



OCCUPATIONAL SAFETY AND HEALTH MASTER PLAN FOR MALAYSIA 2015 (OSH-MP 15)

Ministry of Human Resources



Occupational Safety And Health Master Plan For Malaysia



“I have no color prejudices nor caste prejudices nor creed prejudices. All I care to know is that a man is a human being, and that is enough for me; he can't be any worse.” - Mark Twain



MESSAGE FROM THE MINISTER

Over the past few decades, Malaysia has achieved significant improvements in the standards of occupational safety and health (OSH). The rate of occurrence of work related accidents has dropped from 11.0 for every 1,000 workers in the year 2000 to 6.1 per 1,000 workers in the year 2007. However, for the same period, the rate of fatalities has remained stagnant at around 12.8 for every 100,000 workers. The country had to pay out compensation for work-related injuries, diseases and fatalities covering both The Employment Injury Insurance Scheme and Invalidity Pension Scheme. There is clearly an urgent need for all of us to do more to enhance OSH standards in our country.

This Occupational Safety and Health Master Plan for Malaysia 2015 (OSH-MP 15) will provide a much needed strategic vision and direction for work safety and health in Malaysia. It will reinforce and build upon the main existing OSH legislative frameworks such as the Occupational Safety and Health Act 1994, the Factories and Machinery Act 1967 etc. I hope also that it will help raise knowledge and awareness on OSH and its importance and benefits, and thereby commitment to OSH. More importantly, it will form a basis for streamlined and co-ordinate action by an entire spectrum of Key Stakeholders and Social Partners including government agencies, local authorities, worker unions, trade and industry associations, employer organisations, OSH training providers, academic institutions and other non-governmental organisations.

An enterprise implementing a good OSH management system and integrating that into its own overall business management system will also tend to make improvements management-wise which will translate into better efficiency and productivity. This will contribute to the formation of a safe, healthy and productive pool of human capital. That, I believe, will dovetail perfectly with our collective national aspirations of becoming a fully developed country in the not too distant future.

In view of all this, I would like to call upon all parties to contribute and to participate as much as they can, and to give their fullest commitment to the implementation of this OSH-MP 15.

Thank you.

Datuk Dr. S. Subramaniam,
Minister of Human Resources, Malaysia

OUR PLEDGE

We, the Stakeholders and Social Partners in OSH in Malaysia hereby pledge our commitment to implement this Occupational Safety and Health Master Plan for Malaysia 2015 (OSH-MP 15). In relation to that, we acknowledge and affirm our respective roles in the creation, cultivation and sustenance of a safety and health culture in all organisations throughout Malaysia.

This Master Plan is intended to increase awareness, knowledge and commitment to OSH in all undertakings to reduce injuries, diseases and fatalities. This will improve efficiency, productivity and business performance.

We will all strive together to persuade all organisations to put a higher premium on the quality of the working environment. Apart from these, we will also welcome any positive and constructive proposal or contribution from any other individual or party for the sake of improving OSH in Malaysia.





Glossary

ACEM	Association of Consulting Engineers Malaysia
BC	Building Construction
BEM	Board of Engineer, Malaysia
CIDB	Construction Industry Development Board
COP	Code Of Practice
EPU	Economic Planning Unit
FMM	Federation of Malaysian Manufacturers
GLC	Government Link Company
GP	General Practitioner
HLI	Higher learning institution
IEM	Institution Engineers Malaysia
IKBN	Institusi Kemahiran Belia Negara
ILO	International Labour Organisation
JKJR	Jabatan Keselamatan Jalan Raya Malaysia
JPK	Jabatan Pembangunan Kemahiran
JTK	Jabatan Tenaga Kerja
JTM	Jabatan Tenaga Manusia
KASTAM	Kastam Diraja Malaysia
MAMPU	Malaysian Administrative Modernisation and Management Planning Unit
MBAM	Master Builders Association Malaysia
MEF	Malaysian Employers Federation
MIHA	Malaysia Industrial Hygienist Association
MMA	Malaysian Medical Association
MNC	Multi National Company
MOE	Ministry of Education
MOF	Ministry of Finance
MOH	Ministry of Health
MOHE	Ministry of Higher Education
MOHR	Ministry of Human Resource
MOSTI	Ministry of Science, Technology & Innovation
MSOSH	Malaysian Society for Occupational Safety and Health
MTUC	Malaysian Trade Union Congress
NCOSH	National Council of Occupational Safety and Health
NGO	Non-Governmental Organization
NIOSH	National Institute of Occupational Safety and Health
NOSS	National Occupational Skills Standard
OHD	Occupational Health Doctor
OHN	Occupational Health Nurse
PAM	Pertubuhan Arkitek Malaysia
PSD	Public Service Department
PSMB	Pembangunan Sumber Manusia Berhad
PTPK	Perbadanan Tabung Pembangunan Kemahiran
SHO	Safety and Health Officers
SIRIM	SIRIM Berhad
SME	Small and Medium Enterprises/Industries
SMIDEC	Small and Medium Industries Development Corporation
SOCISO	Social Security Organization
SOEM	Society of Occupational & Environmental Medicine
SSM	Suruhanjaya Syarikat Malaysia
WHO	World Health Organisation
WIND	Work Improvement Neighborhood Development

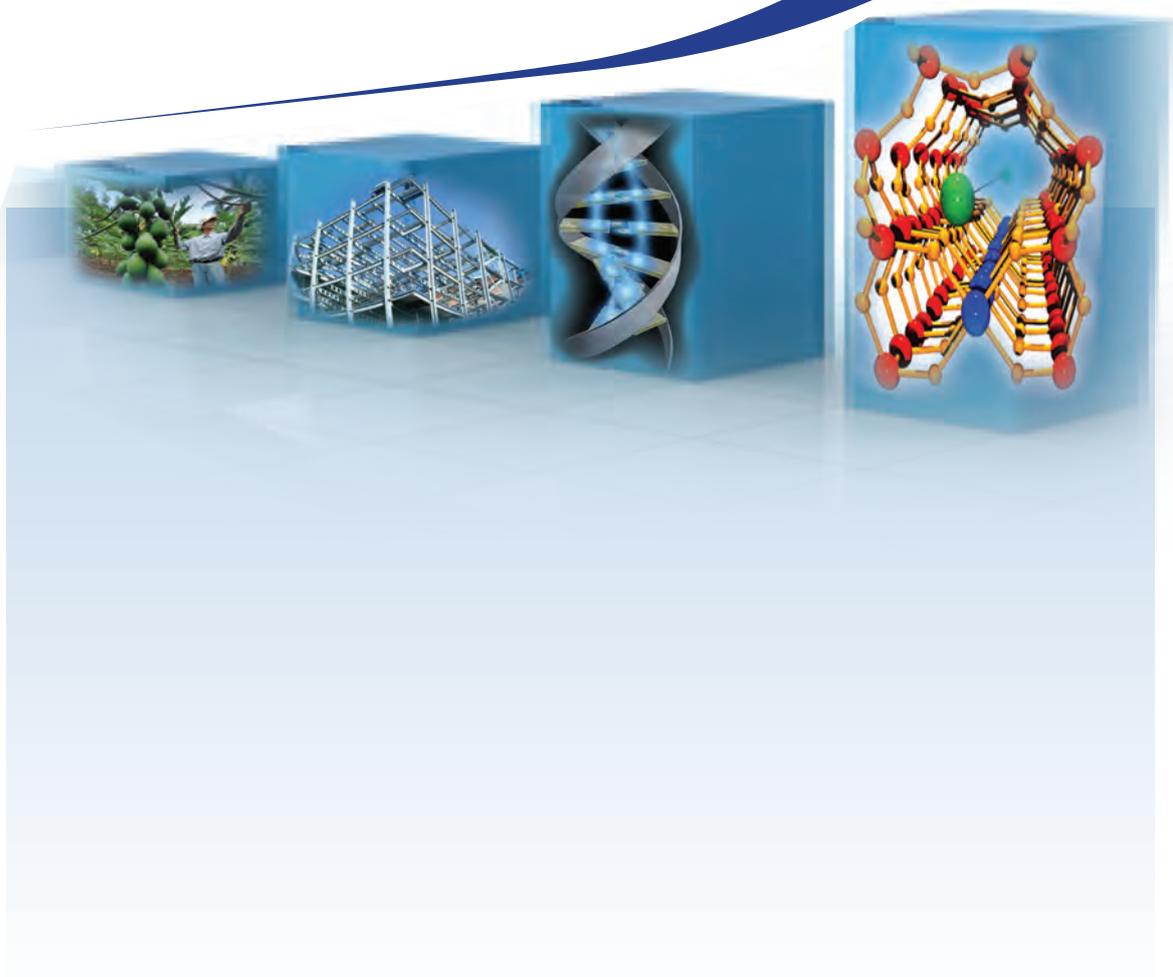
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1. INTRODUCTION

With Malaysia steadily and increasingly strengthening its position as a quite formidable economic participant in the immediate region as well as the global economic community, we are bound to face challenges in terms of the working environment. While constantly looking within itself, Malaysia must also endeavor to look outside, to learn from the development experiences of other countries in the world.

In the context of OSH, specifically, the development experiences of those countries, therefore, represent valuable wisdom that Malaysia would do very well to learn and benefit from, in view of Malaysia's own current robust push towards full economic and industrial development. This Occupational Safety and Health Master Plan for Malaysia 2015 (OSH-MP15), therefore, have been formulated bearing in mind these considerations.



2. WHY OSH-MP 15

Work activities are hazardous to the safety and health of workers and others, especially if they are not properly monitored and controlled. An injury, disease or fatality caused by these work hazards does not just affect an individual worker alone. While the economic costs may be borne by his employer, his insurance firm or the Social Security Organisation, the human costs are paid by his family, relatives, friends and immediate community. Goal-directed effort for improved OSH can help reduce the number of workplace accidents, injuries, illnesses and deaths. The frequency of occurrence of both workplace accidents and workplace diseases need to fall much further if we are to lower their cost to society.



The culture of safe and healthy work need to be cultivated and continually strengthened and attitudes toward the development of safe and healthy working conditions need to constantly evolve for the better. The importance of worker safety, health and well-being, in terms of productivity and competition, needs to be better understood and better taken into account.

While the Occupational Safety and Health Act (OSHA) 1994 has already provided us with the main legislative framework, OSH-MP 15 will provide us with the action framework to back up and complement that legislative framework. It will guide and direct our combined efforts to encourage organisations to give a higher priority to OSH and to boost our national OSH performance.

A well structured and well implemented OSH-MP 15 can also achieve a fast-track improvement of OSH standards in Malaysia. This will bring various benefits to Key Stakeholders, Country Social Partners, the general community and the entire nation through increased efficiency, productivity and competitiveness in organisations due to better OSH, thereby resulting in a better quality of life for all.



3. AIM AND OBJECTIVES

The main aim of the OSH-MP 15 is to build a safe, healthy and productive pool of human capital by creating, cultivating and sustaining a safe and healthy work culture in all organisations throughout Malaysia. The specific objectives are:

- To increase awareness and knowledge in OSH and commitment to OSH in all undertakings both big and small business;
- To reduce the rates of workplace injuries and associated fatalities;
- To reduce the number of occupational lung diseases, occupational noise induced hearing loss and occupational skin diseases; and
- to minimise their adverse impacts on efficiency, productivity and business performance.



To be blind is bad, but worse is to have eyes and not see - Helen Keller

4. OSH CURRENT SITUATION

4.1. Rates of Occurrence of Occupational Accidents and Fatalities

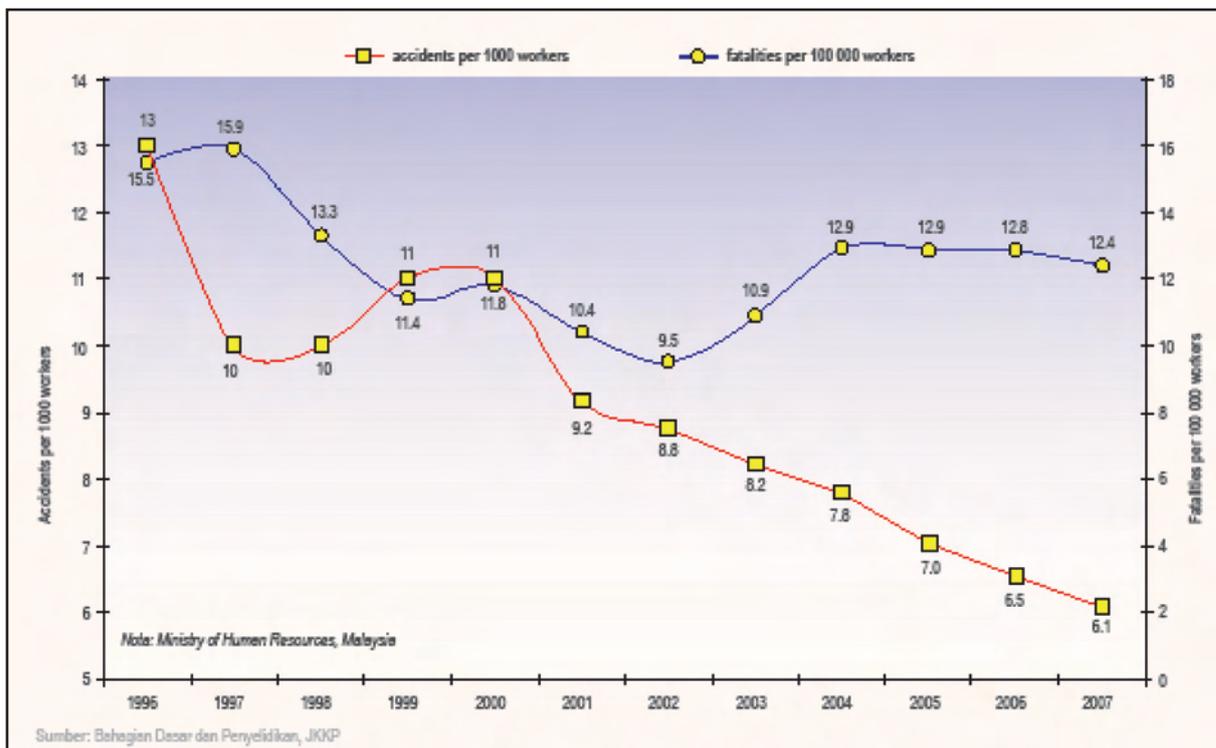


Fig. 1: Frequency Rates of Occurrence of Occupational Accidents and Fatalities (* include commuting)

The frequency rate of occurrence of occupational accidents has steadily been dropping from 11.0 accidents per 1,000 workers in 2000 to 6.1 accidents per 1,000 workers in 2007. While the frequency of occurrence of occupational fatalities appears to have risen from 9.5 deaths per 100,000 workers in 2002 to 12.9 deaths per 100,000 workers in 2004, and has more or less been stagnating around the 12.4 – 12.5 per 100,000 range over the period 2004 through to 2007.

4.2. Comparison of OSH Performance Profiles between Malaysia and Other Countries in East Asia

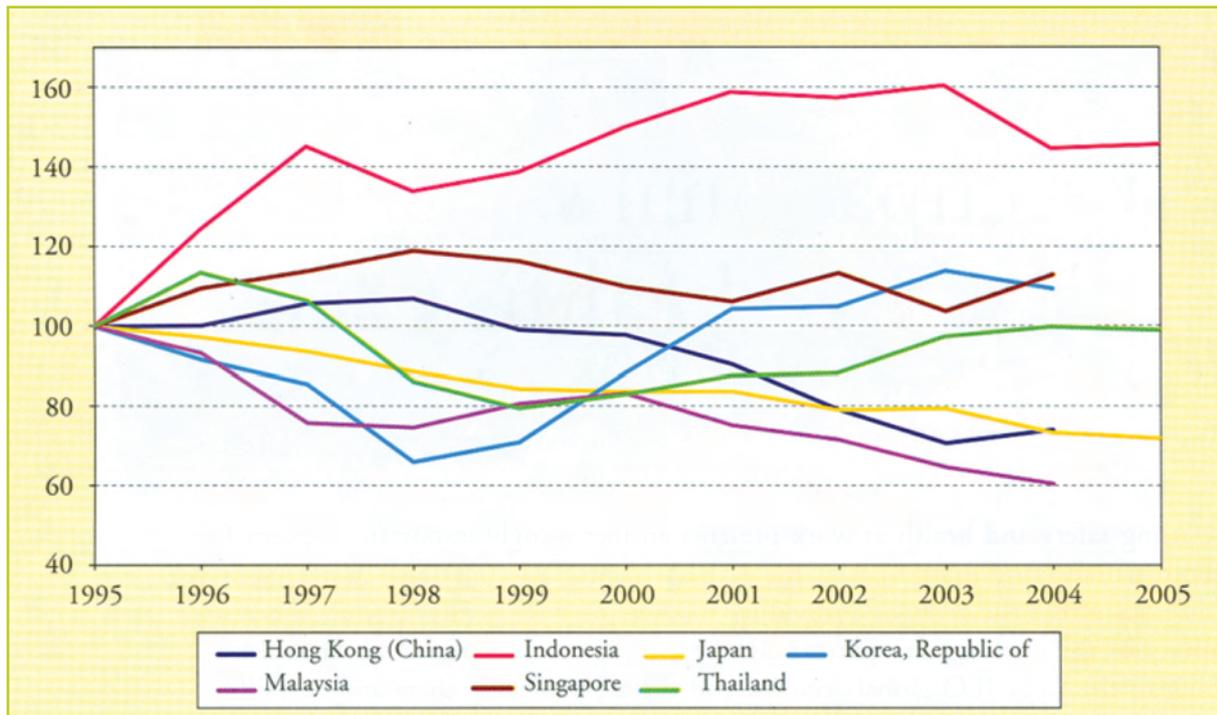


Fig. 2: OSH Performance Profiles of Selected Countries in East Asia
(source: ILO Yearbook 2005)

Fig. 2 shows a graphical comparison made by ILO between the OSH performance profiles, based on national occupational accident trends for the period 1995 to 2004, of several selected economies in East Asia, covering both developing and developed economies. For this, 1995 is used as the reference year for every country with a rating of 100. The trend for Malaysia as shown in the illustration indicates that Malaysia (violet line) has in the long term, over the period 1995 to 2004, shown a reduction from 100 to 60, i.e. an improvement of 40%. This trend is most similar to those shown by Hong Kong (black line) and Japan (yellow line).

4.3. National Competitiveness Index versus National Occupational Fatality Occurrence Rate

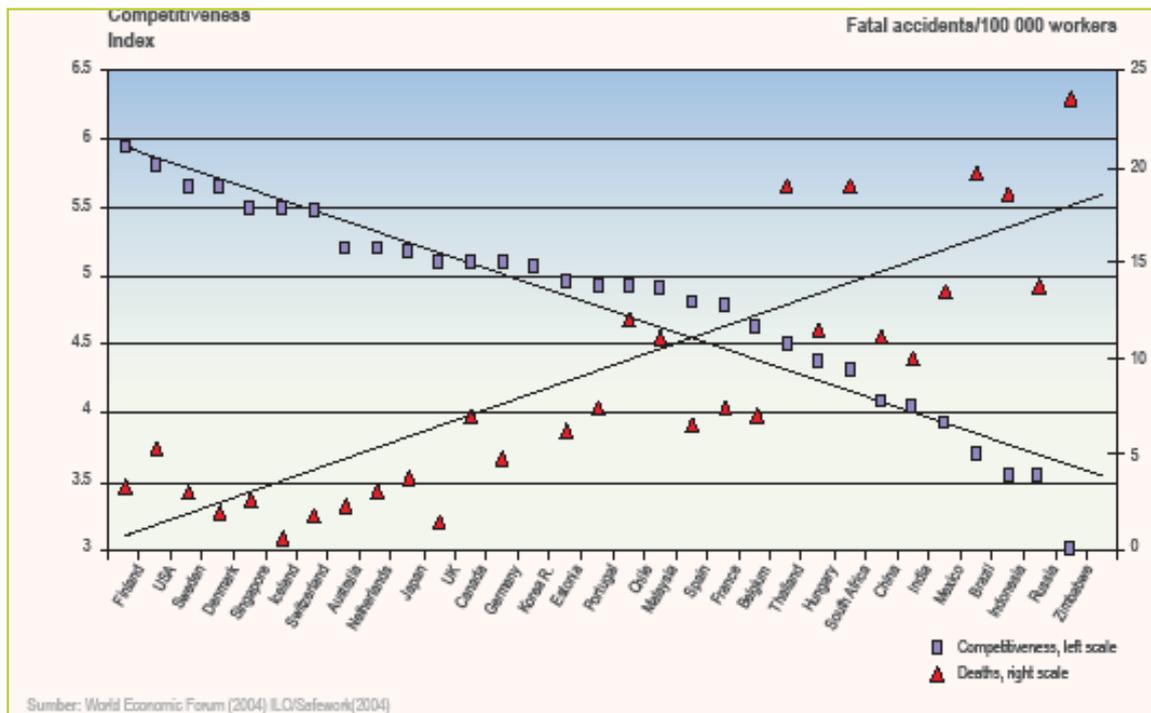


Fig. 3: National Competitiveness Index versus National Occupational Fatality Occurrence Rate (source: World Economic Forum/ILO-Safework 2004)

Fig. 3 contrasts the national competitiveness index of selected countries against their national occupational fatality occurrence rate (deaths per 100,000 workers). On the whole, the figure shows that countries with the highest national competitive indices are also the ones with the lowest fatal accident frequency rate of occurrence. For example, Finland which is deemed by economists to be the most economically competitive country in the world with a national competitiveness index of almost 6 has a fatal accident frequency rate of occurrence of only about 3.5 workplace deaths per 100,000 workers.

While Malaysia currently occupies around mid-table ranking with a national competitiveness index of about 4.9 with a fatal accident frequency rate of occurrence of about 13 workplace deaths per 100,000 workers. We can look at this figure as more or less saying that good workplace OSH management, while helping to reduce workplace fatalities, also contributes to improving overall business management and operations, thereby boosting the efficiency and productivity of organisations.

4.4. OSH contribution to the Malaysian Quality of Life

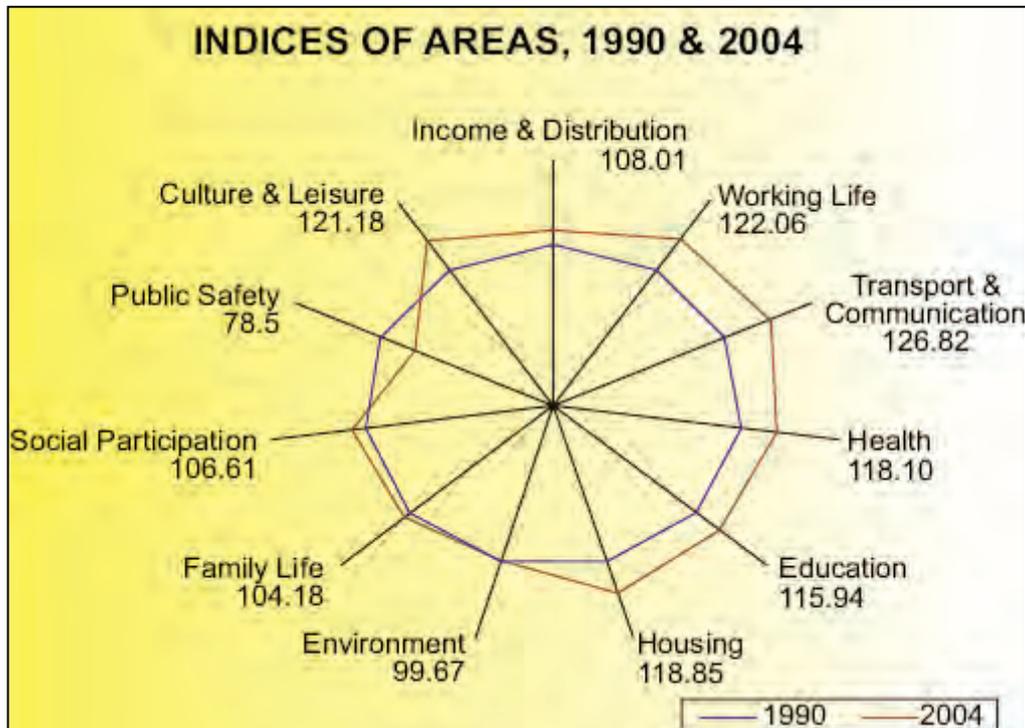


Fig. 4: Working life (OSH) as a selected components of Quality of Life (Source: Malaysia Quality of Life 2004)



Report on 'Malaysian Quality of Life 2004' evaluates the progress made over a thirteen-year period from, 1990 to 2002, on the basis of selected components of the quality of life. These include elements of working conditions such as rate of accident occurrence.

Maintaining good working relations as well as providing a conducive working environment is a priority of all employers as a happy worker is a productive worker. The Government, employers and employees and their trade unions, through a process of consultation and cooperation, ensures improvements in the well-being and the quality of working life (QWL) of every employee. As shown in Fig.4. The working life recorded an increase of 22 points during the period between 1990 and 2002.

5. OUR LONG TERM VISION FOR OSH IN MALAYSIA



Fig. 5: A Summary of the Long Term Vision for OSH in Malaysia. (source: DOSH Malaysia 2006)

It is expected that by end 2015 that we will be ready to enter the stage of preventative culture.

In the longer term scheme of things, OSH-MP 15 is essentially the middle stage of a series of three consecutive 5-year action plans that began in 2005. The first stage which will end in 2010 was targeted towards spreading out OSH ownership to all Key Stakeholders and Social Partners. OSH-MP 15, as the second stage, will focus on building and sustaining the culture of self-regulation. By end 2015, self-regulation would have been fully ingrained into the working culture of all workplaces.



5.1. What Do We Want by 2015

OSH-MP 15 will catalyse the formation of a more complete national OSH hard and soft infrastructure by providing a sharper focus and a clearer direction for OSH in Malaysia. It brings about a major change in attitude and behaviour among employers especially and make them develop a more positive and proactive approach to OSH. This will cause a significant rise in the standards of safety and health in the working environment which will put Malaysia on the way to becoming a regional centre of excellence and a regional leader in OSH.

OSH leadership by both government and industry complemented by community engagement will by then drive and direct the development of workplace safety and health initiatives.

By 2015 also new OSH skills and competencies would have been acquired, while strategic OSH alliances with partners at both regional and global level should ideally have been in place and effectively operating.

In addition, Malaysia will have a national OSH policy in place and supporting OSH national framework, maximum cooperation between all Key Stakeholders and Country Social Partners in OSH, and a functioning and effective preventive culture in all workplaces. This will result in reduced rates of work accidents and diseases. The resulting improvement in work safety and health will contribute to a safer, healthier and more productive pool of human capital.

R&D efforts in OSH would be better structured and defined to make it relevant to both national and regional needs. Again, this is an area that could benefit significantly from regional and global alliances.





The responsibility of doing something about safety and health lie with those who create the risks and those who work with the risk...- Lord Alfred Robens

6. THE ROLE OF STAKEHOLDERS — RENEWING THE PARADIGM

6.1. The Government

The Government will remain as policy maker, regulator and enforcer. In line with that principle, Government agencies will therefore be OSH role models for the rest of the country to aspire to.



(a) National Council of Occupational Safety and Health

The National Council of Occupational Safety and Health (NCOSH) as the tripartite platform will be the key driver for national and sectoral OSH initiatives. It provides broad ground level guidance and direction on OSH standards and promotional activities with regard to the improvement of the administration and enforcement of occupational safety and health legislation supported by Country Social Partners.

(b) Department of Occupational Safety and Health

The Department of Occupational Safety and Health (DOSH) will be responsible for developing the best possible responses to public questions and expectations on OSH in fulfilling its role as the premier national OSH regulator and enforcer.

(c) National Institute of Occupational Safety and Health

The National Institute of Occupational Safety and Health (NIOSH) is responsible for OSH training and education, OSH promotion and OSH R&D. This is to complement the enforcement efforts of DOSH.

(d) Social Security Organisation

The Social Security Organisation (SOCSO) provides the social insurance safety net for Malaysian workers.



(e) Ministry of Health

The Ministry of Health has an important role in preventing and managing occupational diseases, through promotional activities, occupational disease surveillance and provision of occupational health services.

(f) Other Government Agencies

One of the efforts required is to strengthen the capacity of government to influence OSH outcomes to promote preventive work culture. This can be done by providing leadership in OSH through the government's role as an employer, contractor and purchaser. Government agencies should where applicable integrate the assessment of OSH performance into any contract involving their core business.

(g) Ministers, Members of Parliament and State Assemblymen

Ministers, Members of Parliament and State Assemblymen are the representatives of their respective constituencies to Dewan Negara, Dewan Rakyat and Dewan Negeri. Their skills, talents, expertise and authority should therefore be exploited towards championing work safety and health among their colleagues, the corporate world, the business community which forms the employers, the workforce, other Social Partners, as well as the entire community of the country in order to help attain the best synergy between OSH and the wider national agenda and also to contribute to the development of improved public services.

6.2. Social Partners

(a) Employers

Employers, especially private sector employers, are the people who create wealth for the country from the products or services they produce via their business operations. On the other hand, through the same business operations, they are also the ones who create the hazards and their associated risks in the working environment. The spirit of the Occupational Safety and Health Act (OSHA) 1994 is that those who create the hazards and risks are the ones charged with the primary responsibility to do something about them, i.e. control the hazards and manage the risks.

The Government will still be the one formulating OSH legislation. Still, this too is done with substantial consultation with Social Partners, especially Tripartite Partners, i.e. the employers and the workers.

However, employers will need to do more to fulfill their fair share of the OSH duty. This they can do by coming out with their own sectoral guidelines, codes of practice etc. on OSH in their own industry sectors. For example, the construction sector should by right have the most expertise in OSH in construction. So it should be the one taking on the leadership role or a co-leadership role with the Government, at least in the technical aspects, in the formulation of any document on construction safety.

In this regard, employer federations, trade and industry associations etc. have a valuable and important role to play to complement the role of the Government. They can successfully fulfill this role by proactively inculcating among employers the importance of good OSH practices and standards, and cultivating a preventive culture among their members. They will need to work with employee representatives in developing, agreeing upon and communicating industry-specific advice and guidance and promoting common standards among their membership.



(b) Workers

Workers are the people who work with the hazards and their associated risks in the working environment. They form the frontline of the 'war zone' in the working environment. They are the ones who will be the first to know, within the bounds of their own technical knowledge, of any potential hazards that may arise in their own respective work area and work process. Because of this, workers also have a certain

degree of primary responsibility to be involved, in cooperation with their employers, in any measure or strategy undertaken by the latter to ensure the safety and health of the working environment.

Trade unions therefore, because they represent workers, also have a valuable and important role to play to complement the roles of the Government and employers. They can do this by actively promoting OSH awareness among workers, arranging for their members to undergo OSH training and working with others to develop OSH guidance outside of the OSH framework and to support a national framework of employee representatives.





(c) GLCs - a Special Role

GLCs are business corporations with full or part Government ownership. They have the Government interest invested in them. Naturally, they are expected to play a special role in supporting and helping to fulfill the Government's agenda in OSH over and above the level normally required of other employers. This can be achieved by investing some of their substantial resources to transform themselves into reference standards in OSH for the rest of private industry to follow. This investment will not be in vain too, because it will help to improve them in terms of efficiency and productivity in their business operations, and therefore will result in worthwhile returns on investment.

Among the roles that GLCs can perhaps play suitably are as Mentors in an OSH Mentor-Protégé programme, as Lead Neighbours in a Work Improvement in Neighbourhood Development (WIND) programme etc.

(d) OSH Practitioners

OSH practitioners can and should assume more outcome-based duties in accordance with the self-regulatory approach of OSHA 1994 as opposed to the older prescriptive regime that focuses on functional roles and responsibilities. For example, Safety and Health Officers (SHOs) could move beyond their minimum roles by expanding their knowledge and participating more actively in the formulation of OSH codes of practice (COPs), OSH guidelines etc. OSH practitioners are

also encouraged to conduct their practice with greater professionalism and accountability.

(e) The Insurance Industry

The insurance industry is an active partner in regulating and managing business risks. Insurance firms can contribute more to OSH through a more comprehensive and more technically informed involvement in the system and by promoting financial incentives for undertakings operating with high standards of work safety and health.

(f) Higher Learning Institutions

Higher Learning Institutions (HLIs) can and should play a more active role in supporting national OSH efforts through the provision of pre-employment education and training on OSH. It can work closely with industry, workplaces, NCOSH, DOSH, NIOSH etc. to integrate OSH into the academic syllabuses of relevant courses such as engineering, the sciences, medicine or architecture. Doing so will engender a strong preventive work culture among students from a young age. These institutions can also spearhead research into the relevant OSH areas, in partnership with the NCOSH. It can also act as a forum for discussion and sharing of OSH information.

	OSH Admin. & Enforcement	Training Provider	Research & Development	OSH Promotion	Dissemination of Information	Statistics
NCOSH	✓			✓		
DOSH	✓		✓	✓	✓	✓
SOCSO				✓	✓	✓
NIOSH		✓	✓	✓	✓	✓
CIDB		✓	✓			✓
Universities		✓	✓	✓		
Industries		✓	✓	✓		
NGOs		✓	✓	✓	✓	
Unions		✓				
MOH			✓	✓	✓	✓
JTK						✓

Table 1: The roles of various agencies in OSH

7. BUILDING A PREVENTIVE SAFETY CULTURE

7.1. Safety Culture — A Tool in Sustaining Productive Human Capital

'Safety culture' in the context of the working environment is a set of working customs, habits and practices that become second nature when we repeatedly work safely while guided by a well defined set of core values that protect and promote the health and well-being of the individual and the environment.

'Productive human capital' is a workforce developed in a way so as to remain competitive with new ideas and innovations, strategic, focused and productive in creating economic added value.

At the national level a 'preventive safety culture' is one in which the right to a safe and healthy environment is respected at all levels, where governments, employers and workers actively participate in securing a safe and healthy working environment through a system of defined rights, responsibilities and duties and where the principle of prevention is accorded the highest priority. It is crucial in sustaining productive human capital as a lot of resources are spent on developing a productive and competent workforce. No amount of money can replace the value of a productive workforce.

At the enterprise level a 'preventive safety culture' emphasises the proactive management of hazards to eliminate them wherever practicable – and, if this is not possible, it then focuses on isolating and minimising the hazards. Workplaces with preventive safety cultures have a strong management commitment to safety and health, effective safety and health management systems, involvement of workers and their unions, communications based on good faith, and a willingness to learn from past mistakes. Preventive cultures are ones where safety and health is integrated into everyday business practice. It is not an optional 'adds on'.



By failing to prepare, you are preparing to fail.
- Benjamin Franklin

8. STRATEGIES AND EXPECTED OUTCOMES — SCENARIO 2015

8.1. Four Key Strategies

To achieve our desired OSH-MP 15 scenario, 4 key strategies along with their expected outcomes have been identified. The outcomes set out our national targets in workplace safety and health and articulate the characteristics that Malaysia must demonstrate to ensure the sustainability of its human capital through implementation of safety culture at workplaces.

We will concentrate on areas that need the most attention and deliver these through well-resourced, efficient programmes with publicised goals and milestones. Within these strategic programmes, priority will still be given to a suite of targeted activities. These are described further in outline in Figure 6.



SAFE, HEALTHY AND PRODUCTIVE HUMAN CAPITAL

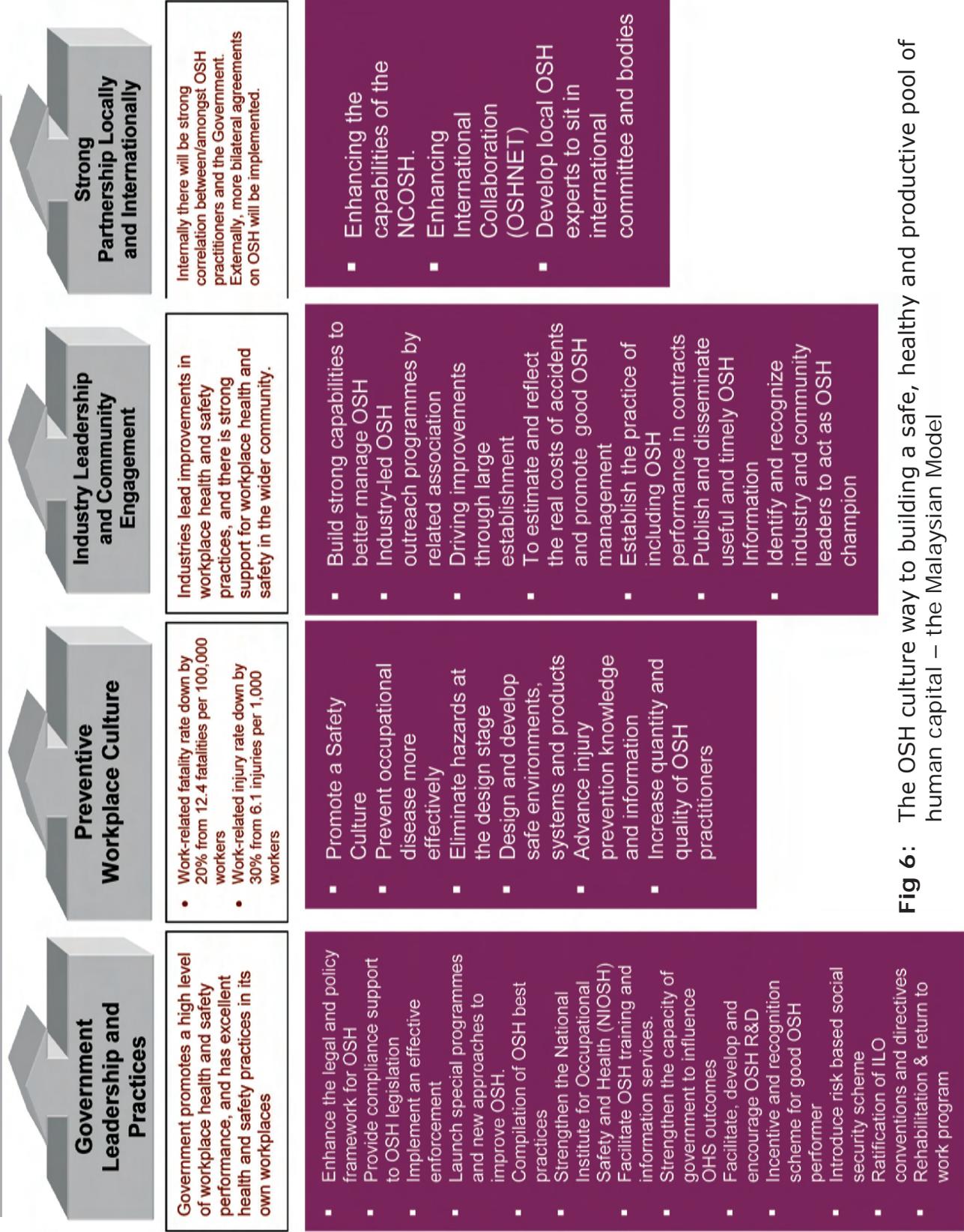


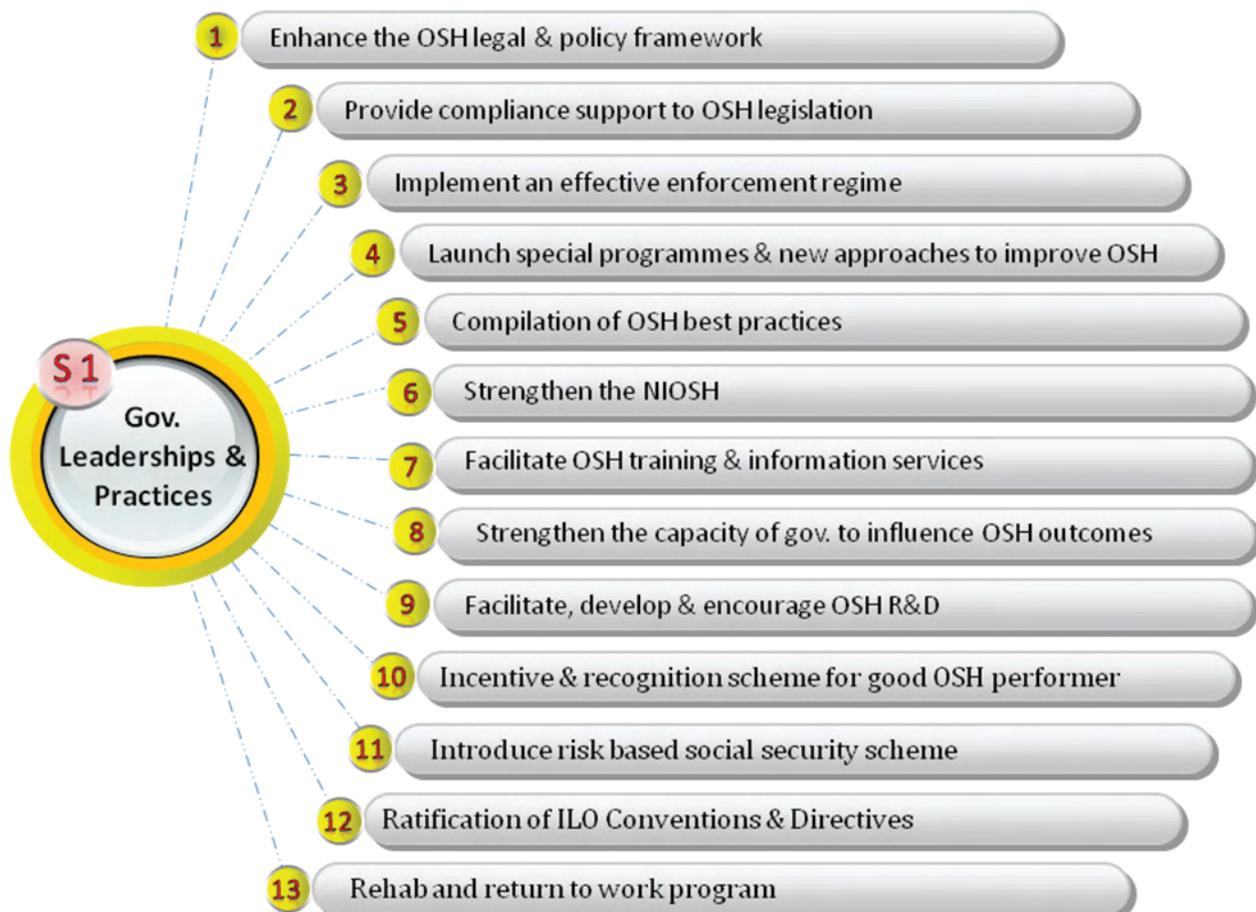
Fig 6: The OSH culture way to building a safe, healthy and productive pool of human capital – the Malaysian Model

Strategy 1: Fostering and Enhancing Government Leadership and Practices

The Government's leadership role involves strengthening the capacity of government to influence OSH outcomes to promote preventive safety culture. The government is able to set expectations, provide information and support to workplaces, and ensure that regulatory standards are achieved. It can also lead by example, through having excellent safety and health practices in its own workplaces as an employer, and safety and health considerations in its purchasing policies for goods and services as contractor and purchaser.

An important part of this outcome is that government agencies will collaborate with one another and co-ordinate their intervention activities. They will also work effectively with workplaces, central employer and union organisations, employer and industry associations, trade unions, and other key stakeholders. This will ensure that government resources are used to best effect and help reduce compliance costs to business.

Outcome: Government promotes a high level of workplace safety and health performance, and has excellent safety and health practices in its own workplaces



Strategy 2: Inculcating Preventive Workplace Culture

A preventive workplace culture is a shared set of values, beliefs, attitudes, and ways of behaving that supports the prevention of harm to people at work. It emphasises the proactive management of hazards to eliminate them wherever practicable – and, if this is not possible, it then focuses on isolating and minimising the hazards.

Workplaces with preventive safety cultures have a strong management commitment to safety and health, effective safety and health management systems, involvement of workers and their unions, communications based on good faith, and a willingness to learn from past mistakes. Preventive cultures are ones where safety and health is integrated into everyday business practice. It is not an optional 'add on'.

Outcome: By 2015, occupational fatality and occupational injury rates will be lowered as below:

- Work-related fatality rate down by 20% from 12.4 fatalities per 100,000 workers
- Work-related injury rate down by 30% from 6.1 injuries per 1,000 workers

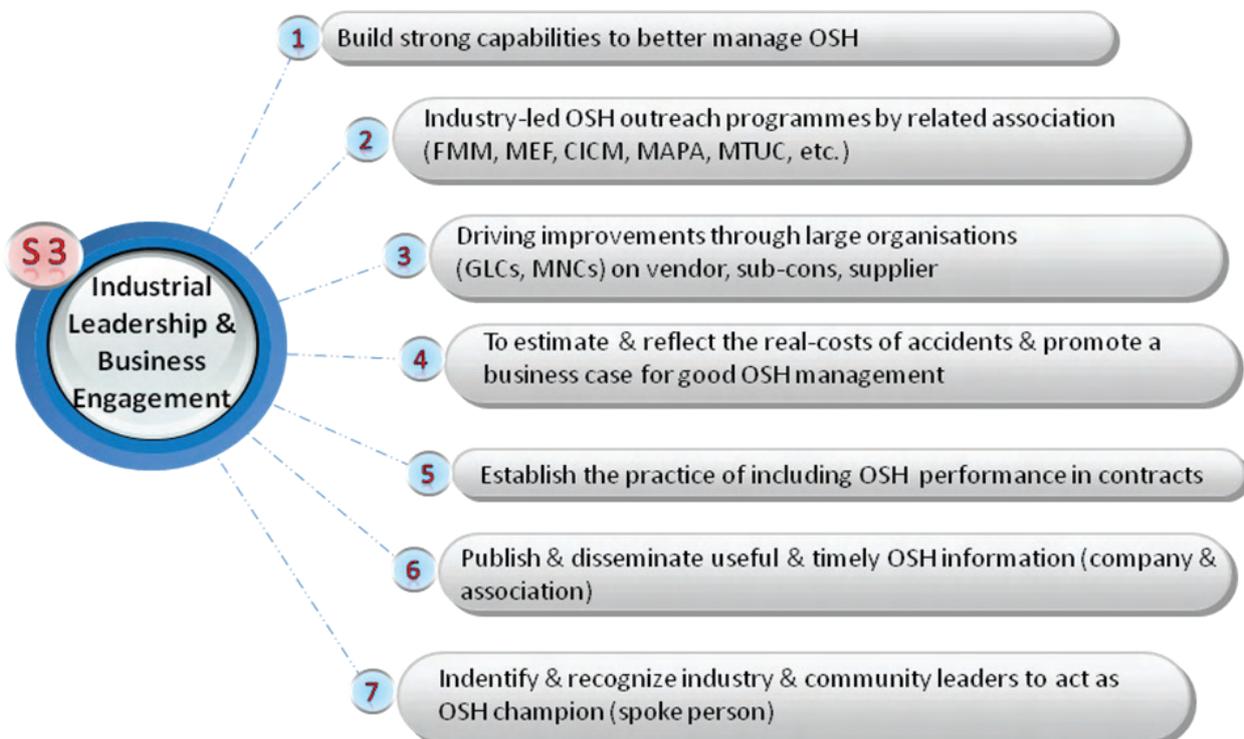


Strategy 3: Industry Leadership and Business & Community Engagement

Workplaces, trade unions, employer organisations, industry associations, and training organisations are the vital components for helping individual workplaces improve their safety and health. They need to work together in providing advice, information, industry standards, training programmes, influential role models, and best practice examples.

Community engagement is also an important part of this outcome – with greater community awareness and concern about safety and health issues creating a positive and supportive climate for improvements in workplace safety and health. This will influence, not just safety and health at workplace, but safety issues can also have a positive effect on community and recreational safety practices.

Outcome: Industries lead improvements in workplace safety and health practices, and there is strong support for workplace safety and health in the wider community.



Strategy 4: Strong Partnerships Locally and Internationally

Preventive OSH culture requires the collective effort, cooperation and strong partnerships between all key stakeholders. To build strong partnerships, it is necessary to have close working relationships between the Government, industry associations, employers and unions so that they can leverage on each other's strengths to refine, internalise and implement the OSH framework.

We will benchmark our OSH efforts and outcome to global standards and drive further improvements. This is can be done through strong collaboration and networking in OSH at the global arena and learning from the best in the world. By doing so, Malaysia would keep abreast of the latest developments in OSH and stay informed of new hazards and risks that have been identified in other countries. We will involve actively in activities under the International Labour Organisation (ILO) and the World Health Organisation (WHO) as part of our contributions to the Global Strategy that both organisations are embarking on to improve safety and health in all its member countries.

Outcome: Internally there will be strong correlation between/ amongst OSH practitioners and the Government. Externally, more bilateral agreements on OSH will be implemented.



8.2. Implementation Schedule

The following table shows the implementation schedule for OSH-MP 15 which includes main programs identified for achieving the strategies, the specific activities to be carried out and the deliverable of the activities. NCOSH will be the trusted agency to monitor the status and progress of each program.

Table 2: The Implementation Schedule for the OSH-MP 2015

Strategy 1 : Fostering and Enhancing Government Leadership and Practices

Program 1 : Enhance the legal and policy framework for OSH			
Activity	Deliverable	Coordinator	Timeline
a) Identify needs for new legislation	1 report	DOSH/ NIOSH	2011
b) Study of relevance and adequacy of existing legislation	1 report	DOSH/ NIOSH	2014
c) Revise or Repeal legislations	To be confirmed by report	DOSH	
d) Develop new legislation	To be confirmed by report	DOSH	
Program 2 : Provide compliance support to OSH legislation			
Activity	Deliverable	Coordinator	Timeline
a) Develop, review, align and evaluate standard, code of practice and guidance within the legislative framework.	• SME compliance Model	DOSH, NIOSH SOCSCO, SMIDEC	2011
	• Informal Sector Compliance model	DOSH, NIOSH SOCSCO, SMIDEC	2011
b) Develop simplification plan for OSH compliance	1 simplification plan	DOSH, NIOSH SOCSCO	2010

Program 3 : Implement an effective enforcement regime			
Activity	Deliverable	Coordinator	Timeline
a) Develop, implement and monitor national injury prevention strategies for priority areas. Strengthen OSH in high risk sectors	• OSH in Transportation COP	JKJR, DOSH	2010
	• Construction Safety Master Plan	DOSH, CIDB	2010
	• OSH in Agriculture	DOSH	2011
b) Improve data collection on occupational accidents and diseases.	One system for DOSH, SOCSO, JTK and KKM	KSM, DOSH SOCSO, JTK KKM	2013
c) Improve the implementation of systems for identifying and preventing occupational diseases.	Diagnosis criteria for common occupational diseases relation to occupation	KKM, OHD, GP, DOSH, SOCSO	2010
d) Conduct hazard related health screening to affected workers in selected high risk industry	One self reporting system for occupational diseases developed (short questionnaires) 100% workers screened.	KKM, OHD, GP, DOSH, SOCSO	2013
e) Develop and implement a grading scheme for company's safety and health management systems	• 1 scheme • 20% of all workplaces graded	DOSH	2010
			2015
f) Human Capital Development for enforcement officers	One Specialisation Scheme and incentive	DOSH, NIOSH, SOCSO, KSM	2013

Program 4 : Launch special programmes and new approaches to improve OSH

Activity	Deliverable	Coordinator	Timeline
a) Develop and implement WIND/WISE/WISCON projects	5,000 SMEs	DOSH	2015
b) Develop Good Neighborhood program	50 Good Neighborhood programme	DOSH	2010

Program 5 : Compilation of OSH best practices

Activity	Deliverable	Coordinator	Timeline
a) Identifying and compile local best practices to serve as benchmarks	5 publications on best practices	DOSH, NIOSH, SOCSO	2015
b) Sharing information on OSH best practices in different industries through designated website	Relevant OSH best practices available in website	DOSH, NIOSH, SOCSO	Starting 2010
c) Conduct nation-wide study to determine the correlation between good OSH practices and profitability to secure greater industry buy-in.	1 study	DOSH, NIOSH, SOCSO	2011

Program 6 : Strengthen the National Institute for Occupational Safety and Health (NIOSH)

Activity	Deliverable	Coordinator	Timeline
a) Enhance Research and Development activities	5 research/year	DOSH, NIOSH, SOCSO	2015
b) Improve laboratory services delivery	100% Utilisation	NIOSH	2015
c) Strengthen consultancy services	10 major service/year	NIOSH	2015
d) Establish a system to attract and retain OSH experts in NIOSH – Revise Terms and Conditions of Service	1 system	NIOSH	2013

e) Introduce and maintain exchange programmes between DOSH, NIOSH and SOCSO Officers	7 DOSH to NIOSH 2 NIOSH to DOSH and SOCSO 2 SOCSO to DOSH 2 DOSH to SOCSO	KSM, DOSH, SOCSO, NIOSH	2010
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f) Upgrade Exhibition centre with up to date equipment and technology	Install new facilities	NIOSH, DOSH	2012
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Program 7 : Facilitate OSH training and information services

Activity	Deliverable	Coordinator	Timeline
a) Develop and integrate competencies according to NOSS for existing courses to increase workers' awareness of OSH issues and ability to identify risks and hazards.	10 NOSS/year	DOSH, NIOSH, SOCSO, JPK, CIDB, JTM, IKBN, MARA	2015
b) Developing training incentive schemes to encourage skills upgrading by experienced workers;	1 Scheme	DOSH, NIOSH, SOCSO, JPK, CIDB, JTM, IKBN, PSMB, PTPK	2012
c) Integrating OSH into the academic syllabus of relevant professional courses;	10 Nos. of courses with OSH components,	KSM, MOE, MOHE, IEM, PAM, ACEM, SOEM, MIHA	2014
d) Develop and implement OSH Trainer Recognition Scheme (OTRS)	1 Scheme	DOSH, NIOSH, SOCSO, JPK, CIDB, JTM, IKBN, PSMB, PTPK	2011

Program 8 : Strengthen the capacity of government to influence OHS outcomes

Activity	Deliverable	Coordinator	Timeline
a) Provide leadership in OSH through the government role as an employer and purchaser	OSH MS implemented by 10% of government Agencies.	DOSH, NIOSH, SIRIM	2015
b) Integrate the assessment of OSH performance into the contract evaluation process;	Policy document completed	DOSH, JKR, CIDB, ACEM, MOF, MBAM, PAM	2010

Program 9 : Facilitate, develop and encourage OSH R&D

Activity	Deliverable	Coordinator	Timeline
a) Conduct research into accidents and case studies, and publish findings to promote a business case for good OSH management.	10 researches and case studies.	DOSH, NIOSH, PSD, Universities, MOHE, MOSTI	2015
b) calculation of accident costs	1 interactive calculator	DOSH, NIOSH, SOCSO	2011
c) To study the effect of separating commuting accident from workplace accident	One report	SOCSO NIOSH JTK	2010

Program 10 : Incentive and recognition scheme for good OSH performer

Activity	Deliverable	Coordinator	Timeline
a) Establish incentive system which include <ul style="list-style-type: none"> - Tax exemption - Awards - less inspection - Certification 	One system	DOSH, NIOSH, SOCSO	2010

Program 11 : Introduce risk based social security scheme.

Activity	Deliverable	Coordinator	Timeline
a) Carry out study to introduce risk based social security scheme	1 new scheme	SOCSSO NIOSH JTK	2015

Program 12 : Ratification of ILO conventions and directives

Activity	Deliverable	Coordinator	Timeline
Ratify appropriate and relevant Conventions	3 Convention	DOSH KSM	2015

Program 13 : Rehab and return to work Program

Activity	Deliverable	Coordinator	Timeline
To develop and build a 'back to work' rehabilitation center	1 Rehab Centre	SOCSSO	2011

Strategy 2 : Inculcating Preventive Workplace Culture

Program 1 : Promote a Safety Culture

Activity	Deliverable	Coordinator	Timeline
a) National World OSH Day	1 event/year	DOSH NIOSH, NCOSH, NGO, SOCSO	
b) National Celebration of OSH week	1 event/year	DOSH NIOSH, NCOSH, NGO, SOCSO	
c) Carry out promotional OSH activities through electronic and printed media, giving talks, etc.	4 programs/year	DOSH NIOSH, NCOSH, NGO, SOCSO	
d) Introduction of OSH in School. Integrate OSH into the appropriate modules or syllabus	16 schools/year	DOSH, NIOSH, MOE, PIBG	

Program 2 : Prevent Occupational Diseases More Effectively

Activity	Deliverable	Coordinator	Timeline
a) Develop and implement Basic Occupational Health Services Program (BOH)	150 visit/year	DOSH, MOH, Employers/ Employees federation and association	
b) Improve and increase number of Medical Surveillance and Occupational Hygiene Lab facilities	50 OH Clinics, 10 labs	MOH, Private Org	2015
c) Increase number of OHN, OHD, Occupational Hygiene Professional	2000 OHD, 2000 OHN	NIOSH, MOH,	2015
d) Appropriate diagnostics tools and treatment	15 diagnostics tools	MOH, DOSH,	2015

Program 3 : Eliminate hazards at the design stage

Activity	Deliverable	Coordinator	Timeline
a) Raise awareness of the importance of safe design among the designer, client, community	1 dialogue/year	DOSH, IEM, PAM, NIOSH	
b) Introduce safety certification scheme for hazardous machineries	1 scheme implemented	DOSH, DSM, SIRIM	2012
c) Ban of import unsafe (uncertified) hazardous machineries at entry point	1 Directive established	MOF, KASTAM, KSM, DOSH	2013

Program 4 : Design and develop safe work environments, systems and products

Activity	Deliverable	Coordinator	Timeline
a) Implement OSH MS / RISK management	100% compliance with OSH MS regulations	DOSH	2015
b) Safe Malaysian Product Logo (SMPL)	1 mechanism	SIRIM, DOSH, DSM	2012
c) Develop and implement effective injury prevention interventions	1 new innovative interventions/year	Industry, NIOSH, Universities	

Program 5 : Advanced injury prevention knowledge and information

Activity	Deliverable	Coordinator	Timeline
a) Formation of focal point to identify, collect, keep and disseminate information (Nano-Tech, Bio-Tech, Nuclear)	Focal point established at NIOSH	NIOSH, DOSH	2011

Program 6 : Increase quantity and quality of OSH practitioners

Activity	Deliverable	Coordinator	Timeline
a) Affordable and widely available training courses	100 training providers in various disciplines	Private and Public Organisations	2015
b) Enhance OSH competencies	2 new improved syllabus, modules and curriculums/year	Private and Public Organisations, JPK, NIOSH, DOSH	

c) Verification Scheme	10 verification scheme established	DOSH, CIDB, FMM, MTUC	2015
d) Increase accountability	Smart Card system and Regulations	DOSH	2011
e) Establish worldwide recognition	3 MOUs (Asean, EU, Japan)	DOSH	2015
f) Establish career path system for OSH practitioners / professionals	1 system	DOSH	2012

Strategy 3 - Industry Leadership and Business Community Engagement

Program 1 : Build strong capabilities to better manage OSH

Activity	Deliverable	Coordinator	Timeline
a) Improve the capacity of business operators and workers to manage OHS effectively	500 companies OSH MS certified	Employers	2015
b) To Strengthen the injury prevention capacity and capability through Strengthening OSH programmes within employers' and workers' organisations	10000 companies have in house OSH team	Employers	2015
c) Ensure appropriate resource levels for injury prevention	10000 companies have budget for OSH	Employers	2015
d) Introduce OSH to Business Leaders	All Employers attend OSH Course	DOSH, NIOSH, SOCSO, ROC, FMM, MEF	2011

Program 2 : Industry-led OSH outreach programmes by related association (FMM, MEF, CICM, MAPA, MTUC, etc)

Activity	Deliverable	Coordinator	Timeline
a) Seminars, workshops, conferences or exhibitions to promote OSH;	All high risk sector conduct annual seminar	Employers and employees	
b) Developing outreach program in different languages to reach out to the workers	4 outreach programme	Employers and employees	2011
c) Engaging smaller trade associations to reach out to small companies	50% MNCs have SR programmes	MNCs	2015

Program 3 : Driving improvements through large organizations (GLC, Multi-National) on vendor, sub-contractor, supplier

Activity	Deliverable	Coordinator	Timeline
a) Information sharing and dialogue sessions with the senior management of large companies;	1 dialogue/year	industry and workers association, NGOs	

b) Encourage larger companies to mentor other companies in improving OSH	50% GLCs and MNCs	MNCs GLCs	2015
c) Encouraging large companies to place emphasis on the OSH performance of their suppliers and sub-contractors	50% GLCs and MNCs	MNCs GLCs	2015

Program 4 : To estimate and reflect the real costs of accidents and promote a business case for good OSH management

Activity	Deliverable	Coordinator	Timeline
a) Conducting analysis on accident costs	50% employers	Employers	2015
b) Sharing of information accident cost	All members in employers as-sociation	Employers as-sociation	2015

Program 5 : Establish the practice of including OSH performance in contracts

Activity	Deliverable	Coordinator	Timeline
Developed guidance for incorporating OSH matters in performance contract	1 guidance	Employers and employees as-sociation	
a) Influencing major companies to adopt	50% of major companies adopted the guide	employers	2015

Program 6 : Publish and disseminate useful and timely OSH Information (company and association)

Activity	Deliverable	Coordinator	Timeline
a) Developing a system that can disseminate useful and timely OSH information to all stakeholders, e.g. via the internet, publications, seminars, workshops and dialogue sessions;	1 system developed	Employers and employees association	2012
b) Developing an online OSH forum to allow professionals and interested stakeholders to discuss and share OSH information	1 online forum	Employers and employees association	2011



c) Sharing of near-misses and learning points from accident investigations;	1 mechanism for sharing information created and implemented	Employers and employees association	2013
d) Dissemination of training materials to companies to facilitate in-house/ continual training of workers.	10 training materials disseminated	Employers and employees association	2015
Program 6 : Publish and disseminate useful and timely OSH Information (company and association)			
Activity	Deliverable	Coordinator	Timeline
a) To promote change in OSH	5 persons	NCOSH	2010

Strategy 4 : Strong Partnerships Locally and Internationally

Program 1 : Enhancing the capabilities of the NCOSH

Activity	Deliverable	Coordinator	Timeline
a) Review, Enhance structure and functions	New efficient innovative and effective structure	NCOSH, KSM, PSD, DOSH	2013
b) Publishing a periodic report on the state of OSH performance in Malaysia	1 report/year	NCOSH, DOSH	
c) Provide leadership and direction in the promotion of OSH	Enhancing tripartite corporation	NCOSH	2010
d) Enhancing inter-agency collaboration and intervention activities	3 collaboration and intervention	NCOSH, DOSH, MAMPU	2015

Program 2 : Enhancing International Collaboration (OSHNet)

Activity	Deliverable	Coordinator	Timeline
a) MTCP (Malaysian technical corporation program) on OSH	5 Program	EPU, DOSH, SOCSO, KSM, NIOSH	2015
b) Leveraging OSH leadership through OSHNET	2 MOUs	NIOSH, DOSH, KSM,	2015
c) Exporting OSH expertise to other region	4 program	EPU, DOSH, NIOSH, KSM, Wisma Putra	2015
d) Sharing Best OSH practices	2 seminars	EPU, DOSH, SOCSO, KSM, NIOSH	2015
e) Carry-out ASEAN Certification System and procedure (ie competence person)	1 system	EPU, DOSH, SOCSO, KSM, NIOSH	2015
f) Conduct joint R & D in OSH area	2 Research	EPU, DOSH, SOCSO, KSM, NIOSH	2015
g) Collaboration amongst Asean OSHNET Plus Three	2 dialogue	EPU, DOSH, SOCSO, KSM, NIOSH	2015



Program 3 : Develop local OSH experts to sit in international committee and bodies

Activity	Deliverable	Coordinator	Timeline
a. Participate in international technical committee	2 committee member	DOSH, NIOSH, SOCSO	2015
b. Present papers in international seminars and conventions	10 paper	DOSH, OSH practitioner	2015
c. Collaborate with international research institutes	5 MOUs	DOSH	2015

