



AWTORITÀ GĦAS-SAĦĦA U S-SIGURTÀ FUQ IL-POST TAX-XOGĦOL  
OCCUPATIONAL HEALTH & SAFETY AUTHORITY

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**Report of Activities for the period**

**1<sup>st</sup> January 2014 – 31<sup>st</sup> December 2014**

**Budgeted Income and Expenditure Account**

**1<sup>st</sup> January 2015 – 31<sup>st</sup> December 2015**

**Financial Statements**

**1<sup>st</sup> January 2014 – 31<sup>st</sup> December 2014**

**Occupational Health and Safety Authority**

**17, Edgar Ferro Street,**

**Pieta`, PTA1533 MALTA**

**<http://www.ohsa.org.mt/>**

**2015**

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## Preface

The Occupational Health and Safety Authority Act, Cap. 424, was published on the 17<sup>th</sup> November 2000 and brought into force in its entirety on the 29<sup>th</sup> January 2002. In terms of the Act, it is the responsibility of the Occupational Health and Safety Authority to ensure that the physical, psychological and social wellbeing of all workers in all work places are promoted and safeguarded by whosoever has such a duty.

The following is a report of the Authority's activities for the period 1<sup>st</sup> January 2014 to 31<sup>st</sup> December 2014, and is being published in terms of section 37 of the Act. It includes the Authority's Budgeted Income and Expenditure Account for the period 1<sup>st</sup> January 2015 to 31<sup>st</sup> December 2015 (section 31 of the Act). Finally, the document includes an audited statement of accounts for the period 1<sup>st</sup> January 2014 to 31<sup>st</sup> December 2014.

Currently, the Authority has four sources of revenue – the annual grant made by the Ministry of Finance, the Authority's own revenues from services for which a fee is charged, the payment to OHS of administrative fines by persons intimated that they have been found contravening the law, and funds which are made available through foreign assistance, including EU Structural and Cohesion Funds. Despite increased economic pressures during the past year impinging on the way it manages its funds, the OHS Authority managed to end its financial year with a surplus of funds – it is anticipated that this surplus will cover the expected deficit in its finances for the forthcoming year.

## **OHSA Objectives**

OHSA's overall objectives are:

- to foster a culture which values prevention,
- to increase awareness about the benefits of achieving and maintaining adequate levels of occupational health and safety,
- to mainstream OHS into all policy areas including public policy, procurement, and education,
- to maintain the downward trends concerning ohs-related incidents which lead to injuries, diseases and deaths.

## **Vision of the OHSA**

The development of a culture that goes beyond the workplace, which adopts a holistic view of health and that values risk prevention.

The Maltese workplace will be an environment where health and safety are not considered as afterthoughts but are integrated throughout all work systems and processes.

Appropriate preventative measures will be in place in all workplaces in Malta to minimise the probability and severity of occupational incidents and illness. The ultimate goal is zero preventable incidents that can affect health and safety.

Employers and employees will be aware of the importance of preventative health and safety measures, and will have the knowledge, expertise and commitment to apply these measures to their workplace. The OHSA will be a partner to organisations, working together to improve health and safety at every opportunity.

Within the context of the European Union, Malta will participate effectively in discussions regarding the continuous development of occupational health and safety levels.

## **Mission Statement**

Working with others to ensure healthier and safer workplaces in Malta.

## **Mission analysis**

OHSA's mission is concise and direct: 'Working with others' means that in fulfilling its role, OHSA collaborates with, and involves other stakeholders (e.g. persons, employers, workers, constituted bodies, international organisations) in order to gather feedback on policies, generate commitment and obtain consensus – the OHSA does not want to be seen strictly as a controlling regulatory body.

The only way by which health and safety in the workplace will improve is if the process is self-regulating i.e. the employers themselves recognise that it is in their best interests to provide their workforce with a healthy and safe environment, while workers understand the need to cooperate with their employer in the preventive and protective measures that are required to be taken.

## **Chairperson's Message**

Despite a few lingering perceptions, occupational health and safety standards in Malta continue to register progress and improve across all sectors of activity, albeit at different rates. This is evidenced by the persistent downward trends in occupational injury rates and numbers of fatalities. The same cannot be said for occupational diseases, not least because of the widespread lack of reporting of the occurrence of such medical conditions when they are brought to light. This is a problem that hinders the Occupational Health and Safety Authority, which thus cannot react appropriately to ensure that preventive and remedial protective action is taken. A problem also denies affected workers their rights and entitlements according to the Social Security Act.

There is a very important dimension to occupational health and safety – the need to continuously develop our legislative framework to take account of emerging risks and changes in the world of work is partly initiated and driven by Malta's commitments to the European Union and the United Nations. On its part, the enactment of legislation necessitates a just, transparent and equitable enforcement system, through which those who are caught ignoring their obligations to safeguard occupational health and safety, are brought to justice.

Such international obligations are not limited to legislative revisions – Malta's membership of the European Union requires involvement and active participation in an ever-increasing number of committees as well as an obligation to participate in initiatives that have as their primary scope the furtherance of adequate levels of occupational health and safety. OHSa, in conjunction with the Ministry for Social Dialogue, Consumer Affairs and Civil Liberties have already started the necessary preparations in anticipation of Malta's Presidency of the European Union, when a number of high profile events related to occupational health and safety will be organised in Malta. Discussions have also started with the EU Commission and with the European Agency for Safety and Health at Work regarding the organisation of these events.

**The Hon. Dr. Deo Debattista MD, M.M.C.F.D., MP**

Chairperson.

## **Members of the OHS Authority.**

### ***Chairperson/s***

The Honourable Dr. Deo Debattista

### ***Deputy Chairperson***

The Director of Industrial and Employment Relations, *ex officio*.

### ***Members***

Mr. Edwin Balzan

Ms. Carmen Borg

Mr. Victor Carachi

Mr. Joseph Delia

Mr. Alfred Lia

Mr. Stephen Mc Carthy

Dr. Yosef Micallef ***Secretary***

Ms. Marita Pisani

### ***Chief Executive Officer***

The OHSA Act provides for the appointment of a Chief Executive Officer who is responsible for the executive conduct of the Authority, its administration and organization as well as the administrative control of its officers and employees.

Dr. Mark Gauci is the incumbent Chief Executive Officer of OHSA.

## Introduction

An increased awareness about the benefits of achieving adequate occupational health and safety levels often leads to requests for engagement on the part of the Occupational Health and Safety Authority. Similarly, Malta's well-developed regulatory framework requires enforcement through workplace visits, which often trigger the need for further enforcement actions. Whereas enforcement remains one of OHS's core functions, it is not the only one requiring time and resources. The OHS Authority Act 2000 assigns a total of twelve functions to the Authority, which are translated into a whole range of activities addressing as many sectors of activity as possible, and which are based on a risk approach – those activities associated with the greatest degree of risk receive a greater attention and a higher level of intervention from the Authority.

OHS also has to ensure that its Officers develop a wide range of skills, seeking in the first place to work cooperatively with both employers and employees, while being careful not to compromise their role of independent assessors of the control of risk at the workplace. At the same time, both the Authority and its Officers need to understand the legitimate needs of organisations making their way in a difficult market economy.

This approach to inspection necessitates a balance to be struck between the fundamental need to ensure that the law is complied with, and the importance of promoting and encouraging self-regulation.

As in the past, OHS continued with its activities to continue raising awareness and to disseminate information. This has been achieved without any reduction in other deliverables, in particular in its enforcement actions. Despite the sustained downward trends in the occupational injury rates and the number of fatal accidents at work, OHS feels that it remains an important part of its mission to keep emphasizing the positive correlations between sound occupational health and safety levels, enhanced productivity and the sustainability of operations.

## **Review of Activities**

In terms of the OHS Authority Act, 2000, the Occupational Health and Safety Authority has the primary duties of promoting high levels of occupational health and safety for all workers at all workplaces, and ensuring that they are safeguarded by whosoever has such an obligation. These duties have to be fulfilled within the parameters of the general national policy established by the Minister.

The Authority's priorities for the period under review have been determined as follows:

1. Awareness building, information, and education;
2. Ensuring compliance with existing legislation;
3. Legislative reform;
4. Consolidating the Authority's resources.

## **A Awareness building, information, and education**

Since it was established, OHSA has dedicated a lot of resources to disseminate information, raise awareness and in increasing the knowledge available about current occupational health and safety issues. OHSA also believes in the importance of awareness-building (especially about the accruable benefits to society in general, the economy, the nation and individual workers when achieving adequate levels of occupational health and safety) and the need to ensure that the information available is continuously updated in view of the ever-changing world of work and the emergence of new risks.

For this reason, the Authority continues to provide information and to disseminate it as widely as possible including through the issue of press releases and the preparation of feature articles that are published in the local media. Moreover, a number of information campaigns organized by the Authority have been linked with European initiatives, especially those organized by the European Agency for Safety and Health and the Senior Labour Inspectors Committee (SLIC).

### **1 Initiatives with School Children - NAPO**

Mainstreaming health and safety into education from an early stage is the foundation of a risk preventive culture. Today's children are the workers of the future and for this reason; OHSA recognizes the need to have basic concepts of occupational health and safety explained from an early age. Using the popular character of NAPO, OHSA has devised a series of school visits aimed at introducing occupational health and safety topics to primary school children.

NAPO is the official mascot of the educational campaign created by the European Agency for Safety and Health at Work (EU-OHSA). NAPO was originally created as a cartoon mascot to be used in short promotional video clips. Recognizing the positive impact of such cartoon character, OHSA-Malta developed this character into a life-size mascot to be used in an educational, yet fun and imaginative way during school visits. Following such initiative, EU-OSHA started producing its own professionally-made costumes. OHSA-Malta has recently acquired a new costume to be used during school visits and other awareness activities. The purpose of school visits is to enhance a risk preventive culture through which students develop the basic knowledge in risk identification and prevention.

During school visits, students are guided through a short film featuring NAPO and a poster exhibition featuring the importance and meaning of health and safety signs. This is then followed by an interactive and educational talk. At the end of the talk, NAPO makes an appearance to distribute an informative and educational activity booklet produced either by OHSMA-Malta that the students are encouraged to work through, at home or as a class event. OHSMA has already received various requests for NAPO to visit a number of schools during 2015. NAPO also appeared on local TV programmes. Such initiatives are used by OHSMA-Malta to instil a basic understanding of the concept of risk in schoolchildren and to help them associate such a concept with work activities.

## **2 Media Initiatives**

Media interventions are considered an effective channel for promoting the importance of occupational health and safety. Acknowledging such importance, OHSMA Officers participate in several radio and television programmes in which various issues pertaining to health and safety at work are discussed and explained. OHSMA has issued a number of press releases covering various aspects and has sent a number of letters to various newspapers.

## **3 European Agency for Safety and Health at Work and the Maltese Focal Point**

Being the local Point for the European Agency for Safety and Health at Work (EU-OSHA), OHSMA has been actively involved in European initiatives and campaigns that are organised throughout the year by EU-OSHA. EU-OSHA is a network organisation that has a focal point in each Member States as well as in European Free Trade Association States and candidate and potential candidate countries. The role and participation of National Focal Points is considered essential in achieving the desired results towards achieving safer and healthier workplaces. This is because National Focal Points are the primary contributors to the implementation of the EU-OSHA's work programmes, which include the dissemination of relevant information about occupational health and safety, the identification and control of risks as well as the sharing of information amongst duty-holders, including through the promotion of examples of good practice

## **4 General promotional activities**

### **4.1 Provision of Roll-Up Posters**

Earlier on, OHSa produced 13 roll-up posters covering various aspects of occupational health and safety. The roll-up posters that were funded by the European Agency for Safety and Health at Work (EU-OSHA) were exhibited in a number of places that were accessible both to workers and to the public. This initiative was welcomed and praised by many, to the extent that various organisations have requested OHSa to provide the use of such posters throughout the year.

The roll-up posters covered the following topics: slips, trips and falls, risk assessment, work-related stress, safe use of chemical agents, safe use of work equipment, active ageing, heat exposure, construction safety, manual handling, ergonomics, young workers, pregnancy and noise.

### **4.2 OHS in the Construction Industry and the role of Local Councils**

The construction sector requires careful management in particular in matters pertaining to occupational health and safety. Such management is considered to be essential in safeguarding the health and safety of the workers involved and of other persons who may be affected by such works, in particular members of the general public. Local Councils play an important role in ensuring that works are carried out in a safe manner and in accordance with relevant local permits. To this end, the Occupational Health and Safety Authority (OHSa-MT) in collaboration with the European Agency for Safety and Health at Work (EU-OSHA), has organised a seminar in which key issues pertaining to Local Councils and occupational health and safety management in construction works were identified and discussed in a detailed manner.

The Seminar saw the participation of various stakeholders including the Chamber of Engineers and the Chamber of Architects and Civil Engineers that covered areas pertaining to the role of Local Councils in protecting the health and safety of workers and members of the public. On the other hand, OHSa-MT covered various areas pertaining to health and safety in construction works in particular occupational health and safety legislation, the role of Local Councils and safe use of work equipment.

### **4.3 OHS – from the School Bench to the Shop Floor**

Integrating occupational health and safety into general and vocational education and training is considered the cornerstone of a risk preventive culture. Such integration has also been part of the European Community strategy on health and safety at work since 2002. Today's children are the workers of the future and hence the importance and need of integrating occupational health and safety into education from an early stage. The Occupational Health and Safety Authority (OHSA-MT) recognises this important fact and has been actively involved in the promotion of integration of occupational health and safety into general and vocational education and training. This has been done mainly through a specific campaign that involves the provision of information, training and educational visits in schools amongst other activities.

OHSA-MT also recognises the importance of covering vocational training and university education. To this end, OHSA-MT in collaboration with the European Agency for Safety and Health at Work (EU-OSHA) has organised a seminar on the importance of mainstreaming occupational health and safety into education.

The seminar addressed key areas intended to promote and maintain a high degree of physical, mental and social well-being of workers through a risk management approach. A number of workshops were also organised to identify the barriers towards mainstreaming occupational health and safety into education and to identify the necessary preventive and control measures to be implemented at an educational level.

### **4.4 Good Practice Awards – 2014-2015**

During 2014, the European Agency for Safety and Health at Work (EU-OSHA) launched its 12<sup>th</sup> edition of the Good Practice Awards, which for this year had as its theme 'Healthy Workplaces – Manage Stress'. Being an important element of the Healthy Workplace Campaign that is organised by EU-OSHA, the aim of the Good Practice Awards is to demonstrate the benefits of applying preventive and protective measures at the place of work. The Occupational Health and Safety Authority (OHSA-MT) as EU-OSHA's National Focal Point also launched this Award in Malta.

The Good Practice Awards consisted of two categories. The first category consisted of organisations employing more than 100 workers, whilst the second category consisted of organisations employing less than 100 workers. Four companies took part in the award competition. The four submissions were subsequently judged by the local tripartite Evaluation Committee. The two submissions that placed first in the two available categories were nominated and sent to EU-OSHA to participate in the European Good Practice Awards. The result of this Pan-European Award will be announced by the European Agency in spring 2015.

#### **4.5 OHS and the Ageing Workforce**

Malta is experiencing an ageing workforce that is considered one of the most challenging areas in matters pertaining to occupational health and safety. The ageing workforce and occupational health and safety are two areas that are interlinked in various ways. In order to experience an increase in life expectancy, workplaces must be healthier and safer, hence the importance of managing occupational health and safety.

During 2014, OHSA, in collaboration with the European Agency for Safety and Health at Work (EU-OSHA) and the Active Ageing Unit, in the Department for the Elderly and Community Care, organized a seminar on how to manage occupational health and safety within the perspective of an ageing workforce. The main aim of the seminar was to instil a risk preventive culture in connection with the concept of active ageing – “safer and healthier work at any age”.

The seminar expounded on the relationship between the ageing workforce and occupational health and safety. The seminar that saw the participation of various key speakers and social partners provided various insights and practical measures on how occupational health and safety can be managed to address the challenging factors of an ageing workforce. The result was a common understanding that in order to have better health and an increase in life expectancy, workplaces must be healthier and safer.

## **4.6 OHS in Agriculture**

Following the proactive campaign targeting nurseries and garden centres, the Occupational Health and Safety Authority (OHSA-MT) in collaboration with the European Agency for Safety and Health at Work (EU-OSHA) organized a seminar on occupational health and safety in the agriculture sector. Being one of the most hazardous environments, the agriculture sector needs to be addressed with a specific and well-defined programme covering all aspects of work within the sector.

The main objective of the seminar was to provide an insight of the various aspects that must be addressed when managing occupational health and safety in the agriculture sector. Key speakers from OHSA-MT and from EU-OSHA covered various areas including legal obligations, safe use of chemicals and safe use of work equipment. Other aspects that were covered during the seminar included the findings of an inspection campaign conducted by OHSA-MT during 2014 and the situation of occupational health and safety in the agriculture sector, both at a local and European level.

## **4.7 MEP visits OHSA**

Occupational health and safety is a multidisciplinary field that requires the involvement of all stakeholders both on a local level and on a European level. MEP Dr. Miriam Dalli, following her visit to the Occupational Health and Safety Authority, also reiterated this statement. The visit was carried out to discuss issues related to the Committee on the Environment, Public Health and Food Safety, of which Dr. Dalli is a member.

OHSA recognizes the importance of working with others to achieve safer and welcome such visits that are intended to improve the level of occupational health and safety in particular on a local level.

#### **4.8 Meeting with Her Excellency Marie Louise Coleiro Preca, President of the Republic of Malta**

Following the Good Practice Awards ceremony that was held in October 2014, various OHSa officials and participants of the Good Practice Awards, held a cordial meeting with Her Excellency Marie Louise Coleiro Preca, President of the Republic of Malta at The Palace, Valletta.

The meeting was held to raise awareness on the importance of addressing stress and other psychosocial risks and to recognize the local efforts being made by various organizations to achieve healthier and safer workplaces.

Her Excellency acknowledged the hard work and perseverance demonstrated by OHSa to achieve healthier and safer workplaces.

### **5 Awareness raising amongst stakeholders**

In line with its business plan, the Authority retained its core awareness raising activities. The beneficiaries of these training and awareness raising sessions included construction and road-building companies, manufacturing enterprises, hotel and catering establishments, ITC sector, primary health and mental care, probation officers, the Armed Forces of Malta, the wide Public Service, teachers, union representatives and HR managers.

During the fourth quarter, a course entitled Well-being at the Workplace was also held in Gozo in collaboration with PAHRO (OPM). The pilot course targeted Gozitan high-ranking public service employees from the health and education departments and the Ministry for Gozo.

### **6 Training for operators of fork lift trucks and cranes**

Following discussions with the Chamber of Engineers (CoE) regarding training for forklift truck and crane operators in the principles of safe use of this equipment, the joint delivery of these courses started this year. Thirteen courses were delivered to 160 participants.

## **7 Degree-Plus – University of Malta**

Following discussions with the University of Malta, an occupational health and safety component has been included once again within the Degree-Plus Programme at the University of Malta (UoM) The subject areas covered within this module include the work-health relationship, risk assessment, the legal framework, chemicals, work equipment, ergonomics and construction safety. Practical examples from different places of work were also shared with the students. Following feedback from lecturers and students, for the academic year 2013/2014 OHSa updated the course to cover also, occupational health, new and emerging risks, statistics and the European dimension to occupational health and safety. Another Degree-Plus course commenced during the 2014/2015 academic year, and OHSa, once again, contributed towards the delivery of a number of OHS lectures to University students.

The rationale behind this initiative is to mainstream basic concepts of occupational health and safety into as many diverse undergraduate courses at the University of Malta as possible.

It is also being hoped that this initiative will continue in the years to come to reach the maximum number of tertiary education students as possible.

## **8 Website – <http://www.ohsa.org.mt/>**

OHSa's website remained popular with safety practitioners and members of the general public, and is used by an increasing number of persons searching for information about different aspects of occupational health and safety in Malta - the number of page views registered for January – mid December 2014 is 89,527 (an average of 1,722 hits per week). There were also 9,490 unique visitors (equivalent to 26 visitors per day) throughout the year. Traffic towards the website is made up of 38% returning visitors while 39% are new visitors.

The pages most commonly visited were the ones shown hereunder, giving a good indication as to the reasons why people visit the website:

- About Us: <http://ohsa.org.mt/Aboutus.aspx>
- Legal Notices in English: <http://ohsa.org.mt/Home/Legal/LegalNoticesAvviziLegali.aspx>
- Contact Details: <http://ohsa.org.mt/Contactus.aspx>

OHSA also maintains and updates the Malta portal of the European Agency for Safety and Health <https://osha.europa.eu/en>, which is very distinct from OHSA's own website.

## **9 Social Partners' Sponsorship Fund for OHS Initiatives**

During 2014, OHSA launched a fund to support Social Partners with OHS initiatives. The scope of this sponsorship fund is to encourage and assist Social Partners, to promote the benefits of having adequate levels of OHS and to disseminate information or guidance about different aspects of OHS. The total threshold available for this sponsorship fund shall not exceed €5,000 for a given calendar year.

For eligibility, an initiative example should, as far as possible: (a) demonstrate a real, identifiable intervention to prevent or minimize risks at places of work, (b) Improve working conditions through effective social dialogue between employers and workers and (c) aim to achieve an identifiable long term or permanent benefit.

As a minimum, interventions should meet all relevant legislative requirements in Malta, and shall in particular be consistent with the general principles of prevention as laid down in Act XXVII of 2000.<sup>1</sup>

## **10 Partnering Richmond Foundation - mental health issues at the workplace**

Over the last year, OHSA continued its partnership agreement with Richmond Foundation on a project that consisted primarily of raising awareness on mental health issues at the workplace. The project's activities focused on enterprises and employees and were intended to generate positive attitudes towards mental health as an essential prerequisite for employee well-being and personal development, but also for the success of businesses themselves. The project is part-financed by the European Union from the European Social Fund (ESF).

Richmond Foundation is the applicant and coordinating partner of the project. Other partners, apart from OHSA, included the Malta Employers' Association, Malta Chamber Foundation, Gozo Business Chamber and the General Retailers and Traders Union, These partners brought into the project a wealth of experience and expertise in their respective areas of operation.

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<sup>1</sup> More details about this fund: <http://osha.org.mt/Portals/0/Docs/SocialPartnersFundingCriteria.pdf>

The project included a research component, in which a number of audits were conducted among enterprises that analysed the working environment and any policies in place. Towards the end of the project, a second audit was conducted to assess the effectiveness of the activities in sensitizing enterprises to mental health issues and the need for policies to deal with them.

The project aim was to improve the working environment of enterprises that do not have a mental health policy in place, by producing guidelines for enterprises on how they can go about formulating and implementing effective mental health strategies. A number of training sessions on the subject were also delivered by the lead organization.

The activities and results of the project were communicated to stakeholders and the public using a mix of different media, including printed material, billboards, and electronic media.

During November 2014, OHSA also participated and delivered a speech at the project's concluding conference. The recommendations of this conference will be included in the final project report, which will be published and will be presented to a number of stakeholders and policy-makers working in the mental health sector.

## **B Ensuring compliance with existing legislation**

The Authority considers enforcement as one of its key core functions since it ensures that duty holders adequately control risks at their place of work. This can be achieved if duty holders take action that is commensurate with the degree of risk. When no such action is taken, it is the duty of the enforcing authority to take legal action or any other action permitted by law.

The term 'enforcement' has a wide interpretation, but is often taken to include all interactions between the enforcing authority and the duty holders, which may include employers, employees, the self-employed, appointed competent persons, workers' health and safety representatives and others. The term should not be taken to mean exclusively punitive action, as for example through prosecution, but can also mean the provision of advice or information, or the issue of a warning or an order by an OHS Officer.

It remains the Authority's current policy to focus on those work activities that give rise to the greatest risk, although less risky activities are also subject to monitoring, including by organising periodical information/inspection campaigns.

## **1 Handling of requests for assistance or for information**

OHSA had set itself a target whereby all requests for assistance or information are handled within a maximum of two working days. In those cases necessitating a workplace visit, OHSA has managed to retain and meet the target in 98% of occasions, as in previous years.

There has also been a slight increase in the number of requests for information by members of the public, particularly workers, especially using electronic mail with considerably more than a thousand being received during 2014. Invariably, the information requested was supplied by OHSA on the same day that it was received; other more complex requests, especially where they involved a workplace visit, were handled within a maximum of two days.

This approach has led to a situation whereby there remains no pending workload in this regard.

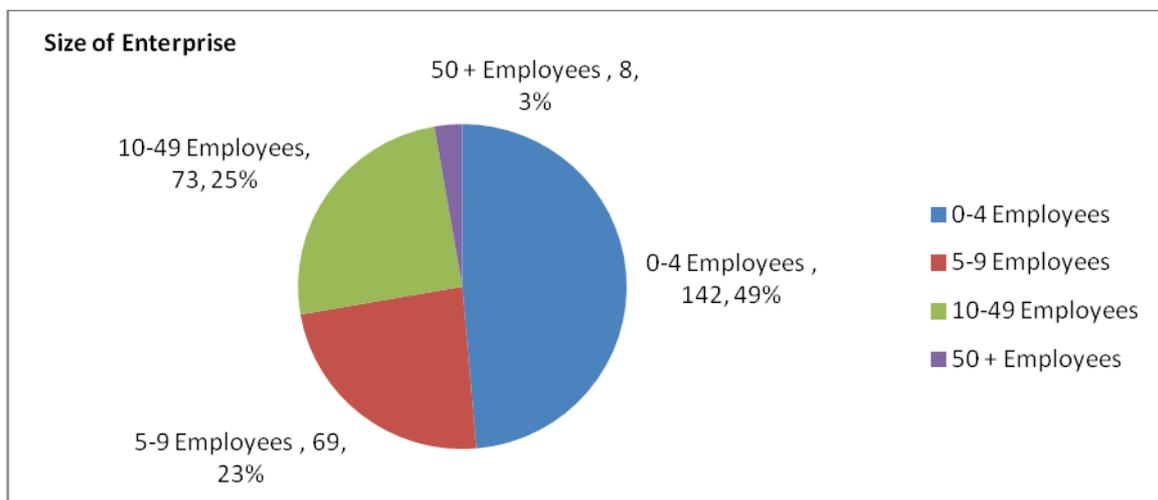
## **2 Inspection campaign: Slips and Trips on the same level**

During 2014, the OHS Authority participated in a EU-wide inspection campaign organized by the Senior Labour Inspectorate Committee (SLIC) to prevent accidents and injuries caused by slips and trips on the same level. Slips and trips may have serious consequences, resulting in severe injuries such as broken bones or concussion and it is estimated that 35% of such accidents keep a worker unable to work for longer than a month.

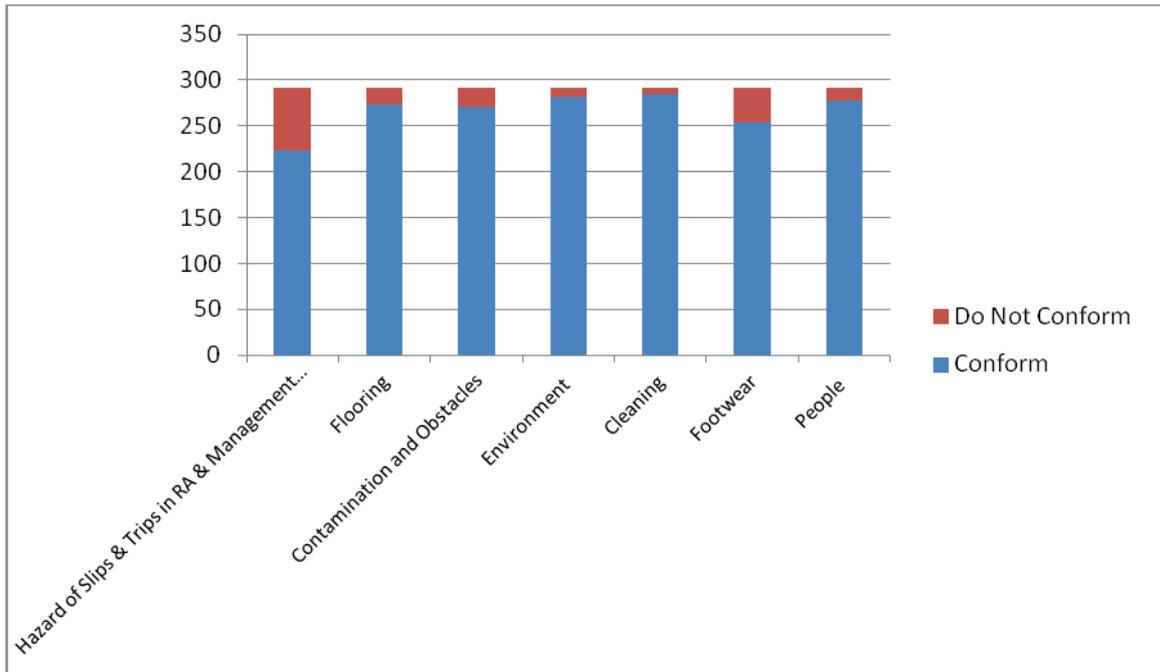
The subject of this campaign was chosen by the SLIC Working Group due to the widespread occurrence of these types of accidents in all economic sectors. In fact, slips and trips (together with falls) amount to 24% of all reported accidents in the EU. Whereas the European campaign targeted various economic sectors, that in Malta focused on restaurants.

During the preparation stage of this campaign, OHSA participated in workshops organized by the SLIC Working Group in Luxembourg where all participating Member States were briefed and received training on how to run this inspection campaign. That same knowledge was then disseminated to the OHS Officers who were assigned to carry out the inspections. During the course of the campaign, OHS Officers carried out 292 inspections in restaurants in Malta and Gozo. The main aim of this campaign was to ensure that restaurateurs were taking suitable precautions to prevent slips and trips on the same level within their establishments.

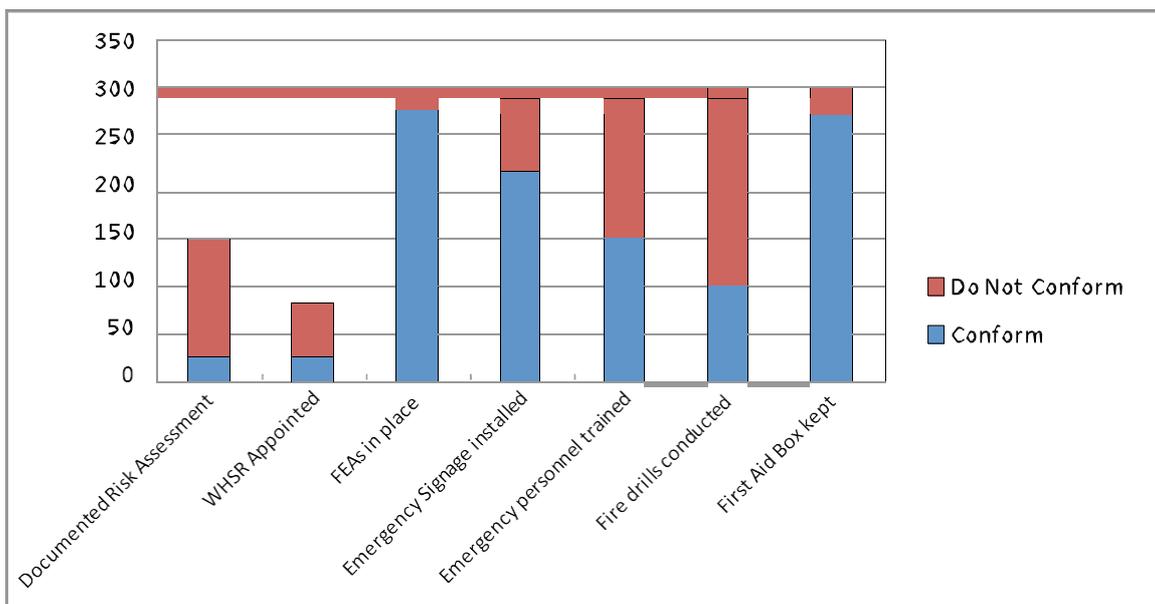
The distribution of inspections according to the size of the enterprise visited is shown in the following diagram.



The campaign was intended to evaluate the manner in which hazards associated with slips and trips are being managed. The inspections took into consideration the general setup of the workplace such as the flooring within the cooking areas, the presence or lack of obstacles in pathways, the levels of lighting in the establishment and whether adequate footwear was utilized. Issues such as how spillages are tackled during different times of the days (such as before, during and after service) to ensure that employees and patrons are protected were also evaluated. The following diagram shows the degree of conformity with these requirements.



Apart from looking into the hazards associated with slips and trip on the same level, OHS officers also requested to see documentation related to the assessment and evaluation of risks, whether a Worker’s Health and Safety Representative had been elected, the adequacy of fire safety and emergency procedures and how fire safety hazards are managed, as well as the provision of adequate supplies of first aid equipment and the use of personal protective equipment where this was required. Conformity with these requirements is shown below.



Inspected businesses were informed of the findings of the inspection immediately and made aware of their legal obligations in safeguarding health and safety in their workplace. Letters informing each employer of the inspection findings were also sent in order to encourage them to ensure that they carry out the necessary improvements to render their workplaces safer.

It is envisaged that a follow-up campaign will be carried out in 2015 in order to ensure that remedial action has been taken.

### **3 Nurseries and Garden Centre Campaign**

During 2014, OHSA carried out an awareness and educational proactive campaign in the agriculture industry, targeting leading nurseries and garden centres within Malta and Gozo. This campaign was carried out during the months of September and October, where 19 establishments were inspected. Of these 19 establishments, two were suppliers of agricultural work equipment that is being placed on the local market.

The main scope of the campaign was to raise awareness amongst employers about their legal obligations and to ensure minimum statutory compliance with OHS regulations for this industry. During the inspections, an initial interview was carried out with the employer, followed by a site inspection. OHS Officers verified compliance with a number of important statutory obligations including risk assessments, workers' health and safety representatives, fire fighting equipment and fire / emergency drills, personal protective equipment, certification of lifting equipment, handling of chemicals, first aid arrangements and the safe use of work equipment.

The findings of the inspections are being presented as follows:

|   | Yes | No | %Yes |
|---|-----|----|------|
| Documented risk assessment (N=11)                         | 2   | 9  | 18   |
| Workers' Health & Safety Representatives appointed (N=10) | 3   | 7  | 27   |
| Fire fighting equipment provided (N=19)                   | 13  | 6  | 68   |
| Fire / Emergency drills carried out (N=19)                | 0   | 19 | 0    |
| Personal Protective Equipment provided (N=19)             | 19  | 0  | 100  |
| Lifting equipment certified (N=6)                         | 2   | 4  | 33   |
| Measures for the safe handling of chemicals (N=16)        | 14  | 2  | 88   |
| Health surveillance carried out (N=16)                    | 5   | 11 | 31   |
| First Aid box provided (N=19)                             | 16  | 3  | 84   |
| Work equipment CE marked (N=13)                           | 8   | 5  | 62   |

N – Number of establishments obliged by law to comply

Letters informing each employer of the inspection findings were also sent in order to encourage them to ensure that they carry out the necessary improvements to render their workplaces safer. A follow-up inspection will be carried out in due time to ensure compliance.

During November 2014, a half-day seminar was organized by OHSA to present the findings of this campaign and to raise more awareness about the importance of OHS in the agriculture sector.

#### **4 Notification of injuries and accident investigation**

OHSA received 793 notifications from employers concerning injuries which result in a worker being incapacitated for work for more than three consecutive days or which resulted in the injured worker being hospitalised for more than 24hours beyond the period for observation.

## **5 The construction sector**

As in previous years, the construction sector remains a focus of attention for the OHS Authority, primarily since this sector is associated with the highest injury rate when compared with other industrial sectors. Throughout the year, OHS officials carry out a number of inspections, either in a proactive manner, or because of a complaint (usually from third parties). Almost all construction site inspections are routinely followed up by further inspections to ensure compliance with the law, and, or with the Orders that may have been issued.

On a positive note, larger contractors appear more receptive to OHSA's approaches and the messages that it conveys, and are showing tangible commitment and investment, so that large projects are no longer associated with high accident rates, despite their long duration and the large number of workers present at any time on site.

This notwithstanding, the construction industry presents a huge challenge for OHSA, which apart from the work that it carries out within this sector, also receives countless requests for assistance from the general public on matters which fall outside the applicability of the OHS Authority Act, including complaints concerning nuisance dust and noise and other inconveniences, damages to third party property, and increasingly, matters of a civil nature. Despite not falling under OHSA's remit, OHS Officers invariably inspect the sites that give rise to such complaints, to ascertain compliance with the relevant ohs legislation. Despite being informed that the issue does not fall within the applicability of the OHS Authority Act, and despite the fact that OHSA refers the matter to the relevant authorities, an inadequate response to control the matter that has been referred often leads to public declarations by the complainant of OHSA inaction.

A problem that is having serious consequences on the number of injuries occurring at construction sites, concerns the utilisation of foreign un-skilled workers who are being temporarily employed in this sector. These workers are often being hired and fired on a monthly (sometimes weekly) basis, at times without even knowing their first names. Such workers often do not have a permanent or fixed place of abode, and when the need arises, cannot be traced by OHSA that often seeks the intervention and assistance of the Executive police.

## **6 Construction notification forms**

OHSA processed 458 Construction Notification Forms received in accordance with Legal Notice 281 of 2004. OHSA continues to register a higher adherence rate by developers ('clients' in terms of the relevant legal notice) both in Malta as well as in Gozo. This figure demonstrates the increase of over a hundred new Construction Notifications forms received over the previous year all of which were regularly inspected and monitored by OHS officers to ensure adherence with Health and Safety legislation.

These Construction Notification Forms are required to be sent to OHSA in the case of projects of a considerable size and which entail more than 500 man-days or where there are more than 20 workers working on any one particular site for more than 30 days.

## **7 Radiation protection**

All regulatory activities in EU member states are based on the EURATOM Treaty. The Treaty is one of the founding Treaties of the European Union and was established in 1957. Two important aspects of the Treaty which are of greater relevance to Malta are the objective of guaranteeing high standards of safety for the public and workers and to ensure that nuclear material is not diverted from civil to military use.

All regulatory aspects of the EURATOM Treaty fall under the remit of the inter-ministerial Radiation Protection Board (RPB) set up by Legal Notice 44 of 2003. The work of the RPB is not limited to occupational radiation issues but also covers a vast range of other issues including medical radiation exposure control, radiological emergency preparedness, and protection / monitoring of the environment and fulfilling Maltese obligations under the nuclear related treaties of the International Atomic Energy Agency.

OHSA is the lead entity in RPB, providing administrative support, and coordinating the activities of the constituent entities through the work of its Radiation Protection Section. Four formal RPB meetings were held during the 2014.

As part of Malta's commitments to two Directives under the Euratom Treaty the Radiation Protection Section has been making preparations for an international peer review (Integrated Regulatory Review Service (IRRS) mission) of the radiation regulatory systems in Malta (due during the first quarter of 2015). As part of these preparations the International Atomic Energy Agency (IAEA) has sent experts on three occasions during 2014 to assist in

the preparations. The RPB completed an IAEA self-assessment that led to an Advanced Reference Material Report that had to be sent to the IAEA two months before the mission. Through an initiative of the Radiation Protection Section, Malta managed to obtain funding for 95% (€102,410) of the IRRS review process through an IAEA Technical Cooperation project.

OHSA's radiation protection section performed 81 inspections, including inspections of the new Oncology Hospital at Mater Dei. 22 x-ray clinics/hospitals underwent an in-depth inspection process and were issued with formal RPB authorisations to work with ionising radiation.

Currently the national inventory of users of all sources of ionizing radiation, which is updated and maintained by RPB stands at 205 (a decrease of five since the last report). Inspections being carried out by the Radiation Protection Section focusing on medical establishments with a view to issue formal authorisations (licences) in terms of legal notice 44 of 2003.

Following consultation, a National Management of Radioactive Waste Policy and Strategy was developed and approved by the RPB in October 2014. This document is required under Legal Notice 186 of 2013 to ensure that radioactive waste is managed in a manner that protects human health and the environment now and in the future without imposing undue burdens on future generations

The Maltese report for the Sixth Review Meeting of the Convention of Nuclear safety at the IAEA in Vienna was presented in April 2014.

A national report for the Joint Convention on the Safety of Spent Fuel Management and on the Safety of Radioactive Waste Management was submitted to the IAEA ahead of the Joint Convention Review meeting to be held next year (2015) at the IAEA in Vienna.

Assistance is being given to the A&E Department at Mater Dei Hospital to develop its capacity to deal with patients with radiation injuries or contamination.

This section coordinated the preparation of four new RPB operating procedures that were approved during 2014 by the RPB. Two 4hr training courses for occupational issues and for medical exposure issues were organised.

## **8 Machinery, equipment, plant and installations**

Various types of work equipment are used in industry ranging from the basic hand tools to heavy machinery and lifting equipment. These are covered by occupational health and safety regulations that put certain obligations on employers to ensure their safe use. Amongst these obligations is the requirement that work equipment is examined and inspected.

The examination reports that are required to be sent to OHSa and other reports that are requested by OHSa are held at the Machinery Equipment Plant and Installation (MEPI) section. The reports are checked, vetted and their contents inserted in the section's database. The number of entries related to the various types of machinery and equipment, in the database at the end of the year amounted to 6769. These were divided as follows: 3157 lifts, 857 cranes, 458 boilers, 1137 forklift trucks, and 1160 other equipment. The total number of reports received was 5734 - 3717 for lifts, 296 for cranes, 97 for boilers, 536 for forklift trucks and 1088 for other equipment.

This section is also responsible for the implementation of the Control of Major Accident Hazards (COMAH) Regulations. In preparation for the permit application for the new LNG terminal and storage at the existing upper tier site of Delimara power station, foreign consultants were engaged to assist the Competent Authority (CA) in evaluating the reports submitted by the operator. This involved extensive consultations and meetings for the preparation of the consultation zones for the project.

Following the recommendations made by the Working Group on land-use planning consultation zones submitted in 2013, a foreign consultant was engaged to evaluate the revised safety reports of all COMAH establishments, prepare consultation zones for all sites and establish a set of criteria and methodology for these zones. Furthermore, this consultant will prepare guidelines for operators of COMAH establishments. As the lead Authority in the COMAH CA, OHSa organised meetings and site visits and provided the necessary information and documentation to the consultants.

As the contact point for the Major Accident Hazards Bureau (MAHB), MEPI participated in the beta testing of the new software developed for the Seveso Plants Information Retrieval System (SPIRS). This involved entering data into the system and providing feedback to MAHB. Part of the requirements of the new Seveso III Directive relating to the introduction of Heavy Fuel Oil was implemented in the COMAH regulations as an amendment, (Legal Notice 4 of 2014), which came into force on the 15<sup>th</sup> February 2014. Because of this amendment, two lower tier sites were reclassified as upper tier and one site, which previously was not a COMAH site, was classified as upper tier.

OHS Officers from this section participated in a technical visit to Athens, at an LNG storage facility and a gas firepower generation plant. Valuable information on the operational procedures and safety management systems related to LNG was acquired.

This year the MEPI section organised an inspection campaign targeting tower cranes. During the inspection details on the owners, certification, documentation, identification and general condition were gathered.

Talks that commenced last year with the Chamber of Engineers (CoE) were concluded with the signing of an agreement between the OHS and the CoE. This agreement caters for the joint delivery of training courses on the safe operation of cranes and forklift trucks.

## **8.1 Inspection campaign: Tower cranes**

During 2014, the MEPI Section carried out an inspection campaign targeting a sample of tower cranes installed around Malta. 50 different tower cranes were identified in the campaign.

43 of the cranes inspected were found to be in operation whilst the other 7 were idle (in the case of the latter, information about the owner of the crane was obtained). During the inspections carried out a number of verifications were made. It resulted that all operational cranes were covered by a valid examination report issued by a competent person while 20 cranes had appointed an architect or structural engineer to examine the base supporting the tower. In the case of the latter, an examination report of the base of the tower crane was requested, and in all cases was submitted to OHS.

It is to be noted that most of the cranes inspected were not owned by the operator/employer, but had been hired from crane companies – this was used as a justification for the non-availability of a maintenance log. The employers were informed that they were required to ensure that the cranes were properly maintained. The employers were also informed that a copy of the examination report of the crane should also be kept on site.

In most of the instances, cranes were found in good or satisfactory conditions and well maintained as required by the Work Equipment Regulations L.N. 282/2004. From the inspections conducted by OHSa it resulted that all the employers and their workers using the tower cranes were aware of the importance of the certification of the crane and the maintenance required operating the crane safely.

During 2015, OHSa intends to carry out follow up inspections and identify other cranes in different locations with the aim of ensuring compliance with the regulations

## **9 Occupational health**

Workplaces present an extremely wide range of hazards which can cause ill health in workers: noise, chemical exposures, radiation, viruses, bacteria, biological allergens, skin sensitizers, psychological issues, heavy machinery, hostile environments and more, any of which, if uncontrolled, present very real risks to workers

Various OHS regulations currently in force require medical examination reports to be sent to OHSa – the law states that these reports should be sent for vetting to a medical doctor, and in fact cannot be viewed by a non-medical person. Currently, all medical reports are vetted by OHSa's occupational physician, who liaises with medical consultants at Mater Dei Hospital and other medical practitioners (private or in the health sector) on all issues concerning occupational medicine.

While according to health and safety legislation, health surveillance should be instituted when risk assessment reveals a residual risk after appropriate control measures have been applied, yet certain health surveillance is mandatory for example in the case of asbestos and lead workers. Mandatory health surveillance is being enforced by this section.

OHSA's occupational physician is a member of the Advisory Committee for Safety and Health at Work's Working Group on Occupational Diseases, which Committee is discussing the update of the present EU list of Occupational Diseases and is also considering ways of improving the recognition of Occupational Diseases. OHSA's occupational physician is also a member of the Working Group tasked with updating the EU's Electromagnetic Frequency Directives concerning human exposure. This tripartite Working Group has been entrusted with the task of working 'in close cooperation with the Commission in the preparation and adoption of a delegated act in accordance with Articles 11 and 12 of Directive 2013/35/EU and providing a draft opinion for adoption by the Advisory Committee for Safety and Health at Work'. For this reason, an *ad-hoc* meeting of national experts was organised on 10 September 2014 to discuss this matter, and to receive Member States' advice and position on this subject. Malta was represented by an OHSA appointed expert. A long and in-depth discussion took place regarding the legal and scientific issues related to the International Commission on Non-Ionizing Radiation Protection (ICNIRP) guidelines and their possible insertion in the Directive through a delegated act. The ICNIRP guidelines for limiting exposure to electric fields induced by movement of the human body in a static magnetic field and by time-varying magnetic fields below 1 Hz will only be inserted in the Guide to good practice for implementing EMF Directive 2013/35/EU.

The Occupational Health Section at OHSA was also involved in the preparation of technical dossiers on emerging risks – the latest one being Ebola virus, which involves obtaining information concerning the pathogen, its mode of transmission, as well as the protective/preventive measures for workers who may come in contact with the pathogen.

## **9.1 Work related stress**

Work-related stress has been identified as a concern for both employers and workers. It can potentially affect any workplace and any worker, irrespective of the size of the company, field of activity, or form of employment contract or relationship. Conversely, tackling stress at work can lead to greater efficiency and improved occupational health and safety, with consequent economic, social benefits for companies, workers, society as one.

Besides organizing this year's Good practice awards dedicated to mental health, OHSA also organized, in collaboration with OPM's Public Administration HR Office (PAHRO), three 14-hour training courses dedicated to "Mental health and wellbeing at the place of work". Part of this course was also organised in Gozo.

## **9.2 Health Surveillance**

Health surveillance is a process involving a range of strategies and methods by which to systematically detect and assess the early signs of adverse effects on the health of workers exposed to certain health hazards - in other words, health surveillance means watching out for early signs of work-related ill health in employees exposed to certain health risks. It is an important tool, and when used as part of an appropriate risk assessment process, serves to determine the adequacy of preventive and protective measures, or to indicate the need for new ones.

OHSA continuously provides advice to duty holders of when and how health surveillance is to be carried out. In particular, OHSA has become a point of reference for medical practitioners, who often seek advice on the examination parameters indicated to be used in the case of specific exposures.

## **9.3 Notification of industrial diseases**

The notification of all industrial diseases is important not just from a statistical point of view, but would be of assistance to the Authority to identify areas where greater intervention is required. Having worked with the Department of Social Security in developing a single form which can be used to file a claim for a benefit under the Social Security Act, as well as to notify the Authority of the occurrence or suspected occurrence of a disease that has been caused by work, OHSA continued with its on-going drive to increase the notification rate for such occurrences. This information would be of great assistance to OHSA in its task of identifying uncontrolled risks at different places of work. The most severe cases are investigated by OHSA and steps are taken to ensure compliance by whosoever has such a duty in terms of the law. This is of benefit to the workers concerned, not only to avoid recurrence of any similar occurrence, but also to reduce the risks to other workers. This ultimately also reduces the burden on the social security system and society in general.

Unfortunately, there still remains a problem with regards to the notification of occupational diseases, which remain largely not notified to OHSA, while no claim for benefits arising out of the Social Security Act is made with the Department for Social Security (DSS). Despite the various initiatives already taken in this regard by OHSA, few notifications are sent – in fact, the numbers are so low that they cannot even be used for statistical analysis to estimate the real prevalence of occupational diseases in Malta.

The challenges of occupational diseases to workplaces are not restricted to Malta, as other Member States have reported similar positions. In fact, the European Commission has also included measures to address this trend through the recently published EU Strategic Framework for OHS 2014 – 2020.

## **10 Work related accidents - statistical trends**

Statistics about work related accidents, including injuries, fatalities and ill-health remain an important tool to assess the current state of occupational health and safety especially the effectiveness of current measures. Locally, these statistics are obtained from various Government entities including the Occupational Health and Safety Authority, the National Statistics Office as well as the Department for Social Security.

The downward trends in both the number and more significantly, the rate of industrial injuries (for which a claim for a benefit under the Social Security Act has been filed), remain evident. Whereas it can be argued that, there are a number of injuries which are not notified and which therefore are not included in the official statistics on work related injuries, on the other hand it can also be assumed that this number remains constant throughout the years. From a statistical point of view, this does not affect trends, and so the claim that there is a downward trend in work related injuries remains valid.

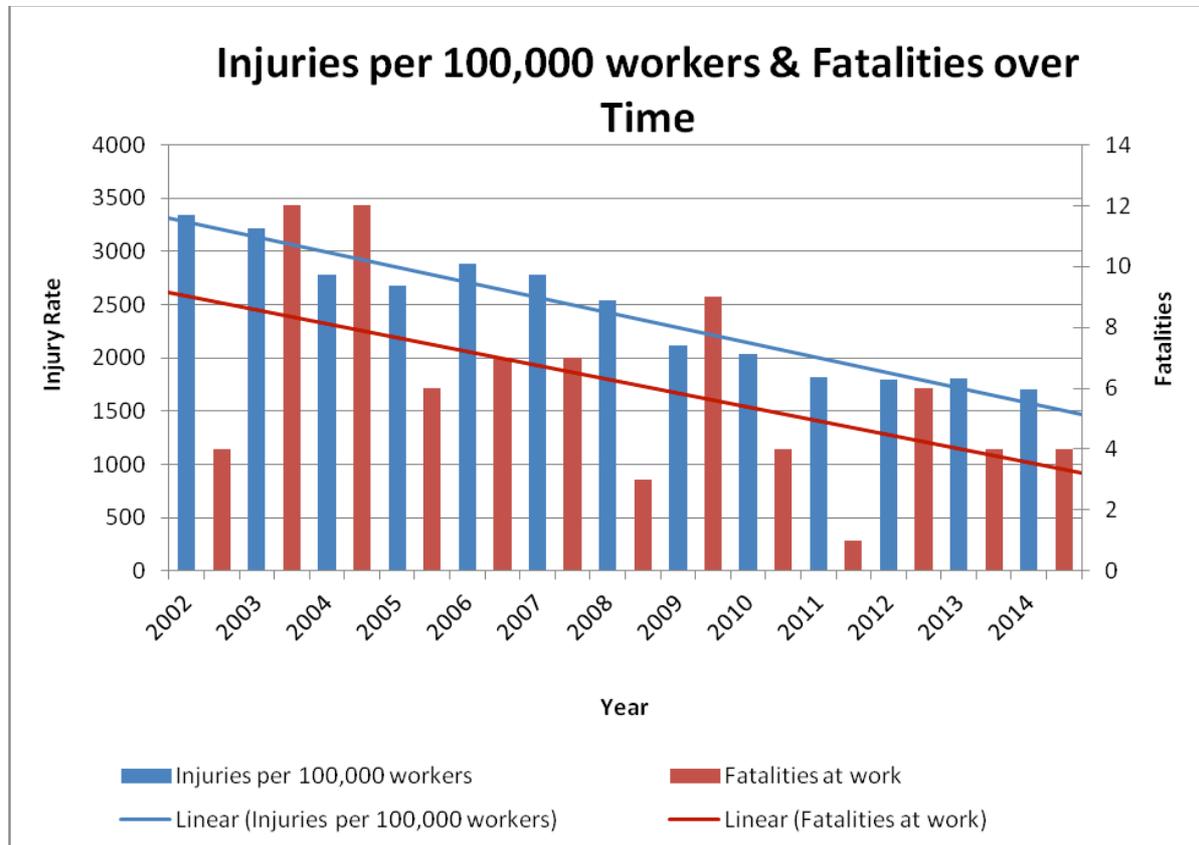
The figures for 2014 concerning injuries at work refer to gross data published by the National Statistics Office. These figures are revised by NSO during the following year to take account of double entries and claims that are shown to be not related to any work activity – the correct, revised number of claims for 2014 will be included in OHSA's 2015 report.

The following table shows a comparative overview of the basic statistical trends over the past years.

|             | <b>Employed population<br/>(Labour Force Survey)<sup>1</sup></b> | <b>Injuries at work<sup>2</sup></b> | <b>Injuries per 100,000 workers</b> | <b>Fatalities at work<sup>3</sup></b> |
|-------------|--|-------------------------------------|-------------------------------------|---------------------------------------|
| <b>2002</b> | 147,570  | 4,936                               | 3,345                               | 4                                     |
| <b>2003</b> | 147,815  | 4,746                               | 3,211                               | 12                                    |
| <b>2004</b> | 147,870  | 4,111                               | 2,780                               | 12                                    |
| <b>2005</b> | 149,307  | 4,002                               | 2,680                               | 6                                     |
| <b>2006</b> | 151,145  | 4,366                               | 2,888                               | 7                                     |
| <b>2007</b> | 155,486  | 4,328                               | 2,783                               | 7                                     |
| <b>2008</b> | 158,635  | 4,023                               | 2,536                               | 3                                     |
| <b>2009</b> | 159,404  | 3,366                               | 2,111                               | 9                                     |
| <b>2010</b> | 162,631  | 3,314                               | 2,037                               | 4                                     |
| <b>2011</b> | 166,628  | 3,024                               | 1,814                               | 1                                     |
| <b>2012</b> | 170,249  | 3057                                | 1,796                               | 6                                     |
| <b>2013</b> | 175,911  | 3176                                | 1,805                               | 4                                     |
| <b>2014</b> | 178,985 <sup>(4)</sup>   | 3056                                | 1,707                               | 4                                     |

<sup>(1)</sup> Source: NSO, <sup>(2)</sup> Source: DSS / NSO, <sup>(3)</sup> Source: OHSA, <sup>(4)</sup> Estimate.

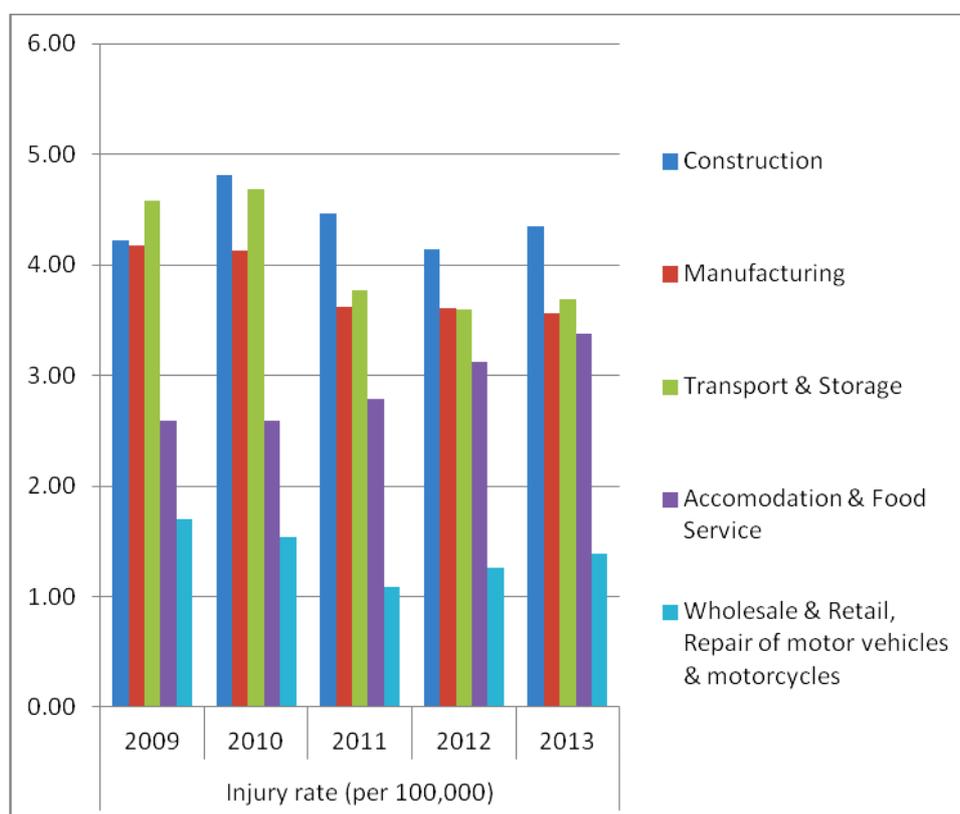
The following diagram shows in a pictorial manner how both injury rates and the numbers of annual occupational fatalities have been showing a persistent downward trend since 2002, which is the year when OHSA started its operations.



During the period January 2014 – December 2014, 4 fatal accidents at work were recorded, all of which were the subject of a magisterial inquiry while an OHSA investigation was carried out in terms of article 9 (2) (j) of the Act.

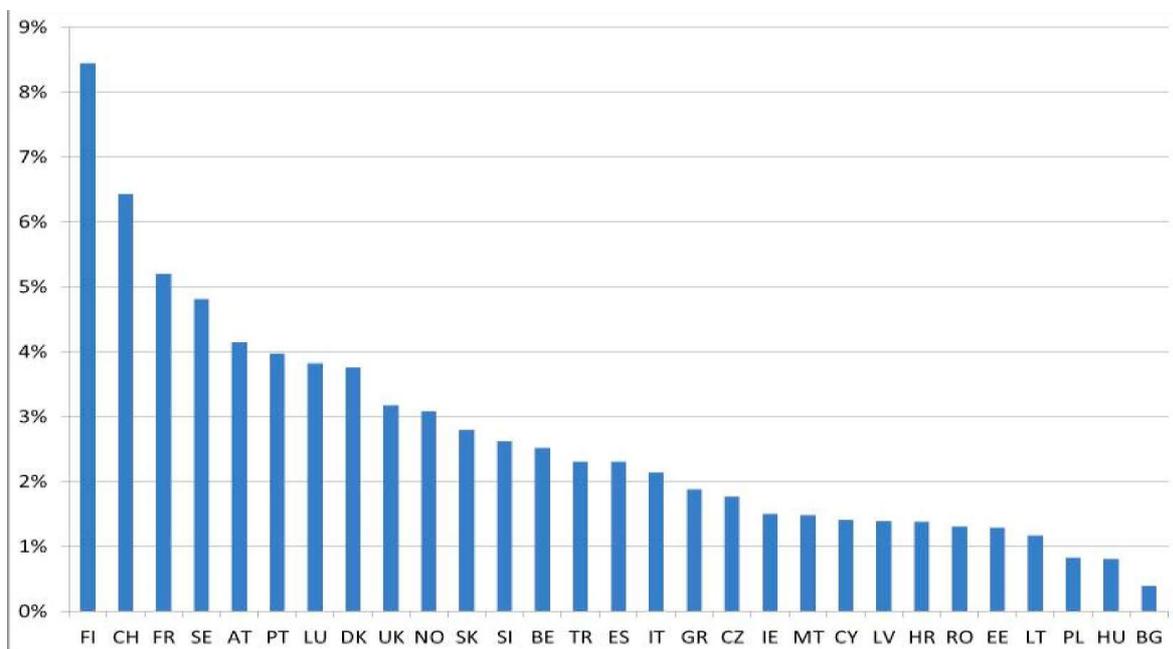
Similar trends were noticed in the rates of injuries for the largest economic sectors. These rates were obtained through an analysis of the number of injuries occurring in each of these sectors, which was then divided by the number of workers in the same sector (based on the Data for Gainfully Occupied published periodically by the NSO).

|  | <i>Injury rate (per 100,000 workers)</i> |             |             |             |             |
|--|--|-------------|-------------|-------------|-------------|
|  | <b>2009</b>                              | <b>2010</b> | <b>2011</b> | <b>2012</b> | <b>2013</b> |
| Construction   | 4.22                                     | 4.81        | 4.46        | 4.14        | 4.35        |
| Manufacturing  | 4.17                                     | 4.13        | 3.62        | 3.60        | 3.56        |
| Transport & Storage  | 4.58                                     | 4.68        | 3.77        | 3.59        | 3.69        |
| Accommodation & Food Service                               | 2.59                                     | 2.59        | 2.79        | 3.12        | 3.37        |
| Wholesale & Retail, Repair of motor vehicles & motorcycles | 1.70                                     | 1.54        | 1.09        | 1.26        | 1.38        |



Over the past five years, the manufacturing sector recorded a consistent drop in injury rates, while a similarly consistent increase in rate was recorded in the Accommodation and Food Services sector. Following a reduction in the injury rate recorded in both the Transport & Storage sector, and in the Wholesale, Retail, Repair sector over the past years, a slight increase was recorded for 2013. In practically all five years under review, the Construction Sector was associated with the highest injury rates.

The question often arises as to how Malta's injury rates compare with the rates observed in other countries, especially those within the European Union. This is not a simple question to answer, since meaningful conclusions can only be arrived at, if the different sets of data are in fact comparable. The non-comparability of data between Member States is a major hurdle, a fact recognized by EUROSTAT. This problem has been partly offset by including an ad-hoc module on "accidents at work and other work-related health problems" in the 2013 Labour Force Survey (LFS). The data was collected by national statistical authorities and used other core LFS data. All EU Member States participated (except Germany, Netherlands and Iceland) as well as Norway, Switzerland and Turkey. Whereas the LFS refers to accidents, rather than to actual injuries at work, the results give a much more detailed picture than those obtained through the European Statistics on Accidents at Work that cover all accidents that resulted in an absence of at least four calendar days. EUROSTAT has only recently published the results of the ad-hoc module of the LFS, showing that the number of accidents reported by participants in the LFS is substantially lower than that reported in most other countries.



## **Employed persons (employees, family workers and self-employed) with one or more accidents, 2013 (%)**

The figures shown in the previous diagram include less serious accidents (resulting in less than 4 days of absence from work because of that accident).

### **11 Administrative fines**

As of February 2012, OHSA has been applying a system whereby persons found in breach of the law are informed of their legal failings and a fine imposed according to the Schedule of fines established by Legal Notice 36 of 2012 (the Occupational Health and Safety (Payment of Fines) Regulations) – in the case of an admission of guilt and payment of the fine, no judicial proceedings can be initiated by the Authority.

During 2014, 152 letters of intimation were issued by OHSA with a total value of €72,250 being imposed, out of which €49,100 were collected. These figures compare favourably with those registered during the preceding year. It may be opportune to mention that despite the period for the payment of fines is set at fifteen days; the same regulations allow staggered payments, so that the total fine is collected by OHSA over a longer period.

Where payments are not affected, the regulations require judicial action. It is with concern to note that during 2014, only one Court sitting was held, resulting in a huge backlog of cases - experience shows that contraveners often pay fines only when they are notified of a court case. This means that since the Courts of Law failed to set other dates for hearing OHS-related cases, the number of persons effecting payment during 2014 was lower than during 2013.

Another technical hindrance arising out of the lack of appointed court sittings concerns foreign nationals against whom legal action is required to be taken, but who often leave the islands before the Court Case is appointed. Such cases continue being deferred on a number of occasions, and saturating the number of cases that can be heard by the Court. In such instances, the prosecution would have no alternative other than to withdraw proceedings.

## **12 Prosecutions conducted by OHS**

Judicial prosecutions continue to be carried out by the Authority mainly before the Court of Criminal Jurisdiction. OHS also continues its collaboration with the Executive Police, on those cases brought by the Police and also appointed before the Courts of Criminal Jurisdiction - in such situations, charges against breaches of the OHS Act, 2000 are combined with charges of breaches against the various provisions of Chapter 9 of the Criminal Code. Such cases also require regular Court attendance by OHS officials.

During 2014, the Authority prosecuted in 48 criminal cases, of which 9 cases have been decided. In all of the nine judgements, only one accused was acquitted of the charges and in all of the remaining eight judgements, a fine was awarded. The court in total handed down fines amounting to €39,000. The number of cases appointed before the court remain to be lower than that of the preceding years and this is a result of the implementation of the administrative fine system. Furthermore, OHS Officers were summoned to testify in twenty-one civil cases initiated by the injured parties seeking compensation from their employers or insurance companies. The outcome of these civil cases, which relies heavily on the findings of OHS's investigation of the cases involved, has seen a substantial increase in the amounts awarded by the Courts in compensation. Apart from these court judgements there are numerous out of court settlements whereby insured companies agree to compensate the victims of an accident at the place of work.

## **13 DSS investigations.**

As in previous years a number of claims for benefits in terms of the Social Security Act, were referred to OHS for investigation, in accordance with a memorandum of understanding signed by the Department of Social Security and OHS. The latter has the task of investigating the alleged accident to determine whether the accident was truly work related, or to determine negligence. These referred claims are thoroughly investigated by OHS Officers, who interview both the injured party as well as the employer, and draw up a comprehensive report that is sent to the Department of Social Security.

## **14 MicroInvest: Tax Credits for Micro Enterprises and the Self Employed**

During the reference period, Malta Enterprise continued to run its MicroInvest scheme which is aimed at encouraging micro enterprises and self-employed persons to invest in their business, to innovate, expand, and implement regulatory compliance and/or to develop their operations. Through this scheme, micro-enterprises and self-employed persons are being supported through a tax credit and applications for support under this scheme have to cover investment that would be capitalized and entered in the Fixed Assets Register, which has to be maintained by applicants as part of the conditions of this scheme.

MicroInvest support by Malta Enterprise covered investments undertaken in various areas, details on which may be found in the Malta Enterprise website.<sup>2</sup>

OHSA supported Malta Enterprise during the launch of this scheme and had issued a promotional flyer to promote this scheme and suggested a number of possible actions, related to improvements in OHS that may be proposed by applicants.

Unfortunately, it has not been possible to gauge the uptake of initiatives specifically targeting improvements in health and safety, since the classification used by ME is restricted to the cost of investment and the cost of wages, and does not refer to any specific measures implemented.

Malta Enterprise announced that this incentive would run up to the 31<sup>st</sup> December 2020.

## **15 Asbestos in workplaces**

Since the introduction of specific regulations intended to protect workers from the risks related to exposure to asbestos at work, documentation for projects concerning the removal of asbestos / asbestos containing materials has been submitted through the asbestos notification procedure as administered by OHSA in conformity with Regulation 4 of Legal Notice 323 of 2006. When the duty to notify OHSA is not applicable to an asbestos removal project e.g. where worker exposure is sporadic and of low intensity, and if the results of the risk assessment show that the exposure limit for asbestos will not be exceeded, then an employer is only required to submit to OHSA a plan of work (as per requirements of Regulation 11).

In total, documentation relating to fourteen (14) notifiable asbestos removal projects

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<sup>2</sup> <http://www.maltaenterprise.com/en/support/microinvest>

has been submitted during 2014. These projects involved the handling of various forms of asbestos containing materials such as corrugated asbestos cement, drain pipes, asbestos containing soffit tiles, asbestos containing sprayed coatings and asbestos containing lagging, covering works at disused industrial premises, factories, public buildings and historical sites.

## **16 Active Ageing**

According to Eurostat population projections, the working population aged between 55 and 64 in the EU-27 is expected to increase by about 16% between 2010 and 2030. The Commission's White Paper on pensions calls for an extension of working life in order to maintain adequate and sustainable pension systems. This will necessitate appropriate working conditions, particularly adequate levels of health and safety for workers for a sustainable working life and active and healthy ageing. This requires the creation of a safe and healthy environment, throughout the working life of an increasingly diversified workforce. The promotion of a culture of prevention is essential to achieving this.

The European Commission concluded an agreement with the EU-Agency on OHS on a pilot project on the health and safety of older workers, under which agreement, the EU-Agency on OHS will assist the Commission in implementing a request by the European Parliament on this topic. The pilot project began in June 2013 and runs until the end of 2015.

This project (*Safer and healthier work at any age – occupational safety and health in the context of an ageing workforce*) aims to assess the prerequisites for OHS strategies and systems to take account of an ageing workforce and ensure better prevention for all throughout working life. The results will assist policy development and provide examples of successful and innovative practices. In doing so, the work aims to highlight what works well, what needs to be done or prioritised and to identify the main drivers and obstacles to effective implementation of policy initiatives in this area. It also aims to highlight which policies, strategies and actions regarding employability and return-to-work in member states and beyond should be introduced, at the same time gathering the views of OHS stakeholders, employers, workers and worker representatives exploring their experiences, motivations, needs and challenges. This project should also come up with tools and guidance to assist workplaces in managing OSH in relation to an ageing workforce.

The final project report, its findings and proposals for policy and practice will be presented during June 2015.

Locally, OHSA already started addressing this emerging phenomenon by conducting preliminary local research on this matter in preparation for a future campaign. On this project, OHSA was assisted by three French students from the Institute of Technology at the University of South Brittany, who over a three-month period during 2014 were seconded to OHSA and were specifically tasked with compiling a literature review, in preparation of OHSA's future campaigns on this subject. In addition during October, in conjunction with the Active Ageing Unit within the Parliamentary Secretariat for Active Ageing and Disability Rights, OHSA organised a half day seminar on this theme.

## **17 Technical Committee - Standard for Children's Play Areas**

The Technical Committee tasked with the developing of a national standard concerning 'Safety of Children's Play Areas' completed the Standard. OHSA took part in this committee and provided input regarding various technical issues. The scope of the Standard, was intended to cover play areas intended to be used by children up to 14 years of age, and addressed amongst other issues, the planning, designing, layout and development of play areas, their management and inspection and maintenance procedures, together with procedures for first aid and emergencies and for reporting injuries. The Technical Committee launched the Standard for public consultation prior to its eventual publication.

## **18 Technical Committee - Standard on Combat Sports - Ring Sports (minors)**

Acting on a proposal made by the Commissioner for Children, the Standards and Metrology Institute of the Malta Competition and Consumer Affairs Authority has set up a Technical Committee tasked with developing a national standard concerning 'Combat Sports-Ring Sports (minors)'. OHSA has been invited to form part of this Committee and is providing input concerning various technical issues. The aim of this standard is to focus on the standardization of coaching and competition/exhibition-staging facilities and the operation thereof.

## **19 Health and Safety in Residential Homes and Day Care Centres for Persons with Disabilities**

Earlier this year, the Parliamentary Secretary for Active Ageing and the Rights of Persons with Disabilities launched a 'Draft National Standards for Residential Services for Persons with Disabilities' for public consultation.

During the public consultation, the Department for Social Welfare Standards (DSWS) received several comments regarding health and safety of these services. Understandably, health and safety is a concern for many persons with disabilities and parents of persons with disabilities who may need to avail themselves of residential services. The comments regarded the need for regular risk assessments, health and safety audits, health and safety equipment and procedures, as well as training of staff and clients on the use of equipment and procedures.

Following this consultation period the DSWS invited the OHSA to participate and provide technical expertise to a working group formed between all interested parties to create a national standard regarding Health and Safety in 'Residential Services for Persons with Disabilities', providing input regarding various technical issues. These included amongst others the carrying out of risk assessments, fire fighting precautions and evacuation plans, and maintenance and certification of equipment used within these residential homes.

This standard was discussed and drafted during meetings held between members of the working group and a final draft was issued for approval and inclusion as part of the National Standards for 'Residential Services for Persons with Disability'.

Currently another working group is meeting regularly to draft a National Standards for Day Care Services for Persons with Disabilities. Again, OHSA has been invited to participate and provide technical expertise to this working group in drawing up the required standard regarding Health and Safety at these Day Care Centres, which will ultimately form part of the national standards controlling this sector.

## **20 The introduction of Skill Cards for the Construction Sector**

During 2014, OHSA participated in various discussions within the Building Industry Consultative Council (BICC) regarding the introduction of skill cards for workers in the construction sector, through which the skills of construction workers are certified and recognised. The card would act as both a certificate of competence, as well as a way to encourage occupational health and safety training. There are over 87 trades in the construction industry ranging from manual work to professional jobs that require warrants. Since the card will apply to some 12,000 people, it will first be launched as a pilot project for just four trades: decorators; tile layers; plumbers and formwork erectors/steel fixers. OHSA has been consistent in its stated position that the way forward would be for occupational health and safety to be mainstreamed into the teaching of skills, to avoid having ohs being considered as an add-on component, extraneous to the trade. This holds true especially for new entrants to the system, although OHSA also recognizes that persons already working in the sector need to have additional training specifically related to issues of occupational health and safety.

Whilst OHSA will not be involved in training delivery, trainer registration and accreditation, system administration and enforcement, it has already agreed to assist BICC to identify the essential OHS elements to be included in the training that will be delivered once the system is in place.

### **C Legislative Reform**

The legislative framework for the promotion and protection of occupational health and safety is continuously evolving, and reflects emerging trends, risks and technological innovation. Since Malta's accession to the European Union, the Authority has continued the exercise of harmonization of all new occupational health and safety legislation, while at the same time reviewing existing legislation to ensure that there are no regulatory gaps, and to identify any conflicting or burdensome legislation, with the scope of simplifying it.

OHSA was actively involved in discussions at the European Council on two new Directives, the Seveso III Directive and the Electromagnetic Fields Directive (EMF) in the provision of feedback and recommendations to be included in the instruction notes for the officials attending the Council meetings in Brussels. An OHSA official also attended a meeting of the Social Questions Working Party (SQWP) on EMF in Brussels. The negotiations on the Seveso III Directive were successfully concluded and it was published in the Official Journal in July 2012. This has to be transposed into local legislation by the 1st June 2015. Talks on the EMF Directive are still on-going but they should be concluded in the near future. The OHSA is in consultation with the Department of Physics at the University of Malta regarding research on the effect of this Directive on local industry, collaboration in training of OHS officers to be able to implement this Directive and possible assistance to industry to comply with the provisions of the Directive. Officials from the OHSA appeared before the Social Affairs Committee that was investigating the effects of mobile phone antennae on the public. OHSA held meetings with the local mobile phone providers to ensure that all measures were being taken to safeguard the health and safety of their employees and third parties.

High level talks with MEPA and other entities were initiated this year regarding the implementation of the Land Use Planning (LUP) article in the Seveso Directive. This article will be transposed into the new Control of Major Accident Hazards (COMAH) Regulations. Proposals were set forward by MEPA on the procedure to be adopted for applications for new COMAH sites and modifications to existing ones. These include the preparation of consultation zones by the applicant and verification of these zones by the COMAH Competent Authority (CA). The consultation zones will then influence whether a permit for a new COMAH site or modifications of an existing one, would be issued. They also affect the development of other buildings that lie within them according to criteria that determine what type of development is allowed within each zone. This process also involves public consultations as required by the Aarhus Convention and the new Seveso III Directive. OHSA is currently in contact with the Major Accident Hazards Bureau (MAHB) of the European Commission for possible assistance and training in carrying out risk analysis and preparation of consultation zones for COMAH sites using the Area Risk Assessment and Management software (ARIPAR), developed by MAHB. It is envisaged that a case study will be carried out jointly with MAHB on one of the local COMAH sites.

## **D Consolidating the Authority's Resources**

The Authority continued working on the development of professional competence for its technical staff, who all continued to receive training, and kept abreast of all legislative and technical developments in this field. The support members of staff also received appropriate training.

OHSA recognizes the need to have technical people who are competent in a generalist way to act as OHS Officers, as well as others trained to a high degree of specialisation in specific areas (e.g. ionising and optical radiation protection, the implementation of the Seveso II Directives and the safety of chemical and biological agents).

Furthermore, the Authority continued to operate a Human Resource Management System which when implemented in its entirety is expected to better service emerging HR requirements, in particular implementation of family friendly and other measures.

As was reported in the previous activity report, one departmental tender relating to the provision of legal services published by the Central Procurement and Supplies Section (CPSU-MHEC) on behalf of OHSA was the subject of an appeal during 2013, which found against the appellant. The findings of the Public Contracts Review Board (PCRB) concurred with the contracting authority's approach, and confirmed the cancellation of the tender by OHSA. PCRB also put forth a recommendation for the tender to be reissued. During the same period, another tender, the call for tender for accountancy services was to be cancelled and with a recommendation to re-issue since the offers was not technically compliant. The assistance of MFEI, particularly the Department of Contracts and the Financial Management and Control Unit (FMCU) within the line ministry was employed in the preparatory stages leading to the issue of both tenders.

Various persons from the Corporate Services section underwent preliminary training in electronic public procurement procedure (epps portal). Being one of the first few entities and government departments transiting the conventional paper-based system, in September 2014 OHSA published a tender for the provision of legal services that was awarded on the 25<sup>th</sup> November. On the 7<sup>th</sup> November, the Authority published a tender "Framework Agreement for the Supply of Leased Cars to the OHSA". Work also started on the publication of a call for tender for the provision of accountancy services.

During 2014, OHSA also issued the relevant tenders to request the works necessary under the ERDF 350 (Installation of Renewable Energy & Energy Efficient Measures at OHSA). One tender was awarded; the other had to be re issued as no compliant offers were received. By the end of the 2014, the re-issued tender was being evaluated.

## **1 Staff Development**

Staff development included the participation of a number of its delegates on a procurement regulations course while all members of staff were introduced to the Employee Support Programme for Public Employees (ESF 4.97). Where relevant, the experience was cascaded to other employees. A number of OHSA employees attended conferences and seminars organised overseas and locally covering a wide spectrum of OHS areas, including occupational diseases, handling of dangerous substances, the prevention of industrial accidents, well-being at work, and the safety of radioactive materials, as well as the development of organisational skills.

As of 2013, OHSA had embarked on a continuous development programme for all its members of staff. This entails the organisation of regular sessions held at OHSA premises where topics of interests are discussed. During 2014, the subjects covered included an overview of OHSA, its statutory roles and functions, the Control of Major Accident Hazard Regulations, fire safety, and ionising radiation. During the first quarter, members of staff were invited to attend an information session by a PAHRO practitioner on Stress Management and Mental Health issues. Towards mid-year staff participated in a teambuilding, experience introducing Performance Appraisal. An NCPE trainer on Equal Opportunities held another information session during Q4.

Staff development encompasses a life-long learning strategy which OHSA implements so that while continuing educating and training the public, its officers and support staff continue to develop further their knowledge and skills on various aspects in the domain of occupational health and safety and management. In fact, during 2014, three members of staff obtained undergraduate and postgraduate academic qualifications in various subjects.

## **2 Recruitment**

As at 31<sup>st</sup> December 2014, the total human resource complement stood at 29 employees - eleven persons are in professional and technical middle-management grades, eleven others are engaged in administration and support, four officers make up a pool of generalist inspectors, while the remaining three persons constitute senior management.

During the period under review, OHSA experienced some staff turnover and strengthened its HR complement with a number of technical and support staff. A mechanical engineer, an architect and civil engineer as well as an ICT support officer were recruited. A back-to-back presence at PR & Communications level was maintained by means of a technical person engaged on one-year contract until the incumbent returns from long term absence due to family friendly measures.

Contrary to other years, OHSA did not benefit from the deployment of participants from the ETC's traineeship schemes, or any other another source of support staff. Implementation of family-friendly measures, tough as they might be to implement considering the size of the organization, consisted amongst others of staff benefitting from maternity leave, parental leave, career breaks, reduced hours, urgent leave and bereavement leave.

## **3 Internal industrial relations**

This year, OHSA's employees continued to benefit from the 2011-2016 Collective Agreement. Teamwork, flexibility and healthy industrial relations within the Authority have always helped to ensure that a number of strategic objectives be reached, while others are close to being achieved.

## **4 ICT Infrastructure**

The Authority decided to improve its ICT infrastructure by hosting its data with MITA (Malta Information Technology Agency) using the latest technology. As a result of this development, a number of changes need to be implemented including the use of Office Automation (OA) System for OHSA's daily office operations/records and the utilisation of dedicated server facilities including for its HRMS System, which shall be hosted on a Segregated Hosting Environment (SHE). This move shall provide an adequate, systematic secure backup of OHSA's data.

In addition, an ICT (Support) Officer has been engaged on full time basis to take charge of this vital area of operation.

## **5 Use of premises**

The Authority tries to maximize the use of its premises – apart from welcoming participants at public courses; the premises are regularly visited by a large number of visitors, including young persons seeking information and data for research purposes and well as advice. A number of information visits on the OHSA's role, facilitated by management, are held for ETC's clients seeking employment or re-integration into the labour market. It may be pointed out that besides being the operational base for all OHSA staff; these premises house the offices for the Radiation Protection Board as well as the National Focal Point for the European Agency for Safety and Health at Work. Meetings of the COMAH Competent Authority are also held at the OHSA's premises.

Considering the nature of its operations, particularly the regulatory aspect, OHSA maintained the security levels at its premises during and after office hours. *Ad hoc* emergency evacuation drills are conducted periodically to maintain a state of readiness in emergencies.

OHSA has accepted a placement of two MCAST students who are following a vocational course leading students with mild to moderate learning disabilities to independence and employment. Apart from acquiring life skills and key skills, partly through such work placements, students master employability skills.

A clerk within Corporate Services has received adequate guidance to monitor the students. Professional staffs from the Pathway Unit (aka Pathway to Independent Living) at MCAST mentor the once weekly placement over a period of 32 weeks.

## **6 Equal opportunities and gender mainstreaming**

The Occupational Health & Safety Authority recognises the changes taking place in society, in particular the increasing female presence and participation, and of persons with special needs in gainful employment. OHSA strives to effectively include gender mainstreaming and equal opportunities in its employment policies and activities as OHS regulator. OHSA attempts to combat gender segregation by discarding the 'gender neutral approach' where possible and including the gender dimension (and other non-

discrimination grounds) into risk evaluation and prevention measures to account for specific characteristics of women and other vulnerable groups in terms of workplace health and safety. Awareness raising initiatives include the dissemination of information.

This same approach is mirrored in policies such as its own Collective Agreement, Standard Operating Procedures and periodic Memos. OHSA kept up regular maintenance throughout its premises in order to mitigate the difficulties and open access to those with special needs. It keeps abreast of developments in psychosocial and disability issues at the workplace.

This is mainly carried out by dissemination of information through awareness raising initiatives which include organisation of lectures, participation in local conferences and sectoral fora, television and radio programmes, the issue of media releases and networking with private and public bodies and NGO's. However, this approach is also complemented by promoting improved working conditions, in particular through implementation of its Collective Agreement. This in turn results in financial and social benefits to the workers, the entity and society as a whole. During the period under review, the OHSA had a staff complement of 29, of whom 5 (23.07%) were female, one of whom is on secondment with a ministerial secretariat, while another occupies a Senior Management position.

Registration procedures and feedback toolkits used by delegates for OHS awareness raising events enabled the compilation of gender-disaggregated statistics and a better understanding of expectations.

As in previous years, the Authority's focal point for equal opportunities participated as necessary in activities organized by the National Commission for the Promotion of Gender Equality (NCPE) and the *Kummissjoni Nazzjonali Persuni b'Disabilita'* (KNPD). As reported in the relevant section under Employee Development, an information session regarding Equal Opportunities was delivered during Q4 in collaboration with NCPE.

Four of six female personnel at OHSA are benefiting from Family Friendly Measures - one on a Career Break while the other three employees benefit from reduced hours.

## **7 Assistance provided to the Authority**

### **7.1 ERDF 350 – Installation of Renewable Energy & Energy Efficient Systems at OHSA**

Following last year's application for EU funding under Call 18 of the European Regional Development Fund (Priority Axis 4: Climate Change and Resource Efficiency), OHSA was informed that its application was formally approved and its project can commence.

As a result, and in line with its commitment towards this project, OHSA invested a lot of time in the preparation of the necessary tenders to cover the supply, installation and commissioning of a Photovoltaic System and a number of energy efficient measures. One tender for the supply, installation and commissioning of a number of energy efficient measures was awarded during Quarter4 of 2014, while the tender for the supply, installation and commissioning of a photovoltaic system had to be re-launched as no compliant offers were submitted. By the end of 2014, this tender was being evaluated, which process is expected to be concluded by early 2015.

All interventions shall be finalized by mid-year 2015. Because of this project, OHSA will reduce its reliance on non-renewable energy sources and to make better use of energy being produced, while minimising waste.

These measures will be installed in conjunction to the ones already mainstreamed in OHSA's day-day operations including the designation of a Senior Manager as OHSA's Green Leader who issues memos on various green topics to staff from time to time (recycle unwanted material, 'do not print but download' approach, recommendation to use stairs instead of lifts etc.) and who ensures that members of staff grasp OHSA commitments in this field. The implementation of a waste separation and recycling system, including the use of bring-in sites for waste generated by the OHSA. The installation of solar films on all OHSA's fenestration, by which up to 99% UV penetration is being deterred. Tree planting activities carried out by in commemoration of OHSA's 5<sup>th</sup> and 10<sup>th</sup> years in operation; use of low emission leased vehicles and the installation of low consumption lighting throughout the premises.

## **E External Relations**

Many new initiatives and advances occur at an international level and OHSA is ensuring that through its active participation and membership of various entities, the issues and concerns of Malta are voiced. Moreover, good practice and expertise that might be relevant to the island are also taken on board.

Over the past year, OHSA has participated in the on-going discussions prior to the preparation and launch of the European Union Community Strategy for Occupational Safety and Health, 2013-2020. This new strategy will replace that for the period 2007 – 2012, entitled “Improving Quality and Productivity at Work – Community Strategy 2007 – 2012 on health and safety at work”. OHSA feels that this new strategy needs to emphasize the positive association between having adequate levels of OHS for all workers, and economic growth, competitiveness and long-term sustainable employment. Promoting healthy and safe work practices also helps workers remain healthy beyond their working lives. OHSA also feels that the strategy should encapsulate a Community-wide vision outlining broad aims, translated by the Member States into National Action Plans, with each state having the flexibility of determining its own priorities and the actions planned to be taken, including targets. The importance of harmonisation of data collection in this regard assumes greater importance and urgency, especially in so far as the collection of work-related injuries and cases of ill-health is concerned, keeping in mind the differing views amongst Member States on what constitutes an accident at work.

### **1 Senior Labour Inspectors Committee**

The Committee of Senior Labour Inspectors (SLIC) set up by Commission Decision of the 12 July 1995 (95/319/EC), is a forum for discussion between the European Commission and the representatives of the Member States’ national authorities who are, amongst other things, responsible for monitoring the enforcement of secondary Community law on OHS matters and who are consequently in direct contact with the businesses affected by it. The Committee provides the Commission with a channel for receiving information about any problems relating to the enforcement of secondary Community law. It is also a forum for the national authorities to compare experience of the structure, methods and instruments of labour inspection. OHSA recognizes the benefits that can accrue from making full use of membership of this group, and participates actively in all meetings, including plenaries, a

number of Working Groups, participation in the various SLIC Inspection Campaigns and in the exchange of Labour Inspectors' initiative.

Two thematic days took place in 2014 under the auspices of the Greek and Italian Presidencies. The Thematic Day held in Athens (Greece), dealt with worker involvement in the management of occupational health and safety in small businesses, while that in Rome (Italy) dealt with ohs problems associated with non-standard forms of work.

Of particular importance, is OHSA's participation in SLIC's Working Group on Enforcement (WGE), which not only serves as a forum for the rapid information exchange between inspectorates, but also gives proposals to the SLIC plenary on possible initiatives that can be taken by the Member States. Working Group Enforcement set up another Working Group for the Review of Legislation (WGRL) to put forward recommendations on how the Senior Labour Inspectors Committee (SLIC) could contribute to the review exercise of the OHS directives. This, in view of the fact that SLIC is expected to make its own contribution to the evaluation exercise of the Member States' Practical Implementation Reports on the OHS-related directives, by providing information regarding enforcement aspects in the implementation of the Directives.

This Working Group was chaired by an OHSA representative (OHSA also provided an assistant to the Chairperson) and was tasked with (i) identifying problems encountered in transposing the Directives that appear in the Member States' Practical Implementation Reports, (ii) address any special requests of the European Commission (for e.g. enforcement in the case of self-employed or domestic workers); and (iii) address other issues which are not included in the transposition report or which have been put forward by the Commission, E.g. the enforcement of social partner agreements as a problem area. When the WGRL commenced its task, the national reports were not yet in the public domain and for this reason, it devised a questionnaire (which was first accepted by WGE, and later by SLIC), so as to identify and discuss those aspects of the national practical implementation reports relating to enforcement that pose a challenge. This questionnaire was circulated to the 31 members of WGE for their replies.

The replies to this questionnaire indicate that several inspectorates across Europe report problems related to the enforcement of the OSH-part of the acquires, which problems may increase as the inspectorates try to fulfil additional tasks arising out of the new Community Strategy for Safety and Health. Most of the problems appear to be related to an inadequacy of human resources, together with a lack of training and opportunities for continued professional development, at least in some areas (psychosocial risks, new and emerging risks).

Various employment sectors present special difficulties to inspectorates, especially those working in SMEs and microenterprises, self-employed persons, elderly workers and domestic workers. Precarious work, including work carried out by foreign/posted workers also posed challenges, as did work of a voluntary nature and telework. Similarly, various high-risk work activities (construction, asbestos and chemical agents) as well as psychological and ergonomic risks were also mentioned as giving rise to enforcement problems.

The Directives themselves, including the Framework Directive, appear to give rise to enforcement problems, because of various perceived inherent bureaucratic or administrative burdens arising out of the directives, duplication of requirements as well as unclear or non-specific requirements which were open to different interpretations. The findings of this report should be seen in the light of the Strategic Framework for OSH, 2014-2020, which highlights the need to pay particular attention to the prevention of occupational and work-related diseases by tackling existing, new and emerging risks, the ageing workforce and the need to improve the implementation of legislation, in particular in micro and small enterprises. The Strategic Framework also stresses the need for the practical implementation of OSH legislation, particularly in micro and small enterprises.

Seen in this light, the findings of this report indicate that such primary objectives may be difficult to achieve in view of the problems being encountered by inspectorates in several Member States.

The Working Group has tabled a number of recommendations for consideration by SLIC.

## **1.1 Campaign for the prevention of slips, trips and falls**

Slips, trips and falls are the largest cause of accidents in all sectors, from heavy manufacturing to office work. Across the European Union, the relative importance of such cases of all work accidents is 24%.

According to the publication “Causes and Circumstances of accidents at work in the EU” (2008), falls on the same level are responsible for about 14% of all accidents resulting in an absence of more than 3 days (up to 15% in 2010). The economic activity associated with the highest degree of risk is manufacture (24%), whereas in the transport and storage sectors, construction and trade, the relative risk is equivalent to 15%. Falls on the same level are the most frequent cause of work accidents primarily for elderly people (constituting 27% of all work accidents among people of 45-54 years of age, 33% among 55-64 and 45% among people who are more than 65 years of age). Slips and trips may have serious consequences, causing severe injuries such as broken bones or concussion. 35% of cases of incapacity for work last for at least one month.

A report on the campaign organised by OHSa appears in another section of this document.

## **1.2 SLIC Labour Exchange**

An application was sent to the Senior Labour Inspectors Committee (SLIC) inspector exchange programme for 2014. This was accepted and the visit took place in October 2014. The aim was to familiarise an OHSa official with operational aspects and safety features of an LNG storage facility. The two-day visit consisted of an introduction to the Spanish Labour Inspectorate system of recruitment, training and operations and a visit to the Enagás LNG storage and distribution plant in Huelva.

## **2 European Agency for Safety and Health at Work**

The Agency is a tripartite European Union organisation and brings together representatives from three key decision-making groups in each of the EU’s Member States – governments, employers and workers’ organisations. The Administrative Board sets the Agency’s goals and strategy, including the identification of priority OSH issues where further information or activity is required, it appoints the Director, adopts the Work Programme, the Annual Report and the Agency’s budget, and authorises the Director to administer the

budget. Malta has 3 full members on the Agency's Administrative Board, which Board is made up of representatives of the respective governments, employers and workers from EU Member States, representatives of the European Commission and other observers.

The Agency's principal safety and health information network is made up of a 'Focal Point' in each EU Member State, in the four EFTA countries and in the Candidate countries. This network is an integral part of the Agency's organisation and Focal Points are nominated by each government as the Agency's official representative in that country and are normally the competent national authority for safety and health at work. In the case of Malta, the Authority is the Focal Point of the Agency and a national information network was set up locally to ensure that the views of all stakeholders are represented during Focal Point meetings. Members of this network include government department and entities, trade unions, employers' associations and various NGOs.

The Agency also has a number of expert groups to which national experts are nominated on specific subjects according to their competence. Such groups include internet, education and agriculture amongst others.

The Authority endeavours to participate as much as possible, within the constraints of its available time and resources, in all initiatives launched by the European Agency.

### **3 Advisory Committee for Safety and Health at Work**

The Advisory Committee for Safety and Health at Work has been established by means of a Council Decision with the task of assisting the Commission in the preparation, implementation and evaluation of activities in the fields of safety and health at work. Specifically, the Committee shall conduct, based on the information available to it, exchanges of views and experience regarding existing or planned regulations, help to devise a common approach to problems in the fields of safety and health at work, and to identify Community priorities as well as the measures necessary for implementing them. More importantly, the Advisory Committee has the important task of drawing the Commission's attention to areas in which there is an apparent need for new knowledge and for suitable training and research measures, and to express opinions on the annual programme and the rotating four-year programme of the European Agency for Safety and Health at Work. In fulfilling its functions, the Advisory Committee cooperates with the other Committees

that are competent for health and safety at work. This Committee is tripartite and the Authority has participated actively not only in the plenary sessions of the Committee, but also in the Governments' Interest Group meetings.

#### **4 International Atomic Energy Agency / European Commission (Radiation protection / nuclear issues)**

OHSA's Radiation Protection Section acts as the focal point for the International Atomic Energy Agency's (IAEA) Incident and Trafficking Database (ITDB). 194 reports were received and one report was sent (made in connection with the unauthorised export of radioactive material) in the period 1<sup>st</sup> January 2014 to 31<sup>st</sup> December 2014.

Radiation Protection Section also acts as the focal point for nuclear safeguards activities that includes the obligation to send the necessary reports. The Section also processes environmental monitoring data received from MEPA and the Department for Environmental Health and transmits it to the European Commission on an annual basis.

The RPB has spent much of 2014 in preparation for the IAEA Integrated Regulatory Review Service (IRRS) due to take place in the first quarter of 2015. The findings and recommendations of the IRRS mission will act to guide the future of radiation/nuclear regulation in Malta. Malta is required by the European Union to host such a peer review and the IRRS report will be forwarded to the European Commission and other Member States of the European Union.

#### **5 Seveso II Committee of Competent Authorities (CCA) and Seveso Expert Group**

No meetings of the Seveso Expert Group or Committee of Competent Authorities (CCA) were attended this year.

The member of the CCA from OHSA attended a Seveso Technical Working Group (TWG2) meeting in Warwick. During this meeting, the Commission noted the importance of exchange of experiences amongst Member States and the development of Common Inspection Criteria to achieve harmonisation. The main issues discussed included maintenance of primary containment systems, inspection plans, domino effects, and land-use planning and safety management systems.

## 6 Participation in local boards and committees

The Authority is also represented in a number of local boards and entities, most of which have a legal standing. These include:

- **Civil Protection Scientific Committee** - Chaired by the Civil Protection Department, with representatives from various other entities. The Committee gives advice to the CPD on different matters and emergencies that may arise from time to time. Two officials from OHSA have been appointed to sit on this Committee this year. Only one introductory meeting was held this year.
- **Integrated Pollution Prevention and Control Committee** - The IPPC (Integrated Pollution Prevention and Control) Committee is established by virtue of L.N. 234 / 2002 of the Environment Act. It is chaired by MEPA. The committee oversees the definitive establishment of IPPC installations, the inspection of installations and ensures compliance with the necessary legal requirements. The ultimate aim of the IPPC is to minimise pollution from various point sources. All installations falling under the relevant legal notice are required to obtain a prior authorisation (permit) from MEPA. As Integrated Pollution Prevention is a multi-disciplinary task, a Committee to deal with the regulatory aspect of the Regulations has been set up.
- **Biosafety Co-ordinating Committee** - The Biosafety Co-ordinating Committee is a committee the aim of which is to achieve an integrated approach on Biosafety, the contained use of genetically modified micro-organisms, the deliberate release into the environment of genetically modified organisms and the placing on the market of genetically modified organisms, in order to achieve a high level of protection of human health and the environment taken as a whole. The main function of the BCC is to give statutory advice to the board of MEPA on the risks to human health and the environment from the release and marketing of GMOs.
- **Pesticides Control Board** - The Pesticides Control Board is established by virtue of the Pesticide Control Act, Chapter 430. The Pesticides Control Board has the responsibility for advising the Director of Plant Health on any matter relating to the registration, restriction, importation, manufacture, sale or use of pesticides including those employed in integrated control management; it also reports to the Director of Plant Health on any matter relating to the regulating, enforcing and monitoring of all

legislation relating to pesticides and provides advice on measures to be taken on any matter arising from the application of any regulations made under the Pesticide Control Act.

- **Radiation Protection Board** – The Radiation Protection Board has the responsibility for all aspects of the regulatory control of ionizing radiation and nuclear issues. The Radiation Protection Board is chaired by the OHSA and has members from OHSA, the Department for Environmental Health (formally Public Health), the Environment Protection Directorate (within MEPA) and the Civil Protection Department.
- **COMAH Competent Authority (CA)** - This is made up of the OHSA, MEPA (Environment Protection Directorate) and the CPD and oversees the implementation of the Control of Major Accidents Regulations, L.N. 37/2003 and its amendment L.N. 6/2005. The OHSA is the lead Authority and coordinates the functions of the COMAH CA. An amendment to L.N. 37/2003, which introduced Heavy Fuel Oil as a named substance, was transposed this year through L. N. 4/2014.
- **Building Industry Consultative Council (BICC)** – The BICC was set up by the Government to ameliorate the performance of the local construction industry and to serve as a forum for discussion on all matters that affect the construction industry. OHSA is represented by a full Member and by an alternate Member and takes an active participatory role, especially on matters that concern the relationship between the construction industry and occupational health and safety. During 2014, OHSA continued its participation in the Council as well as in BICC’s working group discussing Building Regulations & EU Directives.
  - OHSA participates in a Working Group set up by Transport Malta regarding Medical Fitness to Drive, which includes representatives of Transport Malta, the National Commission Persons with Disability, the Health Division’s Occupational Health Unit, the Medical Association of Malta and the Health Division. To date, one meeting has been held.
  - OHSA was invited by the Ministry for Tourism to a Consultation Session entitled, “**Green Paper on Safety of Tourism Accommodation Services**”. This was done in collaboration with the Malta-EU Steering and Action Committee. The aim of this Green Paper was to launch a public consultation on the safety of tourism

accommodation services. In addition, the main objectives were to gather input from all relevant parties involved in the issue of tourism accommodation services with an aim to evaluate whether the issues outlined in it are sufficiently and effectively addressed and whether there is evidence of new risks and whether the existing tools are adequate. Furthermore this paper asks about the level at which action would be most effective to usefully contribute to effective levels of safety for consumers.

## **F Freedom of Information, Corporate Governance and Corporate Social Responsibility**

### **1 Freedom of Information Act (Cap. 496)**

In furtherance of the scope of the said act and thus to increase transparency and accountability, OHSA maintains the necessary structures such as the appointment of an FOI Officer and alternates and tested the electronic and manual enquiry mechanisms in place for this purpose. In terms of said Act, the public shall be granted right of access to documents held by public authorities, (including all ministries and departments). The Act came into force in September 2012.

### **2 Corporate Governance**

Since it was established, the OHS Authority, while valuing its autonomy as a public sector organization, has taken on board and followed all policies and rules of good governance that are established by the Government.

In so far as employment issues are concerned, OHSA remains guided by those policies established by the Office of the Prime Minister and the Public Administration Human Resource Office (PAHRO) from time to time, including on matters concerning salaries (these are determined by the Public Administration Collective Bargaining Unit with reference to equivalent public service salary scales) other conditions of employment and recruitment, finances, information systems and public procurement.

### **3 Corporate Social Responsibility**

The Authority accepted a number of bookings for training to delegates nominated by NGOs. Members of staff also responded to calls from the National Blood Bank to donate blood. In both situations, the persons involved in the respective initiative were compensated with time off in lieu. In line with the Government initiative on the development of a One Stop Shop service for citizens and clients of the Maltese Public Administration, OHSA has nominated its representative in this area.

#### **G OHSA's financial situation**

By the end of 2014, OHSA ended its financial year with a surplus of €153,852, resulting from decreases in its personal emoluments and operational expenditures as well as a nominal increase in income.

Expenditure on personal emoluments decreased by €105,935. The decrease was mainly brought about because of the postponed filling of three new technical and support posts to a later stage during the year. The filling of another new post, (Occupational Psychologist), was transferred to 2015. Furthermore, two unexpected resignations had not yet been replaced by the end of financial year. The delays in recruitment resulted from uncertainties regarding the availability of funds at particular periods of the financial year.

Reductions of €78,094 were obtained in operational expenditure – the amount of €30,000 was estimated to be paid to OHSA's external consultants in relation to Land Use Planning requirements, however, the actual cost was directly borne by another entity involved in the process. Savings of approximately €9,000 were registered in the utilisation of legal and accountancy services. Further reductions amounting to €20,000 were registered in the repairs, maintenance expense accounts, line items transport, and (overseas) travel. Nominal increased revenue generation of approximately €8,000 resulted from awareness raising events and administrative fines.

In order for OHSA to be able to sustain its operations and to avoid registering a deficit during 2015, the surplus for the year 2014 (amounting to €153,852), needs to be carried over to next year. OHSA will also be seeking authorisation in terms of section 32 (2) (b) of the Act, for the transfer of recurrent funds (€48,476.05) to its capital vote, with a view to fund OHSA's contribution for the EU co-funded PV and Energy Efficiency Systems project, the purchase and installation of a replacement compressor for the air conditioning system and replacement of switchgear for the ICT network. Further requests (projected at €21,525) for the transfer of funds to its capital vote will also be made in respect of the procurement of upgrade software, peripherals and network points for the telephony system (PABX). Further expenditure is earmarked for new desktop requirements because of added headcount and the upgrade to the fibre optic installation servicing ICT requirements at the premises.

## Annex 1: Key Activities carried out by the Authority

January 2014 – December 2014

|  |              | Gender disaggregated statistics |            |
|--|--------------|---------------------------------|------------|
|  |              | Females                         | Males      |
|  | <b>Total</b> |                                 |            |
| <b>Workplace visits</b>                          | <b>2696</b>  | <b>n/a</b>                      | <b>n/a</b> |
|  |              |                                 |            |
| <b>Equipment certificates vetted *</b>           | <b>5734</b>  | <b>n/a</b>                      | <b>n/a</b> |
|  |              |                                 |            |
| <b>Radioactive Material cleared for import</b>   | <b>277</b>   | <b>n/a</b>                      | <b>n/a</b> |
|  |              |                                 |            |
| <b>Staff development hours</b>                   | <b>565</b>   | <b>118</b>                      | <b>447</b> |
|  |              |                                 |            |
| <b>Staff development by employee</b>             | <b>28</b>    | <b>5</b>                        | <b>23</b>  |
|  |              |                                 |            |
| <b>Hours of awareness raising sessions (ARS)</b> | <b>278</b>   | <b>78</b>                       | <b>200</b> |
|  |              |                                 |            |
| <b>Number of participants at ARS</b>             | <b>387</b>   | <b>43</b>                       | <b>344</b> |
|  |              |                                 |            |
| <b>Number of courses organised</b>               | <b>32</b>    | <b>n/a</b>                      | <b>n/a</b> |
|  |              |                                 |            |
| <b>Press releases / feature articles</b>         | <b>30</b>    | <b>n/a</b>                      | <b>n/a</b> |

\* Including 4372 lift certificates, 167 crane certificates, 517 forklift truck certificates, 120 boiler certificates and 992 certificates for other equipment.

## Annex 2: List of OHS legislation in force

|  |   |             |
|--|---|-------------|
|  | Occupational Health and Safety Authority Act  | Cap. 424    |
|  | Work Places (Woodworking Machinery) Regulations   | S.L. 424.01 |
|  | Work Places (Extension of Definition) Order   | S.L. 424.02 |
|  | Dock Safety Regulations   | S.L. 424.03 |
|  | Work Places (Superintendence and Control of Plant) Regulations                            | S.L. 424.04 |
|  | Work Places (Hoists and Lifts) Regulations  | S.L. 424.05 |
|  | Building (Safety) Regulations   | S.L. 424.06 |
|  | Steam and Hot Water Boilers Regulations   | S.L. 424.07 |
|  | Power Presses Regulations   | S.L. 424.08 |
|  | Work Places (Health, Safety and Welfare) Regulations                                      | S.L. 424.09 |
|  | Protection of Young Persons at Work Places Regulations                                    | S.L. 424.10 |
|  | Protection of Maternity at Work Places Regulations  | S.L. 424.11 |
|  | Occupational Health and Safety Appeals Board (Procedural) Regulations                     | S.L. 424.12 |
|  | Work Place (First Aid) Regulations  | S.L. 424.13 |
|  | Minimum Health and Safety Requirements for Work with Display Screen Equipment Regulations | S.L. 424.14 |
|  | Work Place (Minimum Health and Safety Requirements) Regulations                           | S.L. 424.15 |

|  |  |             |
|--|--|-------------|
|  | Work Place (Provision of Health and, or Safety Signs) Regulations  | S.L. 424.16 |
|  | Protection against Risks of Back Injury at Work Places Regulations   | S.L. 424.17 |
|  | General Provisions for Health and Safety at Work Places Regulations  | S.L. 424.18 |
|  | Control of Major Accident Hazard Regulations   | S.L. 424.19 |
|  | Minimum Requirements for the Use of Personal Protective Equipment at Work Regulations  | S.L. 424.21 |
|  | Protection of Workers from the Risks related to Exposure to Carcinogens or Mutagens at Work Regulations  | S.L. 424.22 |
|  | Protection of Workers from the Risks related to Exposure to Asbestos at Work Regulations   | S.L. 424.23 |
|  | Protection of the Health and Safety of Workers from the Risks related to Chemical Agents at Work Regulations   | S.L. 424.24 |
|  | Protection of Workers from Risks related to Exposure to Biological Agents at Work Regulations  | S.L. 424.25 |
|  | Protection of Workers in the Mineral Extracting Industries through Drilling and Workers in Surface and Underground Mineral Extracting Industries Regulations | S.L. 424.26 |
|  | Work Place (Minimum Requirements for Work) (Confined Spaces and Spaces having Explosive Atmospheres) Regulations   | S.L. 424.27 |
|  | Work Place (Minimum Health and Safety Requirements for the Protection of Workers from Risks resulting from Exposure to Noise) Regulations                    | S.L. 424.28 |
|  | Work Place (Minimum Health and Safety Requirements for Work at Construction Sites) Regulations   | S.L. 424.29 |
|  | Work Equipment (Minimum Health and Safety Requirements) Regulations  | S.L. 424.30 |
|  | Work Place (Minimum Health and Safety Requirements for the Protection of Workers from Risks resulting from Exposure to Vibration) Regulations                | S.L. 424.31 |
|  |  |             |

|  |  |             |
|--|--|-------------|
|  | Work Place (Minimum Health and Safety Requirements for the Protection of Workers from Risks resulting from Exposure to Artificial Optical Radiation) Regulations | S.L. 424.32 |
|  | Occupational Health and Safety (Payment of Penalties) Regulations  | S.L. 424.33 |
|  |  |             |
|  | National Interest (Enabling Powers) Act  | Cap. 365    |
|  | Nuclear Safety and Radiation Protection Regulations  | S.L. 365.15 |
|  | Treaty on the Non-proliferation of Nuclear Weapons (EURATOM safeguards and Additional Protocol) Regulations  | S.L. 365.20 |
|  | Control and Security of High-Activity Radioactive and Orphan Sources Regulations   | S.L. 365.21 |
|  | Convention on Nuclear Safety Regulations   | S.L. 365.26 |
|  | Management of Radioactive Waste Regulations  | S.L. 365.45 |
|  |  |             |
|  | Public Health Act  | Cap. 465    |
|  | Medical Exposure (Ionising Radiation) Regulations  | S.L. 465.01 |
|  | Prevention of Sharp Injuries in Hospitals and Health Care Establishments Order.  | S.L. 465.11 |

### Annex 3: Budgeted Income and Expenditure Account

1<sup>st</sup> January 2015 – 31<sup>st</sup> December 2015

|  | €       | €              |
|--|---------|----------------|
| <b>Income</b>                                    |         |                |
| Government recurrent grant                       | 900,000 |                |
| Awareness raising campaigns                      | 10,000  |                |
| Competent person register                        | 1,500   |                |
| Administrative fines                             | 50,000  |                |
| Other income                                     | 1,000   |                |
|  |         | <b>962,500</b> |
| <b>Personal Emoluments</b>                       |         |                |
| Staff Salaries                                   | 693,856 |                |
| Honoraria to OHSA members                        | 39,131  |                |
| NI Contributions                                 | 60,766  |                |
| Overtime / Allowances / Statutory Bonuses        | 83,729  |                |
|  |         | <b>877,482</b> |
| <b>Operational Expenses</b>                      |         |                |
| Utilities  | 22,000  |                |
| Material & Supplies                              | 7,000   |                |
| Repair & Upkeep                                  | 23,150  |                |
| Rent   | 28      |                |
| Subscriptions                                    | 500     |                |
| Office Services                                  | 5,350   |                |
| Transport  | 44,500  |                |
| Travel   | 16,000  |                |
| Information Services                             | 1,600   |                |
| Contractual Services                             | 31,500  |                |
| Professional Services                            | 17,500  |                |
| ERDF 350 (Energy efficient system<br>& PV panels | 37,037  |                |
| Social Partners Fund                             | 5,000   |                |
| Training and CPD                                 | 1,000   |                |
| Hospitality                                      | 1,100   |                |
| Incidental Expenses                              | 500     |                |
| Depreciation                                     | 6,120   |                |
| Transfers from government capital grants         | (6,120) |                |
| <b>Total Operational Expenses</b>                |         | <b>213,765</b> |

*(Continued from the preceding page)*

|   | €     | €                |
|---|-------|------------------|
| <b>Contributions and Initiatives</b>  |       |                  |
| Appeals Board   | 1,165 | 1,165            |
| <b>Total Budget Cost</b>  |       | <b>1,092,412</b> |
| <b>Projected surplus / (deficit) for 2015</b>   |       | <b>(129,912)</b> |
| <b>Anticipated surplus/(deficit) for 2015 after<br/>incorporation of 2014 surplus</b> |       | <b>23,940</b>    |

Audited Financial Statements of the Authority for the period ending 31<sup>st</sup> December 2014 are being included in Annex 4.

**Annex 4: Financial Statements 1<sup>st</sup> January 2014 – 31<sup>st</sup> December 2014**

[Financial Statements 2014](#)