



KINGDOM OF THAILAND

Occupational Safety and Health Management in Construction Industries

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Background

According to report by the Office of Workmen Compensation Fund Office (WCF), the figures of occupational injuries in recent years showed that construction industry was among the high risk industries. In 2003, construction industry was ranked as the highest in term of severity. There were, in the whole country, 14,060 cases of occupational accident. Such number included 106 cases (13.50 %) of occupational fatality and 4 cases (23.5 %) of permanent disability. Hence, this study had been conducted in order to survey the situation of occupational management in construction industry, leading to recommended strategies those are practical for the effective prevention of occupational accidents and injuries in this particular industry.

Methods

A self-administered questionnaire for construction industry was developed for data collection, comprising of 5 parts of major topics:

1. General Information
2. Policy, Organisation and Management
3. Accident Prevention and Control
4. Occupational Health and Welfare
5. Safety Training

Questionnaires were distributed to 3,605 establishments those registered to WCF. Each of these establishments had more than 9 employees. Data from responded questionnaires was analysed and, then, categorized into 5 levels of activity (<35% = low activities, 35–50% = rather low activities, 51–65% = medium activities, 66–80% = rather high activities, >80%= high activities). In addition, 9 enterprises were selected for in-depth interview.

Results

Total of 483 questionnaires (13.7 %) were responded. The data analysis revealed that 59 % of these establishments were contractors while 34.6 % of them could be either contractors or subcontractors. 78.8 % of these 483 establishments operated their businesses with subcontractors, and the numbers of subcontractors varied from 1 to 300. For OSH management system, it is shown that the management on policy, organization, and planning in most establishments fell into rather low activities level, except the procurement with safety consideration and OSH supervisor appointment. The management on safety control and accident prevention in most establishments was at rather high level. In contrary, the managements of emergency plan, fire fighting training and evacuation, safety talk, accident record and safety report among these establishments were considerably at low level. Their activities regarding environmental monitoring, health examination, and subcontractors' employees training were also at low level. However, the training for supervisors and management of general welfare, were at rather high level. Qualitative data suggested that the key performance indicator for accident reduction in construction industry depended not only on budget for OSH activities, but also the potential of the project's owner to control the contractors as well as the effectiveness of law enforcement.

Conclusions

Overall management of occupational safety and health in construction industry was considerably below the satisfactory level. The achievement of occupational accident reduction in such industry depends significantly upon various factors. Primarily, involved parties must be trained accordingly to understand their roles and responsibilities. Comprehensive and practical guidelines to concerned OSH regulations should be provided, especially to the employers. In this regard, the inspectors also need more training so that they can perform the inspection at construction worksites properly and effectively. Easy accessible OSH information system for construction industry should be developed appropriately. The step-up of enforcement and revision of concerned OSH laws to cover the responsibilities of the project owners must be taken into account. Safety training for employees is also an important key issue. Furthermore, introduction of safety rating campaign is another strategy to promote OSH activities among them.

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