

EMPLOYEE HEALTH SERVICES

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DEFINITION OF OCCUPATIONAL HEALTH

THE JOINT ILO, WHO Committee on Occupational health as "the highest degree of physical, mental and social well-being of workers in all occupations"

OBJECTIVES OF AN EMPLOYEE HEALTH SERVICE

The International Labour Organization's Recommendation No. 112 (1959) which was endorsed in a recommendation of the European Economic Commission in 1962, and in a resolution of the Committee of Ministers of the Council of Europe in 1972, pointed out that the functions of an employee health service are to protect the workers against any health hazard which may arise out of their work or the conditions in which it is carried out, to contribute towards the workers physical and mental adjustment, in particular by the adaptation of work to the workers and their assignment to jobs for which they are suited, and to contribute to the establishment and maintenance of the highest possible degree of physical and mental well-being of the workers.

THE PRESENT SITUATION IN MALAYSIA

In a recent survey carried out by the Occupational Health Unit of the Ministry of Health (1977) only 25% of the employees and 5% of industries under the SOCSO insurance scheme are covered by some form of occupational health services. In some, curative care with diagnostic and referral system have been developed through the utilisation of hospital assistants and nurses. A few establishments have the services of a part-time medical practitioner who is retained by the firm to provide essentially curative service. Some industrial concerns employ their own physician who provides pre-employment, periodic medical examinations with diagnostic and curative care. It is discouraging to note that none of these establishments, provide any form of health education to workers on occupational hazards,

accidental prevention of monitor the working environment.

However, estates and mines have evolved a more comprehensive medical facility for their workers mainly to satisfy the Rump Labour Code which requires employers to provide free medical health and housing facilities. Most establishments have the services of a visiting medical officer who visits periodically, usually at intervals of a week. He examines all cases referred to him by the resident hospital assistant and, if necessary, refers the more complicated cases to government hospitals. Preventive activity is usually confined to sanitation, antilarval control and immunisation. Provision of family planning and health education though minimal is provided in some estates.

Large establishments provide and maintain hospitals usually individually or as a group to cover estates within a given area. Such hospitals have the services of a full-time resident medical officer supported by a para-medical staff. With fragmentation of estates into small holdings, most group hospitals are finding it increasingly difficult to finance and provide the required comprehensive medical care.

FUNCTION OF AN EMPLOYEE HEALTH SERVICE

A comprehensive employee health service should include health promotion, health education, preventive services, emergency and curative care, rehabilitation, and health maintenance— through further investigation in Occupational Medicine and Hygiene.

Ideally, the provision of these services at the factory level will consist of medical examinations, including pre-employment health interviews and examinations and periodic examinations of workers exposed to hazards, e.g. lead, mercury, silica dusts, etc., examinations of workers whose illness may be a source of risk to other workers and the community e.g. food handlers, crane drivers and the examination of workers returning to work after illness or injury to determine their fitness. Medical care should also include initial treatment in emergencies, e.g. accidents, heart attacks, cerebro-vascular accidents, follow-up treatment of all industrial diseases and general illness.

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Table I: RECOMMENDED MEDICAL STAFFING IN AN EMPLOYEE HEALTH SERVICE

No. of employee	Staff nursing services		Staff physician services
	No. of hrs. per week	No. of nurses (40 hrs. per week)	No. of hrs. per week
200	12	1 part-time	3 hours
300	18	1 part-time	4 hours
400	24	1 part-time	5 hours
500	30	1 part-time	6 hours
1,000	60	1 full-time and 1 part-time	11 hours
2,000	120	3 full-time	21 hours

This should include supervision of nursing and first aid services, health education with counselling and the rehabilitation and resettlement of injured workers. Services at the factory level should also include protection against actual or potential harmful conditions and its prevention. This may be achieved by the investigation of industrial diseases, the measurement, assessment and control of adverse factors in the working environment (industrial hygiene). Advice may also be given to management in relation to their obligations on medical matters under the factory laws, medical aspects of safety precautions like effects of fatigue, poor eyesight and health risks of new processes or materials. The service should also provide supervision of facilities like canteens, rest rooms and rodent control.

MANPOWER REQUIREMENTS

In Malaysia it is recommended that the population ratio be one doctor for every 4,000 workers. This doctor would be able to render both medical and preventive services to the above working population. He should be assisted by 2-6 industrial nurses (depending on the number of work shifts). A safety engineer, possibly with some training in industrial hygiene should be a member of the occupational health team. However, a health inspector with some training in industrial hygiene and safety could be a suitable substitute in the absence of a safety engineer. In addition, the team should consist of supporting staff like receptionist, typist, clerk etc.

The American Medical Association's Council on Occupational Health and the National Institute of Occupational Safety and Health (NIOSH) have recommended that to provide a *minimum* employee health service, there should be 2 hours of physician's services per week for the first 100 workers and 1 physician hour for each additional 100 workers, and 6 hours of nursing coverage per week for every 100 workers. Table I gives the recommended medical staffing in an employee Health Service depending on the number of employees. However, this can be modified depending upon medical manpower availability.

To provide a comprehensive employee health service the nursing coverage may be increased depending on an individual company's health needs. These needs may be evaluated taking into consideration the size of the industry, industrial process and the products manufactured. Consideration should also be taken into account of the continuous processing which requires services 24 hours, 7 days a week or eight hours daily, and if the industry is hazardous, the nature of the hazards, the frequency of accidents and whether the industry is in a developed or developing area from the point of view of the availability and accessibility to other Government and private medical services.

ADVANTAGES OF AN EMPLOYEE HEALTH SERVICE ADVANTAGES TO THE EMPLOYER

Production is influenced by the health status, and safety consciousness of a company. Obvious-

ly healthy workers who are well adapted to their jobs are able to function better and achieve optimal production. Offering curative service for accidents and illnesses at work enable the workers to save valuable working time usually lost visiting medical clinics outside the industry. Medical personnel (doctor/nurse) attached to industry will be in a better position to advice the employers and employees on matters of occupational health and safety as compared to 'panel doctors' who usually have little or no knowledge of the working environment. An employee health service will reduce the rate of sickness absence if illnesses arising from work can be prevented or immediately attended to. A well equipped and competent employee health service will result in satisfied, well adjusted and highly motivated workers. This will reduce absenteeism and minimise labour turnover. It will also be effective in the prevention of accidents and occupational diseases, thus indirectly reducing the quantum of compensation paid by social security and through workmen's compensation.

ADVANTAGES TO THE EMPLOYEE

The employee who suffers from acute illness or is injured in an accident will receive prompt medical attention. The doctor will be aware of the industrial processes and be familiar with the working environment which will contribute towards early detection and prompt treatment of the workers. It can also foster better cooperation and participation of management in matters of occupational health and safety. Finally, the employee health service will work actively in the identification and elimination of occupational hazards at work.

ADVANTAGES TO THE DOCTORS

The doctor will be able to observe the individual patient's (worker) health problems in a much broader context than would otherwise be possible. He will be able to identify and prevent causes of accidents and ill health connected with work and the working environment. This will make his work more meaningful and professionally satisfying. Finally, the doctor will be able to specialise in occupational medicine and further improve his career prospects.

WHO SHOULD PROVIDE THE EMPLOYEE HEALTH SERVICE?

Optimal health of an employee will increase productivity, contribute towards industrial harmony and will eventually benefit management in particular and the nation in general. Thus, it is in the interest of industrial organisations

to undertake the responsibility of developing an excellent health service for its workers.

Multinationals and large plantation agencies have established their own comprehensive medical services, while others have minimal services which could be further developed. It is the medium and small industries which experience difficulties in the provision of medical service for its workers. It would be advantageous if several companies jointly organise a medical service thereby reducing capital cost, and share recurrent expenditure. Contributing industries would in this way get medical services at a much reduced cost. Moreover scarce medical manpower will be strategically deployed and utilised.

THE ORGANISATION OF OCCUPATIONAL HEALTH SERVICES

The development of Occupational Health Services in Malaysia will eventually be administered in a two tier system.

First Tier Strategy-Establishment of occupational health centres to provide occupational health services.

At the first tier level the services will include the diagnosis and control of occupational diseases including treatment and rehabilitation. Supervision of occupational health services in manufacturing industries, estates, mines, hospitals, laboratories, shops and offices including the provision of specialized occupational health services such as monitoring of workers in hazardous industries. Occupational toxicology and occupational hazards advisory services to the public sector and government agencies such as the Factories and Machinery Department, assistance to the Social Security Organisation in the diagnosis and assessment of occupational diseases and injuries. Research in occupational health and training of health personnel from industrial areas, and finally health education of workers, employers and the community.

Second Tier Strategy — Planning and administrative development of occupational health activities in Malaysia.

The second tier of services will provide co-ordination of occupational health activities in Peninsular Malaysia with Sabah and Sarawak. the collection, analysis and evaluation of occupational health statistics and epidemiological data on industrial diseases. Further development and implementation of occupational health activities in Malaysia, including supervision and administration of occupational health centres, co-ordination with general medical and health services to promote occupational health. To re-

view and enforce occupational health legislation, the co-ordination and active teaching of the discipline of occupational medicine in all medical and para medical institutions. Provide consultant and advisory services in industrial toxicology, and liaison with international agencies such as WHO, ILO, IRPTC and other regional agencies for the promotion of occupational health.

However, the above activities will be carried out at two functional levels mainly the National Occupational Health Centre in Kuala Lumpur and the regional centres in Penang, Johore Bahru and eventually in Kuantan. The National Occupational Health Centre has already been planned and is sited in the Public Health Institute Complex.

SUMMARY

This publication is the first in what is planned to be a regular information service to industry and occupational health professionals in Malaysia. The objectives of the service are to offer regular information about occupational health in general and about specific occupational health hazards. The aim would be to keep the occupational health professionals and industry abreast with

important and current developments in occupational health in Malaysia and other advanced countries.

The first publication is primarily directed to general practitioners providing medical care in industry and management in general. It starts out with the definition of occupational health, the objectives of an employee health service and describes the present situation in Malaysia. The advantages of a worker's health programme is also discussed. Finally a brief outline of the future organisation of occupational health in Malaysia is presented.

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