AN OVERVIEW OF THE OCCUPATIONAL HEALTH AND SAFETY ACT: A THEORETICAL AND PRACTICAL GLOBAL PERSPECTIVE

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Abstract

This article attempts to provide a broad overview of the importance of Occupational health and Safety within the workplace. Health and Safety is critical to the functioning and the creation of safe working environment for all workers and employees. The article attempts to construct an overview of OHSA No 85 of 1993 by dealing with a number of responsibilities that is applicable to the employer in terms of the Act. It also sets out to contextualise the importance from a global perspective by raising and discussing the World Health Organisation in terms of a model and framework for a healthy workplace. Numerous statistics have been provided and estimates in terms of the impact of the International Labour Organisation.

Keywords: Occupational Health and Safety Act, International Labour Organisation, World Health Organisation, Health and Safety management, workplace framework, work related fatality and accidents, leadership, management.

INTRODUCTION

OHS is often referred to as an important resource for companies in their ambition to create a good working environment. Health and Safety in the workplace is very important to ensure that an organisation provides a safe working environment for its employees and to minimise the risk of accidents and injuries. Health and Safety should be a joint responsibility between the company, management and employees. They should possess the skills to identify and describe the relationships between the work environment, organisation, productivity and health. The following areas will be explained and covered in the overview in discussing this article: The responsibilities of the employer according to the OHSA No. 85 of 1993; healthy workplace framework, leadership styles, management’s commitment and compliance to health and safety. The article will also focus on providing a brief perspective of the Occupational Health and Safety Act No 85 of 1993 as it relates to South Africa. In addition a broader global perspective will be provided by discussing a global framework and providing statistics in relation to the International Labour Organisation. Emphasis will also be placed on the model and framework for a healthy workplace as developed by the World Health Organisation (WHO).
OCCUPATIONAL HEALTH AND SAFETY ACT NO. 85 OF 1993

The discipline and practice of occupational health is concerned with the relationship between work and health and was defined in 1950 by a joint committee of the international labour office and the WHO as being concerned with:

- The promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations;
- The prevention among workers departures from health caused by their working conditions;
- The protection of workers in their employment of risk resulting from factors adverse to health;
- And the placing and maintenance of the worker in an occupational environment adapted to his/her physiological and psychological state (Hattingh and Acutt, 2009:14)

REQUIREMENTS OF THE OCCUPATIONAL HEALTH AND SAFETY ACT (OHSACT)

Some of the requirements of OHSACT are that companies must create a health and safety policy under the chief inspectors directions (NOSA, 2011:7). According to section 7 of OHSACT, the function of the SHE policy regards the protection of health and safety of employees at work. The act further requires that the CEO must sign this policy whereby the company’s commitment, responsibility and accountability for health and safety is well stated in order to promote health and safety in the work place (NOSA, 2011:7).

According to OHS Act No. 85 of 1993, the main purpose of the Act is to provide a proactive attempt at maintaining a safe and healthy working environment. Section 8 of the OHS Act No. 85 of 1993 states the duties of the employer as follows:

- Every employer shall provide and maintain, as far as is reasonably practicable, a working environment that it is safe and without risk to the health of his employees.
- The provision and maintenance of system of work, plant and machinery that, as far as is reasonably practicable, are safe and without risk to health.
- Taking such steps as may be reasonably practicable to eliminate or mitigate any health issues of employees, before resorting to personal protective equipment
- Making arrangements for ensuring, as far as reasonably practicable, the safety and absence of risk of health in connection with production, processing, use, handling, storage or transport of articles or substances
- Providing such information, instructions, training and supervision as may be necessary to ensure, as far as is reasonably practicable, the health and safety at work of his employees (NOSA, 2011:7).
DUTIES OF EMPLOYEES

According to OHS Act No. 85 of 1993, health and safety is not only the employer’s responsibility but also responsibility of the employees. According to OHSACT section 14, the general duties of employees at work are as follows:

- Every employee shall at work take reasonably care and safety of themselves and of other persons who may be affected by his act or omissions.
- Employee shall work together with their employer to enable duties or requirement by the OHSACT to be accomplished
- Carry out any lawful order given to you and obey the health and safety rules, and procedures laid down by his employer or by any one authorised by his employer in the interest of health and safety.
- If any situation which is unsafe or unhealthy comes to his attention, the employee must report it as soon as practicable possible, to his employer or to the health and safety representative at the workplace or section thereof, who shall report it to the employer.
- If he is involved in any incident which may affect his health or which has caused injuries to himself, he must report such incidents (NOSA, 2011:8).

Section 15 of OHSACT states that no person shall intentionally or recklessly interfere with, damage or misuse anything which is provided by the employer, this is in the interest of health and safety (NOSA, 2011:8).

According to section 16 of the Act, chief executive officers are charged with the following duties:

- Section 16(1) states that every CEO shall as far as it is reasonable practicable ensure that the duties of his employer as contemplated in the act, are properly discharged.
- Section 16(2) requires that without derogating from CEO responsibility or liability in terms of section 16(1) above it is stated that the CEO may assign health and safety related duties to any person under his control, which person shall act subject to the control and direction of the CEO. The act further state that for the purpose of section 16(1) the head of department of any department of the states shall be deemed to be CEO of that department (NOSA, 2011:8).

The reason that the act mentions the duties of 16(1) and 16(2) is to make sure that the health and safety management system is working correctly, in accordance to the act and to make sure that the above section 16(1) and 16(1)’s responsibilities are clearly stated and explained for every role player/ every individual who is
involved in making the occupation health and safety management system functional and successful (NOSA, 2011:8).

BACKGROUND OF THE OHSAS (Occupational Health and Safety Assessment Series)

Awwad (2001:1) states that the Occupational Health and Safety Assessment Series specification OHSAS 18001, have been developed as a recognisable occupational health and safety management system standard against which management systems can be assessed and certified. OHSAS 18001 is compatible with the ISO 9001 (Quality) and ISO 14001 (Environmental) management systems standards, which facilitates the integration of quality, environmental and occupational health and safety management systems by organisations. This publication presents a study that compared the specifications of three standards/guidelines for the management of occupational health and safety, namely: OHSAS 18001, the ILO guidelines, and Oregon state OSHA guidelines. The three standards had a high consistency, an agreement on generalities, and little differences in regards to some details, however OR-OSHA included more details to guarantee the effectiveness and practicality of the safety management system. It was concluded that integration of the requirements of OHSAS, ILO, and OR-OSHA will lead to a comprehensive, practical, clear and easy to implement safety management system. OHSAS 18001 is intended to help an organisation to control occupational health and safety risks (Awwad, 2001:1).

As mentioned by Awwad (2001:3) that fundamental to any safety management system is to identify hazards, assess risk and prioritize it, and implement controls to reduce unacceptable risks. All three systems specify clear requirements for hazard identification, risk assessment, and risk control; however the three systems vary in the level details specified. The effective of any SMS is highly dependent on the system’s ability to comprehensively identify all hazards (Awwad, 2001:3).

The literature on occupational health and safety management that was previously conducted in different countries reveals that safety, health and the environment has become an integral component to the viability of business for employers, labour unions, governments and environments in general. Naturally a need for safety is an intrinsically human concern (Macintosh and Gough, 1998:1). Zwetsloot (2003) states that the OHSAS 18001 safety and health standard has proved to be an effective standard that continues to gain popularity in well established businesses all over the world. It helps bring about dramatic changes in many companies whose practices are now geared towards zero tolerance of health and safety hazards in conducting their business (Zwetsloot, 2003). Meanwhile Author O’Connel (2004) has supported the theory suggested by Zwetsloot (2003), which states that the benefits that are derived
from complying with the OHSAS 18001 regulation have proved to be very attractive to progressive organisations all over the World (O’Connel, 2004).

The standard helps to form an all embracing protective measure for the safety of the workers and makes provision for the evaluation of the success of its implementation (O’Connel, 2004).

MODEL ND FRAMEWORK FOR A HEALTHY WORKPLACE

Figure 1.1 ES1 WHO Model

(Source: Burton 2010:3)

Above is the model and framework for a healthy workplace that the WHO has developed. It includes both the content of a healthy workplace programme in the form of four avenues of influence, and the suggested continual improvement process. The four avenues are represented by the four bullets below, in the proposed WHO definition of a healthy workplace. The eight steps in the continual improvement process are summarised as Mobilise, Assemble, Assess, Prioritise, Plan, Do, Evaluate, Improve. The framework and model presented here include both content and process, and may be implemented by any workplace of any size, in any country. There is no “one-size-fits-all” and each enterprise must adapt these recommendations to their own workplace, their own culture and their own country (Burton 2010:2).
The WHO model and framework outlined bring together the principles and common factors that appear to be universally supported in the literature and in the perceptions of experts and practitioners in the fields of health, safety and organisational health (Burton 2010:1).

Burton (2010: 5) believes that to develop a healthy workplace framework the following should be kept in mind:

- **It is the Right Thing to Do: Business Ethics**
  Every major religion and philosophy since the beginning of time has stressed the importance of a personal moral code to define interactions with others. The most basic of ethical principles deals with avoiding doing harm to others.

- **It is the Smart Thing To Do: The Business Case**
  The second reason for the importance of creating healthy workplaces is business argument. It looks at the hard, cold facts of economics and money. Most private sector enterprises are in business to make money. Non-profit organisations and institutions are in business to be successful at achieving their missions. All these workplaces require workers in order to achieve their goals, and there is a strong business case to be made for ensuring that workers are mentally and physically healthy through health protection and promotion. (Burton 2010:6).
Figure 1.2 Business Case in a Nutshell.

Figure 1.2 above summarises the evidence for the business case. This is expanded upon at length in demonstrating that in the long term, the most successful and competitive companies are those that have the best health and safety records, and the most physically and mentally healthy and satisfied workers (Burton, 2010:6).

- **It is the Legal Thing to Do: The Law**
  Most countries have some legislation requiring, at a minimum, that employers protect workers from hazards in the workplace that could cause injury or illness. In South Africa, the OHSA no. 85 of 1993 is a guideline that is used to ensure that situations are managed and treated in the correct manner (Burton, 2010:7).
WHY THE NEED FOR A GLOBAL FRAMEWORK?

Given the ethical, business and legal reasons for creating healthy workplaces, why is a global framework and guidance required?

Burton (2010:7) suggests that taking a look at the global situation reveals that many, possibly most, enterprises/organisations and governments have not understood the advantages of healthy workplaces, or do not have the knowledge, skills or tools to improve things. He further asserts that there is a widespread agreement among global agencies, including the WHO and ILO that the health, safety and well-being of workers, who make up nearly half the global population, are of paramount importance. It is important not only to individual workers and their families, but also to the productivity, competitiveness and sustainability of enterprises/organisations, and thus to the national economy of countries and ultimately to the global economy. The EU stresses that the lack of effective health and safety at work not only has a considerable human dimension but also has a major negative impact on the economy. The enormous economic cost of problems associated with health and safety at work inhibits economic growth and affects the competitiveness of businesses.

Burton (2010:7) reveals that the ILO estimates that two million women and men die each year as a result of occupational accidents and work-related illnesses. WHO estimates that 160 million new cases of work related illnesses occur every year, and stipulates that workplace conditions account for over a third of back pain, 16% of hearing loss, nearly 10% of lung cancer; and that 8% of the burden of depression can be attributed to workplace risk. Every three-and-a-half minutes, somebody in the EU dies from work-related causes. This means almost 167,000 deaths a year in Europe alone are a result of either work-related accidents (7,500) or occupational diseases (159,500). Every four and-a-half seconds, a worker in the EU is involved in an accident that forces him/her to stay at home for at least three working days. The number of accidents at work causing three or more days of absence is huge, with over 7 million every year.
Figure 1.3 ILO Work Injuries

(Source: Burton 2010:7)

Figure 1.4 ILO Work Illness

(Source: Burton 2010:7)

Figure 1.5 Europe Stats Per Year

(Source: Burton 2010:7)
**Work Related Injuries**

In November 2006, Bobby Godsell, CEO of AngloGold Ashanti, was quoted as saying that there is no reason that the risk of harm should be greater in mining than it is in any other form of economic activity, and that while all human action involves a measure of risk, the challenge is to identify, understand and then manage this risk. Godsell said that the successful management of health and safety risks in mining requires good science to identify and understand the nature of risks in mining; engineering to remove or reduce the risks; and creating values, habits and behaviours which make every worker an effective manager of health and safety risk. But in 2006, he reported that AngloGold Ashanti had seen a disturbing regression in that progress in regard to accidents on its South African mines and that these reversals had deepened the company’s determination to regain the trend evident over the past 10 years (Godsell, 2006:1).

In total, 37 people had died as a result of injuries sustained at work at AngloGold Ashanti during 2006, 32 of these deaths at their operations in South Africa. In 2005, 25 employees lost their lives in work-related accidents, 17 of whom were in South Africa. Comparing the FIFR year-on-year shows a significant increase in the frequency of fatal accidents in the South Africa operations, from 0.17 in 2005 to 0.35 in 2006 (Godsell, 2006:1).

Alli (2008: 3) states that the human, social and economic costs of occupational accidents, injuries and diseases and major industrial disasters have long been cause for concern at all levels starting from the individual workplace to national and international levels. Measures and strategies designed to prevent, control, reduce or eliminate occupational hazards and risks have been developed and applied continuously over the years to keep pace with technological and economic changes. Yet, despite continuous but slow improvements, occupational accidents and diseases are still too frequent and their cost in terms of human suffering and economic burden continues to be significant.

A recent ILO report estimated that 2 million occupational fatalities occur across the world every year, the highest proportions of these deaths being caused by work-related cancers, circulatory and cerebrovascular diseases, and some communicable diseases. The overall annual rate of occupational accidents, fatal and non-fatal, is estimated at 270 million Hämäläinen, Takala and Saarela (2006). Some 160 million workers suffer from work-related diseases and about two-thirds of those are away from work for four working days or longer as a result. After work-related cancers, circulatory diseases and certain communicable diseases, accidental occupational injuries are the fourth main cause of work related fatalities. Recent data from the ILO
and from the WHO indicate that overall occupational accidents and disease rates are slowly declining in most industrialised countries but are level or increasing in developing and industrialising countries (Alli, 2008: 3)

**Figure 1.6 Anglogold Ashanti Stats (death)**

![Number of people died in Anglogold Ashanti](image)

(Source: Godsell, 2006:1)

**Figure 1.7 Anglogold Ashanti (FIFR)**

![FIFR per year in Anglogold Ashanti](image)

(Source: Godsell, 2006:1)

- According to the ESAW, every year in the 15 member States of the EU before the enlargements of 2004 and 2007 about 5,000 workers were killed in accidents at work and about 5 million workers were victims of accidents at work leading to more than three days’ absence from work (EU, 2004).
- In India and China, the rates of occupational fatalities and accidents are similar at, respectively, 10.4 and 10.5 per 100,000 for fatalities, 8,700 and 8,028 for accidents.
• In sub-Saharan Africa, the fatality rate per 100,000 workers is 21 and the accident rate 16,000. This means that each year 54,000 workers die and 42 million work-related accidents take place that cause at least three days’ absence from work.

• In Latin America and the Caribbean, about 30,000 fatalities occur each year and 22.6 million occupational accidents cause at least three days’ absence from work (Alli, 2008: 4).

The economic costs of these injuries and deaths are colossal, at the enterprise, national and global levels. Taking into account compensation, lost working time, interruption of production, training and retraining, medical expenses, and so on, estimates of these losses are routinely put at roughly 4 per cent of global GNP every year, and possibly much more. Overall spending on compensation for a group of OECD countries was estimated at US$122 Billion for 1997 alone, with 500 million working days lost as a result of accidents or health problems (Alli, 2008: 4).

**Figure 1.8 Work Fatality**

![Figure 1.8 Work Fatality](source: Alli, 2008: 4)

According to Burton (2010:7) the ILO notes that, “Women’s safety and health problems are frequently ignored or not accurately reflected in research and data collection.” Burton (2010:7) believes that occupational safety and health inquiries seem to pay more attention to problems relating to male-dominated work, and the data collected by OSH institutions and research often fail to reflect adequately the illnesses and injuries that women experience. In recent years, globalisation has played a major role in workplace conditions. While international expansion provides an opportunity for multinational corporations to export their good practices from the developed world into developing nations, all too often the reverse is true. Short term financial gains
often motivate multinationals to export the worst of their working conditions, putting countless numbers of children, women and men at risk in developing nations (Burton, 2010:7).

In 1995, the World Health Assembly of the WHO endorsed the Global Strategy on Occupational Health for All. The strategy emphasised the importance of primary prevention and encouraged countries with guidance and support from WHO and ILO to establish national policies and programmes with the required infrastructures and resources for occupational health. Ten years later, a country survey revealed that improvements in healthy workplace approaches were minimal and further improvement was required. Burton (2010:8)

In May 2007, the World Health Assembly endorsed the Global Plan of Action on Workers Health (GPA) for the period 2008-2017 with the aim to move from strategy to action and to provide new impetus for action by Member States (Burton, 2010:8).

The GPA provides a political framework for the development of policies, infrastructure, technologies and partnerships for linking occupational health with public health to achieve a basic level of health for all workers. It calls on all countries to develop national plans and strategies for its implementation. As such, nations and enterprises look to WHO for some guidance in wading through the overabundance of information and recommendations. Therefore, under Objective 2, the WHO has a Healthy Workplace Framework and Model (Burton, 2010:8).

This framework was developed with associated guidance for a healthy workplace. By raising this as a global issue, WHO has hopes of getting a ‘critical mass’ in the movement towards healthy workplaces to create a tipping point. If sufficient countries ‘sign up’ for healthy workplaces, then:

- Countries can get encouragement and practical help from one another; learn from one another’s good practices;
- Poor practices in some countries will not be an excuse for poor practices in others, in the name of ‘fair competition’; and
- There will be national ‘peer pressure’ between nations and enterprises, as it becomes more and more the norm to have healthy workplaces that go far beyond legal minimums (Burton, 2010:9).

SYSTEMS AND STRUCTURES FOR IDENTIFYING, EVALUATING, AND CONTROLLING HAZARDS

Occupational health and safety hazards and risks cannot be effectively identified, evaluated, or controlled unless the facility maintains a system for hazard identification, evaluation, and control. The system should be standardised for the
entire health care facility to ensure that there will be no confusion about managing the occupational hazards and risks. The occupational health and safety action plan should outline the details of the procedures that the personnel and administration must follow to identify, evaluate, and control hazards in their work environment (PAHO, 2006:29).

**Hazard Identification**

Comprehensive hazard identification is the basis for the prevention of human or equipment damage or loss and interruption of processes. The initial hazard identification makes it possible to:

- Identify pertinent and important hazards in the health care process
- Establish appropriate controls
- Define objectives for training and information needs
- Clearly define the responsibilities of management, supervisors, and workers; and
- Draft and implement comprehensive work standards and integrated practices, including emergency procedures (PAHO, 2006:29).

**The methods of hazard identification**

Method of hazard identification includes:

- Area-specific identification based on the division of the workplace into identifiable areas.
- Task-specific identification of hazards by each step in the task
- Process-specific identification of hazards at each process stage and
- Job-specific identification of the hazards by stage in the process.

None of the above methods is unique or ideal for hazard identification. The preferred system depends on the type of services rendered, the processes involved. A combination of methods may therefore be the best choice. Existing resources such as codes of practice and guidelines, health and safety information booklets, reports from inspectors or consultants, and environmental health reports should be used to identify hazards. Registries of accidents, diseases, and absenteeism, are important sources of information. As health hazards in the workplace are identified, decisions should be made to immediately set up measures to control priority hazards or introduce control methods to reduce or eliminate the likelihood of injury from hazards that are not considered priorities (PAHO, 2006:29).

**Hazard Control**

Hazards that have been identified and assessed as priorities require the employer to implement adequate control measures. Control measures should follow the hierarchy
described below, with a strong emphasis on eliminating hazards at the source, whenever possible.

- Take all feasible measures to eliminate the hazard. For example, by substituting or modifying the process.
- If elimination is impractical or remains incomplete, take all feasible measures to isolate the hazard. For example, instituting engineering controls such as insulating noise.
- If it is totally impossible to eliminate or isolate the hazard, its likelihood to cause injury should be minimized. This effort should include ensuring that effective control measures are being applied, such as installing proper exhaust ventilation, providing personal protective clothing, equipment that is properly used and maintained and monitoring exposure among at-risk workers (PAHO, 2006:29).

Bennet (2002:1) argues that when it comes to workers’ views on occupational safety and health in the workplace they are often ignored due to various management styles and a shortage of safety regulations, allowing for little reflection for worker contribution. Workers as subordinates often find themselves compelled to simply comply with and submit to rules and policies already in place at the workplace. Bennet (2002:1) believes that workers’ perceptions on the subject are seldom considered. He states that in many industries, the plight of workers is left in the hands of health and safety professionals, industrial hygienists, academics and industrial managers.

Bennet (2002:1) argues that the concerns of safety and health management are aspirations arranged in point form to be met by management as envisaged goals. Bennet (2002:1) argues that management systems are always silent as to how safety and health at the workplace looks like, how it is structured, how it functions, how it relates to the management of the enterprise in general and how it is reconciled with the functions and responsibilities of other parties. He further asserts that the workers are not objects to be managed like machines or other factors of production. They are living, breathing and thinking human beings who have the most fundamental stake in any system of health and safety that affects their lives in the workplaces.

**Leadership**

Leadership is related to safety climate and plays a significant role in safety performance.
Supervisors who engage in safe practices tend to have positive safety climates in their unit, particularly when they exhibit transformational leadership (Zohar and Luria, 2004: 322).

Safety specific transformational leadership is characterised by managers who convey safety as a core value through their own commitment and behaviour, and who challenge subordinates to go beyond individual safety needs for the collective good. Transformational leaders also show a genuine interest in their followers’ well-being, which may inspire employees to prioritise their own safety. Safety-specific transformational leadership has been found to predict occupational injuries, with perceived safety climate mediating this effect (Barling, Loughlin and Kelloway, 2002: 488).

Leadership training is also associated with significant increases in safety performance, suggesting that leadership skills with respect to safety can be developed within the organisation (Zohar, 2002: 156). These studies provide strong evidence that leader training and behaviour are strong factors in the safety performance of the workgroup. Safety climate continues to be a popular topic among safety researchers and this is for good reason. It has been a relatively robust predictor of safety performance and it points to the role of the situation at the organisational level in the behaviour of individual employees. More work is needed to understand the antecedents of safety climate.

Zohar (2003: 123) implies that safety climate results from formal organisational policies and practices as well as supervisor communication. However, to this point there has been very little empirical work looking at organisational-level predictors of safety climate, which could include actual organisational policies and practices. Although there is not necessarily a one-to-one correspondence between actual organisational policies, practices, and procedures and perceptions of them, it would be useful for theory and practice to know what types of policies are most likely to enhance safety climate.

**BASIC CONCEPTS OF OCCUPATIONAL HEALTH AND SAFETY MANAGEMENT**

The employer should have overall responsibility for the protection of its workers’ safety and health, and provide leadership for occupational safety and health activities in the organisation. There already are model programs that improve health and decrease costs. It is not knowledge that is lacking, but penetration of those programs into a greater number of settings (PAHO, 2006: 15).
Management Commitment

**Figure 1.9 Management Commitment**


According to PAHO published in 2006 it is stated that the most effective strategy for managing health and safety in the health services, and for providing health care is to incorporate occupational health and safety into an institution’s managerial objectives. Handling health and safety objectives in the same way as objectives dealing with finances, the services, or quality are handled will help attain a high performance standard in health and safety. It is management’s responsibility to ensure that the health care facility under its responsibility establishes adequate policies and programs supplied with sufficient human and financial resources to provide a healthy and safe workplace.

**Management’s Duties and Responsibilities**

If necessary, one or more persons from top management should be given the responsibility, authority, and duty to collaborate with workers’ representatives to:

- develop, apply, and periodically monitor and evaluate the occupational health and safety management system;
- Periodically report on the operation of the occupational health and safety management system to the highest management level; and
- Promote the participation of all members of the organisation.

The extent to which employee activities are channelled toward a common goal depends on the extent of the administration’s commitment and participation. In addition to directed activities carried out by the director or by persons specifically assigned to the health care facility’s occupational health and safety management system, other top-management actions (in various areas) will demonstrate the support of the leaders to the management of occupational health and safety. (PAHO, 2006:7)
For example:

- conduct regular worksite visits to communicate with workers and identify deficiencies to be resolved;
- promote and participate in regular meetings specifically held to discuss safety and health issues or introduces the discussion of these issues in regular daily meetings;
- observe if and how workers adopt work routines that could have serious consequences and set up a dialogue to discuss alternative ways of performing work;
- Show an interest in the causes of occupational accidents and in how they have been taken care of. After an accident, assure workers that management cares for them, especially while victims are recovering;
- serve as an example by using personal protective equipment in work areas that require it and always respect existing prevention standards;
- adopt a participatory leadership and heed the opinions of the members of the organisation as a way to establish the necessary confidence;
- establish and foster an organizational structure that supports activities of the risk prevention and risk control programs; and
- secure the necessary financial and human resources to ensure that the occupational health and safety system functions well (PAHO, 2006:7).

COMMUNICATING THE SAFETY MESSAGE

Spoken and written communication can be critical in maintaining safety. This can include general communications in the form of safety information, communications between team members or between different teams during operations or maintenance work, and emergency communications. All personnel including employees, contractors and visitors, should have access to key information to help them negotiate the hazards in the work place safely. This may include key findings from risk assessments, induction to site, evacuation drills, emergency instructions, and safety warnings. [Http://www.hse.gov.uk/human factors/topics/communications.htm](http://www.hse.gov.uk/human factors/topics/communications.htm)

Communications are very important in a wide range of safety critical tasks and activities such as lifting operations, emergency response, entry to confined spaces, as well as coordination of activities between different parties and organisations. A key area of communications, particularly on major hazard sites, is shift communication including shift hand over. A permit to work is effectively a means of communication
between site management, plant supervisors and operators, and those who carry out the work. Http://www.hse.gov.uk/human factors/topics/communications.htm

CONCLUSION
It should be looked at that Occupational health and safety is an important resource for companies in their ambition to be competitive and to produce high quality products at a low cost in a safe convenient way without causing harm to role players and employees. It is very important for companies to create a healthy workplace framework. A healthy workplace framework is a structure that helps in guiding companies in implementing a healthy workplace environment.

Burton (2010: 5) believes that creating healthy workplace framework is the right thing to do (business ethics, this framework will help companies in driving ethical behaviour to avoid harm to others). The framework will help the company to achieve their goals and to ensure that workers are mentally and physically healthy through health protection and promotion and it will help companies to comply with OHSA No 85 of 1993, with this act many companies can be able to reduce work related injuries/illness.

Burton (2010: 5) believes that creating healthy workplace framework is the right thing to do (business ethics), it is the smart thing to do and it is the legal thing to do. Identification, evaluation and control of hazards will also help reduce work related injuries and fatalities. Management must comply, commit to health and safety act and system. According to PAHO published in 2006, it is stated that the most effective strategy for managing health and safety in the health services and for providing health care is to incorporate occupational health and safety into an institution’s managerial objectives. Handling health and safety objectives in the same way that objectives dealing with finances, the services, or quality are handled will help attain a high performance standard in health and safety.

It is the organisation’s and management’s responsibility to ensure that the health care facility under its responsibility establishes adequate policies and programs supplied with sufficient human and financial resources to provide a healthy and safe workplace. Management has the responsibility to create a safe and positive culture amongst the employees and to decentralise safety responsibilities. People on the floor must also be part of safety improvement and initiatives. Management must establish communication channels to and fro. Safety must be the first priority; it must be part and parcel of conducting business.

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