

Safety and Health Practices in Private Health and Social Work Industry: 2008

(Last of a 13-part series on Industrial Relations Practices)

The Bureau of Labor and Employment Statistics (BLES) in coordination with the DOLE Regional Offices conducted the 2007/2008 BLES Integrated Survey (BITS) covering 6,460 non-agricultural sample establishments employing 20 or more workers nationwide. The main objective of the survey is to generate integrated data sets on employment of specific groups of workers, occupational shortages and surpluses, safety and health practices, occupational injuries and diseases and labor cost of employees.

This report focuses on the results of the survey on safety and health practices adopted and implemented by establishments in private health and social work except public medical, dental and other health activities as of June 30, 2008. It provides information on the safety and health of persons at work, as well as on the protection provided for other individuals against risk to their safety and health in connection with or as affected by activities of persons at work.

OVERVIEW

Among industry groups, the private health and social work industry may be considered as one of the leading proponents on occupational safety and health as its main activity deals with the provision of comprehensive health care as well as the provision of social assistance.

Workers in health institutions and social work activities, like all other industry groups, are also exposed to various safety and health hazards which need to be addressed and resolved especially for those who directly deals with patients' care, those exposed to chemicals in laboratories and those who operate various hospital equipment. Given the specific nature of their work, hospitals, clinics and other health care providers including social welfare institutions adopt specific safety standards and procedures in order to deliver quality health care to their clients/beneficiaries.

This report intends to provide an overview on the safety and health practices in private health and social work at the workplace.

SURVEY HIGHLIGHTS

Based on survey results, the following are the highlights on the common safety and health practices of establishments in private health and social work:

... as to facilities available/provided

All the 679 establishments engaged in private health and social work provided adequate lighting including emergency lights, had available water tank and functioning fire extinguishers, maintained proper ventilation in work areas and provided regular maintenance of office building.

In addition, majority of establishments provided the following facilities in their work areas: access to clean and hygienic comfort rooms (99.0%); adequate space that allow sufficient freedom of movement to perform duties (97.2%); proper waste disposal system (96.8%); medical/dental clinic or treatment room (95.9%); adequate aisles/passageways (92.6%); adequate supply of safe drinking water (91.8%); adequate exhaust system (91.0%); and provided

separate toilets for men and women and had unobstructed fire exits at the workplace (90.0% each).

Meanwhile, only 3 out of every 10 establishments had elevators for buildings with at least four floors (28.7%); and only 2 out of 10 had pipe-in music at the workplace (22.4%). (Table 1)

... as to reasons for non-provision of some facilities

Reasons provided by establishments for non-provision of some safety and health facilities were as follows: no available space (44.6%); non-applicability or unsuitability of these facilities in their work areas (37.7%); not needed or not necessary for the industry (28.0%); and too costly (17.8%). A few cited that they had very few workers (10.8%) and not required by law (3.8%).

... as to occupational safety and health programs/services implemented

Almost all establishments conducted regular inspection and maintenance of equipment (99.0%) and had available first-aid kits in the workplace (93.4%). Likewise, majority conducted regular monitoring of hazards such as fumes, dust, noise level and heat in work areas (87.9%); implemented emergency response preparedness program (85.4%); and provided free/subsidized medical care other than those provided thru the HMO or private insurance (80.6%). About two-thirds had drug-free workplace policies (70.0%); implemented accident prevention program (68.5%); and adopted tuberculosis prevention and control policy/program (66.6%).

Least implemented programs but were still relatively high in proportion were free health and/or accident insurance by a private insurance company (49.6%) and physical fitness program (45.1%). (Table 2)

... as to preventive and control measures implemented

To prevent and control accidents and health hazards in the workplace, the following measures were implemented in almost all establishments in private health

and social work industry: regular maintenance of mechanical and electrical facilities (99.0%); portable/built-in fire extinguishers (96.8%); observance of proper operational procedures in doing the job (94.8%); emergency/evaluation plan (93.2%); and proper posting of safety signages (92.5%).

Likewise, most establishments had adequate number of trained health and safety officers (87.9%); maintained proper storage and labeling for chemicals, pesticides and hazardous materials (87.0%); provided protective clothing/equipment to employees (85.3%); conducted instruction/training on health and safety (85.3%); provided security measures to reduce exposure to physical danger or violence (85.3%); and instituted health and safety committees (84.7%). (Table 3)

... as to occupational safety and health trainings/seminars provided

First-aid treatment (89.5%) topped the list of occupational safety and health trainings conducted in the industry. This was followed by training on good housekeeping (76.3%); safety drills such as fire earthquake drills, etc. (74.5%); general safety and health provisions (72.6%); and safety management (70.0%).

Only 3 out of every 10 establishments conducted trainings on Principles of Ergonomics (32.8%) and Prescribed Basic Occupational Safety and Health (31.5%). (Table 4)

Meanwhile, assistance on the conduct of OSH trainings was mostly provided by NGOs/universities/academic institutions (43.3%); DOLE Regional Offices (39.6%); DOLE Accredited Safety Training and Consultancy Organizations (25.3%); and Occupational Safety and Health Center (23.3%).

NGOs/Universities/Academic Institutions	43.3%
DOLE Regional Offices	39.6%
DOLE Accredited Safety Training and Consultancy Organizations	25.3%
Occupational Safety and Health Center	23.3%
Association of Safety Practitioners of the Philippines, Inc.	20.3%
Employers' Associations	15.2%
Industry Associations	12.7%
Trade Unions/Federations	7.7%
Bureau of Working Conditions	6.9%

... as to person responsible on the implementation/monitoring of safety and health practices

Three out of every 5 establishments in private health and social work industry reported that managing proprietors/owners (62.4%) and health professionals (61.9%) had the primary responsibility in the implementation and monitoring of health and safety practices in their workplaces.

Other personnel responsible include human resource manager (41.8%); general manager (30.2%); pollution control officer (26.5%); and health and safety committee/officer (25.9%).

Managing Proprietor/Owner	62.4%
Health Professional	61.9%
Human Resource Manager	41.8%
General Manager	30.2%
Pollution Control Officer	26.5%
Health and Safety Committee/Officer	25.9%
Production/Operations Manager	15.3%
Health Associate Professional	13.4%
Labor Management Committee	6.8%
Industrial Hygienist	2.7%
Industrial Relations Manager	1.2%

... as to health personnel who administered medical services to employees

Physicians (88.4%) and registered nurses (80.4%) were the persons responsible in administering medical services to employees in most establishments engaged in private health and social work. Likewise, 1 out of every 3 establishments had trained first-aid personnel (36.5%) and dentists (34.2%) to provide medical and dental services to employees while some relied on the services of the nearest medical clinic/hospital (26.2%).

Physician	88.4%
Registered Nurse	80.4%
Trained First-Aider	36.5%
Dentist	34.2%
Nearest Clinic/Hospital	26.2%

... as to maintenance of occupational safety and health records

Almost half (46.4%) of the establishments in private health and social work sector kept records of Employees' Work Accident/Illness Report while 1 out of every 3 establishments had files of Annual Medical Report (31.5%) and Minutes of Meeting of Health and Safety Committee (31.2%). The rest had records of Annual Work Accident/Illness Exposure Data (20.6%).

Employees' Work Accident/Illness Report	46.4%
Annual Medical Report	31.5%
Minutes of Meeting of Health and Safety Committee	31.2%
Annual Work Accident/Illness Exposure Data	20.6%

... as to method used in communicating safety and health practices

Safety and health practices were relayed largely to workers during general assemblies/meetings (86.5%) and through posters in conspicuous places (33.7%). Other companies communicated OSH practices in the workplace thru newsletters/staff bulletins (28.4%); conduct of drills (28.1%); daily "walk-through" the establishment by senior officials (25.3%); and in Quality Circles/Productivity Improvement group meetings (22.8%).

Less than 10.0% of the establishments made use of Labor Management Cooperation/Council meetings (6.3%) for the purpose.

General Assemblies/Meetings	86.5%
Posters in Conspicuous Places	33.7%
Newsletter/Staff Bulletin	28.4%
Conduct of Drills	28.1%
Daily "Walk-Through" the Establishment by Senior Officials	25.3%
Quality Circles/Productivity Improvement Group Meetings	22.8%
Labor Management Cooperation/Council meetings	6.3%

... as to frequency of management consultation

More than half of the establishments "always" (51.0%) consulted employee representatives or union officers on occupational health and safety matters while nearly one-third had consultations "sometimes" (29.9%). The rest believed that consultation is "not applicable" (19.1%) to their establishments.

... in terms of international standards certification held

Survey results revealed that 5.0% of establishments in private health and social work industry were certified by International Organization for Standardization (ISO) for Quality Management System-ISO 9001:2000. The same proportion of establishments got certifications on OHSAS 18001-Occupational Health and Safety Management Standard and ISO 14001-Environmental Management Standard at 2.9%, each. Only very few establishments had certification on ISO 12006-Building Construction (0.7%).

ISO 9001:2000 – Quality Management System	5.0%
OHSAS 18001 – Occupational Health and Safety Management Standard	2.9%
ISO 14001 – Environmental Management Standard	2.9%
ISO 12006 – Building Construction	0.7%

FOR INQUIRIES:

Regarding this report contact **LABOR RELATIONS STATISTICS DIVISION at 527-3000 local 319**
 Regarding other statistics and technical services contact **BLES DATABANK at 527-3000 local 317**
 Or Write to BLES c/o **Databank, 3/F DOLE Bldg. Gen. Luna St., Intramuros, Manila, 1002**
 Fax **527-55-06** E mail: bles_lrsd@yahoo.com or visit our website at or <http://www.bles.dole.gov.ph>

TABLE 1 – Number and Percent Share of Non-Agricultural Establishments Employing 20 or More Workers in Private Health and Social Work Industry by Type of Facilities Available/Provided, Philippines: June 2008

FACILITIES AVAILABLE/PROVIDED	Number	% Share
Total	679	100.0
Adequate lighting in work areas, aisles, passageways including emergency lights	679	100.0
Availability of water tank and functioning fire extinguishers within reach	679	100.0
Proper ventilation in work areas	679	100.0
Well-maintained office building (regular upkeep and repairs are done)	679	100.0
Access to clean and hygienic comfort rooms	672	99.0
Adequate space that allow sufficient freedom of movement to perform duties	660	97.2
Proper waste (includes chemicals, pesticides & hazardous materials) disposal system	657	96.8
Medical/dental clinic or treatment room	651	95.9
Adequate aisles/passageways	629	92.6
Adequate supply of safe drinking water	623	91.8
Adequate exhaust system	618	91.0
Separate toilets for men and women	611	90.0
Unobstructed fire exits at the workplace	611	90.0
Parking space for employee's vehicle	598	88.1
Washing facilities and facilities for changing/storing working clothes	580	85.4
Pantry (small room used as eating area of employees)	568	83.7
Facilities for persons with disabilities	513	75.6
Comfortable rest area for workers	512	75.4
Ergonomically designed seats/tools/machines (to prevent musculoskeletal disorders and related injuries)	487	71.7
Clean canteen for employees	461	67.9
Separate locker rooms for men and women	417	61.4
Designated smoking area/s	412	60.7
Sports/recreational facilities	262	38.6
Elevator for buildings with at least four floors	195	28.7
Pipe-in music at the workplace	152	22.4
Other facilities	52	7.7

Note: Details do not add up to total due to multiple responses.

Source of basic data: Bureau of Labor and Employment Statistics, 2007/2008 BLES Integrated Survey.

TABLE 2 – Number and Percent Share of Non-Agricultural Establishments Employing 20 or More Workers in Private Health and Social Work Industry by Type of Occupational Safety and Health Programs/Services Implemented, Philippines: June 2008

OCCUPATIONAL SAFETY AND HEALTH PROGRAMS/SERVICES IMPLEMENTED	Number	% Share
Total	679	100.0
Regular conduct of inspection and maintenance of equipment	672	99.0
Availability of first-aid kits	634	93.4
Regular monitoring of hazards such as fumes, dust, noise level and heat in work areas	597	87.9
Emergency response preparedness program	580	85.4
Free/subsidized medical care other than those provided thru the HMO or private insurance (includes medicines, special laboratory exams for ancillary procedures on top of annual physical examination, hospitalization)	547	80.6
Drug-free workplace policy/program	475	70.0
Accident prevention program	465	68.5
Tuberculosis prevention and control policy/program	452	66.6
Substance abuse and employee assistance program	423	62.3
Family planning program	391	57.6
Anti-sexual harassment program	387	57.0
Free health plan coverage by a health maintenance organization (HMO)	376	55.4
Random drug testing	369	54.3
HIV/AIDS policy program	341	50.2
Free health and/or accident insurance by a private insurance company	337	49.6
Physical fitness program	306	45.1
Other health programs/services relative to the maintenance of safety and health conditions at the workplace	34	5.0

Note: Details do not add up to total due to multiple responses.

Source of basic data: Bureau of Labor and Employment Statistics, 2007/2008 BLES Integrated Survey.

TABLE 3 – Number and Percent Share of Non-Agricultural Establishments Employing 20 or More Workers in Private Health and Social Work Industry by Type of Preventive and Control Measures on Safety and Health Implemented, Philippines: June 2008

PREVENTIVE AND CONTROL MEASURES ON SAFETY AND HEALTH IMPLEMENTED	Number	% Share
Total	679	100.0
Regular maintenance of mechanical and electrical facilities	672	99.0
Portable/built-in fire extinguishers	657	96.8
Observance of proper operational procedures in doing the job	644	94.8
Emergency/evacuation plan	633	93.2
Proper posting of safety signages	628	92.5
Appropriate number of trained health and safety officer	597	87.9
Proper storage and labeling for chemicals, pesticides and hazardous materials	591	87.0
Provision of protective clothing/equipment to employees (e.g., gloves, head gear, footwear, etc.)	579	85.3
Instruction/training on health and safety	579	85.3
Security measures to reduce exposure to physical danger	579	85.3
Institutionalization of health and safety committee	575	84.7
Availability of safety manuals, labels or maintenance procedures	553	81.4
Information or advisory services on occupational safety/health	527	77.6
Conduct of emergency drills (fire, earthquake, chemical spills, etc.)	507	74.7
Availability of safety measures to reduce exposure to radiation and airborne contaminants (e.g., solvent, heavy metals, mineral dust, virus, bacteria)	480	70.7
Sewage treatment plan	474	69.8
Regular pest control treatment	465	68.5
Correction action programs and performance audits	457	67.3
Provision of adequate machine guarding/railing or casing on moving parts	427	62.9
Conduct of process analysis for potential problems	422	62.2
Availability of Material Data Safety Sheets (MDSS) for chemicals	333	49.0
Use of video camera or alarm system	325	47.9
Other preventive and control measures	24	3.5

Note: Details do not add up to total due to multiple responses.

Source of basic data: Bureau of Labor and Employment Statistics, 2007/2008 BLES Integrated Survey.

TABLE 4 – Number and Percent Share of Non-Agricultural Establishments Employing 20 or More Workers in Private Health and Social Work Industry by Type of Occupational Safety and Health Trainings/Seminars Provided, Philippines: June 2008

OCCUPATIONAL SAFETY AND HEALTH TRAININGS/SEMINARS PROVIDED	Number	% Share
Total	679	100.0
First Aid	608	89.5
Good Housekeeping (e.g., 5S + 1)	518	76.3
Safety Drills (e.g., fire, earthquake, etc.)	506	74.5
General Safety and Health Provisions	493	72.6
Safety Management	475	70.0
Handling of Hazardous Materials	462	68.0
Safeguarding the Environment	458	67.5
Safe Work Procedures	435	64.1
Total Quality Management	398	58.6
Prohibited Drugs	397	58.5
Health Hazard Evaluation	385	56.7
Stress Management	343	50.5
Accident Investigation	337	49.6
Safety Audit	331	48.7
Family Planning and Reproductive Health	316	46.5
Emergency Preparations to Work Hazards	298	43.9
Conflict Management	275	40.5
Principles of Ergonomics (to address musculoskeletal disorders/injuries in the workplace)	223	32.8
Prescribed Basic Occupational Safety and Health (BOSH) Training	214	31.5
Other OSH trainings/seminars on safety and health	1	0.1

Note: Details do not add up to total due to multiple responses.

Source of basic data: Bureau of Labor and Employment Statistics, 2007/2008 BLES Integrated Survey.