

SOUTH ASIA LABOUR CONFERENCE 2014: LAHORE



**Strengthening Occupational safety and Health
Management System**

By

Arshad Mahmood

Dr. Javaid Gill

**DIRECTORATE GENERAL OF LABOUR WELFARE
LABOUR AND HUMAN AND RESOURCE DEPARTMENT
GOVERNEMENT OF THE PUNJAB**

Lahore

April, 2014

Abstract

The use of modern technologies has posed the workers with high rate of accidents and occupational diseases. The ILO estimates around the globe, more than 2.2 million people die of work-related incidents and diseases and over 270 million suffer from non-fatal injuries at work every year. The available literature advocates that the majority of accidents do not just happen, instead, people who perform unsafe acts and create unsafe conditions cause them and therefore accidents are preventable. This Paper provides an overview of the management and governance of occupational safety and health (OSH), the available International Standards and existing mechanism in SAARC countries. The paper focuses on the existing laws and enforcement mechanism for ensuring health and safety standards at the workplace in Pakistan. It also highlights achievements of the Government of Punjab in the field of OSH. In the end, the paper identifies gaps at the policy, legislative and enforcement levels in the country and proposes a way forward for establishment of an efficient health and safety mechanism.

Keywords: Health and safety, workplace, hazards, working conditions

1. Introduction

Occupational health and safety is the science of anticipation, recognition, evaluation and control of hazards arising in or from the workplace which could impair the health and well-being of workers, also impacts the surrounding communities and the environment. In its broader view, it is promotion and maintenance of well-being of worker of all sort of occupation. It provides preventions and protection to the workers from adverse effects of risks of physical and chemical agents. It also covers environmental conditions which are physically and

psychologically suited to worker. **Occupational Safety and Health Management System** on the other hand is a mechanism based upon occupational safety and health criteria, standards and performance. It provides method to assess and improve performance of employee by preventing workplace incidents like near miss and accidents via effective hazard and risk management measures. It is a stepwise series of actions to identify the weak areas for improvement¹, like, what to do and when. The system, in fact, helps in achieving set goals and evaluating how well they are done. The occupational health and safety system is based on the principle of the “Plan-Do-Check-Act” (PDCA), to monitor business performance on a continual basis. When applied to OSH, “Plan” means the setting of an OSH policy and allocation of resources, “Do” involves the actual implementation and operation of the OSH programme, “Check” involves measuring both the active and reactive aspects of the programme and “Act” is the review of the system in terms of continual improvement and the preparation of the system for next cycle.

The use of modern technologies has posed the workers with high rate of accidents and occupational diseases. The workforce exposed to new technologies was unaware of their use and dealing. The incident rate of accidents was high in informal sector; in the small size enterprises, construction and agriculture sectors. The workers engaged in the informal sector are more vulnerable with little or no access to primary occupational health and safety services which resulted in huge losses in the shape of loss of working hours and even the livelihood (Awan, 2007). Pandita (2007) highlights lack of awareness about health hazards, very little priority to OSH in the informal sector, more effects on children and women, there is no distinction between workplace and

¹ OSH Management System: A tool for continual improvement, World Day for Safety and Health at Work 28 April 2011.

living place, important reasons of poor health and safety conditions in the informal sector.

2. Background

According to ILO's estimates around the globe, more than 2.2 million people die of work-related incidents and diseases annually. Over 270 million employees suffer from non-fatal injuries at work every year and more than 160 million workers suffer from illness from work-related causes, irrespective of the fact that under reporting of occupational accidents is one of the major problems in the field of health and safety (Pandita 2007). Women, children and migrants, mostly poor and unprotected, are more likely sufferers of workplace ailments². According to a latest study in USA, 60300 job-related deaths are due to diseases and work-related fatalities and their costs are on the rise. It is near to impossible to determine the exact costs concerning human life and compensation, while 4% of GDP (Gross Domestic Product) goes to absenteeism, medical treatment, disability and survivor benefits rise (Takala, 2000).

Literature review shows that the majority of accidents (98%) do not just happen, instead, people who perform unsafe acts and create unsafe conditions cause them and therefore accidents are preventable (Muchechedzi and Charamba, 2006). Prevention is better than cure. According to Webb (1989), a central belief in most of the occupational medicine/health promotion literature is that people perform better when they are physically and emotionally able to work and want to work which in turn leads to higher productivity. According to McCunney (2001), the primary beneficial impact of occupational health and safety on productivity is reduced absenteeism. Katruro et al, 2010 proved that health safety OHS practices in food factories decrease the workers' performance, leading to the decline of productivity. A worker who is suffering from an occupational illness is slower and weaker, thereby, missing set targets.

3. International Labour Standards on Occupational Safety and Health

Global rules concerning health and safety at work are necessary to achieve the goals of globalization and competitiveness. The purpose behind is to reduce the state of inequality at workplace among the nations. International Labour Organization deals with matters connected to world of work. Its mandate is to ensure social justice, prosperity and peace. The rules set by ILO are called international labour standards which provide base-line of standards formulated by tripartite consultation of government, employer and employee. For instance, Promotional Framework Convention on Occupational Safety and Health, 2006, The List of Occupational Diseases

Recommendation, 2002 No. 194, The Occupational Safety and Health Convention, 1981 No. 155 and its accompanying Recommendation (No. 164), The Occupational Health Services Convention, 1985 (No.161) and its accompanying Recommendation (No. 171), Working Environment Convention, 1977 (No.148) and its accompanying Recommendation, 1977 (No.156), The Safety and Health in Agriculture Convention, 2001 (No.184) and its accompanying Recommendation (No. 192), The Safety and Health in Construction Convention, 1988 (No.167) and its accompanying Recommendation (No. 175), The Safety and Health in Mines Convention, 1995 (No. 176) and its accompanying Recommendation (No. 183), Hygiene (Commerce and Offices) Convention, 1964 No.120 and The Chemicals Convention,

² <http://www.ilo.org/public/english/protection/safework>

1990 No.170 and its accompanying Recommendation (No.177) are most important.²

4. Regional Perspective

In SAARC countries, Health and Safety Assessment Series (OHSAS-18001), is very common and this is an international standard for occupational health and safety management system. Many multinational and local industrial enterprises in the region follow this system to improve their productivity under the umbrella of local laws. The local laws also encourage the activity of health and safety at workplace. National Institute of Occupational Safety and Health (NIOSH) USA formulate rules and regulation concerning health and safety while Occupational Safety and Health Administration (OSHA) is regulatory and implementing authority. The multinational companies have their own guidelines in accordance with that of these and other international agencies to implement (Hasan, 2012).

Besides, the individual countries in South Asia region have their own policies and laws to promote and promulgate standards on occupational health and safety at the workplace. The Government of India has the National Policy on Safety, Health and Environment at Work Places in February 2009. The policy provides general guidelines for all stakeholders to develop a safety culture and environment in work places (Pingle S. 2012).

In Afghanistan, “Ensuring Health and Safety Conditions of Labour Law” describes the workplace requirement for safety of employees. In Bhutan, The Ministry of Labour and Human Resources is the main government organization in OSH activities. In Maldives, Work Place Safety and Employees Health is covered under „Employment Act, 2008 and the Ministry of Health is concerned with workplace health and

² ILO: Employment Policy and International Labour Standards.

safety. In Sri Lanka, there is a National Institute of Occupational Safety and Health Act, No. 38 of 2009 deals with occupational safety and health issues and covers many aspects related to work ailments.

5. Situation in Pakistan

The Constitution of Islamic Republic of Pakistan guarantees safe and humane working conditions at the workplace. Article 37(e) makes provision for securing just and humane conditions of work. The Constitution also guarantees that children and women are not employed in vocations which are unsuitable to their age or sex and for maternity benefits for women who are employed.

The Labour Policies of 2002 and 2010 clearly highlight provision of safe and hazard free working environment and constitution of “National Health and Safety Council”. The National Labour Protection Policy, 2005 stipulates that “employers have a responsibility to ensure that hazards at the workplace are eliminated, minimized, or controlled in such a way that work accidents are avoided. Enterprises of all size in all sectors must develop a safety and health culture and introduce policies that transform intention into practice. Employers are also required to take measures for elimination and reduction of hazards causing occupational diseases and illness”.

Pakistan inherited a number of labour laws from the British colonial era which have been modified to some extent over the years. The main law governing the health and safety in industry is the Factories Act 1934. Chapter-III of this Act contains provisions for health and safety of the workers. Other laws have categorized certain occupations as “hazardous” and contain special provisions to regulate the working conditions at workplace are: The Hazardous Occupations Rules of 1963, The Employment of Children Act 1991, Mines Act, 1923, Social Security Ordinance, 1965, Workmen’s Compensation Act 1923, Shops and Establishments Ordinance, 1969, Punjab Factories

Rules, 1978, Dock Labourers" Act 1934, Dock Workers (Regulation of Employment) Act 1974.

The analysis of existing labour laws highlights that they are not harmonize with the prevalent health and safety standards and practices in vogue. Many of the sectors, like, construction, agriculture and cottage industry with grave occupational health and safety hazards are not covered under these laws. Very few technical standards have been prescribed in these laws. For instance, the Occupational Exposures Limits (OELs), common all over the world, are still lacking in labour laws of Pakistan.

Under the 18th Amendment in the Constitution of Islamic Republic of Pakistan, the subject of labour was devolved to the Provinces in 2010. Now, the Provinces are responsible for legislation and formulation of policies in the field of labour and health and safety at the workplace. The province of Punjab is proactively pursuing the challenges of legislation on health and safety. The Punjab Health and Safety Council notified. The Directorate General of Labour Welfare with the support and cooperation of the social partners is working on improvement in the existing laws and drafting of new law on health and safety. The Department is also working on various proposals to strengthen the law enforcing mechanism so that the provisions of health and safety are implemented in letter and spirit.

5.1. An overview of the Enforcement Agencies

The Provincial Directorate of Labour Welfare in all four Provinces, are responsible for implementation of laws relating to health and safety in industrial and commercial establishments. Provincial Mines Department are responsible to ensure enforcement of relevant provisions of health and safety in mines under Mines Act, 1923. Directorate of Dock Workers is responsible to ensure implementation of health and safety provisions under the relevant enactment for the

dock workers. The Environment Protection Departments and Rescue 1122 in the Province of Punjab are also contributing a lot for ensuring safe working conditions and post accident management.

5.2. Center for the Improvement of Working Conditions and Environment

Centre for the Improvement of Working Conditions and Environment (CIWCE), Lahore is an organ of the Directorate General of Labour Welfare, Punjab. The CIWCE was established in 1987 by the Labour Department with the collaboration of ILO/UNDP. It is a pioneering institution in Pakistan with professionally trained staff, modern laboratories and facilities for assisting industry in combating safety, health and environmental problems at the workplaces. The scope of activities of CIWCE extends to:

- **Training & Education:** Training courses on safety, health and environmental problems of all stakeholders.
- **Research:** Research on occupational safety, health and environmental problems in the industry and small enterprises.
- **Information:** Information services are provided on request on OSH problems.
- **Monitoring:** Monitoring and analysis of chemicals and physical hazards in the workplace is carried out.
- **Advisory Services:** The professional staff of CIWC&E can carry out OSH audits and provide advisory services for the solution of the problems of safety, health and working environment.

Major Achievements of CIWCE

- Designed an Ergonomic loom for carpet weavers and won International Tech Award for beneficiary to the humanity category.
- Conducted pilot studies on health issues of workers chemicals at work, scavengers, deep sea fishing, tanneries, textile power looms, brick kilns and coal mining.
- Developed Ergonomic workstations and engineering controls for surgical industry in Sialkot
- Devised an Ergonomic workstation in glass bangles industry in Hyderabad (Sindh).
- Developed an improved fodder cutting machine in agriculture in district Sahiwal.
- Developed workstation for hotels and restaurants earthen ovens for making loaves (roties) without burns and scalds
- Conducted research studies for stone crushing plants in Punjab and Sindh.
- Developed and published training and awareness material on occupational safety and health in local language (Urdu).
- Developed and published safety signs on occupational safety and health in local language for illiterate workers.
- Translated international guidelines and regulations for different sectors in local language for workers.
- Created a database of about 1200 International Chemicals Safety Cards in urdu.

5.3. Issues and Challenges

Labour laws in the country are fragmented. The Factories Act, 1934 is only applicable to the formal industrial sector. Informal economy, including on-farm and off farm agriculture activities evade the coverage of labour laws. There is no National Occupational Safety and Health Council which in the wake of 18th Constitutional Amendment could harmonize the policies and laws regarding health and safety and to ensure that enforcement in all the provinces go at equal pace. Under reporting of the incidents of health and safety in the industrial and commercial establishments is a major areas of concern. The laws applicable to commercial establishment and transport do not contain adequate provisions to ensure standards of health and safety for the workers. Lack of awareness of the stakeholders on Occupational Safety and Health provisions under various laws, importance of improvement in health safety on the productivity, lack of formal education in OSH, lack of research and absence of national focal institution for training and advisory services in occupational safety and health should be the other areas of equal importance for the policy makers to intervene.

6. Need for Regional Cooperation

There are many commonalities in the countries of the South Asia region. A lot of improvement in the health and safety can happen through sharing of resources, information, ideas of low cost OSH solutions, identification and linking of focal institutions in the region, establishing working groups on issues of common interest, issuance of common codes of practice for industries and sectors common in all the countries of the region, formation of regional associations for Occupational Safety, Health & environment and establishment of regional OSH forums and portals on the web.

7. Way forward

Improvement in health and safety at the workplace is on the top of the development agenda in most of the developing countries. The need of focusing on this issue has increased manifold after the 18th Amendment in the Constitution and the recent accidents in the Baldia Town Karachi and Bund Road, Lahore. There is a dire need of (a) promulgation of separate law on health and safety which should cater the need of the workers engaged in formal as well as informal sectors, (b) research and capacity building of the existing field formation and experts in the field, (c), strengthening enforcement mechanism, (d) launching a massive awareness campaign on health and safety, and (e) activating the Provincial Health and Safety Council.

Improvement of health and safety and working conditions in the informal and home based sectors is a big challenge. Participatory Approach to improve safety, health and working conditions in informal economy workplaces can be a better option. These approaches are practiced on the basis of local experiences and involve voluntary participation by the employer and employees of the informal and home based sectors. Work Improvement in Small Enterprises (WISE) in Thai Land, Work Improvement for Safe Home (WISH) in Cambodia and Work Improvement in Neighborhood Development (WIND) in Viet Nam are prominent initiatives at the local level involving participatory approach with facilitation from the government³. Such special interventions can be introduced in certain specific sectors where the situation cannot be improved through mere law enforcement.

³ Highlighted by Tsuyoshi Kawakami in Participatory approaches to improving safety, health and working conditions in informal economy workplace- Experiences of Cambodia, Thailand and Viet Nam.

REFERANCE

Awan, S. (2007). "The Development Trends of Occupational Health Services in Pakistan" Draft Report. Retrieved from <http://www.ilo.org>

Gautam, R. P., Prasain, J. N., (2011). Current Situation of Occupational Safety and Health in Nepal, A study report: General Federation of Nepalese Trade Unions, Nepal.

Gazette of the Democratic Socialist Republic of Sri Lanka, National Institute of Occupational Health and Safety Act No. 38.

Guide on "Employment Policy and International Labour Standards, International Labour Office, Geneva 22, Switzerland.

Hassan, S. A. (2012). Health, safety and environmental practices in the construction sector of Pakistan, at Department of Earth Sciences, Villavagen 16, SE - 752 36 Uppsala Sweden, No. 85, 47 pp, 30 ECTS/hp

http://www.who.int/countryfocus/cooperation_strategy/ccs_mdv_en.pdf

ILO Code of Practice:
<http://www.ilo.org/safework/normative/codes/lang-en/index.htm>
(2013).

InFocus Programme on Safety and Health at Work and the Environment (Safe Work) of International Labour office Geneva.

NATIONAL LABOUR POLICY, Afghanistan (2013). Retrieved from <http://www.crea-awdp.com/>

OSH Management System, (2011). A tool for continual improvement, World Day for Safety and Health at Work. Retrieved from <http://www.ilo.org/safework/info/publications>

Pingle, S. (2012). Occupational Safety and Health in India: Now and the Future; *Industrial Health*, 50, 167-171.

Profile on the Occupational Health and Safety of Bhutan, Department of Labour, Ministry of Labour and Human Resources Royal Government of Bhutan.

WHO Country Cooperation Strategy Republic of Maldives. Retrieved from Takala, J. (2000). *Asian-Pacific Newsletter on Occupational Health and Safety*, Finnish Institute of Occupational Health, Helsinki, Finland.

/

<http://www.labourunity.org/labourlaws.htm>

Shafi, M. & Shafi, P. (2005). *Labour Code of Pakistan Vol. I* (15th ed.

pp. 1-50) Karachi, Pakistan: Bureau of Labour Publications
URL[http://www.sesric.org/imgs/news/image/training-
enewslettervol3no2.pdf](http://www.sesric.org/imgs/news/image/training-
enewslettervol3no2.pdf)

Kawakami Tsuyoshi, 2007. Participatory approaches to improving safety, health and working conditions in informal economy workplaces – Experiences of Cambodia, Thailand and Viet Nam.

Pandita Sanjiv, 2007. Occupational Safety and Health: Concerns in the Informal Economy, Asia Monitor Resource Centre available at http://www.amrc.org.hk/alu_special/ohs/occupational_safety_and_health concerns.