



PROCEEDINGS

1st Occupational Safety and Health Summit in the Visayas

Organized by:
**OSHC and DOLE ROs
VI, VII and VIII**

**Marco Polo Plaza Hotel
Cebu City**

OCTOBER 11-12, 2007

CONTENTS

Foreword

Objectives and Outcome of the Summit

Executive Summary

Acknowledgment

Program of Activities

Opening Ceremony

- Welcome Remarks
- Messages
- Keynote Address

Summary of Presentations and Discussions

Closing Ceremony

Summit Joint Resolution

Closing Remarks

Annexes

1. Documentation and Proceedings Committee
2. Poster and Film Presentations
3. Organizing Committee
4. Photo Exhibit
5. OSH Product Exhibitors
6. Photos of the Summit
7. List of Participants
8. List of Resource Persons
9. Visayas Map
10. Zero Accident Program Regional Activities
11. All About OSHC

Foreword

It is my pleasure to welcome all of you to the First Occupational Safety and Health Summit in the Visayas. This important event is a major step to address OSH issue in this region in a comprehensive manner.

I commend the close partnership amongst the DOLE Regional Offices VI, VII, VIII, the Occupational Safety and Health Center (OSHC), local government, firms and offices, employers' and workers' organizations, the academe, and professional associations, through whose joint efforts this Summit is made possible.

The theme of the Summit "OSH in Human Resource Development" rightly emphasizes the importance of OSH as an integral part of HRD. This is an important departure from the past when OSH has often been practiced in isolation. OSH is an equally practical discipline of great importance for productivity and profit of the establishment; it is therefore of primary concern for all members of the team, from the management and worker to the unions and health and safety practitioner.

Modern workplaces are complex... HRD should not merely concentrate on maximizing efficiency and productivity. It should continuously aim to strike a happy balance between stretching the limits of human productive capacity and humanizing the workplace through a strong OSH awareness.

The Summit provides an important forum for taking stock of, exchanging experiences and identifying "best practices" for possible replication. I am confident that the Summit has contributed to the design of a framework for the formulation of the ZAP Medium-Term Plan, in the region.

Mabuhay !

EXECUTIVE SUMMARY

FIRST OSH SUMMIT IN THE VISAYAS

There was general agreement that the Visayas has a dynamic economy driven by technological change. Not surprisingly, Human Resources Development has moved to the center of management pre-occupation and practices. However, to be effective, essential human capability building in the technical and administrative fields must go hand in hand with skills development in Occupational Safety and Health. Construction engineers and workers, for example, must be well familiar with risk management in the industry. Call center managers and employees should know how to handle stress and ergonomic related hazards. Each industry and firm should therefore develop their own preventive OSH programs, in response to their specific needs and as an integral part of their overall human resources and workers' health policies.

The Summit was attended by some 502 participants representing government agencies, employers' and workers organizations, academe and professional groupings. There were 62 technical papers presented and 13 documentary films shown continuously during the two day activity.

The presentations and discussions at the summit provided ample evidence that firms and offices that invest in OSH, through advocacy, training and cooperation between management and labor, have lower accident rates and higher productivity. They are often recognized, through the National Gawad Kaligtasan at Kalusugan and other awards, for decent working conditions and higher job satisfaction. In short, OSH has a high return on investment and has a high pay-back in material and human terms.

For the promotion of OSH, the Visayas can count on a solid OSH infrastructure; this includes the services of the OSHC and the DOLE Regional Offices. For example through the Zero Accident Program, a network of professional associations and numerous firms and offices are committed to advance OSH practices. Building on this experience and the guiding embodied in the conference Resolution of the Summit, there is enormous scope for the exchange of experience and "good to best" practices. It is bound to make a most welcome contribution towards the spread of a culture of OSH to more and more firms and workers in the region.

More specifically, participants concluded that:

Occupational safety and health (OSH) as a basic worker's right of all workers in the public and private sectors;

Efforts must be stepped up to cover underserved workers in the informal sector;

The Zero Accident Program (ZAP) should provide the effective framework for action at regional, local and enterprise levels;

ZAP should be implemented as an integral part of the National OSH Medium Term Plan for 2006 to 2010;

OSH policies, programs and systems on prevention, compensation, rehabilitation, enforcement should be harmonized;

Concerted and individual follow-up action is being taken by all stakeholders, including government, employers and workers organizations, LGUs, professional associations and academe;

DOLE in cooperation with establishments and concerned agencies in the private sector takes the lead in promoting and implementing regional and local programs with focus on prevention

Human resources development (HRD) should strengthen OSH capability building for the effective delivery of OSH technical services at national, regional and enterprise levels and at all industry sectors.

In line the Summit Resolution, reproduced on pages... participants agreed that as an immediate follow-up the Proceedings should be widely circulated to encourage practical action by stakeholders, jointly and individually. Moreover a directory will be issued of practitioners, association or agencies concerned with OSH to facilitate exchange of experience, facilitate technical advice and support as well as networking.

ACKNOWLEDGMENT

We warmly acknowledge and thank the following sponsors and contributors to the First Occupational Safety and Health Summit in the Visayas, Marco Polo Plaza, Cebu City on October 11-12, 2007:

Social Security System (SSS)
Korea Occupational Safety and Health Administration (KOSHA)
International Labour Organization (ILO)
DENR-Global Environment Fund/UNDP on the POP's Program
Safety Center Philippines
United Laboratories (UNILAB)
Philippine College of Occupational Medicine (PCOM)
Associated Maritime Officers' and Seamen' Union of the
Philippines (AMOSUP)
King's Industrial Safety Supply, Inc.;

We also thank the following for their unwavering support to the Zero Accident Program (ZAP): Presidential Management Staff (PMS - Office of the President); the Office of the Senate President Manuel B. Villar and Jose 'Jinggoy' Ejercito Estrada; DILG; Local Government Units (LGUs); DAR; DTI; DOTC; DOH; CSC; PDEA; PIA; PEZA; PNRI; NMP; ECOP; Industry partners; Boracay TIPC; UNI-APRO; TUCP; TUPAS, FFW; NUWHRAIN; PSLink; the Tripartite Council on Education of Region VII; ASPPI; MEPZSSC; OSH-10; OHNAP; International Labor Association of the Philippines, Inc (ILAPI); Sykes Asia Inc.; Sofitel Philippine Plaza; Marco Polo Plaza; the more than 4,000 members of the ZAP and our many other partners, stakeholders and Summit participants.

We are very grateful to your contributions and we look forward to continued partnerships. We acknowledge with thanks the contribution of Dr. Gert A. Gust in editing the Souvenir Program and the Proceedings assisted by OSHC staff. (Annex 1)

ROMEO C. LAGMAN
Undersecretary and
Chair, Organizing Committee

LUZVIMINDA G. PADILLA
Undersecretary and
Vice-Chair, Organizing Committee

DR. DULCE P. ESTRELLA-GUST
Executive Director
Occupational Safety and Health Center

AIDA M. ESTABILLO
Regional Director
DOLE – Region VI

ELIAS A. CAYANONG
Regional Director
DOLE – Region VII

FORTER G. PUGUON
Regional Director
DOLE – Region VIII

Keynote Speech of Hon. Arturo Brion, Secretary of Labor and Employment (DOLE)

I congratulate the Occupational Safety and Health Center, our people from DOLE Regions VI, VII, and VIII and our valuable partners from this part of the Visayas for spearheading the holding of this summit.

I can see from your programme that you have lined up the presentation of technical papers from experts and highly respected resource persons that are focused on very significant areas of concern on occupational safety and health (OSH). Indeed, this Summit's theme on integrating "OSH in Human Resource Development" is a challenge especially now that most of the industry sectors that are represented here today have been identified as key employment generators under the Medium-Term Philippine Development Plan, 2006-2010. The MTPDP has identified sectors that would require a large number of workers equipped with specific knowledge and skills. These include information and communication technology, health services, education, tourism, mining, construction, and overseas employment, among others. To date, based on consultations with the concerned sectors, we have determined shortages of workers in these sectors.

With the holding of the National Manpower Summit in March 2006 and National Human Resource Conference on April 2007, these shortages in skills are already being addressed by the government, in partnership with worker organizations, its industry partners and all concerned stakeholders. However, what should also be looked into, as this Summit is doing, is to make sure that issues on safety and health for these workers are not left behind in the policy and program planning and implementation. It has always been the policy of the Department of Labor and Employment to give equal concern for job creation and workers' protection. We need to ensure that while we are facilitating employment generation, the workers that will fill in the much needed supply are not only equipped in terms of skills for this job but are also health and safety conscious. It is the duty of the government, employers, and the workers themselves to create an enabling environment for safety and health to be mainstreamed in the development of human resource in the country.

I am pleased to note that there is a session tomorrow on "Strategizing Human Resource Development on OSH in the Visayas Regions" where you will talk of investing on OSH, integrating OSH in the education curriculum, developing the national capacity for industrial hygiene, and strengthening the OSH program in the region. I anticipate the result of these discussions well as those of the sector-specific sessions as inputs to improving our existing policies and programs on OSH and the formulation of a Regional Action Plan on Workforce Productivity and Competitiveness for 2007-2010 based on the human resource needs of the different regions.

Our thrust of integrating OSH in HRD is one big and significant step towards our goal of creating a culture of safety and health in all workplaces.

Creating a Culture of Safety and Health in All Workplaces

When I talk of a safety and health culture, I refer to a shared understanding within an organization of the significance of safety and health problems and the appropriateness of measures needed to tackle them. Both employers and workers continue to face OSH hazards everyday that make them continually at risk. This requires that they discuss these things together and agree on the steps that have to be taken.

We all know that safety and health has since become a global concern and we are one with other governments in this issue. According to ILO's global estimates, more than two million workers die every year from work accidents and diseases. Furthermore, more than \$1.25 trillion, which is equivalent to four percent of the world's gross domestic product, is lost each year due to occupational accidents and diseases.

We are called upon to do something about issues and concerns on OSH for our Filipino workforce. Nobody else will do it for us, DOLE and you should continue to serve as catalysts in creating a culture of safety and health in all workplaces within our sphere of influence. As safety and health advocates and practitioners, we can only count on you to continue the process of building safe, healthy, environment-friendly and secure workplaces. Indeed the task before us is too much; the workers are not enough.

I am pleased to know that last year's survey of the Employers' Confederation of the Philippines on social accountability shows that majority of the respondents rated occupational safety and health highest among all labor standards that should be prioritized, demonstrating that many employers are supportive of our efforts and will facilitate what our health and safety committees will propose in terms of safety and health.

However, we are facing challenges in promoting occupational safety and health. In this regard, we want you to transcend the boundaries of your respective workplaces and sectors and partner with us in addressing them. Allow me to share with you some of these challenges.

OSH Challenges

First, there is a wide gap in protecting workers in about 750,000 small and micro enterprises. While large companies may have made significant strides in providing workers with global OSH standards, the poor working conditions of workers in small and micro enterprises as well as those in the informal economy have to be looked into by health and safety experts.

The second is the fragmented response to occupational safety and health issues. The country's network of safety professionals are not sufficient to deliver the OSH services required by our 35 million Filipino workers. A comprehensive and integrated approach needs to be developed to create more impact.

Third, there is a need for reliable statistics on occupational accidents and illnesses. At present, it is difficult to generate the data due perhaps to a lack of awareness on the value of such statistics or may be the unfounded fear of administrative sanctions in reporting such incidences. I am glad to note that one related topic in your program

today is about “Injury Statistics: Basic of Safety Performance?” a sharing from Timex Philippines, Inc.

And, finally, workers often lack the necessary information on OSH hazards because these are rarely covered by Collective Bargaining Agreements and taken up in labor Management Councils as will be presented by PGEA.

Respecting these challenges, it should be interesting learning to listen to the presentation of Mr. Byung Gyu Kim of KOSHA when he tackles OSH Systems in Korea late this afternoon.

DOLE’s Response to Address the Challenges

At the Department of Labor and Employment, we have adopted a multi-pronged strategy to address these challenges.

At the policy level, we are now using a new strategic framework to fulfill our mandate. It has four strategic goals that we want to achieve for the Filipino workforce. We want gainfully employed, globally competitive, secured, and healthy and safe and workforce.

To concretize the fourth goal, a Medium-Term Plan National Occupational Safety and Health Plan has been formulated. A product of close consultations among social partners, the Plan will serve as an important basis in the formulation of national development policies on OSH.

At the same time, it reflects the principles of ILO’s Global Strategy on OSH that puts emphasis on preventive approaches and a safety culture covering all workers in both the formal and informal sectors.

More specifically, the Medium-Term OSH Plan is meant to achieve tangible results through improved multi-sectoral cooperation in the areas of prevention, compliance with occupational safety and health standards, through data collection, of compensation and rehabilitation as well as continuous updating of these standards and related policies.

This is one area where all of you can help. The promotion of the Plan through the conduct of advocacy activities is needed at the national, regional, and local levels. We need to synchronize all our efforts to be more effective in preventing work-related illnesses and injuries.

In terms of monitoring compliance with OSH standards, the new Labor Standards Enforcement Framework was adopted in 2004 where self-regulation and voluntary compliance is encouraged. I hope that all of you have been oriented on this developmental approach to labor standards enforcement, including safety and health. I believe that this can be one area where the DOLE Visayas regions can strengthen partnership with the different sectors present here today. Our continuing partnership with them will largely help in promoting self-regulation and voluntary compliance with labor standards, including safety and health standards.

We have also revised our labor education modules to focus more on human relations in the workplace. I am convinced that good labor management relations plus good human relations in the workplace equals increased productivity. We see labor education of both employers and workers as a means to bring them to a higher level of understanding as partners in their respective firms, including taking action to meet safety and health standards.

We dream of a future when employers, workers and other civil society groups sit together, discuss workplace issues concerning them, especially health and safety concerns, and agree on the steps that have to be taken to resolve such issues with less need for government intervention.

Concluding Remarks

In closing, let me state in no uncertain terms that the protection of our workers is non-negotiable and we see all of you as DOLE's foremost partners in realizing this. I hope that after this Summit, all of us shall be further motivated to renew our commitment to help, to advocate and to promote safety and health in all workplaces, as part and parcel of decent work, or perhaps raise that commitment to a level one notch higher!

I wish you all a fruitful Summit.

Daghang salamat sa tanan.

Opening Ceremonies

The Opening Ceremonies started with the Invocation led by Fr. Eduardo Ventic and a group of grade school children from the St. Joseph Academy, Mandaue.

In her welcome remarks, Executive Director of the Occupational Safety and Health Center, Dr. Dulce P. Estrella-Gust underscored the objective of the Summit to stimulate interest in and commitment to the highest standards on Occupational Safety and Health (OSH). This would require capability building, sharing best practices as well as promoting research-based policies and programs. The Summit should strengthen advocacy and capability-building activities and networking under the Zero Accident Program or ZAP.

Vice-Mayor Michael Rama of Cebu City stressed the importance of OSH in ensuring the protection of workers from unsafe working conditions. He mentioned that his previous work as labor arbiter for Cebu had made him realize the need to uphold workers rights through safe and healthy working environment. He assured his constituents of his support, and that of the City of Cebu, towards advocating programs on workers welfare.

ALU-TUCP VP Mr. Michael Mendoza thanked the OSHC and the DOLE Regional offices for holding the 1st Visayas Summit in Cebu. The event was a milestone for helping workers in promoting their health and safety and assuring their productivity at work. "Prevention is better than cure," was the guiding principle for TUCP's POSITIVE program. This Positive-Oriented, Safety Improvement by Trade Unions Initiative was designed to teach trade union leaders and members to promote low-cost, high impact and easy to implement OSH interventions. This program was being shared with non-TUCP unions as a joint commitment for collective efforts in support of better working conditions.

Mr. Jose Ng of the Cebu Chamber of Commerce and the Employers Confederation of the Philippines (ECOP), decried the widespread neglect of working conditions, this resulted in unquantifiable human cost and a stunting of enterprise growth. He emphasized that satisfactory working conditions and workers protection are important factors for companies to be competitive. Experience had shown that a positive correlation existed between the ability to produce quality goods and the presence of a safe and healthy working environment. He noted that there was a growing appreciation among employers that the provision of a decent and safe working environment was not only a matter of compliance with the law; OSH made good business sense in terms of increased productivity and higher employee morale. He called on all businesses to develop a culture of safety and health to ensure their success.

Atty. Sonny Matula, SSS Commissioner and VP of the Federation of Free Workers (FFW) recognized the significance of the Summit for the welfare and social security of workers. He looked forward to discussion of welfare and OSH issues such as exposure to noxious chemicals, or prevention of industrial accidents. While social security institutions and state insurance funds were being overwhelmed and burdened by workers sickness, disability and death until programs, effective OSH program works greatly enhance the viability of the social security institutions.

The Keynote speech was given by DOLE Undersecretary Hon. Romeo Lagman speaking on behalf of DOLE Sec. Arturo Brion. He congratulated the OSHC and DOLE Regional Offices VI, VII, VIII together with and its partners from the Visayas region for spearheading the Summit. He mentioned that the Summit's theme, "OSH in Human Resource Development" was a timely challenge for a stockholder committed employment creation and social protection. Integrating OSH in Human Resource Development was a significant step towards realizing the goal of attaining a culture of health and safety in all workplaces. However, there continued to be wide gaps in fully implementing OSH, for example, providing OSH for workers in the informal sector as well as in small and micro enterprises; the fragmented response in addressing OSH concerns; the need for reliable and timely statistics on OSH, and finally the need for wider information of how workers and workplaces can be made safe and healthy. He then proceeded to provide DOLE's multi-pronged strategy in addressing these challenges. He stressed that the OSH Medium Term Plan 2006-2010 had been developed through close serve as the basis in the formulation of policies and programs on OSH will enhance multi-sectoral cooperation with focus on the prevention of accidents and illnesses at work. He also referred to the Labor Standards Enforcement Framework adopted in 2004 that encouraged self-regulation and voluntary compliance. He also emphasized the thrust towards achieving better human relation in workplaces as a catalyst to increased productivity. In closing, he underscored the non-negotiability on workers health and safety and called for the commitment of all toward promoting OSH.

Plenary 1: OSH Situationer Chair Commissioner Vladimir Tupaz, Governing Board of the OSHC

An Analysis of ASEAN OSH Systems

Dr. Dulce P. Estrella-Gust

Executive Director, OSHC-DOLE

In her presentation Dr. Gust compared the various occupational safety and health (OSH) management systems in the ten ASEAN countries, including Brunei Darussalam, Cambodia, Indonesia, Laos, Malaysia, Myanmar, Singapore, Thailand, Philippines, and Vietnam.

Most of the ASEAN Countries have OSH preventive programs in place; however only a few, namely Malaysia, Thailand, Singapore, Vietnam and the Philippines have specific government institutions to respond, to OSH concerns. It was also noted that some of these countries have mainstreamed OSH concerns through their National OSH Development Plans.

She observed that OSH is widely accepted as a basic workers' right in ASEAN countries as a means of achieving the full protection of workers from work-related hazards and risks for the development of safe and healthy work environment and the promotion of productivity. In the wider context of the Asian Decade for Decent Work, 2006-2010, adopted at the ILO Regional Conference in Pusan, the promotion of OSH has emerged as a common goal for all social partners.

She recognized the immense diversity of the ASEAN countries and their OSH priorities.

There were several OSH challenges and issues that required collective or individual responses by the countries, for example:

- the promotion of an OSH culture for the prevention of occupational hazards and risks for all sectors of society and the establishments;
- the extension of OSH coverage to underserved sectors and
- the development of human resources in OSH in the areas of technical services, diagnosis, treatment, training, research, advocacy and administration.

In conclusion, she highlighted initiatives by ASEAN countries in operationalizing the new ILO Convention on the establishment of a national OSH Framework (Philippines, Vietnam, Malaysia), and gave examples of joint regional initiatives by ASEAN in promoting OSH in small and medium enterprises (SMEs) through JICA supported activities.

Risk Management in the Phil. Drug Enforcement Administration (PDEA)

Usec. Dionisio Santiago, Phil. Drug Enforcement Administration (PDEA)

Usec. Santiago gave a brief background on the PDEA, its legal mandate and its organizational structure. His presentation also drew on his experiences as a service career military officer before joining on PDEA.

He discussed the measures PDEA was putting in place in the conduct of its anti-drug operations which involved careful planning and preparation of drug enforcement operations. A hazardous job for its operations staff, PDEA has in fact been following the guidelines for safe dismantling of Clandestine laboratory.

He cited the general practices on OSH as implemented at the PDEA, such as sports activities; annual mandatory drug tests; regular “commander’s time” for dialogue between the subordinates and their superiors; and financial assistance for employees hospitalized due to field agent work.

Open Forum

Q: How does DOLE ensure the safety of construction workers?

A: The DOLE, through the OSHC, actively pursues capability building of key personnel in construction sites through its trainings on “Construction Safety for Site Safety Officers”. A Department Order (D.O.13, s. 1998) specified legal and other requirements to ensure OSH in construction sites.

Q: Is it mandatory for all establishments to submit Annual Medical Report (AMR)? Is there a penalty for non-submission?

A: Yes, establishments should have records of accidents or illnesses for submission to the DOLE Regional Office concerned. In Cebu, for example, reports should be sent to the DOLE Regional Office No. 7 on a regular basis using The Form prescribed on the OSH Standards. Labor Inspectors can provide information and advise regarding AMRs.

Q: There is hesitation on the part of management to implement drug testing for employees because of pressure from unions invoking human rights violation. How do we deal with this problem and yet comply with the requirements for drug testing?

A: The union should share in the development and implementation of a “Drug-Free Workplace Policy”. Through the Department Order No. 54-03 from DOLE prescribes mandatory testing, this is not a wholesale testing and only a random sample of workers in the establishments. The drug-free policy includes information and training, particularly of the assessment team as well as the possibility for a workers to be treated and to be reintegrated in the workplace.

Q: Are schools, that purchase chemicals, required to secure PDEA permits as end-users?

A: PDEA is still in the process of developing a monitoring scheme for chemicals in schools.

Session 1: Cyber Services and Hotels

Chair by Director Domingo Bagaporo of Department of Trade and Industry-Board of Investment (DTI-BOI)

Developing OSH in Hotels and Restaurants

Dr. Dulce P. Estrella-Gust, OSHC

In her paper, Dr. Dulce Gust presented existing occupational safety and health “best practices” of selected five star hotels with focus on young workers. The survey showed the need for hotel and culinary schools to look into workers’ health and safety, particularly for the young workers who comprise majority of a hotel’s workforce.

The OSHC case study on existing occupational safety and health practices in hotels and restaurants was based on Focus Group Discussions (FGDs), individual interviews and health and safety audits.

For the FGDs, respondents came from six of the five star hotels in Metro Manila and three from top schools offering hotel and restaurant management (HRM) courses. The respondents were holding key positions in the hotels or in the schools- for example as Human Resource Managers, Security Heads of hotels, and Faculty members in the schools.

The hotels cited the following components of their OSH programs: 1) pre-employment examinations for fitness to work in hotels; 2) periodic/annual medical examinations; 3) adequate ventilation measures; 4) fire and electrical safety measures including fire drills and emergency/disaster preparedness; 5) safety in handling chemicals especially for staff in the laundry and housekeeping departments; 6) safety in the use of computers; 7) information dissemination on current safety and health issues; 8) ergonomic issues such as continuous standing; and 9) courses to deal with psychological stresses such as harassment by customers.

The schools on the other hand, stressed that they included the following OSH related topics in the curriculum to prepare their students for hotel and restaurant work: 1) food hygiene and sanitation; 2) housekeeping or 5S; and 3) chemical safety. It was stressed that food safety was a major concern so that students were also taught about food sanitation and hazards analysis and emphasis was also placed on the prevention of food-borne contamination.

Safety and health concerns in specific areas were identified as follows: 1) kitchen - cuts, burns and slips; 2) housekeeping - caught-in-between accidents, ergonomic concerns; 3) front desk workers - prone to ergonomic problems; stress; and sexual harassment; 4) engineering – burns; and 5) stress in general services experienced in all departments in hotels.

Other safety and health issues identified were alcohol and drugs, HIV/AIDs, violence, tobacco, and more recently, terrorism and global health issues (SARS, Flu).

In conclusion, Dr. Gust recommended to review the Hotel Code developed by the Department of Tourism to ensure that OSH concerns were adequately reflected in the Code and to develop and implement specific OSH courses for the tourism industry.

The OSHC stood ready to assist in the development of OSH courses and programs and to promote industry-wide application, through advocacy, trainings, technical advice and further research.

Development of Technical Guidelines on Occupational Safety and Health for Contact Centers

Dr. Maria Beatriz G. Villanueva, OSHC

In her presentation Dr. Villanueva emphasized OSH concerns of the agents, specifically related to prolonged night work and prolonged computer use. Possible health issues included musculoskeletal disorders, eyestrain, voice problems, and psychosocial concerns. These problems had been validated by a case study. To address occupational health and safety concerns, the DOLE and other stakeholders were now preparing a set of guidelines to help the industry to address potential problems.

The contact center industry was regarded as a sunrise industry that provided jobs for thousands of Filipinos and millions of dollars in revenue for the economy. Since 2000, the industry growth had been spectacular. From a base of 5 contact centers with around 2, 400 employees in 2000, the industry in 2005 had expanded to 105 contact centers in 2006 employing 112, 000 workers.

The industry, however, was facing high staff turnover rates. Concern over safety and health conditions at work was among the major reasons why workers were leaving their jobs. To respond to the safety and health issues in the contact center industry, the Technical Guidelines on Occupational Safety and Health for Contact Centers was drafted for use by both workers and employers. The Guidelines present the fundamental health and safety principles and the preventive measures needed to deal with these issues. They are based on extensive consultations of OSHC with its stakeholders and on primary and ready research data.

OSH in Hotels: The SOFITEL Experience

Mr. Dennis Plaza, SOFITEL Philippine Plaza

Mr. Plaza stated that the SOFITEL Philippine Plaza one of the five star hotels in the Philippines with a comprehensive program on occupational safety and health. Part of the hotel's best practices include different programs and activities in controlling and minimizing occupational safety and health concerns. The key components of SOFITEL OSH experience consist of a well-planned lay-out of work stations; emphasis on ergonomics; regular inspection and monitoring, continuous training; staff participation and ownership; social activities; and management's full support and cooperation. Most recently, a series of OSH orientations had been given to 45 members of the OSH committees, and plans of further orientation was part of SOFITEL's continued improvement measure.

Local Experience on POSITIVE Approach Implementation on Improving OSH

Ms. Josefina Lim, ALU-Cebu

Ms. Lim described ALU's POSITIVE initiative (Positive Oriented Safety Improvement by Trade Union Initiatives) as a 4-day training course designed to equip trade union leaders and workers with knowledge of simple but effective workplace improvements on occupational safety and health. Its objective was to encourage participants to get involved and accept responsibility for the implementation of OSH improvements in the workplace.

Achievements included:

- Development of leadership skills;
- Promotion of industrial harmony;
- OSH improvements;
- Built solidarity;
- Exercise of responsible unionism.

Open Forum

Q: How can the technical guidelines for call centers ensure compliance with OSH standards?

A: The Technical Guidelines on call centers were actually based on the OSH Standards and recent OSH policies with focus on ergonomic issues, such as computer use, earphone, and voice; as well as psychosocial issues and fatigue factors.

Q: What has been done and what are the plans and activities by the OSHC to enforce smoke-free areas?

A: OSHC carries out a comprehensive course on the prevention of tobacco in the context of health and safety programs. These include information campaigns, research and training cooperation with partners to strengthen and expand the programs for smoke-free workplaces.

Session 2: Agriculture and Fishing

Chaired by Mr. Reinerio B. Zeta, Department of Agriculture RFU VII

Persistent Organic Pollutants (POPs) in Farming Activities

Dir. Alan Arranques, Environment Management Bureau RO VII

Dir. Arranques explained that POPs are chemical substances that persist in the environment, bioaccumulate through the food web and pose a risk of causing adverse health effects to human health and the environment. The large majority are classified as pesticides which are toxic chemicals in farming; many of them have been banned while the others was being regulated.

POPs are a global problem that needs a global solution. Exposure to environmental hazards of these chemicals/pesticides could be prevented or minimized through sound

chemical management practices such as proper handling, storage and disposal of the chemicals.

Health Assessment on the Effects of the MT Solar Bunker Oil Spill Among Exposed Residents in Guimaras Province

Dr. Lynn P. Panganiban, National Poisons Control and Information Services

Dr. Panganiban presented the results of the health assessment of exposed adult residents along Guimaras shoreline, where the oil spill had happened in August 2006.

The method used was a descriptive, cross-sectional evaluation of adult residents who had been directly/indirectly exposed, living within 100 meters from the shoreline, and who were staying in the communities for at least 15 days/month.

Seven hundred twenty seven residents (727) from 14 barangays were examined on September 5-7, 2006, majority of whom were males. Three hundred fifty three had been directly exposed (DE) and 353 had been indirectly exposed (IE). The DE group was composed of clean-up workers whereas the IE individuals were non-clean up workers. The routes of exposure were generally inhalational (61.5%) and dermal (26.6%). Mean duration of symptoms was longer among the DE group.

The clinical manifestations were dizziness, paresthesias, tinnitus, weakness, chest pain, palpitations, cough, difficulty of breathing, joint pains, tearing and sweating. Physical examinations showed among the DE group impairment of sense of smell, and abnormal pulmonary findings.

Blood samples for sulfhemoglobinemia and methemoglobinemia were collected from 594 individuals showing elevated methemoglobin in 91% of the DE group and 87.9% of the IE group. Ninety six percent of the DE group had sulfhemoglobinemia in comparison to 98% among the IE group. Mean methemoglobin and sulfhemoglobin levels were statistically significant among the DE and IE groups. The mean sulfhemoglobin levels were lowest among residents who had relocated and highest among those who had stayed in the affected communities. The clinical findings among residents, living in the affected areas, were consistent with acute bunker oil exposure.

The following recommendations focused on: (1) conduct of an immediate follow-up of residents with abnormal physical and laboratory findings; (2) establish an effective medical surveillance system to monitor the long term effects of bunker oil exposure on the affected residents; (3) strengthen the technical capabilities of the health care providers in addressing toxicologic health issues related to oil spills; (4) ensure the provision of the necessary medical interventions; and (5) maintain a multidisciplinary, multi-sectoral approach in the conduct of the surveillance system and rehabilitation programs.

ILO Convention in Work on Fishing, 2007

Director Jalilo de la Torre, DOLE

ILO's new Convention 188 on Work in Fishing aims at protecting and promoting the right of commercial fishing workers. It standardizes and sets the minimum

requirements on the weight and length of commercial fishing vessels; this is to ensure fisher workers having decent conditions such as good accommodation and adequate safety and health protective devices. Some of the salient provisions of the Conventions was related to improved OSH and medical care of fisher workers. They should enjoy the same social protection as regular workers. Large fishing vessels were subject to inspection in foreign ports Dir. dela Torre added.

Health and Safety in the Fishing Sector
ILO Convention 188 on Work in Fishing Convention, 2007
Dr. Dulce P. Estrella-Gust
Executive Director, OSHC-DOLE

The Fishing Sector is a major industry, world-wide, in terms of employment and livelihood, contribution to national income and welfare, as well as to the nutrition, health and welfare of individual workers and their families. In an island archipelago, like the Philippines, the fishing sector remains a major socio-economic factor.

The need to protect and promote the rights of fishers worldwide had prompted the International Labour Office (ILO) to develop a Convention adopted by ILO's member countries including the Philippines, in June 2007 at the International Labor Conference in Geneva.

The objective of the Convention is to ensure that fishers were being provided decent conditions of work on board fishing vessels; minimum requirements for work on board related to conditions of service; accommodation and food; occupational safety and health protection; medical care and social security.

Stakeholders in the Fishing industry had been examining the relevance in the Philippine setting including the provisions relating to Occupational Safety and Health in the fishing sector.

There is a long way towards achieving effective OSH services in the fishing sector. The available data on work-related injuries and illnesses seemed low; latest available data from Y2000 has recorded 48 cases injuries and illnesses amounting to 0.18 percent of all cases recorded by DOLE. Most likely adequate systems of reporting and recording were not yet in place in many companies, particularly in those operating small fishing vessels.

The following action could be undertaken to address the OSH concerns of ILO Convention 188 in the Philippine setting:

- Organize a series of consultations on the role and prospects of the fishing industry involving all stakeholders, including concerned government agencies, LGUs, employers' and workers' organizations;
- Collect and analyze available information on OSH in the fishing industry with regard to policies, programs, data collection and analysis, research and training;
- Prepare and disseminate a situationer on OSH in the fishing sector;
- Develop and implement awareness campaigns on the improvement of OSH in the Fishing industry;

- Develop and implement training programs on basic OSH for the sector; and
- Establish mechanisms for monitoring and evaluation of progress on OSH in the sector.

Open Forum

Q: Does ILO Convention 188 offer improved standards for commercial fishermen?

A: The ILO Convention provides social accountability measures and standards for fishermen.

Q: Is there any discrimination of fishermen compared to other workers?

A: There is no discrimination of fishermen. They can have the same benefits as the workers in other sectors. However, fishermen are often paid by sharing proceeds of sales; they are self-employed because there is no employer-employee relationship.

Q: Is this forum the avenue for ratification of the ILO convention?

A: No, ratification is the prerogative of the Senate, but several consultations will have to be undertaken with DOLE, BFAR, the private sector for achieving a common position of support.

Comment:

If the fishing operators afford to operate their business, they should also afford to increase the benefits for their workers i.e. living accommodations.

There will be a series of consultations and research regarding standard length and weight of boats. Consultations in Mindanao have been completed; they are on going in the Visayas. Consultations are planned for Malabon and Luzon areas. The results of the consultations will be considered by the Senate.

Session 3: Manufacturing I

Chaired by Ms. Lilia Estillo, DOLE Region VII

OSH System for Notification, Reporting of Work-Related Illness and Injuries in Korea

Dr. Eun A. Kim, Korea Occupational Safety and Health Agency (KOSHA)

Dr. Kim presented the KOSHA's system of notification and reporting of work-related illnesses and injuries. The official statistics of occupational accidents are based on the workers compensation system and annual workers' special medical screening programs.

Compensated work-related accidents had decreased in 2006, 2-3% of them were fatal cases. About 90 % of accidents were due to work-related injuries, most commonly caused by falls (32.8% of all injury). Work-related illnesses in Korea were composed of occupational diseases and work-related diseases. Compensated work-related illnesses had been increasing from 1,838 cases in 1998 to 10,235 in 2006.

Pneumoconiosis (76%) and noise-induced hearing loss (NIHL) (11%) had formed the bulk of reported occupational diseases. In 2005, the results of a special medical screening program had shown that 0.37% of worker i.e. 2,398 cases from 646,892 workers were suspected to be suffering from occupational diseases. The majority were NIHL and 11% were pneumoconiosis.

KOSHA had been operating six disease surveillances and 4 regional surveillances. According to the results of these surveillance, many additional cases were detected which had not been reported to the legal reporting system: musculoskeletal diseases (MSDs), occupational asthma, skin disease and some cancer.

Injury Statistics: Measures of Safety Performance?

Engr. Jason D. Hermano, TMX Philippines Inc.

Engr. Hermano explained that the current practice of measuring injury statistics as a gauge of a company's safety performance had not produced positive significant effects, according to studies by OSH experts in advanced countries. A similar study had been undertaken to assess whether the same held true in the Philippine setting.

The current practice in our country of basing a company's safety performance on the Measures of Injury or Injury Statistics was based on Rule 1056 of the Occupational Safety and Health Standards. These indicators merely measured failure to control, and gave no indication of a comprehensive accident prevention effort and safety behavior. Thus, the current Measures of Performance must be revised to include Positive Performance Indicators (PPIs) to measure proactive activities necessary to control loss and damage.

The ten selected companies in the Mactan Export Zone (MEZ) had put a great amount of significance to Injury Statistics as a primary measure of their companies safety performance. This was general practice among other industries; up to 60% of the respondents did not report on improvements in their safety performance.

Injury statistics only measured failure to control and gave no indication of risk management effort, which may take time to show results. Such outcome measures, when used to judge safety performance were known as lagging indicators.

The use of Injury Statistics was a measure that did not guarantee positive performance. For 60% of respondents injury statistics had remained the same for the whole period under review. A primary reason was that the longer the period was free of injury, the greater was the level of disappointment and frustration when a case of injury finally occurred. People got upset because one injury would lead to the loss of bonus. The result may well be a reduced commitment to health and safety.

Engr. Hermano urged government agencies, industry partners and organizations to take an active stand and a serious look into the matter of revising the current Measurement of Performance. Positive Performance Indicator (PPI) must be considered and introduced into the legislative agenda and in particular in the OSH Standards reporting requirements. PPIs were measures of proactive lead activities, necessary to control loss and damage. It was an upstream process measure rather than a downstream outcome measure. It was a proactive measure.

Drug-Free Workplace Program

Mr. Armando S. Patigayon, Fairchild Semiconductor (Phils.), Inc.

According to Mr. Patigayon the Fairchild Semiconductor (Phils.), Inc. had developed the drug-free workplace policy in 2004. Based on RA 9165 and DOLE DO 53-03, the companies program included:

- Conduct of Orientation Classes
- Drug Testing Procedure
- Training of the Assessment Team
- Handling a “Confirmed Case of Drug Use”
- Referral to a Rehabilitation Center
- Benefits during Rehabilitation Period
- Post-rehabilitation and Reintegration to Work
-
- Special Cases (Voluntary Admittance)
- Treatment of “No-Show” to Drug Test Schedule; and
- Disciplinary Actions

The Drug Free Workplace Program was further strengthened through the organization of the Assessment Team and its training by the Occupational Safety and Health Center in 2007.

OSH in Manufacturing

Chair : Atty. Ma. Teresa Calibugan, DOLE-RO 7

Coordinator : Ms. Lilia Estillore, DOLE-RO 7

Venue: Shanghai Function Room

Summary: “Family Planning in the Workplace ”

Dr. Regina G. Tan, Cebu Mitsumi, Inc.

Family Planning in the Workplace is a business concern for Cebu Mitsumi, Inc. This program is to help reduce the costs of pregnancy and related medical services, reduce training expenses for replacements and increase productivity by controlling absenteeism. The FP program is also in compliance with government mandates under Philippine Labor Code Article 134 and DOLE Department Order 56-03.

Cebu Mitsumi Inc. is an electronic company employing 13,392 workers, 92% of whom were women. In 2005 alone, it had recorded 1,265 pregnancies, with an average of 3 to 4 births everyday. In 2007 alone, 172 female employees had experienced abortion or fetal deaths. While it had always been the company’s policy to uplift the productivity and quality of lives of its employees, the predominant female population in Mitsumi needed a Family Planning program.

Cebu Mitsumi has devised operational schemes for the effective implementation of the program; namely inclusion of FP programs in Labor Management Cooperation (LMC) activities and budgets, inclusion of FP in newly hired staff training modules of setting up of counseling rooms for family planning concerns, peer counseling and discussion during line stoppages and dispensing of low cost medicines. Activities include: capability building trainings for line leaders, providing counseling sessions, reproductive and family health services.

Comparing the results between 2006 and 2007, maternity notification decreased by 0.21%, maternity leave dropped by 0.14%. the number of employees using FP methods increased by 4.8 percent.

Open Forum

Q: We have been trying to implement the guidelines of DO on Drug-free Workplace in our company. Our problem is the training of the Assessment Team. Who can provide the training?

A: The Occupational Safety and Health Center conducts Assessment Team Training upon request.

Q: I would like to know if there are safeguards to protect the integrity of the drug testing procedures. Is there no risk of manipulation of the results because drug users may be very resourceful?

A: The DOH has developed the Guidelines for drug testing, using a urine sample; this sample is being tested for screening by a DOH accredited laboratory, and if found positive, the same sample is being sent to a laboratory doing confirmatory testing. The results are being recorded in the DTOMIS data base of DOH.

Session 4: Manufacturing II

Chaired by Director Aida M. Estabillo, DOLE Region VI

Occupational Safety and Health Practices: Fairchild Semiconductor

Engr. Edwin Semilla

Engr. Semilla reported that the OSH Management System of Fairchild recognized the importance of building a culture of safety and health. To implement this, Fairchild Semiconductor Limited, Philippine Branch had developed a 14-point Environmental Health and Safety Program. This had paved the way for the company to acquiring OHSAS 18001 certification. The OSH management system had been built on a sound program of Hazard Identification and Risk Assessment. Other program components of the system included 5S, Safety and Health Training, Fire Safety Training, Production Equipment Safety Buy-Off, Fall Protection, Electrical Safety, Electrical Safety, Chemical Safety, Confined Space, Radiation Safety, Eye and Ear Safety, Material Handling, Compressed Gas Safety and Health Protection Program.

The program prioritizes the OSH orientation and training of newly hired employees. The company's commitment to total health promotion for their workers is manifested in the support of management to programs that encourage good lifestyle habits as well as ascertain regulatory compliance including recent policies e.g., on workplace prevention and control of tuberculosis, HIV and AIDS, and drugs. Monitoring and evaluation of the programs ensure sustainability as an essential component of the OSH system.

The relevance and effectiveness of a comprehensive OSH-MS had been demonstrated by the steady decrease in accident rates since 1995. Fairchild had achieved a safety record of 17M man-hours, or 4 years without any lost time accidents.

We have always believed in the value of implementing OSH programs in the company and we have noted the results.

He concluded that both management and the entire workforce were supporting our efforts. “Each employee was understanding very well that the program had been established and were continuing to everybody’s benefit. Also Safety was Everybody’s Responsibility”.

Session 4 : OSH in Manufacturing II

Chair : Dir. Aida M. Estabillo, DOLE-RO VI

Coordinator : Dr. Maria Beatriz Villanueva, OSHC

Venue: Tokyo Function Room

Summary : Restrictions on Hazardous Substances

GERI GERONIMO R. SAÑEZ

Chief, Hazardous Waste Management Section

Environmental Quality Division, Environmental Management Bureau

Mr. Geronimo Sanez briefly introduced soil basic chemistry based on elements, organic and inorganic compounds, including heavy metals such as lead, cadmium, chromium and mercury.

The global production of chemical had increased from 1M tons in 1930 to 400M at present. Certain chemicals are causing serious damages to humans and the environment such as lead, cadmium hexavalent chromium, mercury, polybrominated biphenyl and diphenyl ether. Other environmentally hazardous substances included PCBs and PCTs, Dioxin, Furans, Ozone Depleting Substances, potent greenhouse gases, PVC blends and Azo compounds.

There are also hazardous substances in Electrical and Electronic Equipment (EEE), equipment which were dependent on electric currents or magnetic fields not exceeding 1000V (DC) and 1500V (AC). Scientific findings had shown that hazardous components remained during the waste management phase producing long term impact on the environment. These concerns had triggered legislation on the 1) prevention, reuse, recycling and other forms of recovery in waste in Electrical and Electronic Equipment (EEE); 2) improvement of environmental performance of all operators involved in the life cycle of EEE and; 3) restriction of the use of certain hazardous substances in EEE.

Owing to these changes, the European Union had released several directives and regulations on hazardous substances to protect the environment and make globalization beneficial for everyone. Some of these directives/regulations were on handling of batteries and accumulators containing dangerous substances, restrictions on the marketing and on the use of certain dangerous substances and the management of waste.

Integrity Assurance Program for Pressure Vessels

Mr. Janu P. Encarnacion, Newtech Pulp, Inc.

Mr. Encarnacion explained that some of the worst industrial accidents were related to pressure vessels, for example the accident in Bhopal, India-UNION CARBIDE's plant: escape of 45 tons of methyl isocyanate (MIC); death toll of 2,500 lives; over 50,000 temporarily disabled persons and a law suit of USD 450 million.

In the manufacturing industries, company programs and resource allocation in material handling system did often focus on rotating machineries but not on static piping, tanks and pressure vessels. Integrity assurance programs for pressure vessels is being arranged either through in-house measures or being outsourced. Periodic measurement are being undertaken to measure wall thickness following approved standards/codes and government regulations as well as ASME Boiler and Pressure Vessel Codes for inspections, checking and testing. For accuracy and better recording, wall thickness measurement required the use of non-destructive examination (NDE) instruments. Predicting and tracking the remaining life of key components of pressure vessels ensured the integrity for the material handling system.

Value of Safety Practitioners Organization

Mr. Roy Calo, ASPPI & Fairchild Semiconductors, Inc.

Mr. Calo mentioned that the ASPPI (Cebu Chapter) had been organized in late 2007, currently including a few consultants and as well as member of the health and safety committees of their respective companies.

The main ASPPI was organized in 1999 as a non-stock, non-profit organization composed of accredited safety practitioners and consultants that assisted DOLE in the promotion, administration and enforcement of OSH standards.

According to a MOA concluded in 2006 with the Bureau of Working Condition, ASSPI is given the task of providing technical resources for capability building, promotion of voluntary compliance and promoting social responsibility awareness among the various industries.

ASSPI offers education and training, assistance in accreditation and Kapatiran projects (big brother small brother concept). ASPPI's mission is to be acknowledged as leader in the OSH profession providing technical and management expertise in the field of safety and health.

According to Engr. Calo, ASPPI would be of help in two areas: labor standards enforcement and support to Zero Accident programs, education and training and assistance in accreditation.

OSH Network 10, The First Regional OSH Organization in the Philippines

Engr. Arthur Mencius B. Quiblat, Del Monte Philippines, Inc.

Engr. Quiblat gave a brief history of OSH Network 10 founded by stakeholders as a follow-up to the 1st Mindanao Summit on OSH in May 2006. The organization aims to develop excellence through workplace safety and health. Its network concerns the

various sectors of Region 10 (Northern Mindanao), with OSH Center and DOLE RO 10 as partners. The OSH Network 10 was the main mover of the 2nd Mindanao Summit in August 2007 which was attended by 370 attending from all over Mindanao. First Mindanao Summit was held in Davao last May 2006 as a Zero Accident Program (ZAP) achievement, jointly planned and implemented by the OSHC, DOLE ROs in Mindanao in collaboration with the private sector, industry partners, ILO, UNDP and many others. OSH Network 10 plans to develop its capability program thru training and technical services in the next years to come.

Plenary 2: Tools and Interventions in Risk Management

Chaired by Dr. Oscar D. Tinio, President- PCOM

OSH Situation in Region VII

Engr. Elias Cayanong, OIC-RD, Region VII

Dir. Cayanong presented the OSH situation in Region VII for the period 2004-2007. Due to serious accidents in 2005, some of which were fatal, Region VII have been strengthening OSH strategies thru the ZAP and the use of developmental strategies in enforcement of OSH Standard. Measures included: 1) inter-agency cooperation; 2) advocacy; 3) trainings; 4) inspection and monitoring; and 5) strengthening of health and safety programs at the plant level.

According to the accident investigation in 2004, 13 establishments/worksites accidents had claimed the lives of 20 workers and injuring 33 other workers.

An analysis of the data gathered, Dir. Cayanong observed that all of these accidents could have been prevented with adequate OSH programs mere caused by lack of knowledge and/or disregard of OSH Rules, either by management or the workers. A large majority of the victims were workers of contractors.

To minimize, if not eliminate hazards and risks DOLE and other concerned GO's and NGO, concluded in April 2005 a MOA for follow-up action. Co-signatories included the National Government (DOLE – RO-VII, OSHC - Quezon City, DPWH – RO-VII, DILG – RO VII, BWC - Manila); the LGU's-OBO (Cebu City, Mandaue City, Danao City, Lapu-lapu City, Toledo City, Talisay City); the Cebu Contractors Association (CCA); The Electric Cooperatives (Visayan Electric Cooperative – VECO, Mactan Electric Cooperative – MECO, Cebu Electric Cooperative – CEBECO); the training providers (PCOM-Cebu, OHNAP-Cebu, SOPI, ASPI), and the professional groups (PSME – Cebu, IIEE - Cebu, PICE - Cebu).

Follow-up action included routine inspection to verify compliance with the OSH Rules, assistance to Training Organizations, conduct of BOSH Trainings, and accreditation of Safety Practitioners.

Interagency cooperation helped to drastically reduce by half the number of accidents in 2005 and 2006, and to limit to 4 the number of accidents during the first 9 months of 2007.

OSH WIND in the Sugar Industry

Usec. Gerundio C. Madueño, Department of Agrarian Reform

Usec. Madueño reported on activities for the promotion of Work Safety and Health in Agrarian Reform Communities (ARCs) through Work Improvement in Neighborhood Development (WIND). Activities were undertaken in partnership between the Department of Agrarian Reform (DAR) and the International Labour Organization Sub Regional Office for South East Asia and the Pacific (ILO-SRO Manila), and the Occupational Safety and Health Center (OSHC).

OSH WIND in the Sugar Industry was an adaptation of WIND Project to raise awareness of ARBs and farming households on Occupational Safety and Health (OSH). With focus on advocacy and capacity development interventions, the program provides simple, low cost and practical solutions to address common problems faced by ARBs relative to their living and working conditions. The project essentially adopts a participatory and action-oriented approach. All project components are operationalized utilizing a participatory process, from the manual and IEC materials development, to the training of stakeholders up to program promotion, advocacy and institutionalization.

OSH-WIND practices and measures are woven in the farming cycle such as land preparation, planting, harvesting, etc. as well as other farming activities such as prevention of back injury, protective clothing, basic first aid, safety handling of fertilizers and pesticides, working safely with farm tools, tractors and agricultural machinery.

In general, the project aims to lower the risk that farmers face in their farming activities by developing and delivering effective and efficient system on occupational safety and health for the ARBs and their households, thus, and in the process increased productivity.

ZAP in DOLE Region VIII

Dir. Forter Puguon, DOLE Region VIII

Atty. Puguon's presentation dealt with ZAP initiatives in Region VIII. In 2004, DOLE had launched a fresh drive on ZAP by implementing the New Labor Standards Enforcement Framework (LSEF). Here, basic OSH and other learning sessions given by OSHC strengthened the regions. In 2005, a multi-sectoral collaboration had been forged with the Regional Tripartite Industrial Peace Council (RTIPC) through the creation of Regional Occupational Safety and Health Committee (ROSHC) and the OSHC. Accomplishments of ROSHC included: (1) launching of Employers Forum in 2004; (2) OSH advocacy with LGUs and Sugar Industry; and (3) conducting capability building on the safe use of chemicals.

Zero Accident: Is it a Safety Net?

Engr. Filemon Sonza, DOLE RO VI

The greatest challenge in Region VI in the early 1990s was the attainment of zero accident in the workplace. The occurrence of two major accidents in Passi and Capiz Sugar Centrals had resulted in the loss of life and damage to properties. This had led

to a Zero Accident Campaign (ZAC) renamed later as Productivity Improvement – Zero Accident Campaign (PI-ZAC). A main tool of the campaign was the use of a daily monitoring sheet for observed unsafe behavior and unsafe environmental conditions, this campaign provided the framework for a significant reduction in hazards, accidents and incidents. Supervisors play a critical role in the success of the ZAC program, management commitment and support of the ZAC program is vital. ZAC can serve as a vehicle for DOLE to introduce other significant work-related improvements and programs.

Open Forum

Director Gust commended the efforts of Engr. Sonza and his group in the early 1990s for initiating the Zero Accident Campaign which was one of the catalysts of the Zero Accident Program of the DOLE. ZAP had now evolved as the national flagship program for accident prevention. A ZAP master plan is now in place. The Summit and other regional conferences and events were manifestations of the Zero Accident Program. ZAP components did not only included trainings and information dissemination but also the biennial Gawad Kaligtasan at Kalusugan. She invited everyone to join the next GKK scheduled for 2008.

Dir. Elias Cayanong expressed his appreciation on the OSH-WIND project with regard to the elimination of the worst forms of child labor in the sugar industry. He drew attention to joint research between the DOLE and some schools especially the South Western Universities and the Negros Oriental State University about the possibility of developing a scheme in class schedule that would allow school children per RA 9231 to work in non-hazardous work activities. Identification of hazardous and non-hazardous activities and work environment would be jointly undertaken by the Regional Offices (Region VI, VII and VIII) and the OSHC.

In response to a question related to a the focus of ZAC on the behavioral, skills and knowledge aspects of the workers, Engr. Sonza explained that the ZAC campaign was basically behavioral. The knowledge and skill levels of the workers in their region were not the same. Most supervisors were of higher educational attainment than most of the labor groups who were either high school undergraduates or elementary graduates. Due to the difference in educational attainment, the behavioral aspect would be more easily adopted by the workers. The initial approach was to train the supervisors who then pass on the knowledge and skills to their subordinates.

Next question from the floor came from Mr. Tito Gonzalez from Southern Industrial Gases Philippines. He asked Engr. Sonza whether they gave motivation on the workers for their Zero Accident Campaign. He asked the question because changing the unsafe behaviors of workers will be hard to accomplish without giving any motivation, according to him.

Engr. Sonza explained that before launching the intervention, they had conducted two separate training programs; one for the supervisory staff and the other for the rank and file employees. The training for the supervisors was more on behavioral modifications and techniques. The accident prevention training for the rank and file workers were designed to suit to their level. During the MOA signing in one of the pilot companies, he had encouraged the management to put up a 50,000 pesos fund.

At the end of the program, the money was divided among the workers not as cash benefit but for buying t-shirts for all employees. He said that he cannot elaborate more because of time constraint but will be glad to do so in another forum.

Regarding a question on the role of the physicians in the OSH WIND Program, Usec. Madueño explained the effects on children of exposure to fertilizers and pesticides. Information drives in rural areas were important to control hazards related to exposure to fertilizers and pesticides.

The role of physicians should be more on preventive rather than reactive measures. They should not only come in case of epidemics but they should primarily see to it that the safety and health programs are being put in place and enforced.

Dr. Eleonor Quimco of EUKO-CB Phils. and Coca-Cola Bottlers Cebu, and also a professor on Occupational Medicine, shared her teaching experience in factory visits with students to let them identify hazardous work practices.

Dr. Oscar D. Tinio, the session chairperson, regretted that occupational medicine was not part of the curriculum in medicine. This was a real problem because an occupational exposure in the workplace was a big concern that physicians had to face in their clinical practice. For that reason the Philippine College of Occupational Medicine (PCOM) was embarking on a program to encourage all medical institutions of the country to include occupational medicine in the curriculum. De La Salle University in Dasmariñas, University in Iloilo, CPU and the University of the Philippines had same programs included in their curriculum.

Plenary 3: Strategizing Human Resource Development on OSH in the Visayas

Chaired by Dr. Dulce P. Estrella-Gust, OSHC

Dr. Leticia Ong, Social Security System (SSS)

In her presentation, Dr. Leticia Ong elaborated on the Social Security Program for workers. SSS had a mandate to provide for security and social benefits of workers in the private sector. In 2006, SSS disbursements had amounted to more than P2 billion for benefits such as sickness, disability, maternity, pension, employees compensation and funeral expenses.

She also reiterated that membership is compulsory for private sector workers and self-employed and workers that earned at least PhP1000 a month is eligible to become a member. She also discussed the benefit programs for workers in the private sector – the Social Security program benefits and the Employees' Compensation program benefits that the private sector workers are currently entitled. Those benefits are sickness benefits; total permanent and partial permanent disability benefits, maternity benefits, retirement, rehabilitation services, death and funeral benefits.

As of June 2007, SSS has a total of 27, 694,433 members: Employees -21,233,425; employers-793,836 and self employed- 5,667,172. The current contribution rate is 10.4% of which 3.33% is the employee's share and 7.07% is the employer's share.

OH Program Implementation: Issues and Concerns in Western Visayas

Dr. Florentino P. Alerta

PCOM, Iloilo

In his presentation, Dr. Florentino Alerta discussed the need and scope for comprehensive occupational health and occupational medicine curricula for schools and institutions. He noted that company physicians needed skills to implement proper occupational health programs; their role was not just to diagnose and treat.

The Philippine Labor Code and DOLE's Occupational Safety and Health Standards (OSHS) provide for the protection of employees against work-related accidents, illnesses and death. In addition, the Department of Health under Presidential Decree #856 popularly known as the "Code on Sanitation of the Philippines" provide for agencies such as "Environmental and Occupational Health Office" and the "National Center for Environmental and Occupational Health". They are to develop plans, policies, programs, projects and strategies to manage health hazards and risk associated with the environment and workplaces. Executive Order # 489 had created an inter-agency Committee on Environmental Health (IACEH) that addresses the needs of environmental health.

He regretted poor or non-compliance with "General Labor Standards (GLS)" and the occupational safety and health standards (OSHS). Establishments in Panay Island had only submitted a total of 334 annual medical reports (AMR) for the year 2006 and 241 for the first half of 2007. Only 337 establishments had submitted their accident reports for the year 2006 and 212 for the first half of 2007. A mere 179 establishments had registered with the regional office of DOLE. 7 and 4 respectively had been reported for year 2006 and for the first half of 2007. According to Dr. Alerta the DOLE statistics does not reflect the true picture of OSH in Western Visayas.

Engr. Nelia Granadillos, OSHC

Engr. Nelia Granadillos underscored the importance of Industrial Hygiene in the prevention of work-related injuries and illnesses. She stressed said that the competence and expertise of OSH practitioners in the field on industrial hygiene should be upgraded as there were very few trained hygienists available locally. In 1988, 22 plantilla positions for industrial hygienists were created by the Civil Service Commission in the Environment Control Division of the OSHC. The number of industrial hygienists totalled 10 at present.

The monitoring of health hazards in the environment is contained in Rule 1960 under the duties of the OH physician while Rule 1070 of the Occupational Safety and Health Standards (OSHS) of 1978 specifically deals with the threshold limit values for toxic and carcinogenic substances and physical agents which may be present in the atmosphere of the work environment. The DOLE Department Order 16 of 2001 amended Rule 1030 of the OSHS on Training and Accreditation of Personnel in OSH and recognized the need to accredit industrial hygienists.

She recommended that to strengthen the practice and to professionalize IH, the following strategies were identified:

1. academic programs and training courses to build competencies of IH

2. a quality control program to accredit IH and reference laboratory
3. IH regulation
4. manpower development and long term equipment plan
5. strengthen research and
6. mobilize resources

Dr. Teresita S. Cucueco, OSHC

In her paper, Dr. Tes Cucueco identified some major strategies for improving the Occupational Health program at the national and establishment level in the context of the National Medium Term OSH Plan, 2006-2010:

To improve the collection and dissemination of occupational health and safety data, she called for strategies to improve the methodology and the timeliness of recording, reporting and notification of injuries and illnesses.

To expand OSH coverage of establishments there was a need for strategies to deepen capability building through OSH training, networking and regional initiatives; to strengthen training programs for different levels of OSH expertise; to mobilize resources for capability building of OSH partner institutions and associates; to accredit OSH training organization, OH, IH, safety officers and health and safety experts; and to advocate the inclusion of OSH courses in both undergraduate and post-graduate programs.

To ensure that the OSH needs of the underserved sectors are being met, provision of effective strategies should be developed and implemented for the OH services; young, women, disabled workers and the informal sector.

SESSION 5: Mining and Energy

Chair Mr. Rene E. Cristobal, ECOP

OSH SITUATION IN THE MINING INDUSTRY

Dir. Roger A. De Dios, MGB Region VII

Dir. Roger A. De Dios explained that the accident statistics in the mining industry in Region VII focused mainly on quarry and cement plant operations in the region. Available data obtained showed positive and negative safety performance based on the different safety parameters. Action to address current OSH concerns in the mining industry included:

- strict implementation of DAO No. 2000-98 (Mine Safety and Health Standards)
- review of company procedures and guidelines
- strict implementation of job safety analysts
- conduct technical meeting during monitoring safety inspection.

The presentation provided details on investigative procedures for accidents in the mining sector, in particular on:

- selection of investigator team
- preliminary briefing
- site visit
- impact causes and alternative sequence of work.

A report format for the accident investigation was also presented. It was noted that there was no definite format for the investigative report.

Safety and Health in Small-scale Mining

Mr. Julius Cainglet, Federation of Free Workers

Mr. Cainglet explained the OSH program on small-scale mining forms part of the trade union initiatives to eliminate the worst form of child labor in the mining industry. The area of focus was Mt. Diwata, known as Mt. Diwalwal in Monkayo, Compostela Valley.

Target respondents was child laborers and children-at-risk of being affected by child labor and family members of the children mentioned.

Observed hazards was related to different stages in small scale mining, such as chemicals, falling debris, accumulated bacteria, fungi and viruses, unsanitary working areas, etc.

Community programs to prevent, contain or eliminate hazards included: community health education programs, advocacy of safety and health, social dialogue with mining firms, access of safety gadgets from companies, solicitation of medicines, medical supplies and PPEs for the community.

Radioactivity Concentrations of Radon in Non-Uranium underground mines in the Philippines

Mr. Teofilo Y. Garcia, Philippine Nuclear Research Institute

Mr. Garcia explained that Radon was a radioactive gas that occurs naturally in rocks and soils. One of the occupational risks of mining ore resulted from the exposure of miners to radon gas. The inhalation of this radionuclide constituted the most important occupational exposure in uranium mines. Radon problems were also recognized in many non-uranium underground mines or in underground workplaces where ventilation was insufficient. A nationwide survey of radon levels in non-uranium underground mines in the Philippines had shown the following results.

Nine underground metallurgical and coal mines were monitored for radon. Data showed that the activity concentrations of radon in these mines ranged from 30 to 347Bq/m³. The annual average potential alpha energy exposure of workers in the mines ranged from 0.02 to 0.06 WLM. These values corresponded to an annual effective dose equivalent of 0.15 to 05 mSv, respectively.

The levels of radon in Philippine underground mines are below the action level (1000 Bq/m³) set by the International Commission on Radiological Protection and are below the levels of human health concerns.

Accident / Incident Investigation

Engr. Heracleo Forones, Philippine National Oil Company Energy Development Corporation (PNOC-EDC)

According to Engr. Forones, the main purpose of an accident investigation is to determine the real cause of the accident. Investigations should also evaluate the risks and develop controls. An effective investigation would thus comprise:

- responding to an emergency promptly and positively
- collecting pertinent information
- analyzing and evaluating significant causes
- developing and taking remedial actions
- reviewing findings and making recommendations.

SESSION 6: OSH in the Maritime Sector

Chair Director Forter Puguon, DOLE Region VIII

Health Reasons for Repatriation Among Filipino Seafarers: A Review of Cases Seen at the Seamen's Hospital Manila

Dr. Conrado F. Oca, MD, MHA, FPCHA

Dr. Oca explained that the Associated Marine Officer's and Seamen's Union of the Philippines (AMOSUP-PTGWO-ITF) had 75,000 members of Filipino seafarers. According to foreign studies, appendicitis was leading the serious illnesses on boardship; the local studies on medical conditions causing repatriations are illnesses were more common than injuries.

Based on the review of the causes of repatriation among Filipino Seafarers at the Seamen's Hospital Manila from May 1996 to December 2006, there were 2,415 total number of repatriations with an average of 201 per year. This amounted to one repatriation out of 1,000 seamen deployed per year. The five leading causes of repatriation were dorsopathies, diseases of the stomach, injuries to the wrist and hand, urolithiasis, hemorrhoids and fistulas.

Apostleship of the Sea: A partner to help Seafarers keep fit

Fr. Savino Bernardi, Cs., Apostleship of the Sea

Seafarers live and work at sea for a prolonged period of time and are exposed to many natural and man-made risks. Several studies on various aspects of seafarers' life on board indicate that seafarers' life is at risk more than any other profession due to the particular environment, circumstances and exposure to natural forces which, combined, create a very risky employment (ILO – International Labor Organization's papers; ITF-International Transport Workers Federation's Questionnaires and Researches; SIRC – Seafarer International Research Centre's studies, Cardiff University; ICSW – International Committee on Seafarers' Welfare, among others).

ILO passed a number of Conventions and Recommendations on the welfare concern for seafarers R. No. 48 (1936); R. No. 138, (1970) and the latest Seafarers' Welfare Convention No. 163 (1987) and Seafarers' Welfare Recommendation No. 173 (1987). The Maritime Labour Convention, 2006 was the latest effort to regulate, among other things, the various aspects of safety and wellbeing of seafarers' life on board.

Besides the "environmental" threats to seafarers' life, one must not forget the "invisible" health-risks factors affecting seafarers' health and wellbeing on board:

- Family Anxiety
- Monotony of social contacts and work on board
- Work stress and contract insecurity
- Loneliness, Social and Personal Emotional "Fatal Feelings" or emptiness
- Psychological and Spiritual starvation
- Temptation for "Wrong replenishment"
- Serious health practices and risks

The AOS / Seafarers' Centers was responding to these threats by offering:

- friendship and social outlet in their Stella Maris Centers;
- ship visitation and various port services;
- communication facilities and net-working;
- counseling and guidance.

On the more spiritual and religious side, these Church Organizations and particularly the AOS, provide Spiritual and Religious "replenishment" and value formation, including leadership on board and ministry preparation.

Increasingly, these services are being appreciated and needed by seafarers (cfr. "Port Based Services for Seafarers, Summary Report, 2007, by Erol Kahveci, CIRC, 2007).

The AOS/ICMA/ICSW partnership on services to seafarers was dedicating much time and effort to obtain a favorable stakeholders' response to these issues, to extend attention to seafarers' families and to the establishment of a Port Welfare Committee in port.

Stress as Human Element at Work: 2005 Survey of Filipino Seafarers

Ms. Grace Ayaso, National Maritime Polytechnic

The NMP study was based on survey questionnaire completed by Filipino seafarer with at least 1-year shipboard experience conducted in August-September 2005 researchers retrieved a total of 1,988 valid questionnaires.

The findings identified the courses and manifestations of stress and the coping mechanisms of Filipino seafarers. Based on the data gathered, the study recommended interventions and corrective measures by the employers, seafarers, maritime institutions or government.

Dir. Eustacio Enriquez
National Maritime Council

Dir. Enriquez presented paper entitled, "Occupational Safety and Health (OSH) in the Maritime Sector: The NMP Experience," to provide understanding of NMP's effort in developing and promoting health and safety awareness among seafarers as part of its maritime training programs.

PADAMS (or Prevention of Alcohol and Drug Abuse in the Maritime Sector) and SHAPIMS (or STD/HIV/AIDS Prevention in the Maritime Sector) were two basic preventive programs; these had been incorporated in the training courses of NMP with the aim of preventing the hazards of alcohol and drugs as well as sexually transmitted diseases from affecting the health and well being of Filipino seafarers.

Since their integration into the training programs of NMP in 1996 and 2000, PADAMS had benefited a total of 15,771 trainees/seafarers while SHAPIMS had covered a total of 4,472 certificated trainees/seafarers by 2006. To date, both courses had become standard preventive training programs in all maritime training service providers nationwide.

The NMP remained cognizant of the significance of inculcating among seafarer the value of occupational safety and health (OSH) awareness. Hence, the design and delivery of PADAMS and SHAPIMS courses were continually updated to improve the training output and impact.

All safety management courses and preventive intervention programs such as PADAMS and SHAPIMS were conducted in accordance with the IMO provisions and conformed with the general requirements of the STCW 1978 as amended.

The ILO Maritime Labour Convention (MLC), 2006
Atty. Jesus P. Sale, Sr. AMOSUP

The presentation was based on the following comprehensive overview of the ILO Maritime Labor Convention 2006

To date, the ILO has adopted about 41 maritime conventions, of which only 5 had been ratified by the Philippines. They include ILO Convention 23 on Repatriation of Seamen; Convention 53 on Officers' Competency Certificates; Convention 93 on Wages, Hours of Work and Manning; Convention 165 on Social Security for Seafarers; and Convention 179 on Recruitment and Placement of Seafarers. And none of the 15 ILO maritime conventions and recommendations on seafarers' safety, health and welfare was ever ratified by the country.

Despite this rather low ratification record, there is new hope that the Philippines, which is home to more than a quarter of the world's ocean-going seafarers, would be able to ratify in due course the latest and most important ILO Maritime Convention to date. I am referring of course to the Maritime Labor Convention of 2006, which was practically unanimously adopted during the 94th Session of the International Labor Conference last February 2006. With only 2 abstentions, the adoption of MLC 2006 was unprecedented for a technical convention in ILO history. It shows the universal

resolve to put in place a binding instrument for an enforceable global standard on maritime labor.

As a Member of the ILO High-Level Tripartite Working Group on Maritime Labor Standards, which periodically met for four years from 2002 to 2005, Capt. Greg Oca participated in the drafting of the technical provisions of the MLC as the international Bill of Rights for all Seafarers. The MLC systematically consolidated and updated 37 earlier ILO maritime labor instruments while embodying the principles of 8 fundamental ILO conventions into one super convention. Because of this, many maritime countries would find it in their best interests to ratify the MLC because of its importance as an enforceable international labor standard. It is therefore important for us in the Philippines to have a very clear idea of what the MLC is all about and how its ratification and compliance will benefit our seafarers. Copies of MLC 2006 and accompanying Resolutions are available with the Secretariat for your reference in this presentation.

To give you an overview, I will discuss salient points regarding the structure and content of the Convention. I will also mention certain definitions that limit the coverage of the Convention and employers' responsibilities. More importantly, I intend to briefly introduce the provisions promoting the occupational safety and health of seafarers aboard the vessel and while on shore after disembarkation or repatriation. I will also take up enforcement responsibilities by the flag state and the port state.

Structure and Content

If you are familiar with the structure of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers or the STCW Convention, which has a Regulations part and a Code part, then you will find the MLC to be quite similar. The MLC is basically divided into Articles and Regulations, which contain the legal principles, rights and obligations that have to be observed, and a Code part, which contains the details for implementing the Regulations.

The Articles include definitions, which determine coverage of the Convention, the mechanism to make the Convention effective, and the process for amendments and derogations. Like the STCW Convention, the MLC Code is divided into a Part A, which provides mandatory standards for implementing the regulation, and a Part B, which gives non-mandatory guidelines for implementing the regulation. The MLC is also unique because of the inclusion in the documents of an Explanatory Note on page 12 of your handouts, and a set of Resolutions, both of which provide guidance in interpreting the implementation of the Convention, without being parts of it.

The Regulations and the Code are grouped according to subject areas under five Titles namely: Title 1 - minimum requirements for seafarers to work on a ship; Title 2 - conditions of employment; Title 3 - accommodation, recreational facilities, food and catering; Title 4 health protection, medical care, welfare and social security protection; and Title 5 compliance and enforcement.

It must be noted that the mandatory requirements of many provisions in Part A of the Code have been formulated in a general way so as to provide flexibility for precise

action by the authorities at the national level. Guidance is provided in Part B of the Code, which illustrates the kind of action expected of ratifying countries in implementing the Regulations.

For example, Standard A4.1 requires all ships to provide prompt access to the necessary medicines for medical care on board ship and to carry a medicine chest. It is explained in the Notes that the fulfillment in good faith of this latter obligation clearly means something more than simply having a medicine chest on board each ship. A more precise indication is provided in the corresponding Guideline B4.1.1 paragraph 4 so as to ensure that the contents of the chest are properly stored, used and maintained. However, if a ratifying country decides to provide for different arrangements which ensure the proper storage, use and maintenance of the contents of the medicine chest, as required by Standard A4.1, then that is acceptable.

Definitions

There are four important definitions, which determine the coverage of the MLC. For purposes of the MLC, a "seafarer" is defined in Article **II**, paragraph 1 (f) to be "any person who is employed or engaged or works in any capacity on board a ship to which this Convention applies." As a general rule, all seafarers as defined are covered. But in case of doubt, the competent authority must resolve the question after consultation with the shipowners' and seafarers' organizations concerned. The resolution concerning information on occupational groups in pages 4-6 of the second handout would be a useful guide for this.

On the other hand, the MLC defines a "shipowner" in such a way that there will always be a person or entity responsible for the duties of a shipowner under the Convention. This is found in Article II, paragraph 1 (j).

A ship covered by the MLC is defined in Article II, paragraph 1 (i). It is other than one which navigates exclusively in inland waters or waters within, or closely adjacent to, sheltered waters or areas where port regulations apply. Because of the archipelagic nature of the Philippines, it was important to clarify the concept of inland waters during the deliberations on the MLC for purposes of determining which ships are covered. Exclusions to the definition of ships are found in Article II paragraphs 4, 5 and 6. In addition, ships of certain tonnage limits are exempted from the application of the regulations under Titles 3 and 5.

An important concept defined in the MLC is that of "**substantial equivalence.**" Article VI paragraph 3 allows implementation of Part A through national laws and regulations which are substantially equivalent to Part A standards. In paragraph 4, national laws or regulations are substantially equivalent if they are conducive to full achievement of the general object and purpose of Part A **and** if they give effect to Part A. However, compliance by substantial equivalence does not apply to Title 5.

Employer Responsibilities

Regulations and standards affecting the employers' responsibilities are found in Titles 1 to 4 of the MLC. They cover seafarer employment requirements, recruitment and placement, agreements on employment terms and conditions, accommodation, health protection and safety. They also have new responsibilities under Title 5 for securing

the appropriate maritime labor certificate and declaration of maritime labor compliance, and for establishing on-board complaints procedures for alleged violations of the Convention.

For purposes of this forum, special attention must be given to Titles 3 and 4 of the MLC. To authoritatively amplify the pertinent provisions of those Titles, permit me to quote from the Commentary of the International Labour Office in its Report I (1A) captioned "Adoption of an instrument to consolidate maritime labour standards" (pages 39-44):

"Note 27 (Title 3, Regulation 3.1)

"1. Title 3... consolidates and updates obligations primarily found in the international labour standards relating to the accommodation of crews and food and catering. It also develops some areas not yet addressed in much, if any detail in the maritime context in connection with the prevention of noise and vibration in work and living areas.

"2. The provisions under Regulation 3.1, dealing with on-board accommodation and recreational facilities, are among the most detailed and technical in the Convention and contain numerous requirements affecting the physical design or structural layout of ships. In some instances, they include specific entitlements that are related to the particular duties and positions of seafarers. . . . The text reflects the agreements reached on specific requirements, such as room sizes and some specific provisions regarding the application to particular ships or sizes of ships.

"3. Paragraph 1 of the Regulations states the basic right of seafarers to have decent living accommodation and recreational facilities consistent with promoting their health and wellbeing. ... the right covered by this Regulation (and the related Standard and Guideline) applies to seafarers working and living on board ship or only working or only living on board.

"Note 28 (Regulation 3.2)

"1. Regulation 3.2 and the related Code provisions consolidate and update the obligations in the Food and Catering (Ships' Crews) Convention, 1946 (No. 68), and the Certification of Ships' Cooks Convention, 1946 (No. 69), pertaining to food quality, drinking water and catering standards, including the training requirement for ships' cooks.

"Note 29 (Title 4, Regulation 4.1)

"1. Title 4 comprises the substance of a wide range of international labour standards, covering on-board and onshore matters, including access to and financial responsibility for medical care, occupational safety and health and welfare on shore. It also adopts a realistic approach to the promotion of social security protection...

"2. Regulation 4.1 covers seafarers' entitlement to access adequate medical care on board ship and ashore. The obligation to provide free medical care under Convention No. 164 has been made a little more flexible with the addition of the words "in principle" in paragraph 2 concerning the requirement that health protection and medical care should be provided at no cost to the seafarers. Paragraph 3 sets out the duty of coastal states in respect of medical facilities on shore; their obligation is limited to allowing access to existing medical facilities (they will not be required to establish such facilities).

"3. The provisions in Standard A4.1 elaborate upon these entitlements, including those relating to on-board medical personnel and the contents of medicine chests and other medical assistance matters. The Standard refers to international standards and the recommendations provided by international guides, such as the *International Medical Guide for Ships* developed by the WHO, are referenced in the Guidelines.

"Note 31 (Regulation 4.3)

"1. Regulation 4.3 deals with occupational safety and health protection and accident prevention. It draws upon the text of Convention 134 and Recommendation 142, which focus on ensuring that employees have the appropriate equipment and protection to perform their duties safely and are trained how to do so. It also includes requirements for reporting accidents. This is part of a system for monitoring ongoing compliance and conditions on board ship. ... the text... [is] now modernized to include a wide range of human elements affecting occupational safety and health, such as fatigue, drug and alcohol abuse, and other concerns, such as exposure to chemicals and other workplace risks.

"2. Provisions dealing with noise and vibration, complementary to those in paragraph 6(h) of Standard A3.1 and Guideline 83.1.12 are also dealt with as matters of health protection. The text of this Regulation and the related Code provisions reflect advice from the relevant ILO occupational safety and health experts on both the content and the approach in these provisions, including the suggestion that on-board occupational safety and health should take into account and adopt the general approach proposed in the Guidelines on Occupational Safety and Health Management Systems ILO-OSH, 2001. ... The ... Convention seeks to incorporate these ideas (for example by requiring ships to have occupational safety and health management systems) in the provisions consolidating the existing maritime Conventions dealing with occupational health and accident prevention."

Compliance & Enforcement

At the heart of Title 5 is Regulation 5.1.3 requiring all covered ships to carry and maintain a maritime labor certificate and declaration of maritime labor compliance certifying and stating that the working and living conditions of seafarers aboard the ship have been inspected by the flag state and was found to comply with the MLC. 80th the certificate and the declaration are prima facie evidence of compliance with the MLC for purposes of port state inspection.

However, this presumption of compliance will not apply in cases mentioned in Standard A5.2.1, which includes complaints filed by the crew. In such cases, a more detailed inspection by port state authorities may be carried out to ascertain the working and living conditions on board the ship. If after such inspection the ship is found not to comply with the MLC and the conditions on board are clearly hazardous to the safety, health or security of seafarers or there is a serious or repeated breach of MLC requirements, the port state may detain the ship. On the other hand, a maritime labor certificate may be withdrawn by the flag.

Immediate ratification and enforcement of the MLC by the Philippines, as a major seafaring country would help ensure that Philippine recruitment and placement services for domestic and overseas Filipino seafarers will continue to be favorably regarded by ship owners, flag states and port states.

Open Forum

Q: (Dr. Alerta) My problem as a doctor is in clearing sea-farers before their boarding. I have encountered those who appear to be physically fit but not fit for work. However, the principal would like the patient to go on board as soon as possible. But my fear is that they will suffer from cardiac arrest while they are on board. What advice can you give in these cases?

A: Dr. Oca: The DOH has new guidelines; follow the JNC-7. There need to be lifestyle changes. You may exercise your own judgment in such cases.

Q: (Denis Cayro of NPC) What about those on-board power barges; where can I get the information I need regarding NZM?

A: Atty. Sale: You should visit the IMO website. Look at SOLAS and MARIPOL.

Q: Garce of NMP: What about HIV/AIDS? Were there cases of such recorded in your hospital?

A: Fr. Bernardi amend that in the Philippines, 2,500 persons are HIV/AIDS (+) about 750 are OFWs but 400 or more of them are seafarers. Total affliction is low compared to other countries but is relatively high for seafarers.

Q: (Prof. Manalo of UP-CPH) What about cases of hearing loss among sea-farers?

A: (Dr. Oca) Those who are working with or near engines should be periodically subjected to audiometric examinations.

Session 7: Biological, Chemical and Radionuclear Disaster Management

Chair Dr. Ma. Teresita Cucueco, OSHC

Situationer on Radionuclear Programs in the Philippines

Mr. Teofilo V. Leonin, PNRI

Mr. Leonin explained that radiation could be an ionizing or non-ionizing. X-ray, gamma radiation, sub atomic particles of high speed electrons/protons are the different types of ionizing radiation while non-ionizing are extremely low/high frequencies, light and sunlight, microwave ovens and even human produced non-ionizing radiation.

Radiation was very essential in agriculture, health, industry and in research. It can occur naturally or be man-made. The high intensity sources of radiation are: radioisotopes, teletherapy unit and food irradiator. Accidents with exposure to high intensity radiation have been recorded in Thailand and Georgia.

The Philippine Nuclear Research Institute (PNRI) is a government agency mandated to promote and regulate the safe application and utilization of nuclear energy. As of 2003, the agency has regulated 311 facilities and users in the country, including hospitals and industrial facilities in NCR.

There is an increasing public concern over the serious consequences resulting from the development of new technologies, and new trade and industrial policies that favor the entry and utilization of a wide variety of hazardous consumer products and materials. To make matters worse, recent events have brought out the possibility of terrorists using new weapons made from chemical, biological or radiological substances in order to cause widespread panic. Risk reduction activities are thus very important in the community and in the workplace. Also, institutional structures are needed to deal with the control of occupational conditions brought by new technologies. There are existing regulations and government programs which aims to require and motivate the industrial and business establishments to provide prevention and control services for this purpose but government lacks the resources to effectively implement these activities. In the meantime, authorities have begun upgrading its emergency response capabilities in preparation for any chemical, biological, radiological or nuclear disasters.

To continually monitor the use and utilization of radioactive materials in the country, the PNRI is engaged in regulation, licensing, inspection and enforcement, management and control, categorization and prioritization of regulatory action and response to emergency.

Hospital Emergency Preparedness

Dr. Joseph-Al Alesna, Vicente Sotto Hospital, Cebu

Dr. Alesna presented a paradigm shift from a normal to emergency situations in a hospital. He explained how hospitals function under normal conditions and how they respond during emergencies arising from internal and /or external events/hazards. He emphasized that these emergencies and disasters affected the usual hospital activities. However, health care delivery must always continue and saving patients should always be the priority. Dr. Alesna reiterated that disaster management must reduce the potential losses from hazards, assure prompt and appropriate assistance to victims and achieve rapid and durable recovery. He also presented an overview of a Hospital Preparedness Plan where various responses from both internal and external emergencies were taken into consideration.

Occupational Health Risks Among Barangay Health Worker

Dr. Macdonald Beldia, West Visayas State University

Dr. Beldia presented a comprehensive study on the occupational health and safety of Barangay Health Workers (BHW). He emphasized that BHWs are in the forefront of the country's health delivery services.

For the study, one hundred sixty-two (162) BHW respondents had been randomly selected from 180 barangays in the 6 district of Iloilo City. The study employed descriptive statistics in analyzing the characteristics of BHWs by degree of occupational health risk. Spearman rank order correlation was used to determine the relationship between the characteristics of BHWs and the degree of occupational risk.

The study revealed that education and training of BHW respondents and the knowledge about prevalent diseases were significantly correlated to the level of their occupational health risks. The lesser the knowledge of the BHWs on the prevalence of

communicable/infectious diseases, the higher the chance of theirs being afflicted with illnesses, i.e., PTB, dengue H fever, respiratory diseases.

The study provided insights on the status of occupational health risks of BHWs in Iloilo City. The effective delivery of health services to the community by the BHW respondents and their protection against the incidence of communicable and infectious diseases was being hindered by the inability of the local government unit to provide protective mechanisms and devices. The study recommended adequate training for BHWs, specially those assigned to high-risk areas and provision for protective devices to safeguard them against diseases. It also recommends strengthening management capability programs of the Barangay District Health Clinic by establishing Occupational Health Risk and Management Program for the BHWs and the community in the barangays.

Open Forum

Q: (CPU) Does radiation emitted by cellular phones affects the users of the phone?

A: (Dr. Leonin) Radiation emitted by cellular phones does not affect persons using them since the emitted radiation is very low and is a non ionizing type of radiation

Q: (CPU): What is the proper manner of storing/disposing radioactive materials? Is there a need for a license?

A: Dr. Leonin: Radioactive materials for disposal can be sent back to manufacturers or could be sent to PNRI for storage but will be charged with corresponding fees. The storage/use of any radioactive materials needs to have a license from PNRI.

Q: (Ms. Tayag, a chemist from Department of Agriculture) Does government, specifically PNRI regulate disposal of radioactive materials in the laboratory? How are they being disposed?

A: (Dr. Leonin) There is no special treatment because radiation naturally decays; materials with long half-life radiation have to be surrendered to PNRI. The DENR has laws relating to radioactive waste disposal but delegates most of its responsibilities to PNRI.

Session 8: Services

Chair by Director Ma. Leticia G. Reyna, CSC

Government Agencies Program on OSH

Asst. Gov. Teresita Hatta, Bangko Sentral ng Pilipinas

According to Ms. Hatta, the Bangko Sentral ng Pilipinas (BSP) was practicing an Integrated Management System (IMS).

The IMS framework embedded core values and concepts of the Baldrige criteria for performance *excellence* and the *standards* of ISO 14001, OHSAS 18001 and ISO 9001, the internal quality audit standards of ISO 19011 and the records and

documents management standards of ISO 15489. The IMS framework was based on the premise that leadership, middle management and employee involvement determine success and change management initiatives. Success depended on the adoption of monitoring, measurement and evaluation in line with the principles of knowledge, management and internationally accepted standards of documentation and records' management. The success also depended on corporate learning initiatives integrated into the organizational communication system and competency and training development programs. Effective use of teams and enhancement of investments in social relationships at all levels of organization also contributed to the successful change.

The author had served as the system architect of the Environmental and Occupational Safety and Health Management System (EOH and SMS) and the IMS framework to fit BSP's medium term service excellence program for 2004 – 2011. EOH and SMS is fully operational in HO and regional offices (RO) in Cebu, Davao, La Union and Lucena branches. The IMS deployed in 2006 was fully implemented in 2007 in ROs and 18 branches. Two cycle annual Independent Quality Assessments (IQA) have sustained the momentum of implementation. The IQA included independent customer satisfaction surveys that measure quality of service delivery and emerging customer needs.

BSP obtained in 2005 and maintains today the joint certification to OHSAS 1801 and ISO 1401 for the head office, three regional offices and one branch office. In late 2007, eight (8) branches were due for Certification as the first countryside government offices to be certified to the three international standards. Nine (9) departmental and two corporate quality management systems in the head office had obtained the certification to ISO 9001. Ten (10) more are in the pipeline for certification.

OSH Programs in International Unionism

Mr. Chandrasekaran Rejamanikan – UNIAPRO

Mr. Chandrasekaran explained that Uni Apro had initiated a campaign for the promotion of safety and health in the service sector. One of the activities was to conduct an OSH survey with their affiliate unions to address their OSH problems and concerns. Statistics revealed that often management had little concern for OSH programs and avoided compliance with OSH standards. Hazards encountered were related to dust exposure and to stress especially in the service sectors. To meet existing problems, employers should prioritize OSH concerns. Also OSH clause should be included in collective bargaining agreements. Finally, management should make budgetary provisions for OSH improvement.

Health and Safety in Schools

Ms. Perlita Quiñones, St. Joseph Academy, Mandaue

Ms. Quinones presented the Health and Safety Program of St. Joseph's Academy. The program focused on health threats and safety hazards in schools. The program included raising knowledge and awareness through orientation, seminars, workshops, counseling and meetings among teachers, students and parents. One of the main components of the program was the integration of OSH in the curriculum, student's

handbook and teachers' manual. Furthermore, key teams and committees were organized on Disaster Control to implement and monitor the effectiveness of the program.

OSH in the Public Sector

Mr. Jose Ersante M. Fuertes, PSLink

Mr. Fuertes mentioned that OSH in the Public Sector was based on the following legal provisions: CSC MC No. 30, series of 1994, CSC MC No. 33, series of 1997 and Executive Order 180. In order to assess the current situation of OSH in government organizations, a survey was conducted with focus on CNA provisions and common illnesses and diseases acquired in the workplace.

The response of the trade unions included the creation of a training pool of OSH experts, mainstreaming of OSH experts in organizing, education and negotiations, inclusion of OSH in basic trade union administration courses. Moreover, OSH became part of lobbying initiatives for the adoption of a Magna Carta for Public School Teachers.

Open Forum

Q: (Ms. Lorena Lipa of University of San Agustin) How does St. Joseph's Academy integrate safety and health in their curriculum?

A: (Ms. Perlita Quiñones) OSH is being integrated in subjects such as Science and Technology, Physical Education, Health and Christian Life Formation.

Q: (Rev. Roniel Howard H. Gico of Central Philippine University) How do we address the environmental concerns in school, specifically regarding disposal of chemicals and water treatment?

A: (Ms. Quiñones) There should be seminars on Solid Waste Management. Integrated OSH topics in the curriculum and provide textbooks in support of environmental awareness and education. Furthermore, for the past 2-3 years, schools have been implementing a waste segregation project in coordination with a private organization which buys their trash. The project has trained the students to segregate waste at school and to practice it at home.

Q: (Mr. Honorio L. Nabuna of University of San Carlos) Should universities and schools have to adopt the organizational chart for the safety and health programs of the Bureau of Fire Protection (BFP)?

A: (Ms. Quiñones) Universities and schools are mandated to establish this organizational chart according to their requirements. However, they may ask their partners for technical and administrative advice.

Q: What are the qualifications for union representatives to become members of the Safety and Health Committees?

A: (Mr. Rejamanikan) The unions must undergo a paradigm shift and must show the management that they are reasonable and responsible. Union leaders should be assertive in convincing management about the need for OSH programs. The union should be the bridge in building relationships with the management, thus, building mutual respect.

Q: (Mr. Rene Cristobal, ECOP) How do you reduce stress in the workplaces especially in cases of conflict between superiors and subordinates?

A: (Ms. Hatta) BSP has a wellness program and peer group counselors to deal with stress. They also conduct regular meetings of supervisors and subordinates, and a program of continuing education and consultation for a workers to find out if they have problems and offer them solutions.

(Ms. Quiñones) St. Joseph's Academy was implementing wellness program on a monthly basis. Moreover, teachers were also involved in outreach programs such as planting trees and feeding programs. To deepen the bonding of the teachers, academy conducted mentoring, peer counseling and workshops among new and seasoned teachers as well as bible sharing sessions once a week.

Session 9: Transportation

Chair Mr. Victorino Balais, President, PTGWO

Transportation Dangerous Goods: A Situationer

Ms. Elenita Asuncion, Department of Transportation and Communication

Ms. Elenita Asuncion of DOTC presented the DOTC's role in regulating the transport of dangerous goods by sea. Primary concern was the prevention of injury to persons and/or damage to ships and cargoes. In line with the International Maritime Dangerous Code (IMDC). Marina MC 101 provided the national guidelines on the issuance of special permits to carry dangerous or hazardous cargoes or goods in packaged form. The presenter also mentioned the documentary requirements for obtaining permits for carrying dangerous goods.

Occupational Safety and Health Conditions of Tricycle Drivers from a Selected Community in Quezon City

Dr. Ronaldo M. Fajardo, Occupational Safety and Health Center

Dr. Fajardo presented the findings and recommendations of the study on the safety and health conditions of tricycle drivers carried out in a selected community of Quezon City the study was part of the local government's initiative to improve the tricycle drivers' condition.

In the Philippines, motorcycles and tricycles consist of more than one-third of vehicle volume. They are very visible in most cities of the country providing an alternative mode of transport for short distances. Tricycles play an essential function in the transport system - they are less expensive than other vehicles and can access through small road networks.

Tricycles often generate a significant amount of noise and emissions. Tricycles are used commercially; thus, their operation is often extended beyond their useful life. This is worsened by practices or malpractices of owners and drivers such as poor maintenance, lubricant misuse, and fuel adulteration.

Forty-one (41) drivers from Bago Bantay, Quezon City underwent socio-demographic profiling and occupational health examinations to assess possible health effects from noise and emissions. Noise and environmental pollutants measurements were performed to document the level of exposure.

The tricycle drivers ages range from 23-73 years old (mean = 41). They have been driving for an average of 11 years – 6 days a week, 15 hours per day. Two-thirds still use two-stroke engine type motorcycles. Seventy-two percent (72%) were smokers or were ex-smokers.

They perceive the presence of dust/pollutants, poor driving skills, and improper hygiene as the major factors which put their health and safety at risk. The drivers also put noise as a health hazard to some extent. Major health complaints of the drivers were back pain, easy fatigability, dizziness, and joint stiffness. A number also reported “fullness” in the ears and difficulty hearing. Respiratory complaints such as breathlessness, cough with phlegm, and wheezing were also reported.

Seventeen drivers underwent audiometric and pulmonary function tests. Hearing test results showed 13 out of the 17 drivers showed signs of hearing impairment. Pulmonary function test results revealed abnormal findings in nine out of the 17 workers examined.

Noise level, carbon monoxide, sulfur dioxide and nitrogen dioxide measurements, both at the terminal and while driving, did not exceed the allowable levels based on the Occupational Safety and Health Standards (OSHS) of the Philippines.

Exposure to excessive duration and levels of noise has been shown to cause noise-induced hearing loss (NIHL). The hearing test results revealed that a very large proportion of those tested were already suffering from hearing loss. The pulmonary function test also showed respiratory effects that may be attributed, at least partly, to environmental exposure. The environment measurements showed that the drivers' exposure to noise and pollutants were below allowable occupational limits; however should be added to the exposure of noise and environmental emissions non-occupational factors, such as smoking.

Occupational health and safety concerns should be addressed as part of the comprehensive program to improve the tricycle transportation system. Programs should be initiated to reduce the hazards and protect the workers from the ill-effects of tricycle driving. Interventions should include information and education on occupational health and safety such preventive maintenance, proper use of personal protective equipment and smoking cessation.

Occupational Safety and Health (OSH) in the Maritime Sector: The NMP Experience

Ms. Presca Lee B. Lugo, MS

The integration of OSH concerns in NMP trainings was designed to prevent human injury or loss of life among seafarers while on board ships; this concern also include avoidance of damage to the marine environment and to property. The training also related to existing maritime standards (local and international), and guidelines for shipping companies to promote safe practices in ship operations and for safe working conditions.

The OSH training included among others emerging problems such as:

- Sexually Transmitted Infections/ HIV and AIDS
- Prevention of Alcohol and Drug Abuse in the Maritime Sector
- The NMP recognize the need to institutionalize other training such as Guidance and Counseling Services for seafarers

Occupational Health and Safety in Ports

Mr. Alexander B. Madamba, Philippines Ports Authority

Mr. Madamba explained that the PPA, the planning, development, financing, construction, maintenance and operation of ports, port facilities, port physical plants, and all equipment used in connection with the operation of ports. This included concern for the safety and health of all persons involved with and using ports. PPA was committed to ensure the adoption and implementation of applicable international policies, codes and instruments. PPA safety activities were integral part of a Port Safety Health and Environmental Management System (PSHE-MS); ILO's 2005 Safety and Health in Ports, Code of Practice, and other applicable international instruments provided a basis for the implementation and conduct of OSH courses.

GHS Situation and Gap Analysis

(Globally Harmonized System of Classification and Labeling of Chemicals – Transport Sector Group)

Ms. Dolores Pua, Department of Transportation and Communication

Ms. Dolores Pua of DOTC presented the DOTC's role in regulating carriage of dangerous good of Philippine transport by road, water and air. As for Globally Harmonized System (GHS) of Chemicals gaps were concerned. LTO and LTFRB were not involved in the implementation of RA 6969, and not involved in the issuance of permits to carry/transport dangerous goods by road. There were Philippine Regulations on handling dangerous goods by air except, the IATA regulations. She recommended for DOTC to take the lead in the issuance of policies/rules and regulations on the handling/carriage of dangerous/hazardous goods/cargoes by all modes, in coordination with other agencies.

Session 10: Construction

Chair Atty. Jose Sonny Matula, President, FFW; Commissioner of SSS

Asbestos Monitoring in the Philippines

Engr. Melba Marasigan, OSHC

Ms. Marasigan reported the Asbestos monitoring from 2002-2007 by OSHC in response to request of 134 companies. Asbestos is a mineral that has been used for many years in construction materials and in many products due to its tensile strength and resistance to fire and acids. Buildings, schools and other structures were built by utilizing asbestos containing materials (ACM) such as roofing, walls, ceilings, etc. Construction, renovation and removal of these structures created problems to human health. It is during these activities that asbestos fibers are disturbed and that workers and non-workers alike become more exposed to the fibers. Clinically, exposure to asbestos can create asbestosis, lung cancer and mesothelioma.

Over the years, OSHC has examined one hundred thirty four different potentially asbestos infested materials used for roofing, ceiling boards, partition wall boards or panels and insulation. About 61 different types of materials, or 45%, were found to contain chrysotile type of asbestos, mostly roofing and ceiling boards. No amosite or crocidolite types of asbestos were found. Indoor air monitoring in 31 companies did not show asbestos levels exceeding the Occupational Safety and Health Standards Threshold Limit Value of 2 fibers per cubic meter.

From 2005 to 2007, a total of 119 workers conducting removal and disposal activity were given awareness training on asbestos handling and disposal.

Any demolition or renovation work involving asbestos waste follow a set procedure: 1) identification and location of asbestos-containing materials (ACM); 2) submission of a plan and program by the contractor illustrating the scope of work, schedules and work program; 3) site preparation activities to contain asbestos and minimize airborne exposure of workers; 4) removal of ACMs; 5) proper decontamination of tools, equipment used for the activity; 6) transporting of dismantled ACMs and; 7) acceptance of ACMs by the disposal facility.

Measures to protect the workers handling the ACMs should be put in place which begins with a plan and program detailing the scope, schedule and work program after identifying where the ACMs are located. The measures include the containment and decontamination procedures at all phases of the demolition or renovation. Equally important are the provision of personal protective equipment, such as hazard suits complete with breathing masks and apparatus.

Ms. Marasigan concluded that asbestos waste management require technical knowledge and strict compliance with the “Chemical Control Order on Asbestos”. Every phase of asbestos disposal required adequate information and training for personnel handling the activity. OSHC required partnership of the key players involved in asbestos monitoring such as the public private organization, DENR, asbestos waste service providers, DOLE, employers and workers organizations.

Organizing the Informal Sectors and the Role of OSH

Engr. Don Orido, ACIW (Association of Construction Industry Workers)

Engr. Orido talked about the social concerns and initiatives of his organization with the informal sector, which is composed of own account workers such as street vendors and contractual labor like home based workers.

The Association of Construction and Informal Workers (ACIW) is a national organization of informal construction workers. It has a total membership of 10,000 covering forty-four (44) municipalities/cities in eleven (11) regions of the country.

The growing number of unemployed and under employed caused primary by globalization and unfriendly business environment were primary reasons for the existence of the informal economy. The sector had been deprived of adequate social protection and assistance.

The workers in the informal economy consisted of “units” engaged in the production of goods and services with the primary objective of generating employment and income to the persons concerned in order to earn a living.

ACIW was at the forefront of organizing the informal sector and spearheading its social protection. It also provided skills training and facilitated certification of workers by TESDA. Most importantly, ACIW promoted and advocated occupational health and safety of the informal workers through education and training.

ACIW provided OSH training using low cost practical methods such WISE, WIND and WISCON.

Over the years, ACIW had developed competencies in the areas of workers’ skills training and networking with the concerned government agencies. It had also developed a pool of occupational health and safety practitioners and organized them into an association.

The increasing demand for the services of ACIW was being addressed by organizing a pool of trainers and practitioners in different fields of construction, social protection and occupational health and safety.

Session 11: OSH Management Systems and Legislative Concerns

Chair Dr. Gert Gust, ILAPI

Occupational Safety and Health System in Korea

Mr. Byung Gyu Kim, KOSHA

Mr. Kim presented an overview of the Korean OSH system. Occupational Safety and Health in Korea is administered by the different national organizations such as the Ministry of Labor, Korea Occupational Safety and Health Agency and private non-profit organizations. To address the current trends of industrial accidents and occupational diseases, legal systems and strategies have been set-up which include a safety and health management system, safety and health management standards and the management of Toxic Substances and employees health.

In Korea, national organizations for occupational safety and health are composed of the Ministry of Labor (MOL), Korea Occupational Safety and Health Agency (KOSHA) and private non-profit organizations. Industrial safety and health bureau of MOL enforces the Industrial Safety and Health Act (ISH Act) and has deputized technical tasks to KOSHA. The objective of the Industrial Safety and Health Act is to maintain and improve employee safety and health by establishing the guidelines for industrial safety and health and clarifying the responsibility for a safe and comfortable work environment. KOSHA has performed tasks endowed by MOL as well as autonomous projects to strengthen the foundations of occupational safety and health. Private organizations provides the service for small and medium-sized enterprises (SMEs).

Recently, trends of industrial accidents remained constant at around 0.7%. But, as the number of workers increased, the number of injuries and illness also increased. SMEs (less than 50 workers) accounted for 70% of all industrial accidents. Specifically, unskilled workers had contributed to approximately more than the half of the industrial accidents. Crushing injuries (21.2%), slips or trips (19.3%), falls(13.9%), impact(11.7%), struck by flying objects were the five major causes of industrial injuries.

The major occupational diseases were musculoskeletal disorders and cardio-cerebrovascular. Diseases caused by chemical intoxication or long term exposure occur one hundred cases of diseases every year. The current issues were: more older workers; and more women workers. Asbestos has been very much a concern in Korea.

The OSH Management as practiced in Korea is composed of the following elements:

Safety and Health Management system:

Organized by qualified safety and health managers with sufficient authority to provide assistance and serve in an advisory capacity for specialized issues.

Safety and health management standard:

Guideline specific to each work site and contains general safety and health management activities and practices.

Safe Management of machineries, equipment, facilities, and protection gear:

Stipulates the installation of protection device, inspection/verification, and safety certification to prevent accidents by securing the safety of dangerous machineries, equipment, and facilities such as the press and lift.

Management of toxic substances:

Stipulates the Material Safety Data Sheet (MSDS) of substances whose manufacture or usage is prohibited or restricted for the methodical management of the toxic substances and provision of safety and health information to employees.

Management of employees' health:

Stipulates the regulation concerning work environment testing, employee health examination, health management pocketbook, and work hour restriction to manage

and protect the health of employees exposed to toxic substances and hazardous elements (noise, etc.) at the work site.

Against this background, KOSHA advocates a legal system as well as detailed strategies to enhance OSH in workplaces.

Promotional Framework for OSH ILO Convention No. 187, 2006

Mr. Kenichi Hirose, International Labor Organization

The presenter started his topic by showing the latest statistics on work related accident and its cost worldwide. From 2.7 billion active workers there were 270 million accidents, 160 million non-fatal accidents and 2 million deaths.

ILO was advocating “Decent Work” a globalized world of work. ILO Convention No. 187 adopted in 2006 had set international standards for the Promotional Framework for OSH in consonance with earlier ILO Conventions, related to worker’s welfare particularly Convention 155.

This Convention aims at promoting a preventative safety and health culture and progressively achieving a safe and healthy working environment. It requires ratifying States to develop, in consultation with the most representative organizations of employers and workers, a national policy, national system, and national programme on occupational safety and health. The national policy shall be developed in accordance with the principles of Article 4 of the Occupational Safety and Health Convention, 1981 (No. 155), and the national systems and programmes shall be developed taking into account the principles set out in relevant ILO instruments. A list of relevant instruments is contained in the Annex to the Promotional Framework for Occupational Safety and Health Recommendation, 2006 (No. 197). National systems shall provide the infrastructure for implementing national policy and programmes on occupational safety and health, such as laws and regulations, authorities or bodies, compliance mechanisms including systems of inspection, and arrangements at the level of the undertaking. National programmes shall include time-bound measures to promote occupational safety and health, enabling a measuring of progress.

The objective of the Convention 187 was to promote continuous OSH improvements through tripartite consultation and implementation of national policies, systems and programs. This cooperative could be sustained national OSH profile indicators.

Global strategies on OSH were based on:

- promotion, awareness raising, advocate
- standards, codes
- technical assistance and cooperation
- knowledge development and management and
- international collaboration

He also reiterated ILO’s support and urged all stakeholders to support the “Asian Decent Work Decade: 2006 –2015 and the “2008 World Congress” in Korea.

OSH in Collective Negotiation Agreements (CNAs)

Ms. Esperanza Ocampo, President - Philippine Government Employees Association

Ms. Ocampo explained that PGEA is a non-stock, non-profit and non-government organization which envision a strong, democratic and effective public sector labor organization. Its objective is to provide welfare and development-based programs and services to government employees and to promote the implementation of laws, rules and regulations on occupational health and safety.

The review of some active Collective Negotiation Agreements (CNAs) has shown only very limited reference to OSH. While references in CNA to government employees concerns on OHS are limited, compliance of such limited provisions has not ever been monitored.

PGEA is committed to step-up efforts for making CNAs effective vehicles to improving Occupational Health and Safety (OHS) conditions of public sector employees

Process of Passing Legislative Bills

Mr. Xerses S. Nitafan, Office of the Senate President

Mr. Nitafan explained how legislative bills were being passed into law. He summarized the process by referring to the following important steps:

- The Senate conducts the *first reading* of bills within three days upon receipt from the Senate Secretary.
- The committee should submit a report within 30 session days upon referral. However, a committee may be discharged from considering the bill if it has not acted on it after 30 session days.
- A bill favorably acted upon is submitted to the Committee on Rules for *second reading*; if unfavorably reported, it is transmitted to the Archives.
- The Committee on Rules may declare a bill as urgent. Committee determines when the bill will be considered, the time allotment and the deadline for conclusion of debates.
- If the President certifies immediate enactment, the three-day requirement for a bill on *third reading* may be disregarded.
- The Secretary of the Senate transmits to the House all bills and resolutions approved by Senate.
- The President of the Republic of the Philippines acts on every bill passed by Congress within thirty days after receipt. However, if not acted upon, the bill automatically becomes a law.
- A law takes effect after fifteen days of its publication either in the *Official Gazette* or in a newspaper of general circulation in the Philippines

Legislative OSH Bill in the Senate Committee on Labor

Ms. Gemma Tanpiengco, Legislative Committee, Senate

Ms. Tanpiengco highlighted the bills referred to the Senate Committee on Labor, Employment and Human Resources Development that address issues related to occupational safety and health:

- Senate Bill (S.B.) 723 – endorsed by Sen. Revilla

“An act to rationalize the administration and enforcement of all laws on occupational safety and health standards and environmental protection and other purposes.”

- S.B. 985 – endorsed by Sen. Villar
“An Act to provide for uniform warnings on personal protective equipment for occupational use.”
- S.B. 1256 – endorsed by Sen. Santiago
“An act granting women the right to know work conditions affecting their health.”
- S.B. 1512 – endorsed by Sen. Santiago
“An act to provide for uniform warnings on personal protective equipment for occupational use.”
- S.B. 1523 – endorsed by Sen. Santiago
“An act to direct the DOH and DOLE to issue a standard regulating worker exposure to diacetyl, and appropriating funds therefore.”

In conclusion, the speaker gave some pointers for these bills to be prioritized and passed into law:

- The social partners should actively participate in the committee hearings;
- Submit the written position papers at the earliest possible time;
- Submit qualitative and quantitative data, statistics and studies related to issues addressed in the bill;
- Effective lobbying to convince the legislators to the proposed bill as soon as possible.

Open Forum

Q (Govt. Chemist – Dept of Agriculture): If exposed to hazardous chemicals, what would be the procedures for the processing of hazard pay?

A (Ms. Ocampo): Patience and persistence is needed. You can write a letter to PGEA to consider and initiate possible follow-up, if necessary inform the head of the agency concerned.

Q: Is there a Bill for government laboratory workers exposed to chemical hazards?

A : There is a Bill but only for diacetyl.

Q: Why only specific for diacetyl? I’m exposed to carcinogens (aflatoxin) that damage our liver? Many people died of cancer.

A: Write a letter to Senators to sponsor a bill on that issue

Q: To promote prevention in the areas of OSH which would be the better strategy: Ratification of IL Conventions or filing local bill?

A: Both. Ratification of ILO Convention by the Senate is a strong commitment by the RP to comply with international OSH Standard and to translate them into national law and practice.

Learning Sessions

Learning sessions on six topics were designed to discuss OSH policy and practical matters of general interest such as smoke free workplaces, equality and non-discrimination; confined space; setting up OSH committees; ergonomics and violence in the workplace.

Learning Session 1: Developing Policies and Programs Smoke-Free Workplaces

Dr. Ronaldo Fajardo, OSHC

Dr. Fajardo explained that tobacco was the second leading cause of death in the world. It was the leading cause of preventable and premature death. Tobacco use currently accounted for the death of one in ten adults worldwide (about 5 million deaths each year). If present smoking trends continued, it would result to about 10 million deaths each year by 2020. Fifty percent (50%) of the people who smoke today - that is about 650 million people- would eventually die of tobacco-related diseases.

Tobacco smoke also damaged the health of non-smokers exposed to second-hand smoke or environmental tobacco smoke (ETS). Exposure to ETS could cause ill effects not only bad smell and irritation to eyes, but it increased the risk of lung cancer and cardio-vascular and respiratory diseases.

In addition to the high socio-economic costs of managing and treating tobacco-related diseases, tobacco killed people in their most productive years, not only affecting the workers but also depriving their families of breadwinners. The great number of smokers also deprives a nation of a healthy workforce. Even while they are alive, tobacco users were also less productive due to increased sickness. The workplace had enormous potential to much larger groups of people to discourage tobacco use and encourage smoking cessation.

In the course of his presentation, Dr. Fajardo shared facts and issues related to tobacco use and workplace implications. He highlighted the interaction of tobacco use and occupational health and safety and elaborated on the implication of smoke-free policy and smoking cessation programs.

Equality and Non-discrimination

Dr. Gert Gust, ILAPI

Dr. Gust explained that Occupational Safety and Health (OSH) was a basic workers' right that entitled all workers to a safe and healthy work environment. It was meant to ensure worker's present and future capacity to perform their assigned tasks in a productive and personally satisfactory manner. It must be instrumental in safeguarding workers' dignity and respect and in developing their talents; it should contribute to a fulfillment of aspirations for a satisfactory life, on and off work. The absence and denial of adequate OSH conditions and services would amount to discrimination at work.

In line with international law and practice, spearheaded by the UN and the ILO, the Philippines Constitution of 1987 had set the framework for legislation, court decisions and practices related to OSH. Accordingly, OSH standards and services were meant to

benefit all workers, whatever their occupation and wherever they were working; the OSH concerns of vulnerable groups of workers were also reflected in special laws and guidelines relating to women, children and youth, OFWs, indigenous peoples, differently-abled people or persons living with HIV/AIDS. The Philippine law against sexual harassment was the first of its kind in Asia. More recent legislation and standards were related to the prevention of lifestyle-related diseases, like tobacco smoking, drug and alcohol abuse, as well as to the prevention of TB.

Actual cases, both here and abroad were cited as examples of discrimination. In Germany, a professor who was giving notes to his students who favored his sexual advances was taken to court. In the Philippines, in a case of a provincial executive who had made unwanted advances to one of his subordinates, the Supreme Court decided in favor of the subordinate. However, it was difficult to pursue such cases in the Philippines because of the high cost of filing a case and the fear of victims for retribution and embarrassment.

While a solid framework for OSH was now in place and commendable efforts were underway in many firms and offices for its practical application, more can be done as far as prevention of OSH hazards and the expansion of OSH effective services are concerned.

Further efforts to promote equality and decent work includes: 1) legislation; 2) enforcement; 3) advocacy; and 4) surveys, monitoring, reporting and evaluating data and information.

Open Forum

Q (Samuel Balete from an electric cooperative): Most of our workers are linemen. Management at one time looked at the age of the workers since at 40 years, they are supposed to be less agile. What are the options?

A (Dr. Gust): Supervisory work typically needs a person with lots of experience. It is actually an issue that the company will have to cope with. Options can be the transfer said personnel to another line of work within the company. There could also be work arrangements with the union and the management. But just replacing the person or terminating him is a clear case of discrimination. Setting a fixed age limit was also discriminatory.

Q (Joy Lim, TUCP): If the mandatory age was 65, is it not discriminatory also?

A (Dr. Gust): It can be a form of discrimination. The United Nations has set 60 as the age of retirement, but it facilitates employment as Consultants (of its retired personnel). In Germany, there was a time when 50 year olds were forced to retire to give way to younger workers. Older workers are needed for their work experience. Ways should be found to make older workers productive.

Q (Dr. R. Tan): I knew of one case, involving TB. A worker had a one-month approved leave to take the medicine. He got medication from the DOTS Center but did not take the medicine upon advice of old people in his community. His leave was

extended to another 2 weeks because he was not medically-certified as “fit to work”. Can he be dismissed for “insubordination”?

A (Dr. Gust): We need to protect the workers from infection. The workers also has the obligation to comply with company regulations. All workers have rights but also obligations.

Q (A Hotel Worker unidentified): What about workers with HIV/AIDS? Can they be dismissed?

A (Dr. Gust): All depends on the industry an infected worker is employed in. In hospitals, there may be strong case for dismissal. In manufacturing, your case is not a strong one. In the hotel business, the case is not a strong case.

Comment (Dr . R. Tan): How did you know the employee is HIV/AIDS positive? Results are supposed to be confidential. Besides, the law does not allow mandatory testing for employment. I recommend participation in the Orientation Courses on HIV/AIDS by the OSHC

Comment (Dr. Gust): Confidentiality is a supreme right of the worker. Results of HIV/AIDS testing is supposed to be confidential. In case of doubt, get a ruling from the DOLE.

Learning Session 2: Industrial Hygiene Confined Space

Engr. Jessie Dela Cruz, OSHC

Engr. Dela Cruz made the point that entering and working in confined spaces pose serious and immediate threat to the lives and well being of the employees.

Different types of hazards could arise in a confined space such as oxygen deficiency, presence of toxic and flammable atmospheres, mechanical and physical hazards.

Hazards could be controlled through testing and monitoring of atmosphere, purging, isolation, use of PPEs, conduct of training, stand-by/rescue, Permit system, ventilation system and confined space entry program.

Setting-up OSH Committees

Engr. Dennis Aquino, OSHC

Engr. Aquino explained that according to Rule 1040 of the OSHS, every place of employment must organize a safety and health committee (SHC). Its principal duties included: a) planning and developing of accident prevention programs; b) directing the accident prevention efforts of the establishment; c) conducting safety meetings; d) reviewing of reports of inspection, accident investigations and implementation of the program; e) initiating and supervising safety training of employees; and, f) developing and maintaining a disaster contingency plan. In addition, it should also perform essential monitoring, educational, investigative, and evaluative tasks.

The composition of the SHC depended on the number of workers employed by the company; it usually consisted of the chairman (manager or authorized representative), the secretary (safety officer) and the members (department heads, workers, physicians, nurses, first-aiders). OSHS Rule 1040 provided only for the minimum requirements but nothing prohibits increases in the number of members. Companies may implement variations in their SHCs as long as the composition remained truly representative of the various departments and divisions.

Being truly representative of all the departments or workgroups in the company was one important qualification to ensure the effectiveness of a SHC. The representatives of the different areas must clarify the role of the SHC to all their workers and ensure that everyone knows how to support the SHC. Communication between the SHC, workers and the management must be open and transparent. This will ensure that issues and concerns in any area will be promptly reported and addressed so that accidents or illnesses will be prevented. Prompt response to problems and concerns raised by the SHC was the best demonstration of management's commitment to workers' safety and health. Finally, the SHC members must also be provided with enough training, resources and time for them to be able to carry out their duties effectively.

Learning Session 3: Occupational Health Ergonomics for Beginners: Preventing Work-related Musculoskeletal Disorders (WMSD)

Dr. Maria Beatriz G. Villanueva, OSHC

Dr. Villanueva presented a practical way of understanding ergonomic concerns in the workplace. Focusing on the prevention of work-related musculoskeletal disorders, Dr. Villanueva discussed the fundamental ergonomic principles, highlighted the risk factors for work-related musculoskeletal disorders (WMSDs), and described the approaches to reduce risk of WMSDs. She related why musculoskeletal diseases can be considered work-related and gave examples of risk factors common to workplaces: work/ job tasks that increased the chances of getting sick, particularly for WMSDs.

In his *Treatise on the Diseases of Workers* by Bernardino Ramazzini (1713), recognized as the father of occupational medicine, systematically examined the effects of the workplace on human health. He identified taxing work involving violent, irregular motions and unnatural postures as the causes of illnesses afflicting specific occupational groups, including clerks, underwriters and bakers.

Work-related musculoskeletal disorders (WMSDs) have become increasingly common in the last three decades, sparking renewed interest in their epidemiology and contributing occupational factors. From 1992 to 2003, the US Bureau of Labor Statistics reported that WMSDs was responsible for more than one in three work absences.

In the Philippines, analysis of the Annual Medical Report submitted to the DOLE for the period 1996 – 2000 pointed to excessive physical work and prolonged standing as the most common ergonomic hazards. The 2003/2004 BLES Integrated Survey reported that musculoskeletal disorders were the most common occupational disease in non-agricultural establishments employing 20 or more workers; in 2003, they

accounted for around 37 percent or 20,603 cases out of the total 55,413 cases. WMSDs were also among the most costly occupational problems based on the compensation claims filed for the reference period 1994 – 1996.

Dr. Villanueva emphasized the need for evaluation of ergonomic risk factors with focus on the duration, magnitude and frequency of exposure of workers to ergonomic stressors. She gave examples of ergonomic evaluation tools such as postural analysis and the rapid upper limb assessment (RULA).

Dr. Villanueva also mentioned the interventions that could be implemented to control ergonomic stressors. Interventions should aim at reducing the risk factors to diminish the chances of suffering from adverse health effects. Important was a policy on work breaks or rest periods to give the body, muscles involved, time to rest or recover. Administrative and engineering control measures were important in the management of ergonomic stresses. She also gave practical and realistic examples of control measures.

Violence in the Workplace

Dr. Dulce P. Estrella-Gust, Executive Director OSHC

In her presentation, Dr. Gust provided a general background of workplace violence in selected developed countries, discussed some determinants, forms and possible effects of violence on the individual and the company, and shared information on some practical measures in preventing and controlling violence in the workplace, based on case studies.

Most people associated violence with physical aggression in streets and homes committed by individuals or gangs of perpetrators. Psychologists and criminologists had explored and documented most aspects of violence; for long, management science and practice had ignored and even denied the existence of workplace violence as a phenomenon of general interest.

But violence has emerged as a problem in many workplaces in both private and public sectors. Beyond physical assault, it included a whole gamut of acts where workers were being abused, threatened, intimidated, emotionally pressured or harmed. In short violence at work included a wider range of physically or mentally harmful aggressive behavior of a perpetrator towards a victim at the workplace.

Data were available worldwide on violence in the workplace such as the 1996 European Union Survey; 6 million workers were subjected to physical violence, 3 million workers suffered from sexual harassment and 12 million workers were subject of intimidation and bullying.

The effects of workplace violence were often devastating. The victim can be afflicted by isolation, stress and depression and suffer from various illnesses and injuries, as well as alcoholism and drug taking. Frequent psychosomatic complaints include headaches, insomnia, increase in blood pressure, anxiety and lack of concentration. For the employers, workplace violence will manifest itself as a drop in productivity, a rise in interpersonal conflicts, an increase in absenteeism and in higher medical costs; there is a great risk of service-incurred death, illness, injury or suicide. Beyond the

individual victim, workplace violence has vast implications for the individual, the family, the community, and the economy at large.

Possible solutions to violence at the workplace included legislation, national and establishment level policies, and programs.

At the company level the promulgation of company values and codes of conduct have come to play an increasingly important role in setting standard of conduct for the staff, determining the procedures for monitoring implementation or describing appropriate sanctions.

Workplace violence was widespread and needed increased attention in the light of vast changes in the workplace and in the work environment. Preventing and monitoring workplace violence in its various forms should become an integral part of human resources management. To be successful, action on occupational violence should be part of mainstream line management responsibilities and center around a risk management strategy, i.e. identifying and assessing risks and associated losses, both human and material, and developing strategies for action. A proactive approach on occupational violence must involve employees and their representatives and it must send clear messages of "zero tolerance" to all levels of an organization.

In conclusion, Dr. Gust emphasized the need for training of the staff at all levels, keeping in mind that prevention was always better than coping with the devastating effects and high cost of workplace violence. Based on that premise, the Occupational Safety and Health Center of the DOLE offered training programs for managers, human resource personnel, and safety and health practitioners under the acronym of SOLVE: Stress, TobaccO, AlcohoL and Drugs, HIV/AIDS, ViolencE. To prevent workplace violence should be everybody's concern and everybody's responsibility.

Closing Ceremonies

Director Forter Puguon of DOLE Region VIII presented the Joint Resolution of the 1st Occupational Safety and Health Summit for the Visayas, which was unanimously approved and signed by the participants as attached.

Dr. Dulce Gust, OSHC, acknowledged the strong support of the OSH stakeholder in the Visayan regions as well as the valuable contributions by the sponsors and other who made the summit a success. She also presented a brief summary of the two day conference which was attended by 506 participants; sixty technical papers had been presented, 6 learning sessions were held, 13 documentary films were shown and 11 exhibitors had presented safety and health devices.

Reflections by the participants -

1. Fr. Eduardo Ventic, St. Joseph' Academy:

Rev Ventic emphasized that the summit had offered a deep knowledge and understanding of OSH and had highlighted “best practices” on OSH in academic institutions. He commended the quality of comprehensive presentations focusing on various sectors and topics.

He offered the following recommendations for follow-up:

- DOLE should look into formulating comprehensive OSH programs for academic institutions
- A one-year certificate program for OSH should be created in partnership with DOLE

2. Mr. Armando S. Patigayon from Fairchild Semicon, Region VII:

- Mr. Patigayon commended the OSHC and the regions for organizing a very informative exercise and recommended holding annual events with a longer time allotted per topic to give ample time for sharing of information and experience.

Mr. Carlo Fortuna, Vice Mayor of Mandaue City

Vice Mayor Fortuna stated that the two – days conference had created a desire for more champions on OSH. This was also a major concern of the LGU. Industrial peace had been the subject of the advocacy of LGUs for the past 10 years, through tripartite partnership between labor, management and DOLE. There should be harmonious relations and cooperation in the workplace concerning workers’ rights, working conditions, labor standards, benefits. The happiness index of the Filipinos was focusing on family and health. To be productive and to contribute to the family, health was a major concern. The management’s concern is productivity. Many accidents and man-hour losses translated into enormous cost. Many establishments were therefore concerned with safety; especially multi-nationals put premiums on said OSH practices. Mandaue in partnership with DOLE was implementing programs of industrial peace, in all sectors. LGU should take an active involvement in preventive OSH because accidents created a lot of social and economic pressures and unemployment. Not many workers can afford hospitalization. There should be an

established structure for LGU to produce champions on OSH. “Prevention was better than cure”.

Director Aida M. Estabillo of DOLE Region VI

She stressed that the DOLE family was happy to provide a high level forum that generated a high level of interest and commitment for high OSH standards in all workplaces. This was a milestone in a journey toward a wider coverage of OSH protection and services in the Visayas. The Summit resolution provided a solid framework for stepping up solid concerted action in the region. This was a journey and challenge for us. Lastly, she acknowledged everybody for the success of the summit.

Usec. Austere Panadero, DILG

In his closing remarks Usec. Panadero congratulated the OSHC and DOLE for convening the Summit which was a very successful and awesome event. This appreciation was shared by the participants. He also commended the resource persons for sharing knowledge and experience for the benefit of OSH practitioner and establishments in the Visayas.

He observed that OSH was sometimes neglected or taken for granted in many workplaces. There was a need for propagating OSH standards and enforcing their compliance. The time had come to step up advocacy on OSH and to move forward. The culture of “Bahala na”, “Pwede na”, or “Okey na” should be changed because it only implied application of minimum standards. There was ample room for improvements. Only 4 out of 10 firefighters had fire coats and firefighters took turn in wearing fire coats in time of duty. He also said that it took time to put out a fire in high-rise buildings because firefighters did not have enough breathing apparatus to help them in getting inside the building. Firefighters were ill equipped because of the cost of acquiring proper protective equipment. Practices and equipment need upgrading to enable firefighters to improve their service to the public.

The forum provided an excellent opportunity to learn and be inspired by the “best practices” of progressive companies. The challenge was to replicate on our establishments and to convince our managers to invest on OSH programs. Prevention was cheaper than acquiring an insurance; we should therefore find ways to apply cost-effective practices and equipment. Also the summit had served to clarify certain issues particularly on health matters like HIV/AIDS and how to handle affliction in the workplace.

He hoped that the summit would provide a roadmap for better OSH programs and policies particularly among LGUs. He said that OSHC together with LGUs could join efforts to raise the standards on OSH in the workplaces and to translate available knowledge and experience into actions and programs.

LGUs especially the local councils or Sanggunian should play a major role in the implementation of OSH through the passage and application of ordinances on OSH. He would enlist the local governments as partners in our efforts to raise standards and promote OSH in the workplaces.