy-in



PROGRAM 2

OSH Compliance Assistance

- **Status:** Level of regulatory compliance for certain sectors is still considerably low
- **Recommendations (continue):**
 3. With support from all stakeholders including CIDB, continue the OSH Compliance Assistance program in SMI/E sectors via Mentor-Mentee program but need to periodically review and improve to enhance effectiveness. The program should be extended to other needy sectors if effective.
 4. Provide opportunity for a SHO or OSH practitioners to be actively involved and provide advise & guidance to the industry with reasonable reward or recognition.



PROGRAM 2

OSH Compliance Assistance

- **Status: Level of regulatory compliance for certain sectors is still considerably low**
- **Recommendations (continue):**
 - 5. Explore on the possibility of a freelance SHO who can be responsible or register under more than 1 organization / company**



PROGRAM 3

Preventive Culture Promotion

Status: Lack of preventive culture promotion especially to workplace without or have limited resource, information or control on OSH. They normally practiced only act or react after accident / illness had occurred.

Recommendations:

1. Enhance & track preventive culture promotion program via training, seminar, conference, workshop, dialogue, exhibition, video, poster, publication etc. particularly to high risk & lack of control & needy sectors.
2. Get exemplary or top OSH performers in the industry to share their experiences & best practices with the needy sectors via CSR program but recognized their efforts such as via tax exemption



PROGRAM 3

Preventive Culture Promotion

Status: Lack of preventive culture promotion especially to workplace without or have limited resource, information or control on OSH. They normally practiced only act or react after accident / illness had occurred.

Recommendations:

- 3. Involvement by industrial association via training, seminar, conference, workshop, dialogue, exhibition, video, poster, publication etc. particularly to high risk & lack of control & needy sectors.**



PROGRAM 4

Innovation in OSH

Status: implementing innovative approach / technique in OSH is a challenge.

OSH issues are becoming more complex in line with the technology advancement. Sustaining a safe and healthy work culture by promoting and and implementing innovative approach / technique in OSH is a challenge.

Recommendations:

- 1. Promote research, innovation and best practices in OSH among industry & individual. Example : Work with universities / colleges.**
- 2. OSH innovation and sharing of best practices among industry and individual should be rewarded and recognized by NCOSH or industries. Example : FMM NS SHE Excellence Awards for Best SHE Practices**



PROGRAM 5

Effective OSH Enforcement

Status: DOSH plays a vital role in enforcing the statutory compliance and ensuring OSH program is in place to establish & build the Preventive Culture within the industry

Recommendations :

- 1. Method of DOSH site assessment should be clear and simple with recommended improvement actions. Otherwise, corporate OSH assessment based on DOSH guideline should be adequate.**
- 2. Site assessment should focus also on unsafe behavior in addition to documentation compliance.**



PROGRAM 5

Effective OSH Enforcement

Status: DOSH plays a vital role in enforcing the statutory compliance and ensuring OSH program is in place to establish & build the Preventive Culture within the industry

Recommendations (continue) :

- 3. Site assessments should be implemented periodically with focus on sites without any OSHMS (e.g. OHSAS 18001, MS1722 & RCMS) in place particularly among the SME/I and high risk sector with lack of control.**

Example : For RC signatories, RC self-assessment for applicable code conducted annually & monitored by the RC Technical team & verified during the Annual RC awards organized by CICM. For NS, the manufacturing site assessment is conducted by peer during FMM NS SHE Excellence Award.



PROGRAM 6

Increasing No. & Quality of OSH Practitioners

OSH Practitioners e.g. Competent Person & SHC (Safety & Health Com.).

They play a vital role in providing OSH service & advice/consultation.

Recommendations:

- 1. Ensure adequate no. of OSH Practitioner and SHC based on industrial needs. Industrial association like FMM already have training program to produce more competent person such via our SHO Certified and SHC training program.**
- 2. Ensure quality & competency level of the OSH Practitioner & SHC is appropriate and periodically enhanced via training / course module review by training provider including at college / university level.**



PROGRAM 6

Increasing No. & Quality of OSH Practitioners

Lack of competency examples :

A. Safety & Health Officer (SHO) and Safety & Health Committee (SHC)

Status: No or lack of actions taken or follow-up on recommendations from CHRA, CEM, HSCE & LEVET report

1. **Recommendation: A system must be in place with someone accountable for implementing the recommended actions, monitoring the progress and approve the closing**



PROGRAM 6

Increasing No. & Quality of OSH Practitioners

Lack of competency examples :

A. Safety & Health Officer (SHO) and Safety & Health Committee (SHC)

Status : Quality & effectiveness of the SHC sometimes questionable

- 2. Recommendation: Standard in determining the competency of the SHC members must be established, reviewed or enhanced particularly for the site without a SHO to ensure that it's effective in performing its duties as per the regulations.**



PROGRAM 6

Increasing No. & Quality of OSH Practitioners

B. Occupational Health Doctor (OHD)

Some OHD is not conducting health surveillance for CHH exposure (HSCE). Instead, they proposed General Health Screening (GHS) to the client (employer) with all the different GHS packages and definitely not following the DOSH Guidelines on Medical Surveillance recommendation. Consequently, confusing the client who treated GHS similar to HSCE.

Recommendation :

1. Review OHD training module & competency level on regular basis.
2. Consistent monitoring of OHD performance by DOSH particularly for those GP who attended the 2-weeks OHD certification program.



PROGRAM 6

Increasing No. & Quality of OSH Practitioners

B. Occupational Health Doctor (OHD)

Most OHD are not performing the job accordingly because they either do not visit the work place or seldom visit the workplace. OHD is not like normal medical doctor who work in clinic and hospitals. OHD must also visit the shop floor / workplace to understand the nature of work process & work environment (ergonomics) in order to come up with correct diagnosis for an occupational illness investigation.

- 2. Recommendation: OHDs are supposed to arrange periodical visit to the workplace and not sitting in the clinic, check patient & write report only. The OHD visit should be measured, monitored, verified & reported to DOSH.**



PROGRAM 6

Increasing No. & Quality of OSH Practitioners

B. Occupational Health Doctor (OHD)

Most OHD did not produce a Health Surveillance for CHH Exposure (HSCE) Report at least based on Form USECHH 4 of the DOSH MS Guidelines. They only produced the lab or examination results for each individual employee & forward the results to the employer although they are aware that there's a std. reporting format for this purpose. Consequently, employers do not know status of health of each work unit investigated & improvement actions to be taken.

Recommendations:

1. OHDs are supposed to produce the report & recommend improvement action to the employer or premise owner after each HSCE.
2. Provide opportunity for reporting to DOSH on unacceptable report.
3. The site should also review report and comment before approving the report. A closing meeting should be held & attended by the relevant parties. OHD should share the outcome of the HSCE to the group.
4. Consistent monitoring of OHD performance by DOSH.
5. Review training / re-training module & competency level.



PROGRAM 6

Increasing No. & Quality of OSH Practitioners

C. CHRA Assessor

Some Assessors are not capable of doing assessment such as not able to assess the chemical ingredient and propose chemicals for health surveillance. CHRA Report also not thoroughly done.

Recommendations:

1. Pre-requisite for an assessor should also consider someone with chemistry / chemical engineering background for a CHRA Assessor.
2. Provide opportunity for reporting to DOSH on unacceptable CHRA Report.
3. The site should also review report and comment before approving the report. A closing meeting should be held & attended by the relevant parties.
4. Consistent monitoring of assessor performance by DOSH.
5. Review training / re-training module & competency level.



PROGRAM 6

Increasing No. & Quality of OSH Practitioners

D. Competent Person

Competent person have limitation in getting CEP points from other activities besides training and special assignments approved by DOSH.

Recommendation: Expand the activities to get CEP points including OSH-related programs & activities organized by industrial organizations e.g. FMM, CICM & MIHA approved by DOSH at state and national level e.g. member of OSH committee, speaker in seminars/conferences, dialogue with DOSH/BOMBA, trainer for external OSH training, external assessor / auditor, member of OSH-related best practice projects including with universities and as assessor in OSH awards. This will encourage them to participate and enhance their knowledge & experience in OSH and justify their involvement in such activities particularly to their employer.



OSH Master Plan 2020

STRATEGY NO. 3

SHARING & OSH NETWORKING



Strategy 4

Sharing & OSH Networking PROGRAMS

- **PROGRAM 1 - Networking & Supply Chain**
- **PROGRAM 2 - OSH through Association Activity**
- **PROGRAM 3 - OSH through Social Responsibility**
- **PROGRAM 4 - OSH for Future Workforce**



PROGRAM 1

Networking & Supply Chain

Supply chain and outsourcing are the standard means of doing business today with significant implication to OSH whether to the company giving the contract or the contractor (supplier/vendor) providing the material or servicing.

Recommendation:

The company / organization offering the contract should ensure OSH compliance of the contractor through a preferred contractor management system comprises of selection, competency, training, supervision, performance monitoring & review and OSH policy, procedure, resource, organization and program. Such risk control measures should be introduced via a regulation or ICoP.



PROGRAM 2

OSH through Association Activity

Sharing and communication of OSH information such as OSH-MP could be via association meetings, conferences / seminars, websites and dialogues as practiced by FMM & CICM. However, there was no measurement via survey conducted on the awareness level among members.

Recommendation: FMM will conduct survey on the awareness level & effectiveness of OSH-MP to all its member and provide feedback to DOSH.



PROGRAM 3

OSH through Social Responsibility

Sharing of OSH information like OSH-MP with the local authorities, surrounding community and public on OSH concerns normally done by FMM via CICM which is required under the RC Community Awareness & Emergency Response (CAER) Code signatories only. It is normally done via CSR / Sustainability programs such as open or OSH day, workplace visits, CIMAHA briefings and community outreach program. Not many non-chemical manufacturers conduct community outreach program except for some MNC.

Recommendation: CICM will continue to check on compliance of this code among its signatories on annual basis.



PROGRAM 4

OSH for Future Workforce

It is important to establish OSH awareness and prepare students (future workforce) before they enter the job market.

Recommendation: Suggest to MOE to seriously consider this and include OSH in our education system at all levels as early as primary school. CSR program alone which is conducted now at selected schools is not sustainable.



OSH Master Plan 2020

STRATEGY NO. 4
PROMOTION & ENHANCEMENT OF
INDUSTRIAL HYGIENE



Strategy 4

Promotion & Enhancement of Industrial Hygiene PROGRAMS

- **PROGRAM 1 - Enhancing of Industrial Hygiene Management**
- **PROGRAM 2 - Comprehensive Health Risk Assessment**
- **PROGRAM 3 - Occupational Health Program & Services**
- **PROGRAM 4 - Industrial Hygiene Reach Program**
- **PROGRAM 5 - Effective Industrial Hygiene Enforcement**



Strategy 4

Promotion & Enhancement of Industrial Hygiene Occupational Health PROGRAMS

- **PROGRAM 1 - Enhancing of Industrial Hygiene Occupational Health Management**
- **PROGRAM 2 - Comprehensive Health Risk Assessment**
- **PROGRAM 3 - Occupational Health Program & Services**
- **PROGRAM 4 - Industrial Hygiene Occupational Health Reach Program**
- **PROGRAM 5 - Effective Industrial Hygiene Occupational Health Enforcement**



OSH Master Plan 2020

- **Vision: A safe & healthy work culture for employees, employers & nation prosperity**
- **Mission: Inculcating preventive OSH culture at work**
- **Occupational Illness & Poisoning Case Reported between 2011-2015 : 13,843**
- **Performance - From 2005 until 2015 & 2020 Target :**

No.	KPI	Unit	2005	2010	2015	2020 Target
1	Fatality Rate	No. per 100,000 workers	6.93	6.45	4.84	4.36 (Reduction by 10%)
2	Accident Rate	No. per 1,000 workers	5.16	3.68	2.81	2.53 (Reduction by 10%)
3	Occupational Illness & Poisoning Case Reported	No. of Cases	N/A	1,198 (2011)	5,617	7,302 (Increment by 30%)



Occupational Illness & Poisoning Case Reported

- **Significantly increasing but still considerably low compared to developed economies**
- **Why it is still low ?**
 1. **Not reported**
 2. **Difficulty to diagnose**
 3. **Lack of local facility for testing & analysis**
 4. **Lack of awareness among medical practitioners & employers to report such cases**



PROGRAM 1

Enhancing of Occupational Health Management

SOHELP (Systematic Occupational Health Enhancement Level Program) for selected companies focusing on CHH, Noise and Ergonomic Risk already in place.

Recommendation : DOSH needs to drive all industries to also emphasize on Occupational Health Management System (OHMS). Industrial Association will assist in promotion including monitoring members participating in SOHELP and reporting of Occupational Illness & Poisoning Case.



OH Management System





Occupational Health MANAGEMENT SYSTEM - OVERVIEW

- **An integral part of business management**
- **Assess health hazards and risk systematically**
- **Minimize health risks through risk-oriented health program**
- **Aim at establishing a Culture of Health**



Occupational Health MANAGEMENT SYSTEM - OBJECTIVES

- **Prevent harm to the health of employees (including contractors) due to on-site and / or off-site hazards exposure**
- **Promote health of employees**
- **Adapt work to the capabilities of all employees in relation to their physical and mental health**



PROGRAM 2

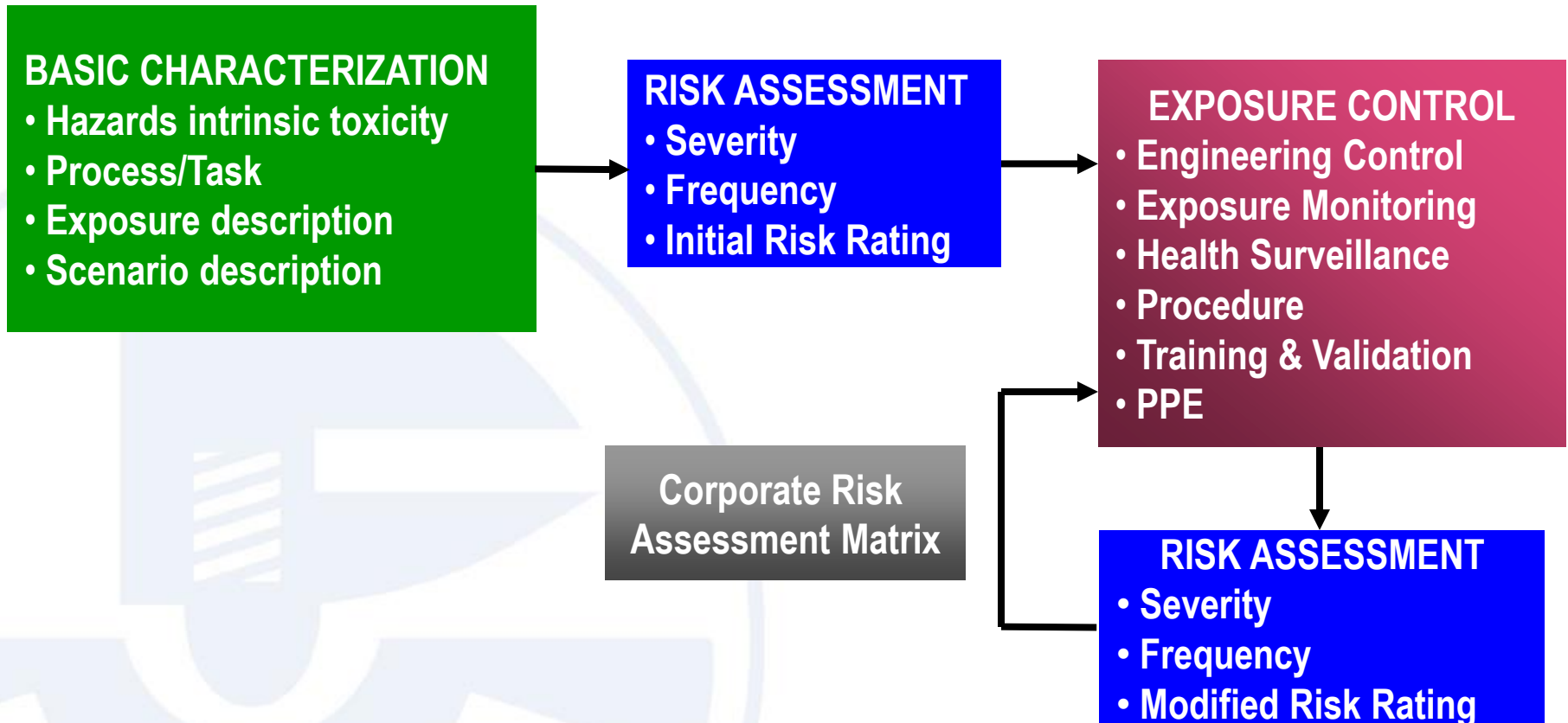
Comprehensive Health Risk Assessment

Recommendation : To establish a holistic / comprehensive health risk assessment method based on 3 types of Health Risk :

- 1. Work-place Related Health**
- 2. Individual Health**
- 3. Organizational Health**



Health Risk Assessment (HRA) PROCESS





PROGRAM 3

Occupational Health Program & Services

A baseline General Health Screening program known as BOHS (Basic Occupational Health Services) introduced by DOSH to SMI/E since 2013. Based on analysis, 16% of the cases identified were due to MSD (musculoskeletal disorder) and OSD (occupational skin disease).

Recommend :

1. Implement OH Program & Services based on health promotion & prevention at the workplace
2. Focus on preventing & controlling non-communicable disease (NCD)
3. Continue with BOHS for SMI/E and identified workplace

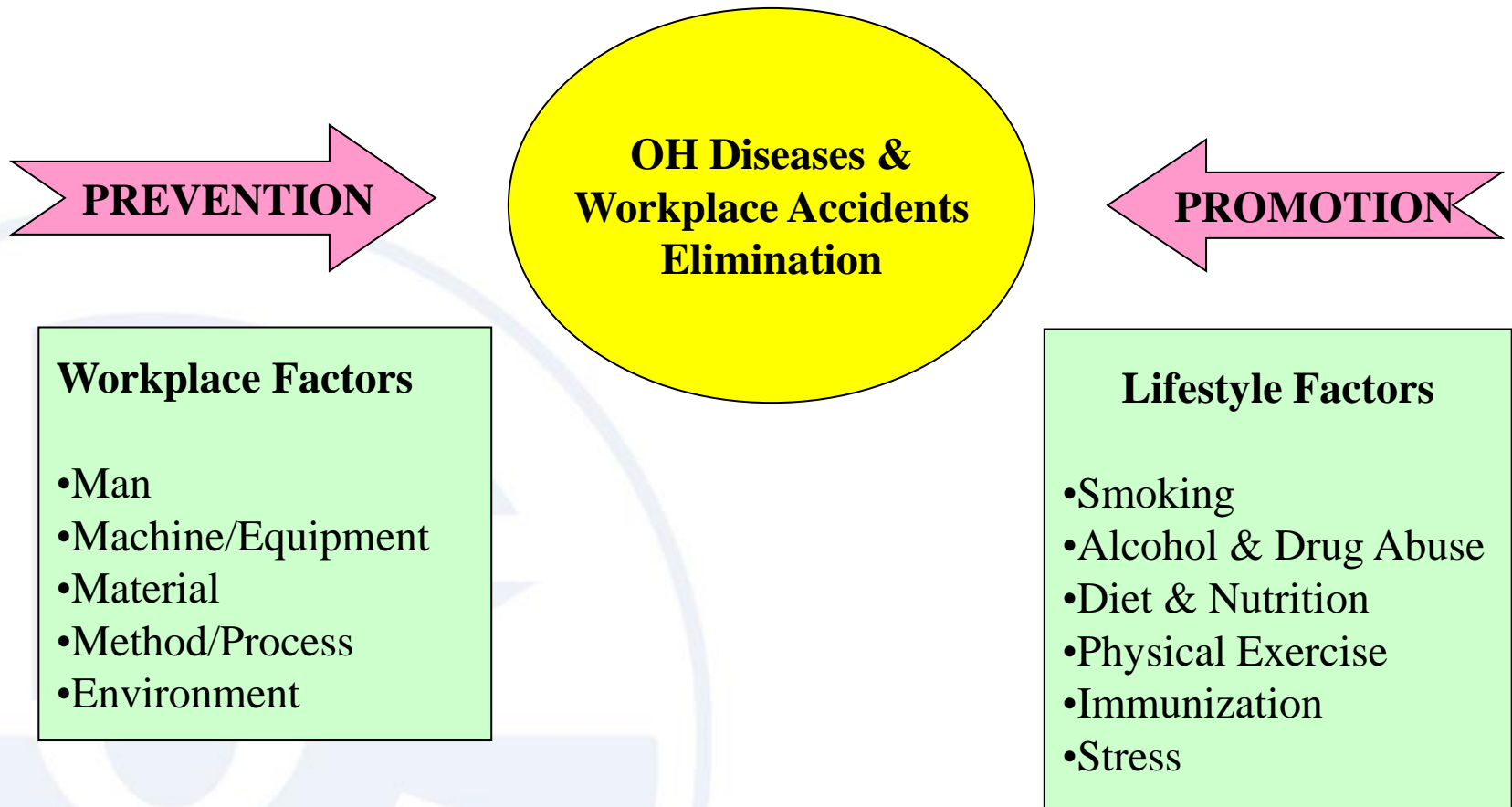


Occupational Health Services OBJECTIVES

1. Health promotion at the work place
2. Improvement of workplace condition to suit worker
3. Development of a work organization and culture supporting the OSH program



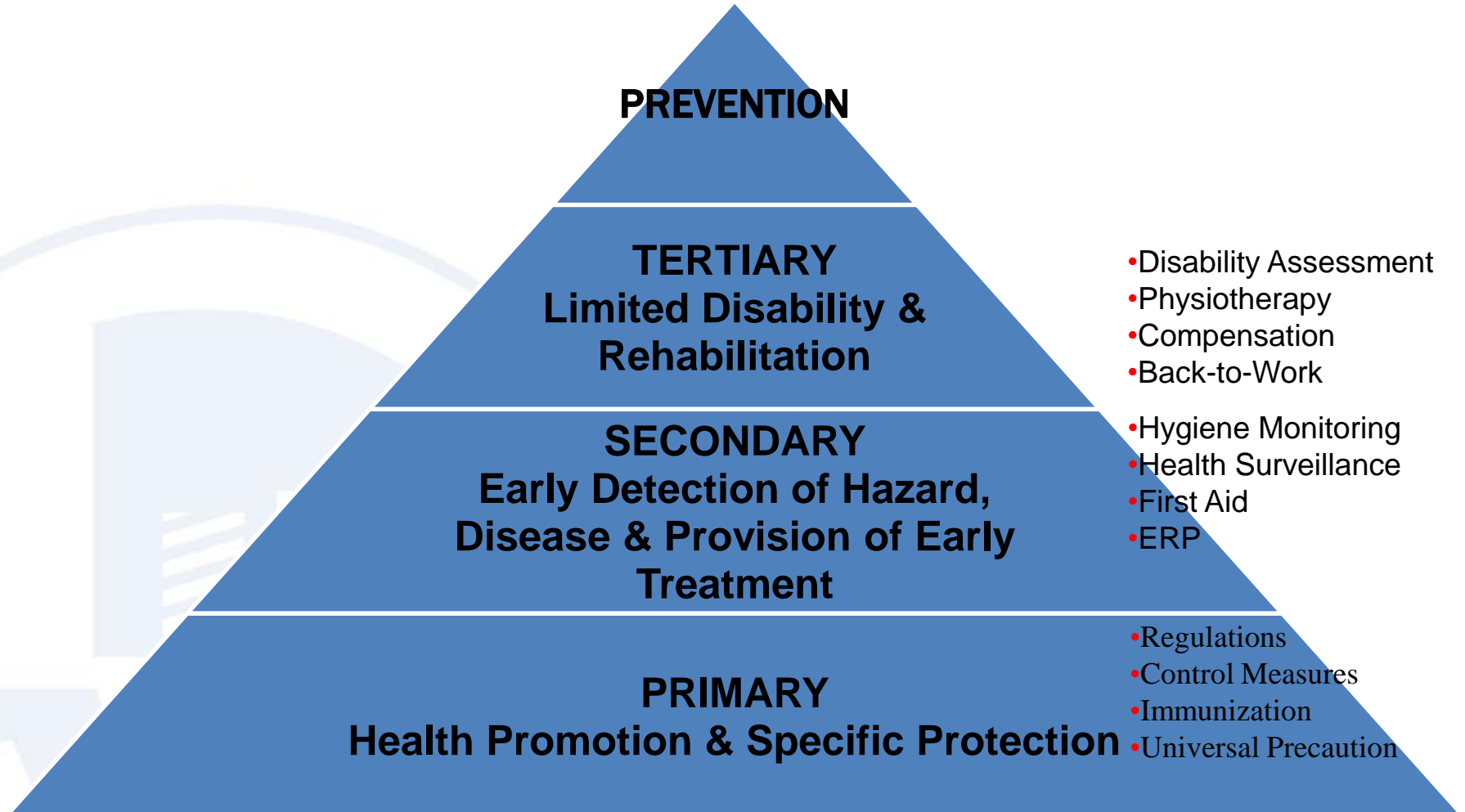
Occupational Health Services PROMOTION & PREVENTION STRATEGY





Occupational Health Program

TYPES OF PREVENTION





Occupational Health Service PROGRAM



- 1. Health Promotion & Education**
- 2. Hygiene (Exposure) Monitoring**
- 3. LEV Examination & Testing**
- 4. Fitness to Work Assessment**
- 5. Health Risk Assessment**
- 6. Health Surveillance (Biological Monitoring, Biological Effect Monitoring & Medical Surveillance)**
- 7. Health Risk Control**
- 8. Ergonomics - Suiting the Work & Work Environment to the Worker**
- 9. Medication Treatment**
- 10. First Aid & Medical Aid**
- 11. Impairment Assessment**
- 12. Data Collection, Analysis & Recordkeeping**



PROGRAM 4

Occupational Health Reach Program

Occupational Health (OH) reach program is required to enhance OH awareness among employees and employer

Recommendation:

Implement occupational health program to promote and enhance awareness among employees & employer



PROGRAM 5

Effective Occupational Health Enforcement

Occupational Health (OH) enforcement by DOSH is already in place.

Recommendation :

- 1. To enhance & increase no. of enforcement on OH program provided under regulatory requirements such as USECHH 2000 (CHRA, CEM, HSCE & LEVET), CLASS 2013 (labelling & SDS) and Noise Exposure 1989 (Noise Mapping, Personal Noise Monitoring, Health Surveillance for Noise Exposure (HSNE) including Otoscopy, Audiometry & Hearing Assessment)**
- 2. To review, amend & issue USECHH 2000 and Noise Exposure 1989**



OSH Master Plan 2020

STRATEGY NO. 5

**GLOBAL OSH STRATEGIC
PARTNERSHIP**



Strategy 5

Global OSH Strategic Partnership PROGRAMS

- **PROGRAM 1 - Collaboration with International OSH Institutes & Professionals**
- **PROGRAM 2 - Research on International OSH Standards**
- **PROGRAM 3 - National & International Industrial Hygiene Networking**



Strategy 5

Global OSH Strategic Partnership PROGRAMS

- **PROGRAM 1 - Collaboration with International OSH Institutes & Professionals**
- **PROGRAM 2 - Research on International OSH Standards**
- **PROGRAM 3 - National & International Industrial Hygiene Occupational Networking**



PROGRAM 1

Collaboration with International OSH Institutes & Professionals

Sharing of information & expertise internationally such as :

- a. For the chemical industry under CICM through Responsible Care involvement in national & international conference;**
- b. For the electronic industry under FMM with EICC (Electronic Industry Citizenship Coalition) on Health & Safety;**
- c. Professional Associations e.g. as MSOSH, MIHA, SOEM & IChemE;**
- d. MNC with their regional & global OSH team e.g. AkzoNobel.**

Recommendation: DOSH should establish long term relationship with international OSH institutes & professionals for learning and reference purposes such as Workplace Safety & Health Institute of Singapore (WSH Institute), NIOSH Singapore & NIOSH USA.



PROGRAM 2

Research on International OSH Standards

Most industries in Malaysia are embarking on MS 1722, OHSAS 18001, Responsible Care and EU standards like *EICC (Electronic Industry Citizenship Coalition)* Code of Conduct Standards on Health & Safety.

Recommendation : DOSH should establish database on standards used by all industries in Malaysia. Based on this, DOSH will later share these info. with others among the industry in Malaysia particularly SMI/E to assist them in setting up appropriate standards for their business in Malaysia or in certain parts of the world.



PROGRAM 3

National & International Occupational Health Networking

National & international networking and cooperation between DOSH and other OSH organization and industrial associations in various committee under occupational health including industrial hygiene already established.

Recommendation : Continue to nurture the cooperation and networking to generate more experts in the field and strengthen the national occupational health agenda in the future.



Other OSH Issues

1. **Consider to introduce an ICoP on Management of Change for new and existing set-up for process, equipment/plant, material and people**
2. **Consider to introduce a regulation or ICoP on ergonomics particularly on manual-handling and visual display unit (VDU) work station**



Conclusion

Are we on the Right Track ?

✓ YES but with some adjustments as mentioned throughout

+ Plus focus on areas mentioned in “Way Forward towards OSH Sustainability”



Way Forward towards OSH Sustainability

Opportunity for Improvement (OFI) in the following areas:

1. Leading in OSH
2. Value & Passion for OSH
3. Behavioral Change
4. Laying the Foundation
5. Speedy Regulatory Review
6. Effective OSH Communication
7. Segmental Approach with SMART Strategy
8. OSH Resource Capability & Effectiveness
9. Benchmarking & Learning from Others
10. Sharing & Leverage Strengths to Win Together



Way Forward towards OSH Sustainability

Next Area of Focus :

1. Occupational Health (including Industrial Hygiene)
2. Government & Public Sectors
3. Small & Medium Industries & Enterprises
4. Non-Manufacturing Industries
5. Future Workforce
6. Management of Change
7. Ergonomics particularly on Manual Handling & VDU
8. Public Awareness & Knowledge on Safety & OSH
9. Continuous Improvement in High Risk Industry



Driving OSH Sustainability – Are we on the right track ?

THE END

THANK YOU

Making a Living begins with Respecting Your Health

National OSH Seminar 2016

December 8, 2016

Putrajaya