3.6 Occupational Health and Safety in Malta: Standards and Research

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Occupational Health and Safety (OHS) is developing in Malta. A decrease in both non-fatal and fatal accidents has been coupled with an added awareness of the prevalence of musculoskeletal disorders and psychosocial risks, particularly stress. In general however, OHS research is lacking despite recent efforts to remedy this situation. Regular research is necessary in order to develop a clearer picture of OHS in Malta. This would benefit both the development of this applied science and the labour market.

Introduction
The establishment of the Occupational Health and Safety Authority (OHSA) through Act XXVII of 2000, enhanced the awareness and importance given to occupational health and safety (OHS) in Malta. The Centre for Labour Studies (CLS) at the University of Malta also plays an important role in OHS through the well established and popular Diploma in Social Studies (Occupational Health and Safety) which is offered on a biennial basis. This diploma ensures that the two institutions are intertwined: several graduates of the course now work with the OHSA, whilst officers from the Authority regularly guest lecture within the diploma.

In view of the rising profile of OHS in Malta, the following article explores the current available research on OHS in order to determine what analysis has been undertaken of the prevailing standards. Such analysis is essential to continue protecting and improving workers’ health. By identifying what laws and guidelines are being implemented and where, one can identify sectors of concern whilst exploring what more should be done. Research is the driving force of this evolving applied science of OHS.
Occupational Health and Safety in Malta
The year 2013 has started brightly for Maltese workers: the OHSA presented a framework for tackling occupational stress (OHSA, 2013); a welcome measure for a country which continues to equate OHS with physical conditions and solutions, often disregarding their important psychological counterparts. The framework was not the only positive step forward: accident statistics, which have been on a downward spiral for numerous years, decreased once again in 2012; the frequency of non-fatal accidents is now 25% less than it was in 2005 (Table 1).

Table 1: Total occupational accidents and fatalities in Malta 2005-2013

<table>
<thead>
<tr>
<th>Year</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total accidents</td>
<td>4002</td>
<td>4366</td>
<td>4328</td>
<td>4023</td>
<td>3366</td>
<td>3314</td>
<td>3024</td>
<td>3000</td>
</tr>
<tr>
<td>Total fatalities</td>
<td>6</td>
<td>8</td>
<td>7</td>
<td>3</td>
<td>6</td>
<td>3</td>
<td>1</td>
<td>6</td>
</tr>
</tbody>
</table>

Sources: NSO/OHSA

The majority of these accidents continue to occur in specific sectors: manufacturing, construction, transportation and storage. This ongoing trend, whilst unsurprising due to the manual nature of these occupations, indicates that further attention is warranted. Occupational fatalities have also decreased, with 38% less deaths occurring in the last three years when compared to the previous three.

Notwithstanding the positive results which indicate that occupational safety is improving, the statistics provide an incomplete picture. It is well known that a substantial amount of physical occupational ill-health goes unreported, whilst psychological issues are reported even less frequently (OHSA, 2011). Despite being highly prevalent and the cause of much suffering and morbidity, solutions for tackling these “emerging risks” are also often not embarked upon. A recent indication of this issue came via the “European Survey of Enterprises on New and Emerging Risks” (ESENER) (EU-OSHA, 2010) which found that the percentage of Maltese establishments where employees were informed about psychosocial risks and their effects on OHS was equal to the EU average (just over 50%). However, Maltese undertakings were found to be below the EU average in all studied measures dealing with psychosocial risks. These included: provision of training; changes in the way work is organised; a redesign of the work area; confidential counseling for
employees; changes to working time arrangements; and set-up of a conflict resolution procedure. A lack of resources was reported as the primary reason why Maltese establishments had difficulty addressing these measures (EU-OSHA, 2010). The same survey found that, whilst 90% of Maltese firms reported performing risk assessments and 70% of line managers were quite or very involved in the management of OHS, less than a third of such firms reported that OHS issues were regularly raised in high-level management meetings. The use of safety expert services, occupational doctors, general OSH consultants, ergonomists and psychologists by Maltese enterprises were also all found to be below the EU average (EU-OSHA, 2010). This valuable piece of research therefore provides a strong indication that in order to tackle “emerging risks” such as psychosocial problems, whilst also improving general OHS standards, a cultural shift is necessary within undertakings’ upper management levels. More resources also need to be made available for OHS measures.

A general study commissioned by the OHSA in 2011 was the first large research project to provide a snapshot of the prevailing OHS standards in Malta. Amongst the findings, it was concluded that: larger companies were better equipped to maintain and develop safe working practices; workers of larger companies felt better informed about their OHS rights; the majority of companies do not have a designated individual competent in OHS; the appointment of a workers’ health and safety representative is particularly lacking; 40% of Maltese workers have never been provided with OHS training; and musculoskeletal disorders are the most common type of ill-health as well as the second most frequent injury after wounds and superficial injuries (OHSA, 2011). As this cross-sectional survey was the first of its type to be carried out in Malta, one cannot postulate whether these standards are actually an improvement on previous years. However, one clear conclusion that can be made is that whilst injury statistics indicate that standards are improving, a lot more still needs to be done. In particular, one should give more attention to micro and small enterprises which, despite forming the vast majority of Maltese undertakings, generally demonstrated the poorest OHS standards.
A focus on research

Beyond the two informative studies highlighted above, little further OHS research has been carried out in Malta. In particular, there is an evident lack of available OHS data at a national level (OHSA, 2011). While this is unsurprising given that OHS has only gained traction over the last thirteen years, it is cause for concern as practice should always be informed by research. OHS policy is not bereft of research; legislation, policy and practice have all been shaped by foreign studies. The need for local research could therefore be called into question due to the availability of high quality foreign studies; however, many OHS topics have been found to be country specific. For example, different populations have different anthropometrics, including average height, girth and weight, which form the basis of many health and safety designs, guidelines and standards. Thus, it cannot be assumed that a finding in one population can necessarily be transposed to another without due verification. Additionally, without local research, it is not possible to verify if standards are being followed, or if guidelines are amounting to positive quantifiable outcomes.

The long essays carried out in part fulfilment of the two year diploma in OHS are probably one of the largest growing repertoires of Maltese OHS research on the island. As they are often small scale studies and are essentially an academic exercise, their wider application can often be limited. Constructive findings are however produced and whilst these studies are available via the University library, the CLS organised a conference at the end of 2012 where a selection of long essays were presented to those currently studying or working within the field of OHS. A number of pertinent findings were presented, including the following:

- “Sun awareness and sun protective behaviour of Physical Education teachers in Malta” – The examined Maltese PE teachers understood the need to avoid excessive exposure to solar radiation. However, they were neither clear on how to go about this effectively nor did they practise enough solar protective behaviour (Cannataci, 2012).
- “Sleep deprivation, work schedules and stress among bus drivers in Malta” – Findings indicated that the majority of bus drivers were subject to occupational stress, suffered from MSDs and needed to dedicate more of their hours outside work to sleep (Aquilina, 2012).
• “The management of occupational health and safety in the Civil Protection Department” – It was concluded that the department implemented safe systems of work, OHS training was provided, whilst teamwork and trust in equipment played a major role in OHS within the CPD. It was also found that it is impossible to carry out risk assessments for all the hazards that the CPD personnel invariably encounter (Galea, 2012).

• “An assessment of Health and Safety in a secondary school’s science section with a special focus on biological activities” – identified a number of H&S good practices in a private school, whilst recommending that a more detailed chemical inventory system and improved facilities for chemical storage be introduced (Bonnici Spiteri, 2012).

Whilst it is evident that Malta’s OHS research should not be limited to biennial undergraduate long essays, the conference with these presentations was a positive and well received step in the right direction. Continued research, particularly like the ESNER (EU-OSHA, 2010) and the “Snapshot of prevailing studies” (OHSA, 2011) are essential for the continued health, safety and productivity of the labour market.

Conclusion
Dropping fatal and non-fatal injury rates suggest that Occupational Health and Safety measures are being implemented and bearing fruit. More attention however needs to be given to “emerging risks,” specifically musculoskeletal disorders and psychosocial risks, particularly stress. It is also apparent that new interventions should be coupled with a greater turnover of high quality, preferably longitudinal, studies that gauge their effects. Whilst there is still a fledgling OHS research culture in Malta, substantive progress has been made in the last few years. This now needs to be sustained and preferably accelerated.
References


