

KINGDOM OF CAMBODIA

NATION RELIGION KING



Guidelines for the Establishment of Enterprise Infirmaries

JULY 2017

TECHNICAL AND FINANCIAL SUPPORT PROVIDED BY



FOREWORD

The Royal Government of Cambodia has paid close attention to ensure sustainable and equitable development. Through its strengthening program of occupational safety and health systems, the Ministry of Labour and Vocational Training had formulated the occupational safety and health policy, the organization and functioning of the national committee of occupational safety and health, and the second master plan on occupational safety and health has been moving forwards. Furthermore, numbers of relevant legal regulations have been drawn up and updated, and continued to successfully implement the campaign on the prevention of HIV/AIDS and drugs at the workplace.

The occupational safety and health systems at national, sub-national, and enterprise levels are the pivotal stimulations in building the culture of occupational safety and health at the workplace. The active participations and encouragements made by the employers and workers at their enterprises is vitally engaged in strengthening the occupational safety and health protection towards small and medium scale enterprises.

The most necessary factor is to promote and improve medical services with higher quality and efficiency at the enterprise because it plays an important role for protection and prevention of work-related accidents and occupational diseases at the workplace. Meanwhile, it also requires the explicit procedures and guidelines for research and follow-up of occupational diseases as well as the relevant stakeholders' high commitment and responsibility towards the improvement of occupational safety and health sectors at the workplace.

The **"Guidelines for the Establishment of Enterprise Infirmaries"** were made available in Khmer and accompanied by an unofficial English translation. This is an achievement realized with great efforts from the Ministry, in responding to the implementation of the Ministry's 2014-2018 strategic plans for developing labour and vocational training sectors so as to facilitate the private sector, more especially garment and footwear industries, which employ the highest number of the Cambodian labour force, to meet the needs of employees and workers surrounding health services at the workplace while complying with the norms and regulations stipulated in the Cambodian Labour Law as well as in the international norms.

The guidelines have been developed as a tool to guide different stakeholders who work directly with health services at workplaces. The guidelines provide the process, procedures, and crucial conditions including rights, obligations and responsibilities of the employers, workers, enterprise's physicians, Labour inspectors and other relevant stakeholders for implementing the enterprise's infirmary. The guidelines also include other important aspects of the regulations, legal framework for public distribution and references for wide application in all enterprises and establishments covered by the Cambodian Labour Law.

These guidelines were developed by a working group comprised of officials from the Ministry of Labour and Vocational Training, development partners, and other non-governmental organizations with technical and financial support from UNFPA, USAID, The Population Council through the Worker Health Coalition Project, CARE Cambodia, Reproductive Health Association of Cambodia, Marie Stopes International Cambodia, Enfants et Développement,

and Partnering to Save Lives, which were closely engaged in the process of developing the guidelines.

I take this opportunity to thank all development partners, relevant units, non-governmental organizations, employer associations, trade unions, buyers companies, garment factories and other stakeholders who spent their invaluable time meeting with the consultant and partners, for their active participation in contributing ideas, advice, good practices and experience to the development of these guidelines.

Phnom Penh, July 31, 2017

Dr. Ith Samheng

Minister

ACKNOWLEDGMENTS

The Ministry of Labour and Vocational Training would like to express its profound gratitude to H.E. Dr. Huy Han Song, Secretary of State, MoLVT, who initiated and led the process of developing the **“Guidelines for the Establishment of Enterprise Infirmaries.”** This is a crucial document that helps the private sector, particularly garment and footwear industries which employ the biggest proportion of Cambodian Labour force. These guidelines provide the operational guidance for raising wider awareness in preparing and managing the operations of the enterprise’s infirmary, helping employers, managers and relevant stakeholders to understand more clearly the rights, obligations, and responsibilities at the workplaces; as well as ensuring respect for the standards of the Cambodian Labour Law.

The Ministry of Labour and Vocational Training also appreciates the working group members who have actively participated in the development of the **“Guidelines for the Establishment of Enterprise Infirmaries,”** providing ideas and good practices that gave these guidelines a better look and made them easier to read, learn and apply for the employers, workers, enterprise’s physicians, labour inspectors and relevant stakeholders, also contributing to improving industrial relations at the workplace. Meanwhile, the Ministry would like to thank the technical officers, trade unions and employers who contributed their invaluable time in meeting with the consultants and participating in the series of consultative meetings.

In addition, The Ministry would also like to thank **Ms. Chea Sokny**, Deputy Director General of Admin and Finance, and Chair of the Ministerial AIDS Committee of the Ministry of Labour and Vocational Training and **Dr. Sok Sokun**, Program Specialist, Sexual Reproductive Health Program of UNFPA and other officials who helped facilitate and organize all the work to make it a success.

Finally, the Ministry would also like to thank UNFPA, USAID, The Population Council through Worker Health, CARE Cambodia, Reproductive Health Association Cambodia, Marie Stopes International Cambodia, Enfants et Développement, and Partnering to Save Lives who contributed technically and financially to the development of these guidelines. Without all this support, the creation of these guidelines would not have happened.

ABBREVIATIONS

AFD	Agence Française de Développement
ANC	Antenatal Care
CAMFEBA	Cambodian Federation of Employers and Business Associations
CARE	CARE Cambodia
CCTU	Cambodian Confederation of Trade Union
CDHS	Cambodia Demographic and Health Survey
CIES	Cambodia Inter Censal Economic Survey
CLC	Cambodia Labour Confederation
CMDGs	Cambodia Millennium Development Goals
CSDS	Chemical Safety Data Sheet
CSES	Cambodia Social-Economic Survey
DoLI	Department of Labour Inspection
DoSH	Department of Occupational Safety and Health
E & D	Enfants & Développement
FP	Family Planning
GFWs	Garment Factory Workers
GMAC	Garment Manufacturers Association in Cambodia
HBC	Home Based Care
HC	Health Center
HIV	Human Immunodeficiency Virus
ILO	International Labour Organization
ISO	International Standard Organization
M & S	Marks & Spencer
MAC	Ministerial AIDS Committer
MoH	Ministry of Health
MoLVT	Ministry of Labour and Vocational Training
MoP	Ministry of Planning
NACC	National Union Alliance Chambers of Cambodia
NMCHC	National Maternal and Child Health Center
NGOs	Non-Governmental Organizations
NIS	National Institute of Statistics
NSSF	National Social Security Fund
OSH	Occupational Safety and Health
PMTCT	Prevention from Mother to Child Transmission
PSL	Partnering to Save Lives
RHAC	Reproductive Health Association of Cambodia
RMNH	Reproductive Maternal and Neonatal Health
STIs	Sexually Transmitted Infections
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
VCCT	Voluntary Confidential Counselling and Testing
WH	WorkerHealth
WHO	World Health Organization

TABLE OF CONTENTS

INTRODUCTION	1
DEFINITIONS.....	3
SECTION 1	
OVERVIEW	4
I. Status of Labour Forces in Cambodia.....	4
II. Status of the Enterprise's Infirmary	6
SECTION 2	
THE RATIONALE FOR DEVELOPING THE INFIRMARY GUIDELINES	10
I. Purpose of the Infirmary Guidelines	10
II. Beneficiaries of the Guidelines	11
III. Foundation of the Guidelines	13
IV. Scope of the Guidelines	13
V. Development Process of the Guidelines	13
SECTION 3	
MINIMUM STANDARD AND HEALTH SERVICE PROVISION	15
I. Enterprise Infirmary and Facility Requirements	15
II. Bandaging Room	19
III. First-Aid Box ¹⁷	19
IV. Requirements for Occupational Health Services	20
SECTION 4	
INFIRMARY MANAGEMENT AND ENTERPRISE SUPPORT	29
I. Organizational Structure and Administration of Enterprise Infirmary	29
II. Planning, Record Keeping and Reporting	30
III. Professional Development and Human Resource Management	31
IV. Hygiene and Safe Disposal of Waste.....	32
V. Implementation Suggestions for Infirmary Management and Support	33
SECTION 5	
MONITORING AND EVALUATION.....	35
SECTION 6	
CONCLUSION	36

APPENDICES	37
Appendix 1. Rights and Obligations	38
Appendix 2. Typical Layout Of An Infirmary Room At A Workplace	41
Appendix 3. Checklist for First-Aid Box	42
Appendix 4. Referring Letter of the Victim for Work Injury	43
Appendix 5. Template and Sample Job Description for Nurses	44
Appendix 6. Key Resource Documents and Tools for Garment Factory Teams	48
Appendix 7. Record of Casualty and Treatment.....	50
Appendix 8. Record of Examination, Consultation, Primary Health Care & First-Aid	51
Appendix 9. Refresher Training For Infirmary's Health Personnel	52
Appendix 10. Key Working Conditions at the Workplace.....	54
Appendix 11. Prakas 330: Developing Enterprise Infirmary	58
Appendix 12. Praka 139: Conditions and Service Mission of the Enterprises Doctors	62
Appendix 13. Contributors	66
REFERENCES	68

INTRODUCTION

Occupational safety and health (OSH) of every worker must be in place in all economic sectors in order to provide sufficient protection to workers at the workplace. In implementing core standards of OSH for workers, a series of consultations were organized with the participation of employer and worker representatives (or unions) in order to prevent accidents and incidents affecting workers' health with the goal of reducing such incidents to zero or to as few as possible.

Every individual who seeks out a job expects to have job security; learn new skills from their occupation; feel safe while working; have a workplace free of threats to their life, health, or dignity; and have a workplace in which encouragement, professional and personal development are offered.

Health care services must be offered as a result of collaborative efforts between employer and worker, including establishing prevention services and improving safety, health, and the general working environment. Providing effective services requires the establishment of an infirmary that complies with rules and regulations of the Labour Law. The infirmary is a place where health care services can be provided at a workplace with 50 workers and above. Any enterprise which employ less than 50 workers is required to have at least a bandaging room or a first-aid box.

The guidelines are a commitment to several important principles that contribute to enhancing OSH care services in order to protect and promote health, hygiene, and safety of all workers; and to ensure a safe and healthy workforce that will support and improve the enterprise's productivity.

The guidelines recognize the importance of the women labour force to the Cambodian economy – and the need for enterprises to address the unique health and safety needs of women. OSH is everyone's responsibility. Therefore, it requires participation from men and women workers and their employers to improve hygiene, health, safety, and create an environment that maximizes productivity by reducing avoidable health and safety issues that disrupt the enterprise's production and lead to worker absenteeism, health problems or poor well-being of workers.

The guidelines have not been developed to replace any of the regulations stated in the Cambodia Labour Law and other legal documents. They only serve as a framework to provide practical ideas and guidance for properly establishing and functioning infirmaries at work for enterprises covered by the Cambodian Labour Law. The guidelines will thus assist in activities related to the implementation of rules or regulations and bring better procedural and clinical standards of infirmaries in any enterprise, preventing risks, enhancing workers' OSH, and improving well-being.

The guidelines mainly focus on the Enterprise Infirmary, including detailing the procedural approaches of primary health care and first aid for workers, in accordance with the Cambodian Labour Law, the Joint Prakas No.330, dated 06 December 2000, on the Establishment of Enterprise's Infirmary, and Joint Prakas No. 139, dated 28 June 2001, on the Conditions and

Mission of Enterprise's Clinic, jointly enforced by the Ministry of Social Affairs, Labour, Vocational Training and Youth Rehabilitation; and the Ministry of Health (MoH).

Each enterprise has the flexibility to establish an infirmary that offers better standards and facilities than are outlined in these guidelines based on their capacity and choice. However, the establishment of any infirmary must not be lower than minimum standards, including requirements for the size of an infirmary, number of medical personnel, equipment, medical tools and medicines stated in the Joint Prakas No.330.

Moreover, these guidelines not only offer a guiding framework for the establishment and processing of enterprise infirmaries, but also provide additional information to employers, workers and related entities related to general working conditions which are stated in the Labour Law of Cambodia (refer to **Appendix 1** and **Appendix 10**).

DEFINITIONS

Primary Health Care	Health care received in the community, usually from family doctors, community nurses, staff in local clinics or other health professionals. It should be universally accessible to individuals and families by means acceptable to them, with their full participation and at a cost that the community and country can afford. (Source: World Health Organization)
First Aid	Any intervention taking place under unexpected circumstances and those interventions can be made immediately for the purpose of saving the life or helping to prevent the loss of any part of the organ of the patient or victim. (Source: National Social Security Fund [NSSF])
Health Professional	Refers to any person who holds a medical, nursing, or midwife degree recognized by the MoH. (Source: Prakas 139, Art.1)
Health Provider	All personnel that is hired or contracted by a company to provide any level of health services at the workplace. (Source: Health Facility Guidelines & Management Benchmarks, Oct 2015)
Health	The term health, in relation to work, indicates not merely the absence of disease or infirmity; it also includes the physical and mental elements affecting health which are directly related to safety and hygiene at work. (Source: ILO Convention No.155)
Health Promotion	The process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behavior towards a wide range of social and environmental interventions. (Source: World Health Organization)
Workers	A person of any gender or nationality, who has signed an employment contract in return for remuneration, under the direction and management of another person, whether that person is a natural person or a legal entity, public or private. (Source: Labour Law 1997, Art.3)

I. Status of Labour Forces in Cambodia¹

1. Active Population in the Current Economic Sector

The special demographic phenomena that Cambodia experienced in the 1970s and 1980s give Cambodia a unique labour market in the 2000s. Between the population census in 1998 and 2008 the population increased from 11.4 million to 13.4 million, an average annual increase of 1.5 percent. The population continued to increase to 14.7 million and 15.2 million in 2013 and 2014, making an average annual growth rate of 1.79% in 16 years' time.

Eighty-three percent of the Cambodian population, (78% of women and 88% of men), are involved in labour force. Divided by age groups, largest group in the labour force is men between the age of 35 to 44 (98%); and women between the age of 25 to 35 (85%). The youngest labour force group is between 15 to 19 years old which comprises approximately 60% of both men and women. Moreover, the labour force between 20 to 24 years old consists of 83% of both male and female groups.

In conclusion, there is a higher proportion of men than women in the Cambodian labour force. However, women are the dominant group in several critically important industries, particularly the garment and footwear industry.

The employment rate has increased for both male and female Cambodian citizens over the past five years. The percentage of workers who receive an annual bonus has significantly increased to 27% in 2009 and 44% in 2014. This growth rate is highly associated with the expansion or higher demand of labour in the garment sector and other manufacturing and service sector industries.

2. Total Number of Enterprises in Cambodia²

The amount of large, medium, and small newly established enterprises has dramatically increased since 2010. Cambodia currently has 513,759 enterprises that employ a total of 1,874,670 workers, in which 780,299 are men (41.6% of the total workers), and 1,094,371 are women (58.4% of the total workers). For larger enterprises, the workers employed are largely women because these large-scale enterprises that employ over 100 workers offer more opportunities to women.

There are 508,660 (about 99% of total) enterprises that employ less than 20 workers, a 3,589 (or equal to 0.7% of total) enterprises that employ between 20 to 49 workers, and 1,510 (or 0.3% of total) enterprises that employ at least 50 workers. Categorized by the size of the enterprise's setting, there are a total of 369,664 (about 72% of the total) enterprises less than 30 square meters, 124,405 (about 24.2% of the total) enterprises between 30 to 999 square meters, and 19,690 (3.8% of the total) enterprises larger than 1000 square meters.

3. Total Number of Enterprises and Labour Forces in Garment Sector and Non- Garment Sectors in Cambodia³

The Ministry of Labour and Vocational Training (MoLVT) has been actively working on the implementation of the Labour Law and any relevant regulations associated with the improvement of working conditions for workers as well as fulfilling the basic human rights of workers in Cambodia. In 2016, there were 11,168 enterprises from the garment and non-garment sectors with a total of 1,187,227 workers employed, among which 356,123 (30% of total workers) were male and 831,104 (70% of total workers) were female workers.

Among the total number of enterprises, 1,107 are garment enterprises that currently employ 743,615 workers. Enterprises at central level are 651 (59% of total enterprises), and employ 390,118 workers (52% of total workers), and the enterprises at municipal-provincial level count a total of 456 (41% of total enterprises) that employ a total 353,497 workers (48% of total workers).

In Cambodia, there are 10,061 non-garment enterprises which employ 443,612 workers, among which a total of 1,385 central level enterprises (about 14%) employ 188,116 workers (42% of total workers of this type), and 8,676 municipal-provincial level enterprises (about 86%) with 255,496 workers (58% of total workers for this type).

There are 5,936 enterprises that employ less than 20 workers; that is about 53% of the total amount of enterprises in Cambodia. However, only 1,992 enterprises (18% of total enterprises) have between 20 to 49 workers, and 3,240 (29% of total) enterprises hire more than 50 workers.

There are 2,314 enterprises (21% of total enterprises) of 50 to 300 workers, 495 enterprises (4% of total enterprises) of 301 to 600 workers, 150 enterprises (1% of total enterprises) of 601 to 900 workers, 141 enterprises (1% of total enterprises) of 901 to 1,400 workers.

There are 58 enterprises (0.5% of total enterprises) that employ from 1,401 to 2,000 workers; and 82 enterprises (0.7% of total enterprises) that have 2,000 workers and above.

4. Status of Women Workers' Health Needs

While the socio-economic growth in Cambodia has improved livelihood of women and men workers and their families, it is important to recognize that women workers face many health and safety challenges.

A survey⁴ in four garment factories at late 2015 showed that the average female garment factory worker (GFW) was 27 years old, and had completed primary education. Half (48.7%) were currently married and 43.2% were single and not in a committed relationship. Based on a Qualitative Study conducted by WorkerHealth in 2016 on health needs and health seeking behaviors of female GFWs in Cambodia, female GFWs described their major health problems in

three categories: (1) common illnesses, such as cold, fever, flu, headache, dizziness, fatigue and fainting (2) reproductive health and family planning issues, and (3) other less acute conditions related to the digestive tract, urinary tract infections, and hemorrhoids.

According to the same survey of Partnering to Save Lives (PSL), GFWs are particularly vulnerable to sexual and reproductive health issues for a variety of reasons, including isolation from their family and community support networks. While the level of knowledge of contraceptive methods is very high (99%), only 20.3% of all female workers in the study, and 40.4% of sexually active workers were using modern contraception methods. Two years earlier, before PSL interventions, these numbers were 10.6% for all female workers and 24.2% for sexually active workers. This results in numerous unwanted pregnancies. The survey revealed that 11% of respondents had had at least one abortion. The survey also examined changes in female GFW attitudes and confidence levels around various issues related to sexual and reproductive health. One quarter of women (24.8%) felt empowered to discuss and use modern family planning methods in all scenarios presented, even when their partner objected, compared to just 5% in the baseline survey.

Factory managers, infirmary staff, private health providers, and staff of non-governmental organizations (NGOs) implementing garment sector health interventions reported similar health issues of female GFWs.⁵ All respondents agreed that reproductive health and family planning is the top priority health support need for female workers in garment factories for different reasons.

II. Status of the Enterprise's Infirmary

1. The Obligatory Requirement for a Permanent Infirmary⁶

Every enterprise that employs at least 50 workers must have a permanent infirmary set up within the enterprise. The infirmary shall be run by a physician and assisted by one or more nurses, based on the number of workers. During working hours, both day and night, there shall always be at least one male or female nurse present. The infirmary shall be supplied with adequate material, bandages and medicines to provide emergency care to workers in the event of accidents or occupational illness or sickness during work.

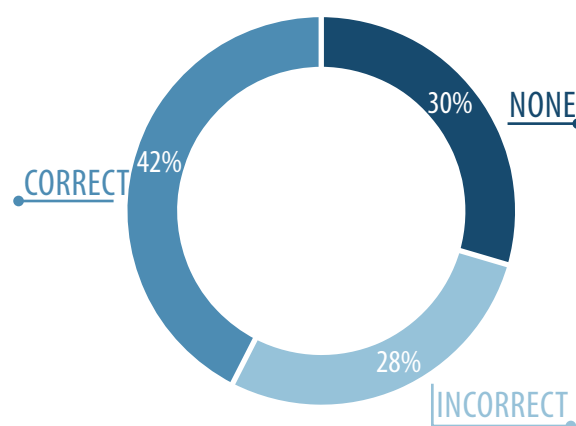
When there are more than 200 workers, the infirmary must include, in addition to medicines and bandages, areas for hospitalizing the injured or sick before they are transferred to a hospital. These areas must be able to handle 2% of the workers employed at site. Any enterprise that employs at least 20 to less than 50 workers shall have a bandaging room and one male or female nurse. The bandaging room shall be supplied with the necessary furniture, medical tools and medicines. Any enterprise that employs less than 20 workers shall have a first-aid box and a medical assistant with sufficient medical tools and medicines as outlined in the Joint Prakas.⁷

2. Compliance with the Joint Prakas⁸ (330 & 139)

According to the labour inspection report on implementation of the Labour Law and relevant regulations including articles or regulations in accordance with OSH especially the implementation of two Prakas including the Joint Prakas No.330, dated December 6th, 2000, on the Enterprise's Infirmary Setting up; and the Joint Prakas No. 139, dated 28 June, 2001, on the Condition and Mission of Enterprise's Clinic; there are 976 enterprises that went through inspections in 2015, among which the results show either correct or not correct practice of the two Prakas implemented by the employers of those enterprises.

Among all of the abovementioned enterprises, 739 enterprises were required to establish an infirmary. Among those, through the inspection, 314 (42% of the required enterprises) were reported to have proper establishment of an infirmary, 207 (28% of the required enterprises) had incorrect set-up of their infirmaries, and the rest (218 enterprises or 30% of the required enterprises) had no infirmary in place. (See Figure 1).

FIGURE 1
RESULT FROM LABOUR INSPECTION ON INFIRMARY REQUIREMENTS OF 739 ENTERPRISES IN 2015



Moreover, out of 121 enterprises required to establish a bandaging room, only 13 (11% of the 121 enterprises) have correct placement, incorrect bandaging room are reported in 12 enterprises (10% of the 121 enterprises), and the majority (96 or 79% out of 121 enterprises) are reported to have no bandaging room facility at all. (See Figure 2).

Additionally, among the 116 enterprises required to establish a first-aid box in their workplace, only 18 (16% of the total 116) enterprises have a correct first-aid box. The majority (84 out of 116 or 72%) of enterprises have incorrectly placed the first-aid box, and 14 (12% of 116) enterprises are reported without a first-aid box in place. (See Figure 3).

In conclusion, comparing by implementation levels, there were a total of 345 (35% of the total of 976) enterprises inspected in 2015 who correctly set up an infirmary, bandaging room,

FIGURE 2
RESULT FROM LABOUR INSPECTION ON BANDAGING ROOM RE-QUIREMENTS OF 121 ENTERPRISES IN 2015

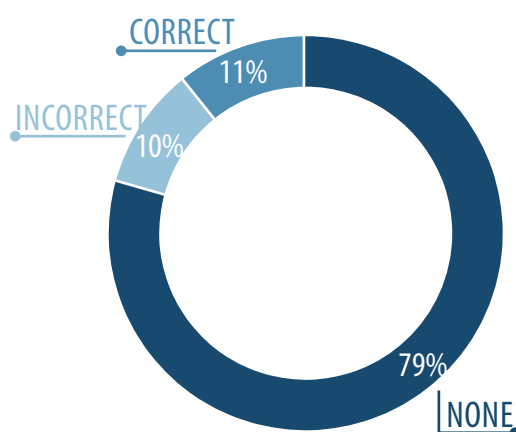
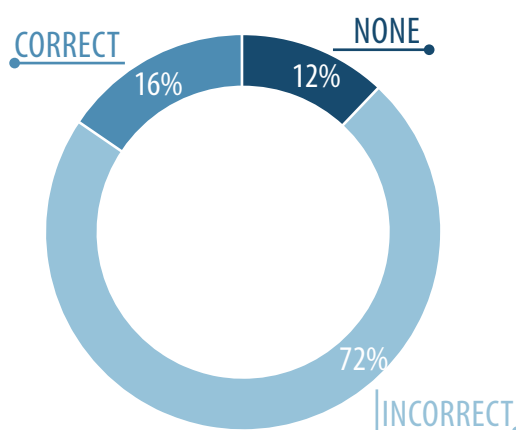


FIGURE 3
RESULT FROM LABOUR INSPECTION ON FIRST-AID BOX REQUIREMENT OF 116 ENTERPRISES IN 2015



and first-aid box in place in their workplace. Three hundred and three (31% of the total 976) enterprises incorrectly implemented the Prakas, and another 328 enterprises (34% of the total of 976) have not yet implemented anything following the Prakas. (See Table 1).

Yet there is evidence that enterprise infirmaries can play an important role in work health. Surveys during 2014 and 2015 revealed that:

- Most workers accessed health services in the private sector, not covered by the social health insurance or supported by any other health insurance plan for their health⁹
- Many workers will access an enterprise's infirmary if it is available. A baseline survey in four factories in Phnom Penh in late 2013 found that 70% of the workers had accessed the enterprise's infirmary during the previous 12 months. However, a majority of the

workers raised their concerns about the quality of the services as well as the hospitality of the infirmary's staff.¹⁰

TABLE 1
SUMMARY OF ENTERPRISE COMPLIANCE WITH THE JOINT PRAKAS #330 AND 139

Number of Infirmaries			Number of Bandaging Rooms			Number of First-aid Boxes			Total Number of Enterprises & Establishments
Correct	Incorrect	No	Correct	Incorrect	No	Correct	Incorrect	No	Total
314	207	218	13	12	96	18	84	14	976
32%	21%	23%	1%	1%	10%	2%	9%	1%	100%

THE RATIONALE FOR DEVELOPING THE INFIRMARY GUIDELINES

The safety, health, and working conditions of workers create concerns that need to be addressed effectively. While socio-economic growth in Cambodia has improved livelihood of men and women workers and their families, it is important to recognize that workers face many health and safety challenges. Women workers in particular have unmet needs for services related to reproductive health, family planning and hygiene.

Factories may have poor hygiene and a lack of waste management, so having minimum requirements such as clean drinking water, regular cleaners, etc. can prevent infectious diseases. Based on WorkerHealth's study in 2016, factory managers and infirmary staff also perceived that priority health needs for their majority of women workers were reproductive health and family planning. Managers believed that a strong reproductive health care would provide productivity at the factory. Moreover, as the workforce grows and changes, new challenges will emerge that affect the livelihood and wellbeing. A well-established and well-managed infirmary can improve the health of current workers and respond to future needs.

Activities performed at a workplace have been affected by changes in modern technology. Therefore, both employers and workers must work together to respond to workers' needs for good health care services at the enterprise's infirmary so that workers' welfare can be protected and improved.

I. Purpose of the Infirmary Guidelines

The Guidelines for the Establishment of Enterprise Infirmaries were developed to serve the following objectives:

- Enhance OSH care services in order to protect and promote health, hygiene, and safety of all workers;
- Ensure a safe and healthy workforce that will support and improve the enterprise's productivity;
- Provide guidance and practical ideas to employers and managers of the enterprises in Cambodia in establishing a good quality infirmary and to improve the management and quality of health care services, including basic primary health care, first aid, health promotion and other practices that create a safer, more productive working environment for workers;
- Ensure that workers of the enterprise are satisfied with these services and related services such as transportation after an accident and referral;

This document can be used as a reference for employers, managers, medical personnel of the enterprise for comprehension, for further research, and for properly establishing or functioning work related to infirmary, bandaging room and first-aid box in accordance with the Cambodian Labour Law and especially complied with the Joint Prakas No.330 and Joint Prakas No.139.

II. Beneficiaries of the Guidelines

The guidelines can be used by any enterprise legally covered within the scope of the Cambodian Labour Law. The guidelines can be implemented as an obligation (establishing the infirmary as outlined in the minimum requirements of the Labour Law), or as part of a choice of the establishment to establish an even better infirmary that offers better benefits than the minimum requirements outlined in the Labour Law.

The guidelines have been developed to help a number of relevant beneficiaries:

- Employer, and managers of the enterprise
- Workers employed by the enterprise
- Medical health personnel employed by the enterprise
- Governmental agents such as: Labour Inspectors, Labour Medical Inspectors, and officials of the MoH
- Other relevant stakeholders include: national and international development partners.

1. Employers/Managers

The guidelines offer employers or managers of the enterprise practical ideas and guidance for establishing, managing, and operating an infirmary in their workplace and for complying, at a minimum, with Labour Law. In addition, the guidelines can be used as a foundation for formulating policy and enhancing management of the production or management of the business for improving their productivity and enhancing relationships between employers and their workers.

Most managers of enterprises want to see evidence of the benefits of investing in health, for the business and for the workers. In fact, the business case for workplace health services and well-being programs is very strong.

Research from the Better Work program revealed that “having a safe work environment, being satisfied with wage levels, and having access to health facilities are the workplace conditions that have the biggest impact on worker well-being.” In countries of all income levels, companies that build a “culture of health” see a return on investment. Meta-analyses have found returns of \$3 for every \$1 invested in worker well-being – whether from lower turnover of staff and absenteeism, increased productivity, or less errors and accidents.

The Better Work study notes: “Worker well-being can have a significant impact on productivity. Ongoing research in Better Work factories indicates that better working conditions drive greater productivity, leading to higher profits and improving the chances of a factory’s survival in an economic downturn...If factory managers underestimate how a particular factory improvement can boost the well-being of workers, they are not likely to invest resources smartly. This can limit the intended benefits for both workers and the factory’s bottom line...”

2. Workers

For workers, these guidelines help improve their understanding of their rights to access health care services, particularly to primary health care, first aid, health information and referral. This increased knowledge can facilitate access to needed information and services and decrease treatment costs. Thus, the workers can benefit better health and safety, spending less time absent from work, which in turn means more income.

3. Medical Health Personnel

The guidelines can help raise the awareness of medical health personnel in the enterprise such as a medical physician/doctor, nurse, or midwife, about their obligations and responsibilities in the enterprise so that they can confidently improve their work performance.

4. Socio-Economic Benefits

Furthermore, once the enterprise establishes an infirmary that is in compliance with the regulations and workers can benefit from effective primary health care or other health care services, workers' health will surely be improved. As a result, workers will gain better wages and improve their livelihood. This in turn will also improve the productivity of the enterprise.

In conclusion, the benefits from the guidelines contribute to enhancing the health sector as well reducing poverty in Cambodia, which is in line with the aspirations and strategy of the Royal Government of Cambodia. (See Table 2 below).

TABLE 2
BUSINESS BENEFITS FROM WORKPLACE HEALTH

Financial Outcomes		Health Outcomes	Quality of Life & Productivity Outcomes
Direct	Indirect		
Cost savings and return on investment	Better use of existing spending on health, including clinic, nurses, and products and services	Employee access to quality medical treatment	Improved "functioning" and productivity
Lower absenteeism and presenteeism (at work but not working)	Improved relationships between management and workers	Positive behavior changes and risk reduction	Better attraction and retention of employees - "employer of choice"
Less short term disability and safety/workers' compensation	Increased worker morale and well-being	Improved services for factory workers	Greater compliance with OSH and Labour law
	Increased company resilience in economic downturns	Improved worker well-being (healthier, happier, more energetic)	Better community relationships and Corporate Social Responsibility performance

Based on studies of global workplace health programs from the Workplace Health Research Network, Business for Social Responsibility/HERproject, Evidence Project/Meridian Group International, Inc.¹¹

III. Foundation of the Guidelines

The guidelines have been developed to be a conceptual or guiding framework to assist employers or managers of enterprises in establishing infirmaries, and assuring that workers benefit from primary health care, first aid, and other health care services provided by the infirmary as outlined in the Labour Law. This is based on several necessary laws and regulations, including:

- The Labour Law of the Kingdom of Cambodia (1997);
- Convention No.155 on Occupational Safety and Health at the Workplace (ILO, 1981);
- Sub-decree No.61 ANKr/BK, dated 28 Aug 2003, on the Code of Medical Ethics;
- Joint Prakas No.330, dated 06 December 2000, on the Establishment of Enterprise's Infirmary, and the Joint Prakas No. 139, dated 28 June 2001, on the Condition and Mission of Enterprise's Clinic, jointly enforced by the Ministry of Social Affairs, Labour, Vocational Training, and Youth Rehabilitation; and the Ministry of Health;
- Guidelines on the Management of Home-Based Health Care Services (February 2013 of the Ministry of Health);
- Guidelines on Minimum Package for Health Centre Development (2007 of the Ministry of Health).

IV. Scope of the Guidelines

The guidelines were developed to guide employers or managers of the enterprise in the implementation of OSH within the scope of the Labour Law, categorized by the number of labour force such as 50 workers and over, between 20 to 49 workers, and less than 20 workers.¹²

The guidelines shall not apply to any public enterprises or any entities governed by the Common Statutes for Civil Servants.

V. Development Process of the Guidelines

The Guidelines for the Establishment of Enterprise Infirmaries were prepared by the MoLVT, working groups, and technical experts of the ministries and other partners. The guidelines were prepared from a series of consultations with relevant stakeholders and went through numerous review processes, including:

- Desk review of relevant regulations related to the Labour Law and several relevant regulations/guidelines (as listed in the reference section)
- Outline of contents
- Consultation with relevant stakeholders

- Drafting the outline of the guidelines
- Reviewing the 1st drafted version of the guidelines
- Working on the comments on the 2nd version following edition and corrections to the 1st version
- Meetings and workshops organized to review the drafted versions with tripartite participation
- Following the planned activities of the project
- Final draft reviewed and approved by the MoLVT.

MINIMUM STANDARD AND HEALTH SERVICE PROVISION

I. Enterprise Infirmary and Facility Requirements

The enterprise infirmary's purpose is to provide the workers with basic primary health care and first aid at the workplace. The walls of the infirmary room should be foldable or removable to enable the room to be expanded to the required size, and floors and ceilings should be made of material which does not collect dust, and is non-slippery and easy to clean. Privacy must be ensured, by obscuring windows if necessary. Temperature and humidity should be maintained at a comfortable level. (Please see the model of enterprise infirmary as shown in Appendix 2).

1. Location and Size of Infirmary

1.1 Location of Infirmary¹³

The infirmary must be located near the working place with easy access for patients, with sufficient light, good atmosphere, and far away from the workplace noise and garbage storage, without dust, smoke or foul smell.

For any enterprise that has one or more branches or work sites, that employs a total of at least 50 workers and is located more than 5 kilometers away from the main work site, the employers are required to provide the branches or work sites with the same means as the main work site to assist and to treat the workers with effective emergency and treatment facilities including: medical personnel, building, medical tools, materials, bandages and medicines.

1.2 Size of Infirmary and Number of Beds

The inside premises of the permanent infirmary should be a suitable size to accommodate the number of workers in the enterprise. The minimum size of infirmary shall be at least 20 square meters. For the enterprise that employs more than 200 workers, the infirmary must additionally include beds for patients and injured, at a 2 percent rate (20 beds minimum) of the total number of workers in the enterprise.

In accordance with the provisions stated in Article #5 of Prakas no. 330, and in order to facilitate the set-up of beds for patients and injured in the permanent infirmary, the employer must, based on the ratio and numbers of workers of the enterprises, prepare the number of beds with clean mattress and covers as explained in Table 3 on the following page.

2. Number, Qualifications and Working Hours of Health Personnel¹⁴

2.1 Number and Working Hours of Health Personnel

In order to be functioning well, the infirmary must have the number of health professionals determined by the number of workers of the enterprise as seen in Table 4.

TABLE 3
THE PREPARATION OF NUMBER OF BEDS IN THE INFIRMARY FOR THE PATIENTS AND INJURED SHALL BE BASED ON THE RATIO OF NUMBER OF WORKERS IN THE ENTERPRISE

Number of Workers	Ratio	Number of Beds
50-200		2
201-224	2%	4
225-274	2%	5
275-324	2%	6
325-374	2%	7
375-424	2%	8
425-474	2%	9
475-524	2%	10
525-574	2%	11
575-624	2%	12
625-674	2%	13
675-724	2%	14
725-774	2%	15
775-824	2%	16
825-874	2%	17
875-924	2%	18
925-974	2%	19
More than 975 workers		20

Note: For areas to place the additional beds of 2 percent indicated in the table above, the employer must set up a new room for placing them, which is closed to the infirmary room.

TABLE 4
NUMBER OF QUALIFIED CLINICAL STAFF

Number of Workers in the Enterprise	Number of Nurses	Number of Physicians/Doctors	Minimum Attendance of Physicians/Doctors within 8 Working Hours
50 to 300	1	1 Doctor or 1 Nurse	2 working hours
301 to 600	1	1 Doctor	2 working hours
601 to 900	2	1 Doctor	3 working hours
901 to 1400	2	1 Doctor	4 working hours
1401 to 2000	2	1 Doctor	6 working hours
Over 2000	3	1 Doctor	8 working hours

When the enterprise needs the workers to work over time, the male or female nurse and doctor have to work during this over time.

2.2 Qualifications of Health Personnel

Medical doctors working at an enterprise and staffing in an infirmary or a first aid station must meet these professional qualifications:

- Hold a medical degree recognized by the MoH
- Be registered with the Medical Council of Cambodia
- Have completed training on OSH, and first aid course conducted by the MoLVT's DoSH.

Medical doctors cannot provide health services at the workplace or serve as enterprise medical doctors unless they have a medical license to work as an enterprise doctor from the DoSH, are Khmer citizens with a good health, and be without a criminal record.

According to the new Law on Regulation of Health Practitioners recently adopted in late 2016, any person who wishes to practice a health profession shall hold a proper registration and a health practitioner license from a health professional council.¹⁵

3. Medical Tools, Equipment and Medicine¹⁶

The enterprise must arrange properly to have the required medical tools, equipment and medicines in the infirmary as follows:

Furniture

Minimum furniture items are:

- One desk
- Three office chairs
- One document cabinet
- One medicine cabinet
- One sterilizer
- Two beds with mattresses and covers (one for diagnosis, one for bandaging or minor surgery)

Medical Tools

1. Kit for minor surgery
2. Tensiometer and stethoscope
3. Stopwatch (or Chronometer)
4. Reflex hammer
5. Tongue depressor
6. Otoscope
7. Nasal speculum

8. Clinical thermometer
9. Atmosphere thermometer
10. Vaccine point
11. Kit for bandages
12. Syringe plastic (various numbers)
13. Gloves

Medicines

1. Anti-infective
 - a. Antibacterial
 - b. Antifungal
 - c. Anthelmintic
2. Analgesic
3. Non-steroidal anti-inflammatory drug
4. Local anesthetic
5. Antihistamines
6. Corticoid
7. Antiasthmatic agent
8. Antitussive (cough medicine)
9. Antimigraine
10. Anti-diarrheal
11. Diuretic
12. Vitamins
13. Mineral salt
14. Cardiology medicine
 - a. Cardiotonics
 - b. Anti-hypertensive drug
15. Gastroenterology Medicine
16. Antianemic
17. Antihemorrhagic
18. Antiseptic, percutaneous healing
19. Collyrium
20. Serum

II. Bandaging Room

The arrangement of the bandaging room should be large enough to hold a desk, a chair and a bed. There should be sufficient lighting in the room and have adequate space for people to move about.

1. Number, Qualifications and Working Hours of Health Personnel

The bandaging room is required in enterprises with at least 20-49 workers, and shall have a standby nurse or primary/secondary midwife whose working time is the same as the workers.

2. Furniture, Medical Tools and Medicines

FURNITURE	MEDICAL TOOLS	MEDICINES
<ul style="list-style-type: none"> • One bed with mattress and cover • One desk • Three office chairs • One cabinet for medical tools and medicines 	<ul style="list-style-type: none"> • Small surgical kit • Oxygenated Water + Alcohol lode • Tensiometer + Stethoscope • Ether 	<ul style="list-style-type: none"> • Antihemorrhagics • Analgesics • Antispasmodics • Anti-infectives

III. First-Aid Box¹⁷

The first aid box must be made of solid materials and have a name tag on it. It shall be placed on the wall at a clearly identifiable, well-illuminated and accessible location that makes it easy to be used. The box should be kept locked and the key should be kept by the responsible person available during all working hours.

1. Medical Assistant

A medical assistant shall be on standby during all working hours and is needed for enterprises with less than 20 workers. The medical assistant should have been trained in OSH, and a first aid course conducted by the MoLVT's DoSH.

The medical assistant must inform the workers about the location of all first aid boxes and can provide other health education including disease prevention & health care beneficial to workers.

2. Medical Tools and Medicines

Medical tools and medicines required in the first-aid box should be sufficient for primary health care or first aid needs.

MEDICAL TOOLS		MEDICINES
<ul style="list-style-type: none"> • Scissor 1 pcs • Pincers 2 pcs • Safety gloves 20pairs • Soap 1 pcs • Paper tape 1 roll • Nylon bag 5 pcs 	<ul style="list-style-type: none"> • Elastic bandage 5 rolls • Triangular bandage 4 pcs • Wet tissues 100g • Compressor 10 • Adhesive dressing 1 pcs • Healthy oil 1 pcs 	<ul style="list-style-type: none"> • Alcool Lode 200ml • Eau Oxygénée 200ml • Ether 50ml • Analgésiques • Anti-diarrhéiques

It is essential for first-aid boxes to be checked frequently to make sure they are fully equipped and that all items are usable. Materials used should be replaced as soon as possible. **Appendix 3** is a checklist that can be used for checking the contents of the first-aid box.

IV. Requirements for Occupational Health Services

The enterprise infirmary is a place that provides health care services to workers during working hours. All payment related to the infirmary is the responsibility of the employer.

The mission of the enterprise infirmary led by the medical doctor and supported by the health staff is to reduce workers' work risks and illnesses. Medical activities and services include:

- Occupational health risk prevention
- First aid treatment to workers
- Emergency service to workers who are injured and referral
- Basic health services to workers with health issues

1. Occupational Health Risk Prevention

A key function of the infirmary is to aim to reduce workers' work risks and illnesses. The enterprise must provide the necessary services as follows:

- Primary health care and first aid to the workers
- Protection of the workers' health from occupational diseases
- Collection of information about the workplace conditions that can harm the workers both physically and mentally

- Monitoring of hygiene conditions (including food hygiene), risks of communicable diseases, and status of the patients' health
- Provision of clear information on the use and prevention measurement of impact of chemical substances harmful to their organs and lives
- Promotion of healthy work, standing and sitting behaviors including provision of advice to avoid lifting heavy objects, which may result in back injury
- Provision of ideas and information about prevention measurements
- Assigning and organizing the rehabilitation in case any workers is sick or loses working ability
- Monitoring and documenting new employee information and providing regular check-ups for workers with a high risk occupation
- Provision of regular medical checks for all workers; in case of doubt, any worker whose jobs constitutes a health risk situation shall request for a health examination from the infirmary's medical doctor
- Linkage with the NSSF for workers who have health problems to receive employment injury scheme and health insurance (if they are members of NSSF)

2. First Aid Treatment to Workers

First aid at enterprises includes first aid methods, relevant services and medical personnel for protecting workers from work injuries or other diseases.

The enterprises must ensure infirmary personnel are regularly trained on first aid.

First aid must be done urgently in order to:

- Preserve lives
- Prevent illness or injury from becoming worse
- Reduce pain
- Promote recovery
- Care for the unconscious

2.1 Issues Relevant to First Aid

A range of accidents can happen based on types of work, or working stations. Workplace accidents or injuries requiring first aid include:

- Cardiopulmonary Resuscitation (CPR)
- Bleeding due to wounds
- Wound, cut, peeling of skin

- Burns
- Wounds due to detergent
- Fractured or dislocated bones, sprains
- Punches or hits
- Unconsciousness
- Poisoning
- Shock
- Dog bite, animal venom or snake bite

Examples: Arm fractured due to something falling on it, resulting in sprains or muscle pain, so the doctor needs to double up. Electric shock or fainting due to a poisoned substance, bleeding, drowning, unconsciousness, so the medical doctors must ensure patient is breathing before referring for treatment at the hospital. The accidents happen differently based on type of work or work stations such as: burns due to heat or acid...etc.

2.2 First Aid Management

To manage the workers with injuries or diseases, the first-aider needs to:

- Provide first aid response with mindfulness that in some cases, wounds/ diseases can get worse
- Refer patients urgently to the medical personnel/specialized clinics based on the severity of the cases
- Apply global basic principles to prevent communicable diseases: hepatitis B, hepatitis C, HIV...etc.

2.3 First Aid Record/Report

Infirmery staff must record the event and first aid services by using the sample form in Appendix 8, including the following information:

- First aid services provided
- Details of the event or accident with the work related
- Details of the accident or occupational disease
- Referral services used, including: ambulance, referral to clinic or hospital

3. Emergency Service and Referrals

In cases where the health condition of a worker is too complicated for the infirmery, the medical doctor must immediately transfer the patient to a nearby facility including a health centre, hospital, or private clinic registered with the NSSF. In this case, the enterprise's infirmery must know about services, type of diseases, address and contact numbers health providers under NSSF.

3.1 Transferring Process of the Victim or Patient

The medical doctor must prepare an official letter for any cases involving the transfer of a patient from the infirmary to either a private or public facility.

In addition, a patient who is severely ill or who recently received first aid services must be accompanied by a nurse of the infirmary during the transfer process.

For the referral process, the medical doctor or nurse must use the Referral Form for which a sample is provided in **Appendix 4**.

Moreover, the nurse or midwife is responsible for preparing the Referral Form for the patient, and accompanying the patient to the referral clinic or hospital when necessary, especially when that referral centre is registered with the NSSF.

3.2 Means of Transportation

The manager of the enterprise and medical doctor of the infirmary must think and prepare in advance the means of transportation for transferring the patient to the private clinic or public hospital. Transportation options include:

- Vehicle of the enterprise
- Vehicle of the private clinic or public hospital
- Privately rent vehicle

The above transportation means for referring patient should be in good condition to ensure the timely and uninterrupted transportation.

3.3 Referral Follow Up

When getting updated information about a patient referred to either a private clinic or a public hospital, the medical doctor of the enterprise must continue explaining the health situation to the patient if the patient needs to receive further treatment at home, or at a health facility.

3.4 Record Requirements for Referral System

In every patient referral, there must be a referral form with record of the patient such as patient's name, age, sex, address, diagnosis, symptoms, illness/ailment, treatment records prior to the referral, and name of the medical or infirmary's personnel authorizing transfer of the patient.

The Referral Form should be completed in two copies, of which one will be kept as a document in the infirmary of the enterprise. (If there is only one copy, then that copy should be kept in the record book.)

Every referral transaction must be recorded in a referral record book and must be reported on a monthly basis to the DoSH.

4. Basic Health Services to Workers with Health Issues

The provision of basic quality health care depends on the medical skills of the doctor, nurse, or midwife and mainly addresses the basic needs of the workers, such as abdominal ache, headache, dizziness, diarrhea, cold, cough, minor tooth ache, allergies and bandaging. The medical staff should follow these procedures:

- Before treatment, the infirmery staff must consult with patients about symptoms and diagnosis, which is commonly listed as: communicable disease, non-communicable disease, and chronic disease etc.
- Screening, consultation, and treatment must be done carefully and enable diagnosis of problems for patients. The infirmery staff must provide proper treatment or refer (for cases that cannot be treated at the infirmery) patients to the nearest hospital, prioritizing health providers in contract with the NSSF if applicable.
- Screening, consultation, and treatment must be done providing health education for workers to understand prevention and treatment methods, including clear explanation on the use and impact of medicines.
- Adequate follow-up must be provided as needed. Every individual worker who receives consultation services, check-up, monitoring, or treatment by the infirmery must receive a good explanation on the time frame of their next appointment or monitoring schedule for their specific health condition.

5. Roles and Responsibilities of Health Personnel in the Infirmery

5.1 Medical Physician/Doctor¹⁸

Medical physician/doctor of the enterprise must work to prevent any work injury and occupational disease that might occur to workers when performing their work. The main duties include:

- Reviewing the workplace regularly and periodically to understand the working conditions, working stations, production techniques, other substances that are used in the production, and safety of machinery in the enterprise;
- Observing the general health condition of the workers by providing them information or advice related to physical health risks reduction, work-related accidents, and occupational diseases;
- Observing the surrounding environment and general hygiene situation of the enterprise in all areas including the office, workshop, canteen/food court, dormitory, etc.;
- Observing the surroundings of the infirmery to ensure that patients are respected in their privacy during treatment or consultation services;

- Providing consultation services to workers including providing health-related information such as reproductive health, maternal and child health care, family planning, abortion, and nutrition, etc.

5.2 Nurse/Midwife¹⁹

Nurse(s) or midwife(s) are those who provide assistance to and follow the medical doctor(s), including:

- Assisting with immediate primary health care and first-aid to workers who are ill or workers who are work-related injured as per medical doctor's advice;
- Providing medicines and injections of any necessary drugs to patients as prescribed by the medical doctor;
- Monitoring and diagnosing the important symptoms of patients such as blood pressure, temperature, and pulse and recording them for the medical doctor;
- Providing psychological support to the patient and patient's family members;
- Educating the patient and the patient's family about the disease and diagnosis of the patient;
- Maintaining confidentiality of the medical issues, and information on technical and means of production of the enterprise;
- Providing consultation services to workers, including providing health-related information such as reproductive health, maternal and child health care, family planning, abortion and nutrition, etc.

Refer to Appendix 5, Sample and Template: Job Description for Nurses

6. Implementation Suggestions and Supplementary Activities

Enterprises that address OSH requirements as part of the way they do business is important for workers, their family and the enterprise. The reduction of work-related accidents and hazards affecting workers' health will help the enterprise save cost in production and recruiting and training new workers to replace injured or dead workers. These factors will also help to enhance the reputation and social responsibility of the enterprise.

To show a commitment to workers' health and compliance, it is suggested that enterprises:

- Create job descriptions for medical professionals that reinforce key roles and responsibilities based on the Labour Law and define expectations of management for the enterprise.
- Communicate with employees about the enterprise's commitment to occupational health, ensuring that they understand the services available to them, their obligation

to follow safety practices, and their rights under the Labour Law. This communication can be made as a written enterprise policy and orally at worker orientations, health and safety trainings, and other appropriate meetings.

- Ensure that referral information, not just for emergency services but for other health needs such as women's health and nutrition, is accurate and up-to-date.
- Hold regular meetings with the medical doctor/staff and enterprise management/human resources to ensure compliance and that other infirmity issues are addressed.

The Labour Law does not require enterprises to provide other health services, but many enterprises have found that improving the general health of their workers leads to fewer accidents at work and reduced disruptions to production. The simplest example is an influenza-type epidemic: an enterprise with a strong additional health education and services activities that promote worker hygiene can prevent the spread of illness. Many other health issues outside the workplace can also harm the enterprise. Enterprises that create a culture of health address worker health needs by making better use of the medical professional staff and health facilities that exist at the workplace and strengthening referral systems to external health providers.

Leading employers in Cambodia have found they can provide additional health services by themselves or in cooperation with external partners, depending on their resources. In either case, enterprises can address additional workers' health needs in three ways:

1. Ensure medical professionals have the skills and training to provide care or educate and counsel workers on their key health needs. This includes developing a strong referral system, noted above, to the NSSF facilities and other qualified and accessible external health providers.

Some other health needs of workers requiring education, counseling and care include:

- Reproductive Health and Family Planning. Female garment workers report on surveys that reproductive health services are a major unmet need. Enterprise medical professionals can provide education, counseling and in some cases products and services on reproductive health. This includes information and counseling on safe abortion and post-abortion care as well as antenatal care and postpartum care.
- Infectious Disease, in particular sexually transmitted infections, HIV/AIDS and Hepatitis. Medical professional can educate on health behaviors, prevention and treatment, and provide services.
- Nutrition and Food Hygiene. Medical staff can help identify undernourished staff and educate workers about eating nutritious food and preparing food properly.

- Alcohol and Illegal Drugs.
 - Violence and Sexual Harassment
2. Establish ongoing programs with medical staff to promote health awareness and education. Employers and the medical staff can develop outreach activities, in addition to direct education and services in the infirmary itself, to promote health awareness among workers about behaviors that protect and promote good health. Successful programs have included some or all of the following activities:
- Dissemination of health education materials on specific health topics, which can take the form of posters, handouts, booklets and other material written at the literacy level of workers.
 - Visibility and outreach by nurses and midwives, when they do not have patients in the infirmary, in the workplace where they have brief interactions with supervisors and workers at their work station on basic health and safety practices.
 - Peer education by workers trained to disseminate health information, under the guidance of the medical staff, to their coworkers.
 - A health campaign or event on or off-site. This can be done in partnership with other enterprises and include visits by public health and medical experts.
 - Ongoing communication of work site and external health services, including information on health hotlines.
 - Inclusion of the medical staff and health information in the orientation and training of new workers.
3. Organize health support groups. Health support groups, with participation of workers on a voluntary basis, can help medical staff and management to connect and communicate more effectively with the workers. Such support groups can be formed in each division or section of the workplace that enables the infirmary staff to provide health information and garners feedback from workers. The doctor or medical personnel can engage this group on OSH issues under the Labour Law as well as :
- Health services provided by the infirmary
 - Referral information on external health facilities that can provide services for specific health needs
 - Rights and responsibilities of the employers and workers
 - Health topics of immediate interest or concern of workers

Moreover, in order to meet the supplementary health needs of the enterprise's workers with quality and confidence, the enterprise shall ensure the stock is always filled with sufficient supplies such as medical tools and equipment, medicines and other relevant material to avoid any risk to worker health.

The enterprise should ensure that infirmaries meet the minimum standards as outlined in the joint Prakas no. 330 and 139. In order to improve implementation, it is suggested that the enterprise employers and medical doctor:

- Do an internal assessment with the health staff each year to determine the level of compliance with key OSH requirements for health facilities and ensure that everyone is fully aware of these requirements for privacy, confidentiality, cleanliness and related issues.
- Establish a system for managing supplies and equipment with the doctor or health staff so that there is adequate follow-up and communication to avoid stock outs.
- Hire health professionals that meet the required qualifications and strongly encourage or require current health professional to be up-to-date on legal licensing requirements.

*Refer to **Appendix 6**, key resource documents and tools for garment factory teams.*

INFIRMARY MANAGEMENT AND ENTERPRISE SUPPORT

An effective OSH function requires strong management of the infirmary by the doctor and medical staff and strong support by the enterprise management.

It is the overall responsibility of the enterprise to comply with OSH regulations and create good working conditions for workers. Thus, the employer must ensure that the enterprise's infirmary is organized in accordance with the Labour Law and functions properly with adequate tools, equipment, medicines, and qualified medical staff.

I. Organizational Structure and Administration of Enterprise Infirmary

1. Organizational Structure of Enterprise Infirmary

The enterprise infirmary should have a clear management structure. The medical doctor is responsible for managing the infirmary to ensure compliance with the Labour Law and provision of quality services. Medical staff under the doctor are responsible for assisting in compliance with the rules and regulations of the enterprise. It is suggested that an enterprise creates a clear organizational chart that shows the areas of specific responsibility for each health staff and reporting lines.

2. Administrative Work

The medical doctor is responsible for the following administrative activities:

- Assisting the management team of the enterprise in developing a strategy and policies on OSH
- Holding regular meetings and attending required meetings as necessary
- Preparing and submitting monthly, quarterly, semi-annual and annual reports to DoSH
- Ensuring nurse(s) are present or on standby the infirmary during all work hours
- Overseeing the use of medicines, tools and equipments and maintaining a proper inventory list of items
- Ensuring that situations of poor hygiene and OSH issues are properly and regularly recorded and reported
- Setting up a referral system for transferring patients and communicating up-to-date patient information
- Ensuring the confidentiality of all documents related to health status of workers
- Maintaining health records for every worker of the enterprise, including daily records, lists of workers whose work is related to high risk of accidents, lists of records of vaccination, etc.
- Preparing messages on information related to occupational health and safety and transmittable diseases, and distributing them to every relevant department and sector.

3. Internal and External Relations and Communications

The medical doctor of the enterprise must maintain close communication with the employer and workers; seek for feedback on ways to improve the infirmary; and inform workers and health staff of OSH regulations. Moreover, medical doctors must communicate with relevant departments and sectors such as: the department of planning, production department, representative of workers or worker union, committee on hygiene and safety of the enterprise, etc.

For external relations, the medical doctors should communicate with relevant stakeholders such as medical doctors in other public or private hospitals, labour and labour medical inspectors, and laboratory technicians. The doctor is expected to collaborate with the nearest health centre to provide basic health services when necessary for such services as antenatal care, family planning, vaccinations, etc.

The manager of the enterprise and the medical personnel of the infirmary must search for and be aware of the name, address, and telephone number of the partnered hospitals registered with the NSSF. The manager of the enterprise and the medical personnel of the infirmary must also have the contact details of staff of the NSSF at each hospital.

II. Planning, Record Keeping and Reporting

1. Working Activities Plan of Infirmariness Health Personnel

The enterprise's medical doctor must cooperate with the nurse or midwife to develop the daily work plan based on the enterprise working hours (normal working hours and overtime) in accordance with the monthly work plan as below:

Name of Health Personnel/ Infirmariness	Working Days	Working Time	Others

If a nurse or midwife is absent from work, the medical doctor must have a replacement plan for the missing health personnel to avoid the disruption to the infirmariness's operations. Replacement is done based on a three-level rotation:

1. The secondary nurse or midwife can replace the primary nurse/midwife (if necessary), but the primary nurse/midwife cannot replace the secondary nurse/midwife
2. The primary nurses or midwives can replace each other
3. The secondary nurses or midwives can also replace each other

Note: Doctors can not change the turnover by a midwife or midwife or a midwife. There are no exceptions to the fact that doctors are absent from the hospital. In the case of large-scale health problems that require immediate medical attention (such as a food poisoning or multiple fainting worker), a nurse or nurse or midwife must have a presence in an enterprise.

2. Daily Health Record and Reporting

Data record and reporting record and reporting on a daily, weekly, and monthly basis are crucial tasks for the effective management of patient data, and illness status (such as diarrhea, vomiting, dizziness...etc. Medical personnel must record the daily data for reporting to the management (refer to [Appendix 7](#) and [Appendix 8](#)).

III. Professional Development and Human Resource Management

1. Internal Regular Meetings by Infirmary's Health Personnel

The infirmary staff is expected to hold regular meetings on daily, weekly, and monthly basis with the purpose of:

- Monitoring work progress
- Sharing information and results
- Enabling nurses or midwives to discuss challenges they have faced, find solutions, and share lessons learned
- Receiving feedback from other health staff (doctors, nurses, midwives) and discuss feedback from workers on the services provided

2. Medical Staff Professional Development

Basic health care and first aid for workers is the obligation of the enterprise's infirmary before patients are transferred to a clinic or hospital. The infirmary staff and other medical personnel must apply the full knowledge, skills and experiences of their profession. However, present and future needs are continuously changing, both on the technical and disease sides. Thus, the professional development of medical professionals is required through meetings, training, discussion, presentation, or practice.

2.1 Meetings with the Department of Occupational Safety and Health (DoSH)

The meeting led by DoSH for the annual work plan should be set and implemented in a timely fashion with participation of the enterprise's infirmary. After the annual work plan is set, there is a need to prepare quarterly and monthly work plans for implementation.

To monitor the implementation of enterprise's infirmary, DoSH must set up monthly, quarterly,

semi-annual and annual meetings to provide constructive feedback as well as update the enterprise on the progress made in response to worker health.

- Identify the strengths for further development, and weaknesses in need of solutions;
- Report on the progress made and propose an agenda on monitoring for the next meeting;
- A copy of the meeting report shall be kept at the DoSH and at the enterprise's infirmaries.

2.2 Refresher Training

As the infirmery medical personnel needs to continue building technical skills and knowledge of diseases and good practices, the annual plan includes a focus on professional development. To have smooth implementation of guidelines by the qualified and effective enterprise infirmery staff, under the work plan the DoSH will start training once the guidelines are officially launched. The aim is to continue to train medical personnel based on their expertise and new technology and encourage them to upgrade their skills in order to better improve the welfare of workers. The relevant training is listed in **Appendix 9**.

After the refresher training, the medical doctor of the enterprise infirmery shall share and continue to roll out the training to the nurses or midwives. The key institutions that provide training and refresher training to enterprise's infirmery on primary health care and first aid at workplace include:

- DoSH of the MoLVT
- MoH and Sub-level of MoH

Refresher Training will be mandatory once every 6 months or follow other programs which are more useful. The employers must record the staff who were trained and advised.

3. Meetings and Trainings Outside

With new technology and social changes, medical personnel must adapt to the environment and take opportunities to absorb and gain knowledge from other entities through meetings, workshops and trainings. Infirmery staff are expected to improve skills including through training by NGOs and governmental institutions.

IV. Hygiene and Safe Disposal of Waste

One of the most important principles of health is to do no harm. Thus, it is essential to prevent harm to workers or health staff from infection due to waste not being properly disposed. Unclean tools and equipment and harmful waste such as poisonous substances, medical garbage with

blood and other body fluids, used needles and medical equipment can spread harmful toxins and viruses. It is important for everyone to be aware of these risks and understand the need for safe disposal of waste.

1. Industrial Waste

Many enterprises use substances such as lead, aluminum, nickel, acid...etc. that carry risk of infection and disease through breathing, skin, food. Therefore, the employer of the enterprise must be responsible for the waste management, properly cleaning and storing of all industrial waste that are poisonous, dirty or may impact workers and the environment.

2. Medical Waste

Infirmaries are sources of virus or infection through direct and indirect contact. Therefore, to prevent infection, staff must wash their hand, maintain sterilization, and destroy waste. There are two categories of waste:

- General Waste: dust and garbage in the room, falling leaves, medicine powder;
- Medical Waste: all materials and used sharps contaminated with bodily fluids such as blood, liquid, and pus.

Medical waste should be separated from general waste, put in special waste bins and disposed of properly. The waste should be burned or buried. The waste that may be burned includes paper, carton paper, home garbage, and used bandages. Non-burned waste that shall be buried and includes glass, plastic, metal. The enterprise's infirmary staff is responsible for the safe management of all infirmary waste disposal in cooperation with the enterprise's manager.

V. Implementation Suggestions for Infirmary Management and Support

The following suggestions are for enterprises that recognize the value of achieving high quality services at their workplace and even going beyond the minimum requirements. However, the suggestions below are also useful for any company at any stage of OSH compliance that wants to improve the effectiveness of its infirmary and the work of the health professionals that it already employs.

It is suggested that enterprise management demonstrates its commitment to worker health and safety by:

- Having the CEO or managing director communicate regularly with middle managers and line staff the importance of OSH and recognize staff and workers for various health education and safety activities.
- Assigning clear responsibilities for infirmary and health oversight by the appropriate business manager, who should meet regularly with the medical doctor and staff on

OSH compliance, the annual plan and worker health needs.

- Holding the medical staff accountable for meeting requirements of the annual plan that is developed and the enterprise's annual performance on OSH compliance.
- Establishing a process with the medical staff, OSH team and worker-management committees to identify health needs of workers that can be addressed by the infirmary.

Many enterprises do not use nurses to their full potential. Enterprises that decide to go beyond minimal health standards recognize their nurses and midwives' capacity and build their management and clinical skills. Their primary role is to support the doctor under the Labour Law, but often the doctor is not on site or is busy with patients. Under the supervision of the doctor and with management support, nurses can do much more at the workplace to increase the range of services and health promotion. Nurses and midwives can help to:

- Supervise the health staff in larger enterprises and ensure the use of good practices and clinical protocols
- Organize patient appointments and an intake system for the clinic
- Develop and implement workplace health promotion and education programs
- Manage peer education and training programs for worker health educators
- Oversee the patient referral and follow-up system in the factory
- Collect and analyze clinic data to identify worker health needs and provide services

Nurses are also in a unique position in many enterprises, particularly in enterprises with large numbers of female worker. Female nurses and midwives can talk to women workers about personal health issues that male health staff often cannot discuss. They can discuss sensitive topics one-on-one with female workers in the infirmary covering important topics like menstrual hygiene, reproductive health, and family planning.

Such health education activities led by a nurse under the doctor's oversight can also build trust and signal that management cares about the well-being of workers.

SECTION 5

MONITORING AND EVALUATION

Monitoring and evaluation is a way to evaluate the implementation of relevant work tasks related to the set-up and work plan of infirmaries in order to achieve the objective of the guidelines.

The Guidelines for the Establishment of Enterprise Infirmaries includes indicators in the checklist of the labour inspection/labour medical inspection for use in monitoring and evaluation processes.

Other effective approaches for monitoring and evaluation come from indicators set in the annual work plan such as inputs, outputs, and outcomes for reporting annually as required by the relevant ministries. The Labour Inspectors/ Labour Medical Inspectors of the MoLVT responsible for regular monitoring tasks by using the proper questionnaires.

The Guidelines for the Establishment of Enterprise Infirmaries provide detailed information on establishing an infirmary for supplying health services at the workplace, and guidance on the requirements for effectively implementing an infirmary.

An important part of the guidelines is to emphasize relevant existing provisions outlined in the Joint Prakas No.330 and Joint Prakas No.139, which jointly facilitate the work of Labour Inspectors, Labour Medical Inspectors, employers, and medical personnel, and in turn ensure good health services for workers of the enterprise.

The guidelines were primarily developed for business in Cambodia, not in order to replace any of the rules, regulations and provisions stipulated in the Labour Law, nor to create new standards and norms or mandatory obligations for the private sector. On the contrary, these guidelines are a framework to fix the informational gaps and improve the enterprise, aligned with employer's intention.

The main purpose of the guidelines is to serve and act as a reference document, information source and guidebook for the private sector, particularly the enterprises covered by the Labour Law of Cambodia, for them to understand, extract, and apply the guidelines on infirmary according to the context of each individual enterprise.

However, the MoLVT encourages and urges all private institutions, including those enterprises that already have infirmary in place, those that are in the process of establishing an infirmary, or those that have no infirmary, to take full advantage of the guidelines to help build and strengthen the OSH system at the business workplace in Cambodia.

The MoLVT believes that the Guidelines for the Establishment of Enterprise Infirmaries can be used as an essential reference document for employers or managers enterprises can easily access, that assists them to better comprehend the rights, obligations and responsibilities related to establishing, managing, and operating the infirmary in the enterprise as required by the Labour Law.

Additionally, the guidelines offer foundation for formulating key policies and business management structures, leading to improved industrial relations between employer or manager and the workers. The customers/buyers will in turn put more trust in the enterprise due to good provisions of health and welfare services to the workers.

Finally, enhancing OSH of workers reduces absenteeism of workers, in turn increasing production, improving productivity and thus ultimately helping the business to be more efficient and effective in achieving its goal.

I Appendices

RIGHTS AND OBLIGATIONS

I. Rights and Obligations of Labour/Labour Medical Inspectors²⁰

In accordance with the Labour Law, in the framework of labour inspection, regulations that are related to rights, power and obligation are assumed by the labour inspectors. To enjoy the rights as the labour inspectors, there is a proof of authorized letter which allow inspection. In each inspection, the labour inspector shall inform the employer or his representative of his presence, unless he thinks that doing so will prejudice the effectiveness of the inspection, and can call other related officers to join the inspection too with the rights to:

- To freely enter any enterprise within the jurisdiction of their inspection, without prior notification of the time, whether day or night;
- To enter in the day time workplaces that they could rationally assume to be subject to inspection;
- To conduct any examinations, inspections and investigations to ensure that the provisions are effectively observed, in particular: to question the employer or the staff about any matter relating to the enforcement of the law; to demand access all documents that must be kept by the employer as prescribed by the legislation relating to working conditions; to demand the posting of notices or paper that are required to be affixed by law; and to take, for the purposes of analysis, samples of materials or substances used
- In the absence of the post for Labour Inspectors, Labour Medical Inspectors and Labour Controllers, officials who are appointed to conduct inspections by the Minister in charge of labour shall carry out the functions and duties of the Labour Inspectors, Labour Medical Inspectors and Labour Controllers to ensure the enforcement of Labour Law, and the improvement of the working conditions and OSH at enterprises.

In performing of their duties, the Labour Inspectors have 5 powers as follows:

1. To make observations to the employer or his representative and to the workers;
2. To serve notice on the employer or his representative to observe the legislation within a certain time period;
3. To note with an official report the non-observance of certain legal provisions that must, until proved otherwise, be credited;
4. To order that immediate measures be taken when they have every reason to believe or conclude that there is an imminent and serious danger to the health or safety of the workers;
5. To impose fines on those guilty of violating the provisions of this law and any enforcement-related text of these provisions

Rights and Duties between Labour Inspectors and Labour Medical Inspectors

According to the Labour Law, the rights and duties of Labour Inspectors are also extended to the Labour Medical Inspectors, is that before being appointed, the Labour Inspectors and Controllers must solemnly swear allegiance to fulfilling their duties and to not revealing, even after having left their post, any manufacturing or trade secrets or operating methods that they learned of during the course of their work. The Labour Medical Inspectors has the same power as the Labour Inspectors, but has no power to impose fines on the enterprise that violate the law.²¹

II. Rights and Obligations of Employer

- Provide and maintain the workplace with good OSH and working conditions for workers
- Prepare all preventive measures effectively in response to all hazards which can occur in the enterprise, and provide training on OSH to workers in accordance with the Prakas no. 176 kb.br.k dated on 19 June 2013 on the training on OSH for workers and shop-steward and trade union
- Organize enterprise's infirmary in compliance with the rules and regulations stipulated in the Labour Law, relevant legal texts and the Joint Prakas no. 330 and 139
- Ensure that enterprise's infirmary function properly with adequate medical tools, equipment and medicines with also sufficient medical personnel
- Ensure that workers receive and use personal protective equipment (PPE) properly and advise them to take care well of those tools and equipment
- Provide pre- and post-physical exams and medical check-up and training on OSH for workers
- Educate and advise workers on new rules and regulations issued by competent institutions, especially the MoLVT on OSH for workers
- Inform the NSSF timely about the occupational disease and work injuries of workers and refer them to hospitals in accordance with the procedures of the NSSF, without any discrimination against workers who exercise their rights in using or accessing to enterprise's infirmary health services or other rights stipulated in the Labour Law
- Premature termination of an enterprise medical doctors' contract must be discussed with the Labour Medical Inspectors

III. Rights and Obligations of Workers

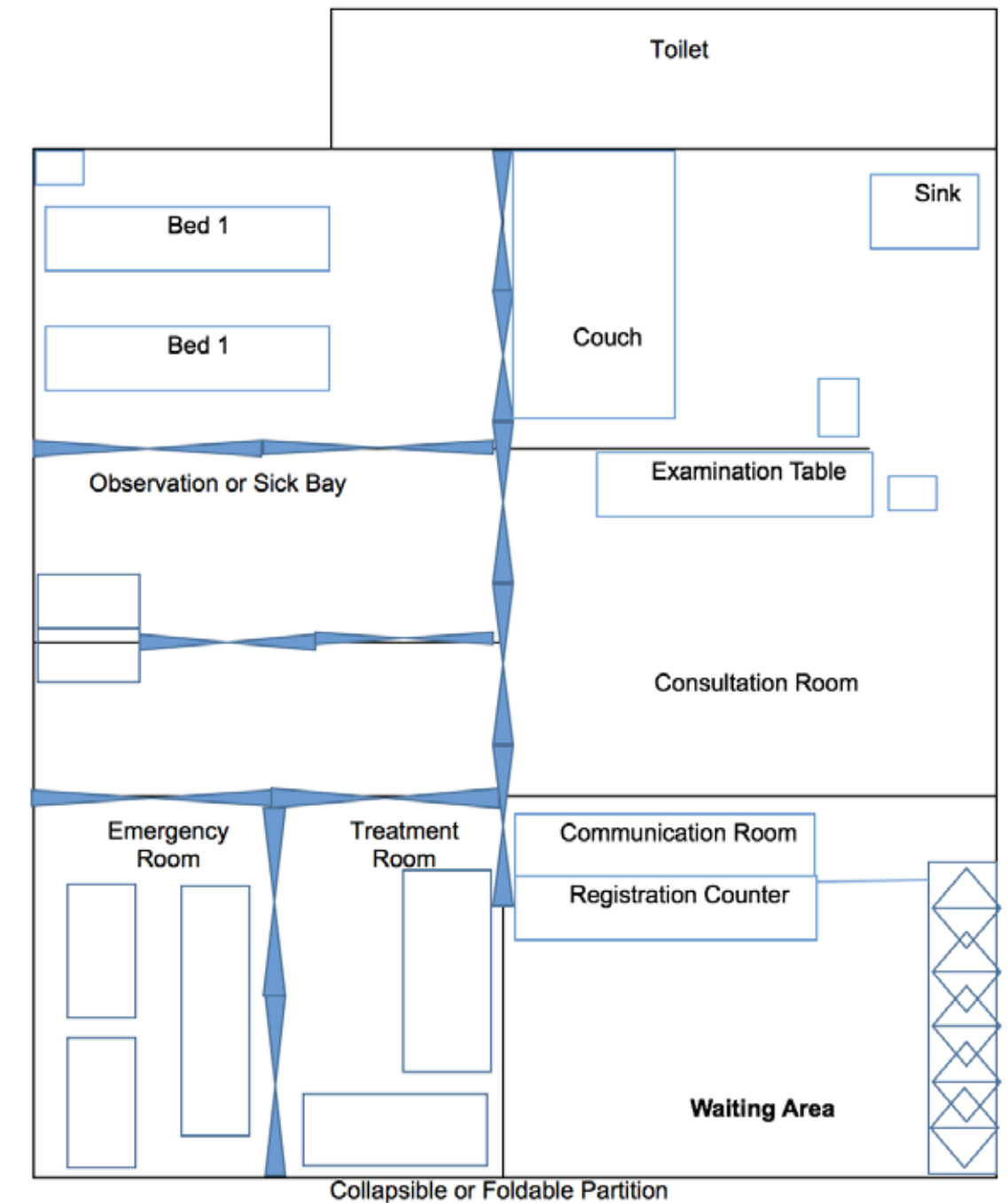
- Cooperate with the employer to properly implement the rules, regulations or principles on OSH in the workplace
- Follow instructions from the employer or his representative on OSH and attend relevant OSH training

- Rights to receive compensations for work injuries and health insurance schemes and other benefits according to the Law on Social Security
- Report to employer any situation which is unsafe or unhealthy at workplace as well as work injuries and occupational diseases and seeking medical treatment immediately
- Report to employer or his representative or Labour Inspectors to have their workplace inspected if they believe that working conditions are unsafe or unhealthful, or threaten to their lives; or any violation of existing rules and regulations
- Rights to file a complaint with the Labour Inspectors in case the employer takes any unreasonable actions or retaliate against workers in using their rights related to OSH through fire, transfer or demote resulting from requesting for labour inspections or exercising legal rights under the Labour Law
- Equal rights, rights to non-discrimination and harassment in infirmary and workplace
- Rights to information and health education
- Rights to care and treatment
- Rights to confidentiality
- Rights to privacy
- Rights to choice and agreement
- Rights to expression and participation

IV. Rights and Obligations of Enterprise Physician²²

- Get annual employment contract and send a copy to the DoSH
- Get payment from the enterprise and also has rights to get other additional benefits
- Perform the professional duties based on the job responsibilities
- Have the role of being an advisor on OSH for the enterprise (if the advice is not recognized by the enterprise, the physician/doctor must report immediately to the Labour Medical Inspectors or Labour Inspectors)
- Keep confidential on the medical profession, information of technical and means of production of the enterprise
- Perform their duties by respecting a code of ethics of DoSH
- Participate in all training for capacity building
- Provide medical care and treatment
- Intervention

TYPICAL LAYOUT OF AN INFIRMARY ROOM AT A WORKPLACE



APPENDIX 3

CHECKLIST FOR FIRST-AID BOX

The purpose of this checklist is to check the appropriateness of the contents of a first-aid box. Indicate by ticking (✓) the relevant box. Where the answer to the question is “no”, further action may be necessary.

	Things/items to be inspected	Correct or Incorrect	Comments (if any)
1	Location 1. Is the first-aid box located in a prominent and accessible position? 2. Are workers informed and aware of the location of the first-aid box? 3. Do all workers have access to the first-aid box during all work shifts?	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect <input type="checkbox"/> Correct <input type="checkbox"/> Incorrect <input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	
2	Identification 1. Can the first-aid box be clearly identified as a first-aid box?	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	
3	Contents 1. Are the contents appropriate for the likely injuries and illnesses at your workplace? 2. Does the first-aid box contain sufficient quantities of each item? 3. Is an employee trained in first-aid responsible for maintaining the first-aid box? 4. Are the contents appropriately labeled? 5. Are the contents within their “use by” dates? 6. Are the contents adequately stored?	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect <input type="checkbox"/> Correct <input type="checkbox"/> Incorrect <input type="checkbox"/> Correct <input type="checkbox"/> Incorrect <input type="checkbox"/> Correct <input type="checkbox"/> Incorrect <input type="checkbox"/> Correct <input type="checkbox"/> Incorrect <input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	
4	Relevant Information 1. Is there a list of contents provided in the first-aid box? 2. Are emergency telephone numbers clearly displayed? 3. Are the name, location and extension number of the nearest first-aider clearly indicated? 4. Is the CSDS readily available (if chemicals hazardous to health is used in the workplace)	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect <input type="checkbox"/> Correct <input type="checkbox"/> Incorrect <input type="checkbox"/> Correct <input type="checkbox"/> Incorrect <input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	
5	Training 1. Have selected workers received training in the use and maintenance of the first-aid box?	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	
6	Responsible Person 1. Is a person appointed to take charge of first-aid arrangements (Su-pervisor)?	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	

APPENDIX 4

REFERRING LETTER OF THE VICTIM FOR WORK INJURY

KINGDOM OF CAMBODIA
NATION RELIGION KING

REFERRING LETTER OF THE VICTIM FOR WORK-INJURY

I. Information of Enterprise/Establishment

Name of Enterprise:

Latin Name:

Enterprise's Code: Address: #.....

Street:.....Phoum/Village:.....

Sangkat/Commune:..... Khan/District:.....

Capital/Province:.....

Desk Phone:..... Hand Phone:

Fax:..... E-mail:.....

II. Information of Worker (Victim)

Name of Victim: Sex:..... Age:years

Worker's Identity Code (given by NSSF):

Date of Work Injury:/...../..... Time:

Cause of Work Injury: ☐ Commuting ☐ Workplace ☐ Occupational Disease

Date:/...../.....

Signature and Seal of Employer or Representative

.....

TEMPLATE AND SAMPLE JOB DESCRIPTION FOR NURSES²³

Template Job Description

Title <i>e.g. Head nurse, deputy nurse, etc.</i>	
Department <i>e.g. Health/Clinic</i>	
Reports to <i>Senior Manager (e.g. Human Resources, Compliance, etc.)</i>	

Job Summary

The [Title of Nurse/Name] will provide health care services and education to the employees during factory operating hours. [Name's] primary role includes:

- *e.g. Management of records, educational outreach, etc.*
-
-

Essential Job Requirements

This is a list of key behaviors, practice expected off all staff.

As a member of the health staff, [Title/Name] is expected to:

- Maintain patient confidentiality of all patient health information
- Treat patients with respect and provide friendly, quality service
- Carry out all clinic policies relating to *(e.g. hygiene, cleanliness, case management etc.)*
-
-
-
-

Primary Job Responsibilities

The [Nurse Title] is primarily responsible for:

1.
 -
 -
 -

2.
-

•

•
3.
-

•

•
4.
-

•

•

Other Expected Activities

Skills/knowledge improvement goals

-
-
-

☐ I have read and understood the job description and what is expected of me by accepting the position.

.....

Employee SignaturePrinted NameDate

.....

Super SignaturePrinted NameDate

Sample Job Description

Below is a list of job responsibilities that can be used to develop a Job Description for each nurse. In many cases, multiple nurses will have similar responsibilities (such as for good clinical practices or records management); in others, one nurse may have primary responsibility.

Administrative

- Maintains supply management systems and ensures timely restocking
- Maintains records and reviews patient registry and other forms for completion and accuracy
- Organizes and refills medical records of patients visiting the doctors on a weekly basis
- Ensures proper disposal of hazardous waste, maintenance of clinic cleanliness and the supply of hygiene products
- Updates activity plan/calendar each week/month
- Produces meeting notes/agenda produced
- Maintains case management follow-up
- Aggregates health and other clinic activity data into database or form and produces monthly reports
- Participates actively in health staff and management meetings

Supervisory

- Has oversight of [name of nurses/titles] for activities or roles
- Gives performance reviews of staff
- Provides training and education to nurses for skills development and continuous improvement
- Ensures good clinical practices and standard operating procedures are followed by staff
- Ensures nurse preparation for staff, management and other meetings
- Heads data analysis, problem solving and action steps with health staff
- Reports to management of all significant matters relating to the health staff and clinic, including urgent health issues
- Leads the annual planning and review process
- Ensures the timely and accurate collection of all data that is supposed to be aggregated and analyzed.

Clinical/Technical

- Handles patient intake, screening, and preparation
- Consistently follows up with patient after care (eg. injured workers, pregnant workers, sick workers)
- Fills in registry, health history, case management or other forms consistency and completely
- Provides accurate referral information and support to patients.
- Prepares patient for doctors' visits and assists doctor
- Practices proper hygiene between patients
- Provides counseling to workers on sensitive health matters (family planning, reproductive health, menstrual hygiene, sexually transmitted diseases etc.)
- Maintains confidentiality of all patient health information and ensure private of all communications with the patient
- Employs universal precautions and uses personal protective equipment
- Removes all medicines or products that are expired

Educational/Provential

- Oversees the health outreach and education activities plan of the health team (including setting goals, identify worker health needs, and building the capacity of the team to use participatory education methods, and provides support to the lead nurse in management of health services
- Creates, updates and reviews a health education plan each month
- Researches information needed for monthly activities
- Arranges dates and timing logistics for each session
- Ensures the supply of new resources, educational handouts and other materials necessary for activities and display
- Includes other nurses in the health education activities preparation and facilitation, and coordinates internal training needed for nurses
- Ensures nurses use participatory education techniques in their health promotion and outreach to workers
- Ensures educational materials are posted at all nurses stations and common areas
- Monitors and give feedback to nurses on their health education skills
- Collects and maintains data on health education activities (number of activities, number of participants, topics discussed)

KEY RESOURCE DOCUMENTS AND TOOLS FOR GARMENT FACTORY TEAMS

Many useful tools have been developed in the context of programmes in partnership between development partners, NGOs and garment factory teams. These are all resources garment factory teams can use in order to improve the health and well-being of workers and the quality of infirmity services in their enterprise. These resources can be found at the Department of Occupational Health and Safety, Ministry of Labour and Vocational training or through contacting relevant partners (see contacts below).

Partnering to Save lives referral directory and referral sheets

The 'referral system' consists of a referral directory, which provides basic information for 86 health facilities in Phnom Penh and Kandal and a summary sheet, which lists selected health facilities close to a factory with basic information. The referral directory includes information on available services, price, location, opening hours and contact numbers for both public and private services. It is a practical tool to health staff of garment factory infirmaries to refer garment factory workers to the relevant services close to their workplace or living area, including NSSF contracted facilities.

Contact: Coordination and Learning Unit, PSL at Anne.Rouve-Khiev@partneringsavelives.org

CARE Cambodia at khm.info@careint.org

Marie Stopes International Cambodia at info@mariestopes.org.kh

Chat! Contraception

CARE Cambodia developed Chat! Contraception under the Partnering to Save Lives project. Chat! aims to improve the health of garment factory workers through empowering women and men to make healthy sexual choices, access reliable reproductive health services, and prevent unplanned pregnancies. Chat! offers garment factories a suite of flexible tools and activities which are easy to tailor to meet a factory's individual needs, including:

Interactive Sessions: Short, targeted activity-based sessions (eight female modules and five male modules) providing key information and building confidence on communication, contraception, sexually transmitted diseases, and safe abortion.

Video Dramas: Three engaging dramas featuring characters in a fictional garment factory which enables workers to relate to real-life health challenges and decisions. These can be screened alone or along with group discussion.

Mobile Quiz App: An interactive mobile quiz app, 'Good old sister', which challenges workers to prove and improve their understanding through regular interactive voice response (IVR).

The complete package increases workers' knowledge, confidence, and awareness so that they are empowered to take control of their lives and make healthier choices. Reducing unwanted pregnancy, in turn, leads to fewer sick days, less turnover, and increased productivity for factories.

CARE Cambodia has been working with factories since 1998. In addition to Chat! CARE offers interactive packages focusing on maternal and newborn health, nutrition, sexual harassment, HIV/AIDS, and financial literacy.

Contact: Coordination and Learning unit, PSL at Anne.Rouve-Khiev@partneringsavelives.org

CARE Cambodia at Julia.Battle@careint.org or khm.info@careint.org

Healthy Workers, Better Factories: A Toolkit for Strengthening Women's Health in Garment Factories in Cambodia

Designed by Marie Stopes International Cambodia, specifically for Garment Factory Managements part of the Better Factories project. It sets out simple ways that garment factories can improve women's health in the factory which in turn can increase worker productivity and outputs. The toolkit assists garment factories to enable access to sexual and reproductive health services at garment factories. It outlines practical and cost effective ways to improve health services at factory level to improve the performance and wellbeing of employees. As many garment factory workers are women, this toolkit focuses on the important area of women's health with an emphasis on sexual and reproductive health.

Contact: Marie Stopes International Cambodia at info@mariestopes.org.kh

Workplace Health Facility Guidelines and Scorecard

This document provides the management factories and other enterprises a set of voluntary guidelines that go beyond occupational safety in order to improve the health services to workers. It highlights important quality indicators for workplace health clinics and policies and management systems to ensure that workers have access to quality health services and information. The Scorecard is a tool for the managers and health staff to assess the quality of health clinics and identify areas for improvement.

Access to the toolkit following this link: <http://evidenceproject.popcouncil.org/resource/workplace-health-facility-scorecard-supplement/>

Managing Health at the Workplace: A Guidebook

This resource addresses key questions workplace managers have about why they should do more on health beyond the minimal requirements and what should be done. The Guidebook is designed to give clear and practical answers based on real experience in factories and other workplaces. It is part of a package of tools including a self-assessment Scorecard and eight "how-to" modules to provide more in-depth help for managers to make health improvements in their workplace. The Evidence Project/Meridian Group International, Inc. developed this package with the support of the Levi Strauss Foundation.

Access to the toolkit following this link: <http://evidenceproject.popcouncil.org/resource/managing-health-at-the-workplace-a-guidebook/>

APPENDIX 7

RECORD OF CASUALTY AND TREATMENT

Date:/...../.....

A. Particulars of Company

Name:

Address:

.....

.....

B. Particulars of Casualty

Name:

Work Unit.....

.....

.....

C. Brief History of Incident

.....

.....

.....

.....

.....

.....

D. Brief Description of Treatment Given

Please attach the CSDS if incident involves chemical(s)

.....

.....

.....

.....

.....

.....

.....

Signature of the First Aider

.....

Printed name of the First Aider

APPENDIX 8

RECORD OF EXAMINATION, CONSULTATION, PRIMARY HEALTH CARE & FIRST-AID

Name of Company:

No.	Health Problems	Patient's Name	Age		Sex		Position	Diagnoses	Treatment	Referring Hospital
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										

Date:/...../.....

Recorded by:

REFRESHER TRAINING FOR INFIRMARY'S HEALTH PERSONNEL

First aid training shall be conducted using conventional methods of training such as lecture, demonstration, practical exercise and examination (both written and practical). The length of training must be sufficient to ensure that trainees understand the concepts of first aid and can demonstrate their ability to perform the various procedures contained in the outline below.

At a maximum, first-aid training shall consist of the following:

1. Part One - Basic Life Support
 - a. Chain of Survival
 - b. Common Cause of Death
 - c. Introduction to Cardiovascular System
 - d. Introduction to Respiratory System
 - e. Coronary Heart Diseases and Risk Factors
 - f. Cardiopulmonary (CPR Techniques)
 - g. Practical Session:
 - Adult one rescuer CPR technique
 - Adult two rescuer CPR technique
 - Airway Obstruction - Conscious
 - Airway Obstruction - Become Unconscious
 - Airway Obstruction - Found Unconscious Victim
 - Care of Unconscious Victim (Recovery Position)
 - h. Assessment on Theory and Practical
2. Part Two – First-Aid / Basic Trauma Life Support
 - a. Introduction to First Aid – Definition and Requirements
 - b. Introduction to Basic Anatomy
 - Musculoskeletal system
 - Central nervous system
 - c. Introduction to Basic Emergency Principles
 - d. Patient Assessment
 - Rapid victim assessment (head to toe)
 - Identifying life threatening conditions – shock, chest injury and internal injuries
 - Managing injuries based on priority
 - Communication to the health care provider
 - e. Management of Spinal Injury

- Identifying spinal injuries
- Care of the injured victim
- Immobilization and transportation
- f. Management of Medical Shock
 - Type of shock
 - Identifying shock (signs and symptoms)
 - Treating shock (first aid)
- g. Management of Fracture (including amputation)
 - Identifying fracture (signs and symptoms)
 - Type of fracture (closed and opened)
 - Immobilization of fracture (upper limb, lower limb and extremities)
- h. Management of Wound
 - Type of wound
 - Treating the wound (first aid)
- i. Practical Session:
 - Patient Assessment
 - Spinal care and transportation
 - Immobilization of fracture
 - Wound management (bandaging, etc.)
 - Managing multiple injuries (exercise/simulation drill)
- j. Assessment on Theory and Practical

First-aid training may also contain the following (optional):

- a. This should take into consideration the specific industrial needs
- b. Other injuries:
 - Burn and scald – fire, hot water, chemical, etc.
 - Heat related disorder – heat stroke, hypothermia, etc.
 - Ear, nose and throat injuries – eye injury (chemical), bleeding from nose, etc.
 - Sports injuries – sprain/strain
 - Sting and bites – insect bites, allergies, etc.

KEY WORKING CONDITIONS AT THE WORKPLACE

The labour condition status of the workplace mainly focuses on the improvement of labour conditions and respect of basic rights of the workers, as well as on the promotion of the proper and effective implementation of the Cambodian Labour Law and other legal regulations. The information in this section is extracted partly from the reports of the labour inspection and descriptions of other relevant existing legislation.

1. Wage²⁴

The term “wage” means the remuneration for the employment or service that is convertible in cash or set by agreement or by the national legislation, and that shall be given to a worker by an employer, by virtue of a written or verbal contract of employment or service, either for work already done or to be done or for services already rendered or to be rendered. The wage includes: actual wage or remuneration, overtime payment, commission, holiday/compensatory holiday pay and maternity leave pay etc. Other benefits which are not included as wage include: health treatment, travel expenses and other benefits granted exclusively to help the worker to do his or her job. Any written or verbal agreement that would remunerate the worker at a rate less than the guaranteed minimum wage shall be null and void.

1.1 Wage for Task-work or Piecework

For task-work or piecework, the wage must be calculated in a manner that permits the worker of mediocre ability working normally to earn a wage at least equal to the guaranteed minimum as determined for a worker.

1.2 The Guaranteed Minimum Wage

The minimum wage is set by a Prakas (ministerial order) of the Ministry in Charge of Labour, after receiving recommendations from the Labour Advisory Committee without distinction among professions or jobs. In the current practice, the minimum wage is determined for only the garment and footwear industries, in which 2017 is set with US\$148 per month for probationary workers and US\$153 per month for workers after probation. On the other hand, the workers/employees who are paid according to the quantities produced (piece-rate) shall receive their wage based on the actual quantities produced. If the quantities produced exceed the minimum wage as mentioned above, the workers shall receive their wage according to the exceeding quantities. But if it is lower than the minimum wage as mentioned above, the employer shall add any amount to make it US\$148 per month for probationary workers and US\$153 per month for workers after probation. At the meantime, all workers shall receive other benefits such as transportation & residential cost of US\$7 per month (the workers would not get these at all if the employers already provided means of transportation or accommodation). In case the employer has provided higher cost than these, the amount remains unchanged. Bonus for regular attendance shall be given at least US\$10 per month for workers who work regularly on daily basis of every month without absence. Seniority pay shall be given US\$2 to US\$11 per month for those who have worked more than one year (from 2nd-11th year) shall receive the seniority pay based on the number of working years. Except those who have been

working for more than 11 years, the seniority pay is the same as those whose work is 11 years. The meal allowance for overtime shall be given 2,000 Riels per day or a free meal for workers who voluntarily work overtime as requested by employer.²⁵

1.3 Wage for Night Work

The workers who work at night time between from 22h00pm to 5h00am though it is shift or permanent work, the workers shall receive the wage of 130% (1.3 times) of the daytime work.

1.4 Wage on Holidays

The workers who volunteer to work on holidays shall be entitled to an indemnity in addition which is equal to wage on the normal working day.

1.5 Wage for Overtime

- The rate for overtime pay on normal working day is 150% (1.5 times) of the wage on the normal working day
- The rate for overtime pay on Sunday(s) and holiday(s) is 200% (2 times) of the wage on the normal working day
- The overtime for night work shall be provided as equal to 200% (2times) of the wage on the normal working day

2. Hours of Work

The number of hours worked by workers of either sex shall not exceed eight hours per day, or forty eight hours per week. Overtime is only applied for exceptional or urgent job, and must be approved in advance by the Ministry in Charge of Labour. Overtime work shall apply on a voluntary basis and without any pressure to workers who don't want to work.

3. Day Off

3.1 Weekly Time Off

The workers in all enterprises and establishments which stated in the Article 1 of the Labour Law, except those who work for railway, the weekly time off must have a minimum length of 24 (twenty four) consecutive hours. In principle, all workers shall be given a day off on Sunday.

3.2 Paid Holidays

Annually, the Ministry of Labour and Vocational Training issue a Prakas determining the paid holidays for workers of all enterprises. In case that the public holiday coincides with a Sunday, workers will have the following day off. In fact, for year 2017, the Ministry has determined 27 days as paid holidays for workers.

3.3 Paid Annual Leave

The workers of all enterprises are entitled to paid annual leave which is given by the employer at the rate of one and a half work days of paid leave per month of continuous service (in a set agreement) thus as equal to 18 days per year. The length of this paid leave is increased according to the seniority of workers at the rate of one day per three years of service. The right to use this paid leave is applied after one year of service. If the contract is terminated or expires before the worker has applied the right to use his paid leave, an indemnity calculated on the basis of leave days shall be given to the worker.

3.4 Special Leave

The employer has the rights to grant the workers up to maximum of seven days for special leave during the event directly affecting the worker's immediate family include: marriage of worker, spouse's baby delivery, marriage of children, spouse or children or parents' sickness/death. If the worker has not yet taken his annual leave, the employer can deduct the special leave from the annual leave.

3.5 Sick Leave

The absence of the workers for illness are entitled to have up to maximum of six months with the certified letter from a qualified doctor, but the worker's contract was suspended. The employer may terminate the worker's contract if the worker sick leave is excess of 6 months.

The Labour Law does not provide any provision on payment for the workers during their sick leave. However, according to the policy of the Ministry of Labour and Vocational Training and the recommendations of labour inspectors, it is required that the employer include in the enterprise's internal rules on the sick leave of the workers as the following:

- Provide 100% paid sick leave for the sick leave period of first month;
- Provide 60% paid sick leave for the sick leave period of second and third month;
- Sick leave without pay for the period of sick leave from 4th to 6th month or longer until there is a replacement.

4. Maternity Leave

Female workers are entitled to a maternity leave of ninety days. Generally, female workers who worked for the enterprises at least one year are entitled to half of their wage, including their perquisites, which is based on the average of the last 12 months' wages. After the maternity leave and during the first two months after returning to work, they are only expected to perform light work, and the employers are prohibited from laying off women in labour during their maternity leave or at a date when the end of the notice period would fall during the maternity leave.

5. Child Labour

The allowable minimum age for wage employment is set at fifteen years. The minimum allowable age is eighteen years for any kind of employment or work, which could be hazardous to the health, the safety, or the morality of an adolescent by its nature.

The children from twelve to fifteen years of age can be hired to perform light work with the condition that the work is not hazardous to their health, or mental and physical development as well as not affecting their regular school attendance, their participation guidance programs or vocational training approved by a competent authority.

6. Nursing Room or Day Care Centre and Breastfeeding

All enterprises that employ a minimum of one hundred women or girls shall set up, within their establishments or nearby, a nursing room and a day care centre. If the enterprise is not able to set up a day care centre for children over eighteen months of age, female workers can place their children in any day care centre and the charges shall be paid by the employer.

For one year from the date of child delivery, mothers who breastfeed their children are entitled to one hour per day during working hours to breastfeed their children. This hour may be divided into two periods of thirty minutes each, one during the morning shift and the other during the afternoon shift.

PRAKAS 330: DEVELOPING ENTERPRISE INFIRMARY

Kingdom of Cambodia

Nation Religion King

Ministry of Social Affairs, Labour, Vocational

Training and Youth Rehabilitation

No: 330 SLTY

Phnom Penh, December 06, 2000

Joint Prakas

Ministry of Social Affairs, Labour, Vocational Training and Youth Rehabilitation and Ministry of Health

On

Developing Enterprise Infirmary

Minister of Social Affairs, Labour, Vocational Training and Youth Rehabilitation Senior Minister of Ministry of Health

- Having seen the Constitution of the Kingdom of Cambodia;
- Having seen the Preah Reach Kret (Royal Decree) No. NS/RKT/1198/72 dated 30th November, 1998 on the Nomination of the Royal Government of Cambodia;
- Having seen the Preah Reach Kram (Royal Code) No. 02 NS/94 dated 20th July, 1994 promulgating the Law on the organization and functioning of the Council of Ministers;
- Having seen the Preah Reach Kram No. CS/RKM/0397/01 dated 13th March, 1997 promulgating on Labour Law;
- Having seen the Preah Reach Kram No. NS/RKM/0699/06 dated 17th June, 1999 promulgating the Law on the Establishment of the Ministry of Social Affairs, Labour, Vocational Training and Youth Rehabilitation;
- Having seen the Preah Reach Kram No. NS/RKM/0196/06 dated 24th January, 1996 promulgating the Law on the Establishment of the Ministry of Health;
- Having seen Sub-decree No. 87 dated 4th October, 1999 on the organization and functioning of the Ministry of Social Affairs, Labour, Vocational Training and Youth Rehabilitation;
- Having seen Sub-decree No. 67 dated 22th October, 1997 on the organization and functioning of the Ministry of Health.

DECIDES

Article 1 - The employers of enterprises as stated in Article 1 on the Labour Law, employing 50 employees and over, must organize a permanent clinic in the enterprise.

The permanent clinic is under the control of the Department of Occupational Health of the Ministry of Social Affairs, Labour, Vocational Training and Youth Rehabilitation.

The permanent clinic must abide by the conditions of location, size, number of qualified clinical staff, plus clinical tools, equipment, and medicine.

Article 2 - Location and Size

A clinic must be located in the working place with easy access for patients. The clinic must have sufficient sunlight, a good atmosphere, and be far away from the work place noise. Also, the clinic must be far away from garbage storage facilities. The facility must be free of dust, smoke and be of a suitable size to accommodate the number of employees. The minimum size of the clinic shall be at least 20 square meters.

Article 3 - Number of Qualified Clinical Staff

The number of qualified clinical staff is limited by the number of employees of the enterprise.

Number of Employees in the Enterprise	Number of Nurses	Number of Doctors	The Average Attendance of Working Clinical Staff in 8 working hours
50 to 300	1	1 doctor or 1 intern	2 working hours
301 to 600	1	1 doctor	2 working hours
601 to 900	2	1 doctor	3 working hours
901 to 1400	2	1 doctor	4 working hours
1401 to 2000	2	1 doctor	6 working hours
over 2000	3	1 doctor	8 working hours

When the enterprise needs the employees to work over time, the clinical staff – nurse and doctor have to work during this time.

Article 4 - Clinical Tools, Equipment and Medicine

The clinical tools and equipment are:

- one desk
- three office chairs
- one document cabinet
- one medicine cabinet

- two beds with mattresses and covers
- one sterilisateur

There must constantly be clinical tools, equipment and medicine as stated in the Appendix of this Joint Prakas.

Article 5 - For an enterprise with more than 200 employees, beds for patients and the in-jured to stay near the clinic is 2 percents (20 beds in maximum) of the number of employees in the enterprise.

Article 6 - When an enterprise has one or more branches with 50 and more employees and is located over 5 km away, the employer must provide with effective emer-gency and treatment services.

Article 7 - For enterprises with less than 50 employees, they have to arrange the emer-gency and treatment services as follows:

- The enterprise with less than 20 employees must have a first-aid kit and a medical assistant.
- The enterprise with 20 to 49 employees must have a first-aid station and a nurse. There must be furniture, clinical tools and medicine as stated in the table of the Appendix of this Joint Prakas.

Article 8 - There will be punishment for those who breach the general provisions of this Joint Prakas as stated in the Chapter 16 of the Labour Law.

Article 9 - This Joint Prakas comes into effect from the signing date.

The Senior Minister
Minister of Ministry of Health

Signed and Sealed

Doctor, Hong Sunhout

The Minister of Ministry of Social Affairs
Labour, Vocational Training and Youth Rehabilitation

Signed and Sealed

Ith Samheng

CC:

- King's Cabinet
- General secretariat of the National Senate

- General secretariat of the National Assembly
- Cabinet of the Samdach Prime Minister
- The Office of the Council of Ministers
- All relevant ministries “for information”
- General Department of Labour and Vocational Training “for propagation and implementation”
- All City/Provincial Departments of Social Affairs, Labour,
- Vocational Training and Youth Rehabilitation “for propagation and implementation”
- Employer Association “for implementation”
- Confederation of Unions “for implementation”
- All networks of television and radio “for propagation”
- Documentation-Archives

PRAKA 139: CONDITIONS AND SERVICE MISSION OF THE ENTERPRISES DOCTORS

Kingdom of Cambodia

Nation Religion King

Ministry of Social Affairs, Labour, Vocational

Training and Youth Rehabilitation

No: 330 SLTY

Phnom Penh, December 06, 2000

Joint Prakas

Ministry of Social Affairs, Labour, Vocational Training and Youth Rehabilitation and Ministry of Health

On

Developing Enterprise Infirmary

Minister of Social Affairs, Labour, Vocational Training and Youth Rehabilitation Senior Minister of Ministry of Health

- Having seen the Constitution of the Kingdom of Cambodia;
- Having seen the Royal Decree No. 1198/72 of November 30, 1998 the appointment of the Royal Government of Cambodia;
- Having seen the Royal Krom No. 02/NS/RKM/94 of July 20, 1994 promulgating the law on the Organisation and Functioning of the Council of Ministers;
- Having seen the Royal Krom No. CS/RKM/0397/01 of March 13, 1997 promulgating the Labour Law;
- Having seen the Royal Krom No. NS/RKM/0699/06 of June 17, 1999 promulgating the Law on the Organisation and Functioning of the Ministry of Social Affairs, Labour, Vocational Training and Youth Rehabilitation;
- Having seen the Royal Kram No. 0196/06, dated 24 January 1996 promulgating the law on the establishment of the Ministry of Health
- Having seen the Sub-Decree No. 87/ANK/BK of October 04, 1999 on the Organisation of Functioning of the Ministry of Social Affairs, Labour, Vocational Training and Youth Rehabilitation;
- Having seen the Sub-decree No. 67, dated 22 October 1997 on the organization and function-ing of the Ministry of Health;
- Pursuant to need of the Ministry of Health and MoSALVY

DECIDES

Article 1 - Physicians who may work in an enterprise infirmary shall meet the following conditions:

- Be Cambodian National
- Have a medical degree recognized by Ministry of Health
- Have additional training on Occupational Health and Safety from De-partment of Medical Labour of MoSALVY
- Have registered membership in the Board of Doctors
- Have never committed criminal offence
- Be in good health in order to be able to perform the task
- Have an enterprise physician license issued every two years by the Department of Medical Labour

Article 2 - Enterprise physicians shall have the following duties:

- Shall have a contract once a year and a copy of that for the department of medical Labour;
- Shall receive wage as agreed with enterprise in the contract and shall be entitled to other benefits as other employees in the enterprise.
- Shall exercise the profession according to their expertise;
- Shall act as a health and safety consultant for the enterprise. Shall report immediately to Medical Labour Inspector or Labour Inspector if correct advice are not acknowledged by the enterprise;
- Shall keep secret of medical professional ethics and technical secret of enterprise production.
- Shall be under supervision of professional ethics of Medical Labour Department.

Article 3 - Enterprise physicians shall have the following mission:

1. Preventing workers from work-related accidents and occupational illness are major duties of the doctors, preventive measure include:
 - Regularly and periodically inspect workplace to learn about conditions of work, technical production, materials consumed in production, safety condition of machineries;
 - Monitor workers' health condition, advice or inform workers on consequences of their deteriorating health or of possible work-related accidents and occupational illnesses.
 - Monitor surrounding environment and overall hygienic condition in offices, workshops, canteens, lodgings etc in the enterprise.
 - Give first aid to employees hurt by work-related accidents.
 - Provide basic treatment to employees suffering from various illnesses.

2. Perform some administrative duties as follows:

- Maintain confidentiality of information about employees' health
- Prepare medical reports for employees when they leave the enterprise.
- Maintain orderly records of infirmary (daily records, a record of the employees whose work is vulnerable to accidents, a record of vaccination etc.)
- Notify sector and institution concerned of work-related accidents and occupational illnesses, contagious diseases.
- Write monthly, quarterly and yearly reports for department of medical Labour

3. Make necessary internal and external contacts:

- Make internal contacts with production planning office, shop stewards, trade unions, health and safety committee of enterprise.
- Make external contact with doctors in hospitals, medical Labour inspectors, Labour inspectors or other Labouratories.

Article 4 - Employers or employees' representatives shall give the right to enterprise physicians to properly exercise their duties.

Article 5 - Termination of enterprise physicians prior to his/her contract shall require prior consultation with medical Labour inspector.

Article 6 - Enterprise physicians who had already been in service in the enterprise before this Prakas is issued shall be required to fulfill conditions as stated in article 1 of this Prakas.

Article 7 - Failure to comply with these provisions in this Parkas shall be fined or penalized as stipulated in Chapter 16 of the Labour Law.

Article 8 - This Prakas shall come into force from the date of signature.

Minister
MoSALVY

Ith Samheng

Senior Minister
Ministry of Health

Dr. Hong Sun Hourt

CC:

- Cabinet of the King
- General Secretariat of Senate
- General Secretariat of National Assembly
- Cabinet of Samdech Prime Minister
- Office of the Council of Ministers
- All relevant ministries “for information”
- General Department of Labour and Vocation “for dissemination and implementation”
- All Provincial/Municipal Divisions of Social Affairs, Labour, Vocation, and Youth Rehabilitation “for dissemination and implementation”
- Employers Association “for implementation”
- Union Federation “for information”
- All radio and TV networks “for broadcasting”
- Chronos and archive

CONTRIBUTORS

Management Team

H.E Dr.Huy Han Song

Ms. Chea Sokny

Ms. Mao Thida

Mr. Leng Tong

Mr. Som Sophorn

Technical Team

Dr. Sok Sokun

Dr. Sam Sochea

Dr. Veth Sreng

Ms. Yat Bunmey

Ms. Anne Rouve Khiev

Ms. Julia Battle

Mr. Ung Kim Heang

Mr. David Wofford

Dr. Ashish Bajracharya

Ms. Nyske Janssen

Ms. Supraja Suresh

Ms. Luong Soklay

Mr. Mao Sophors

Mr. Kheng Sambo

Ms. Dupont Nathalie

Ms. Estelle Roesch

List of Participants in Consultative Meetings

Mr. Ouk Chanthou

Ms. Koch Sothan

Mr. Tes Mony

Mr. Hourn Soeur

Dr. Yi Kannitha

Dr. Khon Naryth

Dr. Khann Tola

Dr. Chan Sorya

Dr. So Navy

Dr. Chin Chantha

Dr. Pin Varrivann

Ms. Khun Saksinak

Dr. Marc Derveeuw

Ms. Catherine Breen Kamkong

Mr. Chuon Momthol

Ms. Tep Kimvannary

Ms. Heng Chenda

Mr. Kim Chansamnang

Mr. Horn Kimhok

Mr. Yann Thy

Ms. Buoy Chansothea

Mr. Ngeab Chhengleap

Ms. Sok Sotheary

Mr. Soy Thearith

Mr. In Meng

Mr. Som Chanratana

Ms. Chhen Vanny

Mr. Kong Kheng

Mr. Kan Kong

Ms. Chuon Vichheka

Ms. Yuth Sreyoun

Ms. Soeun Sreypov

Ms. Soeurn Chantrea

Ms. Nuth Sokagna

Ms. Lim Vuthy

Ms. Sim Kanita

Ms. Khon Raksmeay

Ms. Touch Sokhum

Ms. Hout Solyna

Ms. Pum Chantha

Mr. Chum Thou

Ms. Sem Chanriya

List of Participants in Consultative Meetings (Continued)

Mr. Chun Bora	Ms. Sao Chanmony	Ms. Seng Samang
Mr. Son Sida	Ms. Saiy Sophanet	Ms. Kun Reth
Mr. Mao Lan	Ms. Bun Narin	Mr. Hin Bunthon
Ms. Por Chuong	Ms. Ourn Sophea	Ms. Kouch Davy
Dr. Heng Molyaneth	Mr. Phan Chendda	Ms. Mut Lina
Mr. Heng Kun	Ms. Mari Nagai	Ms. Yun Sokha
Mr. Sok San	Mr. May Nimith	Mr. Vann Chanthol
Mr. Seng Vibol	Mr. Pheang Vuthy	Mr. So Bunna
Mr. Chov Sophorn	Mr. Phoung Pheakdey	Mr. Leng Menea
Ms. Yoeun Mom	Mr. Um Virak	Mr. Chhean Sithik
Ms. Ven Sreymom	Ms. Song Polika	Mr. Lay Bungkeang
Ms. Kung David	Mr. Ly Tek Heng	Mr. Sok Yutho
Mr. Bun Va	Ms. Reth Samang	



REFERENCES

1. Cambodian Socio-Economic Survey (2014).
2. Cambodian Inter-Censal Enterprise Survey (2014).
3. Annual Work Report (2015), The General Directorate of Planning, Statistics, and Inspection
4. Baseline and midline Survey Reports on Reproductive, Maternal and Neonatal Health Knowledge, Attitude and Practices among Female Garment factory Workers in Phnom Penh and Kandal Provinces, PSL (2014 for baseline and 2016 for midline)
5. Heng, Molyaneth, Ashish Bajracharya, Chhorvann Chhea, Bandeth Ros, Sopheab Heng, and Hyunwoo June Choo. 2017. "Health Needs, Health Seeking Pathways, and Drivers of Health Seeking Behaviors of Female Garment Factory Workers in Cambodia: Findings from a Qualitative Study in Phnom Penh and Kandal Provinces" Policy Brief. Washington DC and Phnom Penh, Cambodia: Population Council, The Evidence Project.
6. Labor Law of the Kingdom of Cambodia (1997) (Article number 242 and Article number 244).
7. Joint Prakas 330 s.k.b.y dated 06 December 2000 on the Establishing of Enterprise's Infirmary
8. Source: Annual Work Report (2015), The General Directorate of Planning, Statistics, and Inspection.
9. Literature Review on Sexual Reproductive Health and Rights of Migrant Garment Factory Workers in Cambodia, UNFPA 2014.
10. Baseline and midline Survey Reports on Reproductive, Maternal and Neonatal Health Knowledge, Attitude and Practices among Female Garment factory Workers in Phnom Penh and Kandal Provinces, PSL (2014 for baseline and 2016 for midline).
11. Brockman, Suzanne, David Wofford, and Carolyn Rodehau. 2017. "Managing Health at the Workplace: A Guidebook." Washington DC: Population Council, The Evidence Project.
12. Labor Law of the Kingdom of Cambodia, (1997) (Article no.242 and no.244).
13. Joint Prakas 330 s.k.b.y dated 06 December 2000 on the Establishing of Enterprise's Infirmary (Article 2)
14. Joint Prakas 330 s.k.b.y dated 06 December 2000 on the Establishing of Enterprise's Infirmary (Article 3)
15. Law on Regulation of Health Practitioners (2016)
16. Joint Prakas 330 s.k.b.y dated 06 December 2000 on the Establishing of Enterprise's Infirmary (Article 4)
17. Joint Prakas 330 s.k.b.y dated 06 December 2000 on the Establishing of Enterprise's Infirmary (Article 7)
18. Joint Prakas 139 (Article 3)
19. Joint Prakas 139 (Article 3)
20. Labor Law of the Kingdom of Cambodia, (1997) (Article 393, 343, 346 and 347)
21. Labor Law of the Kingdom of Cambodia, (1997) (Article 350)
22. Joint Prakas 139 (Article 2) and Operational Guidelines for Clients' Rights and Providers' Rights-Duties, the Ministry of Health (February 2007);

23. Brockman, Suzanne, David Wofford, and Carolyn Rodehau. 2017. "Managing Health at the Workplace: A Guidebook." Washington DC: Population Council, The Evidence Project.
24. Labor Law of the Kingdom of Cambodia, (1997) (Article 102 to 109)
25. The announcement no. 2016 on the implementation of minimum wage for workers in garment and footwear sector.

