

# The National Occupational Safety and Health Policy

June 2014, Sri Lanka



**Ministry of Labour and Labour Relations** 

#### **ABBREVIATIONS**

DOL - Department of Labour

EFC - Employers Federation of Ceylon

GDP - Gross Domestic Product

ILO - International Labour Organisation

ICTAD - Institute of Construction Training & Development

MOL&LR - Ministry of Labour & Labour Relations.

MOH - Ministry of Health

MOA - Ministry of Agriculture

MOT - Ministry of Tourism

MOTr - Ministry of Transport

MOC - Ministry of Construction, Engineering Servicers, Housing & Common Amenities

MOLG - Ministry of Local Government & Provincial Councils.

MOI - Ministry of Industries & Commerce

MOF&A - Ministry of Fisheries & Aquaculture

NCD - Non - Communicable Diseases.

NIOSH - National Institute of Occupational Safety & Health

OSH - Occupational Safety & Health

SME - Small and Medium Enterprises

STD - Sexually Transmitted Diseases

TU - Trade Union

UN - United Nations

WHO - World Health Organisation

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# 1. Introduction

#### 1.1. Preamble

"Safety and health of workers is a part and parcel of human security. Safe work is not only sound economic policy, it is a basic human right."

- Kali Annan, Former Secretary General Secretary of UN

"Safe work creates no obstacles to being competitive and successful, in fact, no country, and no company in the long run has been able to jump to a high level of productivity without making sure that the work environment is safe"

- ILO Globel Employment Agenda

It is increasingly recognised that a healthy workforce is a pre-requisite for the success of economic and social policies and a necessary condition for the achievement of sustainable development. At the same time it is often observed that enterprises spend incomparably high amount of funds to compensate losses due to unsafe work environments in comparison to that would be necessary to create and maintain safe and healthy working conditions and work environment.

Globally an estimated 2.34 million people die each year from work related accidents and diseases. Of these, the vast majority- 2.02 million die from a wide range of work. related diseases of which estimated 6300 work related deaths that occur every day,5500 are caused by various type of work related diseases. The ILO estimates that 160 million cases of non-fatal work related diseases occur annually.\*

Occupational injuries and diseases also impose enormous costs and they can also impoverish workers and their families, reduce productivity, and dramatically increase health care expenditures. The ILO estimates that work related accidents and diseases result in 4 % loss in global gross domestic product annually, which is about US \$ 2.8 trillion in direct and indirect costs of injuries and diseases.

Occupational Safety and Health deals with the prevention of work related injuries and diseases as well as the protection and promotion of health of workers. It aims at enhancement of working conditions and the environment. Occupational health entails the protection and maintenance of the highest degree of physical and mental health and social wellbeing of workers in all occupations. In this context the anticipation, recognition, evaluation and control of hazards arising in or from the workplace that could impair the health and wellbeing of workers are the principles of the process governing occupational risk assessment and management.

¹ International Labour Office (ILO) introductory report global trends and challenges on occupational safety and health, report, xix World Congress on safety and health at work. Istanbul 2011 Geneva.

#### 1.2. Rationale

Sri Lanka has a population of approximately 21 million with a labour force of approximately 8.5 million of which 31% is in the agriculture sector, 26% in the industries, 42% in the services sector. Of total employed persons, 81% is in the informal sector and 85% of them are in the agricultural sector including self-employed workers and contributing family Members.

Vision for the future based on Mahinda Chintana emphasises the need for maintaining a healthy workforce by creating an environment conducive to a healthy life for all .It could be achieved through the establishment and maintenance of a sound safety and health policy which will pave way for better management systems, programmes and reliable OSH data management in the work environment. A sound occupational safety and health management system leads to a reduction in occupational accidents and diseases, protection and development of human resources, saving of financial resources and preventing the loss of productive man days,

An OSH policy is the Government's written commitment to workplace health and safety. A clearly defined safety and health goal for the main stakeholders in the OSH policy outlines the roles and responsibilities of the stakeholders as they relate to health and safety

At present Sri Lanka doesn't have a national policy on occupational safety and health. Thus the non availability of an integrated policy on occupational safety and health in the country has resulted in fragmentation of safety and health programmes and duplication of efforts and resources in implementing of such programmes in the country.

According to the Sri Lankan vital statistics it is observed that from 2006 our population is aging. It is also realised that the elderly dependency ratio is increasing and the productive age group is decreasing in the near future. With that demographic transition, the disease patterns also will be changed with an increasing trend of non-communicable diseases. Therefore It is essential to have an integrated Policy on OSH for prevention of occupational injuries, diseases and non-communicable diseases and promotion of healthy life styles in the world of work.

Employers are responsible for the safety and wellbeing of their workers and have a legal and moral obligation to provide a safe and healthy work environment for their workers. Having an OSH policy in place helps employers meet this responsibility and also helps them to effectively communicate their commitment to safety and health to workers and the public.

Employers and employees will have shared responsibility in formulating, supervising and implementing programmes and activities in line with an OSH policy to improve workplace OSH.

Developing, implementing and maintaining an OSH policy also makes good economic sense. Occupational Accidents are costly, perhaps even more expensive than expected and add up to the following.

- Production loss.
- Possible overtime.
- · Time spent on completing paper work,
- · Pain and suffering of injured workers and their families.
- Loss of business / goodwill and negative publicity.
- Possible legal cost.

By developing and implementing an OSH policy, these costs could be minimised. Therefore the National Occupational Safety and health Policy will be overarching policy framework of the government of Sri Lanka that would govern the safety and health and welfare of the workers in all work places and to provide decent, safe productive and healthy working environment to all workers in Sri Lanka.

# 1.3. Objectives of the National Policy on Occupational Safety and Hea Policy

#### 1.3.1. Main objective

The formulation of the objectives of the policy has been guided by the Mahinda Chintana – Vision for the future, the government overall development framework. Ten year Development Framework of Sri Lanka and the National Decent Work Policy of Sri Lanka, specifically state the government's commitment to establish a decent work environment in Sri Lanka:

"A future peace and prosperity in which all Sri Lankans enjoy a better quality of life from poverty and deprivation, through the promotion of opportunities for women and men to obtain productive work in conditions of freedom, equity, security and human dignity." The main objective of this policy is to establish a natioccupational safety and health system and program for the improvement of the work environment. The poseeks to, reduce the number of work-related injurand diseases and equitably provide compensation rehabilitation to those injured at work or who contract occupational diseases.

#### 1.3.2. Specific Objectives

- Guide the development of laws, regulations, standards and other relevant instruments on occupational safety and health.
- Strengthen responsible and accountable institutions for management of occupational safety and health and standard setting.
- Strengthen the enforcement and compliance mechanisms for occupational safety and health laws and regulations.
- Strengthen the mechanism for cooperation between employers, workers and their representatives/ trade unions at workplaces in the promotion of occupational safety and health.
- Strengthen capacities of the Government, non Government and private sector organisations in occupational safety and health.
- Create an effective resource mobilization mechanism for the implementation of the policy.
- Train and establish multi-disciplinary teams for promotion and inspection of OSH activities in the world of work.
- VIII. Initiate an OSH surveillance system for collection of data on work related accident, disease and work injury compensation for necessary action.

- Strengthen research capacity on occupational safety and health in all relevant institutions.
- Develop anational database and a comprehensive system for collection, analysis, storage, retrieval and dissemination of data on work-related injury, disease and work related compensation.
- XI. Initiate supportive programmes for continued improvement of occupational safety and health practices and conditions in small and medium enterprises and the informal sector of the economy.
- XII. Establish programmes in collaboration with the employers and employees to strengthen the existing system of workmen compensation for occupational injuries and diseases and rehabilitation of injuried workers
- XIII. Mainstream occupational safety and health in educational institutions and communities.
- XIV. Institutionalise social dialogue and partnership on occupational safety and health.
- xv. Mainstream occupational safety and health in all sectoral development issues, including education and off-site communication to improve community understand.

Matienal Policy for Decent Work in Sri Lanka -2006

### 1.4. Scope of the National Policy

This policy shall apply to all workplaces in all sectors of the economy and all forms of work and will be guided by the existing national laws and policies, other relevant

International Labour standards and conventions related to occupational safety and health.

### 1.5. Strategy Development Process.

Developing the National Policy on Occupational Safety and Health includes the following processes.

- Establishment of a National Steering Committee under the leadership of the Secretary to the Ministry of Labour and Labour Relations comprising representatives of the relevant ministries and departments, Employers, trade unions, international organisations and academia.
- Establishment of seven working groups under the guidance of the National Steering Committee , focusing key sectors of the economy such as agriculture, Industry, Health, Tourism, Construction, Transport and functions of Regulatory Bodies to identify issues, and gaps in Occupational Safety and Health in work places including the informal sector linked to the above key sectors.
- These seven working groups consisted of the government, employers' organisations, Industry, trade unions and employers in each sector to represent the main stakeholders and a process management team from the Ministry of Labour & Labour Relations closely worked with the group members to identify issues and to obtain their specific suggestions and inputs to develop the policy.

- The working groups completed their consultations over a period of 6 months to prepare their submissions to the National Steering Committee.
- The Draft Policy document was presented to the National Steering committee for their views and further guidence.
- The Draft was presented to the National Labour Advisory Council and the general public for their views and suggestions.
- The Draft document was presented at a validation workshop with the national stakeholders.
- The policy will be finalised under the guidance of the National Steering Committee and submitted for formal approval.

# 2. Situational Analysis and Challenges

Sector	Percentage of Total Employment in the year				
	2011 year	2012	(c) year		
Agriculture	33.	0	31.0		
Industry	24	7	26.1		
Manufacturing	16.	9	17.7		
Construction, Mining & Gearrying, Exercisty, Gas and Water Bupply	У.	2	84		
Services	42.	8	42.9		
Trade and Hotels etc.	15	0	15.8		
Transport, Storage and Communication	- 6.	2	6.5		
Finance, Insurance and Real estate	3	E .	3.5		
Personal services, Miscellaneous and Other	18.	1	17.4		
Total Employment	100.01	-	1100.0N		

Table 1 Source: Central Bank of Sri Lanka, 2012

#### 2.1. Agriculture sector

The vision of the agricultural policy has been stated by the Ministry of Agriculture as "implement technically and economically viable, environmental friendly and socially acceptable programmes to promote sustainable agricultural development with efficient and effective utilization of resource". Though the agricultural sector's contribution to GDP is relatively low, it plays an important role in providing employment mainly in the rural area. In 2012, 31 percent of the total employment was provided in the agriculture sector. The plantation sub sector plays a dominant role in the economy by providing livelihood to about 1.5 million persons and the fisheries sub sector is also an important sector in the economy providing direct and indirect employment to 2.5 million persons. Most of this employment is in the informal economy with more vulnerability in terms of occupational safety and health

and with low productivity. The followings were identified as the key issues in the sector at present.

- Poor working and living conditions.
- High risks for Occupational accidents, fatalities and diseases.
- Health hazards due to the exposure to agrochemicals
- Lack of occupational health services to cater for this sector.
- Under reporting of the OSH injuries and diseases
- Non-availability of comprehensive legislation on OSH for the agriculture sector at present.
- Lack of proper knowledge related to OSH among the farmers, employers and other key stakeholders.

#### 2.2. Industry Sector

Government Development Policy Framework identified the industrial development as a prime force of value creation in economic development. The industry sector grew by 10.3 percent contributing substantially to the expansion of the economy in 2012. During the year 2012, the industry sector contributed to 30.4 percent of the total GDP and employed 26.1 percent of the workforce. The challenges and gaps identified in both the large scale industry and the SME sector are mainly on;

- OSH management systems are not in place and not incorporated into the legal framework in the sector.
- Non availability of national standards or guidelines for OSH management.
- High risk of chemical exposure.
- Lack of qualified and trained safety officers in workplaces to ensure OSH on work places and limited OSH training facilities.

- Inadequate knowledge and awareness on OSH and the cost effectiveness of the OSH management systems among the employers and workers,
- Inadequate human resources to develop OSH standards in the sector.
- Availability of exposure standards only for few hazards.
- Lack of knowledge on the importance of health surveillance on exposure to hazardous work settings and substances and lack of facilities provided for periodical health screening.
- · Less attention on waste management systems.
- Lack of attention towards injury and diseases reporting and recording system.
- Inadequate coverage of the OSH services in the SME sector and lack of knowledge on OSH in the SME sector

#### 2.3. Construction Sector

According to the Report of the Central Bank of Sri Lanka, the construction sector recorded an impressive growth of 21.6 percent in 2012 and contributed 8.1 percent to the GDP of the country.

"Public sector construction projects such as road development, power projects, port and airport development and housing development projects provided a substantial impetus to the growth in the sector. The private sector contributed towards the growth in this sector particularly with hotel and housing construction activities"."

In 2011, the total employment in the construction, mining, power, and water supply was 590,000 and increased up to 682,000 in 2012 according to the Annual Report of Central Bank of Sri Lanka. Although the construction sector continues to be an important sector of the Sri Lanka economy, it is also one of the more hazardous and riskier workplace. OSH issues in the construction sector are mainly;

Lack of construction safety regulations or guidelines.

- High risk of accident at work sites in the construction sector,
- DSH management system not adequately incorporated into the legal framework of construction sector.
- Lack of adequately qualified and trained safety officers.
- Lack of human resources to develop OSH standards in the construction sector.
- Lack of knowledge on exposure to hazards work environments without any facilities for periodical health examinations.
- Gaps in reporting system of accidents and diseases.
- Poor awareness on OSH among employers and employees in the formal and informal construction sites.
- Lack of training for the construction machinery operators.

#### 2.4. Tourism Sector

According to the Development Framework of Sri Lanka 2010, the tourism industry is one of the fast emerging industries which is expected to attract 2.5 million high spending tourists by 2016. The hotel and restaurant sector recorded a growth rate of 20.2 percent in 2012 and the hospitality sector and entertainment industries are important industries which forms a significant part of the economy. These industries provide employment for a large number of people both direct employees as well as part time and contract staff and it is estimated to create 600,000 employment opportunities in 2016.

As the tourism sector employs a variety of staff and they can be exposed to a variety of safety and health hazards at work depending on the specific tasks they perform. In providing high standard of service to customers, the pace of work can be fast and the working hours long. Thus, providing a safe and healthy working environment contributes to the wellbeing, morale and productivity of employees.

At present the number of OSH issues and gaps are visible in this sector;

 Inadequate coverage on OSH in the existing Acts in the tourism sector.

- Lack of awareness on OSH legal framework and lack of proper mechanism for collecting statistics and information related OSH.
- Lack of awareness and poor attention to maintain a safe and healthy work environment, and lack of standard guidelines /certification system to be complied by the industry for safe and healthy work environment, some areas of concern being long working hours and shift work, non provision of appropriate protective equipment, physical and mental health of employees poor resting and sanitary facilities, providing nutritional food for employees, ergonomic issues in work places, protection from other hazards in work places such as exposure to chemicals, noise, and varying temperatures, stress risk of accidents from slips, trips, knocks and falls, cuts, burns, electrocution and even fire and explosion.
- Considered as a high risk workplace to contract 'work related sexually transmitted infections.
- Inadequacy of measures in some locations in the industry to improve customer safety and health and an environment friendly waste and sewerage management system in some tourism related locations

#### 2.5. Transport Sector

Several gaps and issues on OSH were identified in the transport sector in the country.

- Inadequate knowledge and awareness among the workers and the employers about the importance of occupational safety and health.
- Increasing rate of road accidents and injuries due to consumption of alcohol, drugs while on duty and driving vehicles.
- Inadequate attention on physical and mental health conditions of the transport sector workers to minimize occupational stress and fatigue.
- Long hours of work/ improper shift work patterns due to the lack of proper working arrangements especially in the private transport sector.

- Inadequate medical facilities and periodical medical screening carried out among workers.
- Lack of attention on the quality of food provided to the workers during working hours.
- Inadequate attention on a safe work environment, provision of proper tools, equipment and machines and provision of protective equipment to workers,
- Inadequate training to the workers on workplace OSH issues.
- Exposure to health hazards and meeting with accidents.
- Risk of contracting infectious diseases /STD due to travel to other areas and long distance assignments.

#### 2.6. Health Sector

Some of the prevailing issues and gaps in the health sector at present:

- Lack of proper programme to support the prevention of occupational injuries and diseases through primary health care.
- Non availability of pre-recruitment medical examinations and regular medical screening related to identified health risk factors.
- Inadequacies in the provision of an integrated occupational health service.

- Inadequate empowerment of workers for promotion of healthy life styles.
- Inadequate human resources qualified in occupational health at the Ministry of Health
- Inadequacies of funding
- Absence of occupational injury and disease surveillance system for the health sector.

#### 2.7. Functions of Regulatory Bodies

Several OSH related issues were identified on the effectiveness of regulatory functions implement by the several Ministries, Government Departments, Boards, Corporations and Local Authorities.

- Granting approval to build or extend industrial, commercial and office settings without safety concerns.
- Inadequate human resources in the OSH inspectorate in the Department of Labour.
- Inadequate funding and other resources in the Department of Labour to carry on regular activities related to OSH.
- Lack of capacity/human resources and poor awareness of OSH in the sector.

# 3. National Policy Statement on Occupational Safety and Health

#### 3.1. Policy Statement

The National Occupational Safety and Health Policy has been developed according to the Mahinda Chinthana - Vision for the Future, the development policy framework of the Government of Sri Lanka. The National Occupational Safety and Health policy aims to prevent occupational injuries and diseases and promote safety and health culture within the work environment for all men and women for decent , productive and healthy employment with equity ,freedom, security and human dignity.

The National Policy on Occupational Safety and Health will recognise the significant contribution of all workers

to the national economy. Thus the national policy shall ensure full protection for all workers through the policies laws and regulation and establish a higher standard of protection, safety and health in the work places.

Halthandsafetyrequirments will be determined according to prevailing socio-demographic and epidemiological concerns and also take into consideration the worker responsives.

#### 3.2. Policy Issues and Reponses.

#### 3.2.1. OSH Legislative, Institutional and Regulatory Framework

At present the main legislative instrument on OSH is the Factory Ordinance. No 45 of 1942 which covers mainly factories, construction sites and other working places defined in the Ordinance. With the development of the key sectors of the economy such as industry, agriculture, tourism and construction, both the formal and informal economic activities have increased at a rapid rate. Therefore expansion of the coverage for all work places by a legislative framework is needed to ensure the safety and health of all workers in the formal and informal economy.

The Department of Labour is the regulatory authority for OSH under the Factory Ordinance and in 2007 the

National institute of Occupational Safety and Health was established as the research, training and advisory body for OSH related matters. As the OSH services are multi-sectoral and multi-disciplinary, it requires the co-operation and collaboration of all key partners to implement a better system in the country with the optimum use of financial and human resources available. Lack of an integrated approach on OSH in the prevailing system with scattered functions, activities and responsibilities on OSH in the country is a matter of concern.

Absence of an institutional mechanism for coordinating OSH national standards setting is also a main concern in the OSH field.

#### Policy Responses

The Government in collaboration with other key stakeholders will review and improve legislations/regulations, laws, procedures and institutional setup in order to enhance the coverage of all work places and setting up of OSH standards in the country on occupational safety and health.

Ministry of labour and Labour Relations and Ministry of Health as joint secretaries will work towards setting up of an integrated approach on OSH to overcome the scattered functions, activities and the responsibilities in OSH.

The Government will take steps to set OSH standards on exposures to more hazards and substances than at present

The Government will establish a National Council for Occupational Safety and Health consisting of representatives of all key stakeholders to improve the participation and co-operation of all key stakeholders in OSH services and also to advice the Minister on OSH related matters.

#### 3.2.2. Monitoring the Compliance

Due to the inadequacy of human resources in the OSH regulatory services, the effectiveness of the enforcement of laws and regulations are not satisfactory, at present. In addition, the scattered and fragmented nature of the OSH services has hampered the optimum use

of the human resources in monitoring compliance of rules, regulations and standards. Thus, the absence of an integrated approach in OSH monitoring is a major drawback.

#### **Policy Responses**

The government will establish a system in collaboration with the key stakeholders in OSH to ensure adequate human resources are mobilised for monitoring the compliance.

The Government will establish a system to streamline the compliance monitoring procedure through work place safety and health committees and improvement of OSH services in their workplaces.

As an incentive, the government, in collaboration with stakeholders will establish an annual award system for recognition of the best performers.

The government will impose more deterrent sanctions on poor performances.

#### 3.2.3. Commitment of the Management and Other key Stakeholders

The active participation of employers and the workers is essential for the improvement of occupational safety and health standards in the country, in some instances, insufficient commitment is observed from both the employers and workers. Employers have a duty to prevent occupational diseases and injuries by taking promotive, preventive and protective measures through

monitoring, assessment and control of risks at work and improvement of health. Commitment of management and other stakeholders require improving of knowledge on cost effectiveness of having a better OSH management system and on the proactive planning to achieve a better safe and healthy work place.

#### Policy Responses

The Government in collaboration with the key stakeholders will establish a National Council for Safety, Health and Welfare for occupational safety and health.

The Government will encourage employers to consider OSH as an integral part of business and OSH management will form a part of the overall management system of an organisation.

The Government will encourage the employers to declare a written statement of their own policy with respect to the safety and health of all persons at the workplace in line with the National Policy on Safety and Health.

The Government will encourage establishing and strengthening occupational safety and health committees at the enterprise level to coordinate the activities on safety and health with the participation of the employers and workers and the Ministry of health.

#### 3.2.4. Compensation

The main legislation in place at present to provide for compensation in case of work related injury and diseases is the Workmen's Compensation Ordinance of 1934 as amended based on employer liability system which cannot adequately meet the growing needs of the economy and the work environment.

#### Policy Responses

The Government will strengthen the existing mechanism on Compensation of workers with Occupational injuries and diseases in collaboration with the employers and other stakeholders.

The Government will promote establishing of an employment injury insurance scheme in collaboration with all key stakeholders.

#### 3.2.5. Education, Training and Awareness

Severe Inadequacy of skilled human resources in OSH field in both public and private sectors of the key sectors including health, labour, agriculture, construction, manufacturing and tourism hinders the effectiveness of the available OSH services and for promotion of an OSH culture in the industry and society in general. Thus, the strengthening of national capacity through information and formal training is very much needed. Lack of basic knowledge or skills among the workers is a major

barrier in creating a safe and healthy work culture in the working environment due to OSH not been integrated to the Tertiary Education and Vocational Training system. Also, most workplaces do not provide basic knowledge on safety and health to new entrants. Further, OSH awareness among the general public is very minimal due to the absence of an integrated programme to promote OSH culture in the country.

#### Policy Responses

The Government recognizes knowledge, skills and awareness in safety and health as a key element in protection of all workers at their workplaces.

The Government, in collaboration with stakeholders will mainstream safety and health in vocational training curricula, including pre-employment and in-service training for employees. In addition, the Government will encourage universities and other higher education institutions to include OSH related curricular giving more emphasis on OSH in medical and engineering undergraduate curricula and basic training of public health field staff.

The Government will also create safety awareness among the society with the aim of developing a safety and health culture in the country in collaboration with the stakeholders.

The Government will strengthen the capacity of the national Institute of Occupational Safety and Health and other relevant training institutions for training of persons in specialised skills in OSH, in collaboration with the national and international training bodies and the academia.

The Government will promote private training institutions on OSH with necessary accreditation with the NIOSH

The Government will strengthen the capacities of all key stakeholders and encourage developing human resources in OSH.

#### 3.2.6. Support to the SME and Informal Sector

Small scale enterprises are usually short of resources and are not able to practice good OSH management in their workplaces. However, without a legal coverage at present, attention on OSH in the informal sector, small and medium enterprises, vulnerable workers and those in marginal employment is very minimal.

#### Policy Recommendation

The Government will support the SME and informal sector through awareness-raising and advisory service on OSH issues and available services.

The Government will encourage developing OSH guidelines and help in forming safety and health committees for SMEs.

The Government will support key stakeholders in providing occupational safety and health services to SME and informal sector.

#### 3.2.7. Occupational Health Services

A good national system of occupational Health services entrusted with essentially preventive, promotive and protective functions is crucial to assist employers in organising proper health surveillance for their workers inadequate integration of occupational health services into all levels of healthcare system especially in the primary health care system in the country has created a weak system for inculcating safety and health preventive culture in the country. Therefore, initiatives are needed to strengthen linkages between primary health care systems and OSH, and Ministry of Health is encouraged to set up a national body and strengthen it to oversee this. Training and capacity building of health care providers

at all levels is required to build strong and sustainable preventative, promotive and protective safety and health culture on a continuous basis. To this end, a strong link has to be built between the Ministry of Labour and Labour Relations and the Ministry of Health to implement relevant training programmes. Occupational safety and health practice is a multi-disciplinary and inter-sectoral activity involving occupational health and safety professionals, other related health specialists, competent authorities, employers and workers organisations. At present, such an integrated and coordinating system is not available in the country.

#### Policy Responses

The Government believes that investment in prevention of occupational injuries and diseases is important that it will reduce economic burden and social cost involved as a result of those. Thus, the Government will establish an integrated approach to optimize the efficiency of the institutions and organisations concerned with the protection and promotion of workers health and their working capacity.

The Government will establish programmes to impart skills for recognition, prevention and management of occupational diseases and injuries to health care providers at all levels.

The Government will establish a programme to identify, prevent, control and record all occupational related diseases and injuries through national health services system which will be encouraged including developing a better information system.

#### 3.2.8. Financing

The Government's budgetary allocations for OSH at present, to the key government institutions are not

sufficient. This has negatively affected on OSH service delivery and research of the respective institutions.

#### Policy Responses

The Government will increase budgetary allocations to the key government institutions allowing for expansion of OSH services.

The Government will promote public-private partnership and special projects in developing OSH standards in the country.

The Government will establish an occupational safety, health and welfare promotion fund for the promotion of safety, health and welfare at work.

#### 3.2.9. Information and Data Management

In order to design an effective prevention strategy, reliable and accurate data is necessary. The existing OSH legislation requires the maintenance of records on occupational diseases and injuries and to report the information to the Department Of Labour. However OSH incident notification and record keeping has not been adequately met and done in a consistent manner which has resulted in under-reporting of occupational injuries and diseases. Reporting of OSH incidents for the Commissioner of Workmen's Compensation is used merely to make claims for compensation to affected workers and not sufficient for the purpose of identification of safety and health risks and economic and social cost to the nation.

An Occupational disease and injury surveillance system is not in force within the health care system in the country for systematic monitoring of health impacts on working population in order to prevent and control occupational hazards and their associated diseases and injuries. Reporting to the Department of Labour is also very minimal. Several factors undermine the necessity of occupational disease and injury surveillance and reporting system - firstly the recognition of the underlying cause or causes of any illness is the sine qua non for recording and reporting occupational diseases. In a traditional medical model that emphasises symptomatic and curative care, identifying and eliminating the underlying cause of illness may not be a priority. Furthermore, health care providers are not adequately trained in occupational health to assess work as a cause or contributing factor of the disease and do not obtain comprehensive histories of occupational exposure from patients.

Workers have a limited ability to provide an accurate report of their exposures to the hazardous nature of materials/chemicals with which they work. They also do not provide information on working conditions due to fear of job insecurity.

Employers are an excellent source of information regarding OSH issues at the work places but inadequate knowledge and expertise to assess the extent of exposure in the work place; financial disincentives to finding that a disease is of occupational in origin may discourage employers from revealing such information to the authorities.

Absence of simplified and user friendly systems for reporting occupational injuries and diseases and for data management is also an obstacle for producing reliable and accurate information and statistics on OSH. Thus, there is an urgent need to establish an information and data management system for collection, reporting analysing and dissemination and utilisation of information. This will serve as a valuable management tool to develop solutions against potential risks, prevent injuries, ill health and to control excess costs from losses due to accidents and diseases.

#### Policy Responses

The Government in collaboration with the key stakeholders will develop a system for reporting, collecting, recording, analysing, storaging, disseminating and utilizing of reliable and accurate information on occupational safety and health.

The Government will collaborate with regional and international organisations for sharing information on occupational safety and health.

#### 3.2.10. Research on OSH

Inadequate research to address both traditional and emerging occupational risks arising from rapid technological developments and globalisation is an issue in the OSH field. Thus, exploring ways and means to identify latent diseases and linkage between disease and work environment to identify preventive measures and establish appropriate OSH standards need to be adequately addressed. In establishing research priorities

there are no proper arrangements to consider national priorities and requirements. Conducting research on occupational safety and health is severely hampered by lack of funds and is limited to work carried out by post graduate students and few studies conducted at undergraduate levels. Further, the limited number of qualified persons in occupational health and safety bears a strong correlation to limited research in the area.

#### Policy Responses

The Government will encourage conducting specialised research on OSH issues to obtain ways of identifying preventive measures.

The Government will encourage the National Institute of Occupational Safety and Health of Sri Lanka to conduct research in collaboration with national, regional and International research institutes to find out solutions and to make recommendations to the relevant authorities for emerging OSH related issues.

The Government will encourage the National Institute of Occupational Safety and Health to conduct research relevant to setting occupational exposure standards.

Government will promote a coordinated research approach and an optimal allocation of resources for OSH sector for the above purposes and using research for policy making.

#### Gender

The Government affirms the fundamental equality of women and men before the law and significant role of women in the world of work. Thus, the Government shall apply gender sensitive criteria in the formulation and implementation of OSH policies and programmes related to the world of work.

The Government will encourage establishing mechanisms to address gender biases and barriers in workplaces in occupational safety and health in collaboration with stakeholders.

The Government will enhance the awareness creation among the stakeholders on the gender issues in OSH.

#### HIV/AIDS

The Government will strengthen the existing programmes on HIV/AIDS at workplaces and encourage the establishment of work place policies on HIV/AIDS recognising HIV/AIDS as a work place issue.

The Government will encourage implementing programmes at the workplaces on care and support for those who are infected and affected and take steps to ensure workers' rights, confidentiality of information regarding health issues, treatments, care and support.

#### Persons with Disabilities

The Government will develop and implement special programmes in collaboration with the stakeholders to provide reasonable accommodation for persons with disabilities.

#### Drugs, alcohol and other substances

The Government, in collaboration with the stakeholders will implement programmes on awareness raising amongst workers on negative effects and dangers of consuming alcohol, tobacco, narcotics and other substances.

#### Environmental hazards

The Government, in collaboration with stakeholders will develop and implement regulations and strategies for prevention of environmental pollution emanating from workplace activities such as hazardous wastes and emissions.

#### Non-Communicable Diseases.(NCD)

The Government in collaboration with the key stakeholders will implement programmes on awareness raising amongst workers on Non -communicable diseases and screening of workers for NCD's periodically.

#### 3.3. Strategies and Programmes

#### 3.3.1. Strengthening the Legislative, Regulatory and Institutional Framework

- Finalise and implement the New OSH Act to cover all the workplaces.
- Amend the existing laws relating to safety and health and bring them in line with the relevant international instruments.
- Provide adequate penal provisions for violation of the laws related to safety and health.
- Prepare and adopt national standards on occupational safety and health through regulatory authorities.
- Facilitate the benchmarking and sharing of best practices and experiences between national and international regulatory authorities.
- Strengthen the OSH inspection system for effective enforcement of all applicable OSH laws and regulations in all workplaces in collaboration with the relevant ministries, departments, and institutions.
- VII. Strengthen the workplace health inspections especially in the informal sector and SME in collaboration with the Ministry of Health through primary health care workers.

- VIII. Ensure the shared responsibility and rights of the employers and workers in the supervision and monitoring compliance with legislations and regulations relating to safety and health with respect to achieving safe and healthy work environment.
- ix. Encourage the establishment of workplace policies on OSH at enterprise level including work place safety and health committees to ensure effective occupational safety and health management systems in the workplace.
- Identify and categorise sectors and areas as high risk sectors/potential safety and health risks in the workplaces.
- XI. Focus on widely spread occupational diseases and develop legal frameworks for prevention and control and develop appropriate standards and technical guidelines for such areas.
- XII. Strengthen the provisions of occupational health and safety services at primary, secondary and tertiary health care.
- XIII. Enhancement of budgetary allocation for OSH.

#### 3.3.2. Promotion of OSH Culture

- Create Awareness on OSH at workplaces through appropriate methods.
- Promotion of healthy life style among the workers.
- Awareness creation on OSH among the community through specific approaches such as conducting the World Safety Day, National Safety Week programmes etc with community participation.
- Mainstream OSH into education, vocational training and in-service training of the employees.
- Promote the benefits of OSH, cost effectiveness and best practices through information dissemination among the stakeholders.
- Creation of awareness on OSH and establishing advisory services to SME sector and contractors.
- VII. Establish an annual OSH awards granting scheme to recognise companies and individuals who have achieved excellent safety performances/ implemented good safety practices.

#### 3.3.3. Strengthening the Capabilities for Better OSH Management

- Provide assistance to enterprises for adopting better work practises, codes of practise and standards approved by the regulatory authorities.
- Provide guidelines and technical advice to all the workplaces.
- Improve worker competency on OSH at enterprise level by having safety officers, safety auditors, safety coordinators etc.
- Improve trade specific competencies among the workers.
- Encourage larger companies in the private sector to assist and encourage their suppliers, subcontractors and associates to inculcate OSH culture.
- VI. Strengthen the capacity of National Institute of Occupational Safety and Health to deliver the

- above services to stakeholders in collaboration with the key partners and strengthen capacities of stakeholders to deliver the above services to their employees
- Introduce affordable and widely available training courses on OSH to key stakeholders to strengthen the national capacity on OSH.
- Increase number of occupational safety and health professionals.
- Develop a comprehensive training module on OSH and incorporate into basic and post graduate curriculum of doctors, nurses, other public health officers, engineers. Architects, technical officers and also include OSH for in service training of all healthcare workers and above other categories.

#### 3.3,4. Establish Occupational Disease and Injury Surveillance and Reporting System and Establish a Better Data management system

- Creating safety Awareness among the employers, workers on the importance of reporting and collection of OSH data.
- Compile statistics relating to safety and health issues at work places.
- III. Update the OSH profile report of the country once in two years.
- Extend data coverage relevant to the work related injury and diseases through a national health care system and data collection at Government and private hospitals, insurance companies, employees, employers, etc.
- Strengthen the OSH reporting system specifying the responsibilities of relevant parties to report accidents, hazard occurrences and occupational diseases.
- Establish a simplified reporting system using modern technology - online reporting through internet/dedicated hotlines etc.

- VI Establish a database on OSH at the National Institute of Occupational Safety and Health under the guidance of Ministry of Labour & Labour Relations and link all data bases related to occupational safety and health.
- VIII Reinforce the database by compiling statistics through conducting national studies, surveys, projects by the Government and the Academia.
- ix. Develop a system at the NIOSH to analyse data and disseminate timely and useful findings and information to the policy makers and other interested stakeholders and develop a common platform for key stakeholders to discuss on the findings regularly.

#### 3.3.5. Research into OSH

- Conduct research in the field of occupational safety and health, including the social and psychological factors.
- Establish research priorities according to the nationally identified priority areas such as occupational diseases, environmental issues, accident costs, safety and health hazards at work places etc.
- Develop partnerships and coordinated research approach with the NIOSH, Relevant ministries, Government and private sector research bodies, and international research institutes for effective resource management.

- Conduct collaborative research on nanotechnology with the Sri Lanka Institute of Nanotechnology.
- V. Publish research findings to promote good OSH management and develop a mechanism to disseminate and discuss the research findings with key stakeholders on a regular basis.

#### 3.3.6. Promotion of integrated OSH system

- Mainstreaming OSH gender issues in workplaces.
- Development of work place policies and codes of ethics on HIV AIDS at workplaces.
- III. Drafting Guidelines for providing facilities for Persons with Disabilities at work places.
- IV. Drafting Codes of practices related to drug, alcohol and other substances abuse at work places.
- Promote environmental protection approach in all sectors.

# 4. Implementation of the Policy

## 4.1. Implementation Framework

The government of Sri Lanka in collaboration with the tripartite constituents government employees and trade unions shall implement the policy in consistence with the national and international legislative framework and the standards. The policy implementation will align with the relevant ILO and other international conventors, WHO and ISO standards. A national plan of action will be developed jointly by the Ministry of Labour and Labour Relations and Ministry of Health in consultation with other stakeholders to guide the implementation of the policy,

assigning the responsibilities to all the relevant key Government ministries, departments, institutions and it is expected to align all programmes on occupational safety and health in their respective plans related to the national plan. In addition the Government shall take the leading role and the responsibility to build coordination among the all stakeholders such as employers, workers, employers' organisations, trade unions and civil organisations to implement the Occupational Safety and Health Policy in the country.

#### 4.2. Roles of Stakeholders

The Government will introduce legislative and regulatory framework and provide and facilitate to obtain financial and human resources for occupational safety and health services for all. In addition the Government shall take the leading role and the responsibility to build coordination among all stakeholders to implement the Occupational Safety and Health Policy in the country. Employers will participate in implementing of the programmes outlined in the policy for the prevention of safety and health hazards at work by taking preventive and protective measures, established safety and health work place policies, safety and health committees, conduct training and awareness on OSH in a participatory approach.

Employees and their organisations /trade unions will participate in OSH committees, OSH incident reporting, training and awareness creation and implementing prevention policies and programmes to improve OSH at workplace.

Civil society will contribute and complement the Government policies and programmes in promotion of the safety and health culture in the country. National and International organisations will collaborate with the Government in promotion of OSH in the country.

# 4.3. Monitoring and Evaluation

Overall responsibility of monitoring and evaluation of the National Occupational Safety and Health Policy is with the Ministry of Labour and Labour Relations and the Ministry of Health and this will be done in collaboration with the other relevant Ministries. Departments and other institutions.

Monitoring and evaluation will involve periodical data collection, regular surveys and analysis on progress made in implementation of the policy and impact of programmes outlined in the policy and inform future planning especially in resource allocation for various programmes. The exercise will be aligned to the National Monitoring and Evaluation System through regular submission of data to the General Treasury for budgetary purpose. This will be used to assess the contribution of implementing the policy to the country's development agenda as outlined in the Sri Lanka's Vision for the Future on "Healthy Workforce".

# 4.4. Review of the Policy

The National Policy on OSH shall be reviewed every five years or whenever the need arises due to the changing nature of the world of work

# Implementation Matrix of the National Policy on Safety and Health (2014- 2016)

Stategles	Programmes and Activities	Time Ine	Outputs	Indicators	Responsibility
Legislative and Regulatory Framework	Finalise and implement the New OSH Act to cover all the workplaces.	2014	New OSH and Welfere Act ensisted and implemented in all workplaces	Reviewed and amended laws on CISH number of areas covered by delegating of powers within the planned period. Frequency rate of occupational accidents.	MOL & LR, MOH, MOA, MOT MOC, MOLG, MOI, and other relevant Ministries/ Institutions implementing OGH related laws, Employers, Employees, Trade Unions.
	Review, amend and adjust the exitting laws relating to safety and health and bring them in line with the relevant international instruments.	2014 to 2016	Road map developed to ratify ILO conventions.	Number of studies conducted to prepare the road map. Number of recommendation received through the studies on C155. Number of programmes consultations undertaken to create awareness on ILO Convention 155.	
	Provide adequate penal provisions for violation of the laws related to safety and health.	2014	Self-compliance improved	Percentage of increase compliance	MOL,MOH,MOC MOH,MOT, MOLG and all other ministries implementing OSH related laws.
	Prepare and adopt national standards on occupational safety and health through all relevant authorities.	From 2014	National OSH standards Established for key areas	Number of areas covered by national standards Number of CHS standards developed.	National Institute of Occupational Safety and Health in cotlaboration with at relevant stakeholders.
	Facilitate the bench marking and sharing best practices and experiences between national and international OSH institutions.	2014 to 2016	National workshops conducted to share best practices  OSH professionals participated observation visits to study and familiar with best practises in developed countries	No of workshops conducted. Number of officers participated in study visits.	Ministry of Labour & Labour Relations  Department of Labour  National Institute of Occupational Safety and Health
	Strengthen the labour inspection system for effective enforcement of all applicable OSH laws and regulations in all workplaces in collaboration with the relevant Ministries and institutions.	2014 to 2016	Enforcement of OSH related laws strengthened by delegating of powers for inspecting, reporting and monitoring to the field level officers of the key Ministries.	Number of officers engaged in inspecting, reporting, OSH activates in field level.	MCL & LR, MOH, MCA, MCA, MCC, MCT, MCC, MCC, MCC, MCL MCF & A and all other orgs related OCH

ure the shared responsibility rights of the employers workers in the supervision monitoring compliance of slations and regulations relating alety and health with respect chieving safe and healthy work ronment.  Ourage to establish workplace by on OSH at enterprise level work place safety and health initiaes to ensure effective upational safety and health regement system in the kplace.	3014 to 2016	Work place OSH policies established.  Workplace OSH committees established.  Safety officers amployed.  High/medium and low risk areas identified and categorised.	Number of enterprises established OSH work place policies.  Number of OSH committees established  Number of enterprises established OSH work place policies  No. Enterprises where Safety officers employed.  No of piaces identified in each	MOLSER and all relevant Ministries, DOL, NICSH  Employers workers, EFC, Chambers of commercia, TUs
cy on OSH at enterprise level work place safety and health initiees to ensure effective upstional safety and health agement system in the kplace.		employed.  High/medium and low risk areas identified.	enterprises established OSH work place policies No. Enterprises where Safety officers employed.	TO A CONTROL DESCRIPTION OF THE PROPERTY AND THE PROPERTY
is as high risk sectors /potential		risk areas identified		TO A CONTROL DESCRIPTION OF THE PROPERTY AND THE PROPERTY
		Self-compliance on Pisk assessment practices improved.	category.  No. Of risk assessment criteria developed for the specific categories.	NIOSH EFC, Trade Unions
			No. of risk assessments done by the NIOSH,DOL	
ngthen the provision of upational health services at lary, secondary and tertiary th care.	From 2014	Special programmes introduced to make aware on Occupational diseases and injuries.		MOH
us on occupational diseases bly spread and develop lagal sework for its prevention control and also develop ropriate standards and nicel guidelines for such areas.	2014 onwards	Standards and guidelines developed to prevention and minimize the negative effects to workers.	Number of programmes initiated to develop guidelines. No. Of guidelines developed.	MOL & Lff., MOH Department of Labour and all other relevant ministries
ancing of budgetary allocation is in a second control of the secon		Budgetary allocations on OSH increased.  Integrated OSH programmes for optimum use of the financial and physical resources with all the key ministries and institutions implementing OSH related programmes.	Budget allocations on OSH to the relevant ministries  Number of joint programmes initiated and implemented by the relevant ministries/private sector.	Ministry of Finance, MCL & LR, MCH, MCAg, MOT, MOt, MCC, MOTr and key institutions implementing OSH related programmes, Department of Labour, NIOSH, Prevale sector organisations,
	apational health services at any, secondary and tertiary th care.  Is on occupational diseases by spread and develop lagal ework for its prevention control and also develop opriate standards and nicel guidelines for such areas.	apational health services at ary, secondary and tertiary th care.  Is on occupational diseases all services and develop lagat ework for its prevention control and also develop opriate standards and nicel guidelines for such areas.	apational health services at ary, secondary and tertiary th care.  2014 Introduced to make aware on Occupational diseases and injuries.  2014 Standards and injuries.  2014 Standards and guidelines developed to prevention and also develop opriate standards and rical guidelines for such areas.  2014 Standards and suddines for its prevention and minimize the negative effects to workers.  2014 Standards and purity suddines developed to prevention and minimize the negative effects to workers.  2014 Standards and prevention and prevention and minimize the negative effects to workers.  2014 Standards and suddines developed to prevention and minimize the negative effects to workers.  2014 Standards and suddines developed to prevention and minimize the negative effects to workers.  2015 Standards and minimize the negative effects to workers.  2016 Standards and minimize the negative effects to workers.  2017 Standards and minimize the negative effects to workers.  2018 Standards and minimize the negative effects to workers.  2019 Standards and minimize the negative effects to workers.	assessments done by the NIOSH.DOL  Ingither the provision of apational health services at apational health services at ary, secondary and tertiary th care.  It on occupational diseases and injuries.  It is

Strategies	Programmes and Activities	Time ine	Cutputs	Indicators	Responsibility J
				No. Of programmes initiated and implemented in collaboration with International development Organisations.	
Promotion of OSH culture	Awareness creation on QSH st workplace through appropriate ways and means. Awareness creation on QSH among the community through specific approaches such as conducting world safety day. National safety week programmes etc.	From 2014	OSH information widely disseminated and publicized.	Printed meterials on GSH promotion  Number of Workshops seminare on DSH promotion.  Documentaries produced Road shows, exhibitions modical offers workshops conducted	MOUSER MOH. MOI. MOC. MOT. MOAG. MOT. DOL. NICSH, All coner relevant ministries and institutions. Employers Employees T/Unions. EPC hade and commerce Chambers. Mecsa
	Mainstream OSH into education, vocational fraining and in service training of the employees.	From 201x	Special module on OSH in curricule in TEVT institutions and orientation programmes for the new entrants to the workforce developed and introduced.  Special module on OSH for Health sector professionals.	Curricula on OSH Number of Training programmes included OSH includes. Number of training programmes. Conducted	MOLALP, MOH, MOC, MOI, MOT MOHE, MOYASE EFC, EMP, T/ LINIONS MOH, NIOSH ACADEMIA
	Establish an annual OSH award granting scheme to recognise companies and individuals who have achieved excellent safety performances and implemented good safety practices.	2014	Annual Safety and Health awards scheme established	No Of enterprises incognised as best performers.  Number of awards	MOL & CR. NIOSH. DOL, EFC. Private sector and all other losy stakeholders
Build strong capabillies for better managed OSH	Provide assistance to the orterprises to adopt better work practises, code of practises and standards approved by the OSH regulatory authorities.	2014 to 2016	OSH raining on best work practises conducted	Number of programmes conducted.	Ministry of Labour & Labour Relations and other key
	Provide guidelines and technical advisories to all the workplaces, large and SMEs on OSH issues.		Guidelines on OSH in SME sector established	Number of guidelines developed and implemented.	
	Improve worker competency on OSH at enterprise level safety officers, safety auditors, safety coordinators etc. Improve trade specific competencies among the workers.		OSH officers recruited. Safety officers, safety auditors trained. Safety and Health professionals trained to deliver services.	Number of OSH officers recruited and trained Number of persons registered with NIOSH as trained OSH officers.	

Strategies	Programmes and Activities	Tene line	Oulputs	Indicators	Responsibility
				Number of certricates issued to OSH officers in each category Number of safety and health professionals trained	
	Encourage larger companies in the private sector to assist/advice/ emphasis on the OSH performance of their suppliers, sub-contractors and associates.	2014 onwards	Number of training courses in different levels increased	Number of training courses	MOLSER, MOLMOH NIOSH, DOL, EFC, Trade Chambers Ministries, MOH, MOI, MOA, MOT, MOC, McSMI Department Of Labour, NIOSH
	Strengthen the capacity of National Institute of Occupational Safety and Health to deliver the above services to the stakeholders in collaboration of the key partners.		Staff recruited to NICSH and trained on DSH	Number of officers recruited Number of officers trained as NIOSH staff.	
	Introduce affordable and widely available training courses on CSH to strengthen the national capacity on OSH field. Increase number of occupational health professionals.		Affordable and accessible training programmes introduced through regional/district level network.	Number of programmes conducted in regional/district levels:	
				training courses introduced in different level.	
				programmes introduced at concessionary rates	
Deta collection system on work related injuries and diseases.	Awareness raising to the employers, workers on the importance of reporting and collection of CSH data	2014 ID 2016	Enterprise level awareross raising programmes conducted on Occupational njury and disease information recording and reporting system.	Number of enterprises participated number of swareness raising programmes conducted.	MOLSLR MOH MOLNOC MOT and all key ministries DOL NIOSH,
	Compile statistics relating to safety and health issues at work places.		OSH survey report completed	Number of institutions surveyed.  Number of staff administrated	
	Update the OSH profile leport of the country once in two years.		Country profile of OSH published and updated once in two	through a questionnaire. Country profile on CSH	

Strategies	Programmes and Activities	Time Inc	Outputs	Indicators	Responsibility
	Strangthen the Ministry of Health in developing an Occupational injury and disease surveillance system. Extend data coverage relevant to the work related injury and diseases through a national health care system and data colection at the government and private hospitals, insurance companies, employees, employers, etc.		Occupational injury and cliusess surveillance system established through the Ministry of Health	Number of mattutes registered in the system Percentage of increase/decrease in reported cases.  Number of report produced from the system.	
	Strengthen the OSH regulation on incident reporting specifying the responsibilities of relevant parties to report accidents, hazard occurrences and occupational diseases.		Penaltius on negligence in injury, and disease reporting increased	Percentage in increased compliance	
	Establish a simplified reporting system using modern technology, online reporting through website/ dedicated hollines/manual systems.		Introduced the Proper channels for OSH incident reporting.  Developed simplified formats for manual reporting.  Dedicated talephone line introduced for reporting OSH information.	Number of Simplified Formats for manual reporting.	
	Establish a national data base on OSH at the National Institute of Sefety and Health link with all data base on OSH under the guidance of Ministry of Labour & Labour Relations.		OSH date management system established at the National Institute of Safety and Health.		
	Reinforce the database by compiling statistics through conducting national studies, surveys, projects by government and Academia.	From 2014	A national survey on priority issues conducted with multi-stakeholders participation.  A mechanism Established to discuss and dissentinate the findings and information on OSH among the interested stakeholders.	No of surveys conducted  Number of reports generated and disseminated  No of workshops/ seminars/ discussions conducted on OSH findings	
Research on OSH	Develop a system at the NiOSH to analyse data and disseminate timely and useful findings and information to the policy makers and other interested stakeholders through internet, print media, seminars and workshope etc.	From 2014	Donducted researches on OSH key issues,	Number of researches conducted.	NIOSH, Gov. research Institutes, Academia
	Conduct research in the field of occupational safety and health, including the social and psychological factors.		Published research findings.	Number of reports produced and disseminated	

Strate	gies	Programmes and Activities	Time fine	Outputs	Indicators	Responsibility J
		Establish research pronties according to the hational interest such as, occupational diseases, environmental issues, accident costs, safety and health hazards at work places etc.  Devotop partnerships and energy proceding the NCSH, other government, private sector research bodies, and international research institutes for effective resource management.  Publish research findings to promote good CSH management.			No programmes / scripties initiated based on research fiedings.	
Promo warke being		Mainstreaming OSH gender issues in workplaces		Mainstreem gender in workplaces	Number of anterprises manufacturin gender in workplace.	Ministry of Labour and other key ministries, EFC, Employers, Employees, Trade Unions,
		Development of work place policies and code of ethics on HIV AIDS at workplaces:		Workplace policies and programmes on HIV AIDS developed and implemented.	Mirroper of workplaces implement policies on HIV	
		Guidelines for providing facilities for Persons with Disabilities at work Places.		Workplace programmes established focusing on persons with disabilities	Number of employed Persons with Disabilities.	
		Code of practices for drug, alcohol and other substances abuse at work places.		Programmes on prevention and elimination of using drugs, alcohor and other substances implemented.	Number of programmes	
		Promote environmental protection approach in all sectors		Built partnerships with key stakeholders to promote green environment.  System of recognition of enterprises established to promote green environment.	Number of enterprises recognised as environment friendly organisations.	

#### Annex I

#### **ILO Standards on OSH**

Ever since it was founded in 1919, the subject of occupational health and safety has been at the heart of the ILO's work, including its standard setting activities.

Since that, the ILO has elaborated and adopted a large number of international labour conventions and accompanying recommendations directly concerned with OSH issues as well as many codes of practices and technical publications on various aspects of the subject. They represent a formidable body of definitions, principles, obligations, duties and rights as well as technical guidance reflecting the consensual views of the ILO tripartite constituents from its 175 member states on most aspects of occupational safety and health.

#### ILO Conventions on OSH

- 115 Radiation Protection, 1960
- 135 Workers' Representatives 1971
- 136 Benzene 1971
- 139 Occupational Cancer, 1974
- 148 Working Environment (Air Pollution, Noise and Vibration) 1977
- 155 Occupational Safety and Health, 1981
- 161 Occupational Health Services 1985
- 162 Asbestos, 1986
- 167 Safety and Health in construction 1988
- 170 Chemicals 1990
- 174 Prevention of Major Industrial Accidents 1993
- 176 Safety and Health in Mines 1995

#### Selected ILO codes of practice

Prevention of major industrial accidents -Geneva 1991

Safety and health in opencast mines - Geneva 1991

Safety and Health in construction - Geneva 1992

Safety in the use of chemicals at work - Geneva 1993

Accident prevention on board ship at sea in port -Geneva 1996

Management of Alcohol and drug related issues in the workplace

Recording and notification of occupational accidents and diseases – Geneva 1996

Protection of workers personal - Geneva 1997

Safety and health in forestry work - 1997

Ambient factors in the work place - 2001

# International Labour Organisation Conventi No.155: Occupational Safety and Health, 1981

The purpose of International Labour Organization Convention No.155: Occupational Safety and Health, 1981 (the Convention) is to ensure that ratifying states formulate, implement and periodically review coherent national policy on occupational safety and health in the

work environment following consultation with the most representativeorganizations of employers and workers. The aim of the policy is to prevent workplace accidents and injury to health by minimising as far as possible, the causes of hazards inherent in the work environment.

## ILO-OSH 2001 - Guidelines on Occupational Safety and Health Management system

These guidelines on OSH management systems have been developed as a practical tool by the ILO according to internationally agreed principles defined by the tripartite constituents to provide the strength, flexibility and appropriate basis for the development of a sustainable safety culture in the organisations. According to the above guidelines, a national policy on OSH management system should establish following general principals and procedures to:

- Promote the implementation and integration of OSH management system as part of the overall management of an organisation.
- Facilitate and improve voluntary arrangements for the systematic identification, planning, implementation and improvement of OSH activities at national and organisational levels.

- Promote the participation of workers and their representatives at organisational level
- Implement continual improvement while avoiding unnecessary bureaucracy, administration and costs.
- Promote collaborative and support arrangements for OSH management systems at the organisation level by labour inspectorates, occupationalsafety and health services, and channel their activities into a consistent framework for OSH management.
- Evaluate the effectiveness of the national policy and framework at appropriate intervals.
- Evaluate and publish the effectiveness of OSH management systems and practise by suitable means.

#### Annex 2

### Legislative and Institutional Framework in Sri Lanka on Occupational Safety and Health.

- The Constitution of Democratic, Socialist Republic of Sri Lanka guarantees to every citizen the freedom to engage by himself or in association with others in any lawful occupation, profession, trade, business or enterprise (Article 14 (1) (g)). Further, the Chapter VI of the Constitution states the Principles of State Policy and fundamental duties of the State in Article 27 (7) and 27 (14) which ensures a safe and healthy environment for all citizens.
- The main legislation on Occupational Safety and Health at present is the Factory Ordinance No. 45 of 1942 which is enforced by the Commissioner General of Labour and the Minister of Labour is empowered to formulate regulations under this Act time by time whenever need arises.

In addition, several provisions of the following Parliamentary Acts enforced by the Commissioner General of labour are also applied to the OSH at workplaces.

Wages Boards Ordinance No. 27 of 1941.

- Workmen's Compensation Ordinance No. 19 of 1934
- Maternity Benefits Ordinance No. 32 of 1939.
- Employment of Women, Young Persons and Children Act No. 47 of 1956 as amended.
- Shop and Office Employees Act No. 19 of 1954.

- Parliamentary Acts enforced by the other Ministries/ Departments which contain some provisions related to OSH.
- The National Environmental Act No. 47, 1980 as amended.
- The Explosives Act No. 21 of 1956 as amended.
- The control of Pesticide Act No. 33 of 1980
- Mines and Mineral Act No. 33 of 1992.
- Mines Ordinance No. 13 of 1957.
- Overall, safety and health at work is governed by the Factories ordinance, 1942, which covers workplaces with an estimate of about one third of the Sri Larikan labour force<sup>4</sup>

Thus, the existing instrument, the Factory Ordinance of 1942 was reviewed and a draft Act was prepared and agreed by Tripartite constituents to repeal the existing Act, and to implement the New Act, 'Occupational Safety, Health and Welfare Act'. The proposed Act will provide for the safety, health and welfare of persons at all work places without distinction. The proposed Act on Safety, Health and Welfare at Work which has been prepared in consultation of the main stakeholders is expected to be forwarded to the Parliament for enactment in the near future.

#### Institutional Framework

- Sole authority for the administration of the existing main legislation on occupational safety and health, the Factory Ordinance No 45 of 1942 is vested with the Commissioner General of Labour. The Industrial Safety Division of the Department of Labour performs regulatory and inspection functions under the Factory Ordinance and the Occupational Hygiene Division of the Department provides laboratory and advisory services related to occupational safety and health.
- In addition to the Department of labour which responsible in enforcing the Factory Ordinance 1942, the National Institute of Safety and Health was established in 2009 for the training, research and standard setting on Occupational safety and Health field.
- Ministry of Health is involved in delivery of health care for occupational injuries and diseases.

#### Annex 3

#### **Guiding Principles of the policy**

- The occupational safety and health laws shall cover all workers and employers in all sectors of the economy and all forms of employment.
- The occupational safety and health laws shall spell out the core right and duties of employers, workers and other stakeholders including universal application.
- All occupational accidents and health incidents are preventable.
- The integration of preventive and rehabilitative health services into the health care system.
- The appropriation of fair compensation and rehabilitation benefits by providing meaningful, accessible and equitable compensation and rehabilitation to workers in all sectors of the economy and in all forms of employment.

- The employers bear the cost of accidents and diseases to their employees, including the cost of medical treatment, compensation and rehabilitation.
- Occupational safety and health shall be managed like any other organizational function
- Recognition for compliance and good performance in OSH at enterprise and national levels.