STRENGTHENING OCCUPATIONAL SAFETY AND HEALTH IN MALAYSIA

23rd Sept 2013

Ir. Mohtar Musri
Deputy Director General (Operation)
DOSH Malaysia
ACCIDENT CASES

STRENGTHENING OSH IN MALAYSIA

TRANSFORMATION FOR OSH DEVELOPMENT

EDUCATION, TRAINING AND RESEARCH

A WAY FORWARD…

OSH Statistic
Never forget about safety...
Never forget about safety...
Who is responsible?

- The worker?
- The employer?
- The manager?
- The government?
- The OSH inspector?
- The safety and health professional?

Many actors + Different responsibilities = Need for a more INTEGRATED and PREVENTIVE approach

From PROTECTION to PREVENTION → Systematic action at national and enterprise level
STRENGTHENING OSH IN MALAYSIA

WHAT?

BY WHOM

EXECUTING TRANSFORMATION

WHEN

MAKING CHANGES

WHAT CHANGES TO BE MADE?

HOW?
BY WHOM?

GOVERNMENT

EMPLOYERS

EMPLOYEES

NGOs

PUBLIC AT LARGE?
WHAT TRANSFORMATION OR CHANGES TO BE MADE?

LEADERSHIP AND MIND SET?

LEGAL INFRASTRUCTURE?

WHAT TRANSFORMATION OR CHANGES TO BE MADE?

EDUCATION AND TRAINING?

ENFORCEMENT REGIME?
LEGAL INFRASTRUCTURE

BY WHOM?

LEGAL INFRASTRUCTURE

WHAT KIND OF CHANGES NEEDED?
BY WHOM?

GOVERNMENT

EMPLOYERS

THE WORKERS THEMSELVES
WHAT KIND OF CHANGES NEEDED?

- From prescriptive to more liberal and outcome base?
- Radical changes - no requirement of regulation at all

- No need of factories registration
- No need of SHO to be registered?
Paradigm Shift of Principles into OSHA Legislation

Addressing on the important of risk prevention & control (HIRARC)

Pro-active & Preventive Approach

- Self Regulation
- Ownership of Outcomes
- Reducing risks at source
- Continuous Improvement

OSH as a part of daily business thru. Implementation of OSH Legislation (Malaysian Standard, ICOP, Guidelines, etc.) More industry is taking responsibility meeting the standards and maintaining outcomes

"Responsibilities to ensure safety and health at the workplace lies with those who create the risk and with those who work with the risk”

Legislative Framework: (OSHA) System Approach

- Ensure minimum standards of protection (safety, health & welfare) of workers at the workplace
- Promotes self-regulation, consultation, & tripartite cooperation
- Stipulates requirement to conduct proper risk assessments & implement control measures to eliminate or reduce risks at the workplace
- Requirement to develop and implement good system of work
1) Globally Harmonized System (GHS)
   - One unified classification standard for chemicals
   - Will replace Classification, Packaging and Labelling of Hazardous Chemicals Regulations 1997
   - Improve trade between Malaysia and the rest of the world

2) Special Scheme Inspection
   - Risk-based inspections (RBI)
   - Industries will benefit in terms of save of costs and man-hours
   - The public will benefit in terms of continuous supply of services and energy

3) Banning of Asbestos
   - Asbestos is known to be human carcinogen
   - Has caused 100,000 deaths every year according to the ILO

4) New emerging hazard
   - Nuclear
   - Nano Technology
   - Bio-Technology
New challenges and opportunities for Occupational Safety and Health (OSH)

Harmonising standards
a) Standards concerning social protection
b) Standards concerning product safety

(Technical standards, particularly those related to product safety, could block international trade – TBT, WTO)

ie – products safety (substances, machinery, equipments)
1) Accident Cost Calculator
   • Based on the research on Estimating the Accident Costs in Small Medium Manufacturing Industries in Malaysia
   • Can be accessed from the DOSH website
   • Calculate the total cost that are borne by industries when accidents happen

2) Field lab – research conducted by DOSH

3) Research conducted by others (universities, research institutions, NGOs, etc)
Safe design is the integration of hazard identification and risk assessment methods, early in the design process to eliminate or minimise the risks of injury, throughout the life of the product being designed.

It encompasses all design including facilities, hardware, systems, equipment, products, tooling, materials, energy controls, layout, and configuration.

Safe design is very important to reducing the overall risk of musculoskeletal disorders from performing manual tasks at work.
In the near future, the level of safety that companies and industries achieve will relate directly to the quality of the initial design of their facilities, equipment and machinery, tools, workplace layouts, overall work environment, and work methods.

Included in this effort will be a design review process and redesign decisions as companies seek to achieve continuous improvement in safety. This approach can not only benefit workers but improve productivity and cost effectiveness for the company.
1) Hazard Elimination –

Eliminate hazards as a first priority (rather than accepting them and mitigating them as a risk reduction strategy once they exist);

2) Consequence Reduction –

Where hazards cannot be completely eliminated, find less hazardous solutions to accomplish the same design objective by techniques such as reducing exposure to a hazard, reducing inventory of hazardous materials, substitution of less hazardous materials, etc.

3) Likelihood Reduction –

Reduce the likelihood of events occurring by techniques such as simplification and clarity (lowering the likelihood of an initiating event), and layers of protection and redundancy of safeguards (to reduce the progression of an incident).
Eliminating hazardous manual tasks is the most effective risk control measure. It is generally cheaper, more practicable and more effective to eliminate hazards at the design planning stage rather than retrofitting or redesigning when the hazards become real.

Safe design supports a collaborative risk management approach.
ENFORCEMENT REGIME

WHAT ABOUT THE EMPLOYERS AND WORKERS?

WHAT CHANGES TO BE MADE?

ENFORCEMENT REGIME

ENFORCEMENT ONLY BY COMPETENT AUTHORITIES?
COMMITMENT OF UNION LEADERS

BEHAVIOUR OF WORKERS

CONTRIBUTION OF THE PUBLIC

POLITICAL LEADERSHIP

LEADERSHIP AND MIND SET

MIND SET OF BUSINESS LEADERS
DECENT WORK
AGENDA

To create Employment Opportunities and Ensuring Workers Right

To provide Social Safety Network

To Implement Dynamic Occupational Safety and Health Programs

DECENT WORK

To Maintain Harmonious Industrial Relations

To Resolve Industrial Disputes Fairly and Equitably

To Develop National Competitive Workforce
Decent Work Agenda

Rights @work
Promotion of standards and fundamental principles and rights at work

Creating Jobs
Creation of employment

Safety & Protection
Strengthening social protection

Social Dialogue
Strengthening of social dialogue
A Way Forward...

- Enhance public awareness on OSH
- Self regulation become a practice
- Smart partnership (govt., industries, Universities, NGO, etc)
- Promote preventive culture & well practice
- Create an expert group in various field & skill
- Strategic alliance at international level
- Increase enforcement activities
- R&D – research outcomes driven
- Enhancing leadership (Social Partners & Public)
- OSH MS as part of business

New emerging issues

- Product Safety (e.g:- Toys Safety etc)
- Self-employed person
- Mega Construction Project (tunnel, bridge, reservoir, airport etc.)
- Biodegradation/Biodegradability
- Nano technology
- Nuclear Power Plant
- Water as fuel
- Dual Used Chemical
- Agriculture technology – indoor farming
- Other economic sectors
- Ageing workers
- Foreign workers
JUMLAH PEKERJA 2012 = 12,541,200
(meningkat sebanyak 313,410 berbanding tahun 2011)

Kadar Kemalangan Negara (semasa bekerja) 2004-2012*

Base line: year 2010

Rate :
1) Fatality : 2015(-20%) : 5.16
Yearly : - 0.26
1) Accident : 2015(-30%) : 2.5
Yearly : - 0.22

TARGET FOR THE YEAR 2012
a. Fatality rate: 5.93
b. Accident rate: 3.24

TARGET FOR THE YEAR 2013
a. Fatality rate: 5.67
b. Accident rate: 3.02
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Pegawai Keselamatan dan Kesihatan</td>
<td>1920</td>
<td>2206</td>
<td>2569</td>
<td>2911</td>
<td>3367</td>
<td>3697</td>
<td>3953</td>
<td>4087</td>
</tr>
<tr>
<td>2</td>
<td>Orang Kompeten Major Hazard</td>
<td>55</td>
<td>54</td>
<td>53</td>
<td>51</td>
<td>45</td>
<td>45</td>
<td>36</td>
<td>24</td>
</tr>
<tr>
<td>3</td>
<td>Orang Kompeten Lif</td>
<td>99</td>
<td>52</td>
<td>74</td>
<td>70</td>
<td>83</td>
<td>100</td>
<td>118</td>
<td>124</td>
</tr>
<tr>
<td>4</td>
<td>Jurutera Stim</td>
<td>913</td>
<td>1,076</td>
<td>1,249</td>
<td>1,435</td>
<td>1,605</td>
<td>1,766</td>
<td>1924</td>
<td>2054</td>
</tr>
<tr>
<td>5</td>
<td>Drebar Enjin Stim Gred I</td>
<td>2,305</td>
<td>2,353</td>
<td>2,483</td>
<td>2,654</td>
<td>2,816</td>
<td>2,972</td>
<td>10,083</td>
<td>10,216</td>
</tr>
<tr>
<td>6</td>
<td>Drebar Enjin Stim Gred II</td>
<td>5,402</td>
<td>5,560</td>
<td>5,805</td>
<td>6,253</td>
<td>6,650</td>
<td>7,071</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Jurutera Enjin Pembakaran Dalam</td>
<td>94</td>
<td>101</td>
<td>124</td>
<td>161</td>
<td>184</td>
<td>226</td>
<td>254</td>
<td>282</td>
</tr>
<tr>
<td>8</td>
<td>Drebar Enjin Pembakaran Dalam Gred I</td>
<td>947</td>
<td>1,158</td>
<td>1,193</td>
<td>1,250</td>
<td>1,304</td>
<td>1,370</td>
<td>4,341</td>
<td>4,366</td>
</tr>
<tr>
<td>9</td>
<td>Drebar Enjin Pembakaran Dalam Gred II</td>
<td>2,792</td>
<td>3,318</td>
<td>3,421</td>
<td>3,575</td>
<td>3,758</td>
<td>3,980</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Tenaga Pengajar SICW</td>
<td>191</td>
<td>203</td>
<td>218</td>
<td>230</td>
<td>251</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>11</td>
<td>Doktor Kesihatan Pekerjaan</td>
<td>454</td>
<td>518</td>
<td>631</td>
<td>669</td>
<td>709</td>
<td>740</td>
<td>785</td>
<td>838</td>
</tr>
<tr>
<td>12</td>
<td>Juruteknik Higen I</td>
<td>80</td>
<td>105</td>
<td>129</td>
<td>130</td>
<td>146</td>
<td>154</td>
<td>160</td>
<td>172</td>
</tr>
<tr>
<td>13</td>
<td>Juruteknik Higen II</td>
<td>60</td>
<td>103</td>
<td>123</td>
<td>132</td>
<td>150</td>
<td>157</td>
<td>167</td>
<td>180</td>
</tr>
<tr>
<td>14</td>
<td>Penguji Gas Bertauliah</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>24</td>
<td>42</td>
<td>64</td>
<td>124</td>
<td>320</td>
</tr>
<tr>
<td>15</td>
<td>Pengapit Kualiti Udara Dalaman</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>4</td>
<td>6</td>
<td>11</td>
<td>15</td>
<td>19</td>
</tr>
<tr>
<td>16</td>
<td>Pengapit</td>
<td>196</td>
<td>212</td>
<td>228</td>
<td>240</td>
<td>261</td>
<td>270</td>
<td>281</td>
<td>303</td>
</tr>
<tr>
<td>17</td>
<td>Orang Yang Kompeten (Permonitoran Bunyi Bising)</td>
<td>59</td>
<td>66</td>
<td>72</td>
<td>84</td>
<td>94</td>
<td>106</td>
<td>113</td>
<td>118</td>
</tr>
<tr>
<td>18</td>
<td>Mesin Angkat Penumpang/Kren Menara/Gondola</td>
<td>177</td>
<td>138</td>
<td>168</td>
<td>-</td>
<td>86</td>
<td>68</td>
<td>73</td>
<td>79</td>
</tr>
<tr>
<td>19</td>
<td>Pemasang/Perombak Perancah</td>
<td>2,170</td>
<td>2,224</td>
<td>2,257</td>
<td>3,120</td>
<td>3,682</td>
<td>4,699</td>
<td>5,716</td>
<td>6,109</td>
</tr>
<tr>
<td>20</td>
<td>Pengendali Kren</td>
<td>4,809</td>
<td>5,028</td>
<td>5,557</td>
<td>7,181</td>
<td>8,724</td>
<td>10,589</td>
<td>12,626</td>
<td>13,331</td>
</tr>
</tbody>
</table>
Enforcement Approach

**Range of Regulatory Tools**

**Yr 20010/2011**
- Advisory/ Warning Letter: 3,897 / 4,928
- NOTICE FMA: 1,954 / 2,239
- NOTICE OSHA: 3,881 / 4,022
- Compound: 223 / 234
- Prosecution: 170 / 183

**Yr 2012**
- Advisory/ Warning Letter: 26,676
- NOTICE FMA: 6,337
- NOTICE OSHA: 9,254
- Compound: 466
- Prosecution: 247

31
## Reported Occupational Diseases 2005 – 2012

<table>
<thead>
<tr>
<th>Year</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>319</td>
</tr>
<tr>
<td>2006</td>
<td>420</td>
</tr>
<tr>
<td>2007</td>
<td>594</td>
</tr>
<tr>
<td>2008</td>
<td>545</td>
</tr>
<tr>
<td>2009</td>
<td>791</td>
</tr>
<tr>
<td>2010</td>
<td>1,426</td>
</tr>
<tr>
<td>2011</td>
<td>1,198</td>
</tr>
<tr>
<td>2012</td>
<td>1,792</td>
</tr>
<tr>
<td>Total</td>
<td>7,085</td>
</tr>
</tbody>
</table>
# Occupational Disease (Yr 2012)

<table>
<thead>
<tr>
<th>Type of Diseases</th>
<th>Reported Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational Lung Diseases (OLD)</td>
<td>111</td>
</tr>
<tr>
<td>Occupational Skin Diseases (OSD)</td>
<td>48</td>
</tr>
<tr>
<td>Occupational Noise Induced Hearing Loss (NIHL)</td>
<td>956</td>
</tr>
<tr>
<td>Occupational Muscular - Skeletal Disorders (OMD)</td>
<td>95</td>
</tr>
<tr>
<td>Occupational Poisoning</td>
<td>58</td>
</tr>
<tr>
<td>Occupational Psychosocial Diseases</td>
<td>1</td>
</tr>
<tr>
<td>Disease cause by Physical Agent</td>
<td>32</td>
</tr>
<tr>
<td>Disease cause by Biological Agent</td>
<td>1</td>
</tr>
<tr>
<td>Occupational Cancer</td>
<td>0</td>
</tr>
<tr>
<td>Other Types of Occupational Diseases</td>
<td>12</td>
</tr>
<tr>
<td>Non Occupational Diseases</td>
<td>24</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,792</strong></td>
</tr>
</tbody>
</table>
What should we do to strengthen OSH in Malaysia?

- Work together
- Transform and make changes in many areas such as:
  - LEGAL ADEQUACY
  - EDUCATION AND TRAINING
  - ENFORCEMENT MECHANISM
  - OUR COMMITMENT AND MIND SET AND THE WAY WE DO BUSINESS
  - THE WAY WE CONDUCT OUR UNDER-TAKING
- Increased participation of OSH practitioners
- Improved participation of OSH services
NATIONAL OSH AGENDA
Safe, Healthy And Productive Human Capital

Role of Government
- Facilitate
- Smart Partnership
- Enforcement
- Focal Point

Role of Industries
- OSH Mgt Sys.
- Skill & Knowledge
- Technology
- Resources

FOCUS AREAS

SAFETY
- Human
- Machinery
- Technology
- Conducive working environment

HEALTH
- Eliminate health effect due to chemical exposure
- Ergonomic
- Fatigue
- Occ. Disease

WELFARE
- Decent Work
- Promotes & maintenance of physical, mental and social well-being of workers

Strategy 1
Government Leadership & Practices

Strategy 2
Preventive Workplace Culture

Strategy 3
Industry Leadership and Community Engagement

Strategy 4
Strong Partnership Locally & Internationally

OUTCOME
1) Government promotes a high level of workplace health and safety performance, and has excellent health and safety practices in its own workplaces.

2) Work-related fatality rate down by 20%, and work-related injury rate down by 30%

3) Industries lead improvements in workplace health & safety practices, and there is strong support for workplace health & safety in the wider community.

4) Internally; strong correlation between OSH practitioner & Government. Externally, more bilateral agreements on OSH implemented.

SUMMARY: All integrated in OSH MP15
Thank You!

www.dosh.gov.my
jkkp@mohr.gov.my