

## 16.16 RISK, INSURANCE AND COMPENSATION

- 16.16.1 Employees' wellbeing is one of the cardinal principles in having an efficient and productive workforce. Joint effort from both the employer and the employee is required for a safe and healthy working environment. Nonetheless, work-related accidents still occur despite the various precautionary measures put in place. This, therefore calls for a safety culture at work to ensure employee wellbeing.
- 16.16.2 Nowadays, besides new work challenges and technological dynamics, climate change and extreme weather conditions also have an impact on the world of work, thereby reshaping the modalities of work.
- 16.16.3 Previous PRB Reports have highlighted the essential aspects of safety and health at the workplace in line with the Occupational Safety and Health Act (OSHA) 2005. In the last Report, a Risk Insurance Scheme was introduced to afford greater protection to officers, while provision was made for Management to carry out a risk assessment exercise.
- 16.16.4 Requests were received from various stakeholders to: review the Risk Insurance Scheme; provide free Medical Scheme; introduce a special allowance for work performed during calamities or lockdown; implement measures to promote physical and mental wellbeing; and establish procedures to address harassment at the workplace.
- 16.16.5 Aiming at strengthening the self-reliance of their safety and health at work, the Bureau is re-emphasising on the duties of both the employer and the employee as defined in the OSHA 2005. As the future of work unfolds to unveil the various challenges ahead, it is considered that a prevention culture is more than ever a must. Moreover, while being alive to the fallout of the recent Pandemic along with the advent of other factors that may have ill-effects on both the employer and the employee, the Bureau is, in this Report, accentuating on **Mental Wellbeing** and cautioning on **'Sitting as the new Smoking'**. We are keeping up with the present arrangement for conducting the risk assessment exercise. In view of wide implications, the Risk Insurance Scheme, introduced in the last Report, has been put on hold by relevant authorities. Provisions regarding an appropriate compensation in case of occupational accidents are still relevant and therefore, hold good.

### Management's Responsibility

- 16.16.6 In accordance with OSHA 2005, Management should mandatorily provide a safe workplace to its employees along with protective clothing and equipment and make necessary arrangements for health surveillance and relevant training, where there is a need.

- 16.16.7 It is also required to adhere to such regulations/guidelines/circulars, issued by relevant authorities, outlining the precautionary/sanitary measures to be adopted in case of a pandemic/public health emergency. Subsequently, it is incumbent on Management to ensure the prevalence of a safe workplace.

### Safe Workplace

- 16.16.8 To have a safe workplace, the Bureau is emphasising on a few aspects, as enumerated underneath, which are conducive for employee wellbeing:
- (i) **Adoption and implementation of well-defined safety and health policies which act as a safeguard for both Management and the employees. This would also trigger employee satisfaction and boost productivity level.**
  - (ii) **Incorporation of specific arrangements along with generic measures to cater for employees with disability or special needs as well as for pregnant women.**
  - (iii) **Strict adherence to the Code of Ethics for Public Officers. This allows the establishment of a baseline expectation for what is ethically and socially acceptable thereby avoiding disruptive behaviour at the workplace.**
  - (iv) **Full compliance with the Sexual Harassment Workplace Policy to foster a work environment free from sexual harassment and any inappropriate conduct of a sexual nature.**

### Protective Clothing and Equipment

- 16.16.9 At times, owing to its severity, precautionary measures are not enough to protect employees from a hazard/disease. Such hazard/disease may be termed as corrosive chemicals, biological pathogens, acid splashes or thermal extremes, to name just a few. In the circumstance, protective clothing/equipment are also required to reduce the risk of accidents or infections. The protective clothing/equipment may take the form of aprons, coveralls (e.g. fireproof coverall), coats, helmet, boots, gloves, totally encapsulating chemical protective suits, or vest to reflect light for employees working outdoor, among others.
- 16.16.10 As detailed out in the **Chapter on Uniforms of this Volume**, the determination of the eligibility for protective clothing and equipment rests with the Standing Committee on Uniforms, following recommendations of the Occupational Safety and Health Unit of the MPSAR. In this respect, authority has been devolved on relevant organisations to deal with this matter.
- 16.16.11 Altogether, the proper usage of protective clothing and equipment is one of the effective prevention strategies of risk mitigation. It is, thus, the responsibility of Management to constantly provide necessary instructions (both oral and

written) on their proper use. The Bureau, therefore, is recommending in that direction.

### Recommendation 1

**16.16.12 We recommend that Management should, continuously, provide general and specific instructions (both oral and written) to employees, so as to ensure the proper usage of protective clothing and equipment, as provided in the Chapter on Uniforms of this Volume.**

### Health Surveillance

16.16.13 Management has the statutory obligation to ensure that employees' health is not affected by their work or the operational activities of the organisation. This can be achieved by having a health surveillance programme at the workplace. **To this effect, appropriate recommendations have been made under relevant Ministry/Department/Organisation.**

### Employee/Worker Responsibilities

16.16.14 While the main responsibility of ensuring safety and health at the workplace falls under Management, employees are equally responsible to help create a safe working environment. In fact, employees have a key role to play in preventing work-related injuries and diseases. In accordance with section 14 of OSHA 2005, an employee has the obligation to:

- (i) take care of his own safety and health and that of others who may be affected by his actions;
- (ii) cooperate with Management and colleagues to help everyone meet their legal obligations and stay safe at work;
- (iii) adhere to all safety procedures and protocols related to his work;
- (iv) follow all instructions properly for the correct use of safety devices and protective equipment and clothing;
- (v) report, promptly, any hazards regarding the safety procedures to Management; and
- (vi) notify Management, immediately, in case of any bodily injury sustained by him as a result of an accident related to his work.

16.16.15 Covid-19 restrictions have progressively eased over the past years. Yet, the apprehension of the evolving nature of the Covid-19 into new variants is still present. In this regard, having a safe environment is the concern of all. **Precautionary measures, such as maintaining physical distancing and proper hygiene or wearing of mask, that were observed during the Pandemic, should be adopted in case of a suspected case of the disease at the workplace.**

## Departmental Safety and Health Committee

- 16.16.16 In addition to its functions and composition, OSHA 2005 makes provision for the establishment of a Departmental Safety and Health Committee. The aforesaid Act also stipulates the guidelines of meetings proceedings of Safety and Health Committees. It is, therefore, incumbent upon **Management to ensure that the Committee is fully operational and conducts its functions accordingly.**
- 16.16.17 The Departmental Safety and Health Committee is, among others, tasked to come up with safety and health project proposals to improve the working environment of officers under the Enhancement of Work Environment Programme (EWEP). Some safety and health projects include fire extinguisher; evacuation chair; first aid box; safety sign; safety barrier and so on.
- 16.16.18 A risk-free workplace is essential and Management is required to observe strict adherence to a few basic principles as provided in the legislations. The Bureau is recommending accordingly.

## Recommendation 2

**16.16.19 We recommend that Management should ensure that:**

- (i) measures advised by officers of the Occupational Safety and Health Unit are implemented promptly;**
- (ii) all employees should wear/use Protective Clothing/Equipment as provided to them;**
- (iii) all accidents/incidents are reported to the Occupational Safety and Health Unit of the MPSAR within the prescribed delay; and**
- (iv) the Departmental Safety and Health Committee of their respective Ministry/Department/Organisation operates in accordance with the provisions of the Occupational Safety and Health Act 2005.**

## Risk Assessment

- 16.16.20 In a nutshell, Risk Assessment is the process of identifying hazards and risk factors that may cause workplace accidents. This task is devolved upon Safety and Health Officers where they are required to: carry out regular safety and health audits to identify risks; assess the need for preventive measures; and advise Management on practical measures that would mitigate any risk. However, Management has the responsibility to make the necessary arrangement for measures necessitating specialised and professional service. We are recommending accordingly.

**Recommendation 3**

**16.16.21** We recommend that Management should solicit the assistance of competent authorities for necessary measures and techniques to minimise risk where a situation so demands.

**16.16.22** We also recommend that Management should:

- (i) ensure that abstracts or notices indicating hazards are effectively posted in accordance with the law; and
- (ii) take prompt actions on the advice, report or recommendations of Safety and Health Officers regarding a course of action on safety and health.

**Compensation for Risk**

**16.16.23** Risk is the potential outcome of being exposed to hazards which may lead to a fatal or non-fatal injury. It is present in varying degrees across a wide range of jobs. Being a compensable factor, the element of normal risk is captured in job evaluation and is accounted for in salaries.

**16.16.24** However, officers who, by way of their postings, are exposed to relatively higher risks as compared to their colleagues in the same grade, are paid a Risk Allowance. For example, officers in the Health Sector as well as those of the Disciplined Forces who are exposed to a high degree of risk are paid a Risk Allowance. As the level of risk varies according to the specificity of an organisation, the risk element has been dealt with under relevant Chapters for Ministries/Departments/Organisations.

**16.16.25** In its previous Report, the Bureau came up with a decentralised approach to carry out the risk assessment exercise and recommendation was made for same to be conducted by the Departmental Safety and Health Committee.

**16.16.26** We consider this approach to be essential for prompt and effective risk assessment and are thus recommending accordingly.

**Recommendation 4**

**16.16.27** We recommend that the Departmental Safety and Health Committee:

- (i) should continue to look into cases pertaining to risk, including requests for a Risk Allowance and conduct risk assessments;
- (ii) should re-evaluate those cases where incumbents are granted a risk allowance, except for officers of the Disciplined Forces, so as to determine the continued eligibility of each grade for the payment of a Risk Allowance;

- (iii) may seek the assistance of any other professional who is deemed to possess the relevant qualification/competence/expertise to enable it to achieve its set objectives; and
- (iv) should submit its findings to the Bureau, through the Director, Safety and Health of the MPSAR, for appropriate recommendations.

**“Prevent now rather than pay later”**

16.16.28 Basically, a hazard is any source of potential harm or adverse health effects on a person. Exposure to any type of hazard may lead to the risk of injury, which, at times, tend to be severe. Injuries are, nevertheless, almost preventable if appropriate control measures are taken to circumvent any harm from happening. To this effect, while advocating on ‘*Prevent now rather than pay later*’ the Bureau underscored a preventive culture in its previous Report. Given that the adoption of a preventive culture is fundamental to reduce any potential risk at work, the present provisions are being reiterated.

**Recommendation 5**

**16.16.29 We recommend that the Occupational Safety and Health Unit should continuously arrange for:**

- (i) the promotion of a safer workplace and a healthier workforce;
- (ii) the development and implementation of effective healthy work programs laying emphasis on prevention;
- (iii) the dissemination of appropriate information pertaining to hazards and risks;
- (iv) the sensitisation, counselling, education and training related to prevention of hazards;
- (v) encouraging Ministries/Departments/Organisations to develop their Safety and Health Policy Statement; and
- (vi) ensuring the proper implementation of the Occupational Safety and Health Management System in Ministries/Departments/Organisations.

**Compensation in respect of Occupational Accidents**

16.16.30 In the event of occupational accidents, the Workmen’s Compensation Act provides a compensation to manual and non-manual workers with annual earnings not exceeding Rs 72000. For public sector employees including members of the Disciplined Forces, whose earnings are over Rs 72000 per year, Government, as an employer, assumes responsibility for occupational risks and bears the compensation costs on the same basis as provided for in the Workmen’s Compensation Act.

- 16.16.31 The Workmen's Compensation Act caters for a compensation to:
- (i) a public officer who sustains permanent incapacity that occurred from personal injury arising out of and in the course of duties; and
  - (ii) the officer's dependents where there are fatal injuries or death by accident from and in the course of duties.
- 16.16.32 It has been brought to the attention of the Bureau that consultations have been held with various stakeholders regarding the current provisions of the Workmen's Compensation Act, specifically with a view to revising the annual earnings threshold of Rs 72000. It is further understood that corresponding amendments to the Pensions Regulations are also being considered to reflect prevailing circumstances. Hence, pending the finalisation and enactment of the aforementioned amendments, the Bureau is maintaining the current provisions.

### **Recommendation 6**

**16.16.33 We recommend that, in case of occupational accidents, compensation should be as follows:**

- (i) manual or non-manual employees with annual earnings not exceeding Rs 72000 should continue to be compensated in accordance with the Workmen's Compensation Act;**
- (ii) non-manual employees, whose earnings are over Rs 72000 per year, and members of the Disciplined Forces who sustain permanent incapacity as a result of injury arising out of and in the course of their duties, or who contract an occupational disease under conditions specified in Section 37 and as listed in the Second Schedule of the Workmen's Compensation Act, should be paid a compensation as per the rate specified in the First Schedule or under Section 7 of the same Act up to a maximum of Rs 1.3 million over and above any gratuity or pension covered under the Pension Regulations; and**
- (iii) non-manual employees drawing more than Rs 72000 annually and for members of the Disciplined Forces who sustain fatal injuries arising out of and in the course of duties, or who contract a fatal occupational disease under conditions specified in Section 37 and which is listed in the Second Schedule of the Workmen's Compensation Act, a compensation of six years' salary at the rate of the deceased last salary drawn before the accident, subject to a maximum of Rs 2 million be paid to the heirs over and above any gratuity covered under the Pension Regulations.**

**16.16.34 We also recommend that:**

- (i) **the Ministry of Labour and Industrial Relations takes action to revise the Second Schedule of the Workmen's Compensation Act for the inclusion of new occupational diseases; and**
- (ii) **the High Powered Committee may, following amendments to the National Pensions Act, review the compensation ceiling and make such other related recommendations as deem appropriate.**

**16.16.35 We further recommend that:**

- (i) **requests for payment of compensation under the Workmen's Compensation Act should be submitted to the MPSAR; and**
- (ii) **pending amendments to the relevant legislation, the recommendations made in respect of those employees whose earnings are more than Rs 72000 annually and who are not governed by the Workmen's Compensation Act be implemented administratively.**

**Mental Wellbeing**

16.16.36 The OSHA 2005 defines "bodily injury" to include "any disease or any impairment of a person's physical or mental condition," highlighting the need to address both physical and mental wellbeing in occupational settings. Mental wellbeing, distinct from clinical mental health, focuses on prevention, resilience, and support, which are key elements for a productive workforce.

16.16.37 Globally, mental wellbeing has gained prominence as a strategic priority. Many nations have integrated wellbeing metrics into national performance frameworks, such as the World Happiness Index, which is grounded in the science of wellbeing. Despite its growing importance, mental wellbeing continues to be undermined by several workplace factors. Poor working environment characterised by excessive workloads, bullying, intimidation, unfair distribution of work, the expectation to perform duties across several levels, constant work pressure and cumulative stress foster a toxic workplace culture that undermines mental wellbeing, team cohesion, and productivity. This is compounded by inadequate basic amenities, such as poor sanitation, overcrowding, and insufficient ventilation, which heighten physical discomfort and psychological strain. Additionally, the stigma surrounding mental health conditions such as anxiety and depression remains a pervasive barrier, discouraging employees from seeking support and disclosing their experiences.

16.16.38 Furthermore, the COVID-19 Pandemic has intensified the focus on mental wellbeing. International bodies like the WHO and ILO have launched initiatives positioning mental wellbeing as essential to sustainable development. A recent



UK pilot study of a four-day workweek showed strong productivity gains, with improved mental wellbeing cited as a key outcome.

- 16.16.39 At the national level, the Ministry of Labour and Industrial Relations, has recently called for legislative reform aiming to establish a legal framework that holds employers accountable for the mental wellbeing of their workforce. The initiative underscores the importance of investing in mental wellbeing both as a moral obligation and a strategic enabler of enhanced national productivity.
- 16.16.40 In this context, the Bureau is bringing forth targeted interventions to embed mental wellbeing into workplace culture, strengthen resilience, and drive sustainable performance across sectors, not only as a moral imperative but **as a catalyst for employee productivity.**

### Recommendation 7

- 16.16.41 We recommend that the MPSAR, including the Occupational Safety and Health Unit, in collaboration with the Ministry of Health and Wellness, the Ministry of Youth and Sports, the Ministry of Labour and Industrial Relations, the Public Officers Welfare Council and the Mauritius Recreation Council consider the advisability of making the necessary arrangements to:**
- (i) develop a committed mental wellbeing policy to combat stigma and promote mental health at work.**
  - (ii) identify and implement key activities that catalyse mental wellbeing across the organisation.**
  - (iii) increase employee awareness by providing accessible information, tools, and support.**
  - (iv) assess physical, psychological, and psychosocial hazards and recommend workplace adjustments.**
  - (v) sensitise supervisors, managers, and officers on the link between mental wellbeing and productivity.**
  - (vi) provide training on mental wellbeing to all public officers such as ‘Mental Health First Aid’.**
  - (vii) facilitate access to psychologists and confidential counselling services along with the introduction of a Public Service Mental Health Chatline.**
  - (viii) establish a system for collecting anonymised data on mental wellbeing trends, risk factors, and intervention outcomes to inform future policy and resource allocation.**

- (ix) **promote peer support networks and mental wellbeing First Aiders within departments.**
- (x) **monitor and evaluate the impact of wellbeing initiatives through regular feedback.**
- (xi) **organise recreational activities to promote social connection and mental wellbeing.**
- (xii) **conduct regular audits of workplace infrastructure to ensure adequate sanitation, ventilation, lighting, and space, to reduce physical discomfort and supporting mental wellbeing.**

**16.16.42 We also recommend that, in alignment with global practices and the Government's commitment to employee wellbeing, each Ministry/ Department/Organisation should designate at least one trained Mental Health First Aider to serve as a confidential peer support resource for employees experiencing mental health challenges, offering initial assistance, reassurance and guidance toward appropriate professional help.**

**16.16.43 We further recommend that, to ensure consistency, transparency and effectiveness in the implementation of this initiative, the MPSAR in collaboration with the Atal Bihari Vajpayee Institute of Public Service and Innovation and other stakeholders should develop a comprehensive guideline to assist Ministries/Departments/Organisations in the selection of Mental Health First Aiders.**

#### **Impact of Night Shift on Mental Wellbeing**

**16.16.44 To ensure a 24/7 service, many officers are required to work on a shift system inclusive of night shift. The International Labour Organisation terms night work as work covered from midnight to 5 a.m., a lapse of time which is literally regarded as unsocial hours which can negatively impact mental wellbeing and productivity. Whilst a general mental wellbeing policy is vital, priority should be given to officers already experiencing work-related distress, especially those on night shifts.**

**16.16.45 The shift element has already been taken into account while determining the salary of relevant grades required to work on such patterns and that provisions such as Night Duty Allowance and Night Attendance Bonus are in place to compensate for the demands of night work. However, the Bureau considers that financial compensation alone is not sufficient and it is incumbent upon Management to ensure that officers are mentally well and satisfied with their work environment. Appropriate recommendation to that effect is being made.**

## Recommendation 8

### 16.16.46 We recommend that Management should:

- (i) conduct regular Human Resource Planning exercise and come forth with a consistent and predictable schedule of work for officers working on night shift;
- (ii) avoid double shifts or overtime after normal shift hours, unless absolutely necessary;
- (iii) make appropriate scheduling to limit working for consecutive nights so as to reduce fatigue;
- (iv) provide appropriate safety equipment and proper amenities to keep officers alert at work;
- (v) allow ambient noise to keep officers active and reduce tiredness;
- (vi) implement small breaks/naps to recover from tiredness/fatigue;
- (vii) encourage physical exercise to boost alertness and help officers maintain a good health; and
- (viii) arrange for regular health surveillance to ensure fitness of officers working on night shift.

### Sedentary Lifestyle: "Sitting as the New Smoking"

16.16.47 An increasingly sedentary lifestyle, marked by extended sitting and limited physical activity, has emerged as a significant concern for mental and physical wellbeing. The nature of work performed by the majority of public officers, viz, primarily desk-based combined with widespread digital engagement, highly contributes to this trend. Besides, with 67.3% of the population identified as active social media users, Mauritius demonstrates a high rate of digital adoption thereby reinforcing the prevalence of sedentary habits.

16.16.48 Health experts have drawn parallels between the risks of excessive sitting and those historically associated with smoking, coining the phrase **"sitting as the new smoking."** The moreso, research indicates that prolonged sedentary behaviour may lead to a range of adverse health outcomes.

16.16.49 Moreover, the rising prevalence of non-communicable diseases associated with sedentary lifestyles continues to pose a significant challenge to public health. In response, the Health Sector Strategic Plan 2025 - 2030, officially launched by the Ministry of Health and Wellness on 30 January 2025, introduces a transformative vision that places individual wellness at the core of national development.

16.16.50 With the aim to cultivate a more resilient and health-conscious public service and to enhance employee wellbeing and productivity, the Bureau is making the following recommendations.

### **Recommendation 9**

**16.16.51 We recommend that, to promote a healthy and productive workforce, officers should to the extent possible, integrate the following habits into their daily routines:**

- (i) take stairs in lieu of lift;**
- (ii) walk over and discuss with colleagues or superiors instead of calling them;**
- (iii) take lunch break away from their desks and enjoy a short walk outside;**
- (iv) organise walking meetings; and**
- (v) perform some stretching activities from time to time.**

