

## ***PUBLIC HEALTH IN A CHANGING ENVIRONMENT***

### ***TITLE: OCCUPATIONAL HEALTH AND SAFETY MANAGEMENT SYSTEM (OHSMS) AS A “SHAMBALLA FORCE” IN PUBLIC HEALTH***

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#### **Preamble**

Health to man has a unique genesis that commenced when man perceived imbalance in his system. Imbalance was also experienced in his environment including the workplace. The ease in him becomes *dis-ease*.

Hippocratic in his writings of 400 BC emphasised on the need for man to have a balance in whatever he does. They should be harmony. Think it as when on is in the sea and s/he is in a canoe sailing against the tide or against it. What is the effect?

For us to experience light, we have to appreciate the presence of darkness. Good will be understood when one has experienced the bad. Holy has its opposite as evil.

In a noble profession of public health, one will almost always experience opposition from those who preach preventive medicine outside while inside is filled with curative medicine.

Bernadino Ramazzini, who is considered as the Father of occupational health, stated that when a physician takes the history of a patient, one question that must be added should be “what is your occupation”. The reason is to determine whether there is relation or association of what manifest as a disease and they workplace.

This paper intends to suggest ways of incorporating Occupational Health and Safety Management System (OHSMS) in Public Health by highlighting ways of making the same a reality.

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#### **Occupational Health and Safety Management System (OHSMS)**

The ideal way to benchmark and achieve best practice

Components include:

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##### **1. Occupational Health and Safety Policy**

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- a. Authorized by top management
  - b. Clearly states health and safety objectives
  - c. Commitment to improving health and safety performance
  - d. Communicated to all employees
  - e. Be reviewed periodically
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##### **2. Planning**

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- a. Planning
  - b. Planning identification of hazards and assessment and control of risks
  - c. Legal and other requirements
  - d. Objectives and target be at all levels
  - e. Occupational health and safety management plans be in place and responsibilities should be designated. Means and timeframe should be outlined.
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##### **3. Implementation**

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- a. Resources
  - b. Responsibilities and accountability
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- c. Consultation
- d. Training and competency
- e. Communication should be two way system
- f. Reporting
- g. Documentation
- h. Document and data control
- i. Records and records management
- j. Hazard identification, risk assessment and control of risks
- k. Emergency preparedness

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#### 4. Measurement and Evaluation

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- a. Monitoring and measurement
  - b. Incident investigation, corrective and preventive action
  - c. OHSMS audit
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#### 5. Management Review

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- a. Ensure continuity, suitability, adequacy and effectiveness.
  - b. Possible need to change policy, objectiveness
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#### 6. Continual Improvement

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Review the systems and make the necessary improvements for perfection with the aim of attaining a positive safety culture.

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Kenya has yet to ratify ILO conventions that are relevant to managing occupational health.

World Health Organisation (WHO) and International Labour Organisation (ILO) are currently working together for the benefit workers who are a part of the public

Ministry of Health has the opportunity of working with the Ministry of Labour.

Probably in the name of harmonization, the Ministry of Health should take over occupational health and safety in the country. In such a scenario, the appropriate cadre to oversee the activities is a public health officer or should I say an officer who has a degree or diploma in Environmental Health Sciences. Additional qualification in occupational health and safety should be an added advantage.

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#### **How will it be implemented?**

Environmental Health Division in the Ministry of Health should state thinking safe at the planning stage. This should be reflected in all stages.

The Medical department as envisaged in the Public Health Act Chapter 242 Laws of Kenya, seem to be focusing on curative services. We all know that preventive, promotive and rehabilitative, including research and information are inclusive but hidden, there is need to bring them on the surface by changing the department to Health department. The highest officer to be Director General of Health Service with to deputies as Director of Curative Services and Director of Public Health.

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The ILO aims at the reduction of poverty in Africa by promotion of employment, social protection and protection of workers' health and safety, and by promotion of democracy through social dialogue and participation, by promotion of human rights and standards, strengthening of training and education and promotion of enterprise generation. (*Lehtinen et al, 1997*)

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This paper intent to discuss on how the above could be incorporated in the *total health care* of this nation with the emphasis on preventive health.

The headings cover:

a) Curative:

This has been known to be the secondary level of disease management. Unfortunately, in the name of survival and exploitation, priority is always given to it.

b) Preventive:

We say and it is a known fact that prevention is better and much cheaper than cure. Why do none professionals hijack the process while we watch?

c) Promotive:

Health promotion that emphasises change of lifestyle takes the bigger portion of it. Those who are overweight have to plan and implement the weight reduction. Those who smoke have to enter in smoke cessation programme and so on.

d) Rehabilitative:

This stage should not be reached.

e) Research and Information:

Without Research and information, we are likely to continue staying in the dark ages or should I say darkness.

“**SAM**” used in this paper refers to:

S – spot the hazard. This is where one uses his or her senses. Hawk's eye would be an added advantage. One has to the type of hazard being spotted.

A – assess the risk. This is a way of determining the likelihood of injury or damage occurring. If the chances are high then quick action would be needed.

M – Management the hazard. Hierarchy of control measures should be put in place.

“**Shambhalla Force**” is that energy or vibration that once invoked; its movement cannot be halted. It has to stop by itself.

When you are on its path, it will crash you.

In its movement, it has attendance of sweeping a few persons.

This usually brings about hue and cry but the aftermath is celebration and joy to all.

OHSMS has now assumed that role

A role of a Public Health Officer in Occupational Health and Safety is exemplified.

Training occupational health and safety at various levels is enlisted.

Auditing of OHSMS is highlighted.

Current activities in the Occupational Health and Safety section in the Ministry of Health is mentioned.

Strengths, Weakness, Opportunities and Threats (**SWOT**) are discussed.

#### **Strengths:**

There are a good number of public health offices in the field and more are being trained at various levels.

Currently, there are about 80 public health officers who have attained additional qualifications in occupational health and safety.

Personnel is not a problem.

#### **Weakness:**

Interest of public health officers in occupational health and safety issues is a big problem despite the training. Reliance on routine work and avoidance of workplace that are not of food in nature is very common.

Lack of equipment for assessing hazard levels hinders progress

Denying public health officers protective gear allowance

#### **Opportunities:**

We have a very dynamic Ag. Chief Public Health Officer (Mr. Kefa Ombacho) who is a big asset to the profession.

Mr. Ombacho has appointment a very able officer with the energy to spearhead occupational health and safety of this nation with his base in the Ministry of Health. This is none other Mr. Jama Aden Hanshi.

We have training opportunities at Kenya Medical Training College on occupational health and safety. The college plans to train occupational health and safety at various levels.

Threats:

Ministry of labour feel threaten if they have to be absorbed by Ministry of Health.

Fewer public health officers are applying for the course at KMTC.

Other cadres have shown interest and if allowed, they would outnumber us and eventually own it.

## **MANAGING OCCUPATIONAL HEALTH AND SAFETY IN KENYA UNDER MINISTRY OF HEALTH**

### **ILO and WHO view:**

“Occupational health and safety should aim at: the promotion and maintenance of the highest degree of physical, mental and social well-being of the workers in all occupations; the prevention among 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 of and maintenance of worker in an occupational environment adapted to his physiological and psychological equipment and, to summarize, the adaptation of work to man and each man to his job.”

### **Local situation**

Under the current Public Health Act chapter 242 laws of Kenya section 10, occupational health and safety is implied to be a function of *Medical Department*. Other relevant sections are:

- ♣ Sections in Part IX of the Act
- ♣ Section 163 of the Act
- ♣ Rules made under Section 169, rule No. 11
- ♣ Not forgetting ‘Premises’ definition as per the Act

Workers are no different from the general public since without workers; there will be no *general public*. All are exposed to risks.

Risk management involves four steps:

- Hazards identification
- Risk assessment
- Hazard elimination or control and
- On-going evaluation and monitoring

Prevention and management of illnesses and conditions in workplaces or related to the same, require concerted efforts from all Ministries and more particularly the Ministry of Health. Despite the fact that the enforcement of the Factories and Other Places of Work Act Chapter 514 Laws of Kenya is by Ministry of Labour, the current professional staff, who are about ninety (90) as reported by Sakari (1999), are not in a position to cope up with the demands in workplaces. Training of the would be Occupational Health and Safety Officers in the Ministry of Labour seem to be in a halt. The need to compliment those noble services is inevitable. Ministry of Health could comfortably render the services.

### **Recommendations**

1. A clear policy and allocation of the necessary resources for its implementation. Ratification of the relevant conventions would assist in requiring reporting on the progress by International Labour Office (ILO) in accordance with ‘Article 22’ of ILO constitution as reported by Elliot (2000)
2. The Ministry of Health to advise the government to compel industries to employ an officer/manager who has been trained in occupational health and safety or one who has undergone a course in Environmental Health Sciences. The cadre to target should be Public Health Officers. Small industries should be allowed to utilize service from a Health and Safety firm, **preferably managed by Public Health Officers**.

3. Training programmes in Occupational Health and Safety should be restructured and should conform to international standards. **Kenya Medical Training College** should continue its programme with a new phase lift. Cadres to be trained should go beyond Public Health Officers. The college should cooperate with other training institutions of higher learning for instance, Curtin University of Technology so that a link is made for students in Kenya and other African countries to be trained in Kenya. This will not only be cost effective but also an avenue for tapping modern information and technology. The **World Bank** or **ILO** should be approached for assistance in capacity building.
4. Short courses and seminars and conferences should be encouraged. Private firms should be allowed to train workers in competency and Directorate of Occupational Health and Safety Services (DOHSS) should be in a position to accredit the trained worker for instance by issuing a card or a certificate.
5. Worksite Health Promotion should be started and advanced in Kenya with the Ministry of Health and DOHSS taking the initiative. Ministry of Education should include in their curricula safety and 'health everywhere' as this would contribute to behavioural change and enhancement of a positive safety culture. Media such as radio and television, newspapers and journal should be utilized.
5. Management should be encouraged to have in place functional Job Safety Analysis (JSA) procedures. Insurance firms should be using it as a way of determining the level of premiums.
6. Management should adhere to hierarchy of control measures of elimination, substitution, isolation, engineering, and administrative controls when managing a hazard and use of Personal Protective Equipment should be as a last resort. Legislation should have a clause to that effect.
7. Safety management audit process should be put in place in all workplaces.
- 8.A central database should be in place for data collection and access to information related to occupational health and safety and all stakeholders should have means of access.
7. Heavy fines should be imposed on companies or persons contravening legislation so that others who may be tempted are deterred.
8. Standards, Codes of Practices and Guidance Notes should govern all tasks involved in health and safety and any other relevant works. This would encourage order where laxity is experienced. Technical issues would be incorporated in Code of Practices and Guidance Notes.
9. Research undertaking should be an inbuilt component in the roles and responsibilities of occupational health and safety.

### **DEPLOYMENT**

At Ministry of health headquarters, a Public Health Officer will be responsible for day-to-day management involving a wide range of functions, including the following:

- ◆ Implementing specific programmes as may be assigned or delegated to him/her by the office of the Chief Public Health Officer (Kenya).
- ◆ Liaising with health and safety professional and/or medical professionals.
- ◆ Administering health and safety committee meetings.
- ◆ Performing of regular inspections or arranging for professionals to perform inspections.
- ◆ Compiling and keeping upto date all safety information, including material safety data sheets.

**As Implementing Officer** (Employed by an organization or industry)

A Public Health Officer at this level will have a duty to ensure that the organization he/she is working for has in place the Occupational Health and Management System (OHSMS). The Public Health Officer will monitor the conformance to the OHSMS on a daily basis Nevertheless the success of OHSMS depends on commitment from all levels and functions within an organization, especially from senior management. An effective OHSMS would assist an organization to:

- a) Set out policy and objectives
- b) Establish, assess and review the effectiveness of procedures which give effect to OHS policy and objectives
- b) Achieve conformance with OHS policy and objectives of the organization and

- c) Demonstrate such conformance to others (via self-declaration or certification/registration as appropriate (OHSMS, 2000))

The ultimate is to minimize costs brought about as a result of accidents, high premiums due to higher level of risk in a workplace, workmen compensation and litigation. The following is the cost attributed to an accident in a workplace as reported in CCH Australia (1998)

### **Conclusion**

Despite the general view that a Public Health Officer seem not to have a role in occupational health and safety in a workplace and other cadres yearning for the grabbing of the profession, it is evident that a Public Health Officer has a major role to play in any workplace a part from other pressing duties assigned to him/her by the Public Health Act Cap 242 LoK. The roles of Implementing officer, Legal regulatory officer and External auditor are very idle for creation of employment.

Training at various levels requirement a sincere approach by the training institutions and such institutions should adhere to the international standards that could enable a trained person to work at any place in the world. This would be in line with the concept of globalisation.

Let us all face the challenge and show the world that Public Health Officers in Kenya are committed to what they say and do and advise our government accordingly for the better future of the current millennium and beyond.

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## MAJOR OCCUPATIONAL HEALTH AND SAFETY MANAGEMENT STRATEGIES

Environmental Modification and monitoring	Individual screening and monitoring	Individual behaviour change	Organisational strategies
Hazard identification	Pre-employment examinations	Health and Safety education	Workplace health committees
Engineering controls	Return-to-work examinations	Training	Health surveys and audits
Ergonomics intervention monitoring	Medical monitoring	Behaviour modification	Work reorganisation
Protective Clothing and equipment	Biological monitoring	Administrative controls	On-site health and safety centres
Environmental monitoring		Stress management	Health promotion

**Reference:**

Finnish Institute of Occupational Health <http://www.occuphealth.fi/internet/english/training> 6 July 2003

Lehtinen S, Rantanen J., R Jorma. 1997: **UN and its special organizations in Africa** African Newsletter Occupational Health, Helsinki Finland