

Training under Total Workplace Safety and Health Programme

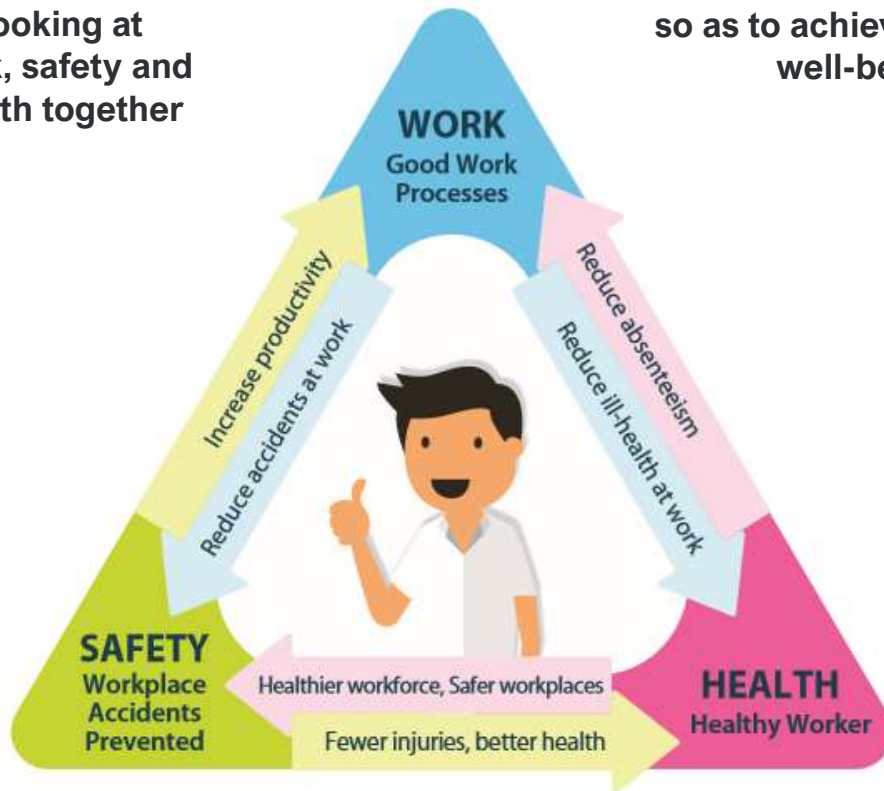


What is Total Workplace Safety and Health?

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Looking at
work, safety and
health together

so as to achieve workers'
well-being



Total Workplace Safety and Health is an approach that looks at **work, safety** and **health** together which includes:

- Proactive, broad and integrated assessment of risks in the workplace
- Enhancement of Safety, Occupational Health and Personal Health through suitable interventions
- Sustainability efforts to strive for continuous improvements for good Safety and Health Performance

Why is Total WSH is important?

- Slipped ladder fall (1.7m) resulted in fatality
- Residential building – cleaner injured

Accident Advisory: Cleaner found lying at staircase landing

Ref: [2021001](#) WSH Alert Accident Notification dated 7 April 2020

On 28 March 2020, a cleaner was found lying on the staircase landing of a residential building with his cleaning equipment nearby. The injured cleaner was conveyed to the hospital where he passed away the following morning.



Figure 1: Overview of the accident scene.

Slipped ladder caused worker to fall

On 24 December 2021, a worker fell about 1.7 metres to the floor when the A-frame ladder he was on slipped. The ladder was leaning against the edge of a mezzanine level and was not secured. The worker struck his head against the floor and succumbed to his injuries three days later.



Figure 1: Position of the worker on the ladder just before he fell.

Crane Operator Dies after Heart Attack in Cab above Parsons Green

Firefighters climb up 20 metre high crane to bring man back to ground level

London Fire Brigade says it was called this morning, Monday December 14 at 10.34am with fire crews from Fulham, Chelsea and Paddington attending along with London Ambulance Service.

Firefighters climbed up the crane and brought the man down to ground level, but he was pronounced dead at the scene by Ambulance Service paramedics. A spokeswoman for LAS said: "We were called at 10:38 to reports of an unconscious person.

" Every effort was made to resuscitate the patient at the scene, but, despite the best efforts of the crew, a man died."

Bruce Milani who runs nearby store BMG Scooters told BBC London that he saw two paramedics and ten firemen trying to work at the top of the crane to save the man.

He said: "It was quite an operation with the firemen climbing up and down the crane.

"Paramedics gave him CPR at the top of the crane. It was a tight, tight space." London Fire Brigade says its part in the incident was over after two hours at 12.24pm.

Developer London Square, which is building 24 flats and shops on the site of the former London House at 100 New King's Road said the man was working for a sub-contractor.

Related Links



Health

Safety

Work

Benefits of Total WSH

Addressing both safety and health risks in an integrated manner will translate to the following:



A healthy
workforce for
safe
workplaces



Lower
absenteeism
rates and
healthcare
costs



Fewer injuries,
better health



More productive
workforce and better
business performance

Incorporating Total WSH into Risk Management Process

Incorporating Total WSH into Risk Management Process

Risk Management is a term used to describe the overall process or method that places emphasis on effective upstream risk control through elimination, substitution and engineering controls; and a holistic approach towards safety and health risk assessment taking human factors into consideration (includes security, disease outbreak, psychosocial and personal health risks)

Incorporating Total WSH into existing RM Process:

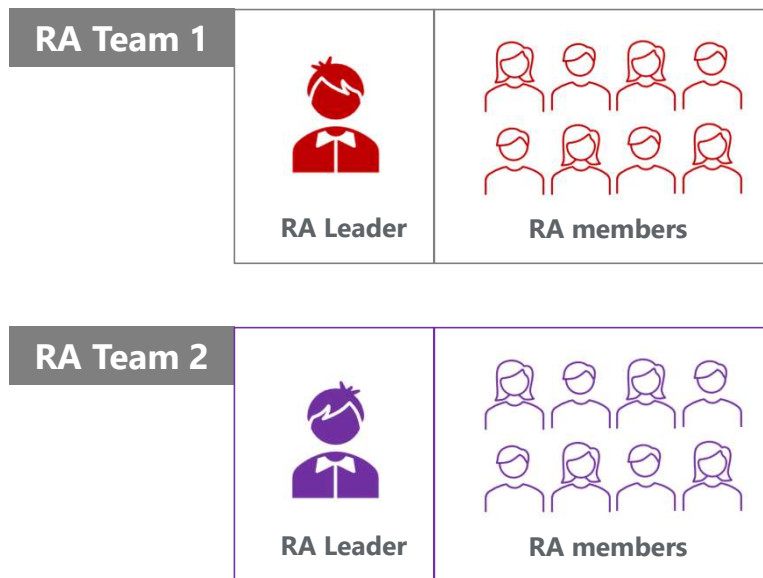
- ✓ Mental well-being and health status of workers
- ✓ WSH practices for work activities
- ✓ Inclusion of Total WSH interventions as part of risk control measures



1

Preparation

■ Form RM/RA Team



Members may be appointed from *management staff, process or facility engineers, technical personnel, supervisors, production operators, maintenance staff and WSH personnel, HR personnel where suitable.*

■ Gather Relevant Information

RM Team to gather information related to RM scoping :

- ☐ Workplace layout plan
- ☐ Process or work flowchart
- ☐ List of work activities in the process
- ☐ Health status of workers

2 Risk Assessment

Risk Assessment

A process of evaluating the probability and consequences of injury or illness arising from exposure to an identified hazard and determining the appropriate measures for risk control.

STEP 1:

Hazards Identification

- Activity/Process
- Types of Hazards

STEP 2:

Risk Evaluation

- Severity
- Likelihood
- RPN

STEP 3:

Risk Control Measures

- Existing / Additional control measures
- Implementation

What is a Risk Assessment form?

A form that guide you to analyse the risk levels for all work activities and implement additional risk controls.

Department:		RA Leader:	Approved by:	Reference Number:										
Process:		RA Member 1:	Signature:											
Activity/Location:		RA Member 2:												
Assessment Date:		RA Member 3:	Name:											
Last Review Date:		RA Member 4:	Designation:											
Next Review Date:		RA Member 5:	Date:											
Hazard Identification (LOOK)			Risk Evaluation (THINK)				Risk Control (DO)							
Ref	Sub-Activity	Hazard	Possible Injury/ill-health	Existing Risk Controls	S	L	RPN	Additional Controls	S	L	RPN	Implementation Person	Due Date	Remarks
1	Housekeeping	Slips, Trip and Fall due to wet floors	Bodily injury	- Put up signs "WET FLOOR" while cleaning - Employees to wear non-slip boots/shoes	3	3	9	Apply anti-slip floor coating to improve slip resistance	3	1	3	Mr. Tan	18-8-2022	
2	Façade cleaning using industrial rope access	Fainting due to chronic medical condition in midst of rope access work	Suspension Trauma leading to serious injury or death	- Pre-checks for health-related warning symptoms - Maintain constant communication with rope access worker	5	2	10	Conduct periodic health screening for rope access workers	5	1	5	Mr. Tan	18-8-2022	

STEP 1: Hazards identification

STEP 2: Risk Evaluation

STEP 3: Risk Control Measures

WHAT IS A HAZARD ?

Anything, any source or any situation with the potential to cause bodily injury or ill-health

Types of Hazards:

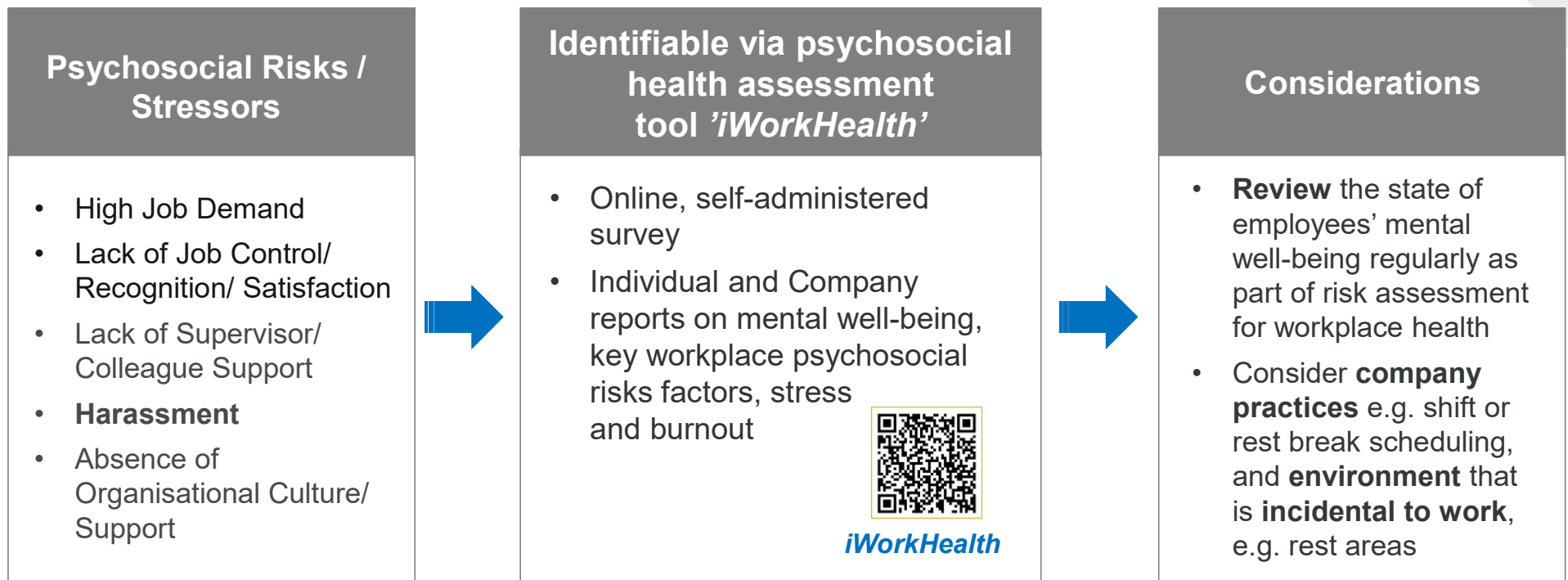
Biological	Bacteria, fungi, blood-borne pathogens, virus, microbial toxins
Chemical	Solvents, acids, vapours, fumes, gases, pesticides
Electrical	Live wire contact, overloading circuits, exposed electrical parts, etc.
Mechanical	Moving parts, rotating parts, unguarded machines parts
Physical	Anything that can cause slips, trips, falls ; radiation, noise, heat, fire
Security	Intrusion, attack, threats, cyber attacks/hacks
Psycho-social	Excessive workload, prolonged work hours, workplace violence/harassment
Personal Health	Alcohol misuse, smoking, stress, fatigue, chronic diseases, other medical conditions

NOTE: this is a non-exhaustive list



Psycho-social risks

Fatigue & mental stress can lead to loss of focus, poor decision making, resulting in accidents. Organisations can help employees manage workplace stress better if they can identify what is causing stress.





Psycho-social risks

Here is an **example** of workplace harassment which can cause mental stress and anxiety to employees.

Older worker bullying new worker with overload of works and scolding



Worker being bullied frequently during working hours by older worker. All works were pushed to the newer worker to execute.

Activity: New worker being task to follow instruction from experience worker. Experience abuse and bullied the new worker frequently.

Hazard: Workplace harassments from external stakeholders; Verbal and non-verbal abuse (e.g., threatening or insulting comments or gestures); Physical abuse (e.g., hitting with hands or objects resulting in bodily harm)

Injury / ill-health: Stress and/or anxiety which could lead to poor focus at work. This, in turn, increases the risk of accidents/injuries.

Key step in doing risk assessment:
Identify which work activities are **safety critical**



Personal Health Risk in **Safety Critical Job**

The ill-health of an individual may compromise their ability to undertake a task defined as **Safety Critical**, thereby posing a significant risk to the health and safety of themselves and others.

If there is a temporary lapse of consciousness, inability to think, lapse or attention during their job, they could pose danger to: (1) Themselves; (2) And or other fellow workers; (3) And of community at large; (4) And of the project itself.

Road worker dies after having heart attack on the job

Bobby Atkinson (EQW)
Nov 27, 2015

A construction worker in Oregon died after suffering a heart attack while working on a highway construction project.

The Blue Mountain Eagle reported that the Patrick Cullen, who hailed from Eugene, Oregon, was working at a construction site Nov. 17 on Highway 395 when he went into cardiac arrest.



Cullen was working for Wildfish Standard Paving Company on the Highway 395 project when he died.

"Members of the crew responded and performed CPR until the ambulance arrived," Wildfish Standard Paving Company's Randall Hledik said. "It was very tragic."

Activity: A worker working on a high way project

Personal Health Risk/Hazard He had a cardiac arrest where he was not aware of or had poorly controlled chronic disease(s) e.g. high blood pressure, diabetes, high cholesterol etc.

Injury/ ill-health: He suffered an acute cardiac arrest and died. He could be operating heavy machine at the time of heart attacked and cause injury to others working nearby.

Another example : for cleaners in cleaning industry

When conducting a Risk Assessment, what **personal health risks** should I consider?

- 1) **Strength and agility** – Match individual's abilities with the right tasks
- 2) **Frailty** (in the case of falls) – Consider activities that require working at heights
- 3) **Presence of chronic medical conditions** E.g., diabetes
 - Recognise 5 Health-Related Warning Symptoms
- 4) **Eyesight** – e.g. cataract, myopia, night blindness, undiagnosed hypertension affecting vision etc.
- 5) **Musculoskeletal issues** – difficulty bending over, pain

What about on a corporate level?

Company practices – e.g., shift or rest break scheduling, and **environment** that is **incidental work**, e.g., rest areas

Other examples of Safety critical jobs:

- Operating machinery
- Working at heights
- Working in confined spaces
- Commercial diver
- Pilot

STEP 1: Hazards identification

STEP 2: Risk Evaluation

STEP 3: Risk Control Measures

Risk Prioritization
Number (RPN) = Severity
x Likelihood

WHAT IS A RISK? The likelihood that a hazard will cause a specific bodily injury or ill health to any person

Severity Definition

Describes the extent of the risk resulted from the risk

Likelihood Definition

Describes the possibility of occurrence over a period of time

Level	Severity	Description
5	Catastrophic	Death, fatal diseases or multiple major injuries.
4	Major	Serious injuries or life-threatening occupational diseases
3	Moderate	Injury or ill-health requiring medical treatment
2	Minor	Injury or ill-health requiring first-aid only
1	Negligible	Negligible injury.

A guide to severity rating

Level	Likelihood	Description
1	Rare	Not expected to occur but still possible.
2	Remote	Not likely to occur under normal circumstances.
3	Occasional	Possible or known to occur.
4	Frequent	Common occurrence.
5	Almost Certain	Continual or repeating experience.

A guide to likelihood rating

Interpreting Risk Prioritization Number (RPN) with 5x5 Risk Matrix

Likelihood / Severity	Rare (1)	Remote (2)	Occasional (3)	Frequent (4)	Almost Certain (5)
Catastrophic (5)	Medium	Medium	High	High	High
Major (4)	Medium	Medium	Medium	High	High
Moderate (3)	Low	Medium	Medium	Medium	High
Minor (2)	Low	Medium	Medium	Medium	Medium
Negligible (1)	Low	Low	Low	Medium	Medium

Example of 5x5 Risk Matrix with a mix of numeric and descriptive ratings

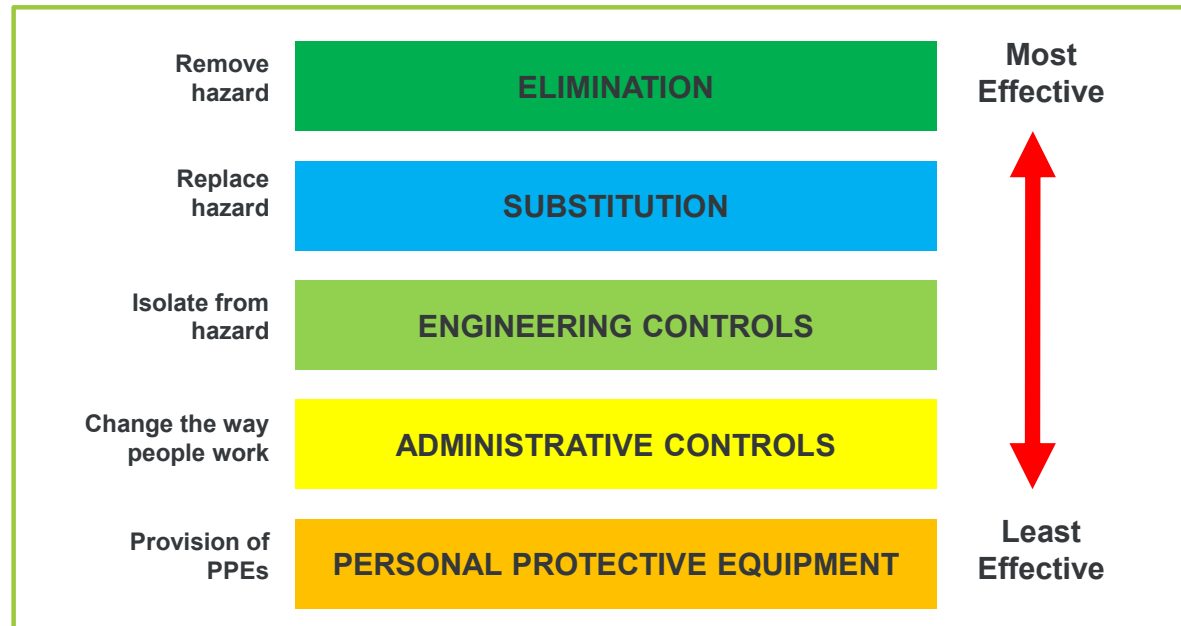
STEP 1: Hazards identification

STEP 2: Risk Evaluation

STEP 3: Risk Control Measures

WHAT IS ADDITIONAL RISK CONTROL?

To eliminate, reduce or confine the existing risk/s to an acceptable level with the **Hierarchy of Control Measures**.



Risk Assessment of Case 1: Psycho-social Risk – Harassment

Hazard Identification (LOOK)			Risk Evaluation (THINK)					Risk Control (DO)						
Ref	Sub-Activity	Hazard	Possible Injury/ill-health	Existing Risk Controls	S	L	RPN	Additional Controls	S	L	RPN	Implementation Person	Due Date	Remarks
1	Processing food orders with customer	Workplace harassment – verbal abuse or physical abuse	Mental stress Anxiety	- Training on how to handle difficult customers - Escalation to supervisor procedure	3	2	6	- Train Supervisors on how to spot signs of stress among staff - One to one check in with staff on how they are coping - Awareness training on tone of voice when communicating with customer - Make harassment prevention policy visible to public	3	1	3	Ms. Sonia	1-12-2022	

Risk Assessment of Case 2: Safety Critical Job – Chronic Medical Condition

Hazard Identification (LOOK)			Risk Evaluation (THINK)					Risk Control (DO)						
Ref	Sub-Activity	Hazard	Possible Injury/ill-health	Existing Risk Controls	S	L	RPN	Additional Controls	S	L	RPN	Implementation Person	Due Date	Remarks
1	Frying food using hot wok of oil	Poorly-controlled or unaware of chronic medical condition Personal health condition	Fainting, burns and even death Burns to nearby customers and serious bodily injuries	- Encourage regular health screening - Adopt healthier eating habits and encourage physical activity	5	2	10	- Awareness / Pre-checks of health-related warning symptoms, stop work in a safe manner and call for help - Arrange work schedule to have medication on time	5	1	5	Ms. Lynette	30-11-2022	

**The work activities and risk controls in the above are for reference only. Companies should not restrict their RA based on this.*

Learning Activity – Applying Total WSH approach in Risk Management:



Source: Channel News Asia 20 Apr 2020

- Lorry Driver with heart disease collapsed at wheel
- During the collapsed, the lorry collided with a motorcyclist and killed him
- Autopsy on Lorry Driver found that his cause of death was ischaemic heart disease
- The health condition of the driver had posed a danger to himself and other road users

Hazard Identification			Risk Evaluation					Risk Control						
Ref	Work-Activity	Hazard	Possible Injury/ ill-health	Existing Risk Controls	S	L	RPN	Additional Controls	S	L	RPN	Implementation Person	Due Date	Remarks
1	Driving													

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Hazard Identification			Risk Evaluation					Risk Control						
Ref	Work-Activity	Hazard	Possible Injury/ill-health	Existing Risk Controls	S	L	RPN	Additional Controls	S	L	RPN	Implementation Person	Due Date	Remarks
1	Driving	Giddiness due to Chronic Disease	Collapsed on the wheel leading to Fatality/ Multiple Major Injuries	• Pre-checks for health-related warning symptoms • Stop Driving immediately and call for help if feeling unwell	5	2	10	• Conduct periodic health screening and provide appropriate intervention for workers susceptible to medical conditions	5	1	5	Mr. Tan	18-8-2021	

3 Implement & Review

Implement Control Measures

Manager to ensure risk control measures are implemented and effective

Audit / Inspections

Manager to ensure regular inspection and audits are carried out

Communication

Examples of Communication Channels : Job trainings, Toolbox meeting, Notice Board, In-house training, Safety Campaigns, etc.

For **Safety Critical Jobs**, get employees to recognise the following 5 health-related symptoms:

1. Sudden giddiness / fainting
2. Blurring of vision
3. Unexplained cold sweat
4. Sudden severe chest or abdominal pain
5. Unexplained breathlessness or difficulty in breathing

STOP work immediately and call for help!



4

Record-keeping

Frequency

- (1) Review / Revise RA at least once every **3 years**;
- (2) after an incident, near miss or dangerous occurrence;
- (3) A significant change in the work processes, facilities, work practices or work procedures, or change in workplace condition and layout;
- (4) New information on WSH risk
 - E.g. Changes in Workers' Health Condition or mechanical hazards arising from new machinery to substitute manual work

Keep Records

Keep all RA records for at least **3 years**

Integrating Health Risk of up to 3 Risk Assessment on Safety Critical Job for Company (60mins)

Total WSH

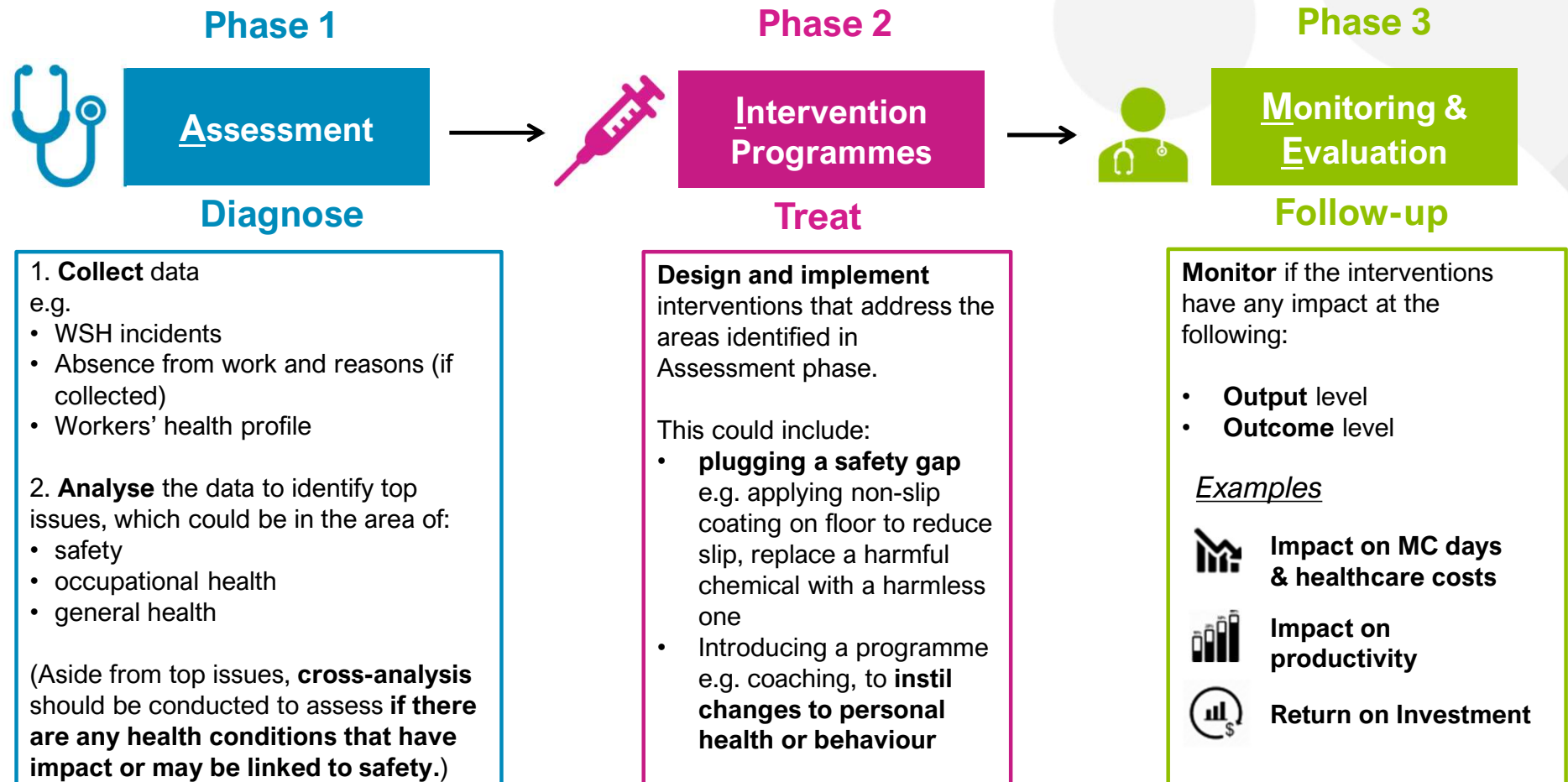
Implementing the A-I-ME process

Step 1: Form a team to drive Total WSH

What to look out for when forming a team

1. Should be led by someone in Senior Management
 - To signal importance of safety and health
 - To lend weight and push for changes that matter
2. Should have representation across
 - Levels of organisation hierarchy
 - to get views and voices from different perspectives
 - Teams
 - to cover risks and considerations across work areas
3. Should include teams/persons that takes charge of
 - Workplace safety and health
 - Staff engagement and welfare
 - HR
4. Having in-house certified WSH or health professionals is ideal, but not a must

Total WSH Model - Implementing the A-I-ME process



Total WSH Phase 1 Assessment

Overview of Phase 1 Assessment

Objective: To identify areas to work on through sense-making of data
(Refer to annex for more examples)

Basic Health Survey

Collate prevalence for health concerns of employees at company levels.

- Look deeper into different parameters (e.g. occupation type)

Walkthrough

Observe work activities and habits to identify potential root cause of Safety or Health issues detected in BHS, Total WSH checklist and other data collected

Checklist of Total WSH initiatives

Take stock of existing WSH and well-being initiatives, to help organisation

- Review effectiveness of existing initiatives
- Consider building on more initiatives where relevant

Recommend targeted interventions to address WSH issues.

Assessment – Basic Health Survey

Objective: To collect data

Administer the Basic Health Survey (BHS) for the employees to assess health profile of the workforce in the company. Upon completion of BHS, WSH Professional / HR Officer in the company may collate the data and identify the prevalence of self-reported health concern of the employees at company level, this may include:

- Overweight / Obesity
- Poor Lifestyle and dietary habits
- Mental and Physical Stressors
- Body Pains (Due to work)
- Chronic Diseases
 - Hypertension
 - Hyper Lipidemia
 - Diabetes Mellitus
 - Any other medical conditions specified by employees

Assessment – Supplementing the Basic Health Survey

Corporate data that would be useful for analysis include:

1. Absenteeism data, with breakdown on absenteeism reasons
2. WSH incident data, with breakdown on incident type
3. Healthcare expenses data, with breakdown on expense type

Where such data is unavailable, company can:

1. Make use of existing questions in the BHS relating to absenteeism and accidents as proxy
2. Start establishing a process to collect such data
3. Drop BHS questions relating to absenteeism and accidents in subsequent cycles (when company is confident that data is accurate and there is no under-reporting)

Assessment – Supplementing the Basic Health Survey

Organisations are encouraged to either:

- a) Supplement the Basic Health Survey with use of the **iWorkHealth** tool (Refer to **Resources** for more info)
- or
- b) Replace BHS questions relating to Mental Well-being with use of the **iWorkHealth** tool

The **iWorkHealth** is a survey tool developed by Ministry of Manpower's Workplace Safety and Health Institute to help organisations

- understand the overall state of mental well-being in the organisation
- identify workplace stressors.

Knowing that the issues relating to mental well-being and harassment are highly sensitive, the tool was specially designed to

- protect anonymity of respondents, and
- give employees a channel to provide honest feedback.

Assessment – Walkthrough

Objective: To identify potential root cause of Safety or Health issues detected by observing the work environment, and work activities and habits

During Walkthrough:

Aside from the usual looking out for visible hazards, :

- Keep in mind insights gathered from the BHS and other supplementary data
- Place sufficient emphasis on non-visual aspects, such as:
 1. Occupational hygiene and health: e.g. noise, heat, air quality, any use of harmful chemicals, exposure to radiation etc.
 2. Work Process: e.g. how workers conduct work
 3. Company practices: e.g. shift or rest break scheduling, no smoking policies
 4. Environment that is incidental to work: e.g. rest area, smoking corner, canteen
 5. Potential personal health factors that could pose a risk to the person at work
 6. Workplace Stressors: Job demands, workload or work pace, home-work interface etc.
- Stop to speak with employees where appropriate e.g. to understand the process in more detail, or why process is done in a certain way
- Walkthroughs should come across as being there to “understand or learn” and “improvement-seeking”. Companies are encourage to build a non-punitive culture in the workplace to encourage employees to improve their WSH performance

Assessment – Walkthrough preparation

Applying the list of [what to look out for during a walkthrough](#), the company representative can shortlist specific things to help them identify links between health and work or safety.

An example below:

Data analysis findings	Walkthrough – Things to look out for
Prevalence of chronic diseases exceeding that of national population levels • Check for trends in age group, occupation type, BMI etc • Check for trends in lifestyle habits	• Are there safety critical roles in the organisation where it could be of concern if workers' conditions are not well controlled? • Any environmental exposure that workers with chronic disease could be particularly at risk in? E.g. High heat environment • Are workers on medication given sufficient rest or meal breaks? • Is the workplace conducive to help worker manage their conditions? E.g. convenient rest area, source of nutritious food

Assessment – Walkthrough (Examples)

BHS Data surfaced incidences of workers encountering headaches and giddiness

What you noticed:
Workers sweeping and working long time outdoor during midday sun



Consideration during walkthrough:

- Headaches and giddiness are signs of possible heat exhaustion
- Assess if the incidence were reported by workers doing such mid-day duties
- Double check that measures to prevent heat stress are in place e.g. frequent hydration, light and comfortable clothing, rest areas, workers aware of heat stress early signs and know what to do, re-schedule such work after mid-day if feasible

BHS Data surfaced incidences of workers experience body aches and pain on mid and lower back.

What you noticed:
Workers bending down in an awkward and wrong posture while working



Consideration during walkthrough:

- Body aches and pain might be caused by the awkward posture adopted while cleaning
- Assess the frequency and duration of such activities
- Assess if the cleaning tools or accessories provided are causing the worker to adopt such awkward posture
- Recommend practical stretching exercise if work-redesign is not feasible

Learning Activity – Walkthrough preparation

Scenario: You are a WSHO in a courier company helping to conduct a Total WSH Assessment. You have some data after administering a round of the Basic Health Survey, and will be planning for a walkthrough next.

Data analysis findings	Walkthrough – Things to look out for
Prevalence of Body Pain or musculoskeletal diseases in the workforce [List areas that you would consider dissecting the data to help you address the issue]	[List down what you would want to look out for when conducting your walkthrough]

Tip: You can refer to [Annex A](#) which lists some possible associations where health conditions could have been impacted by work or environmental factors.

Learning Activity – Walkthrough preparation

Scenario: You are a WSHO in a courier company helping to conduct a Total WSH Assessment. You have some data after administering a round of the Basic Health Survey, and will be planning for a walkthrough next.

Data analysis findings	Walkthrough – Things to look out for
Prevalence of Body Pain or musculoskeletal diseases in the workforce • Where are the pains occurring? • Do they differ across specific occupations? • Is there correlation with high work stress?	Observe workers as they carry out the work activity • Are they in awkward postures? • Is there over-stretching or over-reaching in their tasks? • Are there repetitive movements involved? • What is the duration and frequency like? • Any excessive exposure to vibrations of power tools or machineries? Do they correspond with the pain locations?

Hidden: Answers for learning activity

Assessment – Checklist of Total WSH Initiatives

Objective: To take stock of the current state of WSH programmes for enhancing the safety and health practices of the company

List of WSH Initiatives:

- WSH Orientation Programme
- Workplace Injury Prevention
- Fatigue Management
- Hearing Conservation
- Handling of Hazardous Chemicals
- Ergonomics
- Workplace Violence / Abuse
- Radiation Protection
- Laser Protection
- Heat Stress Prevention
- Vehicular Safety
- Machinery Safety
- Slips, Trips and Falls prevention
- Work at Heights

Health Promotion Initiatives:

- Smoking Cessation
- Nutrition (e.g. Healthy Eating)
- Physical Activities
- Health Screening
- Health Coaching
- Infectious Disease Awareness
- Mental Well-Being Programme
- Chronic Disease Management
- Vaccination / Immunization Programme
- Cancer Awareness

Assessment – Checklist of Total WSH Initiatives

Key Notes to consider when reviewing WSH Initiatives:

- Did programme achieve the desired outcome?
- Contextualization of programme content to suit the need of the organisation, work processes and work environment
- Are the resources provided adequate and suitable for the work?
- Are the WSH initiatives effectively implemented at the workplace?
- Fitness of workers – worker's health well-maintained to perform the work?
- Worker's knowledge retention – Effective WSH Practices at the workplace
 - Any Language Barrier?
 - Lack of Demonstration?
 - In-House training to assess competency?
- Accident Statistic of the company

Total WSH Phase 2 Interventions

Interventions – Identification & Implementation

Following the assessment phase, HR officer or WSHO may work with Safety and Health service provider or utilize in-house resources to identify and conduct targeted intervention to mitigate issues arising from Phase 1 Assessment.

Intervention programmes may include:

- Safety and Health Coaching
- Health Screening with follow-up Health coaching
- Weight Management
- Mental Well-Being
- Ergonomics
- Infectious disease control



Identifying Interventions

When identifying the interventions to be implemented...

- ✓ **Always make recommendations with consideration of the existing WSH programmes implemented in the workplace (Refer to Annex A)**
 - If problems are still observable despite efforts, consider if more time is required for improvements to take effect, or a need to enhance the existing WSH programme that might not be effective.
- ✓ **Assess whether personal health (**includes mental well-being**) risks has been taken into consideration for control measures implemented when reviewing existing RA and observing work activities**
 - Consider also if work activities may be safety critical
 - Consider communication of risks and control measures to employees where personal health risk has been identified

Learning Activity – Identifying Interventions

BHS:

- Prevalence of body pain for delivery workers
 - Upper shoulder
 - Lower Back

Walkthrough:

- [Inputs from earlier application exercise]
- E.g., Include possible observations to lookout for

Checklist of Total WSH initiatives:

- Ergonomic Programme was only conducted for office workers

Possible Recommendations:

- (Participants to provide inputs here)

Learning Activity – Identifying Interventions

BHS:

- (provide inputs here)

Walkthrough:

- (provide inputs here)

Checklist of Total WSH initiatives:

- (provide inputs here)

Possible Recommendations:

- (provide inputs here)

Tips when implementing interventions

Key Notes:

- Consider result driven WSH programmes to achieve the desired outcomes for the organization
- Plan WSH Programmes for targeted group of employees relating to specific WSH indicators
- The programmes with the best of intentions and best content will still come to naught if there is low participation. Intervention activities need to be designed and structured to help minimize operation disruption, while keeping it within employee's work hours e.g. protected monthly half-day for training, SBS Transit pushing educational content through flexi training portal for bus drivers

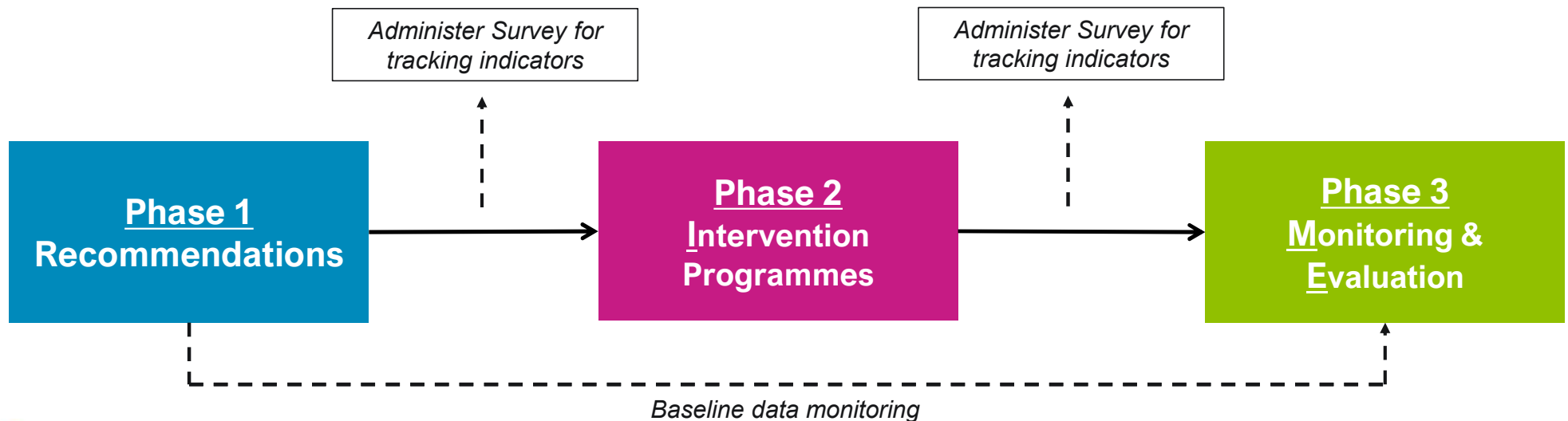
Total WSH Phase 3

Monitoring & Evaluation

Monitoring and Evaluation

- Refer to regular data collected where possible to assess impact e.g. absenteeism data, WSH incidents data
- Company-wide BHS can be done on an annual basis
- Where interventions are implemented for specific groups instead of all employees e.g. weight management for those with low or high BMI, it is ideal to collate information for the specific group at the start and end of the intervention phase, such that effectiveness of programme for the specific group can be assessed.

**For illustration purpose*

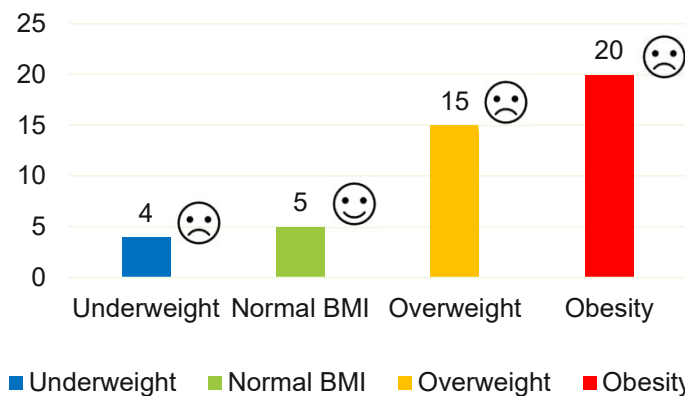


Monitoring and Evaluation

**For illustration purpose*

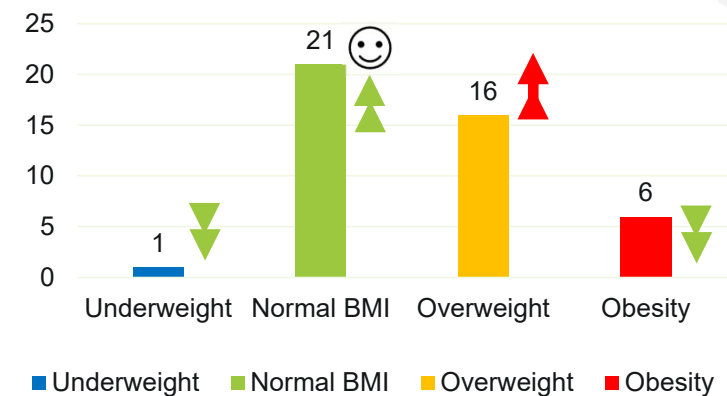
BMI of Surveyed Workforce (Baseline)

N=44



BMI of Surveyed Workforce (Post Evaluation)

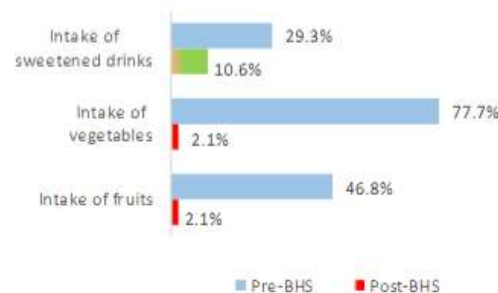
N=44



Chronic Diseases Prevalence



Dietary Habits (Daily)



Physical Activity



Monitoring and Evaluation

Key notes:

- If there is no improvement or even decline in performance indicators, evaluate what the root cause should be:
 - Was there significant turnover?
 - Was the intervention appropriate?
- For trainings conducted,
 - Were they effective?
 - Was they internalized?
 - Are the employees applying what was taught?
 - Are there organizational factors at play? E.g. Operations and deadlines were prioritized over safety and health.
 - Do the interventions need more time?

Monitoring and Evaluation

Key notes:

- If improvements are seen, communicate and celebrate successes with the organization to encourage and sustain the efforts
- Effectiveness of Intervention may take time to see improvements (Especially Health interventions)
- If there is only slight improvement of the performance indicators, continue with the intervention programme
- Regardless of the outcome indicators, it is advisable to review the intervention programmes
- Do not be disheartened if the performance indicators did not reflect as expected

Buy-in and Communication

Engagement and Communications

For a more successful and fulfilling Total WSH journey, getting buy-in **before** the start of the journey across all organisation levels is key:

Critical stakeholders for buy-in

1. CEO
2. Rest of Senior Management
3. Line Managers and supervisors
4. The company's union(s) (where applicable)
5. Workers

What to cover in communications

1. What is Total WSH
2. Why it is important to organisation and employees
3. Importance of management team's support and walking the talk
4. What to expect
 - survey – address concerns of anonymity and organisation's position/approach should workers be open with health issues
 - activities they can expect
 - how organisation intends to balance this with operational needs

Managing Sensitivities

1. Disclosure of health status

Since health of my worker matters, can I force them to share their health status? **No**

Encouraging Disclosure

- a. Respect - Respect individuals' rights to privacy. Individuals are not obliged to share if uncomfortable.
- b. Care - Approach from the angle of care instead.
- c. Assure - Make employees feel safe by being open with the process and outcomes.
- d. Discretion – Let individuals have the discretion to disclose what they deem as appropriate.
- e. Educate – Raise awareness of those in safety critical roles

2. When health affects safety

What should I do if my worker has a health issue that elevates a safety risk?

- a. Do not dismiss the worker
- b. Can the condition be treated or kept under control?
- c. Can the worker change roles without affecting his/her pay?
- d. Are there modifications to the way the work is carried out to reduce the risk? E.g.
 - i. Safer barriers
 - ii. Do work sitting instead of standing
 - iii. Buddy system
 - iv. Use technology e.g. collision prevention system, wearables
- e. Discuss and make plans in consultation with the doctor/Total WSH consultant and the union

Annexes



Annex A – Association Examples & Recommendations

Examples of associations	Detail Notes	Possible recommendations
Body Pain – Poor posture / Prolonged standing	Poor posture and prolonged standing causes muscle fatigue and strain on the body, leading to pain. Tends to result in pain in back and lower limbs.	• Train workers to pay attention to daily habits for good posture with respect to their work task • Schedule more frequent rest breaks • Consider an Ergo programme
Body Pain – Stress	When under stress, body muscles tense up, leading to body aches, particularly in the back and shoulder areas. This can affect focus and productivity at work.	• Identify workplace stressors with iWorkhealth screening tool • Adopt regular exercise for stress relief and increase muscle flexibility • Programmes to improve Mental Wellbeing
Smoking – Respiratory problems e.g. coughs & cold, asthma – Presence of dust / chemicals at work	Smoking or inhaling second-hand smoke can be a trigger for asthma. Smoking can impair the lungs and increase susceptibility to dust/chemicals, hence increasing risk for respiratory problems.	• Consider adopting a no smoking policy at the workplace • Make it inconvenient for smokers to smoke at the workplace • Smoking cessation programme

Annex A – Association Examples & Recommendations

Examples of associations	Detail Notes	Possible recommendations
Mature workforce – High prevalence of chronic medical issues	Individuals who are older may have higher risk of chronic medical conditions, which may pose a danger to themselves and others during their work, if not well controlled.	• Encourage employees to go for regular health screening • Create a culture that support employees in managing their conditions e.g. allow them time for regular meals or to take medication; offer health coaching programme
Fatigue/Pain – Work schedule / Rest breaks, Sleep, Nutrition	Working for long periods without proper rest can cause fatigue, reduce alertness at work and worsen musculoskeletal pain, which could also result in safety lapses causing accidents and injuries. The lack of nutrition can also lead to tiredness or affect the ability to focus.	• Schedule more frequent rest and stretch breaks • Provide proper rest area • Consider reviewing workload or schedule arrangements if identified as a root cause • Promote healthy lifestyle among employees e.g. nutrition talk

Annex A – Association Examples & Recommendations

Examples of associations	Detail Notes	Possible recommendations
Sore throat/Loss of voice – Having to talk / shout in noisy environment	Talking for extensive periods of time or over-exertion of voice can cause sore throat or loss of voice.	• Use of hands-free microphone • Attend vocal training courses to improve use of voice
High absenteeism from infectious diseases – poor hygiene / infection control	Frontline-facing employees with high exposure and contact with customers are at higher risk of infection. Hence good personal hygiene and infection control practices (particularly in the COVID-19 situation) is important.	• Implement proper infection control measures • Practice good personal hygiene
Body Pain – Weight issues	Extra weight increases wear and tear on the back and joints, increasing the risk of musculoskeletal pain and injuries.	• Encourage employees to stay active e.g. take stairs • Provide healthier meal choices • Weight management programme

Annex A – Association Examples & Recommendations

Examples of associations	Detailed Notes	Possible recommendations
Incidence of injury - Work Stress – Work scheduling	Excessively long work shifts could give rise to fatigue or mental stress on workers, which may result in loss of focus, giving rise to injuries	• Conduct Survey i.e. iWorkHealth; pulse survey over time to track employees' mental well-being as part of Risk Management • Rearrange shift schedules and breaks according to the workload e.g. avoid excessively long shifts and to include rest periods in-between • Train supervisors level or above on mental first aid to spot signs of mental distress to provide peer support • Provide access to professional counsellor from Employee Assistance Programme (EAP) service providers

Annex B Understanding the packages available under Total WSH Programme

Safety and Health Coaching



- To understand the importance of Safety Critical jobs and the correlation between ill-health and safety
- Guidance on mitigating Safety and Occupational Health issues arising from work activities

Weight Management



- To gain nutritional insights how maintaining BMI within a healthy range
- To guide employees of living a healthy lifestyle through physical exercise

Health Screening and follow up coaching



- Early detection of chronic diseases to manage ill-health which can potentially lead to incident at work
- To guide employees to improve their lifestyle habit in managing their health conditions

Mental Well-Being



- To understand the common causes of various mental health issues and work stressors in the workplace and practical tips to manage them
- To build capability of supervisors / management to be supportive leader for Mental Well-Being

Annex B Understanding the packages available under Total WSH Programme



Ergonomics:

- To gain insights on ergonomics solutions for workplace redesign
- Proper manual techniques for physical tasks
- Practical tips for pain relieves through stretching exercise



Infectious disease control

- Understand the spread of common infectious diseases (e.g. Airborne, physical contact, droplets)
- Break the chain of infections through implementing Safe Management Measures

Thank you!

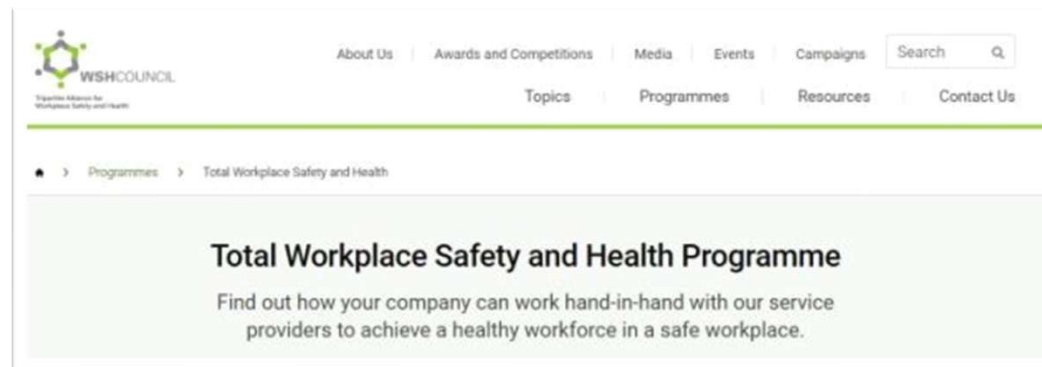


Resources



WSH Council Total Workplace Safety and Health Website

- Overview of programme and links to other microsites for more information



[Total WSH Website](#)

Newsletters

- Be in the know for WSH's latest programme updates and happenings in the industry



IWSH Newsletters



WSH Bulletins



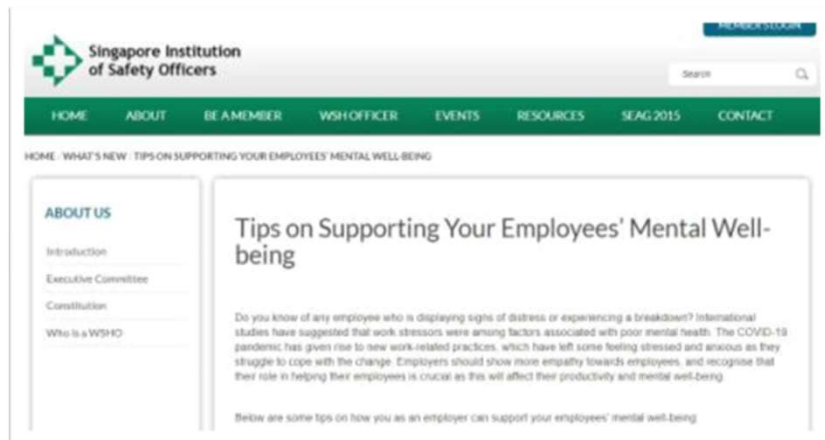
SHINE Newsletters



WSH Alerts

Managing Mental Well Being

- As advice by the Ministry of Manpower and Singapore Institution of Safety Officers
- Tripartite advisory on mental well-being at workplaces



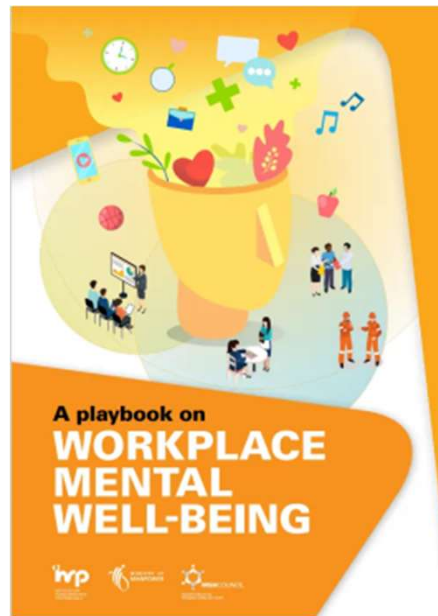
[SISO microsite](#)



[MOM microsite](#)

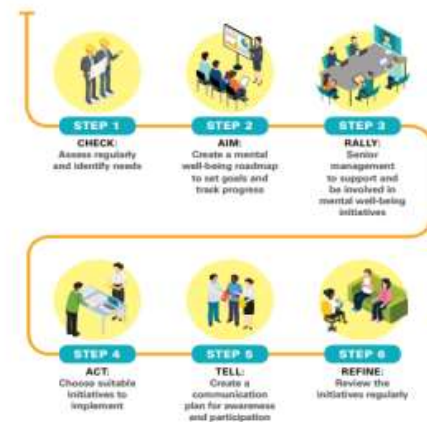
Managing Mental Well Being

- Playbook designed to give actionable guidance to organisations to support employees' mental well-being at the workplace



[Playbook on Mental Well-Being](#)

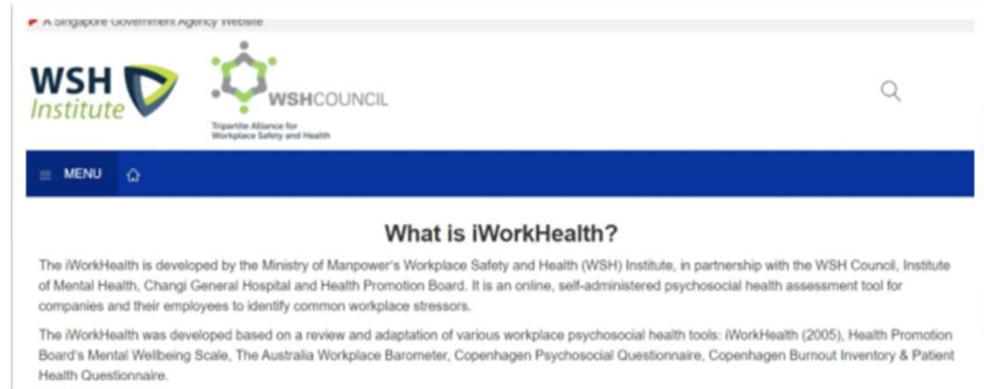
Guide to Implementing Mental Well-Being Initiatives



Practical guide to support employees' mental well-being

iWorkHealth Survey Tool

- An online, self-administered psychosocial health assessment tool for companies and their employees to identify common workplace stressors



[iWorkHealth Microsite](#)

Take Time to Take Care

- Online infographic kit available for employees and employers on workplace safety and health



WORKPLACE SAFETY AND HEALTH KITS

Download the Employer's Kit which will help you to take steps in improving your employees' health at work and adopt approaches in enhancing their well-being through disease and lifestyle management. You can also download the Care Kit for Employees which comprises educational health messages, suggested actions to improve health, and other useful resources. Share the Care Kit with your employees to get them to begin their journey to improving and managing their health at work. Start right now in creating a healthy workforce for your business.



Employer's Kit

[DOWNLOAD NOW](#)



Care Kit For Employees

[DOWNLOAD NOW](#)

GET YOUR EMPLOYEES TO KNOW THEMSELVES BETTER

Encourage your employees to take part in the persona quiz to find out which aspects of their health they could be neglecting that can lead to injuries at work. Make this your company's in-house WSH Campaign activity. And encourage your employees to share their persona at the end of the quiz with their supervisors and co-workers. But most importantly, just have fun!

[TAKE THE QUIZ](#)

[Employer kit](#)

[Care kit for Employee](#)

WSH related courses for sustainability

- In collaboration with National University of Singapore | Saw Swee Hock School of Public Health

 **Saw Swee Hock School of Public Health**

hybrid | seminars | Student Support | SM | Careers

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Implementing Total Workplace Safety and Health (Total WSH) in the Workplace

Professional Certificate Programme under the NUS Resilience and Growth (R&G) Initiative



This Professional Certificate covers Total Workplace Safety and Health (Total WSH) as the Singapore framework to promote worker safety, occupational health, and wellness. It is an evolution of the traditional view that worker health is only about safety at the workplace. The framework encourages companies to view worker health holistically and provides guidance on the assessment of worker's Total WSH needs, as well as the implementation of intervention or preventive programmes. Against the backdrop of the COVID-19 pandemic, management of infectious diseases at the workplace will also be covered in this programme.

[Course Website](#)