A Case Study on Total Workplace Safety and Health

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Introduction

The Total Workplace Safety and Health approach was developed by the Ministry of Manpower (MOM), the WSH Council (WSHC), the WSH Institute (WSHI) and the Health Promotion Board (HPB) in May 2014.
This case study illustrates an application of it in a company and sought to discover the challenges and enablers to its implementation.

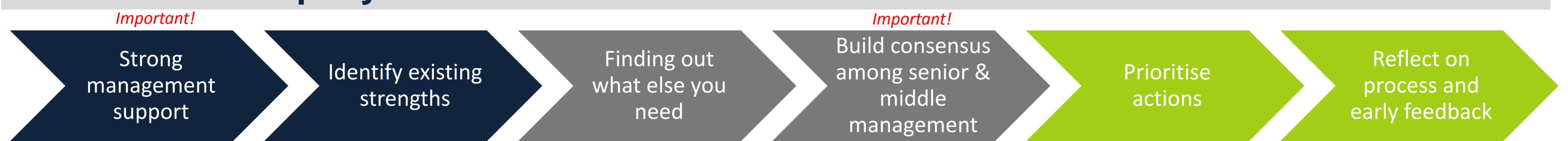| SAFETY ISSUES	HEALTH ISSUES		
Accidents, Near misses, Dangerous Occurrences	Occupational Diseases	General Diseases	Health Promotion

A range of health and safety status exists in a workforce. A worker can have a mix of conditions.

How did the company do it?

Important! → Strong management support → Identify existing strengths → Finding out what else you need → *Important!* Build consensus among senior & middle management → Prioritise actions → Reflect on process and early feedback

Management System
Policies, structure, processes

- Top Management
- Multi-disciplinary Team / Committee / Business Unit

Holistic Risk Management
Safety and Health Risks

- Safety Hazards
- Chronic Disease Risks
- Workplace Health Hazards
- General Diseases

Targeted Programmes
Health Protection and Promotion

- Fatigue Management + Work-related Traffic Accidents
- Chronic Disease Management
- Physical Activities
- Chemical Management
- Hearing Conservation
- Smoking cessation
- Healthier Catering/ Canteen
- Fall Prevention
- Heat Management
- Ergonomics

What were observed?

There were various disciplines in the company and a robust WSH Management System was in place. However, other systems such as HR and Health could be better integrated to allow systematic modification of job tasks to the capabilities of each worker as their health and physical conditions change over time.

The purpose of Holistic Risk Management was to look at job groups and their respective safety and health performance, control and prevention programmes, and to determine if the control measures were still adequate. This was done relatively well and communicated at the WSH management meetings.

Many health interventions were rolled out on top of existing occupational disease and safety interventions. But some of them such as weight management and smoking control could be better integrated with occupational health concerns.

Return-to-work programmes must be supported by a clear company policy that is developed with the tripartite approach and regularly shared with workers.

Quantitative Observations	2013 ▶ 2015
❑ Health screening participation among ≥40 years	Improved
❑ Proportion of employees with well-controlled chronic diseases	Improved
❑ Proportion of employees who reported being stressed from work, smoked and were overweight	Improved
❑ Reported near misses	Improved
❑ Consumption of medical leave	Inconclusive
❑ Workplace injury insurance premium	Inconclusive
❑ Employee engagement and staff turnover	No Change

The main purpose of monitoring chronic diseases is to help staff better manage their medical conditions. **Companies should aim for all staff with chronic diseases to have their <u>conditions well-managed.</u> The target should not be to reduce the percentage of staff with chronic diseases.**

Qualitative Observations

28 interviews held with employees across all levels, we found that:
- ❖ **More emphasis on worker's health was welcomed;**
- ❖ **Employees wanted the Total WSH programmes to be sustained, but**
- ❖ **There were challenges faced by the TWSH team in monitoring indicators and programme sustainability.**

Discussion

An overview of the Health and Safety indicators by departments was insightful, but many middle and senior leaders felt it was too overwhelming to track. They were also not sure of how to manage health information, who to benchmark against and what to do to improve those health targets.

However, many middle management and shift supervisors believed that the new approach of Total WSH helped their workers to be more responsive and cohesive at work and the quality of their work performance has improved.

Conclusion

Strong management support and regular communications are the cornerstone to successful Total WSH implementation. Prioritise and phase programmes based on needs. Regularly review programmes and communications to improve its coverage and effectiveness.

Companies that are planning to implement Total WSH should be cognizant of the difference between:
1. Health and Safety Interventions that **<u>run in parallel</u>**, or
2. Health and Safety Interventions that **<u>are integrated</u>**.

#1 is a good start for companies who are new to either or both sets of interventions.
#2 is more challenging to design and implement and requires the input of occupational physicians and/or other specialists.

Acknowledgement