

**Report on
Occupational Safety and Health Protection
New Delhi**

A national workshop on occupational safety and health protection was organized by the Social Security Association of India in collaboration with Friedrich Ebert Stiftung in New Delhi on 11th July 2014 at SCOPE Convention Centre, New Delhi. The participants in this workshop included eminent medical practitioners working on occupational health, experts on safety at workplace in chemical process industry and oil industry, trade union leaders and employers' representatives. The meeting was presided over by Dr. A.K. Balyan, Working President, SSAI and the special guests included Shri B.P. Baliga, Executive Director in charge of health and safety, IOCL and Shri B.L. Meena, Director, Industrial Safety and Health, Ministry of Labour and Employment, Govt. of India.

2. The workshop was organized in collaboration with Friedrich Ebert Stiftung and with the support of Employees' State Insurance Corporation, Indian Oil Corporation, Refinery Division and Petronet LNG- to take stock of the occupational safety and health hazard issues facing workers and industries, the extent to which the legislative provisions are helping the workers in improving their health condition and ensuring safety at the work place.

3. Shri B.N. Som, Secretary General, SSAI, presented the theme of the workshop. He stated that occupational safety was an important

labour related issue for which provisions have been made in our Constitution directing the State towards securing health and strength of workers both men and women and to ensure that the citizens are not forced by necessity to enter vocation unsuited to their age and health. It also provides for securing just and human condition of work and for maternity. In spite of the above constitutional provisions, India has a poor health and safety record. Workers right of health is not implemented properly and only the elite of the workers enjoy the benefits. The high rate of unemployment makes workers susceptible to exploitation. Getting work is more important than the hazards level.

4. However, India has legislation on occupational health and safety for over a century. The Factories Act, 1948 is the first post independence Indian legislation on safety. It has been amended from time to time especially after Bhopal Gas disaster which could have been prevented. The Factories (Amendment) Act came into force on 1st December 1986. He then recounted the various Acts right from The Indian Electricity Act of 1910, The Indian Boilers Act, 1923, The Petroleum Act 1934, the Plantation Labour Act, 1951, The Mines Act 1952, The Indian Atomic Energy Act, 1962, The Insecticide Act, 1968, The Radiological Protection Rules 1971, The Dangerous Machines (Regulations) Act, 1983, Dock Workers (Safety Health and Workers), 1986, The Manufacture, Storage and Import of Hazarders Chemicals Rules 1989. He stated that the goals of OSH programmes aimed at fostering a safe and healthy work

environment. It was important for moral, legal and financial obligations of the employers. Moral obligation involved the protection of employees' life and health. Legal reasons for OSH practice related to the preventive, punitive and compensatory effect of laws that protect workers' health and safety.

5. Dr. A.K. Balyan, Working President, SSAI in his presidential speech stressed that OSH was in the interest of business since only healthy workforce would ensure sustainability of the business. However, there were gaps in implementation of OSH which needed to be bridged by effective supervision.

6. Shri B.L. Meena, Director, ISH (MOLE), explained in details the policy and programmes of Govt. of India to ensure effective health coverage to workman. He elaborated on the national policy on safety, health and environment at work place. Speaking on the action programmes of the government for achieving the goals and objectives of the policy he briefly talked of the enforcement machinery put in place for this purpose; efforts made to develop appropriate standards and manual on safety; health and environment for achieving uniformity at national level; raising community awareness by structuring audience specific approach; the need for developing occupational safety and health skills by providing training programmes to the concerned personnel entrusted with implementation of safety policy. He insisted in particular on the

need for developing close involvement of the civil society organisations to meet the challenges ahead in the assessment and control of workplace risks by mobilizing local resources.

7. Shri B.P. Baliga, Executive Director, IOCL said that the employees' safety and health were at the core of the employment policy of IOCL. Special Medicare facilities were being provided to the employees working at off-shore units. He opined that comprehensive protection policy of the IOCL management had led to fall in incidence of accidents and improvement in management of safety related issues.

8. Highlighting the long standing cooperation between SSAI and Friedrich Ebert Stiftung, Dr. Pravin Sinha said that exchange of ideas between the stakeholders would surely result in positive outcomes in the sphere of OSH. FES would welcome implicit engagement of all social partners so as to improve delivery of services as guaranteed by the government.

9. The workshop had three panel discussion sessions . The first session on 'Occupational health and ESI scheme' was jointly chaired by the former Labour Secretary to the Govt. of India, Dr. P.D. Shenoy and Dr. Pant. Director, IOHER, ESIC. Dr Ojha, IOHER,ESIC, and Mr. M.R. Rajput, Director, Regional Labour Institute, Faridabad made presentations of experiences of their respective organisations.

10. Dr. Ojha in his detailed presentation spoke of the focus of ESIC on treating the constituents (the Insured Persons (IP) and not on

the causes as such of the health problems of the IPs. He stated that about 50% of 7 million workers covered under the ESIC scheme for health insurance were exposed to the risk of occupational diseases and other employment hazards. He stated that under the ESI Act, 1948 only seven specified industries like, Textile, Leather, Rubber, Chemical and Chemical products, Metallic and Non Metallic minerals, transport were covered. Stating that almost all occupational diseases were preventable he observed that all that was needed to be done in this regard was to bring about necessary improvements in working conditions through adequate environmental control and introduction of basic safety measures for the workers who were exposed to health risks in course of their employment. He suggested regular health check up of workers as one of the useful preventive measures for detection, diagnosis and prevention of diseases. Timely and proper medication and change of job could arrest the trend. Explaining that most of the occupational diseases were irreversible, he pointed out that prevention, therefore, was key to controlling the problem. He highlighted the importance of personnel accoutrements, tools & equipments to minimize occupational hazards and thereby improving safety and security at work place leading to better health, minimizing occupational diseases. He presented in details how workers were exposed to hazards at workplaces and the types of equipments required for their protection underlining the essential need for providing those equipments to the workers. He stated that it was the

duty of the authority in charge of safety, both in the management of the establishment as well as of the statutory authority, like, Factory Inspector, to ensure that no worker was allowed to go to work without the protective gears.

11. He then elaborated on the activities of the Institution of Occupation Health, Environment and Research, in Delhi with three others in Chennai, Kolkata and Pune. He said that these centers acted as referral hospitals for smooth management of occupational diseases. ESIC Corporation had taken over the administration of all these four hospitals. Each of the four centers had been provided with well equipped clinical and modern laboratory facilities in nine disciplines. Notwithstanding the above steps taken by ESIC for achieving the goal of higher growth with healthy workers, the involvement of employers, employees and their respective organization in promoting and developing a risk free working environment should not be over-looked, he exhorted. He further advised that proper awareness among workers exposed to various risks at the workplace including the need for use of personal protective equipment was equally important. One of the participants intervened to say that there was need for introducing a full-fledged curriculum on occupational diseases to be taught at medical colleges at graduation level for appropriate staffing of such hospitals.

Shri M.R. Rajput, Director, Regional Labour Institute, Faridabad, explained the role of factory advisory service and of the labour institute

in ensuring implementation of the provisions of the Factories Act. He stated that his institute was dedicated to safety, health and welfare of workers in factories and ports/docks. DGFASLI (Director General, Factory Advice Service & Labour Institutes) assisted the central government in formulation and review of policy and legislation on occupational safety and health issues. The other advisory and functional roles of DGFASLI were described as follows by him:-

- (a) Maintaining liaison with factory inspectors of the States and union territories in regard to the implementation and enforcement of the Factories Act, 1948;
- (b) Rendering advice on technical matters;
- © Undertaking research in industrial hygiene and industrial psychology;
- (d) Providing training in the field of industrial safety and health, from one year diploma course to three months certificate course in industrial health and one month specialized certificate course in safety and health for supervisory personnel working in hazardous and process industry.

12. Technical Sessions II was chaired by Dr. P.D. Shenoy and co-chaired by Dr. Pant. Three presentations were made – one by Dr Sandip Sharma, one by Shri V.K. Pandey, Chief Manager, HSE, IOCL on safety and protection and by Mr. P.K. Mathur, CMO, ONGC, Dehra Dun on health protection.

13. Dr. Sharma gave an overview of the occupational safety and health as prescribed by the International Labour Organisation (ILO) and said that it was a scientific anticipation, evolution and control of hazards arising out of the workplace situation that could improve health and well being of the workers. He also described the core issues of OSH parameters as identified by the ILO.

14. Emphasising on social partnership in formulation of an OSH policy he pointed out that OSH programmes and policy must aim at both prevention of hazards and protection of health of the workers. Referring to the fact that some 2 million workers died round the world every year from work related accidents and diseases, he observed that the sufferings that were caused by accidents and diseases to workers and their families were incalculable. In economic terms, ILO has estimated that 4% of world's annual GDP is lost as a consequence of occupational diseases and accidents. This also affects the employers financially because these push employees go on early retirement or lead to loss of skilled staff, or cause absenteeism and increase insurance premium liability. However, many of the tragedies are preventable through implementation of sound preventive actions and effective plant inspection.

15. In framing the wage policy the management should keep in view that prevention of accidents and work related diseases would lead

to increase in work profitability. It is also to be noted that with progress of science and technology workers are doing less of physical work and more of mental work, sitting on computers or working on mobile phones. Therefore, the focus of health protection should also take care of mental health and life style habits. Due to high stress level in work, lack of physical exercise, long working hours, frequent travels on business, high fat diet, smoking and alcohol, inadequate sleep and rest, several types of health disorders are being noticed and are to be taken care of.

16. Shri Sharma narrated some concrete actions taken by the IOCL management for health protection of workers. They have initiated certain health control measures like dissuading workers from tobacco use, cautioning them against eating unhealthy diet, need of physical activity and harmful use of alcohol. By promoting these health parameters it is felt that over a period of time these could have ameliorative effect on cardio vascular diseases, cancer and respiratory diseases. This is also likely to reduce the cost of medical expenses of the company and will help building healthy productive & healthy workers.

17. He informed the participants that IOCL had formulated a vitality index by which each worker was given certain score for getting good health by keeping his blood pressure within the desired limit, by keeping body mass index at the acceptable level , cholesterol level within range and blood sugar fasting was less than 110. Depending on individual vitality, score 0 to 4 one rated as excellent; those with the

score of 5 to 6 advised periodic check-up and those with score of more than 6 were earmarked for focused attention. By means of promoting vitality index the management aimed to enthuse its employees to change their health index from undesired level to desired level.

18. He further stated that IOCL had also started a hygienic index. Hygiene condition of the canteens were being audited to ensure that food from those outlets did meet the hygienic standard if not most nutritious.. This project was started in the organisation about four years back. Already 115 canteens had been audited and on the basis of these audit reports some standards had been recommended for adoption. IOCL was reported to have developed standard for food storage including standard for the food containers. They have also launched one day food-safety workshop to train their administrative and canteen staff on parameters of safety, cleanliness and hygienic standards for an ideal canteen set up. They had been also publishing papers and various forms on health issues to educate their workers.

19. Mr. B.K.Pandey spoke on safety and protection practices in chemical process industry with special reference to IOCL experience. He said that occupation hazards arose at the workplace due to several reasons like, excavation, working in close spaces, entering into columns, working at heights, tall chimneys, roof work, hand laying & lifting equipments, demolition work, working in radiology department, blast work, sponge painting, sand, hot jobs like cutting welding, heat exchanger, maintenance of tanks and sludge, etc. Since every occupation is exposed to specific hazards it is, therefore, essential that hazard is

identified and quantified job-wise and then suitable measures are adopted to mitigate the hazards.

20. Taking care of identified employees so that they could work safely in hazardous area is the basic responsibility of the area supervisor. He should ensure that the employees entering into hazardous area use proper PPEs. Identification hazards should lead to quantification of hazards by carrying out frequency analysis of occurrence of hazards by monitoring through continuous process of observation, measurement and judgment. It also calls for work environment evaluation, the degree of exposure of the employees to hazardous substances like toxic gases, namely, SO₂, ammonia, chlorine etc. Consequent on environment monitoring efforts should be made for control of the hazard. The major measures may be engineering occupational control or use of PPEs. There are certain issues which come automatically out of doing certain types of job in a continuous manner for long period. There are certain illnesses which come automatically out of doing some certain types of jobs in a continuous manner for long periods. One such example could be continuous night duty or duty at the call centres. Another example of occupational hazard could arise out of the confined space entry consequent upon the plant or the machinery going for shut down. A confined space is that which is limited or restricted means of entry or exit and so configured that an employee can bodily enter and perform work but not suitable for continuous human occupation. It lacks natural ventilation, may contain hazardous atmosphere or has the potential for becoming hazardous. Example of confined space also relates to working in tanks, boilers, pipes, trenches, manholes and many more such places. The duty is entrusted on the area supervisor and the management to identify these dangerous to life or health workplaces. He thereafter described in details the measures to ensure safety in working at confined entry places.

21. He also explained in details IOCL experience of accidental hazards. He explained the measures of handling potential dangerous substances during processing and storage. Describing the cost of a major accident on the establishment he stated that after every major accident detailed evaluation of the accident cost was carried out including the production and capital losses, cost of business interruption cost, replacement cost of damaged equipments, cost of hiring of temporary equipments, repair of building as also collateral costs. He thereafter stressed on the importance of safety process in relation to what caused accident, review of general and emergency damage control processes and analysis of the causes.

22. He stressed the importance of routine inspection and maintenance of critical equipments for bringing down incidence of accidents as well as to cut down the effect of any accident if that happens.

23. The third technical session was focused on the perspective of employers and trade unions. Advocate Michael Dias, ASOCHEM, chaired the session. The speakers in this session were drawn from various trade union organizations.

24. Shri R.D. Yadav of HMS in his presentation said that it was the employees who were ultimately the

affected parties in case of any negligence/accident. He complained of large scale and wide spread violation of the safety norms specified in the Factory Act resulting in accidents. Many of the accidents which were of minor nature were never reported. He, therefore, felt that there was need for mass awareness about the OSH issues as also on the need for making first aid service available at all workplaces.

25... Shri Vaichoo Giri of AITUC felt that companies ought to set examples of good behavior/good practices in ensuring safety and health of the workers.

26 Shri Siddharth Shukla of CITU highlighted the instances of neglect and the plight of non-regular workers. He stated that health, safety and welfare issues of all casual and contract workers were being disregarded with impunity and worse- accidents were seldom reported. He leveled the allegation of the connivance of the government officials with the employers in ignoring the instances of accidents and subsistence of hazardous working conditions without protective covers as laid down in the rules. He exhorted that

the employers should adopt inclusive policy and should arrange for regular medical check up of all their employees which will ultimately lead to higher productivity. He also called upon the authorities set up under the Factory Act to be vigilant, effective and intolerant of violations of safety norms of any kind- big or small.

27. Shri Michel Dias, the Chair, while summing up the panel discussion observed that the present attitude of confrontation would not help either of the parties. He, therefore, advocated that both the parties should change their approach and should be co-operative in this venture of OSH. He felt that there should be zero tolerance for wrong doings irrespective the identity of the party who was doing it. But, he felt, micro inspection should go. The government officials' mind set of micro management called for a change for better life all round. The concept of self certification should be introduced. He advocated creation of data bank of diseases as also updating the list of occupational diseases for effectively combating diseases.

28. He further stated that the approach to the occupational health issues called for a 360 degree change. Instead of current strategy of ensuring safety and health through legislation it should be converted into a movement, evolving a work culture with all stakeholders including the media to work for achieving a satisfactory OSH at the workplace. There was a need to sustain this policy by Medical Council of India by introducing teaching health management practices at medical colleges. He further stated that with 90% of the working population in the unorganized sector the challenge for small units was huge to ensure OSH. Therefore, harnessing of technology was critical like one of the trade union representatives had pointed out that just by putting a sensor on the press machines the incidences of injury at work places could be reduced.

29. He was of the view that the main challenge to OSH compliance rested on procedural rigidity in implementation of the rules made in this regard. He referred to the provisions of UP Factories Act to illustrate his point. He recommended that issues of safety, health and environment should be addressed

in a holistic manner. Assuming there was a violation of rules or norms, it should not ipso facto warrant prosecution by the inspector. Instead, a district committee should be constituted to find out the remedial measures. The current amendment in Factories Act emphasizes on penalties including imprisonment without taking into account whether the violation of safety rule was innocuous or unintentional or a case of pure accident. There is no provision for considering force majeure conditions making the law draconian.

30. With regard to the role of ESIC in managing health at workplace, he was of the view that it should consider organizing medical visits to plants and factories at regular intervals for the purpose of medical check up of the workers. It should develop data bank to enable it to prepare a policy for safe, healthy and environment friendly workplace.

31. He felt that Schedule 3 of ESIC Act relating to occupational diseases should be reviewed to ensure better prevention of diseases.

32. At the end, he suggested that ESI Corporation should make separate budget allocation towards prevention of

occupational diseases. It should follow a policy of ensuring wellness of its members rather than investing in medical colleges and super specialty treatment.

33. The workshop ended with a vote of thanks proposed by Shri R.K. Gautam, Convenor of the Workshop.
