IMPROVING EMPLOYEE HEALTH IN THE WORKPLACE

Guidelines for Employers





ACKNOWLEDGEMENTS

Author

Ms Sharon Vella

List of Contributors

Dr Paula Vassallo

Dr Mariella Borg Buontempo

Dr Daniel Cauchi

Dr Antonella Sammut

Dr Mark Rosso

Ms Lucienne Pace

Ms Charlene Vassallo

Mr Joseph Grech

Mr Johann Zarb

Ms Dolores Gauci

Ms Tanya Agius Borg

TABLE OF CONTENTS

Foreword	7
List of Figures	8
List of Tables	8
List of Abbreviations	9
Executive Summary	11
Introduction	15
i. The importance of workplace health promotion	15
ii. Aim of the guidelines	15
iii. The Health Promotion and Disease Prevention Directorate	16
iv. Educational sessions provided by the Health Promotion and Disease Prevention Directorate	16
v. Free services provided by the Directorate	17
vi. Other services provided by the Directorate	18
Chapter 1 – Mental health and wellbeing at the workplace	23
1.1 Background	24
1.2 Mental health and the workplace	24
1.3 Signs of mental ill-health at the workplace	25
1.4 Mental health promotion	25
1.5 Recommendations for actions to be taken by employers to improve mental health at work	26
1.6 How should an employer approach an employee who is in distress?	31
1.7 Building resilience in the workplace	33
1.8 Traits of resilient employees	33
1.9 How can employees build resilience at work?	33
1.10 Employer recommendations for having a more resilient workforce	34
1.11 Useful resources for mental health	37
1.12 Conclusion	41
Chapter 2 – Healthy eating at the workplace	43
2.1 Background	44
2.2 Actions and ideas for employers to provide healthier food and beverage options in	4.4

2.3 Food and beverage standards	45
2.4 Recommendations for actions to be taken by employers to improve food and beverage supply in vending machines	46
2.5 Improving the food and beverage supply in workplace canteens	51
2.6 Improving the food and beverage supply offered at meetings, seminars & catered events	54
2.7 Healthy alternatives when ordering food and beverages for meetings/seminars	56
2.8 Conclusion	58
Chapter 3 - Promoting physical activity and reducing sedentary time at the workplace	61
3.1 Background	62
3.2 Different intensities of physical activity	63
3.3 Recommendations for actions to be taken by employers to promote physical activity and reduce sedentary time at the workplace	64
3.4 Examples of short desk stretches that can be carried out at the workplace	68
3.5 Resources available	72
3.6 Conclusion	73
Chapter 4 – Supporting breastfeeding at the workplace	75
4.1 Background	76
4.2 Potential benefits for employers who support breastfeeding	76
4.3 Recommendations for actions to be taken by employers to support breastfeeding at the workplace	77
4.4 Further information	82
4.5 Conclusion	82
Chapter 5 – Tobacco control and smoking cessation	85
5.1 Background	86
5.2 Electronic cigarettes: what are e-cigarettes?	87
5.3 Smoking cessation interventions	88
5.3.1 Individual behavioural counselling	88
5.3.2 Group behaviour therapy	88
5.3.3 Pharmacotherapy	88
5.3.4 Self-help resources	88
5.3.5 Telephone counselling and quit lines	89
5.4 Recommendations for actions to be taken by employers to encourage smoking cessation	90
5.5 Conclusion	91

Chapter 6 – Alcohol and substance misuse	93
6.1 Background	94
6.2 How much alcohol is too much?	95
6.3 Recommendations for actions to be taken by employers in case of alcohol and substance misuse at the workplace	96
6.4 Conclusion	100
Chapter 7 – Preventing the spread of respiratory infections at work	103
7.1 Background	104
7.2 Hand hygiene	105
7.3 When should one wash hands at work?	106
7.4 Recommendations for employers to keep workers safe and limit the spread of respiratory infections at the workplace	106
7.5 Equipment required for adequate hand hygiene	107
7.6 Conclusion	108
Chapter 8 – Wellbeing and working from home	111
8.1 Background	112
8.2 Challenges employers may face with telework arrangements	113
8.3 Advantages of working remotely	113
8.4 Disadvantages of working remotely	113
8.5 Recommendations for employers to promote health among remote workers	114
8.6 Health topics which can be promoted when working remotely	115
8.6.1 Active living	115
8.6.2 Healthy eating	115
8.6.3 Ergonomics	116
8.6.4 Mental health	117
8.7 Recommendations for employees who are working remotely	117
8.8 Conclusion	118
Conclusion	120
References	122
Annex 1	131
Annex 2	136



FOREWORD

Dr Paula Vassallo (Director), Health Promotion and Disease Prevention Directorate



The prevention of chronic non-communicable diseases in the Maltese population, such as mental ill-health, obesity, type 2 diabetes, heart disease, high blood pressure, and certain cancers is a key priority for the Health Promotion and Disease Prevention Directorate. Having a healthy working population is important from a personal, economic, social, and political perspective for a society that aspires for health equity.

An inclusive workplace environment that supports and promotes health has been shown to improve productivity rates, decrease sickness absenteeism, reduce employee turnover, and lower costs of occupational accidents. A healthy workplace environment also improves overall staff morale and job satisfaction whilst improving work-life balance.

In response to requests by employers for information on how they can create a healthy working environment and support the adoption of healthy behaviour, the Directorate has addressed this knowledge gap by drafting this guidance document to promote health at the workplace. This complements other policies and guidelines issued by the same Directorate to achieve a healthy and balanced lifestyle outside of one's place of work.

These guidelines are the first of their kind for Malta and cover a range of different health promotion topics. These include mental health and wellbeing, nutrition, physical activity and reduction of sedentary time, breastfeeding support, tobacco smoking cessation, alcohol and substance misuse, prevention and control of the spread of infections, and wellness when working remotely. This document provides useful evidence-based guidance and best practices to help employers choose from an array of measures and actions that will assist their employees to make healthier choices and lead healthier lives.

LIST OF FIGURES

Figure 1. Actions for employers for good mental health in the workplace	32
Figure 2. Nutrient-based guidelines for food and drink using traffic light colour coding system	46
Figure 3. Portion sizes	53
Figure 4. Global recommendations on physical activity for health in adults aged 18-64 years	64/133
Figure 5. Three pronged approach to increasing physical activity at the workplace	65
Figure 6. A standard drink (or unit of alcohol)	96/135
Figure 7. The 3 C's to stop the spread of flu	104
Figure 8. Handwashing technique recommended by WHO	105
Figure 9. Employed persons working from home in 2019 compared to the last two weeks of March 2020	112
Figure 10. Correct Sitting Posture	116

LIST OF TABLES

able 1. Checklist of food and beverages to be offered in workplace canteens	51	
Table 2. Healthy swaps Table 3. Examples of different types of physical activity classified by intensity	58	
	63	

LIST OF ABBREVIATIONS

BMI Body Mass Index

CEO Chief Executive Officer

EHIS European Health Interview Survey

ENDS Electronic Nicotine Delivery Systems

ESP Employee Support Programme

FSWS Foundation for Social Welfare Services

GHO Global Health Observatory

GDP Gross Domestic Product

HCP Health Care Professionals

HFSS Food high in fat, sugar, and salt

HNA Health Needs Assessment

HPDP Health Promotion and Disease Prevention Directorate

ICT Information and Communications Technology

LSD Lysergic acid diethylamide

MDH Mater Dei Hospital

MHP Mental Health Promotion
MSG Monosodium glutamate

MSDs Musculoskeletal disorders

NICE National Institute for Health and Care Excellence Guidelines

NGO Non-Governmental Organisation

NPS New Psychoactive Substances

NRT Nicotine Replacement Therapy

OECD Organisation for Economic Co-operation and Development

OHS Occupational Health Services

OTC Over the counter

WHO World Health Organisation
WHP Workplace Health Promotion

HEALTH PROMOTION IN THE WORKPLACE

MENTAL HEALTH AND WELLBEING HEALTHY EATING

PROMOTING
PHYSICAL
ACTIVITY AND
REDUCING
SEDENTARY TIME

ALCOHOL AND SUBSTANCE MISUSE

TOBACCO CONTROL AND SMOKING CESSATION BREASTFEEDING

PREVENTING
THE SPREAD OF
RESPIRATORY
INFECTIONS AT
WORK

WELLBEING AND WORKING FROM HOME

SUPPORTING

EXECUTIVE SUMMARY

Employees typically spend long hours at their place of work, rendering workplaces ideal settings for the promotion of a healthy lifestyle among the adult population. Working towards a health-promoting inclusive workplace that prioritises wellbeing, offers a healthy environment, and invests in health promotion activities ultimately benefits employers, employees, and society at large.

When it comes to promoting mental health and wellbeing at the workplace, simple measures such as reducing stigma around mental health, optimising the organisation of work and working hours (e.g. job content, workload, and work pace), and the introduction of family-friendly measures such as flexitime, telework, and the provision of convenient childcare services are all beneficial to help employees achieve a better work-life balance. Transparent and fair human resources processes maintain staff motivation and trust and reduce the risk of anxiety. Provision of free or subsidised vouchers for counselling or psychological services would be an additional benefit. Programmes that promote resilience and ways of overcoming adversities in the place of work can also enhance the wellbeing of employees. Human resources managers and senior management are encouraged to attend Mental Health First Aid courses organised by the Richmond Foundation to help them learn how to recognise signs of mental illness such as anxiety, depression, or burnout, and act accordingly or refer employees to occupational health services. It is of utmost importance that the confidentiality of employees suffering from mental illness is upheld at all times.

When promoting **healthy eating** at the workplace, employers are encouraged to make the healthier option the easier option for their employees. This can be done by removing or gradually reducing access to food or beverages that are high in fat, sugar, or salt served at

canteens and vending machines or during seminars or conferences organised by the workplace. It is recommended that workplaces offer healthier food alternatives which provide an opportunity to 'nudge' or positively influence employees' eating habits and improve their health. Reducing the pack sizes on offer, placing healthier options in more prominent areas, and pricing healthier options competitively will help employees positively change their eating habits. Examples of healthier food options and ideas of food swaps are included in this document. Employers are encouraged to offer free healthy snacks such as fruits. It is also recommended to make drinking water available at all times. The Health Promotion and Disease Prevention Directorate offers free educational sessions by state registered nutritionists on diverse topics related to healthy eating. It can also offer help in restructuring workplace canteens and can also help employees who are overweight or obese to lose weight by referring them to our free weight management programme. A nutritional helpline - 8007 3307 - is also available for free personalised nutritional advice.

Workplaces have the responsibility to promote **physical activity** and **reduce sedentary time** among their employees. There is no one-size-fits-all physical activity programme, but experts recommend building a culture of health among employees. The most successful examples of workplace physical interventions are the ones which allow physical activity to be embedded in the company's culture and daily practices. The physical activity programme should be based on consultation with members of staff. It is ideal if employees are consulted in the design and planning of the programme. It also requires managers to lead by example, by acting as programme champions and participating themselves. A good culture of health requires policies to enable employees to get physically active by for example promoting active transport (e.g. cycling or walking to work). Office environments which reduce sedentary time, such as by having stand-up desks for employees, encouraging short movement breaks,

PROMOTE
PHYSICAL
ACTIVITY
AND REDUCE
SEDENTARY
TIME



and walk meetings also help achieve a more active workplace. Examples of short desk stretches can be found in this document. Group sessions by a qualified professional (e.g. physiotherapist) are also recommended, while team building activities organised by the workplace should ideally incorporate sports activities. It is advisable that any upcoming sports activities are advertised on noticeboards so as to encourage participation. Once this culture is established, researchers recommend that organisations collaborate with the community and use existing resources as the foundation for the physical activity programme.

By supporting **breastfeeding** at the workplace, new mothers are encouraged to return to work with the employer benefitting by not losing skilled staff. This can be done by having a breastfeeding policy in place. This should cover breastfeeding breaks (time) whereby mothers can express breast milk and store it in a refrigerator for later use, thus ensuring continuity in the breast milk flow. The policy should also include the availability of proper breastfeeding facilities, such as an adequate breastfeeding room (not restrooms) with the necessary equipment. Support for the breastfeeding mother so as not to get discouraged from continuing breastfeeding once she returns to work should also be included as part of the policy.

Employers can have a very useful input in promoting **tobacco smoking cessation** at the workplace. The Directorate, in collaboration with workplaces, can provide awareness talks and group support to smokers who wish to quit smoking. Employers can also empower smokers with knowledge related to the harm associated with tobacco use by disseminating educational information. In addition, allowing staff to be released to attend relevant smoking cessation classes during work hours may also encourage smokers to quit tobacco use. Employers can provide practical support such as subsidising the use of nicotine-replacement therapy (NRTs) while trying to quit tobacco use. The Directorate has a Quitline Support Service which can offer support to people trying to quit smoking (Quitline telephone number – 8007 3333).

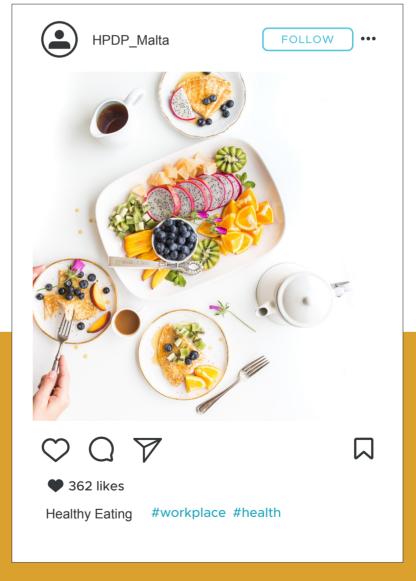
Alcohol and substance misuse is a reality which employers may face among their employees. These guidelines give employers an insight into how to address concerns about employees who they know or suspect have an alcohol or substance misuse problem. Workplaces are advised to have an alcohol and substance misuse policy in place so as to help managers in these situations. It is important that such cases are dealt with in strictest confidence and that employees are referred to seek appropriate help. Through the S.A.F.E. programme (Substance Abuse Free Employees programme), SEDQA offers training to middle and senior managers to help them recognise signs of drug or alcohol misuse and what to do when they suspect that an employee is misusing

SUPPORT BREASTFEEDING IN THE WORKPLACE prohibited drugs. SEDQA also provides information about the various services available in Malta related to addictions. The Sedqa Supportline is 179.

Improving the frequency and quality of **hand hygiene** at the workplace can significantly reduce and control preventable respiratory infections such as the common cold, influenza, and Covid-19, as well as gastrointestinal infections, and as a result reduce sickness rates and absenteeism from work. The provision of adequate equipment such as soap, water, alcohol-based hand rubs distributed throughout the workplace, wash hand basins, single-use paper towels, and no-touch/foot pedal bins all help to encourage employees to wash their hands frequently.

Information and communications technology such as laptops, smartphones, and tablets have revolutionised the way we work. **Working remotely** has become an increasingly popular mode of work, especially during the Covid-19 pandemic during which a lot

of workplaces had to suddenly switch to remote working. Some employees will also continue working partly or fully away from their offices as it offers several advantages. It may however impose certain challenges, including health-related ones such as struggles with mental health, especially for people living alone and for those who do not have a family. Some employees may have resorted to eating more whilst working from home since food is easily accessible. Ergonomic design and having workstations set in such a way that they do not cause physical strain are also explored in this document.



INTRODUCTION

I. THE IMPORTANCE OF WORKPLACE HEALTH PROMOTION

The workplace has been identified by the World Health Organisation (WHO) as a priority area for health promotion in the 21st century. A large proportion of the population aged between 16 and 64 spends long hours at their place of work. The workplace can therefore be expected to have a direct influence on the physical, mental, economic, and social wellbeing of workers. This in turn influences the health of workers' families, the communities they live in, and society at national level. Addressing workplace health offers both short and long term benefits to organisations and their workforces. A healthy workplace environment portrays a positive and caring image to employees, and has been shown to reduce staff turnover, absenteeism, and presenteeism (which occurs when ongoing physical and/or mental health conditions prevent employees from being fully productive at work), increase productivity, and reduce health care and insurance costs. Workplace health promotion (WHP) also improves employees' job satisfaction and overall health and wellbeing².

II. AIM OF THE GUIDELINES

The aim of this document is to provide employers of organisations of different sizes and sectors with recommendations on how to promote health and wellbeing at the workplace.

These guidelines also provide information on how to carry out a health needs assessment to prioritise areas of health and wellbeing which need the greatest attention.

III. THE HEALTH PROMOTION AND DISEASE PREVENTION DIRECTORATE

The mission of the Health Promotion and Disease Prevention Directorate is to protect, promote, and support the health and wellbeing of the people living in the Maltese Islands. The Directorate continues to assist local businesses to promote healthy workplaces through the provision of educational and informative health sessions, as well as free health services by trained healthcare professionals, giving employees the necessary skills to live a healthy lifestyle.

Workplace health promotion complements occupational health services (OHS) as part of the joint efforts of employers, workers, and national authorities to improve the health of the workers. The Occupational Health and Safety Authority (OHSA) ensures that the physical, psychological, and social wellbeing of all workers in all workplaces is promoted and safeguarded by whosoever has such duty. As per General Provisions for Health and Safety at Workplaces Regulations (S.L. 424.18), employers are required to designate one or more competent persons to assist them in implementing the measures required in relation to the prevention and control of occupational risks¹.

IV. THE EDUCATIONAL SESSIONS PROVIDED BY THE HEALTH PROMOTION AND DISEASE PREVENTION DIRECTORATE

MAINTAINING A HEALTHY LIFESTYLE

- Healthy eating
 - · The Mediterranean diet
 - · Portion sizes
 - · Reading food labels
 - · Practical tips on cooking and cooking methods
- The importance of physical activity and reduction of sedentary time
- The harmful effects of tobacco and second-hand smoke

PREVENTION OF NON-COMMUNICABLE (CHRONIC) DISEASES

- Diabetes
- Heart disease
- Arthritis
- Osteoporosis
- Preventing cancer

MAINTAIN A HEALTHY LIFESTYLE

- Oral diseases
- Fostering good mental health and well being

OTHER EDUCATIONAL SESSIONS

- Sexual health and prevention of sexually transmitted infections
- Prevention of the spread of infections and diseases

V. FREE SERVICES PROVIDED BY THE DIRECTORATE

WEIGHT MANAGEMENT PROGRAMME

The weight management programme 'Healthy weight for Life' - 'Piż Tajjeb Tul Ħajtek' consists of a weekly interactive session lasting 75 minutes on nutrition and healthy weight by a state-registered nutritionist and two 45-minute sessions of physical activity by a qualified instructor for a duration of eight weeks. These sessions can be carried out during working hours; however, they can also be offered outside work hours. Interested applicants may apply by accessing the link below:

https://deputyprimeministercms.gov.mt/en/health-promotion/ Pages/Services/Healthy-Weight-for-Life.aspx

TOBACCO CESSATION PROGRAMME

Individual smoking cessation sessions are offered in the afternoons by appointment at the Paola, Mosta, or Floriana Health Centres. People who wish to quit smoking may apply on the link below:

https://deputyprimeministercms.gov.mt/en/health-promotion/ Pages/Services/Quit-Smoking.aspx

Workplace group sessions targeted to a group of employees who are willing to quit smoking are also offered. The programme consists of a two-hour group weekly session, over a seven-week period.

The Directorate has a Quitline Support Service which can offer support to people trying to quit smoking (Quitline telephone number – 8007 3333).



SELF MANAGEMENT PROGRAMME - SKILLS FOR PEOPLE LIVING WITH CHRONIC CONDITIONS

These are group sessions offered to people suffering from a chronic condition such as diabetes, arthritis, chronic pain, heart disease etc. The aim of this programme is to empower individuals with new skills and tools to better manage and cope with living with a chronic condition. Group sessions having a duration of three hours are held once weekly for six consecutive weeks.

WELLBEING AND RESILIENCE PROGRAMME

These online resilience-building workshops help those attending develop a personal resilience plan based on individual needs and strengths. They consist of seven sessions and cater for a small group of individuals at a time. Content covered during these sessions includes:

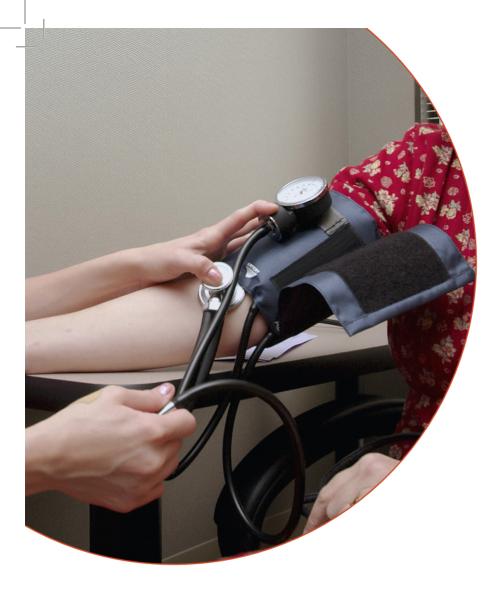
- Introduction to resilience; the nature of stress and differences between mental, emotional, social, and physical resilience.
- Self-awareness and awareness of stress and negative thinking patterns as a way of enhancing resilience and improving personal wellbeing.
- Developing character strengths to become more resilient. Identifying and developing character strengths will improve wellbeing and have a positive impact on emotions.
- Strengthening personal relationships to improve resilience.
- Strategies to increase resilience and resilient thinking, such as thought-challenging methods (e.g. mindfulness and positive self-talk); distraction activities (e.g. regular physical exercise and humour), and other techniques (e.g. practising a hobby and socialising).
- Participants will then develop their own personal resilience plan.

VI. OTHER SERVICES PROVIDED BY THE DIRECTORATE

NUTRITIONAL ADVICE PROMOTING HEALTHIER CANTEENS AND VENDING MACHINES AT THE WORKPLACE

Nutritional advice is offered on restructuring of staff canteens and making the healthier option the easier option for employees.





8007 330 NUTRITION HELPLINE

NUTRITION HELPLINE

Personalised nutritional advice is offered by the Directorate by contacting the nutrition helpline on 8007 3307 between 7.30am and 3pm. People making calls outside these hours can leave a message and one of the nutritionists will contact them on the next working day.

BASIC HEALTH CHECKS

This includes measurement of body mass index (BMI), blood pressure monitoring, and blood glucose testing. Individual advice is given based on the results.

ADVICE ON HAVING A BREASTFEEDING-FRIENDLY WORKPLACE

One of the main reasons women stop breastfeeding before the recommended time is a lack of support at the workplace. The Directorate offers advice and helps to set up breastfeeding rooms which conform to European standards, to encourage mothers to express their milk during work hours and store it for later use.

Comprehensive information about all aspects of health promotion, disease prevention, and sexual health can be found on the Health Promotion and Disease Prevention website (https://deputyprimeminister.gov.mt/en/health-promotion/Pages/home.aspx) or by following us on social media channels including Facebook, Instagram, and Twitter (@HPDPMalta).

EDUCATIONAL MATERIAL

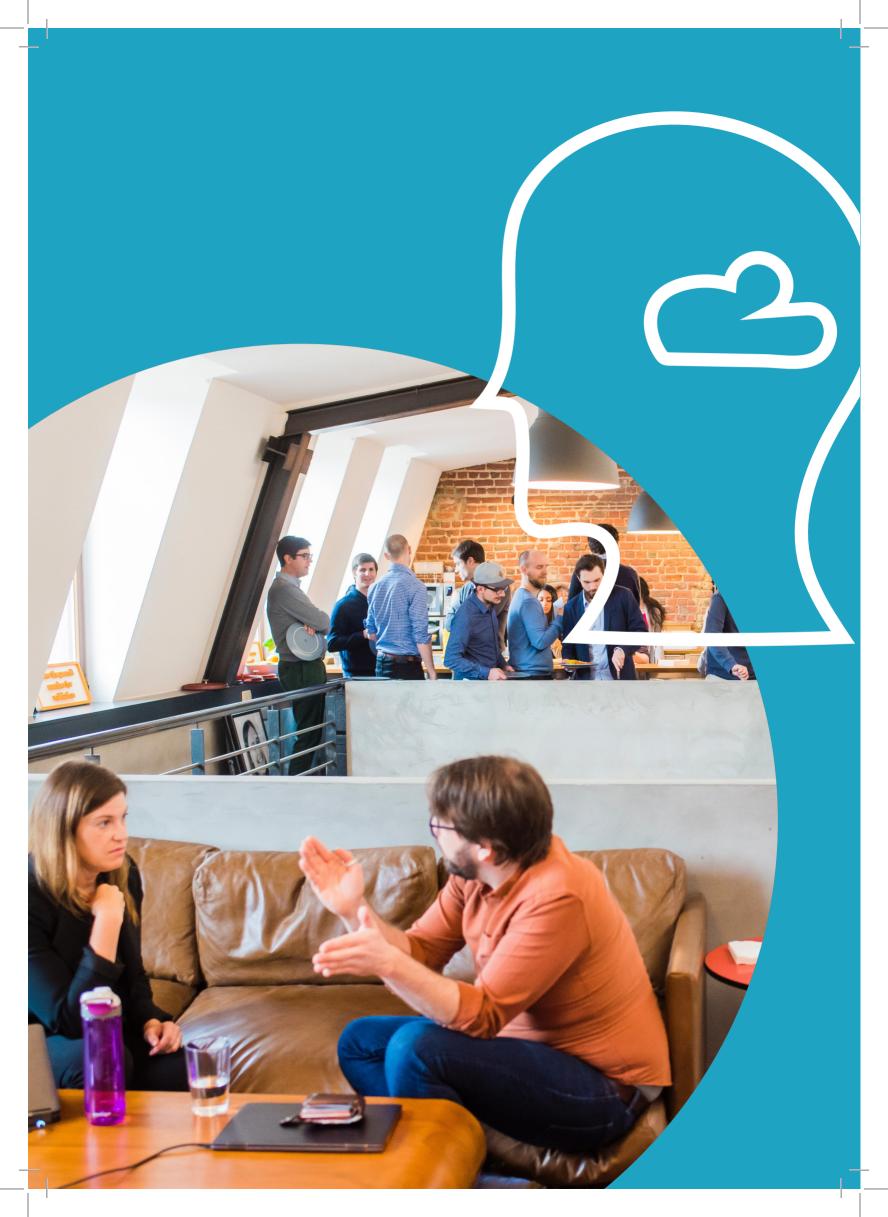
The Directorate also supports workplaces by providing **free informative material** on different health-related topics. These can be downloaded from the following link:

https://deputyprimeminister.gov.mt/en/health-promotion/ Pages/Library/publications.aspx

For further support contact HPDP on 2326 6000 or send HPDP an e-mail on health.pro@gov.mt.







1

MENTAL HEALTH AND WELLBEING AT THE WORKPLACE

1.1 BACKGROUND

Employment is a source of income and personal growth. However, stress at work is also a common trigger for mental illness³. Employers who promote a culture of mental health and wellbeing at the workplace will enjoy a better return on investment due to a lower turnover of employees, a reduction in sick leave, and better work satisfaction experienced by employees, among other benefits. Employees coming to work also carry a number of personal roles which impact their performance at the place of work. This means that the employee has to be seen holistically, and not solely from the 'technical' perspective of work by their employers.

According to the World Health Organisation (WHO), there is "no health without mental health". By definition mental health is "a state of wellbeing in which every individual:

- realises his or her own potential;
- can cope with the normal stresses of life;
- can work productively and fruitfully, and;
- is able to make a contribution to her or his community".

On the other hand, mental illnesses like depression, anxiety, and schizophrenia affect the way people think, feel, behave, or interact with others⁵. There are many different mental illnesses, and they have different symptoms that impact peoples' lives in different ways.

1.2 MENTAL HEALTH AND THE WORKPLACE

Mental health all too often remains a taboo subject. The prevalence of mental illness is on the rise and poses a significant public health challenge for the 21st century. It is estimated that at least one in two persons will be affected by a mental illness at some point in their lives³. The WHO also estimates that one in five people have experienced a mental health condition at the workplace. This may have a significant impact on employers and the economy in general. For example, depression is a leading cause of lost work productivity, sick leave, and premature retirement⁶. According to the 2014/15 European Health Interview Survey (EHIS), 5.3% of Maltese participants had experienced depression in the previous year. Depression was reported to be 1.5 times more common in women than in men. In Malta, depression was reported to occur less frequently across all age groups than the corresponding EU averages, except for persons between 55 and 64 years, where a higher rate was reported. The same survey reported that 7.9% of participants in Malta had suffered from anxiety at some point in their lives, with 6.2% reported having had the condition during the preceding 12 months. Around 4% of the population surveyed reported taking REDUCE WORKPLACE STRESS prescribed medicines for chronic anxiety. Persons with lower levels of education tend to suffer more from depression and anxiety⁷. Stress at work is defined by the WHO as the response people may have when presented with work demands and pressures that are not matched to their knowledge and abilities and which challenge their ability to cope⁸. This is very common at the workplace and is a major contributing factor for mental illness³.

Although there are no specific studies estimating the economic burden of mental health in Malta, extrapolations using the Organisation for Economic Co-operation and Development (OECD) estimates from other countries suggest that direct and indirect costs of mental ill-health can amount to 4% of the gross domestic product (GDP), with one fifth of persons of working age experiencing mild to moderate mental disorders⁹. Applying OECD estimates to Malta's GDP in 2017 indicates that the economic burden of mental ill-health in Malta could exceed €400 million annually¹⁰.

1.3 SIGNS OF MENTAL ILL-HEALTH AT THE WORKPLACE

- Absenteeism (missed workdays) or sick leave
- Presenteeism (reduced productivity at work)
- Poor performance
- Withdrawal from social contact
- Poor judgement or indecisiveness
- Constant fatigue
- Increased consumption of alcohol, tobacco, or caffeine
- Frequent emotional manifestation, such as being frequently irritable, anxious, tearful, or angry

1.4 MENTAL HEALTH PROMOTION

Mental health promotion (MHP) is the process of empowering people to increase control over their lives and improve their wellbeing. By improving self-esteem, coping skills, and social connectedness, people are empowered to interact with their environments in ways that enhance emotional wellbeing³.

Within the workplace, promoting mental wellbeing:

• Reduces stigma around mental illness. Stigma is when someone has a negative opinion of someone else because they have a distinguishing characteristic or personal trait that is thought to be, or actually is, a disadvantage¹¹. Stigma can lead to discrimination. The latter occurs for example when an

employee is treated less favourably by their employer, due to their mental illness, than other workers who do not suffer from a mental illness. This can be applied to promotion, allowances etc.

- Enables employers and employees to better understand and recognise the signs of common mental health conditions such as anxiety or depression among co-workers, empowering them to provide a supportive environment and direct employees in need to services as required. The earlier the symptoms of poor mental health are detected and appropriate treatment sought, the quicker people with mental health difficulties return to work.
- Helps to create a workplace environment which supports mental health.

The employer, the affected employees themselves, co-workers, and healthcare providers including occupational health services all play a key role in improving mental health at the workplace.

1.5 RECOMMENDATIONS FOR ACTIONS TO BE TAKEN BY EMPLOYERS TO IMPROVE MENTAL HEALTH AT WORK

RECOMMENDATION 1

Establish a **mental health policy** which can identify factors which contribute to stress at the workplace and indicate appropriate interventions which can be carried out to reduce such risks. **Psychosocial hazards** are among the problems that may be present at the workplace which increase stress levels¹². These should be identified by an appropriate stress risk assessment and mitigation measures should be instituted when specific work stressors are identified. A framework agreement is present, developed by the Occupational Health and Safety Authority (OHSA) and based on the European Framework Agreement on Work Related Stress – an agreement which is legally binding on the social partners across all of the EU for the control of work-related stress. In this agreement social partners signify their intent to continue raising awareness and understanding about the extent of the harm work-related stress causes on employees8. OHSA agrees to continue raising awareness on work-related stress and to provide help to businesses to try to control or eliminate work-related stress.

ESTABLISH A MENTAL HEALTH POLICY Some examples of psychosocial hazards include:

- **Job content**: monotonous and meaningless work; underuse of skills; mismatch between skills and job content.
- Workload and work pace: work overload or underload; continually being subjected to deadlines and a lot of work pressure.
- **Control**: low participation in decision making; lack of control over how to schedule one's work.
- **Environment and equipment**: lack of (or inadequate) equipment; poor environmental conditions such as lack of space, poor lighting, excessive noise, lack of cooling or heating systems.
- The policy should complement other workplace policies and promote a **culture of participation**, equality, and fairness that allows people to talk freely about their mental health.

RECOMMENDATION 2

Conduct an analysis of absenteeism or presenteeism for each employee and assess those work practices that are characterised by high staff turnover.



RECOMMENDATION 3

Ensure that human resources processes such as recruitment, training, and career progression are carried out in a transparent and fair manner to maintain staff motivation and trust and decrease the risk of anxiety. Such measures reduce the potential for stigma and the feeling of being 'left out' experienced by some employees¹³.

RECOMMENDATION 4

Implement family-friendly measures such as flexitime, telework, special permission to attend hospital appointments during work hours, and, if possible, the provision of convenient childcare services.

RECOMMENDATION 5

Ensure that vulnerable groups of employees, including part-time workers, shift workers, and migrant workers who are at greater risk of experiencing stress are given an equal opportunity to participate in mental wellbeing approaches at work¹³.

RECOMMENDATION 6

Implement a policy together with occupational health (OH) services for managing the return to work of an employee with a mental health problem. This must ensure that there is a sufficient level of awareness amongst all stakeholders of what is involved with mental health and illness, dealing with stigma, maintaining confidentiality, and making sure that there are sufficient options available for work adaptations so that the returnee can readapt to working life¹¹. Returning to work after mental illness can also be facilitated by the Employee Support Unit for Public Service Organisations.

RECOMMENDATION 7

Encourage employees to take regular breaks away from their desks and go out of the office for their lunch break¹⁴. Employees should

IMPLEMENT FLEXITIME ITELEWORK be encouraged to adopt health-enhancing behaviour including good sleeping habits so that they are well rested when coming to work.

RECOMMENDATION 8

Provide free or subsidised vouchers for counselling or psychological services. Encourage public service employees to make use of the Employee Support Programme (ESP) if they encounter mental health problems (ESP can be contacted on 2200 1210 or by email on esp.opm@gov.mt)¹⁵.

RECOMMENDATION 9

Ensure that the privacy of the individual requiring psychological support because of mental health problems is upheld at all times, even if this means that individuals attend sessions outside the place of work.



EMPLOYEES SUPPORT UNIT (ESP)

RECOMMENDATION 10

Use different platforms to raise awareness on the importance of mental health and wellbeing and on mental health issues¹⁴.

RECOMMENDATION 11

Host seminars or workshops that address common mental health problems, such as depression, and stress management techniques such as mindfulness, breathing exercises, and meditation to help employees reduce stress and anxiety and improve focus and motivation to work.

RECOMMENDATION 12

Employers should encourage managers and employees to attend a Mental Health First Aid Course to learn how to recognise the signs and symptoms of stress and depression among their colleagues and encourage them to seek help from qualified mental health professionals. Locally, these are organised by the Richmond Foundation, a non-governmental organisation (NGO) with extensive experience in providing mental health training at the workplace. Employee mental health services provided by the Foundation can be accessed on www.richmond.org.mt.



RECOMMENDATION 13

For Mental Health Day, celebrated annually on the 10th October, organise activities such as a 'Tea and Talk' session where employees can talk about what mental health means to them and discuss what the company can do about it¹⁴.

RECOMMENDATION 14

Reduce employees' stress by not pressuring them to work overtime or after official work hours. The employees should also have a right to disconnect digitally after work hours without being subject to negative repercussions¹⁶. For a summary of actions for employers to promote mental health in the workplace see Figure 1.

1.6 HOW SHOULD AN EMPLOYER APPROACH AN EMPLOYEE WHO IS IN DISTRESS?

Ways of approaching the employee who is in distress could be the following:

- Prior to meeting the person in distress, familiarise yourself with any services or support that your organisation has to offer. For example, if the person is a public service employee and has a personal or work-related problem, you can direct them to the counselling services offered by the Employee Support Unit within the People and Standards Division. For non-public organisations, similar community services like Richmond Foundation exist, as outlined in the resources section for mental health.
- Use your skills as a manager to make the person feel secure and comfortable during the meeting, thereby reducing stress.
- Highlight the person's assets and contributions made to the company before raising issues of concern.
- When tackling performance issues, be truthful and show a caring approach¹⁸.

Employers should not inquire into an employee's personal life, attempt to diagnose illness, or act as a counsellor when they encounter an employee who shows signs of mental ill-health. Also, both covering up for the employee and making disciplinary threats can lead to unnecessary delays in the employee receiving treatment and hence are not recommended⁹.

'TEA AND TALK' SESSION

ACTIONS FOR EMPLOYERS FOR GOOD MENTAL HEALTH IN THE WORKPLACE





- Be visible to employees
- Have a senior mental health champion
- Engage and consult employees about the approach



2. Build your approach

- Assess employee needs
- Update policies, make plans to improve, and take action
- Co-produce a plan with employees



3. Create a positive culture

- Support and value employees
- Promote healthy behaviour at work
- Reduce stress linked to work
- Review (and redesign if necessary) job roles
- Support social activities
- Communicate about wellbeing



4. Provide support and training

- Share information freely
- Recognise importance of managers
- Provide manager training



5. Manage mental health

- Proactively tackle the stigma
- Openly discuss mental health
- Support employees with reducing stress
- Signpost all information



6. Provide the right support

- Train managers to be confident with sensitive conversations
- Be ready to make reasonable adjustments
- Provide a confidential support service



7. Help people to recover

- Support employees back to work following periods of long absence
- Make adjustments



8. Go further

- Regularly evaluate your approach
- Share best practice with other employers

Figure 1. Actions for employers for good mental health in the workplace¹⁷

1.7 BUILDING RESILIENCE IN THE WORKPLACE

BACKGROUND

Workplaces have become increasingly demanding over the years. More is being expected of employees in their working day and employees are faced with significant challenges, deadlines, organisational change, and stress throughout their working life. That is where the concept of workplace resilience comes into play.

Resilience is the process of adjusting well when faced with adversity, trauma, tragedy, threats, and significant stress arising from familial problems, serious health issues, and workplace or financial difficulties. Besides 'bouncing forward' from difficult experiences, resilience brings about magnificent personal growth.

Though some individuals are naturally more resilient than others, resilience isn't necessarily a personality trait that belongs only to just some people. Rather, resilience is an active, dynamic, and life-long journey. It can be compared to a muscle that can grow if stimulated and involves behaviours, thoughts, and actions that anyone can learn and develop¹⁹.

1.8 TRAITS OF RESILIENT EMPLOYEES:

- They build strong relationships with others based on effective communication and active listening of their peers.
- They are **team players**.
- They build **support** networks in and outside of the workplace and seek help and support when they are faced with a challenge.
- They consistently **build trust** with others and enhance networks.
- They actively **engage in self-care** and look after themselves after a stressful incident and avoid 'burnout'²².

1.9 HOW CAN EMPLOYEES BUILD RESILIENCE AT WORK?

RECOMMENDATION 1

Encourage movement or detachment breaks

Regular short breaks can promote energy, mental clarity, creativity, and focus. It pays off long term as in this way burnout is prevented.



RECOMMENDATION 2

Create relaxation spaces at the workplace

Introducing a quiet space in the workplace dedicated for relaxation where digital equipment like laptops and telephones is not allowed is beneficial for restoring mental health. This space can be equipped with soft lighting and relaxing music and light exercise equipment. This space could enable meditation and light physical activity²¹.

RECOMMENDATION 3

Cultivate compassion

Compassion for oneself and compassion for others is one of the most forgotten aspects of the resilience skill set. Compassion increases positive emotions, creates positive work relationships, and increases team spirit. It increases happiness and wellbeing and decreases stress. Individual, team, and organisational success relies on a compassionate work culture.

RECOMMENDATION 4

Develop mental agility

Encourage employees to develop their mental agility. That is the ability to be flexible in one's thinking. It involves processing the experience of stress in order to **respond** to, rather than **react** to any difficult situation or person. It is the ability to be comfortable with complex matters, examine situations carefully, make useful connections between different things, as well as help others understand in simple language. Examples of how one can improve mental agility include putting together a jigsaw puzzle or playing cards such as solitaire or poker.

1.10 EMPLOYER RECOMMENDATIONS FOR HAVING A MORE RESILIENT WORKFORCE

RECOMMENDATION 1

Provide resilience coaching and mentoring by hiring qualified resilience facilitators.

When considering training and design consider the following topics²²:

- Overcoming Interpersonal Challenges
- Managing Emotions
- Guarding Against Burnout
- Coping with Work-Related Stress
- Improving Sleep Habits
- · Remaining Calm
- Dealing with Difficult People
- Improving Communication Skills
- Taking on New Challenges
- Improving Physical Health



RECOMMENDATION 2

Understand Your Employees

Resilient employees make resilient organisations. People who are supported, motivated, and empowered are able to overcome obstacles and distractions better. Learn more about what work-related stressors impact employees the most. Consider asking employees to complete surveys which include stress- and resilience-related questions. Once you have the data and know the impact of stress and other factors, you can develop a plan for building resilience and a healthy work culture²².

RECOMMENDATION 3

Engaged Leadership

A resilient workplace requires leadership to be involved so that employees are more likely to participate in resilience programmes. Leadership is key in establishing priorities, setting goals, and allocating resources to strengthen workplace resilience²².

RECOMMENDATION 4

Create A Resilient Culture and Teams

Promote an open and trusting management style and train

managers to understand the importance of supporting the mental wellbeing of staff. This requires regular and effective communication. This should be based on principles of empowerment, purpose, trust, and accountability²².

RECOMMENDATION 5

Improve the Work Environment

Whether your work environment has physical offices or virtual locations, being flexible when possible is important. To improve the work environment, consider the following¹⁶:

- **Allow autonomy** whenever possible, and let individuals do their jobs.
- **Be appreciative of and reward good work.** Appreciating the good work done shows employees that their work is valued and essential. Furthermore, it helps to build a work environment that is positive, motivating, and engaging.
- Provide access to services and support when needed to maintain good physical and mental health. Sometimes employees require access to a specialist for physical or mental health conditions. Make sure employees are informed about how to access care and that care is available for those who need it. Provide information on resources often.
- **Allow flexible schedules.** Employers can improve the environment by allowing for flexible work schedules and reducing the need for late workdays. If shift work is required, employers should be accommodating in offering adjustable shift rotations whenever possible so that employees stay rested.
- **Be reasonable about work expectations.** Organisations should be vigilant about their policies on work expectations and hours. The drive to succeed that can result in pushing personnel to increase workloads can backfire and undermine productivity and results.

For more information on building your resilience a leaflet can be obtained by contacting the Health Promotion and Disease Prevention Directorate on telephone number 2326 6000 or by email on health.pro@gov.mt.

1.11 USEFUL RESOURCES FOR MENTAL HEALTH

RICHMOND FOUNDATION

The Foundation runs self-help groups in Malta and in Gozo as well as a family support group. The Richmond Foundation delivers mental health first aid training to organisations and the general public. It also provides support services by mental health professionals.

telephone: 2148 2336, 2144 0324, 2122 4580

website: www.richmond.org.mt

address: 424, Triq il-Kbira San Guzepp, Santa Venera

email: info@richmond.org.mt

EMPLOYEE SUPPORT SERVICES

Employee Support Programme (ESP) caters for Public Service employees.

telephone: 2200 1210
website: www.esp.gov.mt.
email: esp.opm@gov.mt

HEALTH PROMOTION AND DISEASE PREVENTION DIRECTORATE

Offers a programme on building resilience in the general population (Further information is available in the introduction section of this document entitled – Free Health Services provided by the Directorate).

telephone: 2326 6000

website: www.health.gov.mt
email: health.pro@gov.mt

OFFICE OF THE COMMISSIONER FOR MENTAL HEALTH

The Commissioner promotes and safeguards the rights of persons suffering from a mental disorder, and that of their carers.

telephone: 2592 4304

website: www.health.gov.mt

email: mentalhealthcommissioner.mfh@gov.mt

MENTAL HEALTH SERVICES MALTA

Mental health care is provided from several health centres, including Cospicua, Floriana, Gżira, Mosta, Mtarfa, Paola, and Qormi. If one is suffering from a mental health problem one should start by visiting the nearest health centre or a family doctor, so that one is referred to the mental health services. These are provided free of charge and may include referral to other specialists in the field, including mental health care nurses, care workers, social workers, psychologists, and psychiatrists, depending on the individual situation. It is recommended that one calls the respective clinic for an appointment. For further information one can access the following link: https://deputyprimeminister.gov.mt/en/phc/Pages/Services/Mental-Health-Services/Mental-Health-Services/Mental-Health-Services/Mental-Health-Services.aspx

COMMUNITY MENTAL HEALTH SERVICES

Provides services to people suffering from mental health problems to enable them to carry on with their lives within their home environment.

telephone: 2330 4236 (Community Outreach Team)

website: www.mentalhealthservices.gov.mt

address: Outreach Team, Mount Carmel Hospital, Notabile Road,

Attard

SECONDARY (HOSPITAL-BASED) CARE SERVICES

MOUNT CARMEL HOSPITAL

telephone: 2141 5183

PSYCHIATRIC INPATIENT UNIT (MATER DEI HOSPITAL)

telephone: 2545 6920/1

PSYCHIATRIC OUTPATIENTS UNIT (MATER DEI HOSPITAL)

telephone: 2545 6930/1 or 2545 5222

CRISIS INTERVENTION SERVICE

telephone: 2545 3950



ACCIDENT AND EMERGENCY DEPARTMENT MATER DEI HOSPITAL

Offers support in various crisis situations related to mental health. The team follows patients for a maximum of three weeks, with the aim of reducing harm to the patient or others, reducing the number of admissions to Mount Carmel hospital, as well as making admission a less traumatic experience.

telephone: 2545 4030

GOZO GENERAL HOSPITAL

telephone: 2156 1600



SUPPORT AND EDUCATION SERVICES

FONDAZZJONI SURET IL-BNIEDEM

It offers temporary residential care to persons with mental health difficulties.

telephone: 2123 2330

website: https://www.facebook.com/fsib99/

email: info@suretilbniedem.org

HEARING VOICES MALTA

This is a network that facilitates self-help support for people who hear voices.

website: https://www.facebook.com/hearingvoicesmalta/about/

email: hearingvoicesmalta@gmail.com

KELLIMNI.COM

Provides free, anonymous, confidential support to children and adolescents.

website: www.kellimni.com

OLLI CHAT - RICHMOND FOUNDATION

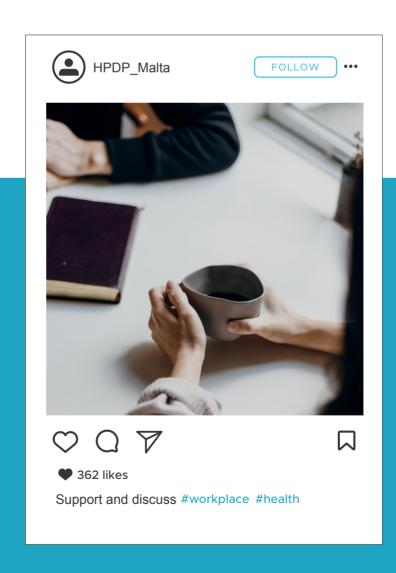
24/7 Online chat that offers emotional support

website: www.olli.chat



1.12 CONCLUSION

This chapter equips employers and management with the necessary tools and information with which they can help or to which they can refer employees who are suffering from mental ill-health at work. Simple measures like reducing stigma around mental illness, optimising the organisation of work and working hours, such as by introducing family-friendly measures like flexitime and telework, and the provision of convenient childcare services, all help in achieving a better work-life balance. Enhanced stress management and the introduction of simple programmes to promote wellbeing in the workplace, such as programmes to help build resilience among employees, have also been shown to contribute to improved occupational mental health and wellbeing. Initiatives such as the Employee Support Programme for public service employees and the provision of training in Mental Health First Aid to employers and employees by Richmond Foundation are recommendable and need to be sustained.





2

HEALTHY EATING AT THE WORKPLACE

2.1 BACKGROUND

Foods and drinks high in saturated fat, sugar, and salt (HFSS) are usually served from vending machines, canteens, and during seminars and events organised by the workplace. These may include soft drinks, energy drinks, juices or squashes, crisps, chocolates, sweets etc. Regular consumption of unhealthy food and sugarsweetened beverages lead to the development of chronic diseases such as dental decay, obesity, heart disease, and type 2 diabetes. Making small changes to the work food environment, such as by removing access to HFSS food and offering healthier food alternatives, provides an opportunity for workplaces to 'nudge' or positively influence employees' eating habits and improve their health. Enabling a healthy eating environment by providing healthier options at the workplace is essential. The introduction of healthier options can be gradual, depending on the nature of the workplace, the vending machine contract, the relationship with your supplier, and your workers' interest to try new products²³. For food procurement guidance, one can also refer to a document entitled 'Public Procurement of Food for Health - Technical Report on the School Setting' which was compiled together with other European members during the 2017 Maltese Presidency whereby school food standards and procurement processes were established. These can be adapted to be used by any other public or private food purchasers (e.g. hospitals, retirement homes, prisons, canteens of ministries and public companies, defence forces, catering for events)²⁴.

2.2 ACTIONS AND IDEAS FOR EMPLOYERS TO PROVIDE HEALTHIER FOOD AND BEVERAGE OPTIONS IN WORKPLACES

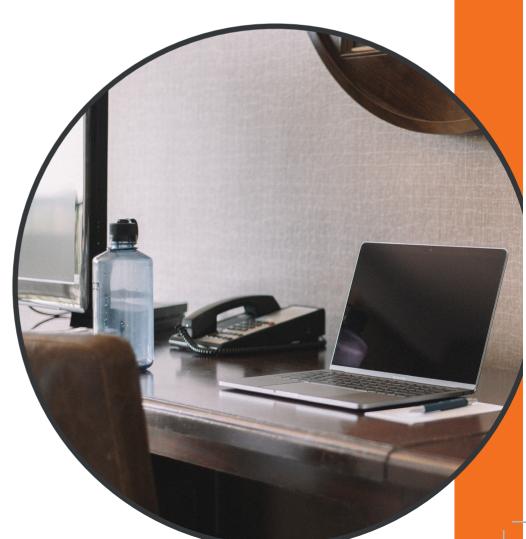
- Carrying out a situation analysis to establish the procurement, distribution, visibility, and consumption of products at food outlets in the workplace. The assessment should also take into account any confectionery and sweet items brought to work for birthdays, after travelling abroad, and other occasions. Consider celebrating birthdays once a month instead of on each individual day.
- Ensuring that the needs of every individual at the workplace are catered for by providing vegetarian and/or vegan options, as well as catering for coeliac or lactose-intolerant individuals and pregnant women.
- Ensuring that a small kitchenette having a fridge and microwave is available so that employees are able to get nutritious food from home, store it, and warm it up.

MAKE
HEALTHIER
FOOD
ALTERNATIVES
AVAILABLE AT
WORK

- Availability of free fresh fruits and vegetables as snacks.
- Availability of water fountains or dispensers.
- Adopting **sustainable practices** are also recommended:
 - i. Avoiding single-use plastics. Employers might wish to provide employees with a set of stainless steel cutlery to be used at the workplace.
 - ii. Offering food that is seasonal, fresh, locally or sustainably sourced and labelled accordingly.
 - iii. Procuring fish options from responsibly managed and sustainable fisheries.

2.3 FOOD AND BEVERAGE STANDARDS

The **Nutrient-Based Guidelines for Food and Drink**²⁵ as per Figure 2 serve as a guidance to show the acceptable nutrient levels per 100g for food and beverage items. The traffic light colour coding system is used to simplify our choice for healthier food and beverage options. These guidelines are based on the Mediterranean diet, which benefit the working age population i.e. from 19 years to 65 years. Food intended for consumers should contain no more than 2g of industrially produced trans fats per 100g of fat. Ideally food served should not contain any trans fats. Flavourings and colourings should be avoided, while enhancers (e.g. monosodium glutamate - MSG) should not be allowed.



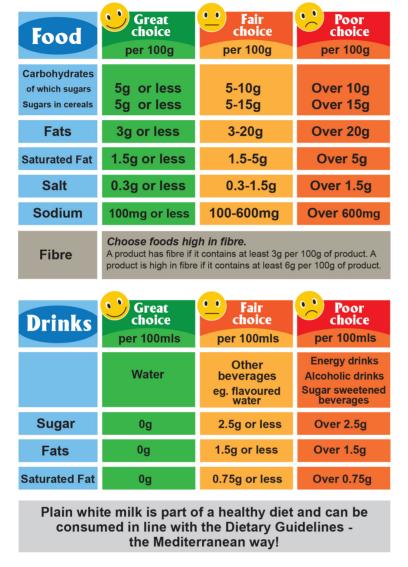


Figure 2. Nutrient-based guidelines for food and drink using traffic light colour coding system

2.4 RECOMMENDATIONS FOR ACTIONS TO BE TAKEN BY EMPLOYERS TO IMPROVE FOOD AND BEVERAGE SUPPLY IN VENDING MACHINES

RECOMMENDATION 1

WORKING WITH YOUR VENDING MACHINE SUPPLIER/S

STEPS TO FOLLOW PRIOR TO VENDING MACHINE OVERHAUL:

1. Decide whether to adopt a phased approach

All food and drinks for sale inside a vending machine should meet the nutrition standards for food and drinks. If it is not possible to achieve this at one go, a stepped approach can be implemented. For example:

- 50% of items need to meet standards within a year
- 75% of all items should meet standards within two years
- 100% of all items to meet standards within three years

2. Liaise with the vending machine supplier/s

If the contract is still in its initial stages, it is still worth informing your supplier/s about your intentions of selling healthy food and beverage options from the vending machine once the contract is up for renewal in the future²³.

3. Negotiate

Negotiate the vending machine/canteen contract, looking at issues such as content, product placement (making healthier options more visible and more clearly labelled). If the overhaul is carried out in stages, different food items can be categorised in a database using the **traffic light system**²³.

TRAFFIC LIGHT SYSTEM

Green: products which have a greater nutrient value and are low in saturated fat, added fat, added sugar, and salt. Examples include fruits and vegetables and low-fat dairy products.

Amber: products have some nutritional value but contain a moderate amount of saturated fat, added fat, added sugar, and salt. Examples include low-sugar drinks, full-fat dairy products, and a variety of white bread sandwiches.

Red: products with limited nutritional value that are energy-dense and possibly high in saturated fat, sugar, and salt. Examples include sugar-sweetened drinks, chocolate bars, deep fried foods, crisps, and biscuits.

RECOMMENDATION 2

MAKING HEALTHY FOOD CHOICES A REALITY

Healthier vending machine ideas

Improving the food and drinks on offer in the vending machine/s at your workplace is not difficult. Here are some ideas²³:

1. Reduce pack sizes on offer

This helps to send a clear message about recommended portion sizes of 'red' category products such as crisps and chocolate bars. Savoury snacks should be made available in pack sizes of 30g or less.

2. Put healthier options in at least one tray in the vending machine

If the vending machine is not revamped at once, introduce healthier options gradually. Another option could be to ensure there is always a 'healthier' version of an 'unhealthy' item. For example, for every full-sugar soft drink, include a sugar-free option and water.

3. Negotiate a sampling period for new products

Establish a sampling period to encourage workers to try the new products available. Ask employees to give feedback on the healthy food sampled and enable the vending machine to be stocked with items that employees prefer. Initially, procure new products in small quantities to evaluate their popularity.

4. Price healthier options competitively

A study carried out in 2015 found evidence that greater availability and cheaper prices are factors associated with greater purchases of healthier items²⁶. One can also explore selling healthier products at a good price, using profits from less healthy products to make them more competitive.

5. Product placement (promote the healthier items)

Healthier options should be placed closer to eye-level than less healthy ones, and clearly labelled with a sticker saying 'new' or 'healthy option'. Staff should be encouraged to try healthy options. Once the vending machine consists of only healthier items, consider placing it in a location with high visibility which is frequented often. If you have shift workers at your workplace, encourage consumption by providing 'vouchers' for healthy food for night shift workers.

Healthy snack examples

- Fresh fruit
- Dehydrated vegetable crisps with no added salt, sugar, and oils.
- Dehydrated fruit with no added sugars and oils





- Baked potato chips which are low in salt
- · Wholemeal crackers with no added salt
- Bean (bigilla) or hummus dip low in added oil and salt
- Fat-free or low-fat plain yoghurt with no added sugars
- Low-fat and low-sodium cottage cheese
- 100% fruit sorbet with no added sugars
- Air-popped or low-fat popcorn with no added salt and oils
- Wholegrain pita chips with no added salt and oils

Healthy meal examples

- Wholemeal sandwich with ricotta, lettuce and tomato
- A wide variety of soups prepared from scratch from fresh ingredients (hot and cold)
- Spinach and grilled chicken salad with shredded carrot and vinaigrette prepared using some olive oil, lemon, and mustard
- Tuna salad with wholegrain crackers
- Quinoa and chicken salad with red bell pepper
- Chicken/tuna wrap with salad.



2.5 IMPROVING THE FOOD AND BEVERAGE SUPPLY IN WORKPLACE CANTEENS

CANTEEN GUIDELINES

Table 1 is a useful checklist for food and beverage options to be offered in workplace canteens²⁷. The portion sizes mentioned in the table below for the different foods are explained in Figure 3 - Portion sizes.

Variety and seasonality	
Seasonal produce	Local, fresh, and in season produce should always be the preferred option.
Nutrition	
	Vegetables and boiled starchy foods such as rice, pasta, and potatoes are cooked without salt.
D 1 1 1	Do not place saltshakers on canteen tables.
Reducing salt	Foods should preferably be flavoured using herbs and spices instead of salt or stock cubes.
	At least half of the volume of desserts available should be fruit-based, which can be fresh or frozen.
Increasing fruit and vegetable	A portion of fruit should be priced to be cheaper than a portion of a dessert high in sugar and fat.
consumption	Meal deals should include one portion of wholegrain carbohydrate, one portion of protein, two portions of vegetables, and one portion of fruit as dessert.
Reducing saturated fat and trans fats	Only lean cuts of meat and meat products should be served, and visible fat should be trimmed before cooking. When offered, biscuits, cakes, and pastries must be low in total fat and saturated fat.
Cereals	Breakfast cereals on offer should be high in fibre (i.e. more than 6g/100g) and should not exceed 15g/100g total sugars. Porridge oats and bran biscuits must always be available.

Fish	If caterers serve lunch and an evening meal, fish should ideally be provided twice a week, a portion of which should be oily fish (e.g. salmon, fresh tuna, mackerels, sardines). If caterers only serve lunch or an evening meal, an oily fish should be available at least every week.	
Snacks	Savoury snacks should only be available in pack sizes of 30g or less. Options may include: Nuts and seeds, not fried, without added salt or sugars Roasted/dried beans and roasted chickpeas, without added salt or sugars Plain, air-popped popcorn without added butter, salt, or sugar Rice cakes low in fat, salt and added sugars	
Confectionery	If offered at all, confectionery and packets of sweet snacks should be in the smallest single-serve portion size available on the market and should not exceed 250kcal per packet.	
Water	Should be visible and freely available and such provision promoted.	
Examples of healthy beverages	 Water. Fresh white milk and fresh lactose-free milk containing not more than 2.5% total fats. A serving of 250ml. Fresh skimmed milk containing not more than 0.3% total fats. A serving of 250ml. Unsweetened fortified oat, rice, barley, soya, almond milk drinks. A serving of 250ml. Hot beverages e.g. tea, herbal teas, coffee, hot unsweetened cocoa drink. A serving of 250ml with 15ml milk. 	

Table 1 continued. Checklist of food and beverages to be offered in workplace canteens

PORTION SIZES

Portion sizes offered should be adequate to prevent eating beyond the recommended portions. Figure 3 shows what is meant by a portion from the different food groups that needs to be consumed daily.



Figure 3. Portion sizes

2.6 IMPROVING THE FOOD AND BEVERAGE SUPPLY OFFERED AT MEETINGS, SEMINARS & CATERED EVENTS

Not all meetings require food. It is therefore important to assess the duration of the meeting and the number of people attending before deciding whether to provide food during a meeting. If food is provided, ensure that healthy foods and beverages are made available during meetings and gatherings²⁸.

EXAMPLES OF HEALTHY FOOD CHOICES AT BREAKFASTS, LUNCHES, DINNERS, AND RECEPTIONS

- Food choices that are lower in fat, sugar, salt, and calories.
- Avoid saltshakers or salt sachets. Offer pepper sachets or vinegar.
- Select foods with healthy sources of unsaturated fats such as olive oil, fish, avocado, unsalted nuts, and seeds. Limit saturated fats, which are typically found in fatty meat, butter, palm oil, and coconut oil. Avoid trans fats as much as possible (not more than 2g/100g of trans fats).
- Offer adequate portions of foods; refrain from offering excessively large portion sizes.
- Use lean cuts of meats (i.e. 90% lean meat).
- Added fats such as dressings or condiments should be served on the side, rather than mixed in with the food.
- Use healthy methods of cooking such as baking, grilling, or steaming which are preferred over frying or sautéing.
- Include plant-based sources of protein such as legumes and pulses (lentils, chickpeas), tofu, unsalted seeds, and nuts.
- Tomato-based sauces should be used instead of cream, butter, or cheese sauces.
- Include wholegrains and wholegrain breads.
- Use a homemade legume-based dip as a spread instead of butter or margarine.
- Choose lower fat and calorie desserts such as cut-up fresh fruit and offer these with low-fat fruit yoghurt, low-fat ice cream, or frozen low-fat yoghurt and sorbet.
- Fruits and vegetables should be included as starters, side dishes, desserts, and snacks.
- Seasonal and local fruit and vegetables should be given preference.

DRINK WATER

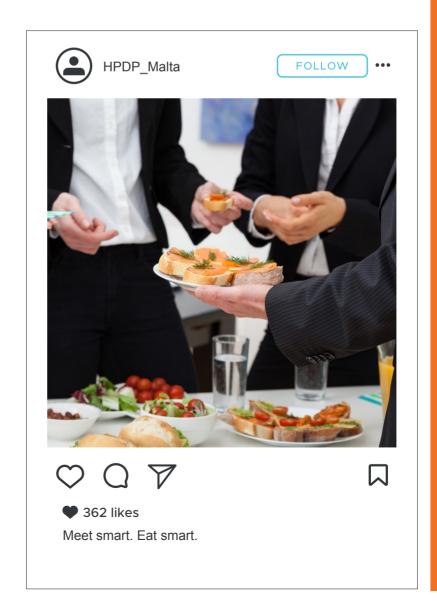
- Wholegrain cereal products such as couscous and rice.
- Avoid dried fruit and fruit juices these are often high in sugar and fruit juices contain negligible fibre.

1. Should you offer food at mid-morning or mid-afternoon meetings, presentations, and seminars?

Food need not be used to encourage people to attend work-related events and can be omitted during mid-morning and mid-afternoon breaks. Consider offering only healthy drinks. If it is decided to provide food, offer only fresh fruits, vegetables, and/or other healthy foods.

2. Beverages - what to offer?

- Make water available throughout the whole meeting. The flavour of water can be enhanced by adding freshly cut fruits/vegetables such as lemons, oranges, and cucumber, and adding fresh herbs such as mint or basil.
- Low-fat, fat-free milk or dairy-free milk alternatives.
- Coffee and tea (regular, decaffeinated, and/or herbal teas) hot or cold.



2.7 HEALTHY ALTERNATIVES WHEN ORDERING FOOD AND BEVERAGES FOR MEETINGS / SEMINARS

 $\label{thm:condition} Table~2~shows~healthy~food~swaps~for~breakfast, lunch, dinner, finger~foods~and~snacks.$

BREAKFAST

Choose this	Instead of
Low-fat or fat-free milk and yoghurts	Full-fat milk and yoghurts
Wholegrain bread	White bread
Low-fat and low-sugar wholegrain cereals such as oats or unsweetened wheat/oat biscuits	Pastries (croissants, doughnuts)
Whole fruits	Juices or nectars

LUNCH/DINNER

Choose this	Instead of
Salad with dressing on the side	Salad with dressing mixed in
Olive oil, lemon juice, and vinegar-based dressing	Creamy salad dressing
Soups made with low-fat milk or homemade broth	Soups made with heavy cream or high-fat cheeses
Wholegrain pasta with light vinaigrette	Pasta salad with mayonnaise, heavy cream or high-fat cheeses
Lean meats, poultry without skin, fish, and tofu	High-fat and fried meats, processed meats, sliced deli meats, poultry with skin, fried and breaded fish, deep fried tofu
Vegetable platter with hummus or guacamole low in salt	Bread rolls with butter
Fresh fruit and frozen low-fat yoghurts	Ice cream, cheesecake, cakes, pastries, cookies, and brownies

FINGER FOODS

Choose this	Instead of
Sliced raw vegetables with hummus, bean dip, or guacamole	Cheese platters or crackers with butter
Fresh cut fruit	Fruit tarts, pies
Grilled chicken skewers	Fried chicken
Mini pizza slices made from wholemeal crust with healthy condiments such as tomato sauce, partly skimmed mozzarella, and vegetables	Regular pizza with a thick crust and a heavy layer of high-fat cheese and toppings such as sausage, ham, or pepperoni
Air-popped popcorn flavoured with some olive oil and paprika	Crisps



SNACKS

Choose this	Instead of
Seasonal and preferably local fruit	Cookies
Vegetable platter	Chips (deep fried)
Unsalted nuts and fruit	Unhealthy savouries

Table 2. Healthy swaps

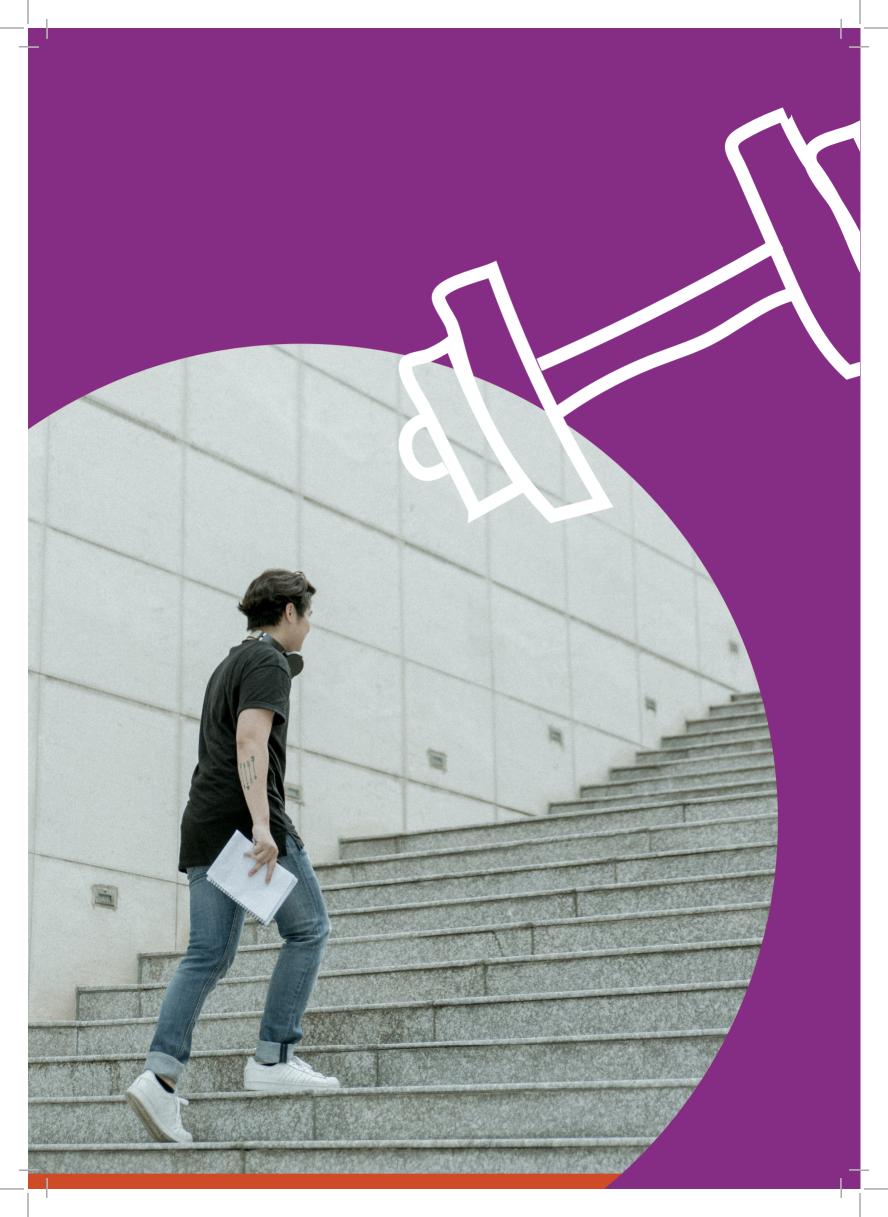
Employees requiring individual nutritional support are advised to contact the Nutrition Helpline on 8007 3307.

2.8 CONCLUSION

When a workplace can help employees to make wise food choices as part of a workplace health programme, it can influence the person's long term health and wellness. Employers are encouraged to promote healthier food and beverage options for their employees. This can be done by removing or gradually reducing access to food or beverages that are high in fat, sugar, or salt served at canteens, vending machines, and during seminars or conferences organised by the workplace. It is recommended that workplaces offer healthier food alternatives which provide an opportunity to 'nudge' or positively influence employees' eating habits and improve their health. Reducing the pack sizes on offer, placing healthier options in more prominent areas, and pricing healthier options competitively will help employees positively change their eating habits. Examples of healthier food options and ideas of food swaps have been included above. Employers are also encouraged to offer free healthy snacks such as fruits, and it is recommended to make drinking water available at all times. The Health Promotion and Disease Prevention Directorate offers free educational sessions by state-registered nutritionists on diverse topics related to healthy eating. It can also offer help in restructuring of workplace canteens and can also help employees who are overweight or obese to attend our free weight management programme. A nutritional helpline 8007 3307 is also available for free personalised nutritional advice.









3

PROMOTING
PHYSICAL ACTIVITY
AND REDUCING
SEDENTARY TIME AT
THE WORKPLACE

3.1 BACKGROUND

Health benefits for both employees and the organisation can be obtained by offering opportunities for increased physical activity and reduced sedentary time.

The World Health Organisation defines physical activity as any bodily movement produced by skeletal muscles that requires the use of energy. The terms 'physical activity' and 'exercise' are not interchangeable. Exercise is planned, structured, repetitive, and the main purpose of it is the improvement or maintenance of one or more components of physical fitness. Physical activity on the other hand includes exercise as well as activities which involve physical movement and are done as part of everyday life, like playing, working, active transportation, house duties, and recreational activities²⁹.

Physical inactivity (i.e. the lack of physical activity) has been identified as the fourth leading risk factor for global mortality (~6% of deaths globally). It is estimated to be the main cause of approximately 21–25% of breast and colon cancers, 27% of diabetes, and approximately 30% of heart disease³⁰. Concurrently, research indicates that sedentary behaviour (the time spent sitting) is also a risk factor for ill-health, and this is independent of participation in physical activity. Based on the current evidence, reducing total sedentary time and breaking up extended periods of sitting is strongly recommended.

Regular and adequate levels of physical activity in adults reduce the risk of many chronic non-communicable diseases such as hypertension, heart disease, stroke, diabetes, breast cancer, colon cancer, and depression. It also reduces the risk of falls and improves bone and general health³⁰.

There is strong evidence suggesting that interventions that combine information, advice, and counselling together with organised opportunities to take part in activities have the best outcomes. The most successful examples of workplace physical activity interventions are those which allow physical activity to be embedded in the company's culture and daily practices. Managers should emphasise the importance of physical activity and provide different opportunities according to the needs of their employees³¹.

LOCAL SITUATION ANALYSIS

WHO Global Health Observatory (GHO) estimates from 2018 reveal that only 36% of Maltese adults aged between 18 years and 64 years met the recommended physical activity levels for health. Males (38%) are more active than their female counterparts (34%), and older people tended to be less physically active than younger people³².

MAKE PHYSICAL ACTIVITY PART OF THE COMPANY'S CULTURE

3.2 DIFFERENT INTENSITIES OF PHYSICAL ACTIVITY

MODERATE-INTENSITY PHYSICAL ACTIVITY

Requires a moderate amount of effort and noticeably accelerates one's heart rate³³.

VIGOROUS-INTENSITY PHYSICAL ACTIVITY

Requires a large amount of effort and causes rapid breathing and a substantial increase in heart rate³³.

Some examples of moderate, vigorous, and muscle-strengthening activities³⁴ are outlined below (Table 3):

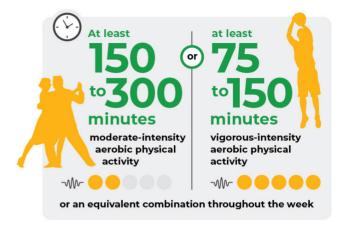
Type of activity	Examples
Moderate intensity	Brisk walking, bike riding, dancing, swimming
Vigorous intensity	Running, playing sport, taking part in aerobic exercise classes, using cardiovascular gym equipment
Muscle strengthening	Weight training, working with resistance bands, carrying heavy loads, heavy gardening, push-ups, sit-ups

Table 3. Examples of different types of physical activity classified by intensity



Weekly recommended targets for aerobic and muscle strengthening for the working age population are described in Figure 4.

> Adults should do at least 150–300 minutes of moderate-intensity aerobic physical activity; or at least 75–150 minutes of vigorous-intensity aerobic physical activity; or an equivalent combination of moderate- and vigorous-intensity activity throughout the week, for substantial health benefits.





> Adults should also do musclestrengthening activities at moderate or greater intensity that involve all major muscle groups on 2 or more days a week, as these provide additional health benefits.



Figure 4. Global recommendations on physical activity for health in adults aged 18-64 years³⁵

3.3 RECOMMENDATIONS FOR ACTIONS TO BE TAKEN BY EMPLOYERS TO PROMOTE PHYSICAL ACTIVITY AND REDUCE SEDENTARY TIME AT THE WORKPLACE

RECOMMENDATION 1

PROMOTE A WORK CULTURE THAT IS SUPPORTIVE OF PHYSICAL ACTIVITY AND REDUCED SEDENTARY TIME - PHYSICAL ACTIVITY POLICY

A written **policy**³⁶ should be implemented so as to:

- Create an environment where physical activity is encouraged and supported.
- Demonstrate the importance workplaces give to physical activity and lifestyles.
- Educate employees about the importance of physical activity.

 Change social/cultural habits (i.e. discourage sitting for eight hours a day).

Refer to Figure 5

The policy should³⁷:

- Encompass all employees, ensuring equality in the workplace, since not all employees may be able to participate in all the activities on offer. For example, shift workers or people with disabilities should not be excluded from some activities. It is important to implement plans that give everyone an equal chance to improve their physical activity levels at work.
- Allow time for physical activity (e.g. 'no meetings at lunch time' policy, flexi-time).
- Formally recognise participation in physical activity programmes.
- Promote active transport (defined as physical activity undertaken as a means of transport and not purely as a form of recreation e.g. cycling or walking to work).
- Lead to physical activity-friendly office environments (e.g. standing desks).
- Be based on consultation with staff and should ensure they are involved in planning and design, as well as monitoring activities, on an ongoing basis.
- Be supported by management and have dedicated resources.
- Set organisational goals and be linked to other relevant internal policies (e.g. on alcohol, smoking, occupational health and safety, flexible working or travel).



1. CULTURE

Encourage a work culture which engages employees and promotes positive lifestyle choices



2. ENVIRONMENT

Create a space which encourages physical activity and healthier food choices



3. SUPPORT

Signpost employees to more information and opportunities, encourage feedback and actively support healthier choices and address weight issues in a nonstigmatising way

Figure 5. Three-pronged approach to increasing physical activity at the workplace³⁸

RECOMMENDATION 2

IMPLEMENT A PHYSICAL ACTIVITY PROGRAMME

Introduce and supervise a physical activity programme to encourage and support employees to be physically active³⁹. Some interventions which could be set at the workplace are described below:

- Provide individual or group counselling with a qualified professional (e.g. physiotherapist). This could include information on existing opportunities to be physically active (both within and outside the workplace) and be tailored to meet individual needs, including the needs of shift workers.
- Inform employees about any upcoming sports activities by displaying printed posters.
- Appoint a 'physical activity champion' within the company who will oversee the tasks related to physical activity to help ensure that activities are organised and are available to all employees.
- Establish a walking club or buddy system for walking together at lunch breaks.
- Map walking routes near your workplace of 10, 20, and 30 minutes' duration.
- Allow exercise classes to run onsite.
- Encourage active transport. Implement policies (financial or otherwise) to encourage employees to walk to work instead of coming by car. If using public transport, employees can be encouraged to disembark two stops away and walk the rest of the way to work. Provide incentives to encourage more employees to use public transport.
- Organise challenges and competitions (e.g. 'pedometer challenges' to increase steps per day or provide physical activity and sitting logs).
- Plan team building events that focus on physical activity such as treasure hunts, walk or bike to work day, stretch break week etc.
- Offer confidential, independent health checks administered by a qualified practitioner, focused on physical activity.
- Encourage stair use instead of the lift, using motivational messages for example via posters placed on the point of choice between the stairs and the lift⁴⁰.

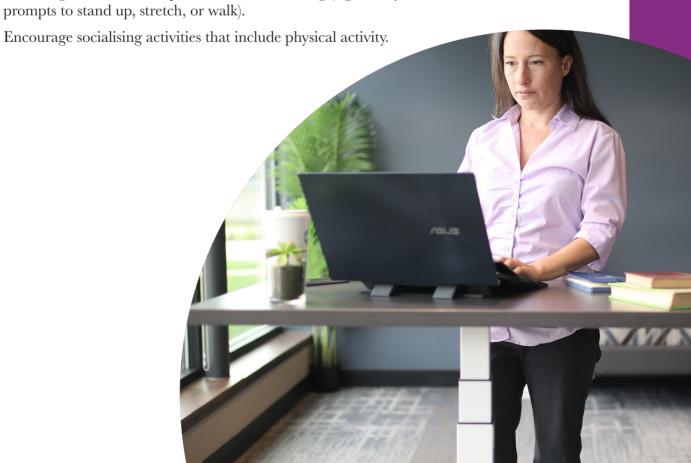
BE PART OF A
WALKING OR
TREKKING
GROUP

RECOMMENDATION 3

MAKE CHANGES IN THE WORK ENVIRONMENT TO PROMOTE PHYSICAL ACTIVITY AND REDUCE SEDENTARY TIME

Changes may include the following:

- Modify workstations (e.g. introduce height adjustable desks and treadmills, cycling or stepping workstations).
- Rearrange the workplace layout (e.g. move printers further away from workstations, introduce cordless or telephone headsets to enable standing during phone calls).
- Provide exercise facilities, with lockers for change of clothes and showers.
- Provide an onsite exercise facility with aerobic equipment such as stationary bikes, treadmills, cross trainers, and weights for strength training.
- Provide bike racks for the safe storage of bicycles. Government grants are available as per the following link: https://finance. gov.mt/en/services/grants/documents/2018 guidelines for bicycle parking 2018 withenterprises.pdf
- Partner with community organisations for reduced gym membership rates for your employees.
- Introduce the concept of walk meetings instead of the usual sit-down meetings.
- Encourage active and frequent breaks from sitting (e.g. hourly prompts to stand up, stretch, or walk).



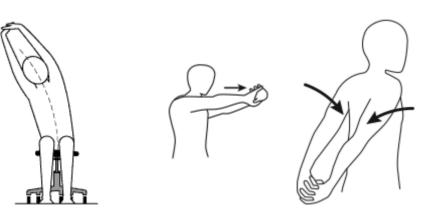
3.4 EXAMPLES OF SHORT DESK STRETCHES THAT CAN BE CARRIED OUT AT THE WORKPLACE

Stand up, stretch, and move. Your body is designed to move, not to remain in a static posture for long periods of time. Sitting for long periods of time can reduce productivity and put strain on your back and neck. It is recommended that a person breaks up repetitive tasks or long hours of sitting by taking a microbreak (30-60 seconds) every 20 minutes. If possible, it is ideal to stand up and walk for this time (e.g. work tasks that involve standing, walking, or at minimum, a change of body position). It is also important to take screen time microbreaks. It is essential to let your eyes relax when working on the computer for long periods of time. It is recommended to implement the 20/20/20 rule. Every 20 minutes look at something 20 feet away for 20 seconds⁴¹.

BELOW ARE SOME EXAMPLES OF STRETCHES FOR THE BACK, SIDE, AND LEGS⁴².

1. Back/Side Stretch:

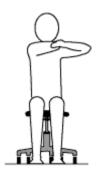
• Interlace your fingers and lift your arms over your head, keeping the elbows straight. Press arms as far back as you can. To stretch your sides, slowly lean to the left and then to the right. In a similar way, you can also bring your arms in front of your body, or behind to stretch the shoulder blades and chest.



2. Middle/Upper Back Stretch:

Hold your right arm with your left hand just above the elbow.
 Gently push your elbow toward your left shoulder. Hold stretch for 5 seconds. Repeat with your left arm.

SIMPLE DESK STRETCHES



- 3. Back Curl (will also stretch your legs):
- Grasp your shin. Lift the leg off the floor. Bend forward (curling your back), and reach your nose to your knee. Repeat with the other leg.



4. Ankle Flex and Stretch:

• Hold one foot off the floor with your leg straight. Alternately flex your ankle (point your toes up) and extend (point your toes down). Repeat with the other leg.



5. Leg Lift:

• Sit forward on the chair so that your back is not touching the chair's back. Place feet flat on the floor. With a straight leg, lift one foot a few inches off the floor. Hold momentarily and return your foot to the floor. Repeat with the other leg.



6. Standing stretch:

 When standing, keep knees slightly bent. Place your hands on your lower back and gently push your hands forward while leaning back slightly.



7. Hip stretch:

• Sit with one leg across the other. Place your arm or elbow on the outside of the crossed leg. Gently apply pressure while looking the opposite way. Repeat with the other leg.



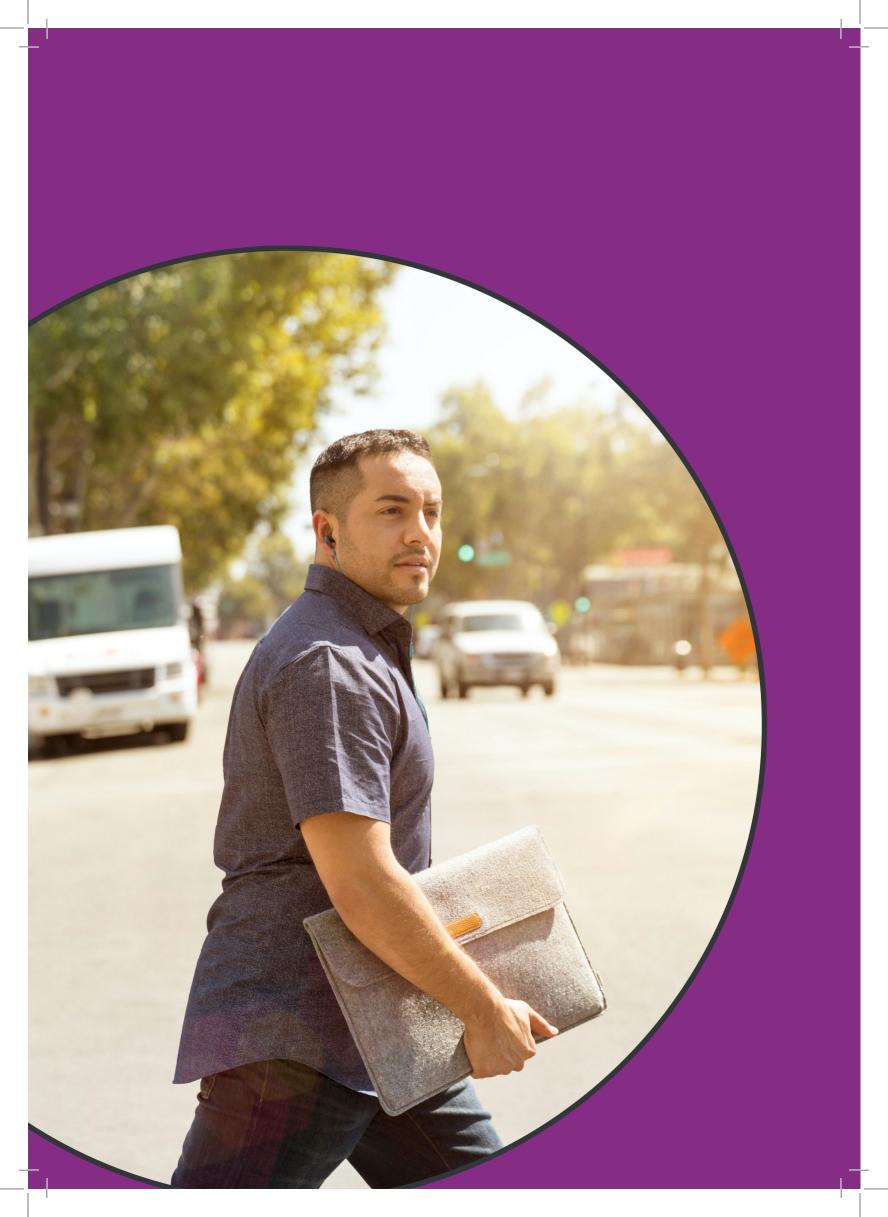
BUILD PHYSICAL ACTIVITY INTO DAILY MEETINGS

- Include activity breaks in meetings longer than one hour held face-to-face or online. Take a few moments to stand and stretch after sitting down for an extended period of time.
- Organise 'walk meetings' for small groups. A walk meeting is a meeting held when taking a walk away from the office environment. It is important to inform people attending the meeting that you plan to do a walk meeting so that they can dress comfortably. Choose a safe route and keep a brisk walking pace for at least 10 minutes. Walk meetings are a great way to get work done and be creative.

BUILD PHYSICAL ACTIVITY INTO CONFERENCES⁴³

- Consider conference locations where participants can freely and safely walk to places of interest and have easy access to locations for activity during breaks.
- Provide participants with maps of the area showing safe walking and running routes, trails, or local fitness centres.
- Choose a conference facility that includes a fitness centre, an outdoor green space, or a room with space to move around and stretch.
- Consider asking a fitness instructor to lead physical activity breaks (can be a guest or co-worker). Try activities like standing between discussion periods, stretching to music, or icebreakers that encourage people to move around.
- Organise physical activity opportunities, such as group walks or low-impact fitness classes.
- Encourage people who prefer to stand instead of sitting by stating this frequently throughout the conference.
- Ask employees or meeting participants about activities they like and cater to the group.
- Request employees' opinion on what makes conferences, meetings, and the office environment more supportive of physical activity. Encourage feedback about activities to incorporate into meetings.
- Consider setting up a worksite committee on physical activity and/or workplace wellbeing.





3.5 RESOURCES AVAILABLE

1. Cycling routes and walking routes

Cycling and walking routes in Malta and Gozo combine a fun cycling/walking experience together with some interesting points of attraction, which could be a natural attraction or a cultural one.

Routes are available here: https://www.komoot.com/guide/1880/cycling-in-malta

Malta North West - 34km

Departing from Rabat, to Dingli, Baħrija, Mġarr, Mosta, Mdina, Rabat

Malta South West - 27 km

Departing from Rabat, Girgenti, Qrendi, Zurrieq, Buskett Gardens, Rabat

Gozo Coastal - 42 km

Departing from Għajnsielem (next to Mġarr Harbour), Qala, Nadur, Xagħra, Marsalforn, Żebbuġ, Għasri, Għarb, San Lawrenz, Santa Luċija, Kerċem, Rabat, Sannat, Xewkija.

2. Activities organised by Sport Malta can be accessed via the website below:

http://sportmalta.mt/

3. Educational material

Leaflets on physical activity issued by the Directorate as per the link below:

https://deputyprimeminister.gov.mt/en/health-promotion/Pages/Library/publications.aspx

4. Government grant scheme to install bike racks in a workplace to promote active transport as per the link below:

https://mfin.gov.mt/en/Services/Grants/Documents/Gov Grant %20Bicycle Rack Government Gazette-8thJanuary.pdf

5. Malta Employees Sports Association (MESA) is a Government and Parastatal Entity, incorporating also private companies and groups, that organises sports activities for their employees. More than 10 disciplines are organised annually.

6. Local councils offer community-based sports activities for their residents.

3.6 CONCLUSION

There is no one-size-fits-all physical activity programme, but experts recommend building a culture of health as the stepping stone to success. A good culture of health requires policies to enable employees to get physically active. It also requires managers to provide tangible support by acting as programme champions and participating themselves. Once this practice is established, researchers recommend that organisations develop partnerships in the community and use existing resources as building blocks for the physical activity programme. For example, small businesses do not need an onsite gym if they make use of the ones already available in the community.

To increase physical activity uptake, experts recommend offering a tailor-made programme that suits individual employee needs. It is helpful to ensure the programmes are applicable to the employee and relevant to the present work culture. This may require encouraging the participation of families to do fitness activities. Other ways to stimulate engagement may include the use of technology, such as pedometers or applications, and encouraging active transportation.

Lastly, it is important to keep sensible goals in mind. Businesses should set targets for both individuals and for the organisation, making sure that they are achievable within reasonable time frames. Once goals are set, businesses should follow up and evaluate progress towards those targets⁴⁴.





4

SUPPORTING BREASTFEEDING AT THE WORKPLACE

4.1 BACKGROUND

Breastfeeding provides the best start in life to the newborn while providing both short and long term benefits to the mother. Breast milk is the most nutritious food for infants and young children, helping them achieve optimal growth and development. The World Health Organisation (WHO) recommends exclusive breastfeeding for the first six months of life, and suggests that breastfeeding continues during the introduction of complementary foods up to two years of age and beyond⁴⁵.

Exclusive breastfeeding provides immediate health benefits to newborns, such as sensory and cognitive development and a reduced rate of respiratory disease, middle ear infections, and diarrhoea. It also provides long term health benefits among breastfed children, such as lower incidence of obesity, diabetes mellitus, cardiovascular disease, childhood cancers, coeliac disease, and allergic disease or asthma. In the longer term, breastfeeding protects the mother from premenopausal breast cancer and ovarian cancer, osteoporosis, and heart disease. Mothers who breastfeed also show an earlier return to their pre-pregnancy weight⁴⁵.

The latest studies show that locally exclusively breastfed babies made up 52% of the total at the time of discharge from hospital, which is usually 2-5 days after delivery, as compared to 28% who were bottle fed and 18% who were fed a mixed diet (breast and bottle)⁴⁶. Data on longer term infant feeding habits is not routinely collected. At six months, 9.6% of mothers in the Maltese Islands were exclusively breastfeeding and 16.8% of women continued to breastfeed when the baby reached 12 months of age⁴⁷. Although breastfeeding rates at discharge from hospital have remained at a rate between 55 to 60% over the past 15 years, breastfeeding rates at six months have decreased significantly.

4.2 POTENTIAL BENEFITS FOR EMPLOYERS WHO SUPPORT BREASTFEEDING

These include⁴⁸:

- Avoiding loss of female employees after maternity leave is over, thereby retaining valuable employee skills and experience and lessening recruitment and retraining costs.
- Easier transition back to work for employee following maternity leave
- Lower employee absenteeism rates on account of improved child health.
- Lower and fewer health care costs associated with healthier breastfed infants.

ALLOCATE
TIME,
SPACE AND
SUPPORT

- Improved employer–employee relations and greater employee loyalty.
- Improved company image.
- Higher job productivity.
- · Employee satisfaction and wellbeing.
- Added recruitment incentives for women.
- Healthier future workforce.

It is recognised that returning to work while still breastfeeding is a challenge and is one of the reasons why mothers stop breastfeeding. However, below are some **recommendations** that employers can adopt to support and protect breastfeeding mothers in the workplace.

4.3 RECOMMENDATIONS FOR ACTIONS TO BE TAKEN BY EMPLOYERS TO SUPPORT BREASTFEEDING AT THE WORKPLACE

RECOMMENDATION 1

BREASTFEEDING POLICY

Having a workplace **breastfeeding policy**⁴⁹ in place, tailored to meet the specific workplace setting, helps support and protect working mothers who choose to exclusively breastfeed. The breastfeeding policy helps by:

- Offering practical support to women to continue breastfeeding through flexible hours, time-off, and flexible working arrangements such as teleworking, part-time work, flexitime, and job-sharing (a type of flexible work arrangement in which two people work part-time schedules to finish the work one person would do in a single full-time job).
- Educating human resources staff, managers, and immediate supervisors to make them aware of the breastfeeding policy.
- Informing all employees, including new recruits at the start of the job, about parental leave entitlements and other familyfriendly measures.
- Reassuring women returning to work after their maternal leave that family needs, including breastfeeding, are supported by the employer.
- Providing facilities for expressing and storing breast milk and breastfeeding breaks.

The **policy** needs to include appropriate provisions for the three essential components for breastfeeding support:

- Time
- Space/place
- Support

SUPPORT BREASTFEEDING MOTHERS



TIME (BREASTFEEDING BREAKS)

Why are breastfeeding breaks needed?

Breastfeeding breaks are important to ensure production of a continuous supply of breast milk. A breastfeeding mother produces milk 24 hours a day. Normally, her baby breastfeeds on demand, and her breasts respond by making the amount of milk that the baby consumes, for the times the baby usually takes it. If feedings are spaced further apart, the mother's body will adjust by making less milk at those times.

When a working mother is unavailable at a time during which the baby normally breastfeeds, her baby can drink milk that she has expressed (usually by using a pump) and left with the caregiver. In order to continue producing enough milk for her baby's needs, the mother must also express the milk that gathers in her breasts during the time that she and her baby are apart. Milk expression becomes more difficult when women are under stress.

Breastfeeding breaks are not intended to replace or be part of lunch breaks or other breaks but can be combined with these. In most countries where mothers are entitled to breastfeeding breaks, this entitlement extends until the child is six months old, the age at which exclusive breastfeeding is no longer recommended. Other countries grant breastfeeding breaks for up to two years, in accordance with the WHO recommendation that breastfeeding should be continued at least until the child is two years of age.

To promote breastfeeding, the Public Services Management Code (2019)⁵¹, stipulates that public service employees who are also breastfeeding are entitled to absences of a maximum of one hour each working day for the expression of milk or to leave the place of work for breastfeeding, without incurring a loss in pay. Such absences may be taken in the form of:

i. one 60-minute interval

ii. two 30-minute intervals

iii. three 20-minute intervals

In case of requests for breastfeeding facilities, employees should be provided with adequate, clean, and private facilities (**not** toilets or showers) for the expression and storage of milk.

BREASTFEEDING BREAKS

RECOMMENDATION 3

SPACE (BREASTFEEDING ROOM/FACILITIES)

Setting up a designated breastfeeding room at the workplace has been shown to encourage and increase the rate of continued breastfeeding by mothers upon their return to work⁵². Breastfeeding mothers can express their milk during working hours and can store it in bags in the fridge to be given to the baby at a later time. Some mothers are also allowed to bring their babies to work, depending on their job. Some large workplaces are equipped with childcare centres where it is possible for the mother to bring the baby with her to work and breastfeed the baby on demand.

Essential requirements to set up a breastfeeding room

- Relatively little space is needed to set up a breastfeeding room. The recommended minimum dimensions are 1.83 metres x 1.83 metres. The breastfeeding room should be made as attractive as possible.
- The International Breastfeeding Logo should be affixed to the door of the breastfeeding room (logo stickers can be obtained from the Health Promotion and Disease Prevention Directorate by calling 2326 6000)⁵³.

The Breastfeeding Room must:

- · have a lockable door
- be kept meticulously clean at all times
- have a refrigerator that is kept in good working order at all times
- be supplied with electrical sockets/outlets (Maltese standard 230 Volts)
- contain comfortable chairs with a table, shelf, or flat surface to hold the breast pump and milk container, and a marker to label the milk bags with the expressed breast milk
- have a sink with a hot and cold water supply, liquid soap, and disposable paper towels, to wash and dry hands

Additional requirements:

- disinfectant wipes
- water dispenser

RECOMMENDATION 4

SUPPORT

Support for breastfeeding mothers can be achieved through the provision of information on:

- pay and leave entitlements
- potential flexible work options
- strategies for returning back to work
- childcare information and options
- specific arrangements and facilities to support breastfeeding on return to work

Support by employers and colleagues

Managers should be encouraged to be considerate when planning meetings or other work events so as to include breastfeeding workers. The more knowledgeable the workforce is about breastfeeding, the more accepting and supportive of breastfeeding arrangements it will be.

Flexible work arrangements

Flexible work arrangements, which are often important for both men and women with family responsibilities, can be especially important when a woman first returns to work. Such arrangements allow an easier transition period and flexibility in changing the schedule of both mother and child. Flexible working arrangements may include:

- part-time employment
- flexible hours and leave arrangements, including flexible annual leave
- job sharing (a type of flexible work arrangement in which two people work part-time schedules to finish the work one person would do in a single full-time job)
- home-based work or telework
- career break schemes
- unpaid leave



4.4 FURTHER INFORMATION

The Directorate offers organisations support in setting up breastfeeding policies and rooms. For further information contact us on 2326 6000 or health.pro@gov.mt.

BREASTFEEDING WALK-IN CLINIC

Mater Dei Hospital (MDH) offers a Breastfeeding Walk-in Clinic⁵⁴ run by trained midwives for all new mothers.

Location

The clinic is located on the first floor of the Outpatients Department at Mater Dei Hospital.

Opening Hours of the Breastfeeding Walk-in Clinic

Mon 08:00 – 13:00

Tue 08:00 – 13:00, 15:30 – 18:00

Wed 08:00 – 13:00

Thu 08:00 – 13:00, 15:30 – 18:00

Fri 08:00 – 13:00

Sat call on 2545 4445

Sun 08:00 - 13:00

Appointments

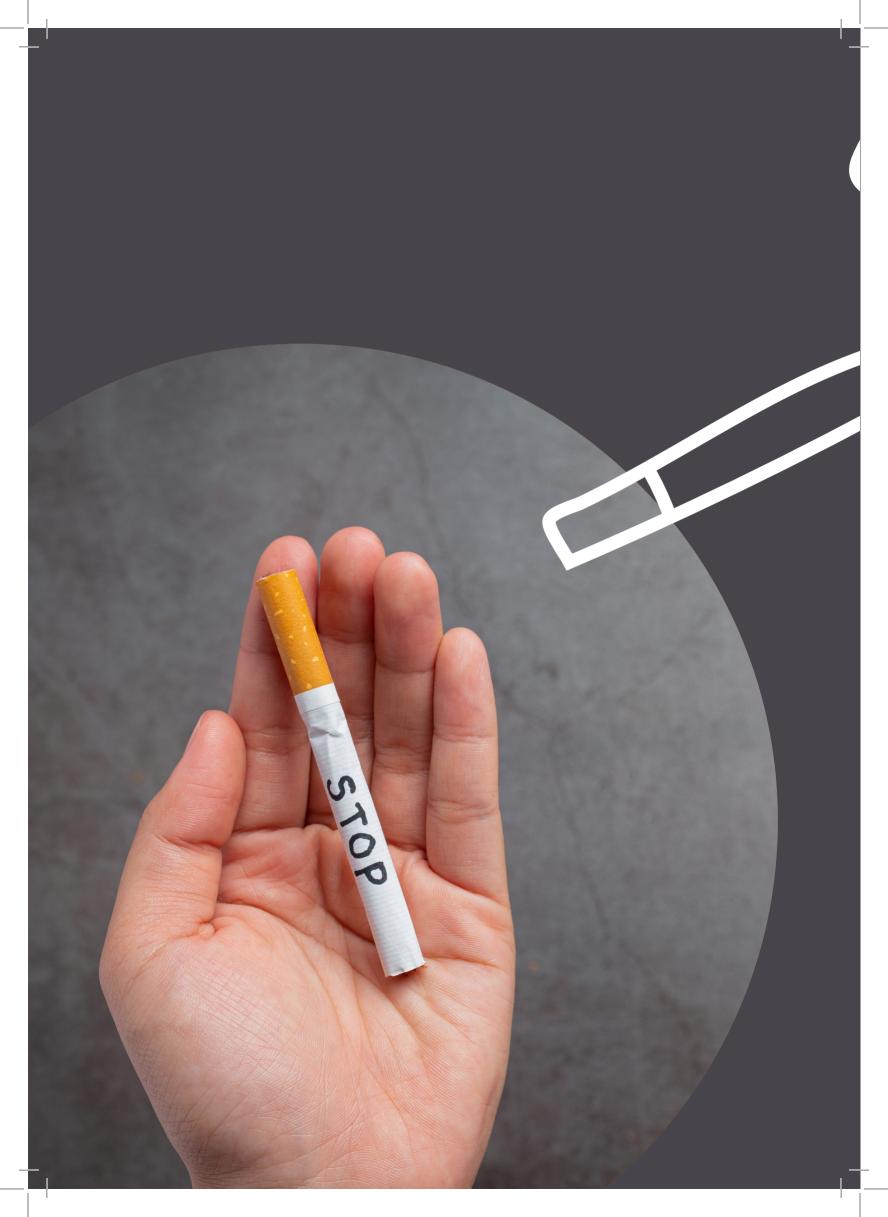
No appointments or referrals are necessary during normal opening hours. On other days, mothers are asked to call on 2545 4445 or 2545 4447 for an appointment.

4.5 CONCLUSION

Unfortunately, returning to paid work is the main reason women stop breastfeeding before the timeframe recommended by WHO (i.e. exclusive breastfeeding in the first six months and continued breastfeeding until up to two years and beyond). Given that breastfeeding results in major health benefits for the child, the mother, the employer, and society at large, it is of utmost importance that workplaces provide as much support and protection to breastfeeding mothers as possible. Having a breastfeeding policy in place which allows time, space, and support for the working breastfeeding mother will help promote breastfeeding at the workplace.



BREASTFEEDING ROOM





5

TOBACCO CONTROL AND SMOKING CESSATION

8007 3333

5.1 BACKGROUND

Smoking is the main cause of preventable illness and premature death. It is the major cause of non-communicable disease and increases the risk of cancers, respiratory diseases, heart and other circulatory diseases, stomach/intestinal ulcers, impotence and infertility, complications in pregnancy, and low birthweight⁵⁵. Associations have also been noted between the use of novel tobacco products, such as e-cigarettes, and certain diseases.

In Malta, in 2013, 393 males and 127 females died from tobaccorelated illness. Smoking rates are higher for men (23%) than women (17%)⁵⁶. According to a European Health Interview Survey (EHIS) carried out during 2014/2015, 20% of Maltese adults smoke daily and 4% smoke occasionally. Of those who do not smoke daily, 22% reported smoking daily in the past year. Of those who smoke daily, 94% reported smoking cigarettes, with a mean number of 15 cigarettes smoked daily. A large number of survey respondents report that they were almost never exposed to tobacco smoke indoors. The most common place of exposure was reported to be in public places, with approximately 20% of participants saying that they were exposed to second-hand smoke for at least one hour per day in public places⁷.

Workplaces have become smoke-free under the Provision of the Tobacco (Smoking Control) Act (Cap. 315) Legal Notice 414 of 2004. The workplace is an important place to help smokers and e-cigarette users quit smoking. It is in the employers' interest to improve the health of their workforce. Smoking has a negative effect on workers' productivity. Smoking breaks, increased absenteeism due to certain respiratory illnesses, and premature death can all result in decreased productivity.

STRENGTHENING TOBACCO CONTROL IN MALTA

Legal Notice 23 of 2010 in the Tobacco (Smoking Control) Act (Cap. 315) stipulates that smoking is prohibited in any enclosed space within a premises⁵⁷. Smoke-free workplaces not only protect non-smokers from the dangers of passive smoking, but they also encourage smokers to quit or to reduce consumption. Smoking is prohibited in virtually all workplaces in Malta, and failure to comply is an offence. Nevertheless, many workers still remain susceptible to the harms of tobacco smoking in their workplace. The use of emerging tobacco products such as electronic cigarettes (e-cigarettes) has increased in recent years, yet little is known about their long term health effects. Although classified as tobacco products, these are more socially acceptable and are more likely to be used in workplaces.

The Environmental Health Directorate works in enforcing Legal Notice 23 of 2010 so as to protect workers from second-hand smoke. The Environmental Health Directorate liaises with the Malta Employers Association, trade unions, and other employers of large entities to ensure that smoking only takes place in designated areas.

5.2 ELECTRONIC CIGARETTES: WHAT ARE E-CIGARETTES?

E-cigarettes produce a vapour by heating a liquid that usually contains nicotine (the addictive substance found in regular cigarettes, cigars, and other tobacco products), flavourings, and other chemicals that help to produce a vapour. E-cigarette vapour generally contains fewer toxic chemicals than smoke from regular cigarettes since the latter contains 7,000 different harmful chemicals⁵⁸. However, e-cigarette vapour is not harmless. It can contain harmful substances, including nicotine, heavy metals like lead, volatile organic compounds, and cancer-causing agents⁵⁸.

Users inhale this vapour into their lungs. People in the vicinity can also breathe in this vapour when the user exhales into the air. E-cigarettes are the most commonly used tobacco product among youth. It is difficult for consumers to know what e-cigarette products contain. For example, some e-cigarettes marketed as containing zero percent nicotine have been found to contain nicotine. Scientists are still learning about the long term health effects of e-cigarettes⁵⁸.

ARE E-CIGARETTES EFFECTIVE IN HELPING USERS TO QUIT SMOKING?

E-cigarettes are promoted in some countries as tobacco smoking cessation aids. They have the potential to benefit adult smokers who are not pregnant if used as a complete substitute for regular cigarettes and other smoked tobacco products⁵⁸.

The scientific evidence regarding the effectiveness of Electronic Nicotine Delivery Systems (ENDS) as a smoking cessation aid is still being debated. To date, in view of the diversity of ENDS products and uncertainty surrounding many studies, the potential for ENDS to play a role as a population-level tobacco cessation intervention is unclear⁵⁹.

The most effective tobacco smoking cessation interventions include brief advice from health professionals, national free quit lines, cessation interventions delivered via mobile text messaging, nicotine replacement therapies, and non-nicotine pharmacotherapies for cessation⁵⁹.

SEEK
PROFESSIONAL
HELP TO QUIT
SMOKING

5.3 SMOKING CESSATION INTERVENTIONS

Without smoking cessation assistance, 4% of attempts to quit tobacco succeed⁵⁵. Strong evidence indicates that some interventions directed towards individual smokers increase the likelihood of quitting smoking⁶⁰. When interventions such as individual and group counselling and pharmacological treatment are provided, the rate of successful quit attempts can increase.

The Directorate uses different approaches based on National Institute for Health and Care Excellence (NICE) guidelines which may help employees to stop smoking⁵⁴. These include:

5.3.1 INDIVIDUAL BEHAVIOURAL COUNSELLING

This is a face-to-face encounter between the smoker and a Health Care Professional trained in smoking cessation working for the Directorate. This service is provided free of charge after work hours following an application by the smoker. The service is available at the Mosta, Floriana, and Paola Health Centres and Gozo General Hospital. Application for this service can be found as per link below:

https://deputyprimeminister.gov.mt/en/health-promotion/ Pages/Services/Quit-Smoking.aspx

5.3.2 GROUP BEHAVIOUR THERAPY

Group behaviour therapy programmes involve scheduled meetings where smokers receive information, advice, and encouragement.

5.3.3 PHARMACOTHERAPY

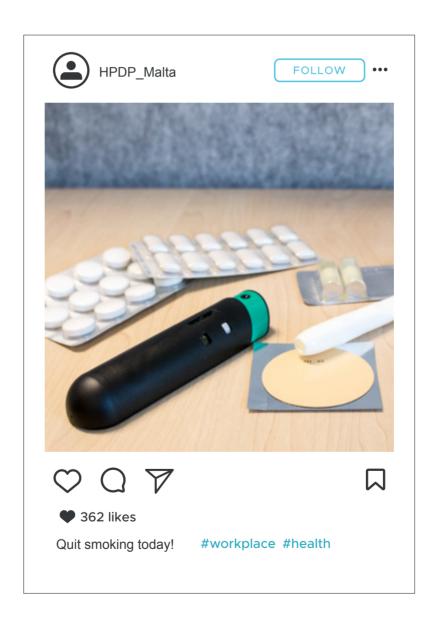
Health Care Professionals may advise about the availability of over the counter (OTC) nicotine replacement therapy (NRT), such as chewing gum, patches, spray, and prescription medication such as bupropion as an aid to help people to quit smoking, depending on the person's readiness to quit and any other clinical conditions.

5.3.4 SELF-HELP RESOURCES

The Directorate can provide self-help resources including leaflets that can be used by individuals in a quit attempt without the help of Health Care Professionals, counsellors, or group support. NICOTINE REPLACEMENT THERAPY

5.3.5 TELEPHONE COUNSELLING AND QUIT LINES

The Directorate offers a telephone counselling and quit line service for anyone who wish to quit smoking. Proactive or reactive advice, encouragement, and support is given over the phone to anyone who smokes and wants to quit, or who has recently quit. This help can be accessed by calling on 8007 3333.



5.4 RECOMMENDATIONS FOR ACTIONS TO BE TAKEN BY EMPLOYERS TO ENCOURAGE SMOKING CESSATION

RECOMMENDATION 1

Make information on quitting smoking support services widely accessible at work. This information should include details on the type of help available, when and where it is available, and how to access these services. The Directorate provides awareness talks on the harm caused by tobacco smoking and provides motivation for behaviour change. It also reinforces the message, to people who never smoked, not to start smoking. It also provides group smoking cessation support in workplaces and provides informative leaflets.

RECOMMENDATION 2

Allow staff to attend smoking cessation services during working hours without availing of leave or loss of pay.

RECOMMENDATION 3

Develop a smoking cessation policy in collaboration with staff and their representatives as one element of an overall health promotion workplace policy.

RECOMMENDATION 4

Evidence shows that financial incentives, whether monetary or in the form of vouchers, can prove beneficial as an attempt to encourage and sustain behaviour change, including smoking cessation⁶¹.

RECOMMENDATION 5

Employers can support employees to quit tobacco use by offering to pay for a course of nicotine replacement therapy (NRT) for 12 weeks. This may include gum, spray, or patches, and the dosage used would depend on the number of cigarettes smoked per day when the quit attempt starts.

5.5 CONCLUSION

Costs incurred from tobacco use include both financial and health costs from ill-health and early death. It is not possible to fully quantify the human suffering and lives lost due to smoking. The desire to help one's employees lead healthier and longer lives should provide an additional stimulus for employers to work towards eliminating tobacco from the workplace. Simple measures such as hosting awareness talks to promote smoking cessation at the workplace, together with dissemination of information through leaflets, posters, and emails, and allowing staff to attend smoking cessation classes during work hours, can all help to reduce the number of smokers at the workplace.





ALCOHOL AND SUBSTANCE MISUSE

6.1 BACKGROUND

Alcohol and substance misuse often lead to problems in the workplace, such as absenteeism, presenteeism, and inappropriate behaviour. Use of alcohol or prohibited drugs can interfere with a person's performance at work through poor decision-making and impaired reaction times, resulting in lost productivity, inferior goods/services, inaccuracies, and accidents⁶².

SOME FACTS:

- Employed individuals are more likely to drink frequently when compared to unemployed counterparts.
- Longer working hours are associated with higher alcohol consumption and related ill-health effects.
- Individuals who have managerial and professional positions drink more often than those who do manual work.
- Certain working circumstances are linked with use of alcohol and substance misuse (eg. shift or night work, travel away from home, working remotely, business meals, poor communications, job stress, etc.).
- Certain workplace culture including pressure from colleagues, lack of supervision, physical danger, and interface with a demanding or aggressive public increases the risk for the misuse of substances⁶².

STATISTICS ON ALCOHOL CONSUMPTION IN MALTA

Alcohol per capita consumption in Malta has increased slightly over the past years. One in five adults reported drinking more than four drinks per day (heavy drinking) at least once in the previous 30 days. This is similar to the EU average. Heavy drinking is more than twice as high for men than women, with one in four men compared to one in eight women reporting binge drinking at least once a month⁶³.

STATISTICS ON DRUG USE IN MALTA

Cannabis is the most commonly used substance among the Maltese adult population aged 18-65 years, according to the 2013 General Population Study, which also reported that around 4.3% of those aged 18-65 years had used cannabis during their lifetime. The level of lifetime use of illicit drugs other than cannabis (MDMA/ecstasy, amphetamines, cocaine, heroin, mephedrone, any of the new psychoactive substances (NPS), or lysergic acid diethylamide

THERE IS NO SAFE LIMIT OF ALCOHOL CONSUMPTION

(LSD) was 1.4%. MDMA was the most popular among this group of substances. Drug use was more prevalent in younger adults, with the prevalence of lifetime use of cannabis at 5.1% among 18-to 24-year-olds. In general, substance misuse was more common among males than females⁶⁴.

In Malta, the substance that is linked to the most severe health and social consequences remains heroin. In 2017, there were an estimated 1,425 high-risk opioid users (4.51 per 1,000 population aged 15-64 years)⁶⁴.

6.2 HOW MUCH ALCOHOL IS TOO MUCH?

Many people drink small quantities of alcohol occasionally to socialise and relax, and this may not be harmful to health in the long term. However, some drink alcohol in harmful ways, such as when:

- Drinking more than two standard drinks/units in one day on a regular basis.
- Binge drinking (drinking a large amount of alcohol in a short period of time).
- · Getting drunk.
- Drinking to the extent of causing physical or mental harm.
- Drinking patterns that result in alcohol dependence⁶⁵.

There is no safe limit of alcohol consumption⁶⁶. Should you choose to drink alcohol anyway, to keep health risks low, one should not drink more than 14 standard drinks per week spread over five days. Even on special occasions one should refrain from drinking more than four standard drinks in any one day. No alcohol should be drunk on at least two days each week. This is valid for both males and females.



Figure 6 illustrates a standard unit of alcohol.

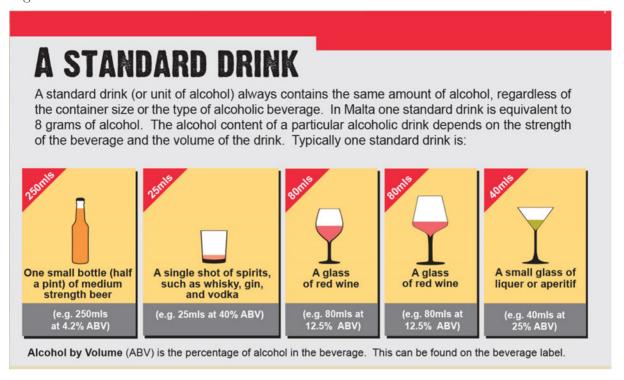


Figure 6. A standard drink (or unit of alcohol)⁶⁵

There are situations where a person should not drink alcohol at all⁶⁷. These include:

- Before driving or operating machinery.
- Pregnant women, women who think they are pregnant or trying to conceive, and women who are breastfeeding, because of the risk of harm to the baby.
- If a person has addictive tendencies.
- When a person is taking certain medications.
- When a person is anxious or depressed.

6.3 RECOMMENDATIONS FOR ACTIONS TO BE TAKEN BY EMPLOYERS IN CASE OF ALCOHOL AND SUBSTANCE MISUSE AT THE WORKPLACE

RECOMMENDATION 1

It is advisable for employers to have an **alcohol and drug** (**substance**) **misuse policy**⁶⁸. SEDQA can help with the introduction and review of the company's alcohol and substance misuse policy. These policies are more successful when intended

to help the welfare of the employees than when they are used as the basis for disciplinary measures. Such a policy should also clearly state when disciplinary steps or other action will be taken. For example, the policy might state that drug possession or dealing at work will be reported to the police straight away. If you choose to screen and test for drugs and alcohol use, this should also be included as part of the policy. The policy would need to be updated on a regular basis.

RECOMMENDATION 2

Ensure that your employees know about the policy and explain its purpose to new employees during the induction course⁶⁸.

RECOMMENDATION 3

Contact SEDQA (details available in resources section) to arrange for necessary training to middle and senior management through their programme called S.A.F.E. - Substance Abuse Free Employees Programme, so they are clear about⁶⁸:

- · how to recognise the signs of drug or alcohol misuse
- the organisation's rules on drug and alcohol misuse
- what to do if they suspect an employee is misusing drugs or alcohol
- what to do when an employee tells them about a drug or alcohol problem

RECOMMENDATION 4

Encourage employees to seek help from their family doctor or SEDQA or refer them to your organisation's occupational health service, if applicable.

RECOMMENDATION 5

Consider allowing someone time off to get professional help. The cost of recruiting and training a new employee may be higher than the cost of allowing them to take time off.

RECOMMENDATION 6

Deal with alcohol and substance misuse problems, which should be considered to be health problems, in strict confidentiality.

RECOMMENDATION 7

Consider temporarily assigning employees other duties if safety is a critical aspect of their normal work.

RECOMMENDATION 8

Ensure that there is information at work about where employees can go to for advice and help if they are concerned about substance or alcohol misuse. SEDQA can provide informative sessions about alcohol and substance misuse as well as information about the various services related to addictions available in Malta.

HELPFUL RESOURCES FOR SUBSTANCE USE PROBLEMS

AĠENZIJA SEDQA

Sedqa forms part of the Foundation for Social Welfare Services (FSWS). It helps people experiencing alcohol and drug misuse problems. Its remit covers the provision of care, prevention, and research services with regards to drugs, alcohol misuse, and other dependencies.

telephone: 2388 5110

website: https://fsws.gov.mt/en/sedqa/

address: Aġenzija Sedqa Head Office, 3, Braille Street, Santa Venera

SVR 1690

email: sedqa@gov.mt

DRUGS COMMUNITY SERVICES

The Drugs Community Services offer individualised support to drug users and their significant others with the aim of motivating individuals to commit themselves to major lifestyle changes and assisting them in achieving and maintaining healthier lifestyles, ideally including abstinence from drugs. This is mainly done through one-to-one counselling sessions that aim to help them achieve a healthier lifestyle.

RESPECT
CONFIDENTIALITY
IF ALCOHOL AND
DRUG MIGUSE
IS SUSPECTED

telephone: 2123 7935

website: https://www.caritasmalta.org/

address: Caritas Malta Community Services, 82, Triq Il-Kapuċċini,

Il-Furjana

email: info@caritasmalta.org

DETOX CENTRE

Substance Misuse Outpatients Unit

telephone: 2388 5300/2226 1800

website: https://fsws.gov.mt/en/sedqa/Pages/substance-misuse-

outpatient-unit.aspx

address: Detox Centre, St Luke's Square, G'Mangia PTA1011

AL-ANON MALTA

Al-Anon Malta provides support to family and friends of people who experience difficulties with alcohol.

telephone: 2733 5786, 9986 7371

website: https://www.al-anon-malta.org/

address: Peter House, Triq Nicolò Isouard, Sliema SLM 2086

ALCOHOLICS ANONYMOUS IN MALTA

Alcoholics Anonymous is a fellowship of men and women who share their experience, strength, and hope with each other so that they may solve their common problem and help others to recover from alcoholism. The only requirement for membership is a desire to stop drinking.

telephone: 2123 9264, 7923 9264 website: https://aamalta.org.mt/

address: Caritas Malta Community Services, 82 Triq Il-Kapuċċini,

Il-Furjana

email: help@aamalta.org.mt

NGO AMETHYS

NGO which helps people with alcohol-related problems

email: amethysmalta@gmail.com

NGO CARITAS

Caritas Malta offers a variety of services to help those people who are in need. This is done through social work interventions, counselling sessions, community educational programmes, talk shows on TV and radio programmes.

website: https://www.caritasmalta.org/

EUROCARE

Eurocare is an alliance of non-governmental and public health organisations across Europe advocating for the prevention and reduction of alcohol-related harm.

website: https://www.eurocare.org/

TELEPHONE HELPLINES

ALCOHOLICS ANONYMOUS MALTA:

2123 9264, 7923 9264

APPOĠĠ SUPPORTLINE 179

Supportline 179 is the national helpline offering support, information about local social welfare services and other agencies, and a referral service to callers who require support. It is also a national service to people in times of difficulty or crisis. The primary mission of the Supportline 179 service is to provide immediate and unbiased help to those seeking information, support, or a referral to social service agencies.

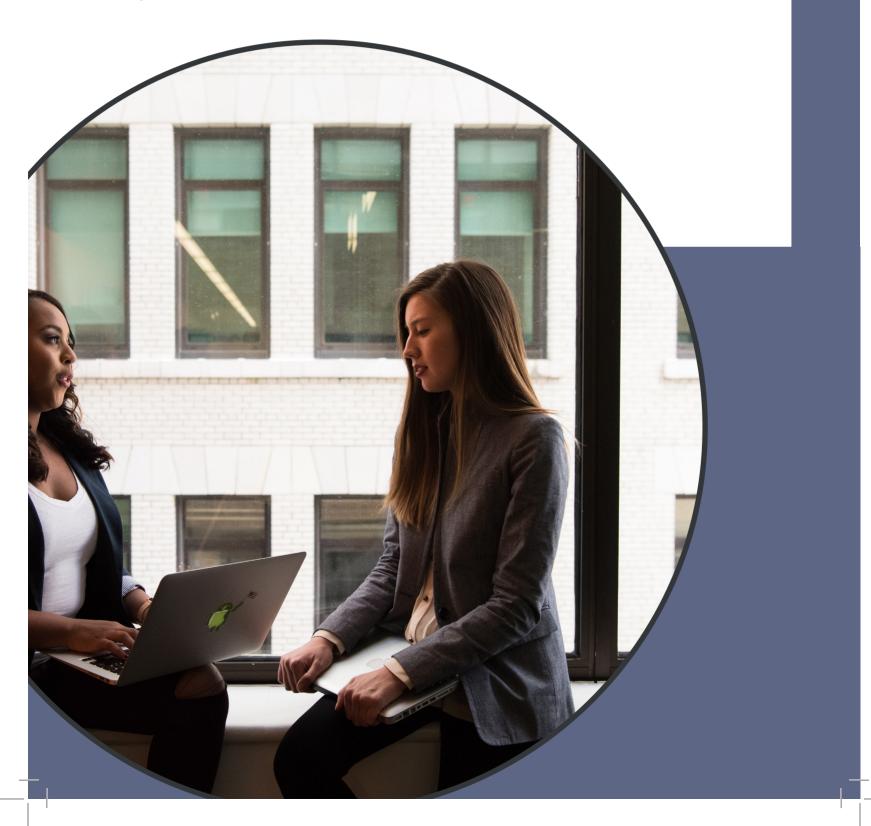
THE EU EMOTIONAL SUPPORT HELPLINE 116 123

This helpline offers emotional support to callers suffering from loneliness, those who find themselves in a state of psychological crisis, and those who require emotional support due to various life situations they might be encountering. The Emotional Support Helpline in Malta operates on a 24-hour basis, seven days a week, all year round. Calls received on 116 123 are rerouted to the already existing structure of the Appogg Service Supportline 179. The service is available to all local and foreign residents in Malta.



6.4 CONCLUSION

Alcohol and substance misuse is a reality which employers may encounter among their employees. These guidelines provide information and helpful resources to help employers deal with employees who they know or suspect have an alcohol or substance misuse problem. It is suggested that an alcohol and substance use policy is in place to help managers in these situations and for employees to know what it entails. It is important that such cases are dealt with in strictest confidence and employees are referred to seek appropriate help. If the safety of the employee is at stake, employers might have to consider offering the employee a safer job.







PREVENTING THE SPREAD OF RESPIRATORY INFECTIONS AT WORK

7.1 BACKGROUND

Influenza, the Covid-19 virus, and common cold viruses are contained in millions of tiny droplets that come out of the mouth and nostrils when someone who is infected sneezes or coughs. These droplets land on surfaces such as tables, door handles, remote controls, stair rails, telephones, and computer keyboards. One can get infected by touching the surfaces that droplets have landed on and then touching the nose, eyes, or mouth. Figure 7 describes the three C's (cover, clean, contain) to prevent the spread of respiratory infections.

STOP

THE SPREAD OF

RESPIRATORY INFECTIONS

REMEMBER THE 3C'S







COVER

Use a tissue to cover your Clean your hands often by Contain germs by staying at your elbow.

CLEAN

mouth and nose when you washing with soap and water home; do not go to work or cough or sneeze. Never cough or using alcohol hand rub. Do school until you are better. or sneeze into bare hands. If this regularly as well as after Never visit patients in hospital you do not have a tissue, use you use a tissue for a cough, if you are sick. sneeze or sniffle.

CONTAIN

7.2 HAND HYGIENE

Handwashing is an easy, effective, and cheap way to minimise the spread of disease, including respiratory and gastrointestinal disease such as diarrhoea, stomach pains, nausea, and vomiting. Figure 8 illustrates the proper way to wash the hands using soap and water as recommended by the WHO. A study was conducted to assess the impact of a workplace hand hygiene programme using alcohol-based hand sanitisers strategically distributed in the workplace on employer health care insurance claims, costs, and absenteeism. From this study, it was concluded that health care claims for infections that are preventable through good hand hygiene (e.g. common colds and influenza) were significantly lower. Furthermore, implementation significantly improved employee hand hygiene knowledge and behaviour⁶⁹. These findings support the recommendations of various leading public health authorities to implement hygiene programmes as a key non-pharmaceutical way of reducing the health and economic burden of illness and lowering the risk of infection during work⁶⁹.



Figure 8. Handwashing technique recommended by the WHO⁷⁰

7.3 WHEN SHOULD ONE WASH HANDS AT WORK?

- When using the hands to cover the mouth and/or nose after sneezing or coughing.
- Each time one uses the bathroom.
- Before and after staff meetings if food is served.
- After reading newspapers or magazines in the staffroom.
- Before and after lunch.
- After using a co-worker's keyboard or tools, or when using shared equipment e.g. telephones, remote controls.
- Before and after a 'meet and greet' activity.

7.4 RECOMMENDATIONS FOR EMPLOYERS TO KEEP WORKERS SAFE AND LIMIT THE SPREAD OF RESPIRATORY INFECTIONS AT THE WORKPLACE

RECOMMENDATION 1

Instruct employees not to report to work if they feel sick.

RECOMMENDATION 2

Make sure that the workplace is always kept clean and hygienic. Surfaces (e.g. desks and tables) and objects (e.g. telephones, keyboards, door handles/knobs, palm-readers, punch clocks) need to be wiped with disinfectant or an alcohol-based proprietary agent regularly since the contamination of surfaces touched by employees and customers is one of the main ways that respiratory infections spread⁷¹.

RECOMMENDATION 3

Promote good personal hygiene and regular and thorough handwashing by employees, contractors, and customers for at least 20 seconds with soap and water, or by using a 70% alcohol-based hand sanitiser. Make sure that employees and visitors have access to places where they can wash their hands with soap and water and place sanitising hand rub dispensers in prominent places around the workplace. Make sure these dispensers are regularly refilled⁷¹.

WASH YOUR
HANDS
FREQUENTLY

RECOMMENDATION 4

Promote good respiratory hygiene in the workplace (using tissues or elbow when sneezing or coughing).

RECOMMENDATION 5

Display posters promoting respiratory hygiene and how to wash hands effectively, especially in workplace bathrooms.

RECOMMENDATION 6

Ensure adequate ventilation in workplaces. Windows and doors should be left open as much as possible. During cold weather, windows and doors should be opened regularly during the day to allow air flow to occur.

7.5 EQUIPMENT REQUIRED FOR ADEQUATE HAND HYGIENE

A variety of equipment can improve hand hygiene at the workplace⁷²:

Sinks & mixers

In an existing workplace it is often difficult to replace these basic fixtures. Make sure that any renovation takes the best technology into consideration. If taps are your only option, ensure surfaces are cleaned and sanitised regularly. Consider placing a surface sanitising spray bottle at each handwash station. Teach employees to use paper hand towels to turn off taps to prevent cross contamination or consider installing automatic mixers.

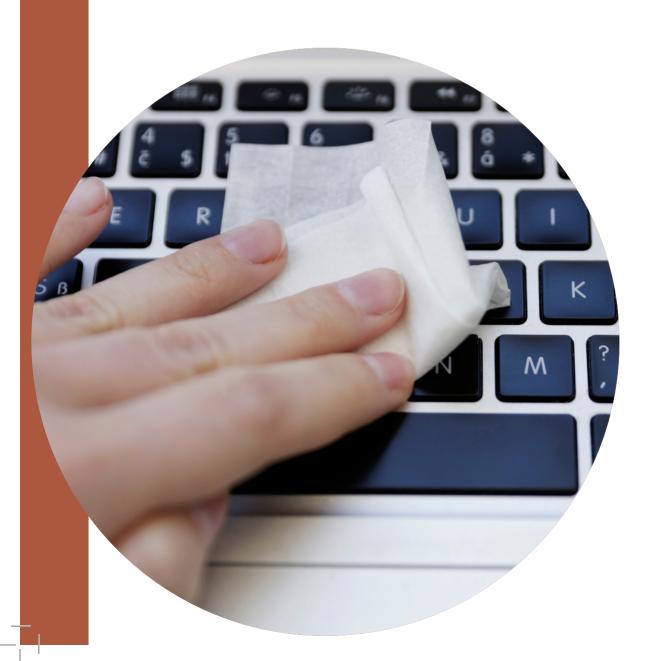
- Automatic soap dispenser and alcohol-based hand sanitiser.
- **Single-use paper towels** deliver fast, one-sheet drying results. A number of studies suggest that paper towels can dry hands efficiently, remove bacteria effectively, and cause less contamination of the bathroom environment. From a hygiene viewpoint, paper towels are superior to electric air dryers. Paper towels should be recommended in locations where hygiene is of utmost importance, such as hospitals and clinics⁷³.

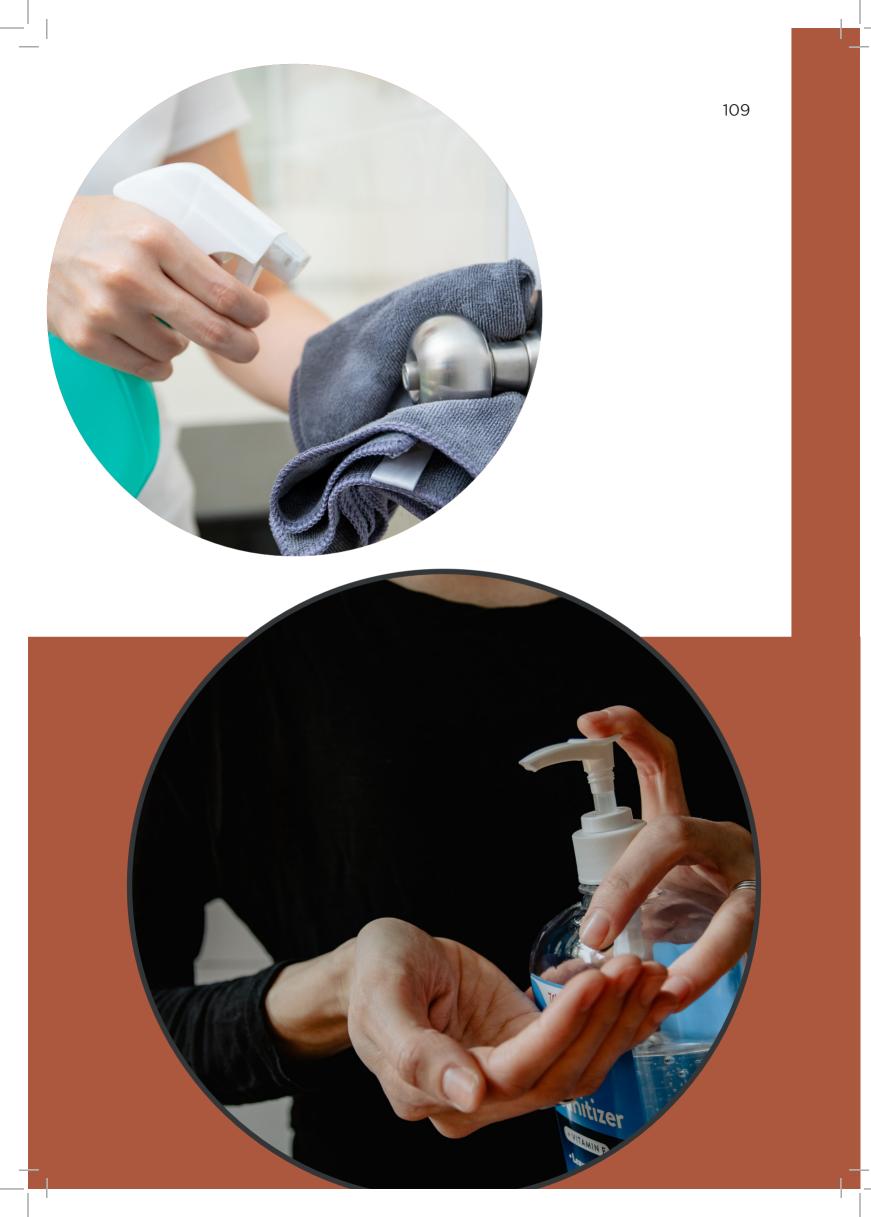
USE 70%
ALCOHOL HAND
SANITISER OR
SOAP AND
WATER

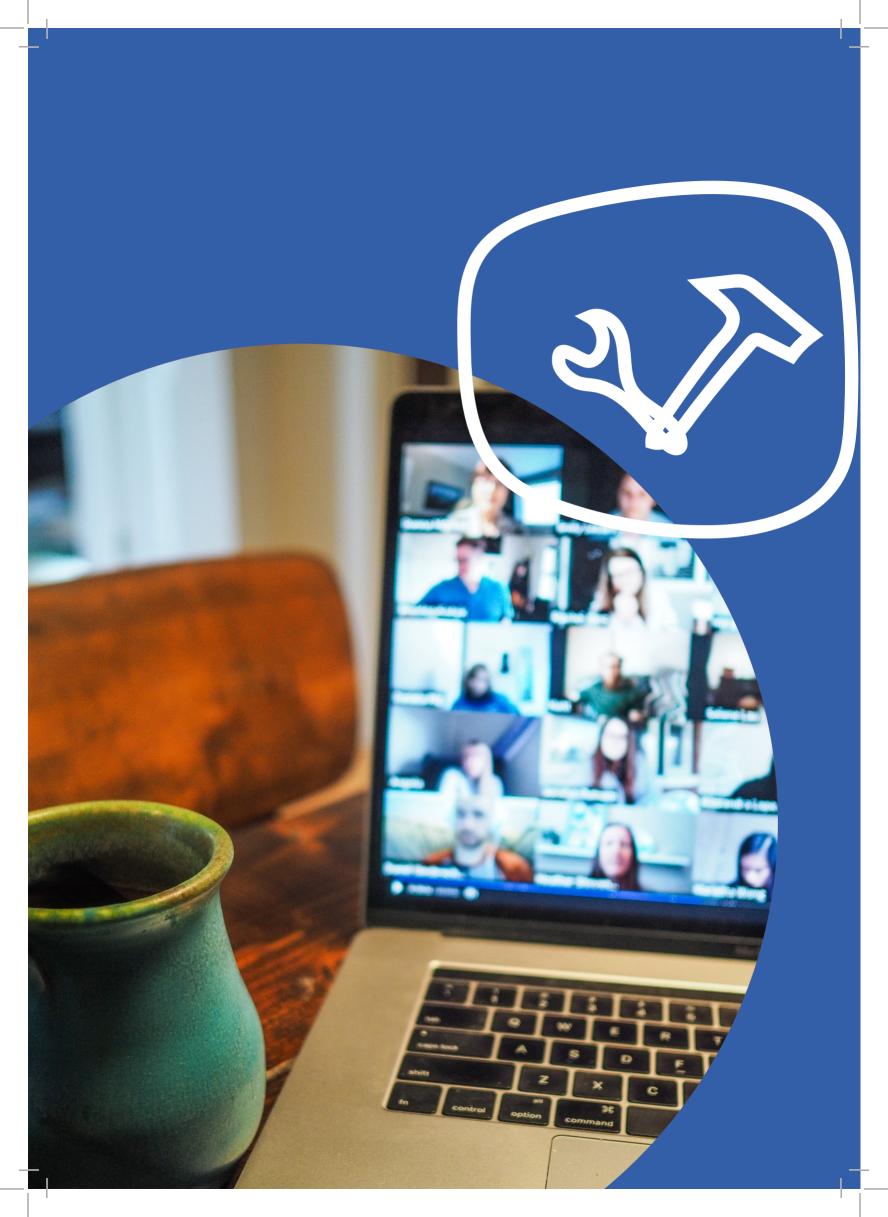
- Hot and cold free-flowing water.
- **Automatic doors** leading to staff bathrooms or a design minimising the presence of door handles.
- **No touch foot-pedal bins** to dispose of used tissues.
- · Tissues.

7.6 CONCLUSION

Improving the frequency and quality of **hand hygiene** at the workplace can significantly reduce and control preventable respiratory infections such as the common cold, influenza, and Covid-19 infections, as well as gastrointestinal infections, and as a result reduce sickness rates and absenteeism from work. The provision of adequate equipment such as soap, water, alcoholbased hand rubs distributed throughout the workplace, wash hand basins, single-use paper towels, and no-touch/foot pedal bins all help to encourage employees to wash their hands frequently.







8

WELLBEING AND WORKING FROM HOME

8.1 BACKGROUND

Telework is defined as the use of information and communications technologies (ICTs), such as smartphones, tablets, laptops, and desktop computers, for work that is performed remotely, outside the employer's premises⁷⁴. New ICT technologies have revolutionised how we work, in the sense that we can now work from any location at any time. Several workplaces had adopted this approach prior to the Covid-19 pandemic. However, this method of working increased during the pandemic, and some workplaces intend to adopt it permanently. During 2019, 12% of employees carried out work from home. However, the situation changed drastically in 2020, owing to the Covid-19 crisis and, for the second half of March, findings from the Labour Force Survey showed that 33% of those employed were working from home⁷⁵ (refer to Figure 9). This is an increase of 21 percentage points over the average share of teleworking employees recorded in 2019⁷⁵. In addition, the Labour Force Survey 2018 found that teleworking arrangements were used more by females (17.4%) than males $(11.4\%)^{76}$.

Employed persons working from home in 2019 compared to the last two weeks of March 2020

12%

2019





Figure 9. Employed persons working from home in 2019 compared to the last two weeks of March 2020⁷⁵

Teleworking arrangements can bring both opportunities and challenges, as described below.

8.2 CHALLENGES EMPLOYERS MAY FACE WITH TELEWORK ARRANGEMENTS

- A new workplan needs to be formalised to ensure work responsibilities are met by the employees. It is important that employers and management liaise with occupational health services in this regard. There is also a framework agreement signed by the social partners on telework. More information can be found at this link: https://resourcecentre.etuc.org/sites/default/files/2020-09/Telework%202002 Framework%20 Agreement%20-%20EN.pdf
- Work equipment such as laptops and necessary connections to systems used at work need to be provided by the employer.
- Not all employees have adequate working environments at home free from any health hazards.
- A big increase in teleworking employees can bring technical problems, where IT systems are overloaded, which in turn creates problems for the teleworker.
- Supervision can be problematic, especially where employers are used to seeing their employees all the time.

8.3 ADVANTAGES OF WORKING REMOTELY

- Teleworking seems to have a positive effect on productivity and employee retention, as well as lowering absenteeism.
- Greater job satisfaction.
- Stress reduction.
- Improving work-life balance and increasing flexibility.
- Reduction in physical transportation and traffic; pollution and energy use.
- Reduction in office space and associated costs.

8.4 DISADVANTAGES OF WORKING REMOTELY

- Some workers may find it hard to disconnect from work.
- The teleworker can suffer from loneliness and isolation, especially when they live alone.
- Where the teleworker has children or older persons at home under their care it may be more difficult to focus on work. The workday may become longer to make up for the time taken to tend to dependents.

REDUCE STRESS

8.5 RECOMMENDATIONS FOR EMPLOYERS TO PROMOTE HEALTH AMONG REMOTE WORKERS

RECOMMENDATION 1

Communicate clearly and regularly with employees via email, webinars, conference calls, social media, and newsletters to keep employees updated.

RECOMMENDATION 2

Avoid nonessential meetings. Avoid over-collaborating and micromanaging by asking if a meeting can be an email instead.

RECOMMENDATION 3

Clarify expectations of employees.

RECOMMENDATION 4

Ensure there are adequate technical resources available, such as laptops and internet connections for remote workers.

RECOMMENDATION 5

Employers need to take care of their own as well as their employees' wellbeing.

8.6 HEALTH TOPICS WHICH CAN BE PROMOTED WHEN WORKING REMOTELY

8.6.1 ACTIVE LIVING

- Offer virtual challenges with rewards to the winner e.g 10,000 daily step count challenge
- Share online exercise classes and applications
- Encourage working out with the family
- Share walking and biking trails
- Encourage going for a walk when taking calls to break sedentary time

8.6.2 HEALTHY EATING

- Provide healthy recipes
- Organise health talks



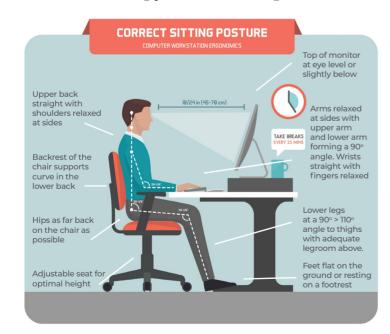
8.6.3 ERGONOMICS

Ergonomics is the scientific study of the 'fit' between people and their work⁷⁷. It prioritises people, taking into account their capabilities and limitations. Proper ergonomics at the workplace is applicable to traditional as well as to remote work and should be given its due importance and not be overlooked. The aim of proper ergonomics is to reduce musculoskeletal disorders such as sprains, strains, tears, back pain, and back injuries. Musculoskeletal disorders (MSDs) often involve the back, wrist, elbow, and/or shoulder, and occur when workers are exposed regularly to MSD risk factors, such as awkward postures, forceful exertions, or repetitive movements. These exposures sometimes occur due to poorly designed workstations, duties, and/or hand tools.

When working from home, some people may opt to work on dining room tables and work from laptops rather than desktops. These workstations may trigger physical strain. The following tips help to make home workstations a little more comfortable⁷⁸.

- Try to make the laptop work more like a desktop (take the laptop off your lap). This may mean using a riser to lift the screen. Also consider plugging in a separate keyboard.
- Use a chair that supports a comfortable upright or slightly reclined position. Use a rolled-up towel or pillow to support your lower back.
- Position the laptop for the most neutral wrist posture.
- Angle the laptop screen back so it can be seen with the least amount of neck deviation possible.
- Use a box or old phonebook for a footrest.

For the correct sitting position refer to Figure 10.



PREVENT
PHYSICAL
STRAIN BY
HAVING
ADEQUATE
WORK
STATIONS

Figure 10. Correct sitting posture⁷⁸

8.6.4 MENTAL HEALTH

- Educate on mental health resources (refer to mental health chapter)
- Check how employees are doing on a frequent basis
- Share mindfulness mobile apps

8.7 RECOMMENDATIONS FOR EMPLOYEES WHO ARE WORKING REMOTELY

RECOMMENDATION 1

Physical Activity

• Develop a workout routine. Set aside at least 30 minutes a day to go for a walk or bike ride, do a workout video, or do any other type of physical activity that you enjoy.

RECOMMENDATION 2

Healthy Eating

- Eating healthy supports your immune system and boosts your energy. Eating nutritious food can help you feel good and be more productive.
- Start the day right. Eat a nutritious, rich breakfast like oats with skimmed milk, fruit, vegetables, or eggs.
- Eat at the table. Avoid eating where you work, which may contribute to snacking throughout the day.
- Pack a lunch. Even though you won't be going into the office, packing a lunch can help with portion control.
- Stay hydrated. Drinking water helps you feel better and reduces headaches and fatigue.
- Snack on healthy items like fresh fruits, vegetables, or nuts.

RECOMMENDATION 3

Mental Health

- A simple routine can help you feel good and provide some social interaction.
- Get ready for the day. Start the day with some meditation exercises. Getting dressed can help you feel ready to work and be more productive.
- Make a plan. Create a schedule and list of tasks you want to accomplish each day. Be sure to allow yourself flexibility.
- Create a dedicated workspace. If you can, it helps to create a dedicated workspace that is ergonomically suited to you.
- Get social interaction. Social interaction is important to your mental health. Call and video chat with co-workers.
- Self-care. Take care of your body, exercise regularly, eat healthy, and get enough sleep.

8.8 CONCLUSION:

Working from home or remotely has become increasingly popular especially since the Covid 19 pandemic started. Working from outside the workplace premises offers several advantages as well as some health-related challenges. People working remotely need to have proper workstations so as not to incur physical strain. Remote workers who live alone or do not have a family may also experience mental health struggles. Some employees may have resorted to eating more whilst working from home since food is easily accessible. In this chapter, recommendations to keep healthy while working remotely were explored.





CONCLUSTON

This guidance document serves to support employers in achieving a healthy workplace environment. Scientific evidence indicates that workplace health promotion programmes are a win-win situation for both employers and employees. Healthier employees tend to be happier and more productive, resulting in less absenteeism, less presenteeism, and lower staff turnover at the workplace, ultimately benefitting employers.

Employers are encouraged to conduct a health needs assessment whereby a short survey is carried out among employees to identify priority areas of health to work on.

This document has highlighted the numerous services being provided free of charge by the Health Promotion and Disease Prevention Directorate to support businesses in achieving a healthier work environment. This may be particularly important in encouraging smaller and medium-sized companies to carry out such programmes. Workplaces may be inspired by some or most of the presented recommendations to carry out their own health promotion activities. At the same time, it is of utmost importance to conduct continuous evaluation of the implemented programmes. This will help manifest where benefits to the workers and the organisation have been gained and will also provide feedback on where further developments to the programme are required. Step by step sustainable implementation of health promotion activities can lead to short and long term health benefits, leading to a healthier and more resilient workforce.

REFERENCES

- 1. Ministry for Health Malta. Registered Competent Persons. 2021. Available from: https://deputyprimeminister.gov.mt/en/ohsa/Pages/registered-competent-persons.aspx
- 2. World Health Organisation. Workplace Health Promotion. 2010.
- 3. Ministry for Health Malta. *Building Resilience Transforming Services A Mental Health Strategy for Malta 2020-2030*. 2018. Available from: https://deputyprimeminister.gov.mt/en/Documents/National-Health-Strategies/Mental_Health_Strategy_EN.pdf
- 4. World Health Organisation. *Mental health: a state of well-being*. 2014. Available from: https://www.who.int/features/factfiles/mental_health/en/
- 5. Canadian Mental Health Association BC Division. What's the difference between mental health and mental illness? *Heretohelp*. 2015. Available from: https://www.heretohelp.bc.ca/q-and-a/whats-the-difference-between-mental-health-and-mental-illness
- 6. Pan American Health Organisation and World Health Organisation. World Mental Health Day 2017 Mental Health in the Workplace. 2017. Available from: https://www.paho.org/hq/index.php?option=com_docman&view=download&category_slug=world-mental-health-day-2017-mental-health-workplace-9482&alias=42217-presentation-mental-health-workplace-217&Itemid=270&lang=en
- 7. Gauci D, England K, Calleja, N. European Health Interview Survey 2014/2015 (EHIS). 2014. Available from: https://deputyprimeminister.gov.mt/en/dhir/Pages/Surveys/European-Health-Interview-Survey-2014-(EHIS).aspx
- 8. World Health Organisation. Occupational health: Stress at the workplace. 2020. Available from: https://www.who.int/news-room/q-a-detail/ccupational-health-stress-at-the-workplace
- 9. Organisation for Economic Co-operation and Development. *Making Mental Health Count: The Social and Economic Costs of Neglecting Mental Health Care.* 2014. Available from: https://read.oecd-ilibrary.org/social-issues-migration-health/making-mental-health-count 9789264208445-en#page8
- 10. National Statistics Office Malta. Gross Domestic Product: 2017, News Release 038/2018. 2018. Available from: https://nso.gov.mt/en/News_Releases/View_by_Unit/Unit_A1/National_Accounts/Documents/2018/News2018_038.pdf
- 11. Mayo Clinic. Mental health: Overcoming the stigma of mental illness. 2017. Available from: https://www.mayoclinic.org/diseases-conditions/mental-illness/in-depth/mental-health/art-20046477
- 12. Wynne R et al. Promoting mental health in the workplace: Guidance to implementing a comprehensive approach Draft guidance

- document. 2014. Available from: https://ec.europa.eu/social/BlobServlet?docId=13879&langId=en
- 13. National Institute of Clinical Excellence. *Mental wellbeing at work*. 2009. Available from: https://www.nice.org.uk/guidance/ph22/resources/mental-wellbeing-at-work-pdf-1996233648325
- 14. Mental Health Foundation UK. *Managing Mental Health in the Workplace Module* 7. 2016. Available from: https://www.mentalhealth.org.uk/sites/default/files/CR00233_Ebook_dualbranded_interactive.pdf
- 15. Employee Support Programme. Employee Support Programme A support service for Public Service Employees. 2020. Available from: https://publicservice.gov.mt/en/Pages/News/2020/20200205_ EmployeeSupportProgramme.aspx
- 16. European Parliament. 'Right to disconnect' should be an EU-wide fundamental right, MEPs say. 2021. Available from: https://www.europarl.europa.eu/news/mt/press-room/20210114IPR95618/id-dritt-ta-skonnessjoni-ghandu-jkun-dritt-fundamentali-fl-ue-skont-il-mpe
- 17. Public Health England. Health and Wellbeing at Work. 2021.
- 18. European Social Fund Office of the Prime Minister. *Managing Mental Health at Work*. 2014. Available from: https://publicservice.gov.mt/en/people/Documents/People-Support-Wellbeing/ESP/Publications/OPM-Mental-Health.pdf
- 19. American Psychological Association. *Building your resilience*. 2012. Available from: https://www.apa.org/topics/resilience
- 20. Craig H. Resilience in the Workplace: How to be More Resilient at Work. 2020. Available from: https://positivepsychology.com/resilience-in-the-workplace/
- 21. CHRODIS+. Create supportive working environment. *The CHRODIS+ Workbox on Employment and Chronic Conditions*. 2020. Available from: https://workbox.chrodis.eu/5-2-create-supportive-working-environment/
- 22. Center for Workplace Mental Health. *Resilience: A Strong Workforce Needs It.* 2019. Available from: http://workplacementalhealth.org/Mental-Health-Topics/Resilience
- 23. Healthy Eating Advisory Service Victoria State Government. Healthy vending. Available from: http://heas.health.vic.gov.au/healthy-choices/healthy-vending
- 24. European Commission. Public Procurement of Food for Health Technical report on the school setting. 2017.
- 25. Health Promotion and Disease Prevention Directorate. *Healthy Eating the Mediterranean Way Dietary Guidelines for Maltese Adults*. 2015.

- 26. Grech A. & Allman-Farinelli M. A systematic literature review of nutrition interventions in vending machines that encourage consumers to make healthier choices. *Obes. Rev.* 2015;16: 1030–1041.
- 27. Public Health England. Government Buying Standards for Food and Catering Services (GBSF) Checklist. 2017. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/595129/Healthier_and_more_suistainable_GBSF_checklist.pdf
- 28. World Health Organisation. *Planning healthy and sustainable meetings A how-to guide for healthy and sustainable meetings at the WHO Regional Office for Europe.* 2018. Available from: http://www.euro.who.int/__data/assets/pdf_file/0005/373172/healthy-meetings-eng.pdf?ua=1
- 29. World Health Organisation. Physical Activity. 2017.
- 30. World Health Organisation. *Global Recommendations on Physical Activity for Health.* 2010. Available from: https://www.who.int/dietphysicalactivity/global-PA-recs-2010.pdf
- 31. European Commission. *Physical Activity at the Workplace: Literature review and best practice case studies.* 2017. Available from: https://op.europa.eu/en/publication-detail/-/publication/9fc2b8a0-e537-11e7-9749-01aa75ed71a1/language-en
- 32. European Commission. *Malta Physical Activity Fact Sheet 2018*. 2018. Available from: http://www.euro.who.int/__data/assets/pdf_file/0008/382571/malta-eng.pdf?ua=1
- 33. World Health Organisation. What is Moderate-intensity and Vigorous-intensity Physical Activity? 2014. Available from: https://www.who.int/dietphysicalactivity/physical_activity_intensity/en/
- 34. Department of Health. *Start Active, Stay Active A report on physical activity for health from the four home countries' Chief Medical Officers.* 2011. Available from: https://sportengland-production-files.s3.euwest-2.amazonaws.com/s3fs-public/dh_128210.pdf
- 35. World Health Organisation. WHO Guidelines on physical activity and sedentary behaviour. 2020.
- 36. North Western Health Unit Canada. *Promoting Physical Activity at Work -A toolkit for workplaces*. 2014.
- 37. Hobson-Powell A, Johnson R, Shaw J & Askew C. Physical Activity in the Workplace A guide. 2016. Available from: http://exerciseismedicine.com.au/wp-content/uploads/2016/11/EIM_Workplace_PA_Guide.pdf
- 38. Public Health England. *Physical activity, healthy eating and healthier weight: a toolkit for employers.* 2018.

- 39. National Institute of Clinical Excellence. *Physical activity in the workplace*. 2008.
- 40. CHRODIS+. Strengthen knowledge and skills. *The CHRODIS+ Workbox on Employment and Chronic Conditions*. 2020. Available from: https://workbox.chrodis.eu/3-1-strengthen-knowledge-and-skills/
- 41. Stanford University. Microbreaks. Stanford Environmental Health & Safety. 2015. Available from: https://ehs.stanford.edu/subtopic/microbreaks
- 42. University of Toronto The Division of Human Resources and Equity. *Wellness and Work from Home Toolkit.* 2021. Available from: https://hrandequity.utoronto.ca/covid-19/wellness-and-work-from-home-toolkit/
- 43. World Health Organisation Regional Office for Europe. *Planning healthy and sustainable meetings*. 2019. Available from: http://www.euro.who.int/__data/assets/pdf_file/0005/373172/healthy-meetings-eng.pdf
- 44. The Institute for Health and Productivity Studies. *Physical Activity in the workplace Guide for Employers*. 2016. Available from: https://www.jhsph.edu/research/centers-and-institutes/institute-for-health-and-productivity-studies/_docs/archived-projects/WHRN_PA.pdf
- 45. World Health Organisation. Breastfeeding. 2020. Available from: https://www.who.int/topics/breastfeeding/en/
- 46. Gatt M, Cardona T. *National Obstetric Information System (NOIS) Annual Report 2018*. 2019. Directorate for Health information and Research. Available from: https://deputyprimeminister.gov.mt/en/dhir/Pages/Registries/births.aspx
- 47. Calleja N & Borg K. *The measurement of breast-feeding indicators in the Maltese population*. 2017. Available from: https://www.um.edu.mt/library/oar/handle/123456789/34222
- 48. International Labour Organisation. Breastfeeding arrangements at work. *Maternity Protection Resource Package: From Aspiration to Reality for All.* 2012. doi:10.3233/978-1-60750-688-1-353.
- 49. Northern Ireland Public Service Alliance. *Guidance on Breastfeeding and the Workplace*. 2018.
- 50. Cattaneo A, Yngve A, Koletzko B & Guzman L R. Protection, promotion and support of breastfeeding in Europe. *Public Health Nutr.* 2004;8: 39–46.
- 51. Office of the Prime Minister. *Manual on work-life balance measures*. Public Sector Employees. 2019.

- 52. Tsai S Y. Impact of a Breastfeeding-Friendly Workplace on an Employed Mother's Intention to Continue Breastfeeding After Returning to Work. *Breastfeed Med.* 2013;8: 210–216.
- 53. Health Promotion and Disease Prevention Directorate & Midwifery Management. Guidelines to set up a Breastfeeding Room at the place of work.
- 54. Ministry for Health. *Breastfeeding Clinic*. Available from: https://deputyprimeminister.gov.mt/en/MDH/Pages/MDH-Breastfeeding-Clinic.aspx
- 55. World Health Organisation. WHO report on the global tobacco epidemic 2019: offer help to quit tobacco use. 2019. Available from: https://www.who.int/publications/i/item/9789241516204
- 56. Department of Health Information and Research. *Smoking Attributable Deaths*. Factsheet 01/2014. 2014. Available from: https://deputyprimeminister.gov.mt/en/dhir/Documents/dhir_fact_sheet_smoking_attributable_deaths.pdf
- 57. Department of Information. *LN 23 of 2010 Tobacco (Smoking Control) Act CAP.315 Smoking in Public Places Regulations*. 2010. Available from: https://www.tobaccocontrollaws.org/files/live/Malta/Malta%20-%20SF%20Public%20Places%20Regulations.pdf
- 58. Centers for Disease Control and Prevention. *Electronic cigarettes:* What's the bottom line? 2020.
- 59. World Health Organisation. *E-cigarettes: How risky are they?* 2020. Available from: https://www.who.int/news-room/q-a-detail/e-cigarettes-how-risky-are-they
- 60. Cahill K & Lancaster T. Workplace interventions for smoking cessation. *Cochrane Database Syst. Rev.* 2014. doi:10.1002/14651858. CD003440.pub4.
- 61. Notley C et al. Incentives for smoking cessation. *Cochrane Database of Systematic Reviews*. 2019.
- 62. British Medical Association. *Alcohol, drugs and the workplace*. Available from: https://www.bma.org.uk/media/1067/bma_alcohol-and-drugs-in-the-workplace-_oct_2019.pdf
- 63. World Health Organisation. *Global Status Report on Alcohol 2018*. 2018.
- 64. Čentru Ewropew għall-Monitoraġġ tad-Droga u d-Dipendenza fuq id-Droga. *Drug use in Malta 2019*. 2019. Available from: https://www.emcdda.europa.eu/system/files/publications/11328/malta-cdr-2019.pdf
- 65. Health Promotion and Disease Prevention Directorate. *How much is too much. Alcohol?* 2017. Available from: https://deputyprimeminister.gov.mt/en/health-promotion/Documents/

- library/publications/How%20much%20is%20too%20much.%20Alcohol%20(Eng)%20New%20Leaflet%202017%20-%20FINAL.PDF
- 66. GBD 2016 Alcohol Collaborators. Alcohol use and burden for 195 countries and territories, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. *The Lancet. September, 2018.* Available from: https://www.thelancet.com/article/S0140-6736(18)31310-2/fulltext
- 67. Department of Health. *UK Chief Medical Officers' Low Risk Drinking Guidelines*. 2016. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/545937/UK_CMOs_report.pdf
- 68. Health and Safety Executive. Develop a policy. *Managing drug and alcohol misuse at work*. Available from: https://www.hse.gov.uk/alcoholdrugs/develop-policy.htm.
- 69. Arbogast J W et al. Impact of a Comprehensive Workplace Hand Hygiene Program on Employer Health Care Insurance Claims and Costs, Absenteeism, and Employee Perceptions and Practices. J. Occup. Environ. Med. 2016;58: e231.
- 70. World Health Organisation. Clean hands protect against infection. 2011.
- 71. World Health Organisation. Getting your workplace ready for COVID-19. 2020.
- 72. Hand washing for Life. Equipment: Basic Needs & Prorities. *Handwashing for Life*. 2020. Available from: http://handwashingforlife.com/handsonsystem/serveready-hands/optimize/equipment-needs-prorities
- 73. Cunrui H, Wenjun M, S. S. The hygienic efficacy of different hand-drying methods: A review of the evidence. *Mayo Clinic Proceedings*. 2012;87: 791–798.
- 74. Messenger J et al. Working anytime, anywhere: The effects on the world of work. European Foundation for the Improvement of Living and Working Conditions. 2017. Available from: https://www.eurofound.europa.eu/publications/report/2017/working-anytime-anywhere-the-effects-on-the-world-of-work
- 75. National Statistics Office. *The Effect of COVID-19 on the Labour Market, News Release 107/2020.* 2020. Available from: https://nso.gov.mt/en/News_Releases/Documents/2020/06/News2020_107.pdf
- 76. National Statistics Office Malta. Reconciliation between work and family life. 2018. Available from: https://nso.gov.mt/en/nso/Media/Salient-Points-of-Publications/Pages/2020/Reconciliation-between-work-and-family-life.aspx

- 77. Health and Safety Executive. *Ergomomics and human factors at work a brief guide*. 2013. Available from: https://www.hse.gov.uk/pubns/indg90.pdf
- 78. Purdue University. *Ergonomics*. Radiological and Environmental Management. 2019. Available from: https://www.purdue.edu/ehps/rem/laboratory/Personal/ergo.html
- 79. Public Health England. Workplace health needs assessment: How to use the assessment and HNA questions. 2018. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/674851/Workplace_Health_Needs_Assessment_2018.pdf



ANNEXES

ANNEX 1

WORKPLACE HEALTH NEEDS ASSESSMENT (HNA) SURVEY⁷⁹

This survey will help a company to plan a programme of health activities that employees feel is appropriate for their needs.

Some employees may find the questions personal, and although anonymous, in small workplaces some people may feel that they can be identified from their replies. People may be suspicious about the intentions behind this survey. Proper explanation about the motives of the survey will help staff overcome this issue. Hiring a company to carry out this survey helps reduce concerns about confidentiality.

HOW TO CARRY OUT THE SURVEY?79

- Ensure that top management is involved and committed to the health and wellbeing of its employees.
- Ensure employees are involved in the planning the HNA survey.
- Decide who is collecting the information, establish timelines for collecting the information, and prepare plans for working on the findings of the survey results.
- Explain clearly why the information is being collected and how it will be used.
- Talk to staff and explain that the survey is anonymous.
- The survey can be done paper-based or electronically.

EXAMPLES OF SURVEY QUESTIONS79:

On a scale from 1-10 (0 means not satisfied at all and 10 means completely satisfied):

- How is your health in general?
- Overall, how satisfied are you with life in general?
- Overall, how happy did you feel yesterday?
- Overall, how anxious did you feel yesterday?

The questions above are useful to employers since research shows that people with higher levels of personal wellbeing make better lifestyle choices i.e. they tend to eat healthier, are more physically active, and are less likely to smoke. A staff team with higher levels of wellbeing tends to be more productive.

SMOKING

This section aims to find the number of employees who smoke and what support they feel would help them stop smoking.

- 1. Do you currently smoke?
- Cigarettes
- Cigars
- Pipes
- Shisha or waterpipe
- None of the above
- 2. Which best describes you?
- I smoke daily
- I smoke occasionally but not every day
- I used to smoke daily but do not smoke at all now
- I have never smoked
- 3. If you smoke, what support would you find most helpful for quitting smoking?
- · Advice from a doctor
- Professional help from a smoking cessation officer
- Support from manager or work mates
- Support from family or friends
- Nicotine replacement therapy
- Other (please specify)

HEALTHY EATING

The aim of this section is to find out if your employees follow a healthy diet. The question is about fruit and vegetable intake. The research suggests that it is a reasonable factor to determine whether a person follows a healthy diet.

Question 1:

How many portions of fruit and vegetables, of any sort (fresh, frozen, canned), do you eat in a typical day?

0

1

2

3

J

4

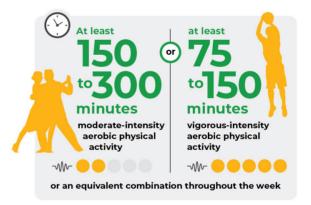
5+

A portion of fruit is equivalent to a medium-sized fruit such as banana, apple or orange.

A portion of vegetables is equivalent to 80g of leafy vegetable (rucola, kale, spinach) or other vegetables, or 50g of legumes (beans, lentils), or a ladle of vegetable soup.

PHYSICAL ACTIVITY

> Adults should do at least 150– 300 minutes of moderate-intensity aerobic physical activity; or at least 75–150 minutes of vigorousintensity aerobic physical activity; or an equivalent combination of moderate- and vigorous-intensity activity throughout the week, for substantial health benefits.





> Adults should also do musclestrengthening activities at moderate or greater intensity that involve all major muscle groups on 2 or more days a week, as these provide additional health benefits.



Figure 11. Global recommendations for physical activity for health among 18-64 year olds³⁵.

The aim of this section is to find the number of employees who are physically active enough to meet the national recommendations for physical activity (see Figure 11 above).

Question 1:

In the past week, on how many days did you do a total of 30 minutes or more of physical activity, which was enough to make you breathe harder?

(This may include sports, exercise, and brisk walking or cycling for recreation or transport, but should not include housework or physical activity that may be part of your job.)

0

1

2

3

4

5+

Question 2:

In the past week, on how many days did you do exercises that strengthen your muscles?

(Activities such as lifting weights, sit-ups, yoga.)

n

1

2

3

4

5+

ALCOHOL⁷⁹

The aim of this section is to find out the number of employees that consume alcohol at levels that may put their health at risk.

Question 1:

How often do you have a drink containing alcohol?

- Never
- Monthly or less
- 2-4 times per month
- 2-3 times per week
- 4 or more times per week

Question 2:

How many units of alcohol do you drink on a typical day when you drink alcohol? A unit of alcohol is explained in Figure 12 below.

1-2

3-4

5-6

7-9

10+

A STANDARD DRINK

A standard drink (or unit of alcohol) always contains the same amount of alcohol, regardless of the container size or the type of alcoholic beverage. In Malta one standard drink is equivalent to 8 grams of alcohol. The alcohol content of a particular alcoholic drink depends on the strength of the beverage and the volume of the drink. Typically one standard drink is:



Alcohol by Volume (ABV) is the percentage of alcohol in the beverage. This can be found on the beverage label.

Figure 12. A standard drink (or unit of alcohol) 65

ANNEX 2

PRACTICAL TIPS AND IDEAS WHEN ORGANISING HEALTH PROMOTION ACTIVITIES AT THE WORKPLACE

- Install signs next to the lifts to encourage stair use instead of the lift
- Promote active transport i.e. coming to work by bicycle or walking if work is within walking distance
- Encourage parking some blocks away from work and walking to work
- Organise physical activity sessions by qualified instructors
- Encourage quick desk stretches
- Encourage challenges such as a 10,000 daily step count challenge, push-up challenge, plank challenge, wall sit challenge
- Organise an ergonomics talk by a qualified individual
- Share online healthy recipes among staff
- Offer a healthy breakfast every fortnight
- Offer healthier food and beverage options at canteens and from vending machines
- Offer healthy food and beverage options at a reasonable price
- Offer free fruit, low-fat, low-sugar yoghurts, high-fibre cereals at work
- Encourage employees to bring healthy food from home rather than buying take away food which will be high in saturated fat, sugar, and salt
- Organise a healthy cooking demonstration
- Offer nutritional advice by state-registered nutritionists
- Organise a nutrition and fitness talk by qualified individuals
- Encourage employees to drink more water by keeping a water calendar
- Offer herb-infused water
- Organise health screening activities such as blood pressure, blood glucose and body mass index testing
- Share health awareness messages via email or affix these messages to prominent areas in the workplace

- Promote weight management programmes organised by the Health Promotion and Disease Prevention Directorate
- Promote tobacco smoking cessation programmes organised by the Health Promotion and Disease Prevention Directorate
- Distribute educational material on nutrition and other wellbeing topics published by the Health Promotion and Disease Prevention Directorate

