

UNIVERSITY OF EDUCATION, WINNEBA
COLLEGE OF TECHNOLOGY EDUCATION, KUMASI

AWARENESS OF SAFETY AND ACCIDENT PREVENTION STANDARDS
IN THE CATERING INDUSTRY IN GHANA: A CASE STUDY OF PALOMA
HOTELS



GLADYS GHANNEY

AUGUST, 2016



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**A Dissertation Submitted to the Department of HOSPITALITY AND
TOURISM EDUCATION, Faculty of VOCATIONAL EDUCATION, School of
research and Graduate Studies, University of Education, Winneba in Partial
Fulfilment of the Requirements for the award of Master of Technology
Education (Catering and Hospitality) Degree**

AUGUST, 2016

DECLARATION

CANDIDATE'S DECLARATION

I, Gladys Ghanney, declare that, this dissertation with the exception of quotations and references contained in published works which have all been identified and acknowledged, is entirely my own original work, and it has not been submitted, either in part or whole, for another degree elsewhere.

SIGNATURE.....

DATE.....

SUPERVISOR'S DECLARATION

I hereby declare that the preparation and presentation of the dissertation were supervised in accordance with the guidelines on supervision of dissertation laid down by the University of Education Winneba.

SUPERVISOR'S NAME: Dr. Patricia F. Ababio

SIGNATURE.....

DATE.....

DEDICATION

I dedicate this project work to God Almighty and my beloved family; my dear husband Mr. Emmanuel Ebah-Huedenu, my children Julian, Robert, Emmanuel Jnr. and Kelvin for their love and support. I also dedicate this work to my mum who took care of my children during my stay on campus and to all my mates and colleagues at my work place.



ACKNOWLEDGEMENT

I sincerely acknowledge the inputs of my supervisor, Dr. Patricia F. Ababio who out of her tight schedule made this piece of work a success. I am very much grateful for her advice, patience and suggestion she made that helped me to complete this dissertation in time.

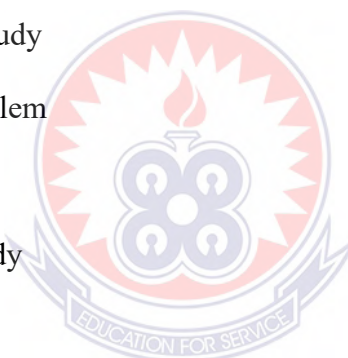
I also acknowledge the encouragement, help and support of my husband Mr. Emmanuel Ebah-Huedenu. To my children, mum and siblings I say God bless you all for your encouragement. To all who played a role in the success of this work, may the Good Lord bless you all abundantly.

Thank you all.



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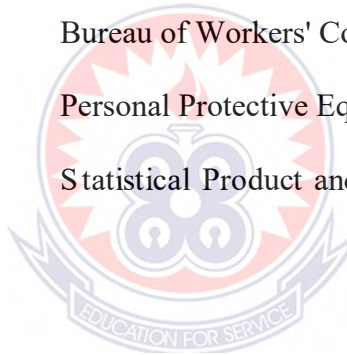
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LIST OF ABBREVIATIONS

OHS	Occupational, Health and Safety
ILO	International Labour Organisation
DCPP	Disease Control Priorities Project
DALYs	Disability-Adjusted Life Years
WHO	World Health Organisation
HSE	Health and Safety Executive
FIOSH	Federal Institute for Occupational Safety and Health
Work Safe BC	Workers' Compensation Board of British Columbia
OSHA	Occupational Safety and Health Act
BWC	Bureau of Workers' Compensation
PPE	Personal Protective Equipment
SPSS	Statistical Product and Services Solution



ABSTRACT

There is evidence that poverty and low educational standards expose staff to exploitation by employers and to some extent high levels of occupational hazards. With insecure employment, particularly in small enterprises, accidents are likely to go undetected. It is against this background that the researcher decided to research into this area. The specific objectives of the study were to establish whether there were policy guidelines relating to prevention of occupational accidents and awareness of the safety procedures by the staff and management of Paloma Hotels. The independent variables examined were the years worked, level of education while the dependent variables included awareness of staff on safety requirements, policies and accident prevention measures. Staff of various sections filled questionnaires to shed light on accident prevention measures and awareness. An observation checklist was also used to establish the safety practices of the hotel. The data collected was then used to establish the extent to which accidents occurred, state of awareness and preventive measures that were undertaken by the hotels. Through personal observation and descriptive method used, it was found out that the awareness of safety rules, policies and regulations by the staff and management of the hotel were quite low. Paloma hotels neither had a system for reporting hazards nor accidents and the staffs were not aware of their safety responsibilities. Accidents such as trips, falls and slips 38%, burns and lacerations 29%, and cuts representing 33%. The main contributing factors for the accidents were identified as carelessness representing 45%, ignorance in use of equipments 33% and accidents being accidental represented 22%. On the other hand preventive measures put in place included training in fire fighting and first aid. Recommendations included providing clear policies on safety procedures in the hospitality industry and training staff on these policies to create awareness. Occupational health is an important strategy

not only to ensure the health of workers, but also to contribute positively to productivity, quality of products, work motivation, job satisfaction and thereby to the overall quality of life of individuals and society.



CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Occupational health and safety practices have generally been given little research attention. As a result, occupational health and safety has continued to remain outside mainstream organisational and management researches (Barling *et. al.* 2002). Most countries and industries scarcely recognize occupational health and safety practices as a crucial determinant of national development. Therefore, mainstreaming occupational health and safety into national agenda becomes an important consideration for not only developed countries but also for the developing countries as well (Katsoulakos *et. al.*, 2007). Apparently, less than one percent of organisational and national researches focus on issues concerning occupational health and safety practices (Barling *et. al.*, 2000).

Apart from little research attention on occupational health and safety issues in general, there is also an acute lack of literature on these matters. Particularly, most African countries are struggling with occupational health and safety practices as few attempts from the industries and the governments are notable (Meredith, 1986; Regional Committee for Africa Report, 2004). Despite the struggling attempts, several steps have been taken to protect employees' health and safety at both the national and industrial levels. However, there is still little attention to occupational health and safety (hereafter OHS) issues, as this is shown by several occupational health and safety hazards, risk and diseases in the country.

Many believe that this is due to lack of political will. Observations suggest that, there are poor attitudes toward occupational health and safety practices, as employers are not really concerned about the protection of employees' health and

safety (The Ghana Health Service Report, 2007) and even worse, some employers do not realize that they have the legal responsibility to protect employees' health and safety.

“Safety and health at work is not only a sound economic policy, it is a basic human right” (Annan K, Former UN Secretary General). The right to life is the most fundamental right, yet every year 2.2 million men and women are deprived of that right by occupational accidents and work related diseases (International Labour Organisation (ILO), 2005). By conservative estimates workers suffer 270 million occupational accidents and 160 million occupational diseases each year (ILO, 2005). This is perhaps just the tip of the iceberg, as data for estimating nonfatal illness and injury are not available in most developing countries (Disease Control Priorities Project (DCPP), 2007). Occupational injuries alone account for more than 10 million Disability-Adjusted Life Years (DALYs) lost, or healthy years of life lost whether to disability or premature death, and 8% of unintentional injuries worldwide (DCPP, 2007). Poor occupational health and reduced working capacity of workers may cause economic loss up to 20% of the Gross National Product of a country (World Health Organisation (WHO), 1994). Globally occupational deaths, diseases, and illnesses account for an estimated loss of 4% of the Gross Domestic Product (Takala, 2002).

It is in the interest of workers and their representatives to earn a living, and also to reach old age in healthy conditions (WHO, 2007). These interests are not contradictory but complementary to company interests. Organisations have traditionally evaluated their health in terms of the bottom line (Robin, 2003), however, with past research uncovering enormous financial and human costs associated with unhealthy organisations (Cooper, 1994), human resource

professionals have begun to position healthy workplace programmes and activities as a source of competitive advantage. This will help to curtail increasing health care costs, assist in the attraction, acquisition and retention of employees, better manage the employer-employee relationship, meet the needs of an increasingly diverse workforce, and boost employee morale (Fulmer *et. al.*, 2003; Jaffe, 1995; Pfeffer, 1994).

Occupational safety and health is regarded as a key element in improving workplace safety and health management. Safety and health management system and programs are designed with the purpose of ensuring the safety, health and welfare of persons at work and protection to other people from hazards to safety and health arising from the activities of persons at work in various economic sectors. A safe working environment means that the workplace has been assessed for hazards and that the hazards are eliminated or that controls have been implemented so that the company is able to operate safely.

An injury at the workplace or the spread of diseases can cause severe harm to the profitability of the business concerned. Besides that, the reputation of the business could be damaged and this will have an impact on future earnings. Other costs for the employer includes losing the services of the person who is ill or injured and the costs of having someone else cover his or her job. There could also be a loss in productivity caused by disruption to the business due to inexperienced replacements to replace the injured or ill worker, hence workplace health and safety issues in organisations, that include the emotional, physical, chemical and biological exposures of work should be of interest to all employers.

The employer has responsibility to protect the employees from all health hazards that may pose threat to their safety and health (International Labour

Organization 1959). Safety hazards are those aspects of the work environment that have the potential of immediate and sometimes violent harm to an employee; for example loss of hearing, eyesight or body parts, sprains, bruises, broken bones, burns and electric shock.

The Labour Act 2003, Act 651 of the Republic of Ghana, section 118(I) states that “it is the duty of an employer to ensure that every worker employed by him/her works under satisfactory, safe and healthy conditions. Government plays a significant part in health and safety because it legislates to improve health and safety factors.

Trade unions have been more appreciative of health and safety measures than employees they represent. It is easy to see why this is so. The objectives of health and safety initiatives and trade unions both improve the quality of working life of employees. They pressurize employers for better programmes and use their clout to lobby for legislation to improve the health and safety of employees (Rasel, 2015).

Many key OHS issues proliferate in the Ghanaian economy. The one key OHS issue pertains to dealing with OHS challenges. Obviously, the country has come to OHS late with difficult challenges for OHS practices. One of the major challenges of occupational health and safety practice is that, like many African countries, Ghana cannot boast of any comprehensive national OHS policy. This challenge was observed by Ghana Health Service (2007) which reported that, Ghana’s challenge of mainstreaming OHS practices in its national developmental agenda is certainly mitigated by lack of national OHS policy. The issue of policy framework is commonly regarded as African countries most difficult challenge in the sense that policies do not work. For example, Clark (2005) indicated that, majority of Ghana’s

legal provisions on OHS is limited in scope as vast majority of industries, including agriculture and most of the informal sectors are not specifically covered. However, few statutes inform the implementation of occupational health and safety. These are the Factories, Offices and Shops Act 1970, Act 328 and the Mining Regulations 1970 LI 665 which have driven OHS implementation in the manufacturing, shipping and mining sectors.

Other statutes that have a bearing on OHS are the Workmen's Compensation Law 1987, Environmental Protection Agency Act 490, 1994, and the Ghana Health Service and Teaching Hospitals Act 526, 1999. But these few legal provisions require huge modification to meet international requirements and standards. Furthermore, the Ministry of Health Report (2007) also identified some OHS challenges in Ghana. These include weak OHS infrastructures, untrained and inadequate OHS professionals, and lack of proper monitoring and surveillances for occupational health and safety diseases and injuries.

1.2 Statement of the Problem

There have been growing concerns about occupational health and safety problems in the catering industry in Ghana. The hotel industry has become one of the fastest growing industries due to increase in per capita income and population growth in urban areas. Hotels in Ghana have experienced tremendous growth in the number and magnitude of hotel establishments over the past ten years leading to massive employment of staff into the hotel industry. According to Vicino (2006), new employees are involved in one in three workers' compensation accidents, and they too often don't have the right training or management to avoid injuries. This creates a concern that staffs may not be aware of their safety rights and safety procedures or if they are aware, these may not be practiced within the establishments such that hotels

end up being health hazards. Factors such as lighting, noise, high temperature, and high concentration of carcinogenic substances in the air in the kitchen environment pose serious threats to the safety and health of kitchen staff. Lack of directional signs to emergency exits, smoke doors kept open all the time, slippery floors, blocked emergency routes, piling up of objects to heights, improper way of lifting heavy objects, and lack of training and emergency drills are possible reasons leading to industrial accidents and occupational diseases.

There is evidence that poverty and low educational standards expose staff to exploitation by employers and to some extent high levels of occupational hazards (Mitullah *et al*, 2003). Workers themselves may also be unwilling to expose health problems in situations of high job insecurity, informal employment, and high labour turnover, factors exacerbated by employment patterns created by globalization (Packard, 1989). With insecure employment, particularly in small enterprises, accidents are likely to go undetected and workers with severe disability will be dropped out of work (Loewenson, 1998). This is compounded by the fact that the provision of occupational health services is usually in larger organizations, people in small organizations have little or no access to occupational health advice (Health and Safety Executive (HSE), 1992). The study will therefore assist in determining if the occupational safety policies are in place in the organisation under study, how far safety procedures are being adhered to and what is being done to create awareness on these very important safety requirements.

1.3 Purpose of the Study

The purpose of the study was to establish if hotels have any measures put in place to detect hazards and to find out if hotel personnel were aware of these

measures to ensure their safety. It is also aimed at establishing what preventive measures are in place to prevent accidents.

1.4 Objectives of the Study

1. To establish whether there are policy guidelines relating to prevention of occupational accidents and to check whether legal requirements relating to safety at work are followed.
2. To determine the level of awareness of the safety procedures by the staff and proprietors of Paloma hotels in Accra.
3. To establish preventive measures that is in place to prevent Occupational Accidents in the Paloma Hotels.

1.5 Research Questions

- Are there safety procedures and policies that govern the hotel industry in Ghana?
- Are staff and proprietors aware of these safety requirements and policies?
- Are there preventive measures that have been put in place to prevent Occupational Accidents in the hotels?

1.6 Significance of the Study

The significance of this study can be seen in diverse ways. The hospitality industry is a labour intensive industry where employees play a major role in running all aspects of its activities. While some employees are employed on permanent basis, a number of them also provide services on casual/part-time basis thus compromising their position as stakeholders in the institution they work in. Due to this, their safety

in terms of preventive measures put in place and ensuring of awareness in safety matters is often disregarded. In spite of the above, it is very important that the health and safety of these employees are carefully considered in an institution's policies. This study might help provide direction in terms of what is actually happening on the ground and what can be done to improve this situation to ensure occupational accidents are prevented as far as possible while the staff are made aware of how they are expected to be protected from the occurrence of such occupational accidents by themselves, the employer and according to stipulated law.

Hotel proprietors will benefit from increased productivity due to reduction in lost time due to accidents as well as significant improvement of work place infrastructure. Staff on the other hand will benefit from increased awareness of Occupational Health and Safety, which will inspire positive attitude change thus lowering Occupational accidents.

This study might also form a baseline to establish safety practice so as to lay foundation on the improvement of occupational safety, accident awareness and prevention in the hotel industry. This may also assist in knowledge generation on the subject of occupational accidents.

The piece of work will also provide the opportunity for employees, employers to identify their specific respective roles in health and safety issues. It will also provide bases for other restaurants in Ghana to adopt the recommendations in the formation of effective health and safety measures in their institutions as well. The work can be used as reference material for policy makers in making decisions concerning health and safety practices and policies.

1.7 Organisation of the Study

The research work is divided into six (6) chapters. Chapter one is the general introduction grouped under the following headings; Background to the study, Statement of the problem, Purpose of the study, Objectives of study, Significance of the study, Organization of the study, Delimitation and Limitation of the study.

Chapter two involves the review of various related literatures on the relevant subject under the study. Chapter three includes the various methods used for collecting data for the research work. These methods include administration of questionnaires, interviews, observation etc. Chapter four presents results and findings of the study while chapter five involves the discussions and provides analysis of the data gathered for the study. Finally, the sixth chapter provides conclusions and recommendations.

1.7 Delimitation of the Study

The study will be limited to physical accidents that occur to employees working in kitchens of Paloma hotels and restaurants. The study was restricted to the kitchen in catering operations because of its very unusual and distinctive culture. Commercial kitchens are often associated with pressurised working environment where the pursuit of service quality often requires kitchen staff and managers to maintain production at all costs. It could be the case that this contributes to perpetuating the continuing high rates of accidents within the industry.

1.8 Limitation of the Study

Most of the employees of the hotel have unstable or unfavourable work schedules. This made the conducting of interviews very difficult. There was some financial constraints in the course of the research, as the researcher had to spend a lot of money in printing of the research work, photocopying relevant research materials,

travelling and transport cost to the site to gather information. Another limitation was the reluctance of the respondents in disclosing information with the view that the information will be disclosed to the outside world and it could be used against the hotel.



CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter presents a review of relevant articles written by experts on the awareness of occupational health and safety in the catering industry in Ghana. For the purpose of making any meaningful and realistic conclusion on the data drawn from the study, it is important that a closer look is taken at similar works done on occupational health and safety with reference to job performance and review some of the literatures pertinent to the study, in order for comparison, confirmation and differences to be laid bare.

2.2 Meaning of Occupational Health and Safety

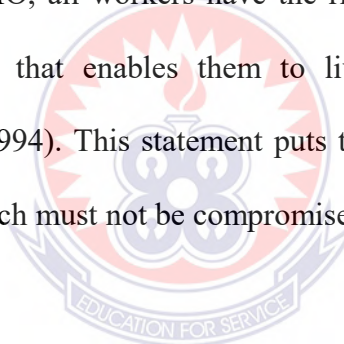
Health is a positive concept that includes social and personal resources as well as physical capabilities (Nutbeam, 1990). It has been conceptualised as the ability to have and to reach goals, meet personal needs and cope with everyday life (Raphael *et. al.*, 1997).

The WHO defines health as not just the absence of disease but as a state of complete physical, mental and social well-being (WHO, 1986). A joint definition of occupational health endorsed by the International Labour Organisation (ILO) and World Health Organisation (WHO) (as revised in 1995) states that: “Occupational health should aim at: the promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations; the prevention amongst workers of departures from health caused by their working conditions; the protection of workers in their employment from risks resulting from

factors adverse to health; the placing and maintenance of the workers in an occupational environment adapted to their physiological and psychological capabilities; and, to summarize: the adaptation of work to man and of each man to his job” (WHO, 1995).

Occupational health and safety (OHS) is a multidisciplinary concept that touches on issues relating to such disciplines as medicine, law, technology, economics and psychology (Leka, 2003). As a broad based concept, occupational health and safety captures the mental, emotional and physical well-being of the worker in relation to the conduct of his work. This therefore makes it an important discipline contributing to the success of any organisation.

According to WHO, all workers have the right to healthy and safe work and to a work environment that enables them to live a socially and economically productive life (WHO, 1994). This statement puts the human life at the centre of all productive activities, which must not be compromised at any cost.



2.3 Evolution of Occupational Health and Safety

Society through its government institutions has a long history of interest in protecting workers. Through the early 19th and 20th centuries, Western European countries made discoveries as to the relationship between occupations and disease. In the United States as early as 1867 Massachusetts began to employ factory inspectors to protect employees from dangerous machinery (National Safety Council USA, 1969). Workmen's compensation programs were developed by states in the early part of this century in response to increasing frequency of industrial accidents and diseases, as the United States was fully in the throes of the Industrial

Revolution (The Labour Institute (1991): The rehabilitation of Workman's compensation, 1973).

In 1911 the state of Wisconsin made the employer legally responsible for the provision of a safe and healthful work environment. Between 1911 and the late 1960's, the precedent was being set nationwide as to employer responsibilities to provide safe and healthful work environments for their employees. State and federal agencies adopted varying degrees of enforcement, education and consultative services. During this time, considerable research was done on the acute hazards of various chemicals, especially metals and fibrous materials. During this time, asbestos was established as a respiratory carcinogen and persons exposed to such materials during World War II started having clinical symptoms of asbestosis, mesothelioma and carcinoma of the lung.

Professional societies such as the National Safety Council, professional engineering societies, industrial hygiene associations, trade associations and the federal government developed national consensus minimum standards. These consensus standards were used by insurance companies to evaluate work practices of their policy holders, by industry for self-evaluation and by federal, state and local government agencies to evaluate industries on a voluntary basis.

During the late 1950's and 1960's organized labour continued to bring pressure for improved health and safety legislation (Occupational Hazards Cleveland, 1971). In 1970 President Richard Nixon signed the Occupational Safety and Health Act which established a nationwide enforcement-oriented health and safety program. This legislation called for the development of increasingly stringent standards to be met by all employers. It called for vigorous enforcement of these

standards by both state and federal employees (Occupational safety and health act of 1970).

2.4 Occupational Health and Safety (OHS) in Ghana.

The African continent is witnessing a verifiable shift towards peace, stability and economic growth. This situation is making the world appreciate West-Africa for its significant investment opportunities. Ghana is one such country in the sub-region experiencing rapid industrialisation in recent times.

Industrialisation comes with its own challenges, one of which is OHS. In countries like Ghana with a fast growing labour force coupled with a growing informal sector as opposed to the formal sector, workers have tended to fight for job security while neglecting the need to promote the quality of work life. The provision of a safe and healthy work environment is a human right issue, and investment in occupational health and safety yields improved working conditions, higher productivity and better quality of goods and services.

Lack of comprehensive OHS policy, poor infrastructure and funding, insufficient number of qualified occupational health and safety practitioners, and the general lack of adequate information are among the main drawbacks to the provision of effective enforcement and inspection services in most African countries (Muchiri, 2003). The Republic of Ghana symbolises the above assertion in its entirety.

In spite of the numerous investments that the country attracts with its accompanying OHS related issues, Ghana as a nation still has no national policy on OHS (The Ghana Health Service, 2007). A draft of occupational services policy jointly developed by the Ministries of Manpower Youth & Employment, Health and Lands, Forestry & Mines as far back as the year 2000 is yet to be adopted. The

governments of Ghana, past and present, have not shown any political will, commitment and support for bold occupational health and safety policies. This is evident in the fact that out of over 70 conventions/recommendations of the ILO that are OHS related, only ten have been ratified by the government of Ghana (i.e., Conventions 45, 81, 89, 90, 103, 115, 119, 120, 147 & 148). Surprisingly the four core conventions on occupational health and safety (i.e., Conventions 155, 161, 170 and 174) have all not been ratified (Amponsah-Tawiah *et. al.*, 2010). Though the recently promulgated labour Act 2003, Act 651 has a section which covers OHS (i.e., Section 15), it is amazing that the very tenets on which the section is built (i.e., ILO Conventions 155 and 161) have not been ratified by the government as yet. Indeed, the ratification of ILO conventions cannot be said to be the panacea to the numerous OHS issues that confront today's organisations.

Two main statutes have informed the execution of OHS in Ghana. These are the Factories, Offices and Shops Act 1970, Act 328 and the Workmen's Compensation Law 1987, PNDC Law 187. The main provisions of the Factories Offices and Shops Act 1970 concerns improvements necessary to attain internationally accepted standards of providing for the safety, health and welfare of persons employed in factories, offices, shops, dock work and construction. Missing in the coverage of industries under the Act is the vast majority of industries including agriculture, and most of the organisations under the informal sector. Provisions in the Act are also very limited in scope providing inadequately for prevention. Preventive strategies like risk assessments, medical surveillance and control of hazards are not for instance catered for in the Act. Also missing in the Factories Offices and Shops Act are standards against which services will be measured. The lack of uniform standards against which organisations could be evaluated has resulted in factory

inspectors assuming a lot of discretionary powers and falling to the temptation of abuse of power. Apart from the Radiation Protection Convention, 1960 (No. 115) ratified in 1961, there are no regulations and rules for certain classes of hazardous work situations such as agriculture, construction and others. This makes it more difficult for employers to comply with laws and further add to the discretionary powers of inspectors.

The Workmen's Compensation Law 1987 provides for the payment of cash compensation by an employer to an employee in the event of injury resulting from accident on the job and in the event of death, payable to dependants through the courts. Compensations as prescribed by the Workmen's Compensation Law bear no relation to the level of risk to which workers are exposed. Some organisations in Ghana still operate under the assumption that the protection of limb and life should be a reason sufficient enough for workers to behave safely. Hence they tend to trample deliberately on the rights of employees by not providing adequate health and safety protection. Indeed, many are the organisations that operate under the assumption that the provision of personal protective equipment is sufficient to prevent occupational accidents. Other statutes that have bearing on OHS in Ghana are the Mining Regulations 1970, LI 665, the Environmental Protection Agency Act 490, 1994, the Ghana Health Service and Teaching Hospitals Act 526, 1999, Ghana Aids Commission Act 613, 2002 and the Labour Act 651, 2003.

Facilities for providing occupational health services in Ghana consist basically of government and private and faith based health facilities in the communities. However, a few companies have their own facilities that cater for the health and safety needs of their employees. Services provided by the existing facilities are very limited as compared to those prescribed by the ILO Convention No. 161 on Occupational

Health Services. Primary medical care is the norm with the provision of basic curative care and first aid becoming the order of the day. With the exception of a few multinational companies who undertake comprehensive preventive occupational activities, (i.e., medical surveillance, risk assessment, worker education on HIV/AIDS prevention programmes) these are grossly lacking in the country.

2.5 Occupational Health, Safety and the Law

Ghana's Labour Act 2003, Act 651 states that an employer shall;

- Provide and maintain at workplace, plant and system of work that are safe and without risk to health.
- Ensure that safety and absence of risks of health in connection with use, handling, storage and transport of articles and substances.
- Provide the necessary information, instructions, training and supervision having regard to the age, literacy level and other circumstances of the worker to ensure, so far as if reasonably practicable, the health and safety at work of those other workers engaged on the particular work.

The Act again states that an employer who, without reasonable excuse, fails to discharge any of the obligations listed above commits an offence and is liable on summary conviction to fine not exceeding 1000 penalty units or to imprisonment for a term not exceeding three years or to both.

2.6 Common Hazard Identification in the Catering Industry

A hazard is a potential for harm. In practical terms, a hazard is associated with a condition or activity that, if left uncontrolled, can result in an injury, illness or even death. Dangerous and hazardous factors can be classified according to two national codes: Standards No. GB/T13861-1992 and GB6441-1986.

In the catering industry, standards No. GB/T13861-1992 dangerous and hazardous factors can be classified into six categories according to the direct cause of the incident and occupational hazard:

Physical hazard:

Inadequacy of equipment and facilities, insufficient protection, electrical hazard, noise hazard, vibration hazard, electromagnetic radiation, moving body hazard, fire, high-temperature substances that may cause burns, low-temperature substances that may cause frostbites, dust, poor working environment, signal failure, inadequate signs, etc.;

Chemical hazards:

Inflammables or explosives, self-combustibles, toxic and corrosive elements, etc.;

Biological hazard:

Pathogenic microorganisms, media of infectious diseases, harmful animals, harmful plants, etc.;

Psychological and physiological hazards:

Overloading, abnormal health conditions, jobs of a taboo nature, abnormal psychological conditions, problems in identification, etc.;

Behavioural hazards:

Errors in giving instructions, operational errors, errors in monitoring, etc.;

Other dangerous and hazardous hazards:

Lifting heavy objects, working space, inappropriate tools, and unclear labelling.

On the other hand, Standard No. GB6441-1986, classifies occupational deaths and injuries into the following categories by considering factors leading to the incident, substances causing harm, the type of injury, etc. Those categories include being hit by objects; being injured by vehicles; suffering from mechanical injuries,

injuries due to lifting weights, electric shock, drowning, burns, fire; falling from heights; collapsing; falling from heights including from roofs and walls; a flood; injuries due to explosions, gunpowder explosions, gas explosions, boiler explosions, container explosions, other explosions; and toxification and suffocation.

Though different, those two standards are inter-related. The latter is the result of the incident, while the former leads to the incident. For example, in Standard No. GB6441-1986, fire is the result of an incident. The fire may be caused by flames or a poor working environment; inflammables, explosives or self-combustibles; errors in command or operational errors as listed in Standard No. GB/T13861-1992.

In identifying dangerous and hazardous hazards, reference has to be made to occupational diseases, operation rules, and complaints of the parties involved, laws and regulations, as well as records of past incidents.

2.7 Common Workplace risks of the Catering Industry

The catering industry covers a highly diversified range of activities. Although some concerns and hazards are common to the whole sector, others are more specific to certain branches of the industries. Despite their heterogeneity, one of the common factors shared by all branches of the catering industry is that they are required to follow strict health and hygiene standards, since their products can affect the health of consumers Tomoda (1993)

At the initial stage of food processing, workers keep their hands constantly in water, which may gradually affect the nerves of their hands and arms. The constant use of water in the workplace also means that the floor is likely to be wet, with a consequent increase in the risk of slipping and falling.

Another common feature of the industries is that they are engaged in the processing and transformation of raw materials, such as meat, poultry and seafood, which spoil easily unless processed quickly at a low temperature. In some cases, workers have to enter freezing rooms when handling raw materials, such as carcasses. These workers are liable to suffer from respiratory disorders, frostbite and rheumatic disorders.

Other workers have to operate in a high temperature environment. Many products are now given a higher added value through processes involving heat, such as roasting, drying, boiling and baking. Workers in high temperature environments are exposed to the risk of burns, scalds and poor ventilation.

Another characteristic of the industry, particularly in the food industry, is that workers often use sharp and dangerous hand tools to process various raw materials. In the meat processing branch, particularly sharp and heavy butcher's knives are used to cut and trim meat, which can be greasy and unstable on the cutting board. The floors of meat processing plants can also be dangerously slippery as a result of the animal fats which have been dropped.

A further characteristic is that workers in certain branches run a high risk of inhaling a heavy concentration of dust particles, which is likely to result in respiratory disorders and allergies. Processes such as the grinding and mixing of grain, beans, nuts and herbs emit considerable levels of dust into the air. Anyone working in this atmosphere for long hours is liable to inhale dust particles to such an extent that allergic symptoms begin to appear.

Particularly in the industry, workers are exposed to a high risk of injury from glass bottles, which can fall and break while being washed or burst while

being filled. Glass bottles are also a source of high noise levels which can be hazardous to workers hearing

2.8 Common Occupational accidents and injuries in the Catering Industry

The most frequent injuries associated with the catering industry are injuries linked with use of sharp hand tools. In other words, the meat, marine products, and fruit and vegetable processing branches, where the work involves the use of sharp knives, report very high accident rates. Other injuries which occur frequently include muscular-skeletal injuries and bruises. Fractures, burns and eye injuries are also reported fairly frequently (Saigai *et. al*, 1990).

The handling of tools, the operation of machines, overexertion, and collisions with moving or stationary objects and falls or slips in the workplace are the major causes of injuries in the industry. Other causes of injuries which are frequently reported include the handling of chemical substances or hot materials and parts of the body being trapped in machines.

Besides overexertion in the handling of heavy objects, workers often have to perform tasks in awkward and stressful postures, which may result in sprains and strains, particularly to the wrists and the elbows. Working in uncomfortable positions also leads to greater fatigue, which increases the risk of accidents. The tools and machines which they use may also be too heavy for the tasks performed (Saigai *et. al.*, 1990).

Many types of machinery and equipment are used in the catering industry. Examples of machinery and equipment include: Slicers, Mincers, Patty forming machines, Meat tenderisers, Pie and tart machines, General mixers, Slicing, grating and chipping mixers, Food processors, Dough machines, wrapping and packing

machines, Floor polishers, Pressure washers, Steam cleaners or hoses, Vacuum cleaners, Washing machines and dryers and Tile scrubbers, Ovens etc.

Mechanical equipment can cause sprains and strains, open wounds, fractures, amputations; and even death. The most common mechanical equipment injuries are to hands and fingers, which may be cut, sprained, dislocated, broken, crushed or severed by machinery and equipment (Saigai *et. al*, 1990).

Again, most machines use electrical power. Damaged and frayed electrical cords attached to appliances such as fans, rice cookers, freezers and pie warmers are the cause of common electrical accidents in the catering industry.

Some workers who handle food have a higher risk of contact dermatitis as they wash their hands and clean dishes and equipment often. Cleaning fluids and detergents often contain chemicals that may cause irritations in some employees (Saigai *et. al*, 1990).

The cooking process and the need to serve food hot often causes high temperatures and humidity in kitchens and serving areas, which can affect the health, comfort and efficiency of kitchen staff. Burns and scalds are also serious accidents in the catering industry. Burns can be caused by:

- Hot stoves, hot pans, food trays in the kitchen and hot iron.

Scalds are caused by

- Steam and hot water in the kitchen
- Hot fat and oil.

Slips are also cause of accidents in kitchens. Floors can become slippery when liquids, grease, food, or other substances are spilt on them, or while being washed.

The table below summarises the risk and injuries associated with work at the catering industry:

Table 1: Risk and Injuries in the catering industry.

Job Description/Equipment used	Hazardous Factor	Possible Incident or injury
Floor cleaning	slippery floor	physical injury
Use of gas	leakage of gas, presence of inflammable goods	fire, explosion, inhaling of smoke, burning of person leading injuries/fatalities
Pasta machines	exposed moving parts of machines	mechanical injury
Pasta and flour-mixing machine	leakage of electricity	electric shock
Multifunction stirrers	exposed moving parts of machines	mechanical injury
Meat stirrers, baking ovens, sterilizers, steamers	leakage of electricity	electric shock
Steamers	hot steam	Scalds
Fans	noise	hearing impairment
Chopping food	sharp edge	mechanical injury
Transportation of food	human stress	physical injury
Cooking	soot	damage to health
Food processing	high temperature	Burns, dizziness
Food processing	raw and cooked food stored together	food poisoning
Food processing	poor hygienic conditions	food poisoning

Source: Qiang et al (2002)

2.9 Workplace Safety and Accident Prevention

A number of measures related to workplace layout and design can be effective in minimizing accidents. One such measure is to ensure that machines are firmly fixed on an even surface and that there is adequate space around them for workers to perform their tasks safely. The provision of adequate work space for

workers who handle sharp hand tools is particularly important in order to prevent injuries to those working around them.

Workplace Safety

An effective means of preventing falls and slips, which are also common in the food and drink industries, is to ensure that the floor around machines and work stations are kept clean and free of grease. In addition to supplying workers with safety shoes with slip-resistant soles, it is also important to place rubberized cushioned floor mats at work stations, as well as to install non-skid floor materials on staircases and ramps, which should also be equipped with guard-rails (ILO: Safety in the Working Environment, 1987).

Some doors are designed in such a way that they can be opened in either direction, while others open in only one direction. In either case, workers are often hit by doors opened from the other side. If they are carrying dangerous substances, seemingly minor incidents may result in serious accidents. It is therefore recommended that doors should be either translucent or made partially of glass so that it is possible to see through them clearly.

Accidents also take the form of collision with stationary objects at the workplace. These can include protrusions or objects hanging from the ceiling, or indeed low portions of ceilings. The best solution is to eliminate such obstacles. Where this is not possible, obstacles should be clearly marked or cornered off.

Ergonomics

Ergonomics is an important role in the workplace and consists of designing the optimum equipment and work stations for the workers to perform their tasks efficiently with as little fatigue and discomfort as possible. When ergonomically

sound equipment is designed, the shape of the body is taken fully into consideration. In order to fit these specifications, the height and size of worktables, or the chairs used by workers, has to be adjustable to take into account the height of the worker and the nature of the task. Adequate leg room is also needed in order to be able to adopt the most comfortable postures, both for workers who are standing and those who are sitting. In general, there is little room for doubt that better designed tools, equipment and workstations result in greater efficiency and a safer working environment (ILO, 1989).

Fire Prevention and Explosions

Industrial plants always face the risk of explosions and fires, which may result in loss of life and injury as well as serious damage to plant facilities. The catering industries are not by any means free of such accidents, particularly due to the widespread use of gas cooking equipment, boilers, autoclaves and ovens. Boilers are used both to generate power and also at various stages of processes such as drying and heating. There is an evident need for boiler operators to be adequately trained and to undergo frequent re-training in order to prevent accidents. Boilers therefore need to be inspected regularly in accordance with the maintenance check list and need to be operated strictly according to the manual provided by the manufacturer (ILO, 1989).

An important preventive measure against fires is the regular cleaning of machine components such as filters and ducts as well as cleaning around machines to prevent the accumulation of grease. It is also vital that, should a fire break out, workers are able to reach the emergency exits without any difficulty (ILO, 1989).

Ventilation

The safety regulations in many countries cover the ventilation of the workplace. Effective ventilation is important for a number of reasons: it can be instrumental in reducing the risk of explosion in the event of, for example, gas leaks; it can avoid the inhalation of hazardous substances by workers who are handling them; and, in many food and drink processing plants, it plays a vital role in clearing the air of dust produced by the processing of various foodstuffs. Those who work in the type of dusty environment which is found in a number of branches of the food industries risk respiratory disorders unless adequate ventilation is installed (FIOOSH, 1988).

Good Housekeeping

Keeping the workplace tidy and orderly is a simple yet fundamental principle for ensuring the safety and health of the workers. Tools, especially dangerous hand tools, must not be left lying around, or hidden beneath other objects. Once used, they need to be cleaned and returned to their proper positions. Passageways and staircases should be cleared of obstacles. Even if boxes and crates are stacked in the appropriate area, the piles have to be stable, with the heaviest items at the bottom. If stacks are unstable, they should be tied with a rope to prevent them from falling.

The floors and passageways need to be kept as grease-free and dry as possible in order to prevent any slips and falls. Should they become wet or slippery during the course of work, they need to be cleaned and mopped as frequently as necessary (ILO: Safety in the Working Environment, 1987).

Solvents, acids, alkalis, chemical substances used as cleaning agents and other caustic materials are used frequently in the food and drink industries. It is essential that suppliers' labels are not removed, defaced, modified or altered. In order to avoid any risk of misunderstanding, the substances should never be transferred to other containers, nor should they be stored together with foodstuffs. In the context of good housekeeping at the workplace, it is clear that a little common sense can go a long way towards preventing accidents (ILO: Safety in the Working Environment, 1987).

Maintenance of electrical installation

Faulty wiring and inadequate maintenance of electrical installations can result in burns, fires and even loss of life. All machines used in the workplace should be equipped with safety devices. For example, machines for which the power is supplied through a permanent cable should have their own switches to disconnect the power supply. Such switches can be placed directly on the machine or on a nearby wall, but must be within easy reach of the machine operator. This precautionary measure is particularly necessary for cleaning and repair work.

Recognized standards for the design of machine control systems require START buttons to be recessed or shrouded to prevent unintended operation and STOP buttons to be red and protruding for easy operation. Machines with exposed blades, such as the slicers and choppers which are commonly used in the sector, should be fitted with a no-volt release device, which ensures that the machine can be started only by means of the start button (ILO: Safety in the Working Environment, 1987).

Lightening

Poor lighting or glare can result in reduced productivity and eyestrain. In many countries, employers are obliged by law to provide adequate illumination at the workplace. The adequacy of lighting depends on the design of the premises and the nature of the work to be performed. The best lighting is natural light from windows.

The recommended size of window-area is one-tenth of the room area. However, artificial -lighting is evidently necessary at certain times of the day, in certain weather conditions and during specific seasons, particularly in large plants, even if there are no night shifts. The light levels suggested by law vary between countries. Light fixtures should be installed in such a way that the entire premises are lit evenly, without glare or shadow, and so that spent bulbs can be replaced easily and safely (ILO: Safety in the Working Environment, 1987).

Personal Protective Equipment

Labour legislation in many countries states that it is the duty of the employer to provide personal protective equipment to workers engaged in hazardous tasks. Under this legislation, workers who handle dangerous hand tools and machines, under extreme temperatures, handle hazardous substances or run the risk of inhaling such substances, or are exposed to radiation, have to be provided with appropriate protective equipment and have the duty to utilize them properly. Personal protective equipment is clearly essential in protecting workers from risks at the workplace. However, such equipment should be regarded only as supplementary protection.

Various processes used in the food and drink industries involve the use of heat, with a consequent risk of burns. Heat-proof mittens and rubber aprons are the best forms of protective clothing to prevent such injuries. However, it is also very

important for the workers to be attentive enough to reduce their own risks (ILO: Safety in the Working Environment, 1987).

2.10 Occupational Health and safety in the Catering Industry

Occupational accidents and diseases remain the most inexcusable tragedy in every business as well as economic waste. Protecting life and property as well as promoting health of employees is the prime responsibility of every employee. In the adoption of OHS, all businesses are required by law to set up an occupational health and safety program. A health and safety program is a process for managing health and safety in the workplace. It includes a written document that details health and safety policies and procedures for the business. The scope of the health and safety program depends on the size of the business and the hazards at the particular workplace (Work Safe BC, 2009).

2.10.1 Steps for the adoption of health and safety at workplace

The following seven steps will help adopt and improve health and safety in the workplace:

1. Control hazards and develop a safety work plan.

The employer must identify hazards in the workplace and take steps to eliminate or minimize them. Develop a safety plan. Tell workers what will be done to ensure their safety and what is expected from them. Make sure workers have access to a first aid kit.

2. Inspect workplace.

Regularly check all equipment and tools to ensure that they are well maintained and safe to use. Also check storage areas and review safe work procedures.

3. Train workers.

Take the time to train workers; teach and show them how to do specific tasks. Consider providing written instructions and safe work procedures so they can check for themselves if they are unsure of a task or have forgotten part of their training. Supervise workers to ensure that they are using their training.

4. Talk regularly with workers.

Meet regularly with staff and discuss health and safety issues. Encourage them to share their ideas and thoughts on how to improve safety in the workplace.

5. Investigate incidents.

Look into the causes of accidents, including near misses where no one was injured. Try to find ways to change procedures or equipment to help prevent similar incidents from occurring.

6. Maintain records.

Keep records of all first aid treatment, inspections, incident investigations, and training activities. This information can help you identify trends in unsafe conditions or work procedures.

7. Make safety a key part of your business.

Safety should not be an after-thought. It is just as important to a successful business as customer service, inventory control, and financial planning. A commitment to health and safety makes good business sense because it is the one way to protect the greatest resource; the workers Work safe BC, (2009).

2.10.2 Roles and Responsibilities of Employers, employees, and supervisors for the adoption Process.

Employers, workers, and supervisors all have specific roles and responsibilities for the adoption of health and safety.

Roles and responsibilities of Employers:

- Ensure the health and safety of the workers.
- Effectively implement OHS policies and procedures.
- Correct any workplace conditions that are hazardous to the health and safety of the workers.
- Inform the workers about any remaining hazards.
- Provide the workers with access to the Workers Compensation Act and the Occupational Health and Safety Regulation.
- Ensure that the workers know their rights and responsibilities under the Regulation and that they comply with it.
- Establish an occupational health and safety program.
- Provide and maintain protective devices, equipment, and clothing, and ensure that workers use them.
- Ensure that workers receive education, training, and supervision specific to the workplace.
- Consult and cooperate with the joint occupational health and safety committee (or worker health and safety representative).
- Cooperate with external health and safety organisations and its officers in the locality, region or national.

Roles and responsibilities of Employees:

- Take reasonable care to protect your health and safety and that of other persons who may be affected by what you do or do not do.
- Comply with the Regulation and other legal requirements.
- Follow established safe work procedures.
- Use any required personal protective equipment.
- Refrain from horseplay or similar conduct that may endanger others.
- Do not work if you are impaired by drugs or alcohol.
- Report accidents and other incidents to your supervisor.
- Report to your supervisor or employer:
 - Hazards that might endanger others.
 - Problems with protective equipment or clothing.
 - Violations of the Regulation or other legal requirements.
- Cooperate with your joint occupational health and safety committee (or worker health and safety representative).
- Cooperate with external health and safety organisations and its officers in the locality, region or national (Work Safe BC, 2009)

Roles and responsibilities of Supervisors:

Ensure the health and safety of workers under your direct supervision.

- Know the requirements of the Regulation that apply to the work you are supervising.
- Ensure that workers under your direct supervision are informed about all hazards in the workplace and that they comply with the Regulation.

- Consult and cooperate with the joint occupational health and safety committee (or worker health and safety representative).
- Cooperate with external health and safety organisations and its officers in the locality, region or national.

Furthermore, as stated by Workers compensation board of PEI (2009), responsibilities of workers and employers will vary depending on the industry and nature of their work. However, across all industries and sectors, there are general responsibilities expected within an OHS program at all operational levels. Employees' roles and responsibilities are as follows:

- Comply with company rules and procedures.
- Wear personal protective equipment as required.
- Use machinery, equipment, and materials only as authorized.
- Follow job procedures Work safe BC, (2009).

2.10.3 Safe work Procedures

Provide written safe work procedures for all hazardous tasks performed at the workplace. Safe work procedures are directions on how work is to be carried out safely. They identify hazards and clarify what must be done to eliminate or minimize risks. For example, you may need to develop procedures for handling cash or disposing of hot oil. Not all tasks require a written safe work procedure. It may be sufficient to address safety issues verbally when training workers. According to Ikunyua (2004), there is a significant relationship between knowledge on instructional information and its application, thus the need to provide information on the use of equipment.

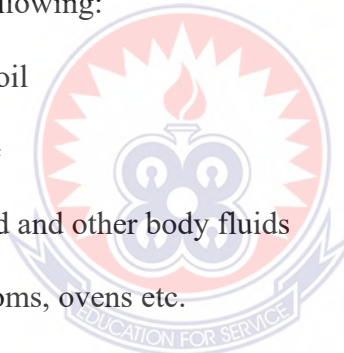
Again, according to Workers compensation board of PEI (2009), Work procedures are step-by-step instructions that describe the way a task must be done for improved health, safety, efficiency or accuracy.

In general, written safe work procedures are needed for:

- Hazardous tasks.
- Complicated tasks, so that important steps do not get missed.
- Frequently performed tasks.
- Less routine tasks, if workers need reminders about the hazards and how to control the risks Work safe BC, (2009).

Common tasks in the catering industry that may require written safe work procedures include the following:

- Disposing of hot oil
- Handling garbage
- Cleaning up blood and other body fluids
- Cleaning washrooms, ovens etc.



The Regulation requires written safe work procedures for some specific tasks and situations. Examples common to most catering businesses include the following:

- Locking out equipment
- Preventing workplace violence
- Working alone or in isolation
- Cleaning up chemical spills
- Cleaning up biological materials
- Conducting an emergency evacuation

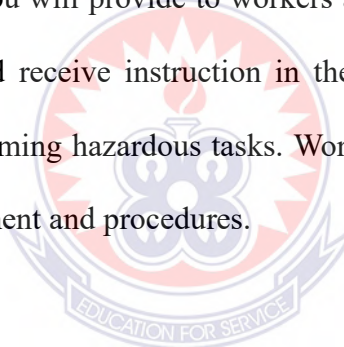
Post the procedures prominently at the locations where the tasks are performed or next to the equipment used for the tasks. Supervisors and managers will find them

helpful in training workers how to do their jobs safely. Workers are then responsible for following the procedures.

Again, OSHA (1970), states that it is the duty of every employer to prepare and revise a written statement of general policy with respect to the safety and health at work of his employee, and also to bring the statement and any revision of it to the notice of all his employees Work safe BC, (2009).

2.10.4 Education, Training and Supervision

Make sure that workers receive health and safety education, training, and supervision. Your occupational health and safety program should describe the type of education and training you will provide to workers and when you will provide it. For example, workers should receive instruction in the safe work procedures that they must follow when performing hazardous tasks. Workers should also be trained in the use of emergency equipment and procedures.



Safety Committees

Regulations relating to safety representatives also include obligations regarding the establishment and operation of safety committees at the workplace. The overall objective of a safety committee is the promotion of co-operation between employers and employees in investigating, developing and carrying out measures to ensure the health and safety of the employees at work.

The key functions of safety committees. These include:

- Studying trends in accidents, etc, with the view to making suggestions for corrective actions.
- Examining safety reports and making proposals for avoiding accidents, etc.

- Examining and discussing reports from safety representatives.
- Making proposals for new or revised safety procedures
- Acting as a link between the organization and the enforcement agency (the health and safety inspectorate).
- Monitoring and evaluating the organization's safety policies, and making proposals for changes, if necessary.

Employees frequently participate in safety planning through safety committees, often composed of workers from a variety of levels and departments. A safety committee generally meets at regular scheduled times and has specific responsibilities for conducting safety reviews, and makes recommendations for changes necessary to avoid future accidents Work safe BC, (2009).

Orientation

Orientations are an important form of education because they provide an opportunity for the employer to establish health and safety guidelines before a worker starts at a new job or location, which will help prevent work-related accidents. Health and safety education should also be an ongoing process; provide instruction to workers whenever there are changes in the workplace such as a new work process or piece of equipment. Note that it is mandatory for new employees to go through Health and safety orientation before taken to the workplace.

An orientation should include the following:

- Explain that the worker should not perform any task that he/she is not trained to do safely.
- Encourage the worker to ask questions whenever the worker is unsure of anything.

- Introduce the worker to the worker health and safety representative (or a member of the joint occupational health and safety committee).

In addition, inform the worker about:

- Potential workplace hazards such as hazardous materials or electrical equipment
- Worker responsibilities and restrictions
- How to report potential hazards and unsafe work conditions
- How to get first aid
- How to report injuries and other incidents
- Locations of emergency exits, fire extinguishers, and first aid kits, as well as procedures for rescue and evacuation Safe work, BC, (2009)

Training

All workers need to be supervised, hands-on training in how to safely perform their tasks before they start a job. Properly trained workers can have a positive impact on productivity and customer service. The following three steps describe a general procedure that supervisors can follow when training new workers.

1. Prepare the worker:
 - Explain the job in detail, including any safety precautions or personal protective equipment required.
 - Encourage the worker to ask questions and take the time to answer them fully.
2. Train the worker:
 - Demonstrate and describe specific procedures, including all safety precautions.
 - Go through procedures at normal speed, then at slow speed while the worker asks questions.

- Have the worker perform procedures until the worker can do them exactly as required.
 - Answer any questions or repeat any key points that the worker may have missed.
 - Keep written records of training. Document who was trained, when they were trained, and what the training included.
3. Check progress and observe the worker on the job:
- Monitor the worker to ensure that the worker is maintaining safety standards.
 - Make unscheduled check-up visits. As the worker progresses, make visits shorter and less frequent.
 - Correct unsafe work habits.
 - Reinforce and recognize good work habits Safe work, BC, (2009)

Supervision

Supervisors are responsible for ensuring the health and safety of any workers under their supervision. Supervision responsibilities include the following:

- Explain the hazards of the job.
- Instruct new workers in safe work procedures.
- Ensure that workers have been trained for the tasks assigned to them, including safety precautions and safe work procedures.
- Ensure that safety equipment and personal protective equipment is maintained in good working order.
- Ensure that all materials are stored and handled safely.
- Enforce health and safety requirements.

- Correct unsafe acts or conditions that you observe or that workers bring to your attention.
- Continually monitor worker performance and well-being.
- Set a good example in areas such as following safe work procedures and using personal protective equipment Safe work, BC, (2009)

2.10.5 Safety Inspections

Inspect your place regularly.

In addition to correcting any hazards that you observe from day to day, set aside time for regular workplace safety inspections. Regular inspections will help you identify hazards so you can assess and control any risks to workers. Inspection is an ongoing task because the workplace is always changing.

You need to inspect your workplace at regular intervals that will prevent the development of unsafe working conditions. In hospitality businesses this is typically once a month. You also need to inspect your workplace when there has been an accident or when you have added a new work process.

Safe work procedures

Check whether safe work procedures are being followed. For example, ask whether or not workers:

- Unplug all electrical gadgets when cleaning them
- Wear oven gloves when handling hot objects from the oven.

Turn handles of frying pans away from you

- Use proper lifting techniques
- Know safe work procedures for working alone Safe work, BC, (2009)

2.10.6 Incident Investigation

Incident investigations help determine the causes of an incident so you can take steps to ensure that the same incident will not happen again. Employers are required to investigate and document the following incidents:

- Serious incidents
- Incidents that result in injuries that need medical treatment
- Incidents that have the potential for serious injury (for example, near misses)

Everyone in the business has a role to play. Workers must report incidents to their supervisors. Owners, employers, or supervisors must initiate incident investigations promptly. If possible, investigations should include at least one employer representative and one worker representative.

As much as possible, an investigation must:

- Determine the causes of the incident
- Identify any unsafe conditions, acts, or procedures that contributed to the incident
- Find ways to prevent similar incidents Safe work, BC, (2009)

2.10.7 Monthly Meetings

Hold regular monthly meetings with workers to discuss health and safety matters. Focus your meetings on identifying and correcting hazardous conditions or tasks, and making health and safety a priority in your workplace. Keep a record of each meeting, including what was discussed and who attended. Post meeting minutes for everyone to read. Bring to each meeting:

- Your latest inspection report
- Any incident reports completed during the past month
- Any new safe work procedures
- The minutes for last month's meeting Safe work, BC, (2009)

2.10.8 First Aid

Follow the first aid requirements that apply to your workplace.

Effective first aid treatment can reduce the severity of work-related injuries, which helps minimize the financial costs associated with extensive medical treatment or the need to replace employees who are unable to work.

All hospitality small businesses need to keep a first aid kit on-site. The type of kit and the need for a first aid attendant depends on the number of workers and the travel time to the nearest hospital. Most hospitality small businesses require only a basic first aid kit, which includes items such as bandages, scissors, and latex gloves.

Employers must follow these basic first aid requirements:

- Develop and implement first aid procedures, including:
- The location of first aid and how to call for it
- How the first aid attendant is to respond to first aid calls
- The authority of the first aid attendant over the treatment of injured workers and the responsibility of the employer to report injuries to External health and safety organisations and its officers in the locality, region or national.
- Who is to call for transportation for the injured worker as well as the methods of transportation and the calling.
- Prearranged routes in and out of the workplace and to medical treatment.
- Post first aid procedures conspicuously in suitable locations throughout the workplace or, if posting is not practicable, adopt other measures to ensure that the information is effectively communicated to workers.
- Ensure that the first aid attendant and all other persons authorized to call for transportation of injured workers are trained in the procedures.

- Keep a record of all work-related injuries or diseases on file Safe work, BC, (2009)

2.10.9 Records and Statistics

Maintain health and safety records and statistics.

Employers are required to keep health and safety records and statistics on file. Examples of documentation include training activities, first aid treatments, and incident investigations.

Written records and statistics can help:

- Identify trends for unsafe conditions or work practices so you can take steps to correct these potential hazards.
- Provide material for education and training.
- Provide documentation in case an external health and safety organisations and its officers in the locality, region or national officer requests it or if an incident occurs and you need to prove that you did all you could reasonably do to prevent it. Safe work, BC, (2009)

Maintain records and statistics for the following:

- Health and safety program reviews can help you track the progress of your program.
- Worker orientation records can help ensure that workers are getting the education and training they need.
- Inspection reports can provide historical information about hazards your business has encountered and how you have dealt with them.
- Monthly meeting records can help monitor how promptly and how well “action items” have been carried out.

- Incident investigation reports can clarify which hazards have caused incidents and how they were controlled.
- First aid records can provide injury statistics that will help prioritize health and safety efforts Safe work, BC, (2009)

2.11 Reports from Scholarly Research Articles and Media on Workplace Accidents and Prevention.

Accidents occur in all walks of life. These include road accidents, workplace accidents, accidents in schools, hospitals etc. Accidents are also of natural occurrences including floods, earthquakes, hurricanes, bush fires and others. Specifically, workplace or occupational accidents occur during working hours and/or on the way to and from the workplace. In a broad sense occupational accidents also include commuting accidents.

2.11.1 Trips, slips and falls

In Ghana occupational accidents are ranked the second most common accidents against road accidents. The hotel and catering kitchens are major source of worry as most of the women who mostly work at the kitchens are affected by these hazards. This may be because most staff in food production industry are females due to the popular adage that a woman's place is in the kitchen, (Nakao, 2003).

Health Safety Executive (HSE statistics (2010/11), reports that slips, trips and falls are the most common cause of major injuries at work across almost all workplaces. Ninety-five per cent of major injuries result in broken bones and cause half of all reported injuries to the public too. According to the report, 41 workers were killed due to slips trips and falls, over 14,000 suffered major injuries and over 41,000 suffered over-three-day injuries. Statistics from the Health and Safety Executive

(2012), reports that slip and trips are the single most common cause of injuries at work, and account for over a third of all major work injuries. They cost employers over £512m a year in lost production and other costs and account for over half of all reported injuries to members of the public.

U.S. Department of Labour (2004), also reports that slips, trips and falls make up the majority of general industry accidents, which account for 15 percent of all accidental deaths per year, the second-leading cause behind motor vehicles; about 25 percent of all reported injury claims per fiscal year and more than 95 million lost work days per year, about 65 percent of all work days lost.

Cayless *et. al.*, (2001) report that slip, trips and falls are a serious problem for individuals and a variety of organisations from manufacturing firms and construction companies to local councils and NHS Trusts. In 1997 the Department for Trade and Industry estimated that 1,900 deaths per annum due to slips, trips and falls occur in and around buildings in the UK, accounting for 57.7% of home accident deaths and 38% of deaths at work. This makes slips, trips and falls the leading cause of occupational accidents in the UK.

Mossink *et. al.*, (2002) also reported that whatever the initial costs associated with the accident, the consequential costs go beyond what may or may not be visible and subject to insurance cover. These include disruption to production, bad publicity, administrative costs, legal costs and lost workdays. They estimated that the EU lost between 1 and 3 % of gross national product as a result of accidents and ill health in 1998. They also stated that in 1998 there were approximately 150 million work days lost as a result of accidents and ill health. Mottiar, (2004), cites the overall costs of accidents and ill health in the European Union in 2002 as being approximately €20 billion and approximately €171 billion in the U.S.

Mock *et. al.*, (1999), reports from community based survey on incidence and outcome of injuries in Ghana stated that for the study which details were known on slips, trips and falls, 41% were fall from heights and slips in the urban centres and against 24% from the rural areas.

Report from International Trade Union Confederation summary of Action points (2012), however, reported that the nation has seen some positive OHS practice among some multinational companies due to the influx of some multinational companies into Ghana, given their corporate expectations with specific requirements in OHS practices. This stems from their requirements for the contractors, some of whom are Ghanaians, to follow their OHS standards. Currently, the Oil and Gas sector has introduced their side of approach to managing safety and health. This is purely based on risks and it definitely is an improvement on what currently exists. In as much as this is a good effort and helps the Ghanaian to know there is more to OHS than what have been specified in the country's legal framework, it tends to confuse the Ghanaian the more with regard to which standard to follow in the nation, and what is required to make employees and employers accountable.

In researcher's view, although the nation has seen some positive OHS practice among some multinational companies due to the influx of some multinational companies into Ghana as asserted by Report from International Trade Union Confederation summary of Action points (2012), there is still a huge gap of lack of OHS management knowledge and awareness in most of the small and medium businesses in Ghana inhibiting their ability to deal with OHS issues. This assertion is buttressed by the statistics on high incidence rate of accidents on slip, trips and fall provided by experts on OHS reports.

An effective means of preventing falls and slips, which are also common in the hospitality industries, is to ensure that the floor around machines and work stations are kept clean and free of grease. In addition to supplying workers with safety shoes with slip-resistant soles, it is also important to place rubberized cushioned floor mats at work stations, as well as to install non-skid floor materials on staircases and ramps, which should also be equipped with guard-rails as well as good house-keeping.

It is also important to note that it contravenes OSHA (1970), which states that every employer shall provide and maintain for use of employees in any workplace where employees are employed in any process involving exposure to wet or to any injurious or offensive substance, adequate, effective and suitable protective clothing and appliances, including, where necessary, suitable gloves, footwear, goggles, and head coverings.

To mitigate or eliminate slips and falls, the employer should provide the necessary infrastructure at workplace to eradicate such occurrences. Furthermore, employees can contribute substantially in achieving the goals of employer's drive of eliminating workplace accidents only if they have an awareness of recognized safety standards, and the ability to identify unsafe and unhealthy situations. It is therefore prudent that the education and training of each employee is very paramount in achieving a safe and secure workplace. As explained in the Office of Technology Assessment (1985) report, OHS training embodies instructing workers in recognizing known hazards and using available methods for protection. Worker education, prepares one to deal with potential hazards or unforeseen problems. The report further stated that guidance is given in diverse ways to become better informed and to seek actions aimed at eliminating the hazard.

2.11.2 Burns

Perk, (2012) reported that globally, the incidence of burns is severe enough to require medical attention was nearly 11 million people and ranked fourth in all injuries, higher than the combined incidence of tuberculosis and HIV infections. He stated that, although burns and fires account for over 300,000 deaths each year throughout the world, the vast majority of burns are not fatal. Nonetheless, fire-related burns are also among the leading causes of disability-adjusted life years lost in low- and middle-income countries (Perk *et. al.*, 2012).

Munnoch *et. al.*, (2000) reports that burns in the workplace is substantial social and economic threat to individuals and families, as also to the community. Despite numerous safety measures and guidelines, burns in the workplace continue to account for a considerable proportion of all burns.

The key element of a safe workplace for employees is to ensure fire safety. Statistics presented by the Occupational Safety and Health Administration show that in the US work-related fires and explosions account for more than 5,000 burn injuries each year. There are studies showing a substantially high number of burn injuries occurring in the workplace, ranging from 10 to 45% of all burns. (Rossignol *et. al.*, 1998 and Munnoch *et. al.*, 2000).

One study observed that 40% of all burn deaths were related to workplace fires and explosions and that 20% of all cases of thermal burns in admitted patients occurred at work (Iskrant, 1967). Another study reported that 42% of all work-related injuries were burns (Smith *et. al.*, 2005). The National Census of Fatal Occupational Injuries reported that in 2007 there were 617 work-related deaths in the US, of which about 10% were fire- or burn-related.

Death due to electric burns was the most frequent cause (6%) of these burns (United States Department of Labour, 2010). A hospital-based study showed that with regard to the causes of the accidents suffered by burn victims treated as hospital in-patients, the majority of the accidents were work-related (Rossignol *et. al.*, 1986).

Morbidity and mortality due to fire and flames have declined worldwide in the past decades. However, 90% of burn deaths occur in lower middle income countries, where prevention programs are uncommon and the quality of acute care is inconsistent (WHO plan for burn care prevention. 2008).

Although burns remain a common public health problem among Ghanaians, very little is known about burn-related functional disabilities as showed in the report of Agbenorku *et. al.*, (2007). According to the report, burns are a major cause of death and disability and are associated with significant national healthcare resource utilization. Burns are associated with relatively high mortality and morbidity worldwide, especially in the developing countries (Lau, *et. al.*, 2006). There are approximately 1500 burns cases in Ghana annually and a sizeable fraction of these burns occur in large scale disasters caused by petrol-related fires (Agbenorku, *et. al.*, 2010).

In researcher's view, Ghana has little statistics on workplace accidents on burns due to poor documentation by stakeholders and a gap in OHS prevention knowledge. This assertion is supported by high incidents of industrial fires and burns reported by experts on OHS. Lately, Ghana has reported severe national disaster of fires of the filling stations and regular fires at the market places in almost all the regions. Government of Ghana should resource the National Fire Service and National Disaster management organisation well enough to spearhead the fight against fires and create awareness in its prevention.

The hospitality industries are not by any means free of fire, burn and scalds accidents, particularly due to the widespread use of gas cooking equipment, boilers, autoclaves and ovens. Management should institute regular preventive maintenance culture of all equipment and train workers on proper operation on such equipment.

At plants where highly inflammable and hazardous substances are used at any stage of production, the handling and storage of such materials has to be strictly controlled and the relevant rules, such as the strict prohibition of smoking, have to be rigidly enforced.

Most contributory factors of high incidence of fires and burns include inexperience, failure to enforce safety regulations, inadequate training of employees with regard to handling bio-hazardous materials, and employee non-compliance to OHS standards. The Health and Safety (First-Aid) Regulations, (1981) require employers to provide adequate and appropriate equipment, facilities and personnel to ensure their employees receive immediate attention if they are injured or taken ill at work. These Regulations apply to all workplaces including those with less than five employees and to the self-employed. Furthermore, Workers compensation board of PEI (2009), states that regular workplace inspections are meant to catch unsafe conditions before they lead to an incident.

2.11.3 Cuts and lacerations

Every year, roughly 30 percent of all workplace injuries involve cuts or lacerations, from scratches and abrasions to needle sticks, puncture wounds and amputations, according to the Ohio Bureau of Workers' Compensation (2013) report.

Article provided by the BWC Division of Safety & Hygiene, (2000), showed that although statistical data differs from study to study, cuts and lacerations often rank as the second or third most frequent workplace injury. Approximately 30 percent of all workplace injuries involve cuts or lacerations, and about 70 percent of those injuries are to the hands or fingers.

In Ghana, research by Mock, *et. al.*, (1999), reports from community based survey on incidence and outcome of injuries in Ghana showed that in the urban area, 35% of lacerations and cut were occupationally related, with 15% involving agriculture, 6% carpentry, and 14% other work. Among the non-occupational injuries, variety of household and environmental hazards was involved, including nails (24%), knives (23%), broken glass (21%) and dog bites (7%).

In the rural area, 69% of lacerations and cuts were related to agricultural work. In the study area, agricultural work was almost exclusively non-mechanised. The proportion of lacerations and cuts due to agricultural work was similar for both sexes but varied with age. Even among children aged 5-9 years, 21 % of cut and lacerations were related to agricultural work. This proportion rose to over 75% throughout most adulthood and remained high, even among elderly.

Of the rural agricultural lacerations and cuts, most were caused by machetes (70%), known locally as cutlasses. The remainder were caused by sharp sticks or other vegetation (21%), hoes (3%), miscellaneous causes (6%).

Schaser, (2003) report revealed that education and improvements in cut-resistant glove technology have helped lower the hand and finger injury rate. According to a 2002 Bureau of Labour Statistics (2000) study of lost time injuries, finger and hand injuries resulting in one or more days of lost time have decreased to

just fewer than 208,000. This represents a 25 percent decrease from the 1994 level of 276,000.

The researcher agrees with report on experts on OHS that education and improvements in cut resistant glove technology has helped lower the hand and finger injury rate. There is a gap in the provision of awareness and training in OHS safety education in small and medium businesses in Ghana and the catering industry epitomises such groups.

According to Labour Institute (1999), employees can contribute substantially to achieving the goals of health and safety only if they have an awareness of recognized safety standards, and the ability to identify unsafe and unhealthy situations. In the hospitality industry, workers who process large carcasses face the risk of more serious wounds because they have to use sharper and heavier butchers' knives in order to cut greasy and sometimes unstable pieces of meat.

The employers need to provide the best forms of protective clothing to prevent such injuries. However, it is also very important for the workers to be attentive enough to reduce their own risks. Safety environment is a predictor for safety behaviour and occupational accidents within companies (Gimeno et al, 2005). In this sense, more knowledge on factors related to the safety environment of the company may give employers the opportunity to create safer workplaces.

In addition, the factory and shops inspectorate should be well resourced by government to enforce employers to provide appropriate best preventive and protective equipment to employees to help curb such incidence of accidents in the workplace.

2.11.4 Personal Protective Equipment (PPE)

Although personal protective equipment (PPE) is one of the best lines of protection against hazardous exposures, many workers either shun this protective apparel or do not wear it in an appropriate manner at the appropriate time. The Occupational Safety & Health Administration (OSHA) requires the use of personal protective equipment to reduce employee exposure to hazards when engineering and administrative controls are not feasible or effective.

A study conducted by Alli, (2008), reported that use of personal protective equipment (PPE) entails reliance on active cooperation and compliance by the worker. He further indicated that it is cardinal that the workers are aware of the health hazards present in their work environment and the reason why they should protect themselves. In addition, for PPE to be effective, it is important to ensure that the workers know the right type of PPE to be used and that it is used in the correct way for the periods when the worker is exposed to harmful substances or situations (International Labour Office, 2011).

Ganczak *et al.*, (2007) conducted research on 601 surgical nurses in Poland and found that compliance with PPE varied considerably, ranging from 83 percent compliance with glove use to only 9 percent compliance with eye protection. Only 5 percent routinely used PPE when in contact with potentially infectious material. Compliance was higher among nurses who had received training in infection control. The most common reason reported for noncompliance was lack of PPE availability (37 percent). These findings related to adequate training were also found in a survey of 1,290 healthcare personnel as demonstrating the organization's commitment to keeping employees informed and up to date on best practices (Yassi *et al.*, 2007).

Turnberg *et. al.*, (2008), survey report opined that of 653 hospital staff in 5 medical centres in Washington State, found lack of knowledge by healthcare personnel and limited training on recommended infection control practices, PPE usage, as well as limited resource support. Investigators indicate there is a clear need to identify and reduce barriers to safe practice.

A research published by (Northington *et. al.*, 2007) on healthcare personnel and PPE shows that a number of individual factors continue to contribute to poor compliance and other safety-related outcomes. Three sets of factors deserve mention. First, studies continue to show knowledge gaps and training deficiencies among healthcare personnel with respect to proper PPE usage, modes of transmission, and other infection control topics. (Bryce *et. al.*, 2008) found that even though healthcare personnel may use appropriate PPE, they often do so incorrectly or incompletely.

A Kimberly-Clark professional survey taken at the 2008 National Safety Council congress and Expo and the 2009 American Society of Safety Engineers conference found out that discomfort was given as the commonest reason for refusal of employees to use PPE. Again, employees believed that PPE are unnecessary because they have been performing the same task for many years and never been injured.

Accident rate in the manufacturing and construction in developing countries are known to be at levels that are several times higher than in the industrialized countries (Clarke, 2005). In the case of Ghana, the report further noted that the Factories Inspectorate Division spanning a period between 1987 and 1996 showed that many accidents occur in Ghanaian factories that go unnoticed and are not reported in the media. Available statistics indicate that about 734 persons sustained various kinds of injury with 55 fatalities in 1997 at workplaces in Ghana. Another 898

work-related injuries and 54 deaths were recorded in 1998. In 1999 alone, 57 fatalities occurred with 1,190 injuries (Micah *et. al.*, 2002).

In researcher's view, the provision of protective clothing and putting in place safety and health measures alone is not enough to curb accidents. Workers' expectation about their own health may be low due to inadequate knowledge (Ikunyua, 2004) but according to (Del-Bino, 1987), it is the management's responsibility to reduce all health hazards and to protect workers from risk in the work environments. OSHA (1970), states that every employee shall, while at the workplace ensure his own safety and health and that of other persons who may be affected by his acts or omissions at the workplace. Again, Harker (1991) states that "In developing countries, protective clothing at work is considered a luxury and hence not adequately provided".

Management should put in place a regular monitoring team who will go round to check whether the employees really do put on their protective materials given to them before doing their duties and also observe in strict terms safety measures put in place in order to avoid any mishaps and accidents.

High industrial accidents in Ghana are mainly due to knowledge gaps identified with OHS preventive measures. Properly removing PPE, differentiating the protection levels offered by different types of PPE and PPE materials, and having familiarity with proper use of newer protective devices is a key OHS preventive measure. For preventing occupational accidents and ill health, employees must perform risk assessment regarding safety and health at work, and decide on which protective measures to take and, if necessary, on protective equipment to use.

2.11.4 Some recommendations from research out put

Training of personnel in OHS management system was highly recommended by all researchers. Awareness and training is a fundamental requirement in OHS management systems and it is a legal requirement for persons in supervisory or management positions to have the requisite knowledge on the work procedures and processes of their operations while those under them are given the necessary training to ensure safety awareness.

Necessary information, instruction, training and supervision having regards to the age literacy level and other circumstances of the worker to ensure, so far as reasonably practicable, the health and safety at work of those other workers engaged on the particular work.

Employers were recommended as a requirement to keep well documented health and safety records and statistics. Lack of documentation causes lack of standardisation. Workplace deaths and injuries are still largely not documented in Ghana and there is insufficient political will to address the problem. Ghana, as a country still does not have a comprehensive national policy on Occupational Health and Safety. There is little evidence of both government and private sector investment to reduce risk to the Ghanaian workforce (Ghana Institute of Safety and Environmental Professionals, 2013).

Ghana continues to rely on outmoded statutes like the Factories, Offices and Shops Act 1970, Act 328 and the Mining Regulations 1970 LI 665 even though these laws are plagued with several shortcomings and not in line with modern trends. To make matters worse, these laws are only sporadically enforced therefore not serving as compelling incentive for employers to control risk for injury and illness on the job.

Some Multinationals companies appear to be the exception as a result of reliance on internally developed standards and self-regulation.

2.12 Summary of Gaps

Our society does not condone neglect by those responsible for hazards. It requires individuals to take reasonable and prudent precautions to assure that others will not be harmed, including advising and instructing them when necessary (Grimaldi *et al.*, 2003). Safety is an acknowledged management responsibility but admittedly, everyone has the responsibility for their own safety, as well as that of others whom their actions may affect. There is ample information on occupational health and safety but it is not well used, analysed or disseminated to workers appropriately leading to ignorance on adherence to laid down procedures regarding safety at work (Weil *et al.*, 1990).

Certainly, OHS research is a new and slowly developing field in Ghana, but there is no excuse for depriving employees of their basic rights because of ignorance and indifference. Researchers must aim at eliminating OHS risk, hazards and diseases in the small and large organisations.

Besides, occupational health and safety challenges are also due to lack of political will which is the most crucial one to start with. The lack of comprehensive national OHS policy framework, inadequate resources allocated to OHS researches, ineffective OHS inspection, lack of OHS training and education, and OHS capacity building and monitoring aggravates the situation. These barriers need serious attention to ensure affective OHS management system. The whole country need to create OHS culture that is strong enough to manage most of OHS issues at both the national and sector levels. The private and public sectors must partner in this direction. There must

be a renewed attention to action-oriented OHS researches. These would eventually lead to the mainstreaming of occupational health and safety practices into the national developmental agenda.

The damaging effects of occupational hazards, most especially in catering industries and potential benefits that may be accrued through the elimination of these hazards, calls for the need to raise awareness and encourage the execution of effective OHS policies and practices amongst governments and organisations respectively.

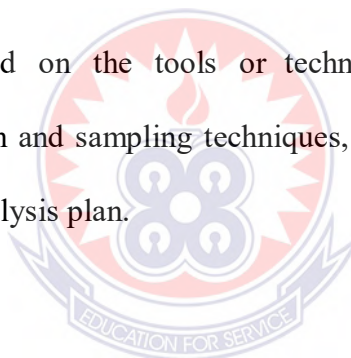


CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter presents the procedures, methods, materials and techniques the researcher adopted in the research work. Research work most often than not is appraised based on the quality and accurateness of the analysis and information it provides at the end. To achieve its objectives, the study used the unstructured survey method as the research design to study awareness and prevention of occupational accidents among staff at Paloma Hotels who comprised the population. As a result, this chapter looked at how data were gathered for the research. The methodology enlightened on the tools or techniques for research design, data collection, the population and sampling techniques, and data sources, data collection instruments, and data analysis plan.



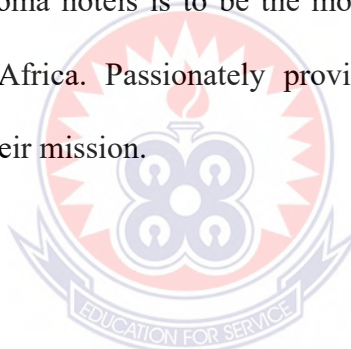
3.2 Research Design

The research design used was descriptive. It is a field of applied statistics human research survey using sampling of individual units from a population. This was most appropriate in achieving the stated objectives. The qualitative survey method was used because it allows generalization of the results to the population (Mugenda *et. al.*, 1999). The approach only dealt with the relationship between non-manipulated variables in a natural setting. The independent variables examined were years worked at Paloma and level of education while the dependent variables included awareness of staff on safety requirements and policies, and accident prevention measures as they relate to the areas of occupational health and safety promotion activities.

3.3 The Study Area

Paloma Hotels are one of the best three star affordable business hotels for the corporate traveller in Accra, Ghana, with three branches around the city namely Ring Road Central branch, Tema Spintex Road branch, and Accra North Industrial Area branch. Their values are friendliness, teamwork, professionalism, integrity and dedication. Their restaurants are opened to the public and serve buffet to all customers on weekends and provide other catering services.

The hotel has six main departments: Food and Beverage; House-keeping; Security and Maintenance; Front Office; Marketing Conferencing and Banqueting and Accounts. The total number of workers for the three branches is two hundred and thirty. The vision of Paloma hotels is to be the most preferred Ghanaian hospitality establishment in West Africa. Passionately providing a delightful and engaging experience for guest is their mission.



3.4 The Population

The participants of the study comprised the employees of various branches of Paloma Hotels in Accra North branch, Ring Road Central branch, Accra and Spintex Road branch in Tema. The target population was the staff in the departments and units. Staff from the Kitchen, Bar, Hotel, Reception, Security, laundry and cleaning, procurement, maintenance and management. With this method, a sample of the population was selected so that each member of the population has an equal chance of being selected. The basic concept underlying this method of sampling was that the elements or the individuals in the population were judged to be homogenous. Efforts were made to select a variety of kitchens which represented the diversity in the same organisation.

3.5 Sample and Sampling Technique

With a sample size of sixty (60) respondents; a simple random sampling method was adopted. To ensure the respondents selected were as representative of the population as possible, the sampling technique used in the study included stratified and simple random sampling. Here, 20 respondents from each branch were grouped according to their sections, that is, cooks, waiters, housekeepers and front office staff. To identify the respondents for the questionnaires, the required number of staff was picked randomly from the particular section giving the required sample size of 20 respondents. Simple random sampling was used to ensure that all the respondents from the population had the same chance of being selected. With this method, a sample of the population was selected so that each of the respondents had an equal chance and was selected randomly. The basic concept underlying this method of sampling was that the elements or the individuals in the population were judged to be homogenous. Stratification/grouping of the population was to ensure that cases from smaller strata of the population are included in sufficient numbers to allow comparison.

3.6 Data Collection Instrument

Through the piloting of materials, reference to the concerns of stakeholders and analysis of related literature the researcher produced two main data collection instruments used in the investigation. These were:

- Kitchen observation checklist,
- Management and staff questionnaires

The combined interpretation of results from these measures permits an in-depth understanding of the key parameters of safety management in catering

organisations and allows recommendations to be made for approaches that helped reduce the incidence of injury within this sector.

3.6.1 Kitchen observation checklist

The kitchen observation checklist was used by the researcher as a reference point to ensure that all observations made when visiting each Paloma branch kitchens at different sites maintained uniformity in their collection of data. It was developed from a very basic model which merely listed the main features to be mindful of. With reference to standard kitchens, however, it was realised that the richness of data available on observational visits might not be fully gathered without consultation of an extensive checklist.

In addition to ensuring that the researcher had taken note of all the relevant facets, the use of a checklist also served to make sure the focus of observations across Paloma hotel kitchens were the same in each case. Any subjective assessments on the part of the observer should, as a result, be minimized, thus contributing to the validity and reliability of data gathered in this exercise.

3.6.2 Staff and Management questionnaires

This took the form of a list of questions given to respondents to answer with the rationale of getting data on the topic under study. The researcher chose self-administered questionnaires as oppose to the postal questionnaires. The questions in the questionnaire took two forms; open ended questions and close ended questions. The close ended questions offered a set of alternative answers from which the respondents were asked to choose the one that most closely represents their view. The

open ended questions on the other hand were not followed by any kind of choice. With this, the respondents' answers were recorded in full. The respondents again answered the questions the way he or she understood them. It is to be emphasized that questionnaire allowed respondents time to think through the questions to provide accurate answers.

To check for accuracy, completeness of data and ensure quality, questionnaires guide were numbered serially. As an ethical consideration, permission was sought from the various bodies that were involved in the study. The purpose of the study was explained to officials and those who responded to questionnaires.

3.7 Data Collection Methods

The use of both qualitative and quantitative tools in analysing the data gathered through questionnaire and observation. The qualities and quantitative data method religion random sampling and structured data collection instrument that fit diverse experience into predetermine response categories.

The data collection method adopted varied between the branches visited and was adapted in each instance to cause the least amount of disruption to each branch.

3.7.1 Primary Sources

Primary sources were the first hand evidence provided by respondents as well as personal observation of the researcher at the time of data collection.

3.7.1.1 Observation

The researcher undertook personal observation through the hotel general environment to examine the design, provision of exit entrances, fire extinguishers,

first aid, etc. The researcher again visited the departments selected to understand the system of operation in the hotel and to verify that staff comply with safety measures in the discharge of their duties.

Typically an observation within the chosen kitchen was first conducted. Appointments were made with hotel managers to conduct the interviews after which permission was sought for the researcher to walk around and examine the facility to get information for the observation checklist. Where records were required, the manager was requested to avail them. Depending on the nature of the kitchen (its size and number of employees) the observation period ranged from ten to fifteen minutes.

3.7.1.2 Questionnaires

The questionnaires were distributed to hotel staff for a period of two weeks and collected later to avoid interfering with staff duties. For the ones which were not completed, a collection date was set when the staff was on duty. This was diligently done until all the required questionnaires per hotel were returned at a response rate of 100%.

3.7.2 Secondary Data Sources

Secondary data are data collected for some other purposes, other than the research in question. Examples of sources of secondary data are encyclopaedia, textbooks, magazines, journals, newspaper, internet, websites and articles. Secondary data is easy to come by, cheap source, already made etc. However, some of its shortcomings are that it may be liable to alterations, it may not be in the required state and it may also be from the wrong source. This study made use of secondary data

very extensively. Some parts in chapter one, three and the whole of chapter two were from secondary data

3.8 Data Analysis Plan

The analysis of the data collected was done at the end of the data collection. The responses were classified and summarized on the basis of the information provided by the respondents. The analysis was done using both qualitative and quantitative tools. With the quantitative tools, Statistical, package for social science (SPSS) version 16 data analysis application software, Microsoft excel, tables, percentages, and statistical tools such as graphs, diagrams were used, whereas qualitative made use of descriptions, analysis of feedback from questionnaires and observations.



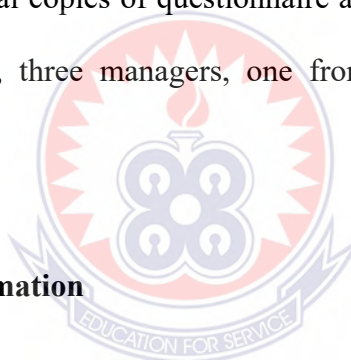
CHAPTER FOUR

RESULTS

4.0 Introduction

This chapter covers the presentation of responses and findings of data collected from diverse sources, that is, questionnaire and personal observation. The collected data are interpreted and presented in the following order: Demographic Information, Awareness, Prevention and finally, Policies and Procedures.

The researcher in an attempt to collect data relevant to the study distributed twenty (20) copies of questionnaire to each branch of Paloma hotel and restaurant. With this number the total copies of questionnaire administered were sixty (60). For policies and procedures, three managers, one from each branch filled completed questionnaire each.



4.1 Demographic Information

4.1.1 Departments

The study focused on hotel staff with the respondents drawn from the six main departments as indicated in Table 2. It was observed that 31.03% of the respondents were from food and beverages department. The rest were as follows: House-Keeping department (13.80%), Security and Maintenance department (12.07%), Front Office department (18.97%), Marketing, conferencing and banqueting department (13.79%) and accounting (10.34%).

Table 2: List of department representation of respondents from Paloma Hotels.

Departments	Frequency	Percentage%
Food & Beverages	18	31.03
House-Keeping	8	13.80
Security & Maintenance	7	12.07
Front Office	11	18.97
Marketing, Conference & Banqueting	8	13.79
Accounting	6	10.34
Total	58	100

4.1.2 Age

More than half of the respondents were from the age bracket of 26-35 years (55%) followed by the 18-25 year bracket who comprised 36%. Very few were above 36years with only 3% being above 45years (Table 3).

Table 3: Age representation of respondents from Paloma Hotels.

	Frequency	Percentage
Under 18	0	0
18 – 25	21	36.21
26 – 35	32	55.17
36 – 45	3	5.17
45 and above	2	3.45
Total	58	100

4.1.3 Sex

The study had more female respondents (60%) than male. The sector employs a high proportion of female workers. (Table 4).

Table 4: Sex representation of respondents from Paloma Hotels.

	Frequency	Percentage
Female	35	60.34
Male	23	39.66
Total	58	100

4.1.4 Number of years Worked

Most of the staff had been in their current employment for less than three years (65%). Most managers had only worked for less than 6 months (Table 5).

Table 5: Representation of number of years worked by respondents from Paloma Hotels.

	Frequency	Percentage
Below 1 year	12	20.69
1 -3 years	38	65.51
3 -5 years	6	10.34
Above 5 year	2	3.46
Total	58	100

4.1.5 Level of Education

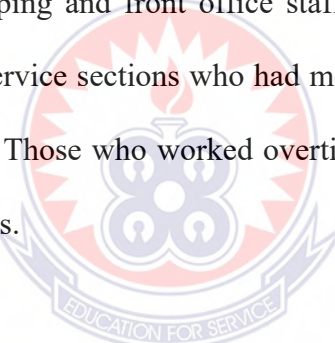
Most respondents had attained tertiary education (70%) compared to few staff who had less than a secondary education (28%) as indicated in Table 6. In addition, it is worth noting that most respondents (70%) had received post-secondary education making it a relatively literate workforce (Table 6).

Table 6: Level of Education representation of respondents at Paloma Hotels.

	Frequency	Percentage
Basic	1	1.72
Secondary	16	27.59
Certificate/Diploma	34	58.62
University	7	12.07
Other	0	0
Total	58	100

4.1.6 Hours worked per day

From (Table 7), most staff worked the recommended 8 hours a day (62%) though a relatively large percentage worked for 12 hours (32%). This was a common practice for supervisors, housekeeping and front office staff who worked longer shift hours than the production and service sections who had more staff and were split into more shifts working less hours. Those who worked overtime were mainly compensated by being given longer off days.

**Table 7: Representation of hours worked per day by respondents at Paloma Hotels.**

	Frequency	Percentage
Less than 8 hours	0	0
8 hours	36	62.09
9 hours	2	3.45
10 hours	1	1.72
11 hours	0	0
12 hours	19	32.74
More than 12	0	0
Total	58	100

4.2 Awareness

4.2.1 Safety Regulations and Laws

As shown in Table 8, it was observed that though most staff (70%) said they were aware of safety regulations in their work areas, when asked to outline them, (45%) of those who answered in affirmation were unable to outline them. Respondents who tried to outline them only talked about the existence of fire extinguishers in their work areas.

Table 8: Representation of Safety Regulations and laws awareness of respondents at Paloma Hotels.

	Frequency	Percentage
Aware	41	70.69
Not Aware	17	29.31
Total	58	100

4.2.2 Statutory Laws

Only 22% of the respondents knew other statutory laws governing occupational safety in their workplace as opposed to 62% who did not know Table 9. When asked to state them, 74% of those who responded were unable to state these other statutory laws. The main safety procedures, policies or laws that were mentioned to be in place were Fire evacuation and insurance.

Table 9: Representation of awareness of Statutory Laws by respondents from Paloma Hotels.

	Frequency	Percentage
Aware	13	22.41
Not Aware	45	77.59
Total	58	100

4.2.3 Safety Responsibility

As illustrated in Table 10, most of the respondents, 43% and 40%, stated that the employer and the supervisor respectively, were responsible for the implementation of safe working conditions at the hotel. However, only 17% of the respondents said that staff themselves were responsible.

Table 10: Representation of awareness of Safety Responsibility by respondents at Paloma Hotels.

	Frequency	Percentage
Employer	25	43.10
Supervisor	23	39.66
Staff	10	17.24
Total	58	100

4.3 Prevention

4.3.1 Information on use of Equipment

Half of the staff (41%) got written information on use of equipment while the rest got the information verbally (51%) and by self-discovery (6%) Table 11.

Table 11: Representation of respondents on information on use of equipment at the Paloma Hotels.

	Frequency	Percentage
Use of equipment information provided in writing.	24	41.38
Use of equipment information provided verbally.	30	51.72
Self-discovery in use of equipment.	6	6.90
Total	58	100

4.3.2 Warning signs in areas of danger

A question that sought to find out from respondents whether there were warning signs in the areas of danger, 60% of the staff said there were no warning signs in their areas of work, however, 40% said there were warning signs but at the power station and transformer houses. Workplace safety signs are simply markings placed by employers that identify Specific Risks, Hazards or other safety-related issues. These safety signs, warnings and notices are part of employers' vigilant attitude to health and safety and workplace accidents mitigation Table 12.

Table 12: Representation of respondents on warning signs in areas of danger at Paloma Hotels.

	Frequency	Percentage
Warning signs available	23	39.66
No warning signs available	35	60.34
Total	58	100

4.3.3 Provision of Personal Protective Equipment

Most respondents (59%) stated they were not offered protective clothing or equipment to ensure safety, while those who said they did, said they were provided with gloves, uniforms and gumboots. These are provided by the employer (Table 13).

Table 13: Representation of respondents on offer of Provision of Protective gear at the Paloma Hotels.

	Frequency	Percentage
Offer of protective clothing	24	41.38
No offer of protective clothing	34	58.62
Total	58	100

4.3.4 Provision of First Aid

On the issue of the provision of first aid, all the respondents indicated that they have well equipment first aid at their work places (100%) as indicated in Table 14.

Table 14: Representation of respondents on provision of First Aid at the Paloma Hotels.

	Frequency	Percentage
Offer of First Aid	58	100
No Offer of First Aid	0	0
Total	58	100

4.3.5 Easy Accessibility to fire exit

For easy accessibility to fires exit all respondents representing 100% indicated that they have easy access to fire exist as indicated in Table 15. The main front door entrance is the most accessible exit and closest to all bedrooms in time of emergency. The Fire Assembly Point for guests and staff is the front car park.

Table 15: Representation of respondents to Easy Accessibility of fire exits at Paloma Hotels.

	Frequency	Percentage
Easy access to fire exit	58	100
Poor access to fire exit	0	0
Total	58	100

4.3.6 Access to Medical Services

An overwhelming majority (95%) of the respondents stated they were not taken for medical examination by their employers and that their medicals are taken care by themselves and only 5% responded that the employer takes care of their medicals (Table 16).

Table 16: Representation of respondents on provision of Medical Services to staff at Paloma Hotels.

	Frequency	Percentage
Access to medicals	3	5.17
No access to medical	55	94.83
Total	58	100

4.3.7 Working Conditions

For working conditions, most staff rated their working conditions in terms of safety as average (36%) and good (34%). Very few rated poor (5%) and very poor (3%). The rest rated it as very good (21%) as indicated in Table 17 below.

Table 17: Representation of respondents on nature of Working Conditions at Paloma Hotels.

	Frequency	Percentage
Very Good	12	20.69
Good	20	34.48
Average	21	36.21
Poor	3	5.17
Very Poor	2	3.45
Total	58	100

4.3.8 Common Accidents

Responses from respondents on the type of accident respondents they have been involved in while working such as, trips, falls and slips respondents were made up of 38%, while 29% respondents said burns and lacerations as shown in Table 18. Cuts received 33% responses of common accident encountered by the staff.

Table 18: Representation of respondents on experience of Common Accidents at the Paloma Hotels.

	Frequency	Percentage
Trips, Slips and Falls	22	37.93
Burns	17	29.31
Cuts and lacerations	19	32.76
Total	58	100

4.3.9 Contributing factors of Common Accidents.

The main contributing factors for the accidents were identified as carelessness (45%) and ignorance in use of equipment 33%. The accident being accidental had only 22% of the respondents as shown in Table 19.

Table 19: Representation of respondents on Accident contributing factors at the Paloma Hotels.

	Frequency	Percentage
Carelessness	26	44.83
Ignorance in use of equipment	19	32.76
Accidental	13	22.41
Total	58	100

4.4 Procedures and Policies

4.4.1 Safe Work Procedures

There was a marked difference between the number of managers who said they had a guideline for preparedness for emergencies (33%) and those who did not (67%) though the ones who said they had did not have a document to show. From the observation checklist, 83% of the hotels had fire exit notices (Table 20).

Table 20: Representation of management respondents on availability of emergency preparedness procedures at Paloma Hotels.

	Frequency	Percentage
Procedures Available	1	33.33
Procedures Not Available	2	66.67
Total	3	100

4.4.2 Safety Policy

All the 3 managers (100%) responded that they did not have a safety policy as indicated in Table 21.

Table 21: Representation of management respondents on availability of safety policy at Paloma Hotels.

	Frequency	Percentage
Policy Available	0	0
Policy Not Available	3	100
Total	3	100

4.4.3 Hazard Identification and Risk Assessment procedure

Again, all the managers (100%) responded that they did not have hazard identification and risk assessment procedure as shown in Table 22.

Table 22: Representation of management respondents on availability of Hazard Identification and Risk Assessment procedure at Paloma Hotels.

	Frequency	Percentage
Procedures Available	0	0
Procedures Not Available	3	100
Total	3	100

4.4.4 Training and Education

A question that sought to find out from managers how regular training is organized for staff on occupational health and safety, 33% responded that they have organised training for workers and 67% responded they have not as revealed in Table 23. For respondents who said they have, when asked to outline them only talked about fire fighting training but could not produce a document to prove it.

Table 23: Representation of management respondents on Regular Training and Education for staff at Paloma Hotels.

	Frequency	Percentage
Regular Education and Training.	1	33.33
No Regular Education and Training.	2	66.67
Total	3	100

4.4.5 Safety Inspections

A question that sought to find from managers to what extent they think that monitoring, inspection and evaluation of safety practices are prerequisite for effective occupational health and safety, all the managers (100%) responded in affirmation that they have never done any safety inspection in their various workplaces and do not have any document to prove it. The only inspection done at the beginning of their operation was fire service inspection.

Table 24: Representation of management respondents on Safety Inspections at Paloma Hotels.

	Frequency	Percentage
Safety Inspections	0	0
No Safety Inspections	3	100
Total	3	100

4.4.6 Investigating Incidents

A question that sought to find responses from managers whether they have a method for workers to report accidents and near misses with documentation, (100%) of manager's responses were negative. Table 25.

Table 25: Representation of management respondents on Investigation of Incidents at Paloma Hotels.

	Frequency	Percentage
Safety Inspections	0	0
No Safety Inspections	3	100
Total	3	100

4.4.7 Monthly Safe Work Meetings

Furthermore, when managers were asked whether they hold monthly safety meetings, their responses were also negative. Table 26.

Table 26: Representation of management respondents on Monthly Safe Work Meetings at Paloma Hotels.

	Frequency	Percentage
Safety Inspections	0	0
No Safety Inspections	3	100
Total	3	100

4.4.8 Records and Statistics

A question that sought to find out responses from managers on whether they have records and statistics for all safety activities in their respective hotels, all of them responded in negative. Table 27.

Table 27: Representation of management respondents on Records and Statistics documentation at Paloma Hotels.

	Frequency	Percentage
Safety Inspections	0	0
No Safety Inspections	3	100
Total	3	100



CHAPTER FIVE

DISCUSSION

This chapter deals with the discussion of major findings identified and interpreted. The findings are presented according to the three objectives of the study which are discussed in the following sub-topics: awareness, prevention and policies and procedures. The collected data are discussed in the following order: Demographic Information, Awareness, Prevention and finally, Policies and Procedures.

5.1 Demographic Information

On demographic characteristics of respondents, six areas were examined by the study. These included their department, sex, age, level of education, hours worked per day, and number of years of worked.

It was observed that majority of the respondents were from food and beverages department. This is due to the fact that commercial kitchens are often associated with pressurised working environment where the pursuit of service quality often requires kitchen staff and managers to maintain production at all costs.

The age group with the largest respondents was 26-35 years. This implies that the workforce is comprised of relatively young staff in their 20s and 30. As stated by Eurostat (2005), people under 35 years account for 48% of total employment in the hotels and restaurants sector, while people of 55 years and older represent less than 10% of total employment (Eurostat, 2005).

Furthermore, the findings showed that the majority of respondents were females. This may be because most staff in food production industry are females due to the popular adage that a woman's place is in the kitchen (Nakao, 2003).

Majority of the respondents have worked less than three years. This confirms the fact that the hospitality industry has frequent staff turnover which can be attributed to the varying services provided by different hotels so that staffs are willing to try something different when the opportunity arises.

On level of education, the findings again disclosed that most respondents had attained tertiary education. This was due to the fact that most food production courses graduate with certificate and diploma, majority of staff in the hotels are from this category as compared to those with degrees who normally provide for the management workforce.

The findings also revealed that most respondents worked eight hours per day. Hospitality industry provide twenty four hours service all year round and hence most of the staff worked on shift bases.

5.2 Awareness

From the findings on awareness of safety regulations and laws, it was observed that though most staff said they were aware of safety regulations in their work areas, however, when asked to outline them, none of those who responded in affirmation were able to outline them. For respondents who tried to outline them only talked about the existence of fire extinguishers in their work areas. This makes it evident that staff were not aware of the safety procedures, policies or laws governing the hotel industry. According to Ghana's Labour Act 2003, Act 651 an employer shall;

- Provide and maintain at workplace, plant and system of work that are safe and without risk to health.
- Ensure that safety and absence of risks of health in connection with use, handling, storage and transport of articles and substances.

- Provide the necessary information, instructions, training and supervision having regard to the age, literacy level and other circumstances of the worker to ensure, so far as is reasonably practicable, the health and safety at work of those other workers engaged on the particular work.

The Act again states that an employer who, without reasonable excuse, fails to discharge any of the obligations listed above commits an offence and is liable on summary conviction to fine not exceeding 1000 penalty units or to imprisonment for a term not exceeding three years or to both. Literature review suggests the importance of safety regulations since lack of knowledge and awareness on safety at work, inadequate health and safety policies are major contributing factors to the occurrence of occupational related accidents, (ILO, 2002).

For findings on awareness of safety responsibility, most of the respondents, stated that the employer and the supervisor respectively, were responsible for the implementation of safe working conditions at the hotel. However, only few of the respondents said that staff themselves were responsible for their safety. This assertion proved that most of the staff were not aware of their safety responsibilities. Workers' expectation about their own health may be low due to inadequate knowledge (Ikunyua, 2004) but according to Del-Bino, (1987), it is the management's responsibility to reduce all health hazards and to protect workers from risk in the work environments. OSHA (1970), states that every employee shall, while at the workplace ensure his own safety and health and that of other persons who may be affected by his acts or omissions at the workplace.

Again, according to Work Safe BC (2009), roles and responsibilities of employees involves the following:

- Take reasonable care to protect your health and safety and that of other persons who may be affected by what you do or do not do.
- Comply with the Regulation and other legal requirements.
- Follow established safe work procedures.
- Use any required personal protective equipment.
- Do not work if you are impaired by drugs or alcohol.
- Report accidents and other incidents to your supervisor.

Furthermore as stated by Workers Compensation Board of PEI (2009), responsibilities of workers and employers will vary depending on the industry and nature of their work. However, across all industries and sectors, there are general responsibilities expected within an OHS program at all operational levels. Employees' roles and responsibilities are as follows:

- Comply with company rules and procedures.
- Wear personal protective equipment as required.
- Use machinery, equipment, and materials only as authorized.
- Follow job procedures.

5.3 Prevention

On the findings for information on the use of working equipment, half of the staff indicated they had written information on use of equipment while the rest got the information verbally and few by self-discovery. These findings again go to prove that preventive measures and work procedures are inadequate in the hotel.

According to Ikunyua (2004), there is a significant relationship between knowledge on instructional information and its application, thus the need to provide information on the use of equipment.

Work Safe BC (2009), states that Safe work procedures are directions on how work is to be carried out safely. They identify hazards and clarify what must be done to eliminate or minimize risks. For example, you may need to develop procedures for handling cash or disposing of hot oil. Not all tasks require a written safe work procedure. It may be sufficient to address safety issues verbally when training workers. Post the procedures prominently at the locations where the tasks are performed or next to the equipment used for the tasks. Supervisors and managers will find them helpful in training workers how to do their jobs safely.

Again, according to Workers compensation board of PEI (2009), Work procedures are step-by-step instructions that describe the way a task must be done for improved health, safety, efficiency or accuracy. An occupational health and safety program shall include provisions for the following:

- Preparation of written work procedures required to implement health and safety work practices, including those required pursuant to this Act (OSHA), the regulation, or by order of an officer, and
- The identification of the types of work for which the procedures are required at the employer's workplace.

According to the results of the findings on warning signs in the areas of danger, majority of the respondents said there were no warning signs in their areas of work, however, a sizeable number said there were warning signs but at the power station and transformer houses. The findings reveals inadequate warning signs in the hotel. The Regulations require employers to ensure that safety signs are provided (or

are in place) and maintained in circumstances where there is a significant risk to health and safety that has not been removed or controlled by other methods. This is only appropriate where use of a sign can further reduce the risk (Health and Safety Regulations, 1996).

Furthermore, from the findings on the provision of personal protective equipment, the results showed that majority of the respondents were not provided with personal protective equipment. Labour legislation in many countries provides that it is the duty of the employer to provide personal protective equipment to workers engaged in hazardous tasks. Under this legislation, workers who handle dangerous hand tools and machines, under extreme temperatures, handle hazardous substances or run the risk of inhaling such substances, or are exposed to radiation, have to be provided with appropriate protective equipment and have the duty to utilize them properly. Personal protective equipment is clearly essential in protecting workers from risks at the workplace. However, it is also very important for the workers to be attentive enough to reduce their own risks (ILO: Safety in the Working Environment, 1987).

Again, Harker (1991) states that “In developing countries, protective clothing at work is considered a luxury and hence not adequately provided”. It is also important to note that it contravenes OSHA (1970), which states that every employer shall provide and maintain for use of employees in any workplace where employees are employed in any process involving exposure to wet or to any injurious or offensive substance, adequate, effective and suitable protective clothing and appliances, including, where necessary, suitable gloves, footwear, goggles, and head coverings.

Once more the findings revealed a well-equipped first aid management system at the Paloma hotels. According to Work Safe BC, (2009), effective first aid treatment can reduce the severity of work-related injuries, which helps minimize the financial costs associated with extensive medical treatment or the need to replace employees who are unable to work.

Again, The Health and Safety (First-Aid) Regulations, (1981) require employers to provide adequate and appropriate equipment, facilities and personnel to ensure their employees receive immediate attention if they are injured or taken ill at work. These Regulations apply to all workplaces including those with less than five employees and to the self-employed.

The findings also revealed a well-marked easy access to fire exit at the Paloma hotels. Emergency red coloured pull cords with round toggles are fixed in the 'Easy Access' suite. If pulled downward, these activate an audible alarm in the hallway. A rear emergency escape route option is also available. The catering industries are not by any means free from accidents due to fires and explosions, particularly due to the widespread use of gas cooking equipment, boilers, autoclaves and ovens. (ILO, 1989).

Again, according to findings on provision of medical services for the staff, it was revealed that the staff take care of their own medical expenses. Periodical medical examinations may be performed because of statutory requirements or where clinically indicated for groups of workers exposed to specific hazards (Harrington *et al*, 1998).

Additionally, the results on rating of the safety of their working conditions showed majority of the respondents rated their working conditions as average. According to Work Safe BC, (2009), regular inspections will help the organisation

identify hazards so they can assess and control any risks to workers. Inspection is an ongoing task because the workplace is always changing. There is the need to inspect your workplace at regular intervals that will prevent the development of unsafe working conditions. In hospitality businesses this is typically once a month. You also need to inspect your workplace when there has been an accident or when you have added a new work process.

Safety environment is a predictor for safety behaviour and occupational accidents within companies (Gimeno *et al*, 2005). In this sense, more knowledge on factors related to the safety environment of the company may give employers the opportunity to create safer workplaces. The measures to improve working conditions has a substantial positive impact on the safety environment of the company, especially when working conditions are reported to be poor and employees consider that measures are needed.

On findings on common accident experienced at the workplace, most common accidents experienced were slips, trips and falls and the common reasons attributed by respondents for such accident was through carelessness. An effective means of preventing falls and slips, which are also common in the food and drink industries, is to ensure that the floor around machines and work stations are kept clean and free of grease. In addition to supplying workers with safety shoes with slip-resistant soles, it is also important to place rubberized cushioned floor mats at work stations, as well as to install non-skid floor materials on staircases and ramps, which should also be equipped with guard-rails. (ILO: Safety in the Working Environment, 1987). Furthermore, employees can contribute substantially in achieving the goals of employer's drive of eliminating workplace accidents only if they have an awareness of recognized safety standards, and the ability to identify

unsafe and unhealthy situations. It is therefore prudent that the education and training of each employee in good house-keeping is very paramount in achieving a safe and secure workplace.

5.4 Policy and Procedures

On the findings of safe work policy and procedures, majority of the managers admitted not having any safe work procedures and policy. For those who said they had did not have a document to show. This goes to prove that most workers were not aware of their safety responsibilities and therefore working under unsafe conditions. Policies and procedures are the strategic link between the organisation's OHS vision and its day-to-day operations. A well written OHS business policies and procedures allow employees to clearly understand their roles and responsibilities within predefined limits.

As stated by Victoria Work Cover Authority (2001), a general health and safety policy states management's intention to provide a safe and healthy workplace and states the health and safety goals of a workplace. It should also demonstrate the employer's acknowledgment of their legal duties and their intention to voluntarily comply with those duties. Specific policies and procedures address particular issues or hazards. They are administrative measures to control workplace hazards and should be used together with other hazard control measures to eliminate or reduce the risk of workplace illness or injury. It also stated that the policy should describe the arrangements to achieve those objectives, including the allocation of functions and roles. It should be signed and dated by the chief executive or equivalent of the organisation.

Again, OSHA (1970), states that it is the duty of every employer to prepare and revise a written statement of general policy with respect to the safety and health at work of his employee, and also to bring the statement and any revision of it to the notice of all his employees.

According to Labour Institute (1999), employees can contribute substantially to achieving the goals of health and safety only if they have an awareness of recognized safety standards, and the ability to identify unsafe and unhealthy situations. It was therefore prudent that the education and training of each employee is a primary factor in achieving a safe and secure workplace. Such education and training should also enable employees to recognise mechanisms to eliminate identified hazards. It is imperative for staff to be aware of training schedules on health and safety and participate fully in it.

According to Work Safe BC (2009), monitoring and evaluation process should be linked to on-going regular activities as well as to specific corrective actions being taken. It also requires all control measures implemented as part of the hazard management process, emergency preparedness procedures and incident investigations to be monitored for their effectiveness.

The findings on hazard identification and risk assessment procedure disclosed again that Paloma hotels did not have hazard identification and risk assessment procedure. As a measure for preventing occupational accidents and ill health, employees must perform risk assessment regarding safety and health at work, and decide on protective measures to take and, if necessary, on protective equipment to use.

Furthermore, ILO (2003), states that the concepts of risk assessment and risk management are fundamental to prevention and control of risks to safety and health in

the workplace. The key aspects of risk assessment include making sure all relevant risks are taken into account, checking the efficiency of the safety measures adopted, documenting the outcomes of the assessment and reviewing the assessment regularly to keep it updated. Workers have a right to reduction in ill health and accidents given that these things can be prevented or reduced if risk assessment and risk management are done.

Also, on the findings on training and education, the results again showed that there was inadequate training for the staff of Paloma Hotels. Occupational health and safety training and awareness remain a fundamental element in workplace hazard control programs. As training objectives, recognition of job hazards, learning safe work practices and appreciating other preventive measures are expected to contribute to the goal of reducing occupational risk of injury and disease.

According to Labour Institute (1999), employees can contribute substantially to achieving the goals of health and safety only if they have an awareness of recognized safety standards, and the ability to identify unsafe and unhealthy situations. It was therefore prudent that the education and training of each employee is a primary factor in achieving a safe and secure workplace. Such education and training should also enable employees to recognise mechanisms to eliminate identified hazards. Such knowledge and information also comes with the ability to interact with management and the Joint Health and Safety Committee that exists at each organisation.

As explained in the Office of Technology Assessment (1985) report, OHS training embodies instructing workers in recognizing known hazards and using available methods for protection. Worker education, prepares one to deal with potential hazards or unforeseen problems. The report further stated that guidance is

given in diverse ways to become better informed and to seek actions aimed at eliminating the hazard. Training can consist of instruction in hazard recognition and control measures, learning safe work practices and proper use of personal protective equipment, and acquiring knowledge of emergency procedures and preventive actions.

On monitoring, inspection and evaluation of safety practices, the findings revealed that there was lack of safety inspections at Paloma hotels. According to Work Safe BC (2009), in addition to correcting any hazards that you observe from day to day, the organisation should set aside time for regular workplace safety inspections. Regular inspections will help the organisation identify hazards so they can assess and control any risks to workers. Inspection is an ongoing task because the workplace is always changing.

There is the need for employers and employees to inspect workplace at regular intervals that will prevent the development of unsafe working conditions. In hospitality businesses this is typically once a month. There is the need to inspect your workplace when there has been an accident or when you have added a new work process.

Again, the findings also disclosed that there were no methods for workers to report accidents and incidents of near misses at Paloma Hotels. Incident investigations help determine the causes of an incident so the organisation can take steps to ensure that the same incident will not happen again (Work Safe BC, 2009).

Furthermore, Workers compensation board of PEI (2009), states that regular workplace inspections are meant to catch unsafe conditions before they lead to an incident. However, when an incident occurs, it is vital to investigate it so that future incidents can be prevented. Workplace injuries are preventable but if an incident

occurs, an investigation should be conducted to find the root cause(s). Finding the root cause will help the Committee or Representative recommend action to prevent it from happening again. Look at all the factors leading up to the incident as there will likely be several causes. It is important that the employer, in consultation with the Committee or Representative, develop a set of procedures to follow for the incident investigation process. The intent of the investigation is to prevent a recurrence, never to lay blame.

Besides, the findings also revealed that there were no monthly safe work meetings at Paloma Hotels. Work Safe BC (2009) states that there is the need to hold regular monthly meetings with workers to discuss health and safety matters. Such meetings should focus on identifying and correcting hazardous conditions or tasks, and making health and safety a priority in your workplace.

For records and statistics, the findings again showed there was none at Paloma Hotels. As stated by Workers compensation board of PEI (2009), written records and statistics can help identify trends for unsafe conditions or work practices so you can take steps to correct these potential hazards. To establish due diligence, records must be kept of all the components of the health and safety program as it is developed and used.

Here is a list of written records you should maintain:

- Inspection reports and records of corrective actions taken.
- Incident investigation reports and records of corrective actions taken.
- Worker orientation records.

Incident and injury statistics are useful for identifying trends and for measuring the effectiveness of health and safety activities and programs.

Again, according to Work Safe BC (2009), employers are required to keep health and safety records and statistics on file. Examples of documentation include training activities, first aid treatments, and incident investigations. Written records and statistics can help:

- Identify trends for unsafe conditions or work practices so you can take steps to correct these potential hazards.
- Provide material for education and training.
- Provide documentation in case an external health and safety organisations and its officers in the locality, region or national officer requests it or if an incident occurs and you need to prove that you did all you could reasonably do to prevent it.

In summary, all the findings point to the fact that Paloma Hotels have not yet adopted Environment, Health and Safety standards. Paloma Hotel management as matter of urgency must find resources to implement the occupational health and safety management system by first complying with the laws of Ghana with regards to Labour safety acts, put in place preventive measures to mitigate or eliminate accidents through proper hazard identification and risk assessment. Management should again adopt strategies for continuous improvement through regular training and education and communicate to all stakeholders through regular safe work meetings.

CHAPTER SIX

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATION

This chapter deals with conclusions and recommendations of the study. In addition, the chapter offers directions for future research. Various conclusions stirring on the existence of policy guidelines relating to prevention of occupational accidents, the level of awareness of the safety procedures by the staff and managers and the preventive measures in place to prevent occupational accidents in Paloma hotels have been made. Recommendations on the directions for the future of the sector and for further research were also prepared.

6.1 Summary of Findings

6.1.1 Demographics

The study was carried out at Paloma hotels in Accra and Tema. More of the respondents made up of (31%) were mainly from the food and beverage departments. More than half of the respondents were from the age bracket of 26-35 years representing (55%) with slightly more females representing (60%), than males. Most of the respondents had worked in their current employment for less than 3 years representing (65%), with most staff having attained a tertiary education (70%). On hours worked per day, most of the staff worked the recommended 8 hours a day representing (62%).

6.1.2 Existence of OHS Policies and Procedures at work.

On the existence of OHS safe work procedures, most of the managers representing (67%) said they did not have documented safe work procedures. There was a marked difference between the number of managers who said they had a guideline for safe work procedures representing (33%) but did not have them written out. The main safety procedures, policies or laws that were mentioned to be in place were fire evacuation, insurance, availing necessary equipment, disciplinary action, providing first aid and fire extinguishers while the defined work procedures stated were duty lists, job descriptions and supervision. For safety policy, all the managers representing (100%) affirmed that they did not have a written safety policy.

Again, on hazard identification and risk assessment procedure, all the managers (100%) responded that they did not have hazard identification and risk assessment procedure available.

Furthermore, on training and education on occupational health and safety, (33%) responded that they have organised training for workers and (67%) responded they have not. For respondents who said they have, when asked to outline them only talked about firefighting training but could not produce a document to prove it.

Likewise, on safety inspections, all the managers representing (100%) responded in affirmation that they have never done any safety inspection in their various workplaces and do not have any document to prove it. The only inspection done at the beginning of their operation was fire service inspection.

Besides, for method of incident investigation, all the managers representing (100%) responded that they did not have any method or procedure for workers to report accidents and near misses as well as documentation.

Moreover, on monthly safe work meetings and keeping of records and statistics on safe work, all the managers (100%) again affirmed in negative.

6.1.3 Awareness of OHS safety procedures by staff of Paloma hotels

Most of most staff representing (70%) said they were aware of safety regulations in their work areas, and when asked to outline them, (45%) respondents of those who said they are aware were unable to outline them. For respondents who tried to outline them only talked about the existence of fire extinguishers in their work areas.

Only 22% of the respondents knew other statutory laws governing occupational safety in their workplace as opposed to 62% who did not know. When asked to state them, 74% of those who responded were unable to state these other statutory laws. The main safety procedures, policies or laws that were mentioned to be in place were Fire evacuation and insurance.

Furthermore, on the awareness safety responsibility at their workplace, most the respondents representing (43%) and (40%) respectively, stated that the employer and the supervisor correspondingly, were responsible for the implementation of safe working conditions at the hotel. However, only 17% of the respondents said that staffs themselves were responsible.

6.1.4 Preventive measures for Occupational Accidents in Paloma hotels.

On the information of use of equipment, about half of the respondents representing (41%) got written information on use of equipment while those who got the information verbally represented (51%) and by self-discovery accounted for only (6%).

Again, on warning signs visible in the areas of danger at the workplace, 61% of the staff said there were no warning signs in their areas of work, however, 39% said there were warning signs but at the power station and transformer houses.

Furthermore, most respondents (59%) stated they were not offered protective clothing or equipment to ensure safety, while those who said they did, said they were provided with gloves, uniforms and gumboots.

Besides, all of them (100%) agreed in affirmation that they were provided a well-equipped First Aid services at the workplace. Again, on the issue of easy accessibility to fire exit, all of the respondents representing (100%) agreed in affirmation.

However, an overwhelming majority (95%) of the respondents stated they were not taken for medical examination by their employers and that their medicals were taken care by themselves and only (5%) responded that the employer takes care of their medicals.

Again, a question that sought to find out how respondents rate the safety of their working conditions, most staff rated their working conditions in terms of safety as good (34%) and average (36%). Very few rated poor (5%) and very poor (3%). The rest rated it as very good (21%).

Likewise a question which sought to find out from respondents the type of accident they have been involved in while working, trips, falls and slips respondents were made up of 38%, while 29% respondents said burns and lacerations. Cuts received 33% responses of common accident encountered by the staff. The main contributing factors for the accidents were identified as carelessness (45%) and ignorance in use of equipment 33%. The accident being accidental had only 22% of the respondents.

6.2 Implications of Findings

The findings clearly show that occupational health and safety management systems have not been adopted or instituted in Paloma Hotels. These findings were confirmed by Muchiri, (2003) who stated that lack of comprehensive OHS policy, poor infrastructure and funding, insufficient number of qualified occupational health and safety practitioners, and the general lack of adequate information are among the main drawbacks to the provision of effective enforcement and inspection services in most African countries. Ghana epitomises the above assertion in its entirety and is established in the findings at Paloma Hotels in Accra and Tema.

Furthermore, the findings show that without clear safety procedures and policies within the hotels, the staffs working in these hotels are more prone to accidents since most of them are not aware of them, thus having a considerable percentage of them rating their working conditions as average, leading to occurrence of common accidents.

The findings also provide insight on the fact that training programs for the prevention and provision of protective clothing and equipment, guidelines for preparedness for emergencies are not clearly stipulated due to lack of documentation and worse still, a considerable number of staff not trained on first aid. This, however, can be attributed to the high turnover levels shown by the way most staff are in their current employment for the past three years and below.

Besides, without a system of reporting risks, hazards and accidents in most hotels implies that accident cases are not properly recorded and for any improvement in terms of occupational health and safety of workers to be implemented, this will need to be corrected.

The findings also indicated lack of risk assessment audits and safety policy statements as these were not documented or made available to staff since they were not in a position to outline safety regulations or state laws governing occupational safety in their work areas. This could be easily handled by safety committees or worker's unions which are not existent in Paloma hotels. This would also be complimented by the fact that most of these workers are relatively young and literate.

6.3 Conclusion

The results of the study and interpretation of its findings has provided information that can be used to develop a policy on emergency preparedness guideline since majority (67%) of the hotel managers responses from questionnaires showed that they were not aware on its existence.

Concerning policy guidelines, most hotels had no safety procedures, policies or laws. Most of them also neither had guidelines for preparedness for emergencies nor a system for reporting risks hazards and accidents.

In terms of awareness, it was noted that though staff claimed to be aware of safety regulations, safety procedures and policies or laws governing the hotel industry, most of them could not outline any. It was quite evident that employees at the hotels did not have a clue of their safety rights and responsibilities. This was manifested in most of the responses admitting that their working environment safety was only average which was an indication of occurrences of appreciable number of accidents.

On preventive measures in place, the study found out that not much has been done in most of the hotels in Ghana with the exception of fire preventive and first aid measures. Safety is ensured through training, availing necessary equipment and

disciplinary action for breach of safety rules. Accidents must be controlled by avoiding carelessness, creating awareness, conducting routine checks and allocation of duties.

In summary, there cannot be any effective occupational health and safety for the catering industry if both employers and employees fail to establish the objectives of this study namely: policy guidelines and legal requirements relating to prevention of occupational accidents, creating awareness of the safety procedures and finally establishing preventive measures to curb occupational accidents. Accidents are costly both to the affected worker and the organization. Therefore, every effort should be made in order to avoid them from happening at the work place.

6.4 Recommendations

Ghana as a nation has still no national policy on OHS. The Government of Ghana as a matter of urgency should introduce a clear policy on safety procedures in both public and private sectors, most especially in the hospitality industry and provide allocations of the necessary resources for its implementations.

Furthermore, management of the hospitality industry should organize regular training, workshops, seminars on health and safety for staff, publish materials on safety and many other steps to inculcate safety consciousness in the minds of workers. Employees should be made to understand that safety and health practices are the responsibility of both management and staffs and this will go a long way to make the work area safe.

Besides, management must provide the necessary information, instruction, training and supervision having regards to the age literacy level and other circumstances of the worker to ensure, so far as reasonably practicable, the health and

safety at work of those other workers engaged on the particular work. Some occupational accidents that happen could have been avoided if effective supervision were carried out during the execution of duties at the work place.

Again, management must share hazard and risk information with other employers including those on adjoining premises, other site occupiers and all sub-contractors coming on to the hotel premises. Proper dissemination of risk information is important in ensuring safe and healthy working environment. Visitors who come to the hotel must be made aware of the precautionary measures in order to prevent accidents and injuries.

The provision of fire extinguishers in itself is good but not enough. It is recommended that management should take it a point to train staff in the effective and efficient use of fire extinguishers. This may call in the regular conduction of fire drills to ensure that employees are ready to deal with any fire outbreak. This is more important in areas where highly inflammable gases are used like the kitchens and filling stations.

The provision of protective clothing and putting in place safety and health measures is not enough. Management should put in place a regular monitoring team who will go round to check whether the employees really do put on their protective materials given to them before doing their duties and also observe in strict terms safety measures put in place in order to avoid any mishaps and accidents.

The government should also institute monitoring teams that will go round periodically to check whether employers go by the regulations as provided in the Labour Act. The factory inspectorate of Ghana should come up with a blue print to be used as guide for the design of health and safety policies for industries, companies and other institutions. A legislative framework on health and safety is recommended.

6.5 Recommendations for Further Research

The researcher proposes further research to be conducted on organisational cultures and human behaviour that can create barriers for the successful implementation of a working OHS management system in Ghana.



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APPENDIX I

UNIVERSITY OF EDUCATION, WINNEBA – KUMASI CAMPUS

Awareness of Workplace Safety and Accident Prevention Standards in the catering
Industry in Ghana: A case study of Paloma Restaurant.

MANAGEMENT QUESTIONNAIRE

Written Program	Yes	No
1. Do you have a written program on Safety?		
2. Do you keep a copy easily accessible?		
3. Have you posted a copy of your program?		
4. Does your written program include a policy statement?		
5. Does your policy clearly state the responsibilities of:		
<ul style="list-style-type: none"> • The employer? • Managers and supervisors? • Workers? 		
Safe Work Procedures	Yes	No
6. Does your written program list all the written safe work procedures that you have developed for your business?		
7. Have you reviewed these safe work procedures in the last year?		
Safe Work Procedures	Yes	No
8. Have you posted safe work procedures near any hazardous equipment or machinery used in your business?		
9. If any employee works alone, have you developed written procedures for safeguarding the worker's well-being when working alone?		
10. Have you conducted a risk assessment and developed procedures for preventing violence in the workplace?		

11. Do you have written rules prohibiting horseplay and the use of drugs and alcohol at work?

12. Do you enforce rules prohibiting horseplay and the use of drugs and alcohol at work?

13. Do you keep records when you discipline workers for not following these rules?

Identifying Hazards and Risk Assessments	Yes	No
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14. Do you have a method of identifying hazards?

15. When hazards have been identified, do you conduct a risk assessment to help determine the best way to eliminate or control the risks?

Training and Education	Yes	No
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16. Does your orientation of new workers include information and instruction on your health and safety program?

17. Does your orientation of new workers include training on the safe work procedures used in your business?

18. Do you inform new workers about work rules prohibiting horseplay and the use of alcohol and drugs at work?

19. Have you observed workers to determine if they need refresher training in safe work procedures?

20. Did you provide instruction and training for any new procedures, processes, equipment, or machinery that you introduced in the last year?

21. Have supervisors and workers received training in how to conduct safety inspections and incident investigations?

Safety Inspections	Yes	No
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22. Do you inspect your workplace regularly?

23. Do a supervisor and a worker conduct the inspection?

24. Do you observe workers during inspections?

25. Do you have a method of reporting hazards between inspections?

26. Do you have a system of rating hazards?

27. Do you discuss the results of inspections at monthly safety meetings?

28. Do you have a system of following up on identified hazards to ensure that they have been corrected?

Hazard Materials	Yes	No
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29. Do you have an inventory of controlled products used in your workplace?

30. Does each controlled product have a corresponding material safety data sheet (MSDS)?

31. Are MSDSs readily available to workers and do workers know where to get them?

32. Do you have a way to check that new controlled products include MSDSs?

33. Do workers understand how to read MSDSs and know what they mean?

34. Do you check all controlled products for supplier labels when received?

35. Are decanted products labelled?

36. Are labels legible?

37. Do workers know what hazardous materials are used in your business?

38. Do workers know how to safely handle, store, and dispose of hazardous materials?

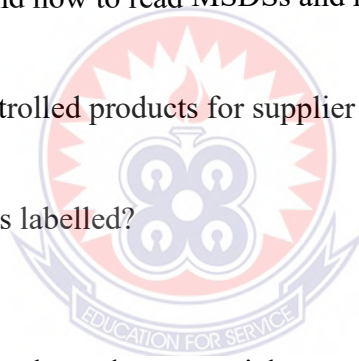
Investigating Incidents	Yes	No
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39. Do you have a method for workers to report accidents and near misses?

40. Do you investigate all accidents and near misses?

41. Do you focus on finding the root causes during incident investigations?

42. Do you take recommended corrective action identified during investigations?



First Aid	Yes	No
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- 43. Have you confirmed that all workers know the location of the first aid kit?
- 44. Do workers know who the first aid attendant is, how to contact first aid, and how to get assistance in emergencies?
- 45. Have you instructed workers to report all injuries?
- 46. Do you record all injuries?

Records and Statistics	Yes	No
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- 47. Do you keep records of the following?
 - orientation of new workers
 - education and training
 - injuries and other incidents
 - inspection reports
 - incident investigation reports
 - monthly health and safety meetings
- 49. Do you review accident statistics to see if trends are developing

Monthly Meetings	Yes	No
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- 50. Do you hold monthly safety meetings?
- 51. Do workers attend most of these meetings?
- 52. Do you include an educational topic on your agenda?

APPENDIX II

UNIVERSITY OF EDUCATION, WINNEBA – KUMASI CAMPUS

Awareness of Workplace Safety and Accident Prevention Standards in the catering

Industry in Ghana: A case study of Paloma Restaurant.

HOTEL STAFF QUESTIONNAIRE

Section A: DEMOGRAPHIC INFORMATION

1. Respondent No. _____
2. Name of hotel _____
3. Section/ Department _____
4. Designation/Job description _____

5. Age

Under 18	18 - 25	26-35	36-45	45 and above

6. Sex

Male [] Female []

7. Number of years worked in current employment

6 months &	6 months – 1	1 years - 3	3 years - 5	5 years and

8. Level of education

Primary	Secondary	Certificate/Diploma	University	Other

9. How many hours do you work per day?

Less than 8	8	9	10	11	12	More than 12

Section B: AWARENESS

1. Are there any outlined safety regulations in your work areas that you are aware of? Yes [] No []

If yes, outline them

.....

2. Is there a safety policy statement in your workplace?

Yes [] No []

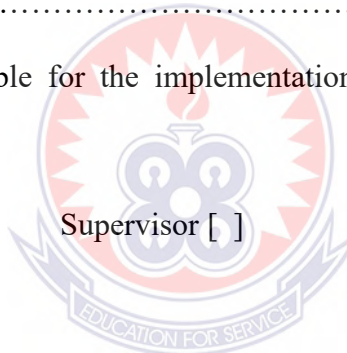
3. Do you know any other laws governing occupational safety at your workplace?

Yes [] No []

If yes, state them

4. Who is responsible for the implementation of safe working conditions at the hotel?

Employer [] Supervisor [] Self []



SECTION C: PREVENTION

1. Tick the safety measures taken in the workplace.

Instructions on use of equipment

Warning in areas of danger

Provision of protective gear

Provision of an equipped first aid kit

Easily accessible fire exit

Medical services

Any other

2. How do you get information on use of equipment,
Written [] Verbally [] Self discovery []
3. Outline what the hotel has done to prepare you for an emergency?
.....
4. How would you rate your working conditions in terms of safety?
V. Good [] Good [] Average [] Poor [] V. poor []

SECTION D: PROCEDURES AND POLICIES

1. Have you had any first aid training?
Yes [] No []
If yes i) who was the facilitator?
.....
- ii) When? Less than 2 yrs ago [] More than 2 yrs ago []
2. Is there a programme for safety training for staff? Yes [] No []
If yes,
i. When is it done? On employment [] During employment []
ii. How often is it done? Weekly [] Monthly [] Yearly []
Other
.....
3. Have you or any of your colleagues been involved in an accident while
working? Yes [] No []
If yes,
i. What type of accident was it? Tick the type of accident.
Fall/Slip []

Burn []

Cut []

Any other []

ii. What do you think contributed to the above named accident?

Carelessness []

Ignorance in use of equipment []

Any other []

4. Do you have a workers' union?

Yes [] No []

If yes, do the union leaders

i. Hold seminars to educate staff on their health and safety rights?

Yes [] No []

ii. In your opinion, do they support staff who are injured to your satisfaction? Yes [] No []

5. Is there a procedure for reporting accidents?

.....
.....

6. Does the hotel undertake medical examinations for staff?

Yes [] No []

i. Who is required to take the examination?

All staff [] Kitchen staff only [] Others []

ii. What tests are done?

.....

iii. How often are they done?

Weekly [] Monthly [] Half Yearly [] Yearly []

Others.....

APPENDIX III

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KITCHEN OBSERVATION CHECKLIST

General

1: How many individuals are working in the kitchen?

1.1: What are their roles?

(i.e. number of chefs, assistant chefs, kitchen porters, etc)

1.1.1: Is the demarcation between these roles easily identifiable?

1.2: Does the kitchen appear to be functioning efficiently?

Chain of Command

2: Are there any obvious signs of a hierarchy amongst staff?

2.1: How is this demonstrated?

2.1.1: Does this hierarchy appear to be respected by all staff?

2.1.2: Yes/No – How is this manifest?

Kitchen Culture

3: Do relations between staff appear to foster a co-operative culture?

3.1: If yes – Do chefs amicably instruct other personnel?

3.2: If no – Do more senior staff appear unapproachable to junior staff?

Health and safety standards

4: Are there any easily identifiable hazards to health and safety?

4.1: If yes – Could these be easily rectified? (e.g. by improved housekeeping)

4.1.1: Have any staff appeared to notice the hazard?

4.1.2: Any obvious reason why they have not dealt with it?

(e.g. too busy, don't see it as a significant threat, not 'their area')

4.2: If no – Are these design / hardware issues?

(e.g. poor design of kitchen, machine guards missing / faulty)

4.1.1: Does faulty equipment continue to be used?

4.1.2: Does this appear to be an accepted practice?

Health and safety commitment

5: Are there any safety related posters / notices on display?

5.1: If yes – Are these effective (e.g. in good repair, clear and unambiguous guidelines)

5.2: If no – Are there any areas of the kitchen that would clearly benefit from warning notices?

(e.g. – areas which are hazardous due to poor design)

Health and safety practice

6: Overall, does the kitchen appear to be functioning in a health and safety conscious manner?

6.1: Are pathways free from obstructions?

6.1.1: Yes/No – Are any members of staff objecting to this?

6.2: Are work areas free from clutter?

6.2.1: Yes/No – Are any members of staff objecting to this?

6.3: Are equipments (e.g. knives) cleaned and stored correctly after use?

6.3.1: Yes/No – Are any members of staff objecting to this?

6.4: Do staff appear to be taking appropriate precautions? (e.g. use of PPE)

6.4.1: Yes/No – Are any members of staff objecting to this?

6.5: Do unnecessary risks appear to be taken?

6.5.1: If yes – What appear to be the reasons for this?

(e.g. time constraints, easiest way, under-appreciation of risks?)

