

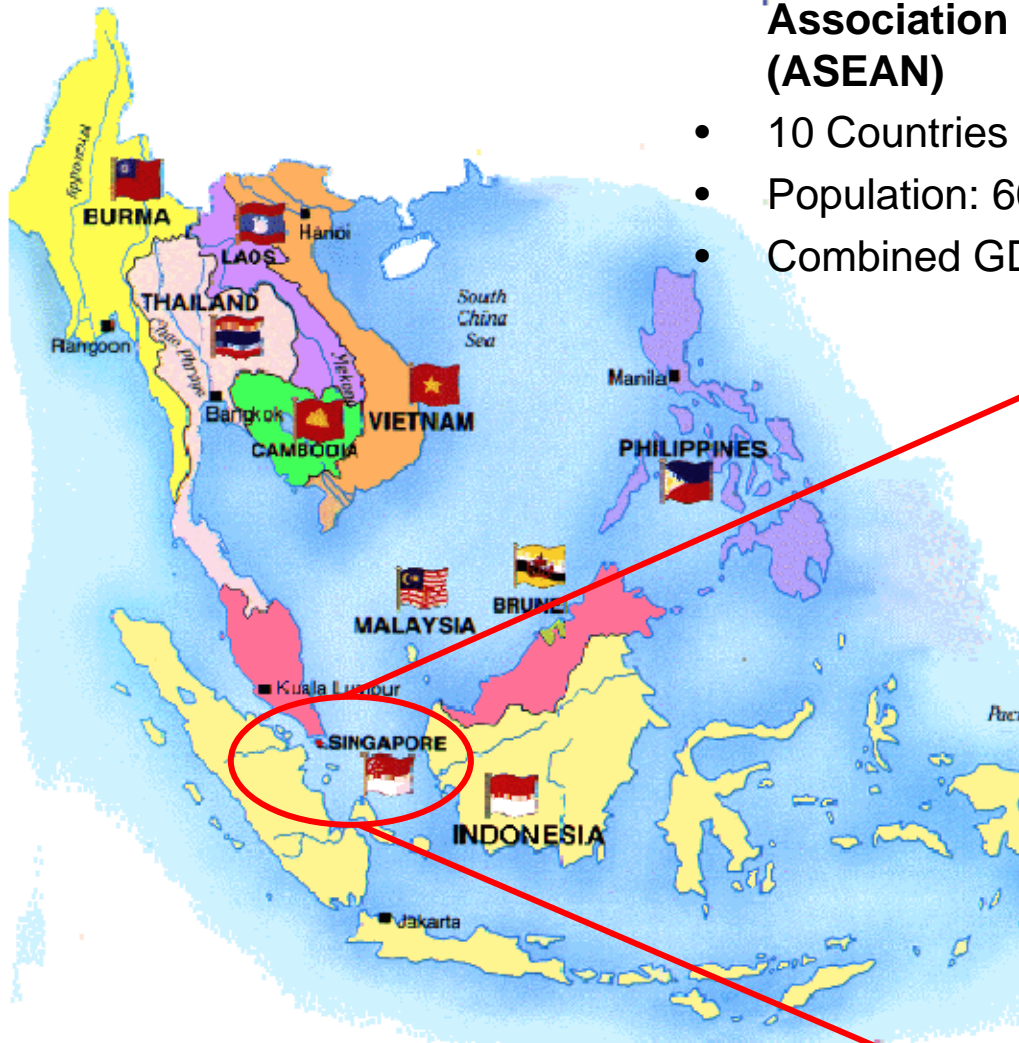


MINISTRY OF
MANPOWER

Applying the Risk Management Concept to Workplace Health

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Ministry of Manpower
Singapore

ASEAN and Singapore



Association of South East Asian Nations (ASEAN)

- 10 Countries
- Population: 600 Million
- Combined GDP: US\$1,100 billion

Singapore

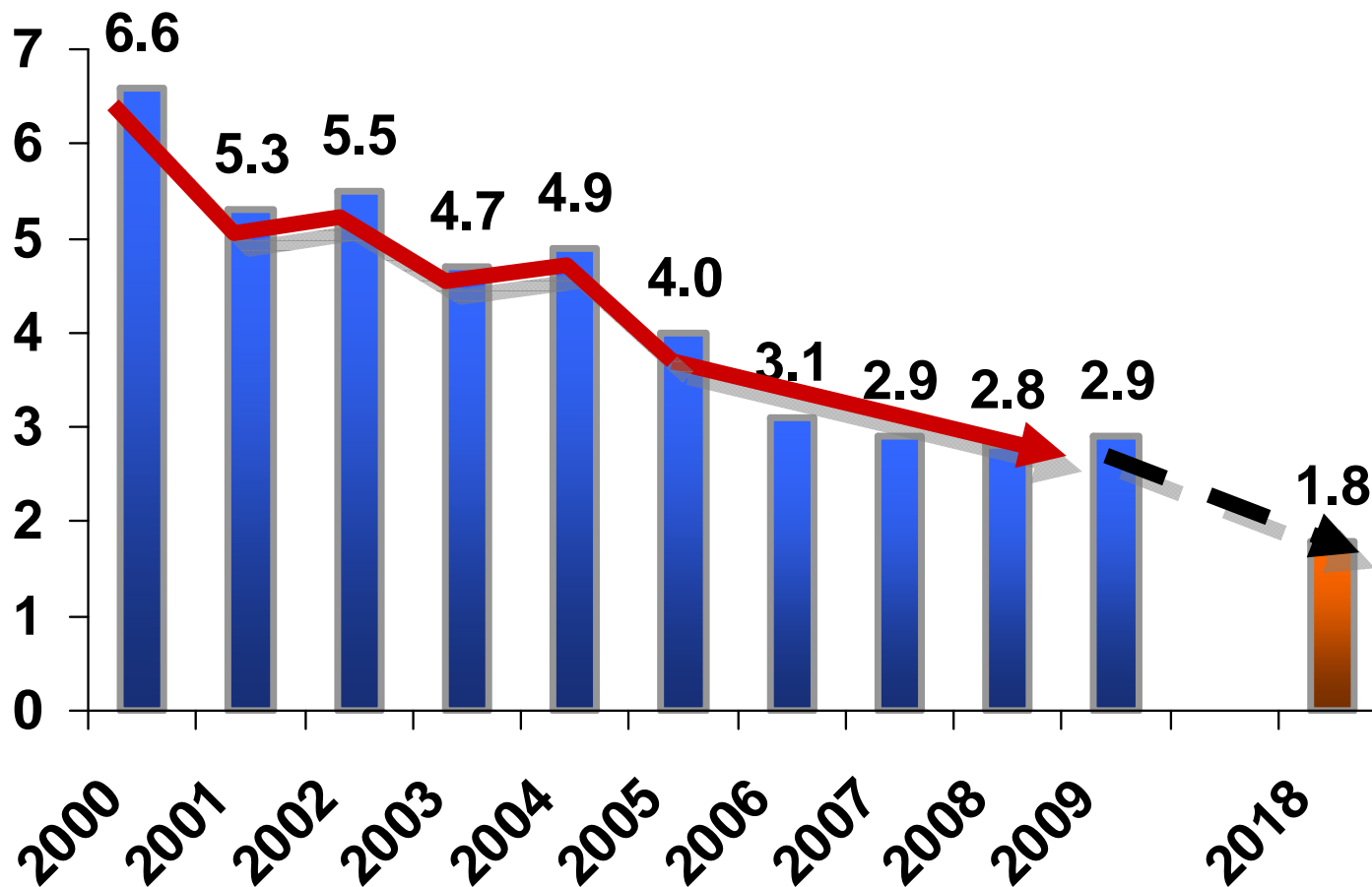
- Population: 4.9 Million
- Land area: 700 sq km
- GDP: US\$182 billion

Accident Statistics

- Fatality Rate (2009):-
2.9 fatalities per 100,000 workers
- Injury Rate (2009):-
446 injuries per 100,000 workers
- OD Rate (2009):-
19.3 cases per 100,000 workers

Focus on Workplace Health

Singapore made significant gains in workplace safety standards in the past few years



Singapore's Workplace Fatality Rate (per 100,000 workers) for period 2000 - 2009

Focus on Workplace Health

- **Workplace Health improvements should keep apace with Workplace Safety gains**
 - 1.95 million deaths due to work-related diseases vs 358,000 deaths due to work-related accidents (ILO, 2003)
 - In Singapore, we estimated that 63 deaths are due to medical conditions in 2009. In contrast, 72 deaths last year are due to accidents.



Workplace Health Challenges

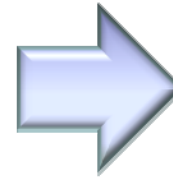
Our Workplace Health statistics may not paint an entirely accurate picture

Type of ODs	2009	2008
Total	468	855
Noise-Induced Deafness	380	743
Occupational Skin Disease	56	66
Excessive Absorption of Chemicals	16	11
Chemical Poisoning	-	8
Compressed Air Illness	-	7
Barotrauma	1	5
Occupational Lung Disease	3	5
Work-related MSD	3	5
Mesothelioma	3	4
Others	6	1

Workplace Health Challenges

Unique nature of Occupational Diseases (ODs)

- Long latency periods
- May be caused by work and non-work factors
- Difficult to internalise costs
- Limits a performance-based framework



Requires a more prescriptive approach

Mindset shifts

- Meeting established permissible exposure levels does not mean no risks



Focus on eliminating or reducing exposures to workplace health hazards



Managing Workplace Health Risks

Different Hazards, Different Risks

Established Hazards

- Direct causal link to occupational disease
- Contributory factor to occupational disease

Emerging Hazards

- Effects being studied

Unknown hazards

- Due to new work processes, chemicals, biological and infectious agents



Risks become less foreseeable



Foreseeable Workplace Health Risks Targeted Intervention Programmes

**Developing
Standards**



**Compliance
assistance**



**Building
capabilities**



Foreseeable Risk

**Targeted
enforcement**



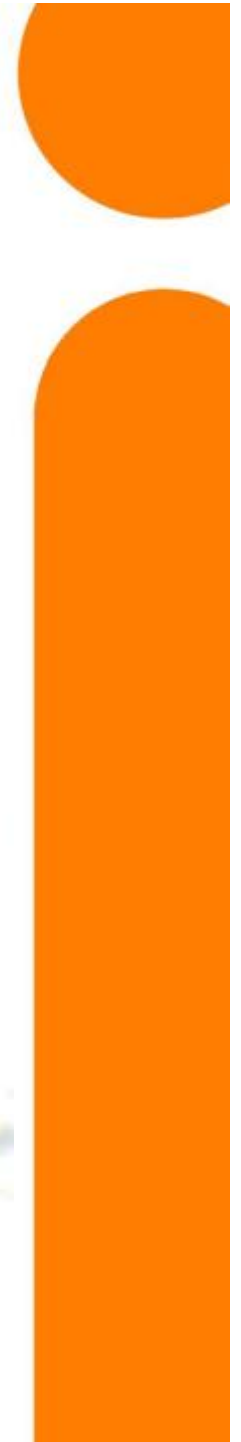
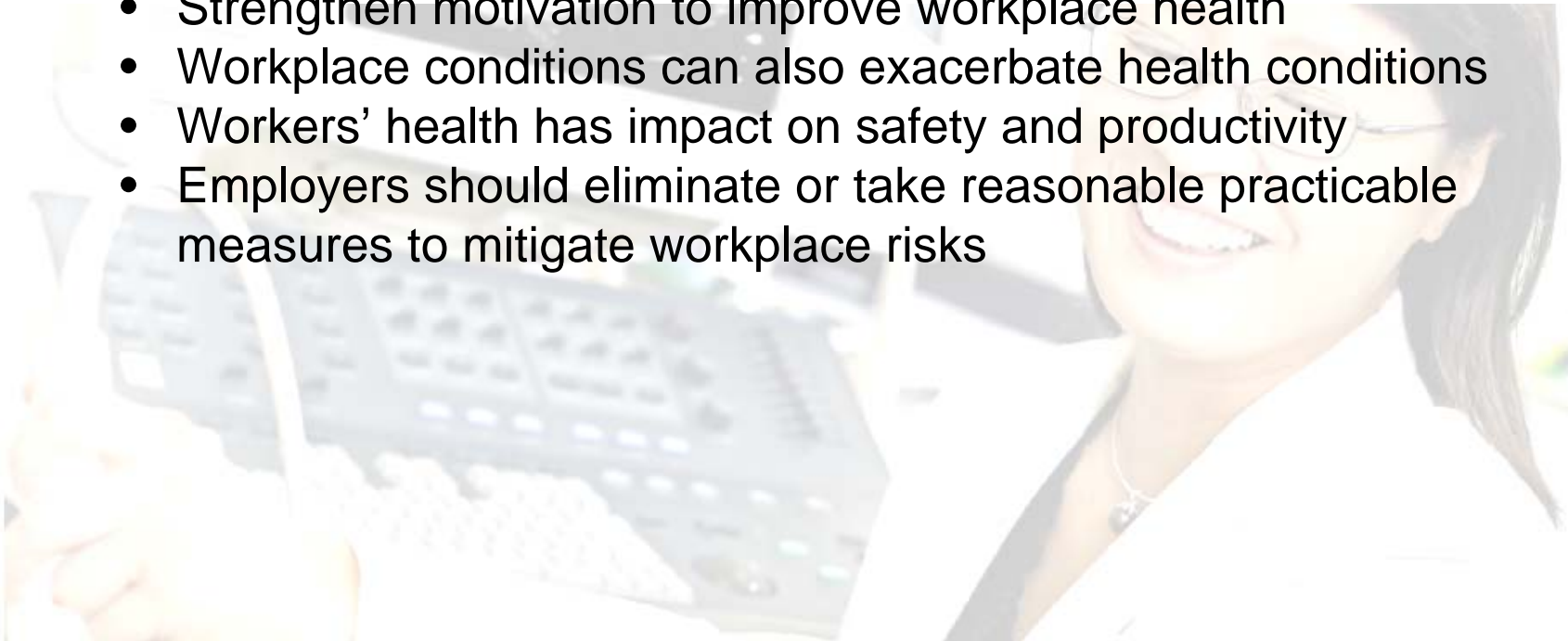
**Educating
employees**



Contributory factors to ill-health

Promoting Good Practices

- **Encouraging employees to take personal responsibility**
 - Control measures to manage risk go beyond workplaces
- **Creating business case for employers**
 - Strengthen motivation to improve workplace health
 - Workplace conditions can also exacerbate health conditions
 - Workers' health has impact on safety and productivity
 - Employers should eliminate or take reasonable practicable measures to mitigate workplace risks



Less Foreseeable Risks

Research and Standards Development

Better understanding of work processes and exposure situations

Research is applied and put into practice:

- Standard setting
- Best practices
- Cost-effective solutions in risk monitoring and control

Need for strong international collaboration



Identifying & Recognising Workplace Health Risk Monitoring and Intelligence Gathering

- Engaging doctors and facilitate reporting of work-related diseases
- Integrating information databases to identify trends
- Expanding existing monitoring programmes to include other hazards and sectors
- Developing stronger links with international organisations to better monitor worldwide developments



Measuring Progress

Type	Targets and Indicators
Effect indicator	20% reduction in the OD incidence from the 3-year average (2006-8) by 2018
	(i) 20% reduction in the NID incidence from the 3-year average (2006-8) by 2018 (ii) 20% reduction in the incidence of chemical related illnesses or diseases (occupational dermatitis, chemical poisoning and excessive absorption, lung diseases) from the 3-year average (2006-8) by 2018
Exposure indicator	(i) 20% reduction in the number of workplaces monitored with noise levels at or above 90 dBA by 2018 (ii) 20% reduction in the number of workplaces monitored with <u>selected</u> chemical exposure levels at or above 50% PEL by 2018
Compliance measure	(i) 95% of workplaces inspected (if required) have implemented by 2018 <ul style="list-style-type: none"> ▪ Hearing conservation programme; ▪ Chemical management programme; ▪ Confined space management programme; or ▪ Complied with legislative requirements related to asbestos work

Conclusion



- Workplace Health important for sustainable growth
- Workplace Health Strategy – A Risk-based Approach
- To drive and accelerate development towards world class WSH standards, Singapore also looking at:
 - Setting up a WSH institute to strengthen WSH thought leadership and drive research
 - Implementing the concept of WSH services to strengthen workers' involvement in WSH and the link between ill-health and workplace conditions

THANK YOU

