

THE TIME IS NOW. THE PLACE IS MALAYSIA.



PARADIGM SHIFT IN OSH PRACTICE TO ENHANCE THE PRODUCTIVITY & QUALITY OF WORKING LIFE

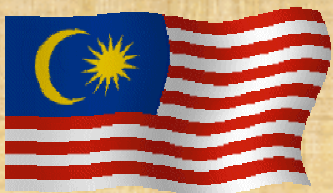
**International Conference Making Decent Work A Global Goal &
A National Reality**

18-19 Sept 2007 Germany



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C.I.M.E A.B.I.M.E (USA).



MALAYSIA

- Location
- **Capital**
- Official language
- **Government**
- Independence
- **Area**
- Population
- **GDP**
- Per-capita spending
- **Currency**
- Weather
- South East Asia
- **Kuala Lumpur**
- Bahasa Malaysia
- **Federal constitutional monarchy**
- 31st August , 1957
- **329,847km²**
- 27 million
- **\$ 308.8 billion**
- \$ 12,700
- **Ringgit (RM)**
- Tropical



CONTENTS

- Occupational Safety & Health (OSH) and Social Security in Malaysia
- Statistics on OSH and Compensation
- Challenges in OSH and Social Security
- Recommendations
- Conclusion

GENERAL OVERVIEW OF OSH IN MALAYSIA

- OSH services in Malaysia was implemented by the British in rubber estates in 1955 .
- However the full strength of its implementation was propagated since 1967 with the enforcement of the Factory and Machinery Act 1967 and followed by the Occupational Safety and Health Act 1994.

ROLES OF OSH AGENCIES

1. Ministry of Human Resources

- **DOSH : Legislative , Enforcement and Promotion of OSH**
- **SOCOSO : Compensatory , Prevention and Rehabilitation**
- **NIOSH : Educational , Research and OSH services**

2. Ministry of Health :

- Hospital-Diagnose , treat , rehabilitate and
- Occupational Health Unit -Promotion of OSH

OSH LEGISLATIONS

- Factories & Machinery Act 1967
- Occupational Safety & Health Act 1994
- Employees Social Security Act 1969
- Workman's Compensation Act 1952

OCCUPATIONAL SAFETY AND HEALTH ACT 1994

- This is to ensure the Occupational Safety, Health and the Welfare of the workers **covering all sectors** including those that are not covered in Factories and Machinery Act 1967 , like the self employed.
- The emphasis is on **self regulation** under the supervision of the Department of Safety and Health (DOSH) and under the advice of The National Council of Occupational Safety and Health

SOCIAL SECURITY ORGANIZATION

Function as the Compensatory , Rehabilitative and Promotive agency.

Schemes provided by SOCSO :

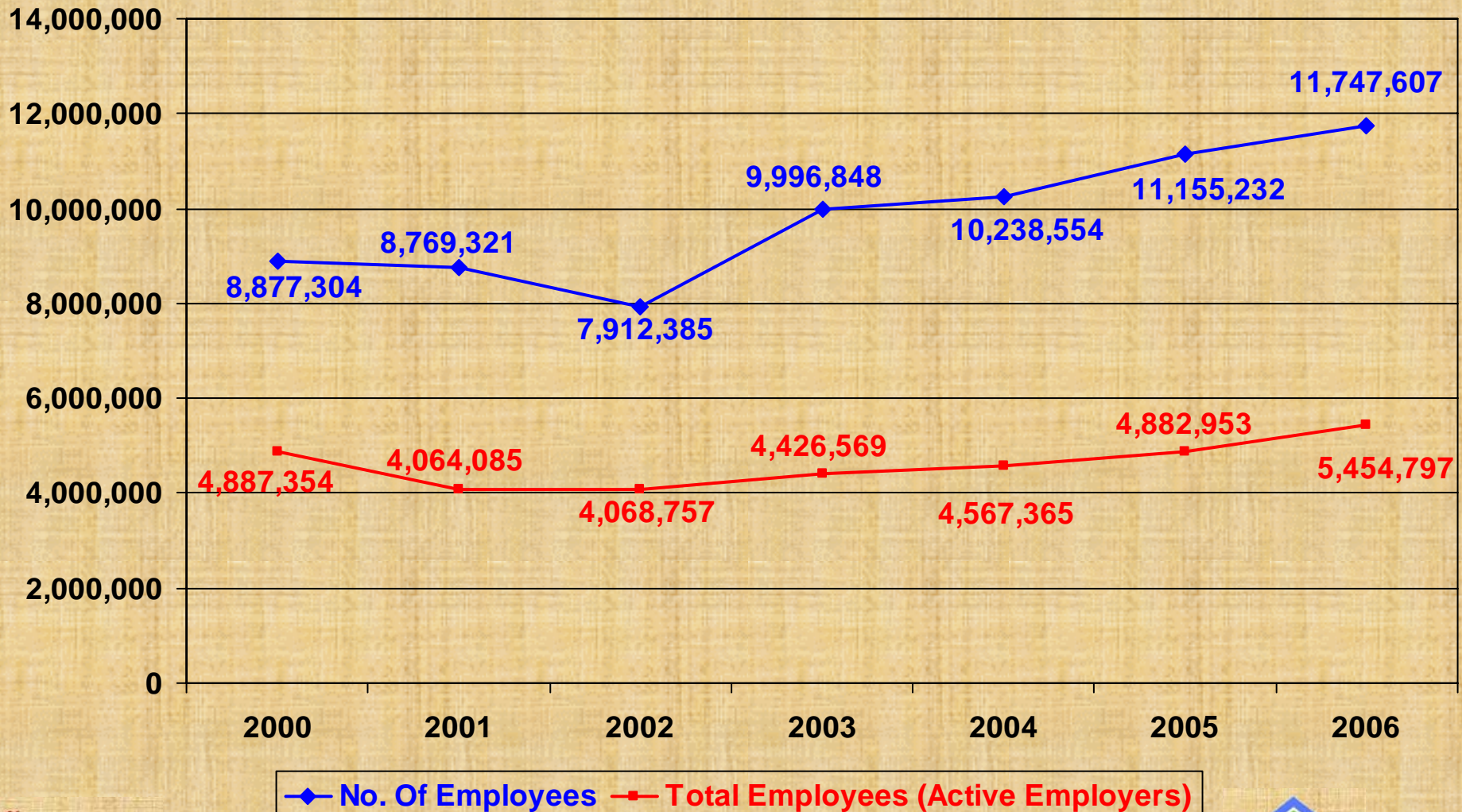
1. Employment Injury Scheme

- Workplace Accident
- Occupational Disease
- Commuting Accident

2. Invalidity Pension Scheme includes Survivors Pensions and death



REGISTERED EMPLOYEES IN MALAYSIA



•80% registered with SOCSO are from SMEs

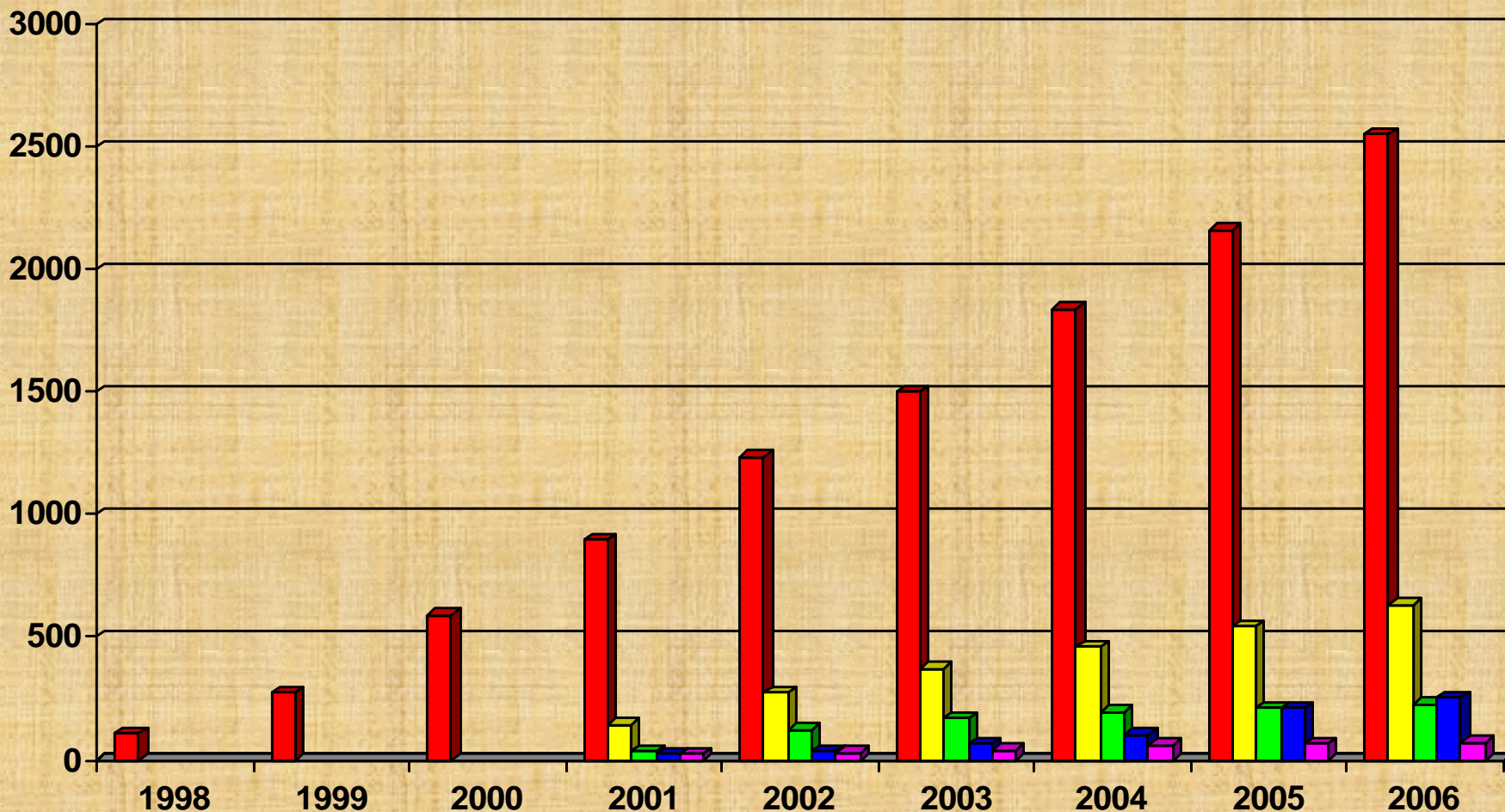


WHAT IS THE CURRENT OSH STATISTICS / PRACTICES ?

NUMBER OF HEALTH CARE PROFESSIONALS REGISTERED WITH DOSH (2006)

• Safety & Health officer	2, 552
• Chemical Health Risk Assessor	228
• Occupational Health Doctor	631
• Industrial Hygiene Technician	252
• Noise Competent person	72
• Indoor Air Quality Assessor	1
• Authorised Gas testor	1

OSH PROFESSIONALS REGISTERED WITH DOSH



■ Safety & Health Officer
■ Chemical Health Risk Assessor
■ Noise Competent Person

■ Occup. Health
■ Industrial Hygiene Technician

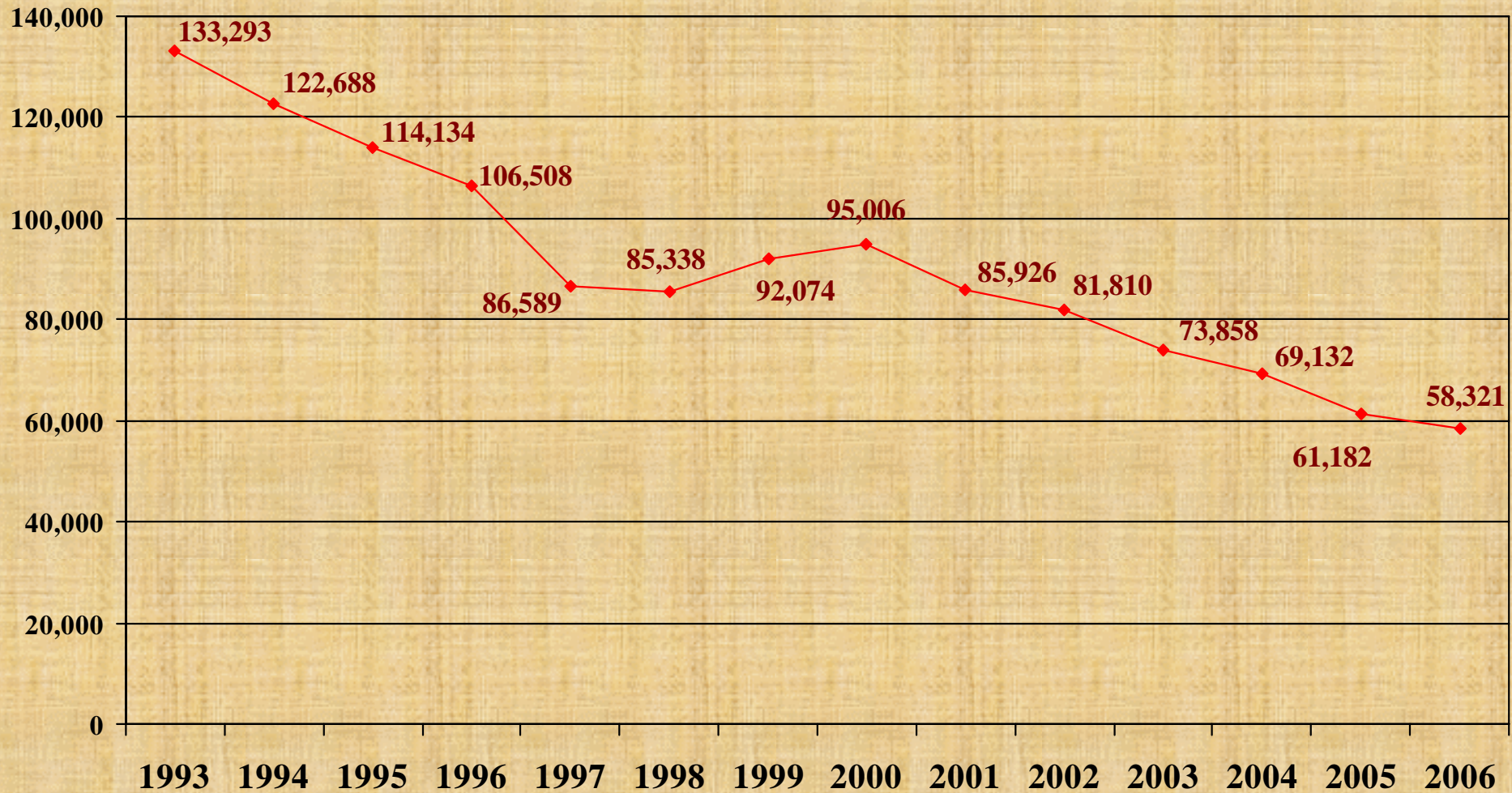
DOES OSH PAY?



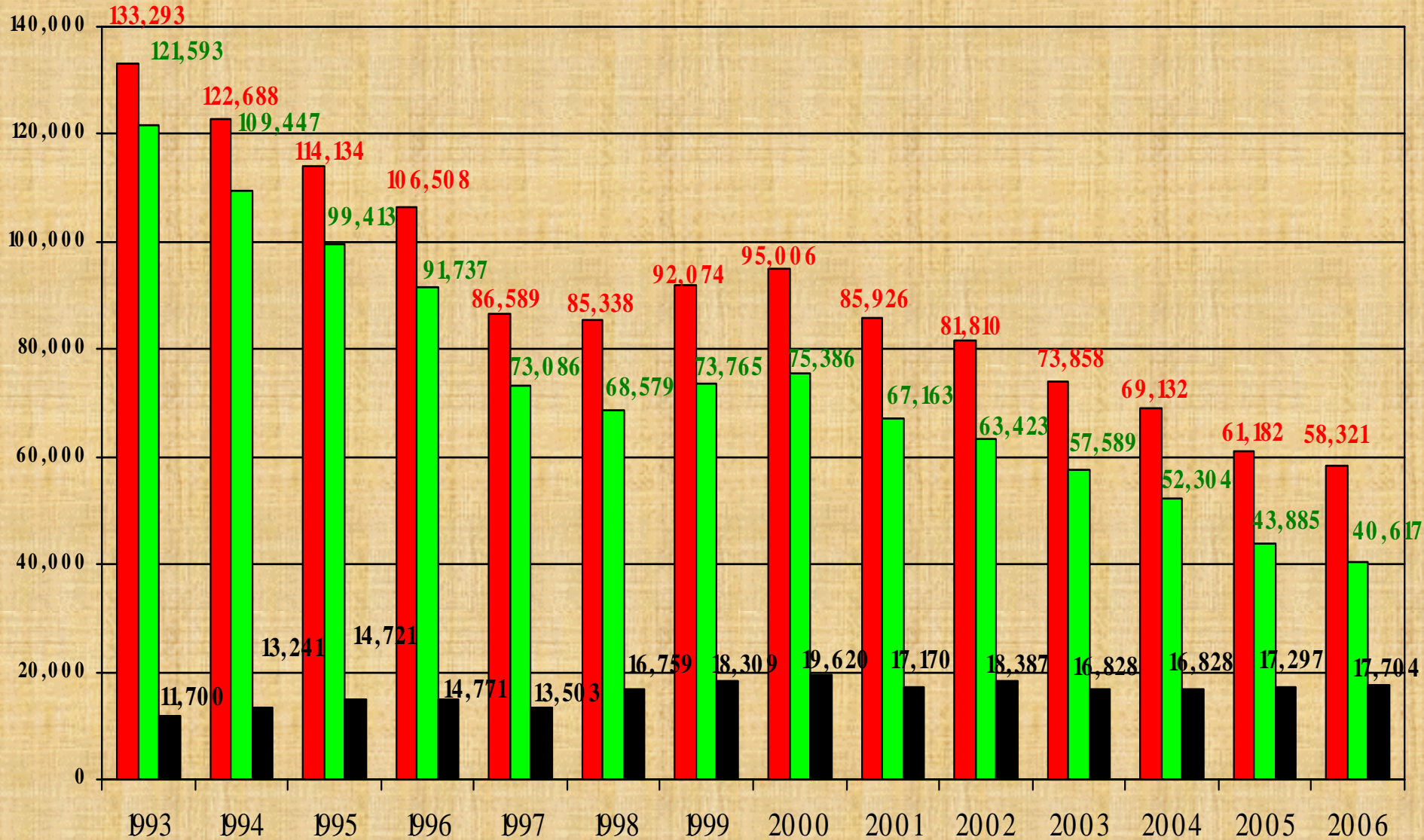
YES



TOTAL ACCIDENTS (1993– 2006)

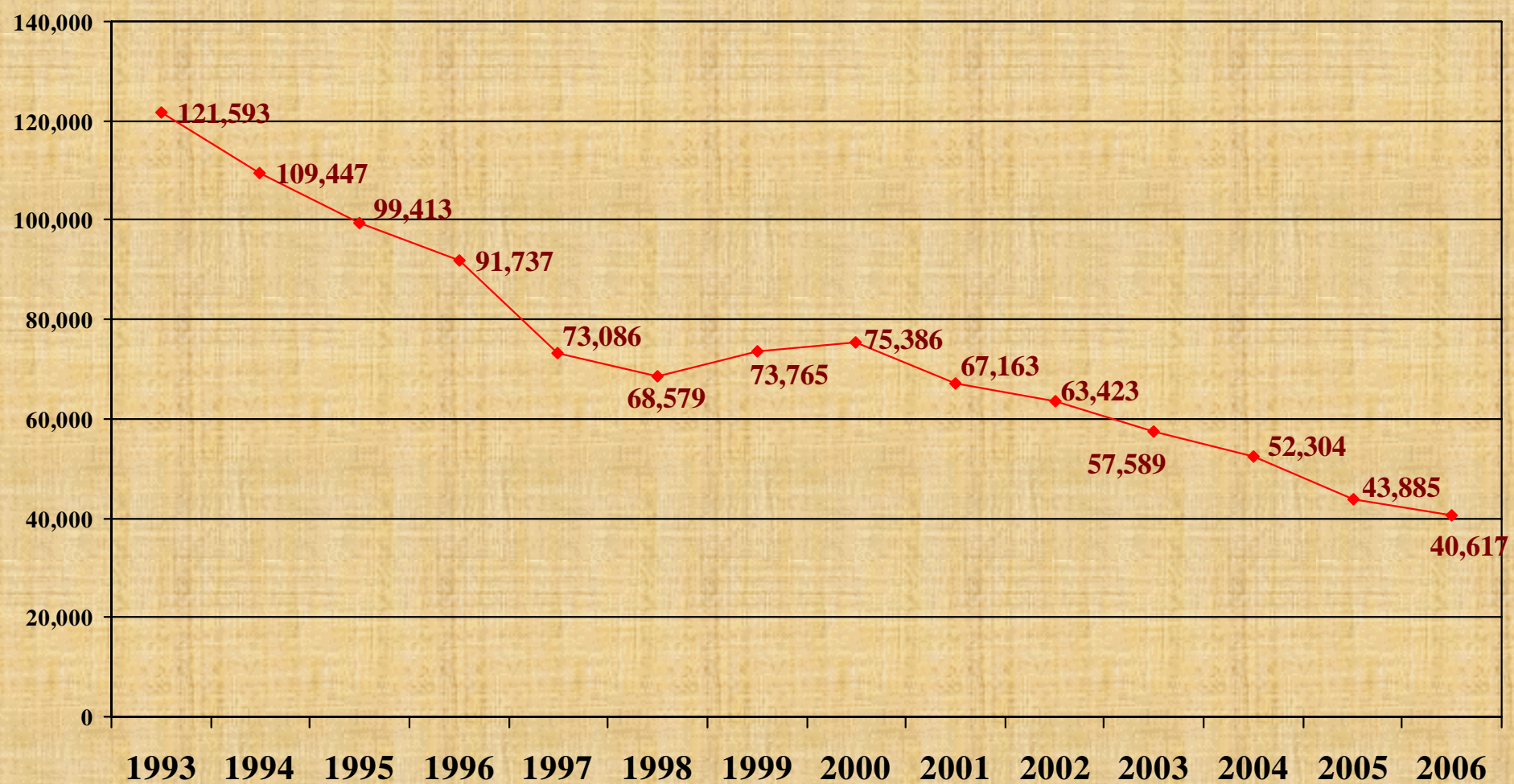


ACCIDENTS(INDUSTRIAL & COMMUTING) 1993– 2006

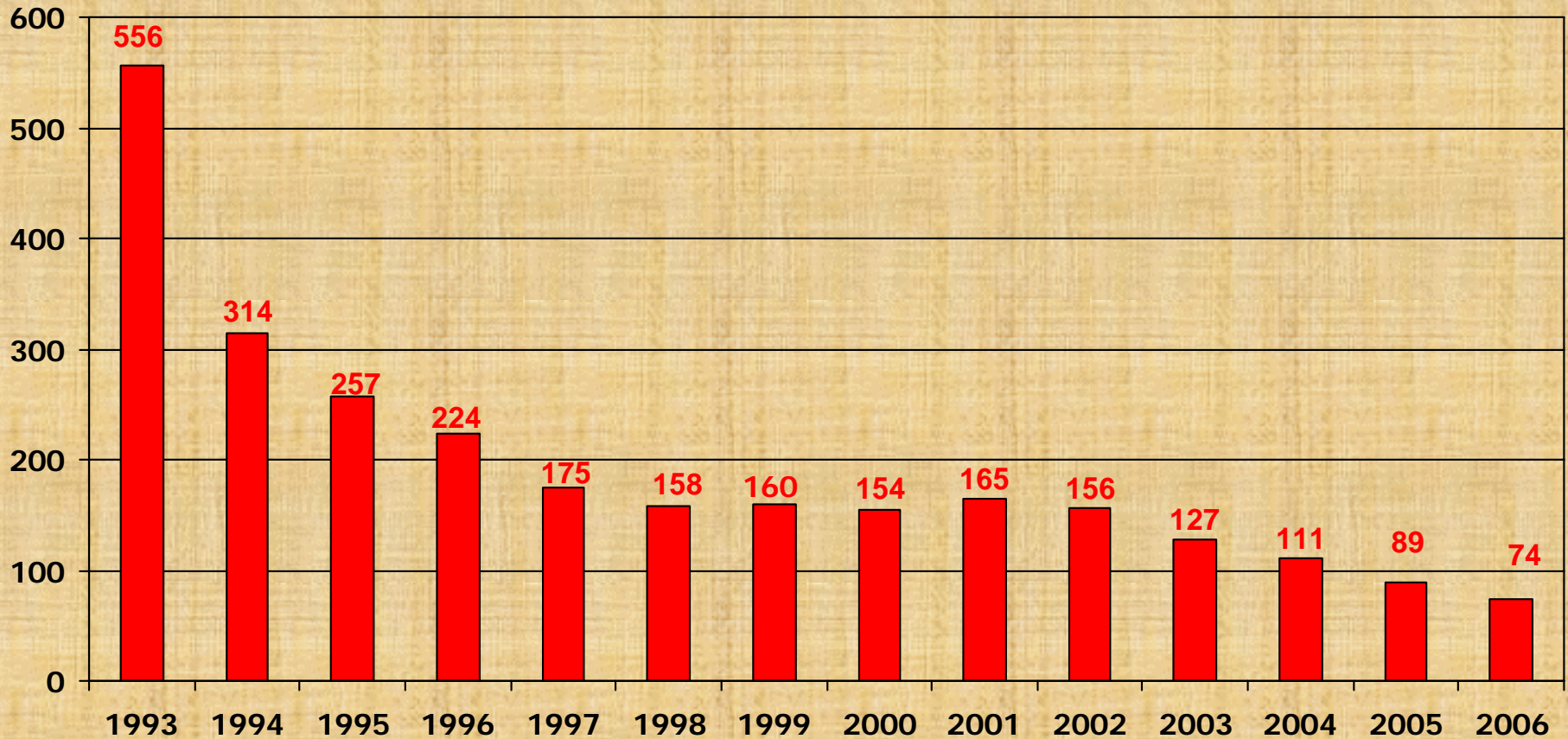


■ Total Accidents Reported
 ■ Industrial Accidents
 ■ Commuting Accidents

INDUSTRIAL ACCIDENTS (1993 – 2006)

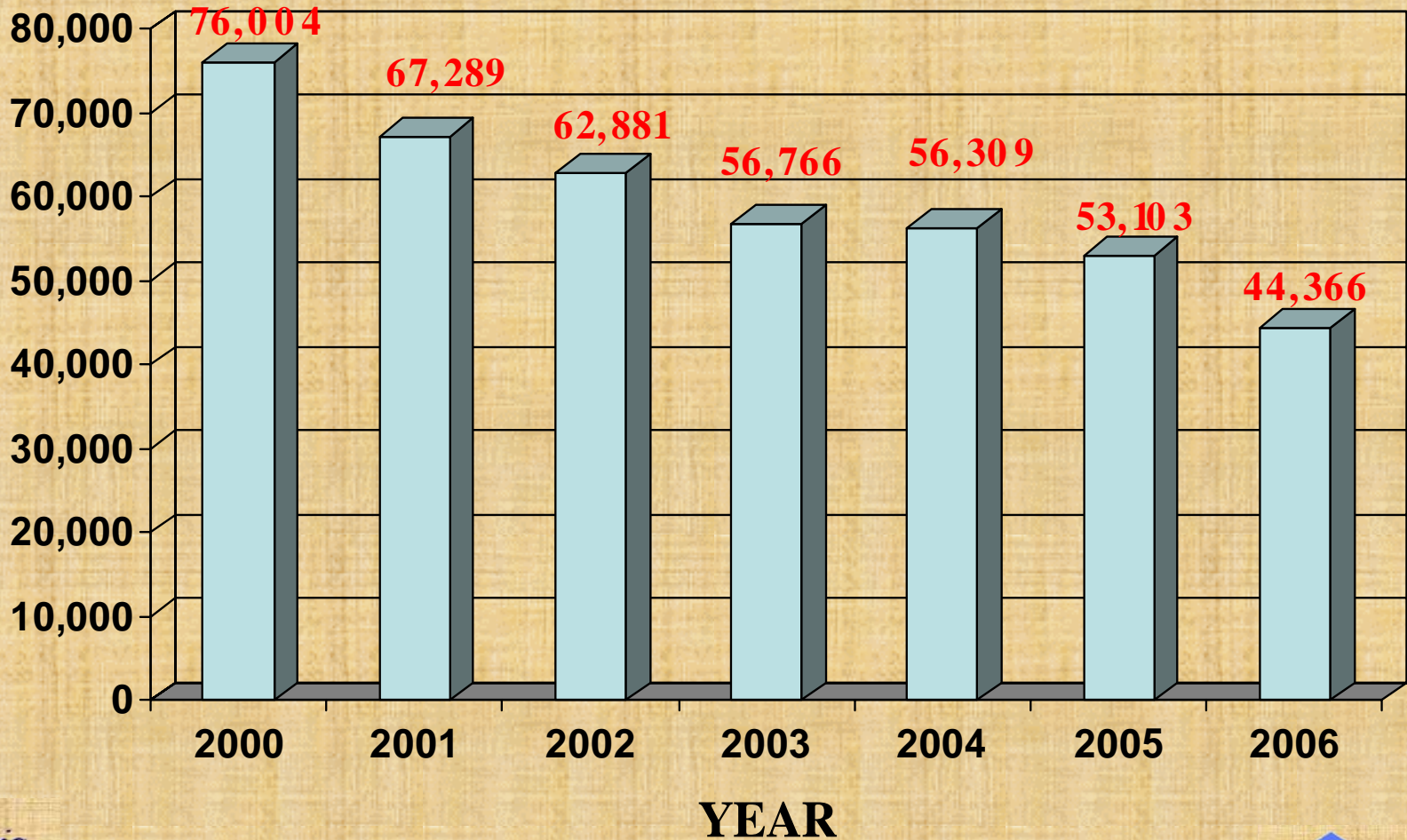


INDUSTRIAL ACCIDENT RATE (PER 10,000 WORKERS)

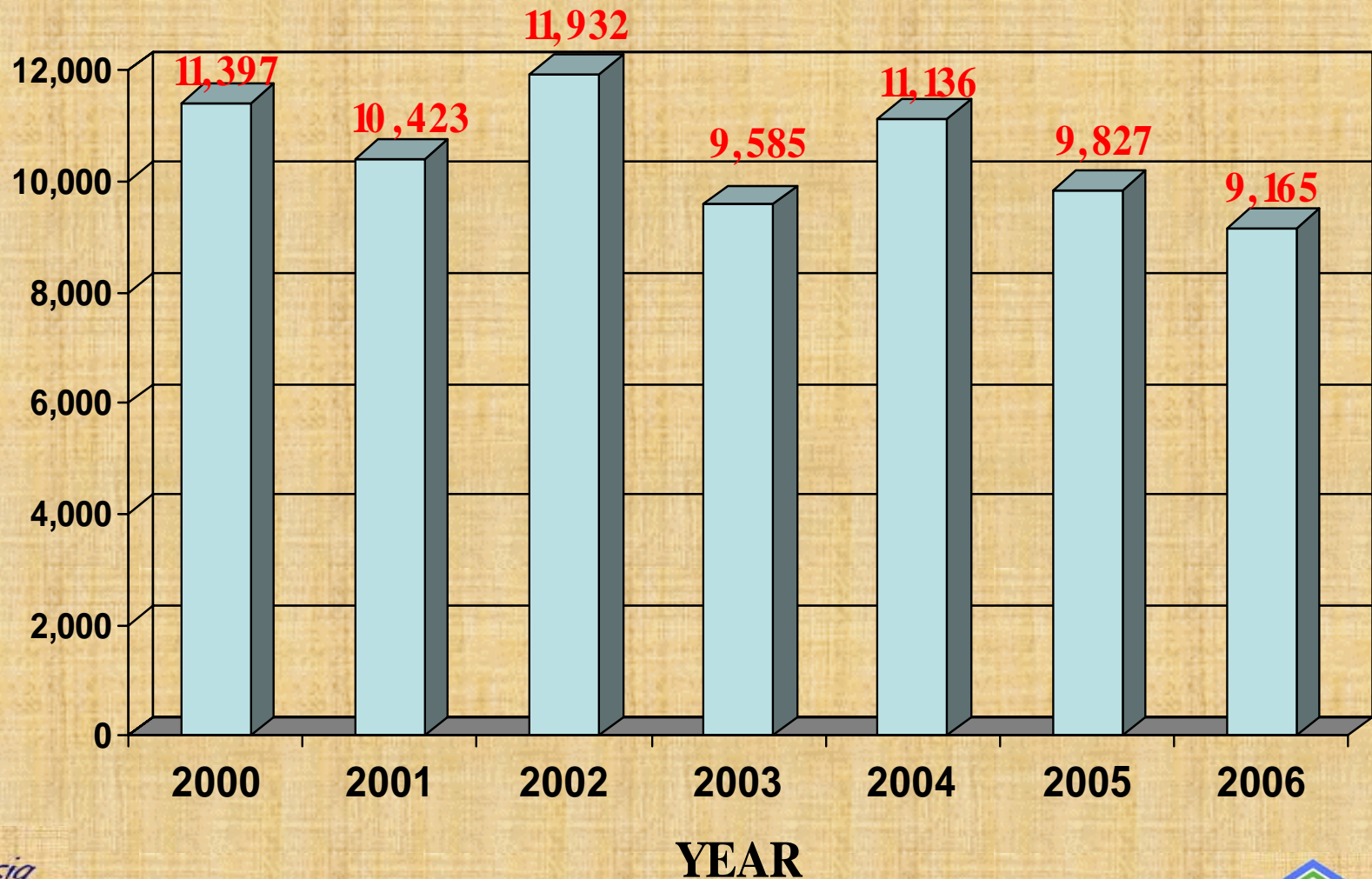


In Asia Work injury rates are 200 to 400 per 10,000 workers yearly -ILO

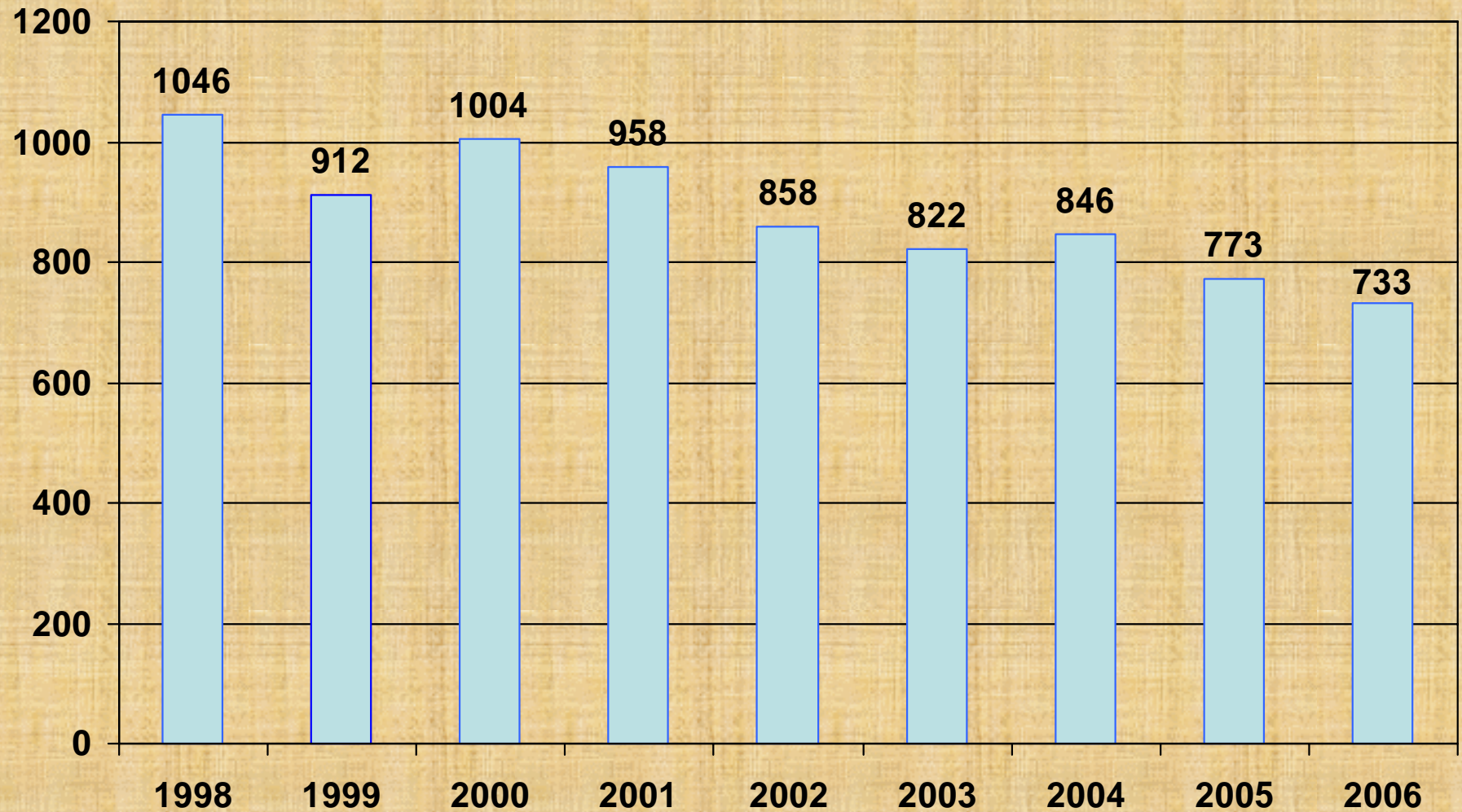
NUMBER OF TEMPORARY DISABLEMENT BENEFIT CASES



NUMBER OF PERMANENT DISABLEMENT BENEFIT CASES



NUMBER OF OCCUPATIONAL DEATHS

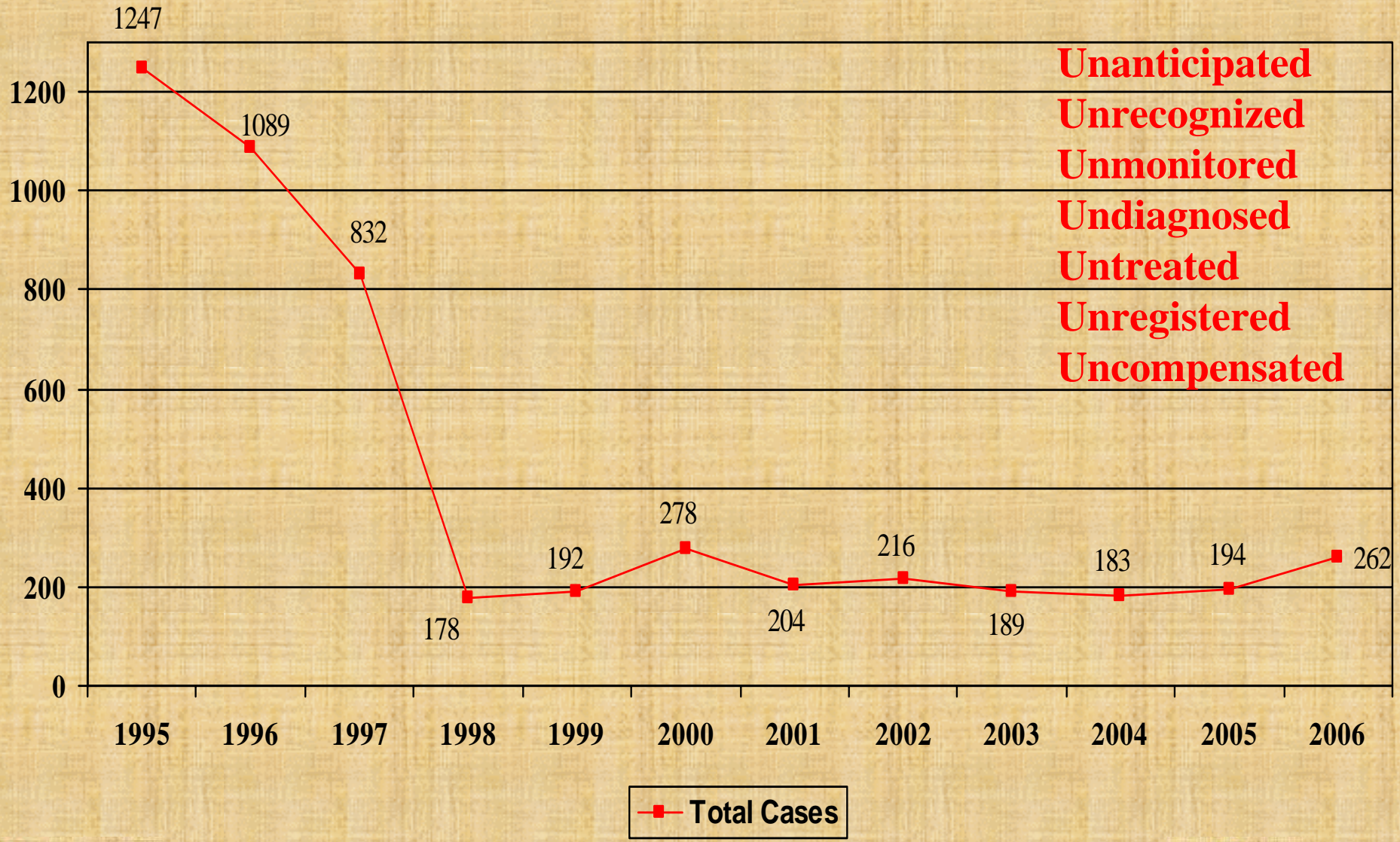


OCCUPATIONAL SAFETY & HEALTH & ITS CHALLENGES

CHALLENGES

1. Under reporting of occupational diseases including musculoskeletal & mental diseases.

NO. OF OCCUPATIONAL DISEASE



REASONS FOR POOR REPORTING

- Lack of anticipation of diseases in various sectors.
- Lack of hygiene monitoring of hazards
- Unrecognised by the workers as they are not aware of the hazards
- No medical surveillance of exposure to hazards.
- Unrecognised and underdiagnosed by doctors.
- Unrecognised by the small and medium scale employers.
- Employers fear enforcement action by DOSH

CHALLENGES

2. Traditional occupational disease like noise induced hearing loss still a concern in industrialized countries

Superimposed on new occupational diseases are general diseases such as diabetes , hypertension, asthma, AIDS , drugs and alcohol abuse and stress.

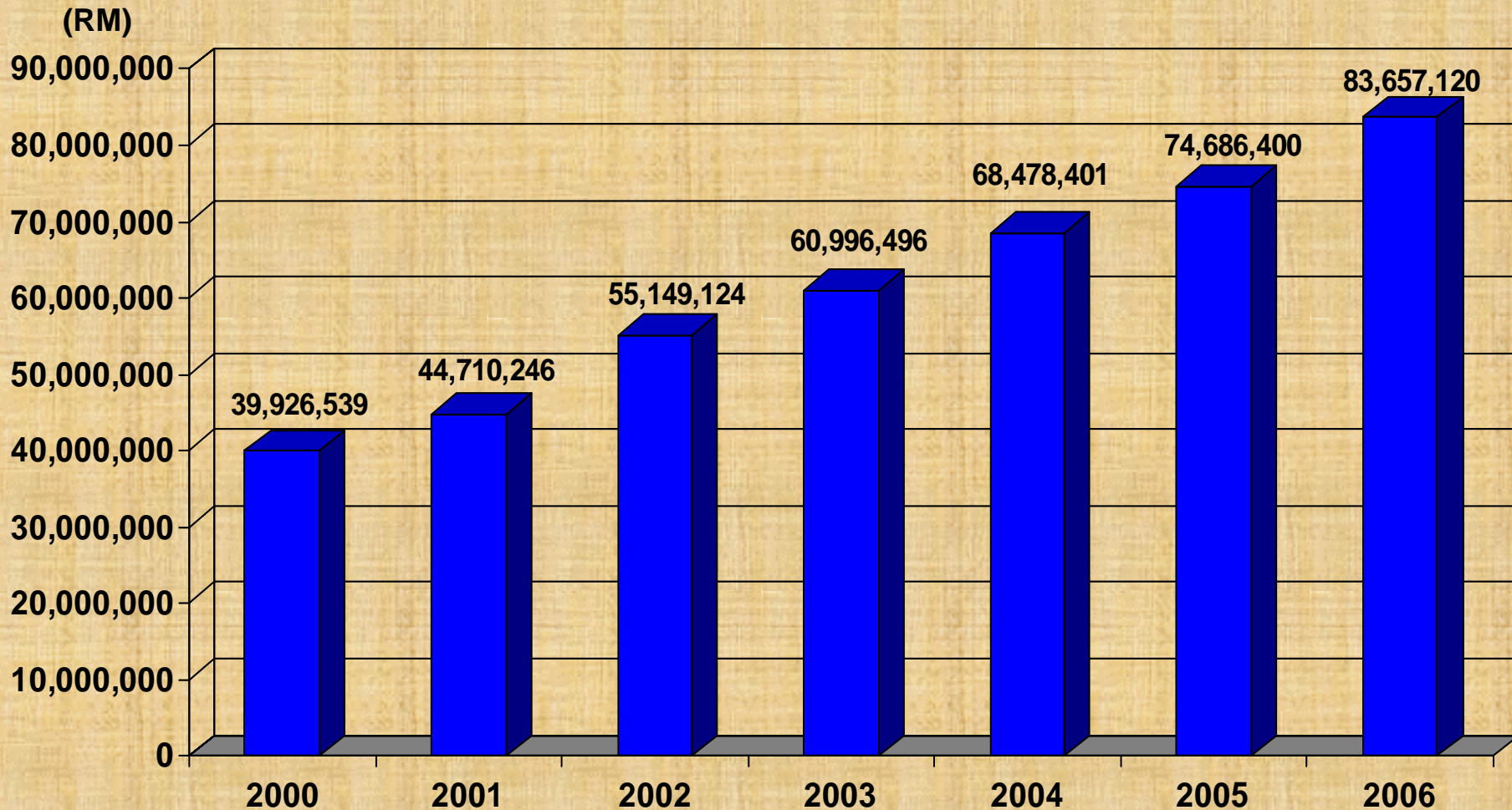
These result in:-

Increased medical leave

Decreased work capacity

Decreased productivity

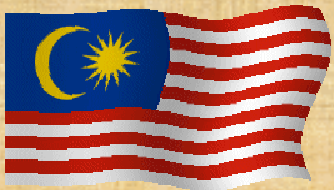
TOTAL PAYMENT (INVALIDITY & SURVIVORS PENSION) FOR LIFE STYLE DISEASES



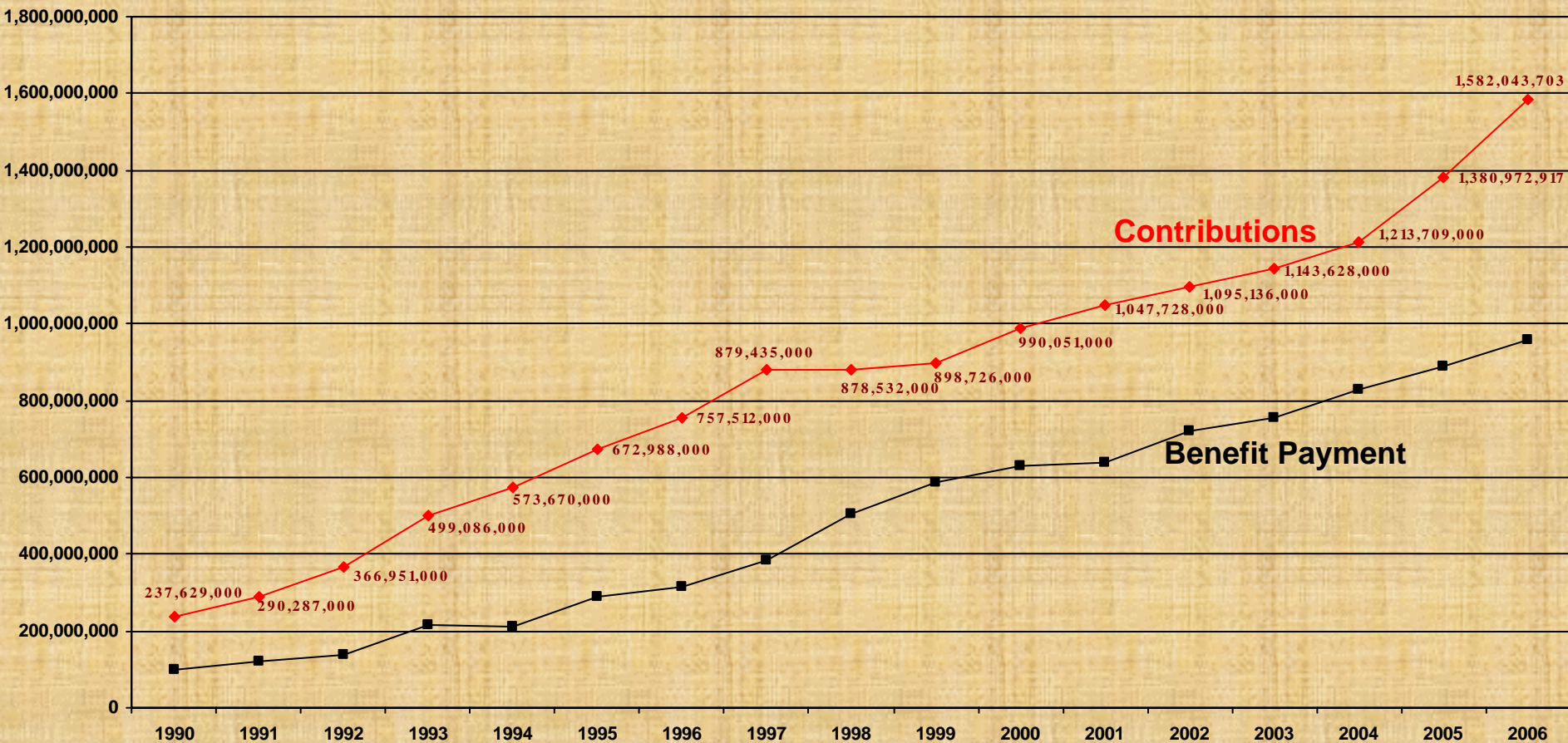
Life style diseases - Hypertension , Ischaemic heart disease , Cerebrovascular disease, Diabetes Mellitus

CHALLENGES

3. More curative and compensation seeking rather than promotive & preventive



SOCSCO CONTRIBUTION & BENEFIT PAYMENT



CHALLENGES

4. Small and medium scale enterprises do not have the Knowledge regarding the good OSH practices . They also do not have easy access to occupational health services and professional OSH services at a low/ reasonable cost .
5. Self-employed – informal sectors do not have access to OSH services.

CHALLENGES

6. New types of organization / Work force/foreign workers/ contract / outsourcing / downsizing/ work from home .
7. Nothing that is unacceptable in the exporting country should be transferred to the importer no matter what is the legislation of that recipient country
8. Lack of professionals in OSH/ or OSH professional services not used.

CHALLENGES

9. Lack of awareness among employers & employees
10. Lack of availability & dissemination of low cost OSH technology to improve workplace working environment .
11. Lack of holistic enforcement of OSH Acts and Regulations , thus workers are in substandard OSH / dangerous conditions , for excessively long hours.

WHAT HAVE WE DONE?

1. In collaboration with other agencies produced Guidelines on occupational diseases:-
 - Occupational lung disease 1997
 - Occupational skin disease 1998
 - Occupational noise induced hearing loss
 - Occupational pesticide poisoning and early treatment 2003
 - Occupational Health Services 2005
 - Occupational diseases 2007

WHAT HAVE WE DONE?

2. Compulsory training of 4,000 panel doctors in occupational health in collaboration with National Institute of Occupational Safety and Health.
3. Train doctors of the Medical and Appellate Medical Board in occupational diseases & disability assessment using standard Guidelines on Impairment and Disability Assessment.

WHAT HAVE WE DONE?

4. Support Continuous Medical Education of doctors to identify and notify occupational diseases in collaboration with Society of Occupational & Environmental Medicine, Malaysian Industrial Hygiene Association, Universities and other non government organizations

WHAT HAVE WE DONE?

5. Social Security Organisation gives grants for promotion of Occupational Safety and Health activities & publications
6. Drafted the amendments to the list of compensable occupational diseases under the Employees, Social Security Act 1967 according to the International Classification of Diseases ICD-10C. Another 138 diseases has been added to the old list of 88 diseases .

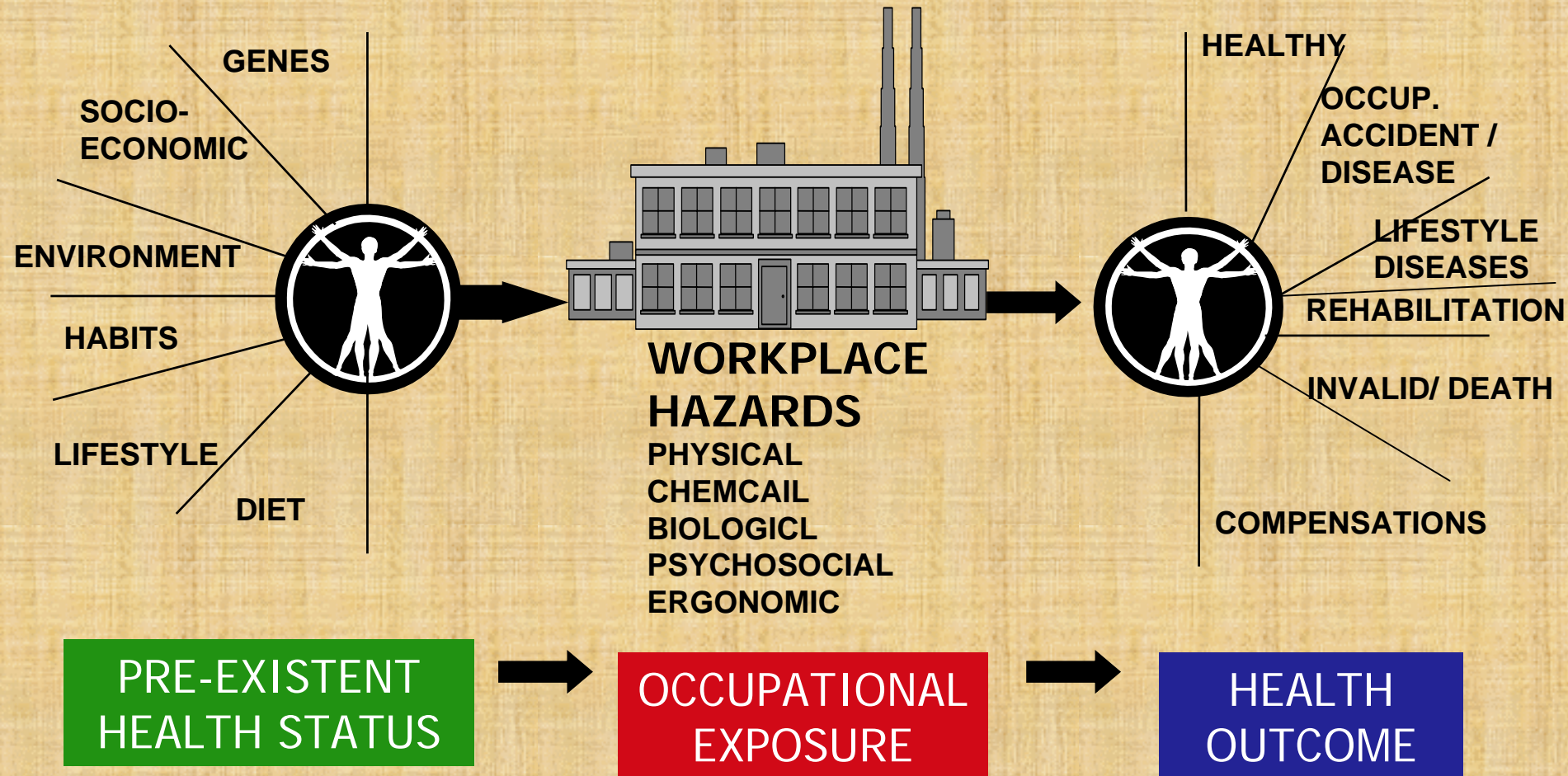
RECOMMENDATIONS

1. Holistic OSH Programme- SOCSO to allocate more for promotion & preventive programmes
2. Healthy Lifestyle Programme to be implemented by SOCSO for its members. OSH and Medical Records to be kept from “womb to tomb”
3. Subsidise OSH Services especially for SMEs so that they can have access to OSH services
4. Multiagency & International cooperation will be sought to add new OSH programmes & strengthen some the present ones

RECOMMENDATIONS

5. More OSH enforcement by Dept. of Occupational Safety & Health (DOSH)
6. Support and promote Malaysia Standard Occupational Safety & Health Management System
7. Subsidise / Sponsor the training of more OSH professionals
8. Strengthen Return to Work Programme for injured and diseased workers

APPROACH TO WHAT HAS BEEN DONE

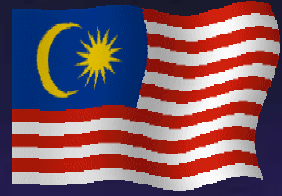


CONCLUSION

It is a good business to invest in Occupational Safety and Health as it will not only promote health and safety but also result in high morale of the workforce , reduce morbidity and mortality and hereby ensuring productivity of the worker , increase enterprise global competitiveness and further improve quality of working life .

MILLIONS OF COLOURS

One Golden Celebration



Malaysia
Truly Asia

THANK YOU

