# **Code of Practice on**

Workplace Safety and Health (WSH) Risk Management





<u>Public Consultation</u> We like to hear from you. Comments to:

https://go.gov.sg/rmcpv3



Year of issue: 2011 First Revision: 2012 Second Revision: 2015 Third Revision 2021

# Preface

As Workplace Safety and Health (WSH) Risk Management ("RM") gains momentum in Singapore, more duty holders are beginning to recognise the value and benefits of Risk Assessments ("RA") in maintaining a safe and healthy workplace. Duty holders and employees alike are seeking greater clarity on the implementation of RA. To address this and provide useful guidance, the WSH Council formed an industry-led RM Work Group with members from major industry sectors to develop the Code of Practice on WSH Risk Management (herein referred to as "Risk Management Code of Practice" or "RMCP").

The RMCP advises duty holders on their obligations under the Workplace Safety and Health Act ("WSH Act") and the WSH (Risk Management) Regulations. It also provides guidance on a systematic process for implementing RM, from identification of hazards and evaluation of associated risks to implementation of relevant risk controls.

Much consideration has been given to make the RMCP applicable to large and small companies across industries, as the risk profiles and needs of workplaces and their methods of RM deployment differ significantly.

Large companies tend to have a dedicated RM Team to oversee the consistent deployment of RM throughout the organisation. At the same time, it is also usual for these companies to have multiple RA Teams to look at specific risks or work processes. The RMCP offers clarity in the roles of the different teams and/or individuals.

Smaller companies, on the other hand, often need specific guidance in implementing RM. To assist this segment, the RMCP defines stakeholders' responsibilities and provides information on RM implementation. The RMCP also recommends the 5x5 risk matrix for risk evaluation; however, it does not restrict companies to their choice of RA methodologies and risk matrices.

In the second revision, the principles of RM are introduced so that companies can implement RM more effectively. Human and cultural factors influence RAs and should be considered when companies conduct RAs. The revised RMCP also recommends some possible roles that a human resource manager could play to complement those other duty holders for a holistic RM.

In view of a heightened awareness of occupational health hazards in the industry, the risk evaluation of health hazards is included to enhance the overall assessment of workplace hazards. Upstream risk controls in the hierarchy of control, for example, from elimination and substitution to engineering controls, are emphasised for their relative importance in managing workplace risks.

In the third revision, considerations of our workplaces' preparedness for terrorism scenarios, disease outbreaks, and mental well-being are introduced. The threat of terrorism, in particular, is real and present. Including it in this RMCP is the Singapore WSH Community's response to this threat that Singapore faces, and is a requirement under WSHC's bizSAFE programme.

----000----

## Contents

1	Purpose	4
2	Abbreviations	5
3.	Overview	6
<b>4</b> .4.1 4.2 4.3 4.4 4.5 4.6	General Requirements	7 7 8 9 9
<b>5.</b> 1 5.2 5.3	Preparation Formation of Risk Management or Risk Assessment Teams Extent of Risk Assessment - Determine What is to be Assessed Gather Relevant Information	.10 .11
<b>6.</b> 6.1 6.2 6.3 6.4 6.5 6.6	Risk Assessment	.13 .14 .15 .17 .20
<ul> <li>7.1</li> <li>7.2</li> <li>7.3</li> <li>8</li> </ul>	Implementation         Risk Assessment Approval         Implementation Actions         Records         Communication	.23 .23 .23
8.1 <b>9.</b>	Communication - A constant aspect throughout the RM process	

Appendix A: Inventory of Work Activities Form	26
Appendix B: Risk Assessment	27
Appendix C: Hierarchy of Control	28
Appendix D: Risk Register and Cover Sheet	29
Appendix E: Additional Notes	31
Appendix F: Risk Factors of Health Hazards	32
Appendix G: Examples relating to Possible Terrorism Scenarios	33
Appendix H: Examples relating to Disease Outbreak Scenario	36
Appendix I: Examples relating to Personal Health-risk Situation	38
Appendix J: Examples relating to Mental Well-being	39
Acknowledgements	42

# 1. Purpose

The purpose of this Code of Practice on WSH Risk Management (RMCP) is to establish the minimum requirements and duties for implementing workplace RM in Singapore, and to provide guidance on its implementation. This RMCP applies to all workplaces in Singapore that are governed by the Workplace Safety and Health (WSH) Act. Conducting risk assessments and implementing risk control measures are requirements under the WSH (Risk Management) Regulations.

# 2. Abbreviations

ΑΤΟ	Approved Training Organisation
ATO-PEI	Approved Training Organisation-Private Education Institution
СР	Code of Practice
MOM	Ministry of Manpower
PPE	Personal Protective Equipment
RA	Risk Assessment
RM	Risk Management
RM Regulations	WSH (Risk Management) Regulations
RMCP	Risk Management Code of Practice (Code of Practice on Workplace Safety and Health (WSH) Risk Management)
RPN	Risk Prioritisation Number
SGSecure	SGSecure is Singapore's national movement to sensitise, train, and mobilise the community to play a part to prevent and deal with a terrorist attack. It is how the whole of Singapore can come together in response to the terror threat, and safeguard our way of life.
SSG	SkillsFuture Singapore
SWP	Safe Work Procedure
WSH	Workplace Safety and Health
WSH Act	Workplace Safety and Health Act
WSH Council	Workplace Safety and Health Council
WSQ	Workforce Skills Qualification

# 3. Overview

The main components of Risk Management (RM) are:

- Preparation;
- Risk Assessment (RA);
- Risk Control Implementation;
- Record-keeping; and
- Review.

#### Communication is a constant aspect throughout the RM process.

# 4. General Requirements

### 4.1 General

**4.1.1** RA shall be carried out and risk control measures shall be implemented before any new work commences.

## 4.2 Employer

- **4.2.1** As defined in the WSH Act, an Employer is a person who, in the course of the person's trade, business, profession or undertaking, employs any person to do any work under a contract of service. The self-employed person or Principal shall also fulfil the duties and functions of an Employer specified in the RMCP.
- **4.2.2** An Employer shall:
- **4.2.2.1** Ensure that a RA is conducted on WSH risks associated with any activity in the workplace. This should include considerations for its preparedness for terrorism scenarios at the workplaces, disease outbreaks and mental well-being.
- **4.2.2.2** Take all reasonably practicable steps to eliminate any foreseeable risk to any person.
- **4.2.2.3** Take measures to control the risk by means of, and in the following order of consideration where risk elimination is not reasonably practicable:
  - substitution;
  - engineering control;
  - administrative control; and
  - provision and use of suitable personal protective equipment (PPE).
- **4.2.2.4** Support the implementation of risk control measures recommended by the RM or RA Teams.
- **4.2.2.5** Require the RM Leader to provide regular updates of the RA done and risk control measures implemented to reduce or eliminate identified risks.
- **4.2.2.6** Require RA updates at each WSH Committee meeting, if such a committee is established, or at the workplace's regular meetings (e.g., new findings, progress of risk control actions).
- **4.2.2.7** Require the contractor or supplier where work has been assigned or awarded, to conduct a RA. The contractor or supplier must take reasonably practicable measures to eliminate, or reduce to as low as reasonably practicable (ALARP), the risk that may be posed by their work (e.g., when they work with machines, equipment or hazardous substances).
- **4.2.2.8** Ensure that a Risk Register is available and maintained at the workplace.
- **4.2.2.9** Ensure that the Risk Register is prepared in accordance with the RMCP.
- **4.2.2.10** Ensure that the Risk Register is readily available for review by designated persons at the workplace and by regulatory agencies.
- **4.2.2.11** Ensure that RA records, including but not limited to RA forms and control measures records, are kept for at least three years from the RA approval date.

- **4.2.2.12** Review and, if necessary, revise the RA:
  - at least once every three years from the RA approval date; or
  - upon the occurrence of any bodily injury to any person as a result of exposure to a hazard in the workplace; or
  - where there is any significant change in work practices or procedures; or
  - where there is any significant change in the workers' personal health in relation to safety critical work process or activity; or
  - when new information on WSH risk, threat of terrorism, disease outbreak, or mental well-being is made known.
- **4.2.2.13** Monitor effectiveness of the risk control measures.

### 4.3 Manager

- **4.3.1** This may be the person who manages a physical area ("Area Manager", e.g., Warehouse Manager), a function ("Functional Manager", e.g., Production Manager) or of an activity (e.g., Machining Manager) within the workplace. In some workplaces, this may be the Employer. The Employer is to determine the appropriate level of engagement for this role.
- **4.3.2** The Manager who oversees the area, function or activity where the WSH risks exist, shall:
  - Ensure that a RA is conducted and risk control measures are implemented before any new work is carried out in the Manager's area.
  - Approve the RA conducted for the Manager's area. The Manager should also ensure that the risk level is not rated "High Risk" when approving work to be carried out.
  - Ensure that the risk control measures are implemented without delay.
  - Ensure that, where applicable, all operations have established Safe Work Procedures (SWPs).
  - Ensure that all persons exposed to the risks are informed of:
    - the nature of risks; and
    - any measure or SWP implemented.
  - Ensure that the effectiveness of the risk control measures is monitored.
  - Revise the RA if the risk control measures are inadequate and ineffective after the implementation, by obtaining more information and/or modifying controls.
  - Maintain RA documentation of control measures and SWP that were implemented.
- **4.3.3** The Manager shall assist the Employer to implement the requirements in Clauses 4.2.2.8 to 4.2.2.13.
- **4.3.4** The Manager may authorise other persons to execute the duties mentioned above but remains accountable for them.
- **4.3.5** The Manager should work together with a Human Resource Manager to specify WSH training necessary for job positions and functions.

## 4.4 Human Resource Manager

- **4.4.1** Ensure that a robust recruitment process is in place to choose suitable job candidates who are able to meet position requirements and WSH obligations.
- **4.4.2** Specify safety and health responsibilities in the job descriptions of employees, and ensure that these responsibilities are effectively communicated to all employees.
- **4.4.3** Ensure that all new employees are given appropriate and sufficient orientation, and WSH training to equip them with the relevant knowledge, skills and abilities to succeed in their positions.
- **4.4.4** Support the Employer and Manager to ensure that RA, risk control measures and SWPs are effectively communicated to all employees.
- **4.4.5** Ensure that WSH training and other related RA records are documented.
- **4.4.6** Work with the Manager and RM or RA Leaders to consider safety and health outcomes in employees' performance evaluation, remuneration and discipline, and to ensure consistent behaviour and practices in line with organisational expectations, where applicable.
- 4.4.7 Implement programmes that support and maintain employees' safety, health and wellbeing.
- **4.4.8** Participate in WSH inspections of organisation's premises to ensure that WSH legislations are followed and WSH issues are promptly addressed, where appropriate.
- **4.4.9** In the absence of a Human Resource Manager in the organisation, the equivalent person undertaking such a work profile of the Human Resource Manager should execute the duties mentioned above.

## 4.5 Risk Management and Risk Assessment Leaders

- **4.5.1** The RM Leader shall assist the Employer and Manager in coordinating RM within the workplace.
- **4.5.2** The RM or RA Leader shall:
  - Provide regular updates on the appropriate risk control measures implemented to eliminate or reduce identified risks to the Employer, preferably monthly but no less than once a year;
  - Obtain approval from the Employer or the designated Manager for the implementation of risk control measures; and
  - Assist the Employer to ensure that the Risk Register is prepared in accordance with the RMCP.

### 4.6 **Employees**

- **4.6.1** Employees are to adhere to the measures stated in the RAs.
- **4.6.2** Employees are to report to their immediate supervisors any incident, accident, near miss, occupational disease, dangerous occurrence, or suspicious risks associated with the threat of terrorism so that prompt action can be taken to address them.

# 5. Preparation

## 5.1 Formation of Risk Management or Risk Assessment Teams

- 5.1.1 Appointment of Risk Management Team
- **5.1.1.1** The Employer shall:
  - Appoint a RM Team Leader; and
  - Appoint RM Team Members.
- 5.1.1.2 The RM Team shall be responsible for the overall RM direction and RM activities of the workplace.
- 5.1.1.3 The RM Team appointed by the Employer must:
  - Have a thorough knowledge of the work to be assessed; and
  - Be multi-disciplinary, diverse with representation from major stakeholders of all the workplace functions.
- **5.1.1.4** Except in a single-person workplace (e.g., self-employed), RA is to be conducted by a multi-disciplinary team who has thorough knowledge of the work to be assessed.
- **5.1.1.5** The Employer shall ensure that the RM Leader is competent for the task (see Clause 5.1.2).

#### 5.1.2 Risk Management Team Leader

- 5.1.2.1 The RM Team Leader should be competent for the task. Basic competency can be attained by completing a Workforce Skills Qualification (WSQ) RM course approved by SkillsFuture Singapore (SSG) and conducted by a SSG WSQ Approved Training Organisation (ATO), WSQ Approved Training Organisation-Private Education Institution (ATO-PEI), or equivalent.
- **5.1.2.2** The RM Team Leader should also be experienced with the work and processes in the workplace, and have direct access to the Employer.

#### 5.1.3 Risk Management Team Members

**5.1.3.1** RM team members may be appointed from management staff, process or facility engineers, technical personnel, supervisors, production operators, maintenance staff and WSH personnel, where suitable.

Comments to: https://go.gov.sg/rmcpv3

#### 5.1.4 Risk Assessment Teams

**5.1.4.1** Where more teams are required to conduct RA in the Workplace, Risk Assessment Teams ("RA Teams") can be formed (see Figure 1).



Figure 1: RM and RA Teams.

- **5.1.4.2** RA Teams are responsible for conducting RAs within the scope defined by the RM Team. If an organisation requires only one team, then the functions of the RM and RA teams may be combined within the RM Team.
- 5.1.4.3 RA Teams should have representatives from management and non-management levels.
- **5.1.4.4** The RA team should include personnel who are involved with the work, including contractors and suppliers. If available, it should also include persons who are familiar with the design and development of the site, machine or process.
- **5.1.4.5** If the inclusion is not feasible as detailed in 5.1.4.4, designers, suppliers and other contributors may be invited to share their comments and suggestions with the RATeam.
- **5.1.4.6** Where RA experience or expertise is lacking, a WSH Officer, WSH Auditor or Third-Party Consultant who is trained and has experience in conducting RA should be engaged to assist the RM or RA leader in conducting RA.
- **5.1.4.7** The RA Team Leader should be competent for the task. Basic competency can be attained by completing a WSQ RM course approved by SSG and conducted by a SSG WSQ ATO, WSQ ATO-PEI, or equivalent.
- **5.1.4.8** The RA Team Leader should be experienced with the type of work within his or her scope, and have direct access to the RM Team Leader, or in the absence of one, to the Employer.

## 5.2 Extent of Risk Assessment

### Determine What is to be Assessed

#### 5.2.1 Scoping the Risk Assessment

- **5.2.1.1** Scoping is the step of identifying a convenient unit (or "Boundary") for assessing and controlling risks at the workplace. It may be as simple as dividing a workplace or project into its distinct parts (e.g., divisions, departments, functional areas or work activities), and then sub-dividing each part into self- contained jobs or areas, each representing the unit for the RA.
- **5.2.1.2** The RM Team (the primary team responsible for the overall RM direction and activities of the company) shall determine the boundaries of the RA (e.g., department, functional area or work activity within the workplace).
- **5.2.1.3** RAs for each identified department, functional area or work activity should be scoped by the RA Team to provide focus to the assessment.

#### 5.2.2 Inventory of Work Activities Form

- **5.2.2.1** For the identified departments, functional areas and work activities to be assessed, the "Inventory of Work Activities" form should be used (see Appendix A).
- **5.2.2.2** The RMCP accepts variation in form format but requires the following information to be included:
  - department, activity or trade assessed;
  - location;
  - process; and
  - work activity.

#### 5.2.2.3 For trade-based RA:

- State the trade being assessed in "Department, Activity or Trade Assessed";
- Where the location or process is not applicable, state "N/A" in these columns; and
- Complete Work Activity List.

## 5.3 Gather Relevant Information

**5.3.1** Once the extent of the RA is determined, relevant information should be gathered. These sources of information may include, but are not limited to:

- workplace layout plan;
- process or work flowchart;
- list of work activities in the process;
- list of chemicals, machines and/ or tools used;
- records of past incidents, accidents and occupational diseases;
- relevant legislation, CPs or specifications;
- observations and interviews;
- WSH inspection records;
- details of existing risk controls;
- health and safety audit reports;
- workplace hygiene monitoring (exposure assessment for workplace health hazards);
- workplace medical monitoring (medical examinations for exposure to workplace health hazards);
- feedback from employees, clients, suppliers or other stakeholders;
- SWPs;
- other information such as safety data sheets (SDS), manufacturer's instruction manual;
- copies of any previous RAs that are relevant;
- medical condition (e.g., allergy), mental wellness and personal health indicators of employees in relation to safety critical work process or activity in the workplace or activity being assessed. Please comply with prevailing national and company requirements when handling personal information;
- past training records of employees;
- information regarding the workplace's preparedness for terrorism scenarios (e.g. Crisis reporting process); and
- information regarding the workplace's preparedness for disease outbreaks scenarios (e.g. Temperature scanning processes, Split-team arrangements, Work-from Home guidance.)

# 6. Risk Assessment

## 6.1 General Requirements

- **6.1.1** The steps in RA, namely, Hazard Identification, Risk Evaluation and Risk Control, specify the RA methodology and requirements of the RMCP.
- 6.1.2 All identified hazards from work activities and sub-activities need to be evaluated for their associated risks and addressed using relevant risk controls. These steps and their results must be recorded in the RA Form.
- **6.1.3** As part of continual improvement, the RMCP recommends that workplace hazards be monitored regularly till:
  - the risk level of the hazard is low ("green zone" of the risk matrix);
  - the remaining risks of the hazard are residual in nature (see Appendix E); or
  - all reasonably practicable measures have been taken to mitigate the risk.
- 6.1.4 All RA entries shall be reviewed and revised:
  - at least once every three years from the last RA approval date; or
  - upon the occurrence of any bodily injury to any person as a result of exposure to a hazard in the workplace; or
  - where there is any significant change in work practices, or procedures; or
  - where there is any significant change in the workers' personal health in relation to safety critical work process or activity; or
  - when new information on WSH risks, threat of terrorism, disease outbreak, or mental wellbeing is made known.
  - Regarding the workplace's threat of terrorism and disease outbreaks, the Occupier should consider verified new information (e.g. new modality of attack, disease outbreak information from trusted sources) in reviewing the RA.

6.1.5

## 6.2 Principles

6.2.1

RA is the cornerstone of the RM process. It is an integral part of all organisational work processes, from strategic planning to project and change management. The key steps in the RM process are outlined in Figure 2.



Figure 2: Risk management process

6.2.2 RA is customised and tailored to each organisation and its specific work environment.

- **6.2.3** RM contributes to the achievement of organisational objectives and improvement of performance in business, operational efficiency, regulatory, safety and health compliance and environmental protection.
- 6.2.4 RM addresses uncertainty and helps businesses make informed decisions and prioritise actions.
- 6.2.5 RA provides a systematic approach to RM and leads to consistent and reliable results.

- **6.2.6** RA inputs are based on various information sources such as the RA team members' competency and experience, observations, employee feedback and expert opinions. The limitations of these information sources must be **considered** to ensure that the RA is based on the best available information.
- **6.2.7** RA takes human and cultural factors into account. It recognises that the capabilities and health risk factors of employees should be managed when conducting a RA.
- **6.2.8** RA also considers the workplace preparedness for terrorism scenarios, disease outbreaks, and employee's mental well-being.
- **6.2.9** RM should work alongside all other aspects of an organisation to facilitate continual improvement, and be responsive to change when new risks emerge or existing risks change.

## 6.3 Hazard Identification

#### 6.3.1 General

- **6.3.1.1** The RA Team Leader should determine the most appropriate way(s) of identifying hazards. These may include brainstorming, systematic process reviews, Process Hazard Analysis (PHA), Job Observations and Job Safety Analysis (JSA).
- **6.3.1.2** When identifying hazards, the RA Team should consider if the hazards could cause harm beyond the immediate area of their work.

#### 6.3.2 Process

- **6.3.2.1** Select a "Work Activity" from the "Inventory of Work Activities" form (see Appendix A) and place it in the "Risk Assessment Form" (see Appendix B) for analysis. Variations of these forms can be used, however, all information required in the form should be documented.
- **6.3.2.2** Break down work activity into its sub-activities to facilitate the identification of all foreseeable hazards associated with the work. These sub-activities constitute the different steps that make up the work activity.
- **6.3.2.3** For each sub-activity, identify the hazard(s) and record them in the "Hazard" column. List each hazard in a separate row in the table.
- 6.3.2.4 The following categories of hazards should be considered:
  - physical (e.g., fire, noise, ergonomics, heat, radiation);
  - mechanical (e.g., moving parts, rotating parts);
  - electrical (e.g., voltage, current, static charge, magnetic fields);
  - chemical (e.g., flammables, toxics, corrosives, reactive materials);
  - biological (e.g., bacteria, fungi, blood-borne pathogens, virus); and
  - psychosocial (e.g., stress, fatigue).

Risks associated with terrorism threats, disease outbreak (e.g., epidemics, pandemics), and mental well-being should also be considered in the RA.

#### 6.3.3 Personal Health-Risk and Organisational Factors

**6.3.3.1** RA should consider organisational and personal health-risk factors that could compromise employees' work ability and safety (e.g., decreased mental alertness, fatigue, loss of concentration). Risk control measures can be implemented to consider varying perceptions and behaviour.

- 6.3.3.2 Examples of organisational factors include excessive workload, prolonged working hours, inadequate training, inadequate acclimatisation to hot environment, alienated sub-groups of workers that could place them at risk of self-radicalisation.
- **6.3.3.3** Examples of personal health-risk factors (made known voluntary to employers at individual level or through analysis of aggregated data from periodic health screening) to be considered are:
  - physical fitness (e.g. lack of physical conditioning to carry out heavy lifting or manual work);
  - personal health condition (e.g. anaemia made worse by exposure to lead, allergies to chemicals, etc.);
  - conditions that may affect safety critical work (e.g. high blood pressure, high cholesterol, Diabetes) Mellitus, chronic heart condition, emotional trauma, etc., that are not well managed);
  - pregnancy (e.g. Teratogenic chemicals that can affect the embryo or fetus);
  - smoking (a risk factor for many diseases); and
  - use of certain medications or alcohol misuse (may affect cognitive abilities).

#### 6.3.4 Workplace or Work-related Factors

**6.3.4.1** Other factors to consider when identifying hazards:

- proximity of hazardous activities to one another;
- compatibility of work activities;
- non-routine work activities and situations; and
- environmental conditions.

## 6.4 Risk Evaluation

#### 6.4.1 Risk Matrices

**6.4.1.1** The RMCP recognises the various risk evaluation methods and matrices practised and preferred by workplaces. While the RMCP does not restrict workplaces to its choice of matrices, the numeric 5x5 Risk Matrix is recommended. Common matrices include, but are not limited to, the examples given in Tables 1, 2 and 3.

Likelihood Severity	Remote	Occasional	Frequent
Major	Medium Risk	High Risk	High Risk
Moderate	Low Risk	Medium Risk	High Risk
Minor	Low Risk	Low Risk	Medium Risk

#### Table 1: Example of a common 3x3 Risk Matrix with descriptive ratings.

Likelihood Severity	Rare (1)	Remote (2)	Occasional (3)	Frequent (4)	Almost Certain (5)
Catastrophic (A)	Medium	Medium	High	High	High
Major (B)	Medium	Medium	Medium	High	High
Moderate (C)	Low	Medium	Medium	Medium	High
Minor (D)	Low	Medium	Medium	Medium	Medium
Negligible (E)	Low	Low	Low	Medium	Medium

Table 2: Example of a common 5x5 Risk Matrix with a mix of numeric and descriptive ratings.

#### 6.4.1.2

#### RMCP recommends the following Risk Matrix:

Likelihood Severity	Rare (1)	Remote (2)	Occasional (3)	Frequent (4)	Almost Certain (5)
Catastrophic (5)	5	10	15	20	25
Major (4)	4	8	12	16	20
Moderate (3)	3	6	9	12	15
Minor (2)	2	4	6	8	10
Negligible (1)	1	2	3	4	5

 Table 3: Recommended 5x5 Risk Matrix with numeric ratings or Risk Prioritisation Number.

**6.4.1.3** The risk matrix used in the RA should be displayed at least once, and preferably at every page of the RA form. This is particularly important when numeric ratings are used, as risk prioritisation number (RPN) may represent different levels of risk with different sizes of the risk matrix.

#### 6.4.2 Existing Controls

- **6.4.2.1** Existing controls are control measures that are already in place, or required to be implemented to carry out the work activity.
- **6.4.2.2** Assessment of severity and likelihood should be made on the assumption that existing (or required) controls are in place.
- **6.4.2.3** Existing (or required) controls that do not influence severity should not be **considered** when assessing severity.
- **6.4.2.4** Existing (or required) controls that do not influence likelihood should not be **considered** when assessing likelihood.

#### 6.4.3 Assessment of Severity

- **6.4.3.1** Taking the existing risk controls and residual risks into consideration, the RA Team should rate the severity of the possible injury or ill-health.
- **6.4.3.2** When using the 5x5 matrix, the guidance given in Table 4 should be used when selecting the level of severity.
- **6.4.3.3** When using other matrices, equivalent guidance for severity should be used and described in adequate details for adoption by users of those matrices.

Level	Severity	Description
5	Catastrophic	Death, fatal occupational disease or exposure, or multiple major injuries.
4	Major	Serious injuries, serious occupational diseases or exposure (includes amputations, major fractures, multiple injuries, occupational cancers, acute poisoning, disabilities, and deafness).
3	Moderate	Injury or ill-health requiring medical treatment (includes lacerations, burns, sprains, minor fractures, dermatitis and work-related upper limb disorders).
2	Minor	Injury or ill-health requiring first-aid only (includes minor cuts and bruises, irritation, ill-health with temporary discomfort).
1	Negligible	Negligible injury.

#### Table 4: A guide to severity rating.

**6.4.3.4** Should RA Team members have difficulty developing a consensus to the severity level, the Team is to gather more information and/or consult an industry expert.

#### 6.4.4 Assessment of Likelihood

- **6.4.4.1** Taking the existing risk controls and residual risks into consideration, the RA Team should rate the likelihood the hazard may cause injury or ill-health.
- **6.4.4.2** When assessing likelihood, the RA Team should consider personal health-risk factors existing medical condition(s) of the person(s) involved in the activity that may affect the likelihood level, as well as organisational factors.

## **6.4.4.3** When using the 5x5 matrix, the guidance given in Table 5 should be used when selecting the level of likelihood.

Level	Likelihood	Description
1	Rare	Not expected to occur but still possible.
2	Remote	Not likely to occur under normal circumstances.
3	Occasional	Possible or known to occur.
4	Frequent	Common occurrence.
5	Almost Certain	Continual or repeating experience.

#### Table 5: A guide to likelihood rating.

- **6.4.4.4** When using other matrices, equivalent guidance for likelihood should be used and described in adequate detail for adoption by users of those matrices.
- **6.4.4.5** Should RA Team members have difficulty developing a consensus to the likelihood level, the Team is to gather more information and/or get advice from an industry expert.

#### 6.4.5 Risk Prioritisation Number

**6.4.5.1** The RPN is obtained by multiplying the values of Severity and Likelihood level (values in the "S" and "L" columns of the RA form), that is, RPN = S x L.

#### 6.4.6 Classification of Risk - Risk Matrix

- 6.4.6.1 Compare the RPN against the Risk Matrix in Table 6.
- **6.4.6.2** Risk controls must be implemented so that the risk levels are not in the red zone ("High Risk") before work commences. Additional Risk Controls should be implemented till:
  - Risk controls for the hazard in the yellow zone ("Medium Risk") are already As Low As Reasonably Practicable (ALARP); or

Likelihood Severity	Rare (1)	Remote (2)	Occasional (3)	Frequent (4)	Almost Certain (5)
Catastrophic (5)	5	10	15	20	25
Major (4)	4	8	12	16	20
Moderate (3)	3	6	9	12	15
Minor (2)	2	4	6	8	10
Negligible (1)	1	2	3	4	5

• The risk level is in the green zone ("Low Risk").

 Table 6: 5x5 Risk matrix with numeric ratings.

**6.4.6.3** The RM or RA Team is to determine for their organisation, with the concurrence of the Employer, which are the areas within the Matrix to be classified as Low, Medium and High risks. The categorisation of risk may be based on, but is not limited to, industry practice, policies of the workplace and risk appetite of the organisation.

#### 6.4.7 Action for Risk Levels

**6.4.7.1** The following actions are to be implemented based on the current risk level (see Table 7).

Risk level	Risk Acceptability	Recommended Actions
Low	Acceptable	<ul> <li>No additional risk control measures may be needed.</li> <li>Frequent review and monitoring of hazards are required to ensure that the risk level assigned is accurate and does not increase</li> <li>over time.</li> </ul>
Medium	Tolerable	<ul> <li>A careful evaluation of the hazards should be carried out to ensure that the risk level is reduced to as low as reasonably practicable (ALARP) within a defined time period.</li> <li>Interim risk control measures, such as administrative controls or PPE, may be implemented while longer term measures are being established.</li> <li>Management attention is required.</li> </ul>
High	Not acceptable	<ul> <li>High Risk level must be reduced to at least Medium Risk before work starts.</li> <li>There should not be any interim risk control measures. Risk control measures should not be overly dependent on PPE.</li> <li>If practicable, the hazard should be eliminated before work starts.</li> <li>Management review is required before work starts.</li> </ul>

Table 7: Recommended action for risk levels.

## 6.5 **Risk Evaluation for Health Hazards**

- **6.5.1** Exposure assessments should be conducted to estimate employees' exposure to health hazards where appropriate. Exposures can be estimated by qualitative assessment or quantified by direct measurement. All exposure measurements should be conducted by competent persons using recognised methods, acceptable standard procedures and standard calibrated equipment.
- **6.5.2** Where there are large numbers of workers, groups of workers with similar exposure levels could be identified for more efficient exposure assessment.
- **6.5.3** Exposure estimates are then compared to established Permissible Exposure Level (PEL) or other health standards to establish the likelihood of the ill-health effects.
- **6.5.4** Based on exposure assessment and risk evaluation, health exposure risks can be ranked to enable prioritisation of action plans to lower these risks.
- **6.5.5** When assessing the risk of health hazards (e.g., noise, chemicals, biological agents and ergonomics), relevant risk factors should be taken into consideration (see Appendix F).

- **6.5.6** It is also important to consider other factors which may influence likelihood such as:
  - potential cumulative exposures;
  - potential synergistic effects between certain health hazards (e.g. exposure to excessive noise and trichloroethylene [TCE] will increase likelihood of hearing impairment); or
  - any limitation in health standards if they do not consider all exposure routes. (e.g., potential dermal or ingestion risks are generally not considered when setting PELs).

## 6.6 Risk Control

**6.6.1** Selection of risk control measures should be based on the Hierarchy of Control. Elimination of hazard should take precedence, where practicable. Where elimination is not feasible, measures should be taken to reduce the risk by following the Hierarchy in the recommended order: substitution, engineering controls, administrative controls and personal protective equipment.

#### 6.6.2 Hierarchy of Control

**6.6.2.1** The control of hazards and reduction of risks can be accomplished by following the Hierarchy of Control (see Figure 3).



- **6.6.2.2** A control measure that is higher on the Hierarchy is often more effective as the risk is reduced at or close to the source.
- **6.6.2.3** The control measures in the Hierarchy are not to be taken as isolated or single solutions. Generally, it is more effective to use a combination of control measures. For example, engineering controls work better with administrative controls like training and SWPs.
- **6.6.2.4** The control measures in the Hierarchy are explained in detail in Appendix C.

#### 6.6.3 Additional Controls

- **6.6.3.1** Check the risk level (or RPN) for acceptability. If the risk level is "High" or RPN is in the "High" zone, the risk must be eliminated or reduced to at least a "Medium" level by additional controls.
- **6.6.3.2** When considering additional controls to reduce risk, control measures that are higher up in the Hierarchy of Control should be considered first.

#### 6.6.4 Re-evaluation with Additional Controls

- **6.6.4.1** When additional control(s) have been decided, re-rate the Severity, Likelihood and Risk levels (or RPN values) and record them in the "S", "L" and "RPN" columns in the "Risk Control" section of the RA form.
- **6.6.4.2** The re-evaluated RPN should not be higher than the initial RPN.

#### 6.6.5 Guidance Notes

**6.6.5.1** The revised Risk levels (or RPN values) should preferably be kept within the Low Risk (Green) zone, where feasible.

#### 6.6.6 Implementation Person and Date

- **6.6.6.1** A specific person should be identified to lead the implementation of the additional controls. Record the person's name in the "Implementation Person" column.
- **6.6.2** If the person mentioned in 6.6.6.1 cannot be identified at the time the RA form was being completed, a designation of person may be indicated. The Manager is to propose this suitable person.
- 6.6.6.3 The due-date for implementation is to be recorded in the "Due-Date" column.
- **6.6.6.4** The Implementation Person should provide progress updates to the RA Team on a periodic basis as determined by the RA Team Leader.

22 | Page

# 7. Implementation

## 7.1 Risk Assessment Approval

**7.1.1** Completed RA forms must be approved by the Manager of the area, function or activity where the risk is being assessed.

## 7.2 Implementation Actions

- **7.2.1** As far as is practicable, the Employer or Manager should implement the recommended risk control measures as soon as possible.
- **7.2.2** The Employer or Manager must ensure that an action plan is prepared to implement the measures. The plan should include a timeline for implementation and the names of the persons responsible for implementing the safety and health control measures.
- **7.2.3** The Employer or Manager must ensure that the plan is monitored regularly until all the measures are implemented.
- **7.2.4** The Employer or Manager must ensure that all persons exposed to the risks are informed of:
  - the nature of risks; and
  - any measures or SWP implemented.
- **7.2.5** The Employer or Manager must ensure that regular inspections and process audits are carried out to make sure that risk control measures have been implemented and are functioning effectively.
- **7.2.6** After the implementation of additional controls, the "Existing Controls" and "Additional Controls" columns of the RA form have to be updated (see Appendix E for information on how to update the RA form).

## 7.3 Records

- **7.3.1** The Manager shall assist the Employer to ensure that the RA records, including but not limited to the RA forms and control measure records, are kept for at least three years.
- **7.3.2** The Manager shall assist the Employer to ensure that the Risk Register is readily available for review by designated persons at the workplace and regulatory agencies.

# 8. Communication

# 8.1 Communication - A constant aspect throughout the RM process.

- **8.1.1** Communication and consultation with external and internal stakeholders, including all functions and levels within the organisation, should take place during all stages of the RM process.
- 8.1.2 All persons at the workplace should be informed of the risks they face and the control measures available to manage those risks.
- **8.1.3** Communication can take various forms (such as meetings, staff dialogues, trainings, notice boards and various electronic means) for different groups within the organisation.
- 8.1.4 Effective communication and consultation involve two-way dialogues between stakeholders.

# 9. List of References

- 1. AS/NZS 4360:2004, Risk Management (Standards Australia)
- 2. BS 31100:2008, Risk Management Code of Practice (BSI)
- 3. Identifying Hazards in the Workplace A Guide for Hazards in the Workplace (Australia Comcare)
- 4. ISO 31000: 2009 Risk Management Principles and guidelines
- 5. ISO/IEC Guide 73:2009, Risk Management Vocabulary
- 6. ISO/PAS 45005:2020 Occupational health and safety management
   General guidelines for safe working during the COVID-19 pandemic
- 7. Workplace Safety and Health Act
- 8. Workplace Safety and Health (Risk Management) Regulations
- 9. Workplace Safety and Health (General Provisions) Regulations
- 10. Singapore Standards SS506 series on Occupational safety and health (OSH) management systems
- 11. Tripartite Advisory on Managing Workplace Harassment
- 12. Tripartite Advisory on Mental Well-Being at Workplaces
- 13. SGSecure Guide for Workplaces
- 14. Contingency Planning and Protective Security Advisories for Workplaces
- 15. Contingency Planning Guidelines for Building Owners / Tenants
- 16. Guidelines for Enhancing Building Security in Singapore

## **Appendix A: Inventory of Work Activities Form**

Process	Department, Activity or Trade Assessed:         Ref       Location       Process       Process         1       Image: Second Secon
	Location Locati Location Location Location Location Location Location Locat

<u>Reference Number</u>						Remarks										
Ketereno						Due Date										
					(DO)	Implementation Person										
Approved by:		Signature:		Designation.	RISK CONTROL (DO)	RPN										
a			6		~	s L										
RA Leader:			nber 3:	nher 5.		Additional Controls										
RAL	RA Men	RA Men	RA Member 3:	RA Men	INK)	RPN										
					EL.	s S										
					ATIO											
					RISK EVALUATION (THINK)	Existing risk controls										
						Possible injury/ill- health										
Department, Activity or Trade Assessed:	Process/Design Consideration:	Process/Activity Location:	Original RA date:	Next review date:	HAZARD IDENTIFICATION (LOOK)	Hazard										
Department, Activi	Process/I	Proc			HAZARD	Work Activity										
						Ref	1	2	m	4	ы	9	7	00	6	10

## Appendix B: Risk Assessment

## **Appendix C: Hierarchy of Control**

#### Elimination

Elimination of risk refers to the total removal of the worker's exposure to the hazards, effectively making all identified work-related accidents, incidents and ill-health related to the specific hazard impossible. This is a permanent solution and should be attempted first as recommended in the hierarchy. Once the risk is eliminated, the item does not appear in subsequent RA forms. For example, sharp edges can be eliminated in a store or work area. For threat of terrorism, the hazard of vehicle ramming along kerbside employee pick-up point may be eliminated by relocating the pick-up waiting area away from the main road.

#### Substitution

This involves substituting a process or product with a less hazardous process or product to mitigate the risk, for example, using water-based paint instead of solvent-based paint. For threat of terrorism, the hazard of theft of dangerous substances with the intention to cause human harm, it may be mitigated by substituting the dangerous substances with less harmful substances.

#### **Engineering Controls**

Engineering controls are physical means that reduce the likelihood of occurrence or severity of consequence of the mishap. These include structural changes to the work environment or work processes, erecting a barrier to interrupt the accident transmission path between worker and hazard (for example, machine guards, confined space ventilation). For the threat of terrorism, the hazard of vehicle ramming attacks into crowds of people or critical assets may be mitigated by fixed or active vehicle security barriers (VSBs) such as bollards, raised steps, concrete walls or planters.

#### **Administrative Controls**

These eliminate or reduce exposure to a hazard by adherence to procedures or instructions. Documentation should emphasise all the steps to be taken and controls to be used to carry out the activity safely. For example, permit-to-work systems, scheduling of incompatible works, SWPs (see Appendix E for additional notes on SWP). For the threat of terrorism, the hazard of theft of dangerous substances with the intention to cause human harm may also be mitigated by periodic stock-taking of the substances. For controlling of organisational factors, organisations could for example review the workload, work hours, training regime, organisational culture etc. For controlling of health-risk factors, organisations could for example organise activities such as health screening, physical exercise, mental health talks etc.

#### Personal Protective Equipment

This should be used only as a last resort, after all other control measures have been considered, or as a short-term contingency during emergency, maintenance and repair, or as an additional protective measure against residual risks. The success of this control depends critically on the protective equipment being chosen and fitted correctly, worn always and maintained properly. For the threat of terrorism, the hazard of knifing security personnel while questioning a terror suspect may be mitigated with the wearing of body armour vest.

## **Appendix D: Risk Register and Cover Sheet**

This Appendix provides examples of:

- 1. Risk Register; and
- 2. Risk Register Cover Sheet.

#### 1. <u>Risk Register</u>



#### 2. Risk Register Cover Sheet

A Risk Register Cover Sheet provides a convenient way to list all the RAs in the Risk Register.

Process/Activity/I ocation	or Design Consideration RA Approval date Next review date RA Leader & Designation Remarks											Page of
Dent. Activity	p											
Workplace Name: RA Ref	Number	1	2	3	4	5	6	7	8	6	10	Note:

## **Appendix E: Additional Notes**

#### Safe Work Procedures

Arising from the RA, SWPs should be established and implemented for work which may pose safety and health risks. The SWPs should include safety precautions to be taken in the course of work and during emergencies, as well as responsibilities of persons involved and provision of PPE. The implementation of the SWPs should be monitored regularly, and the SWPs reviewed periodically to ensure their currency.

#### **Residual Risks**

Residual risks are the remaining risks after implementation of risk controls. The RA team should ensure that residual risks are acceptable and manageable; and highlight the residual risks of each of the controls.

For example, if the risk control involves the use of safety harnesses and lanyards (a type of PPE), one of the residual risks is that the workers may not anchor the lanyards or check the fall clearance to protect themselves. In this case, the RA Team may highlight pre-job safety briefing (administrative control) as a further measure to ensure that residual risks are further minimised.

Once all the risk controls are selected and their residual risks highlighted, the RA Team needs to identify the action officers and follow-up dates. In this way, the specific action officers to implement the controls can be clearly identified, and the follow-up dates will help to ensure timeliness for implementation.

#### Updating the RA Form after Implementation

After implementation, additional controls would have become existing controls. To update the RA form, the RA Team is to reconcile the controls by updating the Existing Controls column and deleting the controls under Additional Controls. The following are to be considered when reconciling Existing Controls with Additional Controls:

a. ADD Additional Control measures in the Existing Controls column if they are new controls. For example,

Existing Control	Noise Enclosure
Additional Control	Earplugs as an ADDITIONAL layer of protection
Record reconciliation under the Existing Control column	<ul><li>a. Keep "Noise Enclosure"</li><li>b. Add "Earplugs" under Existing Controls</li></ul>
Record reconciliation under the Additional Control column	Delete "Earplugs"

OR

REPLACE Existing Control measures with new measures as appropriate. For example

Existing Control	Earplugs
Additional Control	Earmuffs
Since the RA Team had decided that the use of earmuffs is adequate and will replace the use of ear plugs:	
Record reconciliation under the Existing Controls column	<ul><li>a. Add "Earmuffs"</li><li>b. Delete "Earplugs"</li></ul>
Record reconciliation under the Additional Control column	a. Delete " <mark>Earmuffs</mark> "

## **Appendix F: Risk Factors of Health Hazards**

The table below shows the risk factors which can contribute to the development of ill-health when exposed to certain health hazards. Note: This table of health hazards is not exhaustive.

Health Hazard	Risk Factors
Noise	<ul> <li>Exposure level (sound pressure level);</li> <li>Frequency of sound;</li> <li>Duration of exposure; and</li> <li>Frequency of exposure.</li> </ul>
Chemicals	<ul> <li>Intrinsic hazard of the chemical (e.g., carcinogenicity, mutagenicity, etc);</li> <li>Physical and chemical properties;</li> <li>Scale and frequency of use;</li> <li>Routes of exposure;</li> <li>Exposure concentration;</li> <li>Exposure duration; and</li> <li>Frequency of exposure.</li> </ul>
Biological agents	<ul> <li>Intrinsic hazard of microorganism (pathogenicity);</li> <li>Virulence;</li> <li>Host range;</li> <li>Viability of microorganism;</li> <li>Amount of microorganisms present at point of exposure;</li> <li>Mode of transmission; and</li> <li>Routes of infection.</li> </ul>
Ergonomics-related factors	<ul> <li>Weight of load or force;</li> <li>Repetition or frequency of motion;</li> <li>Posture (static, awkward, etc);</li> <li>Direct pressure on body parts or contact stress;</li> <li>Vibration; and</li> <li>Temperature of the environment.</li> </ul>
Heat	<ul> <li>Temperature;</li> <li>Humidity;</li> <li>Amount of direct sun exposure or radiant heat;</li> <li>Intensity of physical work;</li> <li>Physical exhaustion;</li> <li>Type of clothing;</li> <li>Un-acclimatised person or duration of acclimatisation; and</li> <li>Susceptible individuals (cardiovascular disease, impaired renal function, obesity, alcohol and drug abuse, dehydration).</li> </ul>

## **Appendix G: Examples relating to Possible Terrorism Scenarios**

#### Example 1

Notes:

	RA done for Department:	1				RA Le	ader:			Appro	ved by	I.		Reference Number
	Process:					A Mem								
	Process/Activity Location:			Title E	R	AMem	ber 2:				nature:			
	Original Assessment date:			Inner							Name:	(		
	Last review date:					A Mem				Desig	nation:			
	Next review date:					A Mem	ber 5:				Date:			
Ref	Work Activity	HAZARD IDENTIFICATION Hazard	Possible injury/ill-health	RISK EVALU Existing risk controls			0.01	Additional Controls			K CONT	ROL Implementation Person		Demarka
Ker	WORK ACTIVITY	Hazard	Possible injury/ill-nealth	Existing risk controls	3	-	RPN	Additional Controls	3	-	RPIN	Implementation Person	Due Date	Remarks
1	Hazo	ard Identific	ation	Risl						Ri	sk	Control		
				Evalua	ΠC	n								
3			Potential Injury	Existing Risk		_	R	Additional			R	Responsible	Due	
4	Work Activity	Hazard	or III-health	Controls	S	L	P N	Controls	S	L	P N	Person	Date	Remarks
5	Waiting for	<u>Intentional</u>	Multiple	Bollards	5	2	1	Wait within	5	1	5	Samy	D	Nil
6	company	collision	fatality				0	company				К.	D	
7	bus	by						compound.					Μ	
8	pick-up	vehicles						Proceed to			_		_M_	
	· · ·	(e.g. Bus,						boarding					Μ	
9		trucks, cars)						point when					YY	
10		[Vehicle Ramming]						bus arrives					YY	
-11														
12														
13														
14														
15														



## **Appendix G: Examples relating to Possible Terrorism Scenarios**

#### Example 2

	RA done for Department:					RA Le			Į į	pprov	ed by	1		Reference Number
	Process:					AMem								
	Process/Activity Location:			Title E	<b>u</b> a	AMem	ber 2:				ature: Name:			
	Original Assessment date: Last review date:			THIC L		AMem					name: nation:	<u>}</u>		
	Next review date:					A Mem				Design	Date:			
	next teview date.	HAZARD IDENTIFICATION		RISK EVALU			Jer J.			RIS	CONT	ROL		
Ref	Work Activity	Hazard	Possible injury/ill-health	Existing risk controls	S	L	RPN	Additional Controls	S			Implementation Person	Due Date	Remarks
1	Haza	ard Identific	ation	Risl Evalua		n				Ri	sk	Control		
3	Work Activity	Hazard	Potential Injury or III-health	Existing Risk Controls	s	L	R P N	Additional Controls	s	Ŀ	R P N	Responsible Person	Due Date	Remarks
5	Storage	Theft of	Severe	1)Kept	4	2	8	1)Substitute	3	2	6	Lye ST	D	Nil
6	and use of	corrosive	substance	under lock				in-house dilution					D	
7	corrosive substances	substances with the	burns	and				process.					M	
8	(e.g. acids)	intention		key				Buy diluted					M	
9		to cause		2)Security				sulphuric					YY	
10		human		camera				acid.					YY	
-11		harm (e.g. 95%						2)Implement						
12		Sulphuric						mobile						
13		Acid)						device <del>usage</del>						
14								tracking						
15								system						



## **Appendix G: Examples relating to Possible Terrorism Scenarios**

#### Example 3

	RA done for Department:						ader:			Appro	ved by			Reference Number
	Process:					A Mem								
	Process/Activity Location:			Title E	มล	AMen	ber 2:				nature			
	Original Assessment date:			THICL							Name:			
	Last review date:					A Mem				Desig	nation			
	Next review date:	HAZARD IDENTIFICATION		RISK EVALU			Der 5:		_	DIE	Date: K CON	TROI		
Ref	Work Activity	Hazard	Possible injury/ill-health	Existing risk controls		L	RPN	Additional Controls	S			Implementation Person	Due Date	Remarks
1		al construction		and the second										
2	Haza	urd Identific	ation	Risl						Ri	sk	Control		
				Evalua	tio	n								
3			Potential Injury				R				R			
	Work Activity	Hazard	or	Existing Risk	s	L		Additional	c	ι	P	Responsible	Due	Remarks
4	WORK ACTIVITY	Hazara	or III-health	Controls	3	1	N	Controls	3	"	N	Person	Date	Kemarks
5	Storage	Theft of	Concussion,	Nil	4	3	1	1)Periodic	4	2	8	Murali	D	Nil
	Storage	Then or			-	Э	•	i /i enouic	-	4	0	Morall		
6	and use of	Hand tools	Multiple				2	stock-					D	
7	Warkshan	with the	injuries,		<u> </u>			taking of	<u> </u>	<u> </u>	<u> </u>		M	
1	Workshop	with the	-					-					147	
	I have all the set of	*	Multiple					tools						
8	Hand tools	intention	-		<u> </u>					-	-		M	
			lacerations											
		to use as a											Μ	
9		weapon											YY	
		•												
10		(e.g.											YY	
11		Hammer,			-					-				
		drills,												
12														
		sharps)												
13														
14														
15														
	Notes:													



## **Appendix H: Examples relating to Disease Outbreak Scenario**

-	RA done for Department:					RA Le	a des:			Annes	ved by			Reference Number
	Process:				R	A Mem			1	Appro	ved by			Kelerence Kuniber
	Process/Activity Location:			This D						Sigr	nature:			
	Original Assessment date:			Title E							Name:			]
	Last review date:					A Mem				Desig	nation:			-
	Next review date:	HAZARD IDENTIFICATION		RISK EVALU		A Mem	Der 5:		_	RIS	Date: K CONT			
Ref	Work Activity	Hazard	Possible injury/ill-health	Existing risk controls	S		RPN	Additional Controls	S			Implementation Person	Due Date	Remarks
1	Haza	rd Identific	ation	Risl Evalua		on.				Ri	sk	Control		
3			Potential Injury				R				R			
	Work Activity	Hazard	or	Existing Risk	c		P	Additional	c	L	P	Responsible	Due	Remarks
4	work Activity	nazara	III-health	Controls	3		N	Controls	3	-	N	Person	Date	Kemarks
5	Office	Contact	Fatal	Nil	5	4	2	Require	5	2	1	Chen Li	D	Nil
6	work	with	Infection;				0	worker to			0	Koon	D	
7		infected	Unwell					work-from-				(HR)	Μ	
8		person	with flu-					home			<u> </u>		M	
		(e.g. person	like					(WFH) for					Μ	
9		at office	symptoms					14 days					YY	
10		who just returned						from date					YY	
11		from higher						of arrival						
12		risk countries)												
13		countries)												
14														
15														

COVID-19 Related examples. May not be applicable to other disease outbreak scenarios.

	RA done for Department:					RA Le				Appro	ved by	(		Reference Number
	Process: Process/Activity Location:				-	AMem								
	Original Assessment date:			Title E	Ho	A Mem	ber 2:				nature: Name:			
	Last review date:					A Mem					nation:			
	Next review date:					A Mem				Desig	Date:	()		
	next ferten date.	HAZARD IDENTIFICATION		RISK EVALU					_	RIS	K CONT	ROL		
Ref	Work Activity	Hazard	Possible injury/ill-health	Existing risk controls	S	L	RPN	Additional Controls	S			Implementation Person	Due Date	Remarks
1	Haze	urd Identifico	ation	Risl Evalua		n				Ri	sk	Control		
3		Hazard	Potential Injury	Existing Risk		L	R	Additional			R	Responsible	Due	
4	Work Activity	Hazard	or III-health	Controls	3	L	N	Controls	3	L	N	Person	Date	Remarks
5	Worker	Contact	Fatal	Rostered	5	3	1	Require	5	2	1	Prabu	D	Nil
6	exposed to	with	Infection;	Routine			5	worker not			0	N.	D	
7	a higher	COVID-19	Unwell	Test				to come to					M	
7	risk of	Case,		(RRT),				the						
8	exposure to	Person(s)	with	Temperat			_	workplace if			<u> </u>		M	
	COVID-19	under	flu-like					worker					Μ	
9	cases e.g.	Quarantine	symptoms	ure screening				misses RRT					YY	
10	work in	(PUQ),						or feels					YY	
11	swab-test	Person(s)						unwell.						
12	site,	on Stay-						Provide						
	isolation	Home						Work-from-						
13	facility, and	Notice						Home (WFH)						
14	patient	(SHN)						arrangement						
	transport													
15														

## **Appendix H: Examples relating to Disease Outbreak Scenario**

COVID-19 Related examples. May not be applicable to other disease outbreak scenarios.

Other considerations for COVID-19 at the workplace may include the following:

- Worker in contact with a confirmed COVID-19 case in the last 14 days.
- Worker on medical leave (doctor issued MC) for COVID-19 symptoms.
- Person(s) staying with the worker in the same residence are issued with QO, SHN, or LOA.

Controls may include Safe Distancing, the wearing of facemasks, personal hygiene discipline, and Isolation by Working from Home (WFH).

## **Appendix I: Examples relating to Personal Health-risk Situation**

	RA done for Department:					RA Le	ader:			Approv	ved by	1		Reference Number
	Process:					AMem								
	Process/Activity Location: Original Assessment date:			Title E	lla	AMen	ber 2:				nature: Name:			-
	Last review date:					AMem					nation:	5		
	Next review date:				R	AMem	ber 5:				Date:			
Ref	Work Activity	HAZARD IDENTIFICATION Hazard	Possible injury/ill-health	RISK EVALU Existing risk controls			DOM	Additional Controls			K CONT	ROL Implementation Person	Due Date	D
1	WORK ACTIVITY	Hazard	Possible injury/ill-nealth	Existing risk controls	S	L	RPN	Additional Controls	3	-	RPN	Implementation Person	Due Date	Remarks
2	Haza	urd Identific	ation	Risl						Ri	sk	Control		
				Evalua	tio	n								
3			Potential Injury	Existing Risk			R P	Additional			R	Responsible	Due	
4	Work Activity	Hazard	or III-health	Controls	S	L	N	Controls	S	Ľ	N	Person	Date	Remarks
5	Tower	Runaway	Fatality	Medical	5	3	1	Job redesign	5	2	1	Abdul	D	Nil
6	Crane	crane		examinat			5	for operators with such			0	Razak	D	
7	Lifting	operation		ion for	-				-				M	
	-	with		crane				chronic						
8	Operation			crune	<u> </u>			conditions.					_M_	
8		unconscious		operators				Regular					Μ	
9		operator		age 50				Health						
10		(e.g.		and				Screening					YY	
10		Operator		above				with close					YY	
11		with						follow-up.						
12		uncontrolled						Targeted						
12		high-blood						wellness programs for						
13		pressure)						persons with						
14								chronic health						
								conditions						
15														



## **Appendix J: Examples relating to Mental Well-being**

	RA done for Department:					RA Le				Appro	ved by	L		Reference Numbe
_	Process:					AMem				-				
	Process/Activity Location:			Title E	Ho	ANem	ber 2:			Sigi	nature: Name:			
	Original Assessment date:			THIC L		AMem								
	Last review date:					A Mem				Desig	nation:	<u>)</u>		
_	Next review date:	HAZARD IDENTIFICATION		RISK EVALU			ber 5:			DIC	Date: K CONT	7001		
Ref	Work Activity	Hazard	Possible injury/ill-health	Existing risk controls			RPN	Additional Controls	S			Implementation Person	Due Date	Remarks
1					1.1				1.00				Due Dute	
2	Hazo	ard Identific	ation	Risl Evalua		n				Ri	sk	Control		
3			<b>.</b>				_				_			
	Work Activity	Hazard	Potential Injury or	Existing Risk	ç	L	R	Additional	ç	L	R P	Responsible	Due	Remarks
4	Work Activity	nazara	III-health	Controls		-	N	Controls	3		N	Person	Date	Kemurks
5	Workplace	Excessive	Job	Talks on	3	4	1	Implement	3	2	6	Samuel	D	Nil
6	Mental	workload or	burnout,	work-			2	protected				Wiseman	D	
7	Well-being	work pace	stress and	life	<u> </u>			time			-		Μ	
	Well-Bellig							(Company-						
8			anxiety	balance				wide time			-		M	
								out); Assist					Μ	
9								worker in					YY	
10								setting					YY	
11								healthy						
12								boundaries						
12								between						
13								work and						
14								<del>non-work</del> time.		-				
15								inne.						
	Notes:													

_							_		_					
	RA done for Department:				_		ader:			Appro	ved by			Reference Number
	Process:				_	AMem								
	Process/Activity Location: Original Assessment date:			Title E		AMem	ber 2:				nature: Name:			•
	Last review date:					AMem			-		nation:	<u>.</u>		-
	Next review date:					AMem				Desig	Date:			
	Hext leview date.	HAZARD IDENTIFICATION		RISK EVALU			061 5.		_	RIS	K CONT	ROL		
Ref	Work Activity	Hazard	Possible injury/ill-health	Existing risk controls	S	L	RPN	Additional Controls	S			Implementation Person	Due Date	Remarks
1	Haza	ırd Identific	ation	Risl Evalua		<b>_</b>				Ri	sk	Control		
				LVUIUU										
3			Potential Injury	Existing Risk			R P	Additional			R	Responsible	Due	
4	Work Activity	Hazard	or III-health	Controls	S	L	N	Controls	5	L	N	Person	Date	Remarks
5	Organisation	Job	Stress and	Regular	3	4	1	Enable regular	3	2	6	Ruth Koh	D	Nil
6	Restructuring	insecurity;	anxiety	updates			2	confidential meetings to					D	
7		Role		about				discuss job					M	
8		ambiguity		the				security or			-		M	
				restructu				role ambiguity					Μ	
9				ring				issues. Provide					YY	
10				exercise				confidential					YY	
11								access to counsellors to						
12								support stress and anxiety						
13								management.						
14														
15														
	Notes:								-					

## **Appendix J: Examples relating to Mental Well-being**

					RA Le	ader			Appro	ved by			Reference Number	
Process:					RA Member 1:									
Process/Activity Location:					RA Member 2:					4				
Work Activity	Hazard	Possible injury/ill-health	Existing risk controls	S		RPN	Additional Controls	S				Due Date	Remarks	
Haza	ırd Identific	ation			n				Ri	sk	Control			
		Potential Injury	Estation Disk			R	Additional			R	De su en sible	Dur		
Work Activity	Hazard	or		S	L	Ρ		S	L	P			Remarks	
work Adamy	nazara	III-health	Controls	Ĵ		N	Controls		-	N	Person	Date	Remarks	
Workplace	Job	Suicidal	Nil	5	3	1	Establish Ombudsporson	5	2	1	Sue Foo	D	Nil	
	insecurity	tendency,				5	to provide			0		D		
(e.g.		Stress and					independent,			-		M		
Supervisor							impartial,							
Supervisor		anxiety					•					M		
repeatedly		unxiery												
							informal					Μ		
emails							assistance.			-				
subordinate														
with												YY		
vy IIII							confidential							
suaaestive							access to							
comments.)														
							management,							
									-					
							anxiety							
							manadement							
	Original Assessment date: Last review date: Next review date: Work Activity Work Activity Workplace Harassment (e.g. Supervisor repeatedly emails	Original Assessment date: Last review date: Next review date: Hazard Hazard Hazard Hazard Work Activity Hazard Workplace Harassment (e.g. Supervisor repeatedly emails subordinate with suggestive comments.)	Original Assessment date:         Last review date:         MAZARO IDENTIFICATION         Work Activity         Hazard       Portential Injury         Work Activity       Hazard       Potential Injury         Work Activity       Hazard       Potential Injury         Work Activity       Hazard       Potential Injury         Work Activity       Hazard       or         Ill-health       Suicidal       Insecurity         Harassment       insecurity       tendency,         Supervisor       Stress and       anxiety         repeatedly       emails       subordinate	Original Assessment date:       Iffice E         Last review date:       Hazard DENTIFICATION       Risk CAULU         Work Activity       Hazard Identification       Risk Controls         Work Activity       Hazard       Potential Injury         Work Activity       Hazard       Potential Injury         Work Activity       Hazard       or         Work Activity       Hazard       or         Work Activity       Hazard       or         Ill-health       Controls         Workplace       Job       Suicidal         Harassment       insecurity       tendency,         (e.g.       Stress and       supervisor         repeatedly       anxiety       anxiety         with       suggestive       comments.)         Suggestive       anxiety       anxiety	Original Accessment date:       Infine provide interview date:        Infine provi	The controls       Restant         The controls       Restant         Mazer definition       Restant       Restant <t< td=""><td>The Dracksber 3:         RAMember 4:         Reserve data:         Reserve data:         Reserve data:         RAMember 4:         Reserve data:         Work Activity       Reserve data:         Hazard       Or         Use of the data:       Reserve data:       Reserve data:         Work Activity       Hazard       Or         Use of the</td><td>Infine DickEducar :: TRANSING Controls         Reserver of the two date: Transmitted to the transmitt</td><td>Inflet Biodickard at the second seco</td><td>Inflet Biodiffication       Inflet Biodiffication       Deep Name of the Number of th</td><td>Original Accessment dat:         Matter bit werk dat:         Matte</td><td>Unit of the data set of the data se</td><td>THICE DECLINE 2: Statement date: Latterword date: Meet rever date</td></t<>	The Dracksber 3:         RAMember 4:         Reserve data:         Reserve data:         Reserve data:         RAMember 4:         Reserve data:         Work Activity       Reserve data:         Hazard       Or         Use of the data:       Reserve data:       Reserve data:         Work Activity       Hazard       Or         Use of the	Infine DickEducar :: TRANSING Controls         Reserver of the two date: Transmitted to the transmitt	Inflet Biodickard at the second seco	Inflet Biodiffication       Inflet Biodiffication       Deep Name of the Number of th	Original Accessment dat:         Matter bit werk dat:         Matte	Unit of the data set of the data se	THICE DECLINE 2: Statement date: Latterword date: Meet rever date	

Mental well-being can be affected by psychosocial hazards. Other considerations may include:

- a) Workplace harassment (e.g. Threatening, abusive, or insulting language, comments or other non-verbal gestures; Cyber bullying; Sexual harassment; Stalking).
- b) Uncertainty (e.g. about what is expected, how long arrangements can last, impact on pay or working hours);
- c) Workload and work pace (e.g. too much or too little work, expectations of meeting short deadlines even if activities take longer due to amended ways of working);
- d) Working hours (e.g. unpredictable hours, reduced or extended hours, new shift patterns);
- e) Role ambiguity (e.g. changes to what is expected from a role, new roles, lack of clarity);
- f) Lack of control (e.g. rapid changes in risk levels, leading to sudden enforcement or easing of restrictions or amended ways of working);
- g) Lack of social support (e.g. loneliness, physical isolation, communication issues);
- h) Impacts of prolonged isolation and remote working (e.g. overexposure to screens, tiredness, boredom, lack of concentration, insomnia);
- i) Job insecurity (e.g. concern about possible job loss, domestic financial issues);
- j) Difficulty in balancing work and home life (e.g. caring responsibilities, family emergencies, needing to work outside of normal working hours);
- k) Specific roles that are higher risk due to frequent, close or prolonged interaction with other people (e.g. front-line, public facing, mobile working);
- Worker's specific circumstances (e.g. belonging to a vulnerable group, bereavement or serious illness in the family).

## **Appendix J: Examples relating to Mental Well-being**

Control measures to manage mental well-being may include:

- a) Appoint mental wellness champions to raise employees' awareness on mental well-being and mental health conditions through talks and workshops.
- b) Review HR policies to ensure hiring practices, workplace practices and performance management systems are non-discriminatory and merit-based in nature.
- c) Implement and encourage take up of flexible work arrangements (FWAs) to help employees meet both their work and personal demands.
- d) Establish work-life harmony policy to provide clarity on after-hours work communication.
- e) Assist workers in setting healthy boundaries between work and non-work time by communicating when they are expected to be working and available, taking into account the need for flexibility;
- f) Allow workers more control over work pace and deadlines, if possible;
- g) Establish return-to-work policies to support employees who are recovering from mental health conditions.
- h) Promote a culture of trust, care and support by acknowledging that individual workers experience different issues and that anxieties or difficulties are valid and respected;
- i) Enable regular confidential meetings (remote or physical, as appropriate) to discuss issues and anxieties and to agree ways to support the worker;
- j) Establish confidential hotline or Ombudsperson e.g. for Workplace Harassment reporting.
- k) Hold regular remote or physical meetings with teams of workers;
- Give regular, clear and accurate information about the current situation in the organization and planned changes that can affect workers;
- m) Consider providing appropriate PPE, masks, face coverings and other control measures for workers with concerns about being in the physical workplace, even if it is not required by the organization;
- n) Offer additional resources to assist workers with managing their own psychological health and well-being (e.g. online programmes, websites, access to professionals offering bereavement and trauma counselling, financial advice).

#### NOTE:

Further guidance on managing psychological health is provided in ISO 45003 and the ISO 10075 series.

#### Sources:

- Tripartite Advisory on Mental Well Being at workplaces.
- Tripartite Advisory on Managing Workplace Harassment.
- ISO/PAS 45005:2020 Occupational health and safety management General guidelines for safe working during the COVID-19 pandemic.

# Acknowledgements

The WSH Council would like to thank the Work Group members who have dedicated their time in their individual capacity to make the inaugural RMCP possible: Mr Seet Choh San, Mr Ong See Hee, Mr Lim Poo Yam, Dr Ting Seng Kiong and Dr Gregory Chan.

The Council also appreciates Mr Tan Kia Tang, Ms Jaime Lim, Ms Colleen Low and Ms Ng Xiao Qian from the Ministry of Manpower, and Mr Han Kin Sew and Mr Edd Hong from the WSH Council for their involvement in the second revision of the RMCP.

The third revision that included considerations of our workplaces' preparedness for terrorism scenarios, disease outbreaks, and mental well-being was helmed by Mr Eric Chua Swee Leong (MHA), Mr Edwin Tan (MHA), LTC Eugene Phng (SCDF), Ms Delphine Fong (Sport Singapore), Mr Loy Chee Leng (Infinite Convergence Solutions, Inc), Dr Kenneth Choy (MOM), Dr Lucy Leong (MOM), Ms Evelyn Koh (MOM), Ms Colleen Low (MOM), Ms Lilian Quah (MOM), Ms Joanne Lim (MOM), A/P Chia Sing Eng (WSHC), Ms Ong Peh Woon (WSHC), Mr Cheng Yue Pan (WSHC) and Mr Seet Choh San (Temasek Polytechnic), with support from Ms Tan Zi Min, Mr Han Kin Sew, Mr Edison Loh and Mr Lee Chee Wee from the WSHC. The Council appreciates their valuable contribution.

---000----

#### Published in < Month Year>

by the Workplace Safety and Health Council in collaboration with the Ministry of Manpower.

All rights reserved. This publication may not be reproduced or transmitted in any form or by any means in whole or in part, without prior written permission. The information provided in this publication is accurate as at time of printing. The Workplace Safety and Health Council does not accept any liability or responsibility to any party for losses or damage arising from following this publication.

This publication is available on the Workplace Safety and Health Council Website: www.wshc.sg Email: contact@wshc.sg