WINROCK INTERNATIONAL

REACH-T
RWANDA EDUCATION ALTERNATIVES for CHILDREN in TEA-GROWING AREAS

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Occupational Health and Safety Program in the Tea Sector of Rwanda

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Occupational Health and Safety Program in the Tea Sector of Rwanda

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Table of Contents

1. Introduction

Research shows that a safe, healthy, and supportive workplace helps businesses maintain their competitive edge, recruit and retain employees best suited for the job, reduce absenteeism, encourage employees' productivity, reduce the number of injury and illness claims, foster creativity, and increase quality and customer service. A healthy workplace is a great investment!

Scientific evidence from Rwanda has shown that tea plantation is one of the industry areas in which workers are exposed to several occupational health hazards such as chemical products, climate change, vagaries of terrain, snake bite and others. Hence why focusing on Occupational Safety and Health (OSH) in the tea industry is one of the cornerstones for improving working conditions in tea plantations. The research examined the overall situation of OSH issues in tea factories, cooperative of tea (COOPTHE) and Thé Villageois cooperatives or individual's tea growers. Of particular importance, the study reviewed the OSH conditions of young workers in tea plantations due to their vulnerability to OSH accidents and diseases due to their lack of experience.

In line with the recommendations from the tripartite workshop that validated the results from the OSH research, this program is designed to implement, monitor and evaluate an effective OSH management system in the tea sector of Rwanda using a holistic approach. Promoting OSH in the workplace does not have to be a complex and expensive undertaking. This document outlines a six step do-it-yourself process for planning, implementing, and evaluating a Comprehensive OSH Program in tea sector focusing on the vulnerability of young workers. A model of the six steps is outlined in PART I, while the detailed program is described in PART II. This document also provides an effective monitoring and evaluation of an OSH program in PART III while other OSH program resources are described in PART IV. These resources include worksheets, progress checklists, and information on how the Rwandese Federation of Tea Cooperatives (FERWACOTHE), Ministry of Labor and Public Services (MIFOTRA) or any other partner can help young workers to manage occupational hazards in their workplaces themselves.

This document aims to contribute to an effective compliance on OSH principals in the tea sector. It aims to help young workers in the tea sector to achieve two main objectives: (i) Prevention of the major risks associated with OSH hazards in tea plantations and tea factories; and (ii) On-site management of OSH accident while waiting for support. The documents also will help tea cooperatives and tea factory managers, labor inspectors, OSH officers from the Ministry of Labor to gain a deep understanding of how an effective OSH management system can support government initiatives to fight child labor in tea sector.

An effective OSH management system accompanied by an online monitoring and evaluation data base will help different stakeholders in the tea sector to regularly monitor not only the OSH conditions in the tea sector but also possible illegal child labor. This will convince national, regional and international business partners to trust more tea products from Rwanda. This OSH management system also will address the young workers OSH challenges by providing a decent working environment.

2. Key OSH Concepts

2.1 Key OSH definitions

The main terms and concepts related to OSH used here come from laws, regulations, standards, guidelines, specifications and other documents. The most importance ones are defined below, including some notes.

Incident (ILO-OSH 2001): An unsafe occurrence arising out or in the course of work where no personal injury is caused.

Accident: the same than an incident, but where the unsafe occurrence causes a personal injury.

Note: The terms "Incident" and "Accident" do have a broad definition, but here they refer to occupational safety and health. For the specific purposes of law, these vary from country to country.

Competent person (ILO-OSH 2001): A person with suitable training, and sufficient knowledge, experience and skill, for the performance of the specific work

Note: This concept refers to a physical person. A "competent l (ILO-OSH 2001): legal person" should include one or more "competent physical persons" besides other requirements usually defined by law

Document (ANSI Z 10): Written, electronic, or photographic information such as a procedure or record.

Audit (ILO-OSH 2001): A systematic, independent and documented process for obtaining evidence and evaluating it objectively to determine the extent to which defined criteria are fulfilled. This does not necessarily mean an independent external audit (An auditor or auditors from outside the organization).

Inspection: Similar to an audit, but focusing on a single item or process and based usually on "Yes/No" answers whereas audits are more detailed and look at the process in depth.

Note: Audits may also review all elements that can influence each process under consideration. They may go beyond "Yes/No" answers, e.g. to determine how far an item or process complies with a reference document (law, internal specification, standard, etc.) and how it can improve. An audit may involve many specific inspections. Where these inspections cover the single

Risk (ILO-OSH 2001): A combination of the likelihood of an occurrence of a hazardous event and the severity of injury or damage to the health of people caused by this event.

Note: Different scales may be used to determine the risk level (RL) of any construction process, depending on the classification of the likelihood (LK) and of the severity (Sv) to be considered. In this document a scale of 1 to 5 (Figure) is used for both likelihood and severity (very low, low, medium, high and very high) and the risk level is calculated using the following formula:

The results may be grouped into five risk level interval" RL < 5 (Very Low), 5 < = RL < 10 (Low), 10= < RL < 15 (Medium), 15 < RL< 20 (High) and 20< =RL < 25 (very high).

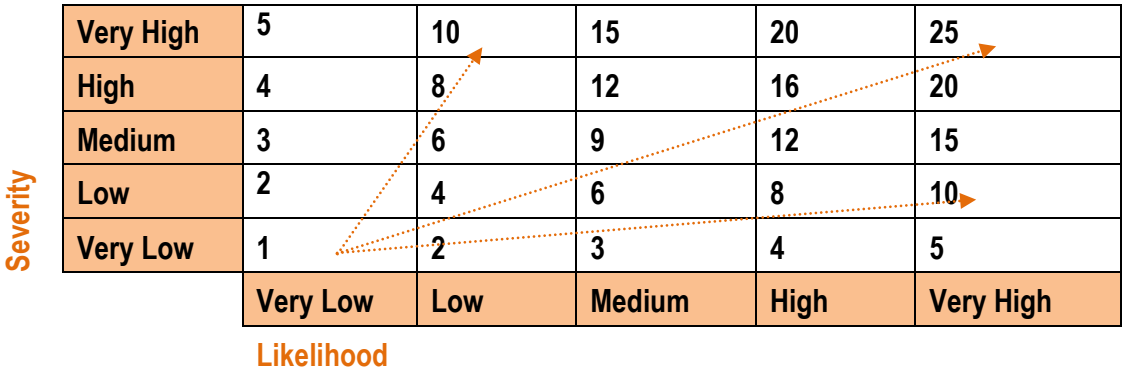


Figure 1- Example of a risk scale (likelihood X severity)

Hazard: Something with the potential to cause harm. Everything may be hazardous but every hazard is not necessarily a significant risk.

Hazard assessment (ILO-OSH 2001): A systematic evaluation of hazards.

Risk assessment (ILO-OSH 2001): The process of evaluating the risk to safety and health arising from hazards at work.

Note: In this document, whereas "assessment" is taken as subjective is quantitative.

Active monitoring (ILO-OSH 2001): The ongoing activities which check that hazard and risk preventive and protective measures, as well as the arrangements to implement the OSH management system, conform to defined criteria.

Reactive monitoring (ILO-OSH 2001): Checks that failures in the hazard risk prevention and protection control measures, and the OSH management system, as demonstrated by the occurrence of injuries, ill health, diseases and incidents, are identified and acted upon.

Note: In this document, more emphasis is given to the active monitoring rather than to the reactive monitoring. A proactive approach for OSH should take priority over the reactive approach.

Compliance (ANSI Z10): Meeting the requirements of local, state of federal statutes, standards or regulations.

Compliance (ANSI Z10): Meeting the requirements of the organization's OHS-MS and this standard.

Note: Whereas "Compliance" refers to compulsory requirements "conformance" refers to voluntary requirements.

2.2 General principles of prevention

In the European Union, the nine "General principles of prevention" (GPP) are:

1.	Avoid risks
2.	Evaluate the risks which cannot be avoided
3.	Combat the risks at source
4.	Adapt the work to the individual, especially with regards to the design of work places, the choice of work equipment and the choice of working and production methods, with a particular emphasis on alleviating monotonous work, establishing a predetermined work-rate, and reducing the negative effects on health
5.	Adapt to technical progress
6.	Replace the dangerous with the non-dangerous or the less dangerous
7.	Develop a coherent overall prevention policy which covers technology, organization of work, working conditions, social relationships and the influence of factors related to the working environment
8.	Give collective protective measures priority over individual protective measures
9.	Give appropriate instruction to the workers

Table 1: the nine General Principles of Prevention

These principles are entirely applicable in the tea sector to any hazards or risks identified in tea plantations or the tea factories.

3. PART I: How to succeed with OSH program

3.1 Why is workplace health and safety so important?

In Canada for example, where over 15 million Canadians spend more than one-half of their waking hours at work, many companies are beginning to examine the OSH conditions of their workplaces. Social environment, physical environment, lifestyle, communication, and stress all impact our health and wellness.

The **social environment** is created by the interaction of people and their relationships with one another. It has a strong impact on the mental and physical health of employees. This environment is strongly influenced by managerial decisions, policies and practices, and the interpersonal relationships among employees. The social environment addresses basic human needs such as a sense of belonging, purpose and mission, sense of control, and freedom from harassment and discrimination[1].

The **physical environment** at work and at home has a major influence on employee health and well-being[2]. Aspects of the physical environment include: noise level, ergonomics, toxic substances, air quality, workplace design, safe lifting, employee violence, work pace, physical demands, and safety guidelines. Organizational support and commitment to strategies that reduce injury/illness at home and at work are critical.

A workplace also needs to support health practices that encourage healthy lifestyle behaviors and coping skills. Lifestyle issues include: healthy weight, healthy eating, physical activity, hygiene, stress management, shift work, tobacco, alcohol and drug use.

Benefits of a safer and healthy workplace:

- Reduced absenteeism
- Reduced benefit costs
- Higher employee morale and job satisfaction
- Happier and healthier staff
- Lowered insurance costs
- Reduced staff turnover
- Increased productivity
- Increased organizational effectiveness

[1] National Quality Institute. “Healthy Workplace Criteria.” http://www.nqi.ca (1998).

[2] Health Canada. Corporate Health Model. Ottawa: Minister of Supply and Services Canada: ISBN 0-662-19112-9, 1991

3.2 Six Steps to a safer and Healthy Workplace

Step 1: Obtain Management Support

In this step you will obtain organizational commitment for your Workplace Health Committee through such activities as meetings, presentations and proposal writing.

Step 2: **Establish Workplace Health Committee**

This step involves the creation of a Workplace Health Committee and involves recruiting members, designating a Chair, creating a Terms of Reference, and recording and sharing information.

Step 3: **Conduct Interests/Needs Assessment**

In this step you will set your overall direction by identifying your strengths and challenges and creating a vision for your workplace health activities. This step will help you choose the right method of gathering information about your workplace environment and the employees' needs, interests, and concerns. It will also guide you through promoting the survey to staff for a good response rate.

Step 4: Develop Workplace Health Plan

Based on the workplace information collected, you will create an action plan. This step will help you set goals, activities and timelines to address workplace health issues. Also included is a framework for an awareness campaign.

Step 5: Implement Program

In this step you will promote the concept of comprehensive workplace health, the Workplace Health Committee and vision. Your activities will build trust and motivate employees to participate.

Step 6: Conduct Program Evaluation

The final step encourages you to reflect on what you have been able to accomplish and where to go next.

4. PART II. Occupational health and Safety (OSH) program

This program proposed by OSH consultant to all people involved in tea sector value chain sets out all the key components of a comprehensive system for managing the health and safety obligations in the in tea sector of Rwanda. There are 15 individual elements which make up the Occupational health and Safety management framework. These elements can be broken up into three broad categories:

4.1 Program structure

This section sets out the basic structure that must be in place for the OSH system to work effectively.Much of this structure relates to identifying people's various roles in the system and making sure they are fully able to carry out their roles.The basic structures which must be in place for the system to work effectively are:

- Policy and commitment
- OSH responsibilities
- Consultation
- Training
- OSH procedures
- Contractor management
- OSH performance indicators and targets

4.2 Program activities

The day by day operation of the OSH system is focused on maintaining a healthy safe work environment. This involves continuous activity to identify hazards & control them before an incident happens in which people could get hurt. There must also be major fallback activities to deal with incidents. These include emergency response procedures & procedures which support people who have been injured or become ill at work.

The activities of the system need to be documented so that performance can be checked and there is evidence that the required activities have been carried out. The key activities to identify and control hazards in the workplace:

- Risk management
- Inspection, testing and corrective action
- Emergency response
- Injury management and return to work
- Document control

4.3 Program review

System performance must be regularly reviewed to make sure it is operating effectively and is on track to achieve system targets. Efforts should also be made to continuously improve the system so that higher standards of health & safety can be achieved Regular review of performance to ensure the system is operating effectively and to encourage continuous improvement:

- Performance review
- Auditing and corrective action
- Continuous improvement processes

Each element contains an explanation of what is required and sets out a clear picture of what you will need to do to ensure effective health and safety management.

i) Program structure (see the table Below)

Structure Element	Element Criteria
Policy and Commitment	OSH policy is promoted to external stakeholders
	Policy is periodically reviewed to make sure it gives practical direction to all OSH activities
	OSH policy is included in relevant OSH training for staff, contractors & visitors
	Policy makes provision for regular review
	OSH policy developed in consultation with staff
	Policy defines goals & major responsibilities
	Policy is signed by CEO & dated
	Policy is circulated in the workplace
	OSH policy developed
OSH Responsibilities	OSH responsibilities periodically reviewed to make sure they meet organizational & legal requirements
	Senior management performance is assessed against their OSH responsibilities
	Job applicants are asked to demonstrate ability against OSH responsibilities
	Manager performance is assessed against OSH responsibilities of the position
	A senior manager is assigned responsibility for the OSH system
	All OSH responsibilities are defined & included in job descriptions
	People are trained in their OSH responsibilities
	OSH responsibilities are not defined or included in job descriptions
Consultation	OSH consultation processes are periodically reviewed to make sure they are meeting workplace needs & legal requirements
	Staff can identify their OSH representative
	Staff know when the OSH Committee will meet
	Staff have been consulted when changes are planned for the workplace
	There are OSH representatives for each designated work group
	The OSH Committee meets quarterly & its agenda & minutes are circulated
	There is the required staff/management balance on the OSH Committee
	Representatives & committee members have been trained
	There is a procedure for resolving OSH issues
	There is an OSH Committee
Training	OSH training procedures are reviewed to make sure they remain effective
	The training program responds to changes in the work environment & legal requirements for OSH
	Suitably qualified people give training
	All managers are trained in their OSH responsibilities
	After trainings are held, people demonstrate what they have learned
	Refresher training is provided
	Staff do OSH training needs analysis

	An annual training plan is developed & implemented
	Training is appropriately resourced
	Staff attend training
	Training records are kept
	Induction training is given before anyone starts work
	Some OSH information is given at induction
	No consistent effort is made to identify & meet OSH training needs
OSH Procedures	Procedures are made available to the Winrock OSH or MIFOTRA website for the benefit of others
	Procedures are compared against those in similar cooperative of factories to assess them against industry practice
	Procedures are available electronically
	Procedures are reviewed to assess their effectiveness
	Only current copies of procedures are available in the workplace
	Risk assessments have been done to identify the need for procedures
	Procedures reference legal & other requirements
	Procedures are developed in consultation with staff
	Staff are trained in procedures relevant to their work
	Procedures are collected together in an OSH Manual
	Some OSH procedures have been developed for obvious hazards eg manual handling, infection control
Contractor Management	Consultation takes place between senior management & contractor management to review OSH performance issues
	A list of preferred contractors is kept based on past performance standards
	Contractor OSH performance is part of general OSH performance reports
	There is a procedure for the OSH aspects of contractor selection
	Tender selection involves assessment of OSH capabilities
	Contractors are asked for safety documents before starting work
	Contractors do OSH induction training
	Contractor OSH performance is assessed
	Unsatisfactory OSH performance is taken up with contractors
	Contractor selection does not include OSH criteria
	Contractors are not supervised while in the workplace
OSH Performance Indicators and Targets	OSH performance is benchmarked reviewed against industry standards
	OSH performance is reported to OSH external stakeholders' workplace
	There is a procedure for OSH inspection, performance measurement
	Performance indicators balance schedule process & outcome indicators management
	There is a schedule for regular OSH reporting
	OHS reports are an agenda item & the at management meetings
	OSH performance is reported to staff
	General goals are included in the OHS policy
	OSH performance measurement taken relies on injury data & workers' compensation costs

ii) Program activities (see the table Below)

Review Element	Elements criteria
Performance Review	OSH performance review is available within tea factory or tea cooperative
	OSH performance outcomes are delivered to staff
	OSH performance outcomes are delivered to external stakeholders
	There is a procedure for OSH performance review
	Process & outcome indicators are used for performance review
	Regular OSH performance reports are compiled
	OSH reports are considered by management & the OSH Committee
	Performance improvements are introduced
	Injury statistics and workers' compensation costs are sometimes reviewed
	Reviews rarely lead to change in practice
Auditing and Corrective Action	Regular and planned OSH audits are key reports on the district labor inspectors, FERWACOTHE or MIFOTRA OSH Website so they can be shared
	Senior management reports OSH audit outcomes & their implemented responses to external stakeholders
	There is an OSH audit procedure
	There is a schedule for audits
	Internal & external auditors are qualified
	Audit reports are considered by senior management & responses made to report recommendations
	Corrective action is taken promptly
	Audit reports are kept
	OSH audits are not done
Continuous Improvement Processes	System changes & improvements are key components in developing continuous improvement plans with all cooperatives or factories
	System changes & improvements are shared and reported to staff
	System changes & improvements are reported to external stakeholders
	There is a procedure which sets out how OSH system improvement will be achieved
	Senior & line management review all OSH indicators & performance information to identify possible system improvements
	System changes are decided on after consultation with relevant staff
	A system improvement plan is developed & implemented
	System changes are reviewed to check that improved performance has resulted
	Effort is focused on fixing OSH problems rather than achieving reviewed improved OSH performance

	Performance indicators show little procedure evidence of improved OSH performance standards

iii) Program review (see the table Below)

Review Element	Elements criteria
Performance Review	OSH performance review is available within tea factory or tea cooperative
	OSH performance outcomes are delivered to staff
	OSH performance outcomes are delivered to external stakeholders
	There is a procedure for OSH performance review
	Process & outcome indicators are used for performance review
	Regular OSH performance reports are compiled
	OSH reports are considered by management & the OSH Committee
	Performance improvements are introduced
	Injury statistics and workers' compensation costs are sometimes reviewed
	Reviews rarely lead to change in practice
Auditing and Corrective Action	Regular and planned OSH audits are a key reports on the district labor inspectors, FERWACOTHE or MIFOTRA OSH Website so they can be shared
	Senior management reports OSH audit outcomes & their implemented responses to external stakeholders
	There is an OSH audit procedure
	There is a schedule for audits
	Internal & external auditors are qualified
	Audit reports are considered by senior management & responses made to report recommendations
	Corrective action is taken promptly
	Audit reports are kept
	OSH audits are not done
Continuous Improvement Processes	System changes & improvements are key components in developing continuous improvement plans with all cooperatives or factories
	System changes & improvements are shared and reported to staff
	System changes & improvements are reported to external stakeholders
	There is a procedure which sets out how OSH system improvement will be achieved
	Senior & line management review all OSH indicators & performance information to identify possible system improvements
	System changes are decided on after consultation with relevant staff
	A system improvement plan is developed & implemented
	System changes are reviewed to check that improved performance has resulted

	Effort is focused on fixing OSH problems rather than achieving reviewed improved OSH performance
	Performance indicators show little procedure evidence of improved OSH performance standards

5. PART III. Monitoring and Evaluation data base (matrix) for OSH

This database provides a self-assessment guide to allow you to consider and assess your own level of performance against each of the 15 elements which make up the OSH management framework. There are four levels of performance under each element – Minimal, Satisfactory, Good and Advanced. Satisfactory Performance is required as a minimum to meet your legal obligations.

Each level describes what you will need to do or have in place to be able to meet the requirements for that level. The matrix will be developed on a "building block" approach. Working from the bottom to the top of the page under each element, once you have identified your current level of performance for that element, the boxes above provide an indication of what you will need to do to achieve a higher level of performance for that element.

How to use the matrix?

• start with Element 1 – OSH Policy and Commitment – and work progressively through each element to Element 15 – OSH Continuous Improvement
• working through each element one at a time, start with the dot points in the lowest box – Minimal Performance – and answer either yes or no, by placing a tick or cross in the adjacent box
• When you have a tick or a cross against every point under that element, you will be able to identify your current level of performance and what you need to do to move to a higher level of performance

For the matrix to be effective and to provide a useful guide to help you in assessing and improving your health and safety performance, it is essential that your answers are based on clear evidence from the workplace – this may involve:

If) A document check – visually check that relevant documents are in place and available
ii) Knowledge and awareness – ask the people in the workplace, whether they are aware of or have received training or instruction in the process, procedure or relevant behavior
iii) Observations – observe actions in the workplace

Performance reporting and continuous improvement

The matrix provides a format for reporting to management about your current performance and will assist you to develop a continuous improvement plan to progressively implement new actions to achieve higher levels of health and safety performance. Regular self-Assessment and reporting against the matrix will provide management with an assurance that everything is being done in a structured way to achieve the highest possible levels of health and safety in the workplace.

OSH Self-assessment and performance reporting matrix

Grading	OSH Management system elements		
	1.	2.	
ADVANCED PERFORMANCE • system constantly measured and benchmarked for continuous improvement	As for Good, plus: • OSH policy is promoted to external stakeholders • Policy is periodically reviewed to make sure it gives practical direction to all OSH activities	As for Good, plus: • OSH responsibilities periodically reviewed to make sure they meet organizational & legal requirements • Senior management performance is assessed against their OSH responsibilities	As for Good, plus: • OSH consultation processes are periodically reviewed to make sure they are meeting workplace needs & legal requirements
GOOD PERFORMANCE • all required elements in place and operating effectively	As for Satisfactory, plus: • OSH policy is included in relevant OSH training for staff, contractors & visitors • Policy makes provision for regular review	As for Satisfactory, plus: • Job applicants are asked to demonstrate ability against OSH responsibilities • Manager performance is assessed against OSH responsibilities of the position	As for Satisfactory, plus • Staff can identify their OSH representative • Staff know when the OSH Committee will meet • Staff have been consulted when changes are planned for the workplace
SATISFACTORY PERFORMANCE • basic system and legal compliance	• OSH policy developed in consultation with staff • Policy defines goals & major responsibilities • Policy is signed by CEO & dated • Policy is circulated in the workplace	• A senior manager is assigned responsibility for the OSH system • All OSH responsibilities are defined & included in job descriptions • People are trained in their OSH responsibilities	• There are OSH representatives for each designated work group • The OSH Committee meets quarterly & its agenda & minutes are circulated • There is the required staff/ management balance on the OSH Committee • Representatives & committee members have been trained • There is a procedure for resolving OSH issues
MINIMAL PERFORMANCE • fails to meet basic legal requirements	• OSH policy developed	• OSH responsibilities are not defined or included in job descriptions	• There is an OSH Committee

Grading	OSH Management system elements		
	4. OSH Training	**5. OSH Procedures**	**6. Contractor management**
ADVANCED PERFORMANCE • system constantly measured and benchmarked for continuous improvement	As for Good, plus: • OSH training procedures are reviewed to make sure they remain effective • The training program responds to changes in the work environment & OSH	As for Good, plus: • Procedures are made available to the Winrock OSH website for the benefit of others • Procedures are compared against those in similar cooperative of factories to assess them against industry practice	As for Good, plus: • Consultation takes place between senior management & contractor management to review OSH performance issues legal requirements for
GOOD PERFORMANCE • all required elements in place and operating effectively	As for Satisfactory, plus: • Suitably qualified people give training • All managers are trained in their OSH responsibilities • After training people demonstrate what they have learnt • Refresher training is provided	As for Satisfactory, plus: • Procedures are available electronically • Procedures are reviewed to assess their effectiveness • Only current copies of procedures are available in the workplace	As for Satisfactory, plus • A list of preferred contractors is kept based on past performance standards • Contractor OSH performance is part of general OSH performance reports
SATISFACTORY PERFORMANCE • basic system and legal compliance	• Staff do OSH training needs analysis • An annual training plan is developed & implemented • Training is appropriately resourced • Staff attend training • Training records are kept • Induction training is given before anyone starts work	• Risk assessments have been done to identify the need for procedures • Procedures reference legal & other requirements • Procedures are developed in consultation with staff • Staff are trained in procedures relevant to their work • Procedures are collected together in OSH Manual	• There is a procedure for the OSH aspects of contractor selection • Tender selection involves assessment of OSH capabilities • Contractors are asked for safety documents before starting work • Contractors do OSH induction training • Contractor OSH performance is an assessed • Unsatisfactory OSH performance is taken up with contractors
MINIMAL PERFORMANCE • fails to meet basic legal requirements	• Some OSH information is given at induction • No consistent effort is made to identify & meet OSH training needs	• Some OSH procedures have been developed for obvious hazards such as manual handling, infection control	• Contractor selection does not include OSH criteria • Contractors are not supervised while in the workplace

Grading	OSH Management System Elements		
	7. OSH Performance indicators	**8. Risk management processes**	**9. Inspection, testing & corrective action**
ADVANCED PERFORMANCE • system constantly measured and benchmarked for continuous improvement	As for Good, plus: • OHS performance is benchmarked against industry standards	As for Good, plus: • Risk management processes are benchmarked against industry practice	As for Good, plus: • Inspection procedures are reviewed to make sure they continue to effective • Outcomes from inspections are reviewed to identify weaknesses in workplace procedures & practice
GOOD PERFORMANCE • all required elements in place and operating effectively	As for Satisfactory, plus: • OSH performance is reported to external stakeholders	As for Satisfactory, plus: • Outcomes from risk management are reported to senior management & the OSH Committee • Risk management procedures are reviewed to make sure they continue to be effective	As for Satisfactory, plus • People doing inspections have OSH training & experience of the workplace • Only qualified people carry out testing of plant, equipment & facilities • Corrective action is reviewed to check on its effectiveness
SATISFACTORY PERFORMANCE • basic system and legal compliance	• There is a procedure for OSH performance measurement • Performance indicators balance process & outcome indicators • There is a schedule for regular OSH reporting • OSH reports are an agenda item at management meetings • OSH performance is reported to staff	• There is a procedure for risk management • Managers have identified responsibilities for risk management • Continuous efforts are made to identify hazards and control risks • Safe work procedures have been developed for all hazardous situations • Everyone is trained in safe work procedures • The effectiveness of risk controls is regularly reviewed	• There is a procedure for inspection, testing & corrective action • Inspections are done to a schedule • Inspection checklists are used • Corrective action is recorded & taken • Outcomes from inspections are reported to management & the OSH Committee • Inspection documents are kept • There is a schedule for testing plant, equipment & facilities
MINIMAL PERFORMANCE • fails to meet basic legal requirements	• General goals are included in the OSH policy • OSH performance measurement relies on injury data & workers' compensation costs	• Risk management depends on each managers' level of interest • Some efforts are made to identify hazards & control risks • Safe work procedures are available for obvious hazard	• Inspections rely on staff looking around to spot problems • Corrective action may be taken

GRADING	OHS Management System		
	10. Incident reporting/ emergency response	**11. Injury management/return to work**	**12. OSH Document control**
ADVANCED PERFORMANCE • system constantly measured and benchmarked for continuous improvement	As for Good, plus: • OSH training procedures are reviewed to make sure they remain effective • The training program responds to changes in the work environment & legal requirements for OSH	As for Good, plus: • Procedures are made available to the Winrock OSH website for the benefits of others • Procedures are compared against those in similar cooperative of factories to assess them against industry practice	As for Good, plus: • Consultation takes place between senior management & contractor management to review OSH performance issues
GOOD PERFORMANCE • all required elements in place and operating effectively	As for Satisfactory, plus: • Suitably qualified people give trainings • All managers are trained in their in their OSH responsibilities • After training people demonstrate what they have learnt • Refresher training is provided	As for Satisfactory, plus: • Procedures are available electronically • Procedures are reviewed to assess their effectiveness • Only current copies of procedures are available in the workplace	As for Satisfactory, plus: • A list of preferred contractors is kept based on past performance standards • Contractor OSH performance is part of general OSH performance reports
SATISFACTORY PERFORMANCE • basic system and legal compliance	• Staff do OSH training needs analysis • An annual training plan is developed & implemented • Training is appropriately resourced • Staff attend training • Training records are kept • Induction training is given before anyone starts work	• Risk assessments have been done to identify the need for procedures • Procedures reference legal & other requirements • Procedures are developed in consultation with staff • Staff are trained in procedures relevant to their work • Procedures are collected together in an OSH Manual	• There is a procedure for the OSH aspects of contractor selection • Tender selection involves assessment of OSH capabilities • Contractors are asked for safety documents before starting work • Contractors do OSH induction training • Contractor OSH performance is assessed • Unsatisfactory OSH performance is taken up with contractors
MINIMAL PERFORMANCE • fails to meet basic legal requirements	• Some OSH information is given at induction • No consistent effort is made to identify & meet OSH training needs	• Some OSH procedures have been developed for obvious hazards egg manual handling, infection control	• Contractor selection does not include OSH criteria • Contractors are not supervised while in the workplace

GRADING	OSH Management system elements		
	13. OSH Performance review	**14. OSH Auditing**	**15. OSH Continuous improvement**
ADVANCED PERFORMANCE • system constantly measured and benchmarked for continuous improvement	As for Good, plus: • OSH performance is benchmarked against comparable cooperative factory and the industry sector	As for Good, plus: • Regular and planned OSH are key components in developing continuous improvement plans	As for Good, plus: • System changes & improvements are reported on the tea Cooperative or factories or OSH Website so they can be shared with all cooperative or factories
GOOD PERFORMANCE • all required elements in place and operating effectively	As for Satisfactory, plus • OSH performance outcomes are staff • OSH performance outcomes are external stakeholders	As for Satisfactory, plus: • Senior management report OSH audit outcomes & their implemented responses to external stakeholders	As for Satisfactory, plus: • System changes & improvements are shared with reported to staff • System changes & improvements are reported to reported to external stakeholders
SATISFACTORY PERFORMANCE • basic system and legal compliance	• There is a procedure for OSH performance review • Process & outcome indicators are used for performance review • Regular OSH performance reports compiled • OSH reports are considered by management & the OSH Committee • Performance improvements are introduced	• There is an OSH audit procedure • There is a schedule for audits • Internal & external auditors are qualified • Audit reports are considered by senior management & responses made to report recommendations • Corrective action is taken promptly • Audit reports are kept	• There is a procedure which sets out how OSH system improvement will be achieved • Senior & line management review all SHE indicators & performance are information to identify possible system improvements • System changes are decided on after consultation with relevant staff identified & • A system improvement plan is developed & implemented • System changes are reviewed to check that improved performance has resulted
PERFORMANCE • fails to meet basic legal requirements	• Injury statistics and workers' costs are sometimes • Reviews rarely lead to change in or practice	• OSH audits are not done	• Effort is focused on fixing OSH compensation problems rather than achieving reviewed improved OSH performance • Performance indicators show little procedure evidence of improved OSH performance standards

6. PART IV. TEA COP/FACT-OSH Program Resources

6.1 TEA COP/FACT-OSH OSH Policy

Guidance note

TEA COP/FACT will have a general OSH Policy which provides a starting point for everything the organization wants to achieve in health and safety. The policy will be more than just a statement of broad commitment giving no indication about how health and safety commitments will be achieved. Policies of that type have little influence on how health and safety is managed. The OSH Policy will be a solid foundation from which effective health and safety management can be built.

The OSH Policy will spell out commitments and objectives for health and safety. It will list the general areas of OSH responsibility for managers and staff. Provision will also be made for periodic review of the policy to make sure it continues to meet the organization's needs and objectives. Finally, the OSH Policy will be signed by the most senior manager to show that commitment to high standards of health and safety comes from the top of the organization.

The OSH Policy will reflect a partnership to deliver a safe workplace. The policy will be developed in consultation with staff so that everyone recognizes their commitment and feels they have a stake in the policy and what it aims to achieve. Once it is finalized the OSH Policy will be circulated through the cooperative or factory so everyone knows about the policy and what it contains. The OSH Policy will be included in induction training so that new staff, contractors and visitors understand the OSH Policy.

TEA COP/FACT -Sample policy:

TEA COP/FACT is committed to providing the best possible standard of occupational health and safety for everyone at its workplaces, including employees, contractors, volunteers, patients and visitors. In realizing this commitment TEA COP/FACT will comply with all relevant health and safety laws.

TEA COOP/FACTORY recognizes that the best way to manage health and safety is through management and staff working together to identify and solve Health and safety issues.

TEA COOP/FACTORY is committed to regular consultation with staff, and other people at its workplace, to make sure health and safety is effectively managed.

Management

Senior management at TEA COOP/FACTORY acknowledge that there is a primary legal responsibility given to all those in management and supervisory positions for the health and safety of the people who work under their direction. Senior management will make sure that occupational health and safety responsibilities are defined and appropriately delegated. They will also make sure that managers and supervisors receive necessary training and resources to carry out their health and safety responsibilities.

All managers and supervisors have a duty to provide and maintain, as far as is practicable, a working environment that is safe and without risk to health. To carry out this responsibility managers and supervisors must:

- make sure TEA COOP/FACTORY occupational health and safety policy and procedures are effectively implemented,
- make sure health and safety duties are assigned to appropriate employees
- make sure there is regular discussion on health and safety between management and staff,
- make sure all health and safety procedures are regularly reviewed and continue to meet TEA COOP/FACTORY's health

and safety needs and responsibilities,

- provide necessary information, training and supervision to employees so they can understand and follow safe working procedures,
- investigate and report on health and safety incidents and accidents so weaknesses in the health and safety system can be identified and corrected,
- keep up to date with developments in health and safety law and standards which impact on their work area,
- make sure contractors understand the safety standards expected of them and meet these standards in the way they carry out their work,
- make sure suppliers of equipment and services understand the safety standards expected of them and that the equipment meets appropriate standards and legislative requirements,
- monitor health and safety performance and try to achieve steadily improving standards of workplace health and safety

Employees

Staff of TEA COOP/FACTORY has a responsibility to actively contribute towards maintaining a healthy and safe workplace.

To do this staff must:

- work safely at all times to protect their own health and safety, the health and safety of everyone around them and the health and safety of anyone else who is at the workplace,
- report to their supervisor any hazards they encounter in their working day,
- cooperate with all safety programs being implemented by TEA COOP/FACTORY and follow specified safe systems of work,
- participate in occupational health and safety consultation and training initiatives, and
- use personal protective equipment and clothing that is specified for their work and supplied by TEA COOP/FACTORY.

This occupational health and safety policy will be regularly reviewed to take account of changes in the workplace and changes in legal requirements for health and safety.
Management of TEA COOP/FACTORY seeks the cooperation of all employees in realizing our occupational health and safety objectives and in creating a healthy and safe working environment which will benefit everyone.

Signed:_____ Chief Executive/General Manager

Date: / /

6.2 Tea Coopératives/ Factories OSH Responsibilities

Guidance note:

A healthy and safe workplace needs commitment from all levels of management and employees to work in partnership to make it happen. Senior managers, workplace managers, supervisors and employees all need to understand their role in bringing this about.

OSH responsibilities must be defined for all positions that have responsibility for managing or supervising the work of other people or which can impact on the health and safety of the work environment. These responsibilities should be recorded in the relevant position descriptions so that the people who hold those positions know what is expected of them.
People with OSH responsibilities will also need training to help them understand and to carry out their responsibilities.

Sample OSH responsibilities: Senior Management

- Make sure an OSH management system is operating at the cooperative or factory, supported by OSH policies and procedures
- Set goals and objectives for the OSH system
- Plan OSH activities over appropriate timeframes (1year/3year/5 years) to achieve the goals and objectives
- Make sure OSH responsibilities are defined and allocated to relevant management and supervisory positions
- Set OSH performance indicators for the cooperative or factory and monitor and review performance progress against the indicators
- Make sure the OSH needs of the cooperative or factory are adequately resourced
- Undertake OSH training for their role and make sure OSH training is available to others in management and supervisory positions
- Support OSH consultation activities within the cooperative or factory
- See that steps are taken to correct deficiencies in OSH performance
- Report progress and outcomes of OSH performance to staff and external stakeholders

Sample OSH responsibilities: Workplace Managers

- Make sure OSH policies and procedures are operating effectively in the workplace
- Make sure regular risk management activities are undertaken in the workplace and effective risk controls are maintained.
- See that risk controls are periodically reviewed to make sure they continue to be effective
- Make sure job safety analysis is carried out and appropriate safe working practices are developed and followed
- Make sure supervisory staffs are trained in their OSH responsibilities
- Make sure OSH training needs of staff are identified and required training is undertaken
- Make sure contractors demonstrate their OSH capabilities before being engaged, that contractors receive OSH induction training and that their work is appropriately supervised
- Support OSH consultation in the workplace by making sure OSH representatives and OSH Committees are in place and that the staff involved are trained and resourced to carry out their role
- Actively participate in OSH consultation activities
- Make sure incidents and accidents are investigated and corrective action is taken
- Make sure emergency procedures are in place and that the procedures are periodically trialed to determine whether they work effectively

• Make sure injury management procedures are operating effectively in the workplace and that return to work programs are followed

• Review workplace OSH performance against cooperative or factory performance indicators, take corrective action when required and report outcomes to staff and senior management

Sample OSH responsibilities: Supervisors

• Make sure risk management activities are regularly undertaken in the workplace

• Make sure staff follow safe work procedures

• Respond to hazard reports from staff and implement appropriate corrective action

• Report to management any OSH issues that cannot be solved at the supervisory level

• Undertake regular workplace inspections and see that corrective action is taken promptly

• Participate in incident/accident investigations and see that corrective action is taken promptly

• Monitor the activities of contractors in the workplace to make sure they are working safely

• Help identify OSH training needs of staff and see that they attend the training which is provided

• Participate in OSH consultation through staff meetings, contacts with OSH Representatives and OSH Committee members and contacts with individual staff

• Circulate relevant health and safety information to staff

• Participate in emergency procedure trials and help evaluate the success of the trial

• Support staffs who are involved in a return to work program

• Report to management any matters which affect the health and safety of the work environment or the effective operation of the health and safety system

Sample OSH responsibilities: Employees

Major responsibility for implementing an effective health and safety management system and maintaining the health and safety of the work environment lies with people in management and supervisory positions. But employees also have OSH responsibilities. Their involvement in the management of health and safety is vital if the system is to work effectively for everyone's benefit.

- Look after their own health and safety
- Look out for the health and safety of others in the workplace
- Follow safe work practices and use personal protective equipment
- Participate in OSH consultation and OSH training initiatives
- Report hazards and injuries
- Cooperate with managers and supervisors so they can meet their OSH responsibilities
- Don't willfully interfere with or misuse anything provided in the interest of health and safety or willfully put anyone at risk

6.3 Tea Cooperatives/ Factories OSH Consultation

Guidance note:

Workplace health and safety relies on a partnership with all managers, supervisors and employees involved and playing their part in maintaining a safe working environment. Everyone in the workplace must do their best to work safely, look out for any hazards, be prepared to make suggestions about how work practices or the work environment can be made

safer and be willing to participate in all health and safety activities that impact on their work.

For this level of participation to work there must be extensive consultation on OSH issues so people have a chance to be involved, are encouraged to contribute their own ideas and are able to find out about health and safety activities in the workplace.

Consultation and participation are essential to effective risk management. Staff usually knows their job and the workplace as well as their managers and supervisors. They are often best placed to first notice hazards and they have to apply the OSH policies and procedures into daily practice. Consultation with staff should include issues such as:

- Changes to work organization and work practices
- Introducing new technology
- Buying new plant and equipment
- Identifying hazards
- Deciding on how to control risks
- Reviewing the health and safety system
- Setting new health and safety performance goals

Features of OSH consultation:

1. A policy:

The OSH policy should detail the cooperative or factory's commitment to consult with its staff on OSH matters and set out how OSH consultation will take place. Management responsibilities for making sure that OSH consultation is happening should be assigned. All staff should know about the policy. It should be circulated in the workplace and be included in induction training for new staff.

2. OSH representatives:

OSH representatives may be elected by their peers in their designated work group. OSH representatives have a number of functions to represent the health and safety interests of employees and to consult with management on health and safety matters.

3. OSH committees:

An OSH representative can request that an OSH committee be established in the workplace. The OSH committee is designed to facilitate cooperation between staff and management on OSH matters. The committee can also develop, circulate and review standards, rules and procedures relating to health and safety which must be followed in the workplace. At least half the members of the committee must be employees and the committee must meet at least once every three months.

4. Informal consultation:

There are many opportunities during the working day for staff and their managers and supervisors to consult on OSH issues. These discussions could take place during regular workplace meetings where work is planned and organized. OSH issues could also be discussed on a one-to-one basis. Carrying out risk assessments will inevitably involve consultation when staffs are asked to identify any hazards that concern them and suggest ways to control hazards. Staff should also be consulted when new equipment is being considered for purchase to make sure that what is bought is suitable for the workplace.

5. Staff suggestions:

Consultation and participation can also be encouraged through a staff suggestion scheme. These schemes can generate skepticism amongst staff if the suggestions are not seriously dealt with, but if the scheme is administered properly it can be a way to uncover good ideas for improving workplace safety and efficiency. It can also give staff a sense of involvement

and achievement.

6. OSH communication

OSH consultation in the workplace can be supplemented by communication strategies which give people information about various health and safety issues. Communication strategies can involve posters, circulating pamphlets, producing newsletters, having health and safety presentations, running health promotion days etc. This form of communication can spark people's interest in health and safety issues give them valuable information and encourage their participation.

Resolving OSH issues:

If an OSH issue arises it should be resolved by local management and the OSH Representative using the agreed issue resolution procedure. If an immediate safety threat is involved then management and the OSH Representative can, together, direct that work affected by the safety threat should cease. If there isn't agreement between them, then either side can order that relevant work cease until the issue is resolved.

If the OSH issue isn't resolved quickly, or if work has ceased, either party can call in a Work Cover inspector to review the situation. The inspector can take whatever action inspectors are empowered to take under the Act in order to resolve the issue.

6.4 Tea Cooperatives/ Factories OSH Training

Guidance note:

People can only contribute to a healthy and safe work environment if they have the knowledge and skills to do so. They may bring a great deal of knowledge and skills with them when they begin work at the cooperative or factory, but they will still need to be told how health and safety is managed in their new workplace. OSH induction training is essential if new staffs are to quickly play their role in how health and safety is managed.

Induction training should, at a minimum, cover:

- OSH policy and responsibilities
- OSH communications and consultation arrangements
- Safe work practices
- Major workplace hazards
- Emergency procedures
- Incident reporting

Existing staff will also have a lot of knowledge and skills which they use to do their job each day. But there may be gaps in their knowledge and skills which limit how effective they can be in supporting workplace health and safety. These gaps need to be identified for each person and appropriate OSH training provided. In addition, when people move to new jobs or are given new responsibilities they need further OSH training so they are appropriately equipped to carry out their new role.

There is also a need for an organized program of refresher training because people can forget the lessons they have learnt and can fall into unsafe work habits.

Records have to be kept of what OSH training people have done so managers and supervisors can be confident that a person is fully competent to do their work. The training records are also essential in identifying the gaps which need to be filled in people's knowledge and skills.

To help meet this obligation in a cooperative or factory work environment staff need to be trained to deal with the main hazards they will face in their work. This would include training in:

- Manual handling (this is relevant for both clinical and non-clinical work areas)
- Aggression and violence,
- Slips, trips and falls,
- Hazardous substances and dangerous goods,
- Occupational stress.

Elected OSH representatives are also required to attend basic training programs to enable them to effectively carry out their responsibilities.

The training process:

OSH training should be planned and delivered in an orderly way. The following broad steps provide the basis for building an effective OSH training program.

1. Legal requirement

Identify OSH training requirements for the cooperative or factory. These will include:

- Legal requirements eg. OSH representatives and committee members must be trained
- Essential work processes which require training eg needle stick injuries, infection controls, manual handling• Induction training for new staff, contractors and volunteers

2. Training needs analysis

Undertake a training needs analysis with staff to identify the gaps in each person's knowledge and skills relating to health and safety to build a list of detailed training requirements which meet individual needs.

3. Annual training plan

Based on the OSH training needs identified in steps 1 and 2 put together an annual training plan so training can be provided in an orderly way. The plan lets everyone know what training is available and helps managers and supervisors organize for staff to be released for training. Care should be taken in choosing who delivers training to make sure that the training providers are appropriately qualified and are able to deliver quality training courses.

4. Assessment

After staff have done training there should be some form of assessment to make sure the training has achieved the outcomes that were expected of it. This could be done by asking the person who did the training to summarize what they learnt from it, or it could be done by observing the person's work to see how well they are putting the training into action. Training is usually expensive and time consuming and its outcomes should be assessed to make sure staffs are getting good value out of the training activities they attend.

5. Training records

There should be a system in place which makes sure that training records are kept so that each staff member builds up a training profile of courses they have attended. This way managers and supervisors can be confident that people have the knowledge and skills they require to do their work. Reliable training records are also invaluable in helping to carry out a staff training needs analysis.

6. Refresher training

Training must be constantly reinforced to ensure people retain their skills and knowledge. Refresher training should revisit key skills and activities for all staff on a regular basis. Refresher training should also address any changes in

policy, procedures, equipment and work practices which have occurred since the original training program was conducted.

6.5 Tea Cooperatives/ Factories OSH Procedures

Guidance note:

If people are to work safely and to support the operation of the health and safety system they need to have written procedures to follow. Written procedures are an important way for managers and supervisors to fulfill their responsibility to give staff appropriate safety information, instruction and supervision.

Written procedures are needed for key activities such as risk management, purchasing, training, design, emergency response and inspections and corrective action.

Health and safety procedures should be developed in consultation with staff so they are relevant to the work which has to be done and are practical and easy to follow. Involvement in developing procedures will give staff a sense of ownership and better understanding of the procedures.

Once procedures have been developed they need to be circulated and communicated to relevant staff. This can be done through OSH training activities, through staff meetings, and through the established communication channels in the workplace, such as circulars, newsletters and the intranet. Copies of procedures need to be readily available for staff to consult whenever they require advice and guidance. If there is widespread computer access in the workplace it is probably best to have procedures in electronic form so they can be quickly accessed and printed out, if required.

Written procedures are also necessary for particular hazards. Experience has shown that the key hazards in a cooperative or factory environment include manual handling, infection controls, dealing with aggressive and violent behavior, stress and slips, trips and falls.

Safe work practice – an example:

Tea Cooperatives/ Factories

JOB SAFETY ANALYSIS WORKOSHET for ……
CONTRACTOR / Co. NAME

(attached Guidelines & Flowchart may provide assistance in identifying hazards) THIS JSA IS TO BE SITE SPECIFIC AND INCLUDE ALL WORKERS IN ITS DEVELOPMENT

ID No..... Date: ..... Permit to Work Required: ☐ ☐ YES NO

Activity:

Approved by OSH representative:

Activity *List the tasks to perform the activity responsible in the sequence they are carried out*	**Hazards** *Against each task list the hazards that could cause injury when the task is performed*	**Risk Control Measures** *List the control measures required to eliminate or minimize the risk of injury arising from the identified hazard*	**Who is responsible** *Write the name of the person (supervisor or above) to implement the control measure identified*

Contractor Authorized Signature……

OSH Authorized Signature .....

Job Safety Statement (pertinent to the contract)

PART 1

Personal Qualifications & Experience	Personnel, Duties & Responsibilities	Training Required to Complete Work

Engineering Details/Certificates/Work Cover Approvals	Codes of Practice, Legislation applicable

Plant/Equipment used	Maintenance Checks / Records

Part 1 & 2 Read & Signed by All Employees on Site: .....

Risk assessment – hazard guidelines

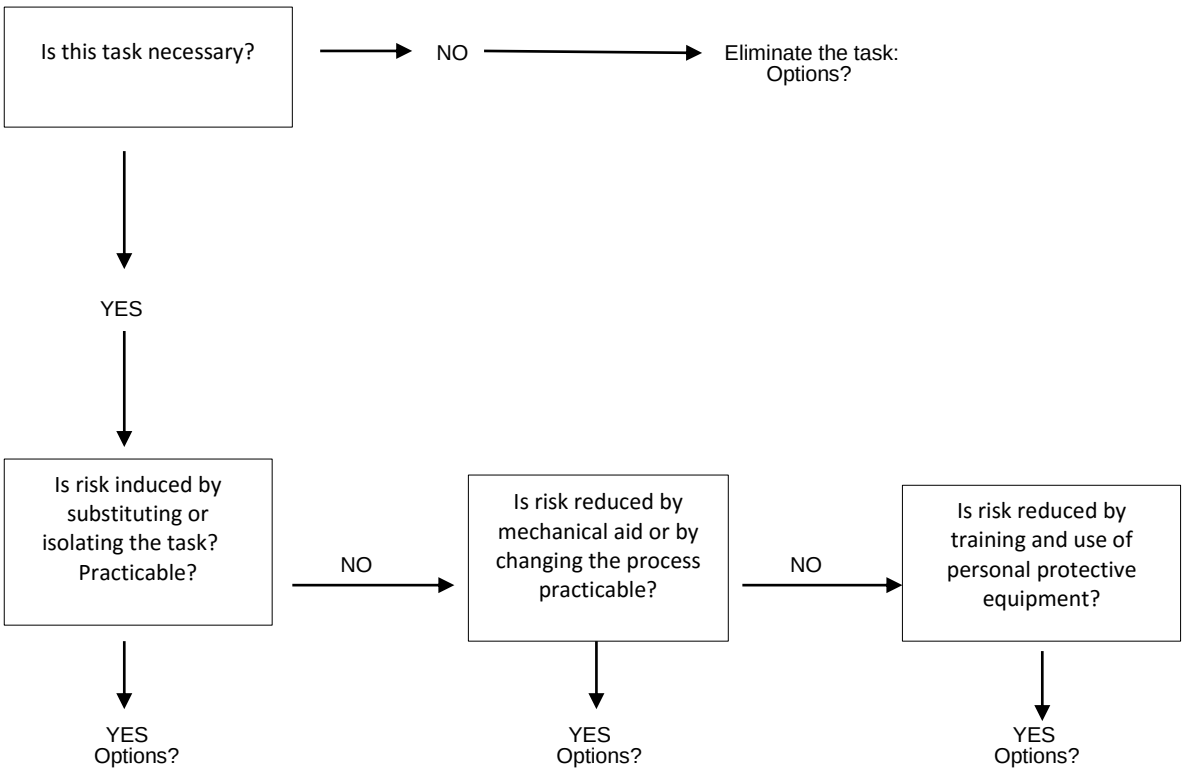
The potential hazards listed below are to be used as a guideline; it is not intended to act as a comprehensive checklist.

- Vibration
- Emergency switches/guarding
- Confined spaces
- High pressure fluid
- Fumes or emissions
  CFC
- Hazardous substances
  Chemicals, asbestos dust, noise, weather
- Biological
  Human, plant and animal weight
- Crushing
  Falling, collapsing, trapping design, repetition, restriction, lighting,
  Behavior
- Cutting, stabbing & puncturing
  Ejected, falling, disintegration shock, burn, isolation, leads, cables, switches
- Striking
  Disintegrating, ejecting surfaces, spills, obstacles, guard rails, ladders, collapse
- Suffocation
  low oxygen, high contamination, fumes air, surfaces, stability
- Friction
- Entanglement
- Fire
- Access/egress
- Shearing
- Environmental
- Manual handling
- Ergonomics
- Electrical
- Slipping tripping & falling
- Temperature

Hazard control – guidelines

Step 1 – List applicable hazards (refer Hazard guidelines for assistance)

Step 2 – The following is a flowchart of the process to be used in controlling the risk for each of the hazards listed in Step 1 in order to complete Job Safety Analysis worksheet



Selection and management of contractors:

There are three essential steps in effective management of contractors. Select contractors who:

- can show they are competent to do the job
- can provide concrete evidence of satisfactory health and safety performance, and
- can demonstrate that they know how to apply effective risk controls

Only allow contractors in the workplace who:

- have done the required OSH induction training, and
- demonstrate they have appropriate safe work practices in place and that their staffs are trained in using them

Monitor how contractors are working:

- monitor contractors to make sure they are working according to their safety plans and procedures, and
- If a contractor's work doesn't meet health and safety requirements let them know and ensure they correct any problems

Selecting contractors

The first thing to do when selecting contractors is to clearly define what you expect of them. Tender or engagement documents should spell out the health and safety requirements contractors must meet and the standard of OSH performance that will be expected of them.

As part of their tender, contractors should be asked to provide their company documents which show they have existing procedures to manage the health and safety risks that may be encountered. In addition, contractors should be asked to provide evidence which shows they can put their safety procedures into practice. This could be lost time injury figures, number of workers compensation claims, any OSH prosecutions etc. Contractors could also be asked to provide references from other cooperative or factory where they have worked, attesting to their health and safety performance.

The contractor should be asked to show that they have appropriately trained staff and how they would supervise their staff while they are working at the cooperative or factory. The contractor should also be asked about their emergency procedures and how these can link with the cooperative or factory's own emergency procedures.

Inducting contractors

When contract workers first come to the cooperative or factory they need to be told about the hazards they could encounter and about the procedures they must follow to protect themselves from risk. They need to know about the safety rules which apply in the workplace and who they can contact if they have an immediate health and safety issue. This is particularly important for contractors as they may be working outside of normal business hours. They should be told about the emergency procedures and how they fit into these procedures.

No one should be allowed into the workplace unprepared for the hazards they may encounter.

Monitoring contractors

Contractors cannot be left unsupervised in the workplace. Managers and supervisors have to check that contractors are working according to their own safety procedures and are meeting the safety standards set by the cooperative or factory. Without regularly watching what contractors are doing they could compromise health and safety in the workplace.

Managers and supervisors should have copies of the contractor's safe work procedures so they can regularly check these

are being followed. Managers and supervisors should follow up on any reports of unsatisfactory behavior on the part of contract workers. If problems arise these should be taken up immediately with management in the contractor company and be appropriately resolved.

If a contractor's safety performance does not improve after discussion has taken place, and the contractor continues to be a risk to themselves and everyone about them, then the contractor must be told to stop work. If a contractor's safety performance fails to meet the standards required then it may be necessary to terminate the contract.

Records should be kept of contractor performance so these can be reviewed at the end of the contract and a decision made about how well the contractor performed. This information could be valuable if the contractor applies for further work and provide the basis for creating a list of preferred contractors – companies who have proved they can provide a high standard of health and safety performance.

Who is a contractor?

Contractors are usually thought of as people who are not full or part time employees, but who are engaged under an agreement to carry out specific types of work or provide specific types of services. The legal definition of a contractor can be complex, so if there is doubt whether a person or company are operating as a contractor the Work Cover publication *Contractors and Work Cover* should be consulted for guidance.

6.6 Tea Cooperatives/ Factories OSH Performance indicators and targets

Guidance note:

The OSH management system should have goals and performance indicators set for it. The goals establish the ultimate outcomes the system is expected to achieve. The performance indicators are measures that can be used along the way to make sure the system is effective in delivering a safer workplace.

The goals and performance indicators chosen for the cooperative or factory should reflect the size and complexity of its operations. They should be practical and achievable, even if meeting them takes a number of stages over a period of time.

Goals and performance indicators should be part of the system from the beginning to give the appropriate direction and performance measurement framework.

Regular performance measurement and review then becomes an essential part of health and safety activity. As time passes performance indicators may change as the cooperative or factory working environment and the service demands of the community change. New goals may need to be set if the system achieves its initial goals.

OSH system goals:

OSH goals will be set for the cooperative or factory as a whole and for particular parts of the cooperative or factory's operations. The cooperative or factory's OSH goals will be included in its OSH policy statement so that everyone is clear about what the cooperative or factory seeks to achieve in health and safety.

There will be two obvious minimum OSH goals for TEA COOP/FACTORY:

1. Maintain a workplace free of injury and illness. This is simply an expression of the employer's duty of care.
2. Comply with all OSH law and regulations. Legal compliance must be a goal for all employers and for every workplace.

Other goals could include:

- maintain superior performance across all elements of the OSH management system,
- maintain superior OSH performance against comparable cooperative or factories in Rwanda,
- lead the industry sector in the development of innovative safe work systems and safe equipment design.

Goals for individual parts of the cooperative or factory's operations could focus on particular hazards which give concern. For

example, a goal could be set to eliminate all manual handling injuries or to eliminate all needle stick injuries. With these types of goals there is the opportunity to set milestones and timeframes. Taking the current year's performance as a baseline figure a goal could be set to reduce manual handling injuries by 20% over the next two years as a milestone along the way to eventually eliminating all such injuries.

OSH performance indicators:

OSH performance indicators usually fall into two main types:

- Process indicators
- Outcome indicators

Process indicators (or positive indicators) are used to measure how well the OSH management system is operating. These indicators focus on the activities that are going on in the workplace to prevent people being injured. Some examples of process indicators are:

- The number of management and supervisory positions that have OSH responsibilities defined for them and written into their job description
- Regular conduct of OSH committee meetings
- The number of staff who attend training
- The number of contractors who attend induction training before starting work
- The number of scheduled workplace inspections that are carried out

- All corrective action following inspections are carried out
- All identified hazards have safe work procedures written for them
- Incident/injury reports are completed after every workplace incident

Process indicators will also be used to focus on how well safety procedures are being followed. For example:

- The number of staff who use required personal protective equipment
- The number of staff who apply infection control procedures
- The number of times lifting devices are used when moving patients

Process indicators will be designed to suit the needs and approach of each organization.

Outcome indicators (sometimes called negative indicators) are usually based on measuring the failure of the OSH management system because they relate to the volume of injuries that are experienced in the workplace. They focus on things like the number of incidents and injuries, the lost time injury frequency rate and the frequency and cost of workers compensation claims.

These indicators are widely used because it is relatively easy to get direct numerical results. But these numbers can be misleading because they don't give a direct insight into how the OSH management system is operating. There could be injuries happening in the workplace even though a great deal of good effort is going towards building a successful OSH system. It just may take time to have the desired impact on the injury rate. In some smaller workplaces injuries may be infrequent and provide no meaningful basis upon which to measure OSH performance.

It is also common practice for people not to report incidents or injuries that happen in the workplace. Someone who is injured may opt to take sick leave rather than claim workers compensation. This often happens with people who suffer from workplace stress. Lost time injury frequency rates can be manipulated by bringing people back to work quickly and giving them trivial tasks which have no relation to their normal duties.

OSH performance indicators will be a balance of process measures and outcome measures. This is the best way to obtain the most accurate picture possible of how well the OSH management system is operating and where it might need to be improved.

Performance against OSH goals and indicators will be used to continuously improve health and safety management and should be reported to staff and external stakeholders so that everyone knows how well the workplace is handling health and safety. That way everyone can take pride in achievement and everyone will better understand where improvements might need to be made.

Sample OSH performance indicators

Process (or positive) indicators: measure system health	
Indicator	**Comment**
There is an OSH Policy, which is periodically reviewed	The organization has publicly declared goals, commitments & responsibilities for OSH management & periodically reviews these to keep its OSH policy relevant & practical.
OSH responsibilities have been identified & assigned	OSH responsibilities have been identified & delegated to managers, supervisors and employees.
Position holders have been trained in how to carry out their OSH responsibilities	People who have OSH responsibilities have been trained in how to carry them out.
OSH is a performance criteria for managers	The performance of managers is assessed against how well they carry out their OSH responsibilities.
OSH is a fixed agenda item for management meetings	OSH issues & performance are always considered at management meetings.
There is a purchasing policy which includes OSH requirements & specifications	All goods & services are assessed for their OSH impacts before being purchased.
OSH is a criteria for selection of contractors & subcontractors	The OSH capabilities of contractors & subcontractors are assessed before they are engaged.
OSH representatives & committee members have been trained	People with OSH representation responsibilities are trained in how to carry them out.
The OSH committee meets regularly & its agenda & minutes are circulated	OSH consultation is carried out regularly & people in the workplace are told what is going on.
There are regular activities to identify hazards, assess their risks & implement risk controls	Risk management activities are being continuously applied.
There are regular inspections of the workplace and necessary corrective action is taken	The workplace is regularly checked to identify hazards & apply risk controls.
There is a schedule for preventative maintenance on plant & equipment	The maintenance needs of plant & equipment have been assessed & maintenance is carried out on a regular basis.
OSH training needs of staff are identified & necessary training is provided	Staff training needs have been assessed & a training program is undertaken to meet these needs.
New staff, contractors & visitors receive OSH induction training before they enter the workplace	Everyone is given an OSH induction before they enter the workplace.

Outcome (or negative) indicators: measure system breakdown	
Indicator	**Comment**
Lost time injuries	This the number of injuries which result in the injured person taking time off work to recover.

Frequency of all injuries	This is the figure for all injuries, including those where the injured person doesn't need to take time off work.
Accident/incident reports	The nature & frequency of safety incidents and accidents are a direct indication that there are unidentified and uncontrolled hazards in the workplace. This is an indication that risk management activities aren't working effectively.
Workers compensation	Accidents in the workplace which result in the injured premium & payments person receiving workers' compensation payments feed into the organization's workers' compensation record which helps determine workers' compensation premiums. These are one of the main direct dollar costs of workplace accidents.
First aid attendance	The number of times first aid is given to people who are injured at work. This figure also indicates that risk management activities may not be fully effective.
Plant & equipment breakdown	Plant and equipment breaking down while in operation presents a hazardous situation. It indicates that plant & equipment is not being effectively maintained.
Workplace evacuations	An emergency situation which forces the evacuation of the workplace graphically shows that risk management activities aren't effective.
Disputes over OSH issues	If disputes develop between management and staff over OSH issues it is an indication that OSH consultation in the workplace is not operating effectively.
Work Cover inspections	If a Work Cover inspector is called to the workplace to make an inspection during a dispute over an OSH issue it indicates a serious breakdown in internal consultation processes between management & staff.
Improvement & prohibition notices	If a Work Cover inspector issues an improvement or prohibition notice because a safety threat has been identified during an inspection it means the internal OSH system is not operating effectively to identify and control hazards.
Prosecutions	A prosecution for safety breaches indicates that the OSH system is not effectively identify & controlling hazards in order to achieve compliance with OSH law.

6.7 Tea Cooperatives/ Factories Risk management process

Guidance note:

Hazards are present in every cooperative or factory workplace and are a threat to everyone's health and safety. Hazards can arise from many sources, including manual handling activities, infection exposure, using hazardous substances and violent behavior by patients and visitors. There must be a continuous process to identify hazards and do something about them before anyone gets hurt. Either the hazards should be eliminated or the risks they pose must be controlled so people are kept safe.

The risk management process also needs to be linked to the purchasing procedure to make sure that the purchase of equipment, materials and services doesn't 'buy in hazards to the workplace.

The risk management process represents the basic preventative philosophy of OSH law. It also reflects the key responsibilities placed on employers to provide a healthy and safe workplace. Because conditions in the workplace frequently change, hazard identification and risk control has to be a continuing process.

The risk management process:

Adopting a risk management approach

OSH risk management is a tool for achieving essential safety performance to meet the requirements of OSH law and the objectives of the organization's OSH policy and procedures. It can have additional benefits in such areas as staff morale and procedural efficiency. OSH risk management is a commonsense, step by step process to achieve a desired outcome. It is a tool used every day of our lives to help us achieve goals and to avoid or minimize threats.

OSH law is based on preventative strategies. If employers are to fulfill their obligations under OSH law to provide a safe and healthy workplace then steps must be taken to adequately control risk so that no one is hurt during the course of their work. The only way an employer can meet this obligation is through the constant application of OSH risk management techniques in the workplace. Basically this means that you must be out looking for trouble, not waiting for trouble to come to you. Hazards must be identified and controlled before any one gets hurt. Finding out about a hazard after someone has been injured is not an appropriate way to manage workplace health and safety.

OSH risk management comprises four steps:

- Hazard identification
- Risk assessment
- Risk control
- Monitor and review

In its simplest form this involves four questions:

- What is the problem?
- Why is it a problem?
- How can the problem be fixed?
- Is the problem still fixed?

1. Hazard identification

Hazard identification in any occupational activity is the process of finding and identifying hazardous agents (situations, products etc) that could contribute to provoking an occupational accident or/and disease as well as the groups of workers potentially exposed to these hazards. Hazard identification is one component of the larger process of safety and health management. A number of major objectives may be identified:

- to establish what dangerous situations exist within a plant or a process operation;
- to establish how these dangerous situations may come about; and,
- to assist in the risk assessment and to make decisions on hazard control.

How to know what hazards should be identified? A set of procedures and sources of information can be used in the enterprise to enable workplace hazards to be identified, mainly:

- OSH legislation, codes of practices, guidance documents provided by national and international institutions and organizations.
- Information from national, sectoral or enterprises statistics on the prevalent occupational accident or/and diseases and the hazards involved.
- Information or safety data sheets provided by manufacturers and suppliers of machinery, equipment, tools, products and substances.

- Information from the workers, workers' representatives and joint OSH committee through consultations, observations, complaints, ad-hoc meetings, etc. Workers are often more aware of hazards and the possible ways of controlling them than management is.

- Workplace and job inspections and analysis, through the observation of the tasks being per- formed, the discussions with the operational staff involved and the analysis of the situation, circumstances, items or a combination of them involved.

- Review of history of accidents (including incidents and "near misses") and occupational illnesses, accident/disease investigations and data from workers' health surveillance, undertaken in the enterprise or in other enterprises.

- Advice, opinions and judgment of competent internal and external OSH professionals.

The hazard identification process focuses on the relationship between the worker, the task, the equipment and substances, the work environment and the work organization. Basic steps for the hazard identification are:

1. **Identification of possible agents at the workplace.** A workplace might have different activities (e.g., production plants, construction sites, office buildings, cooperative or factories or farms) and a variable number of workers (small enterprises/big enterprises). Different activities can be localized in special areas such as departments or sections. In an industrial process, different stages and operations can be identified as production proceeds from raw materials to finished products. Detailed information should be obtained about processes, operations or other activities of interest, to identify the agents utilized, including raw materials, materials handled or added in the process, primary products, intermediates, final products, reaction products and by-products. Information on the nature of the work organization, working time, as well as the nature of the task and operations should also be collected.

2. Knowledge about health risks of these agents, as for example how it appears in the table of Hazards of physical agents.

2. **Awareness of possible exposure situations.**

This implies to identify the worker or workers exposed to the hazard as well as the routes and patterns of exposure (who may be harmed and how they may be harmed). The exposure routes can vary from one agent to another. For example, the main exposure routes for chemical and biological agents are inhalation and dermal uptake or accidentally by ingestion. The exposure pattern depends on frequency of contact with the hazards, intensity of exposure and time of exposure. It is important to look at what actually happens at the workplace (instead of analyzing just the "formal" procedures and operations on paper). Workers might be directly exposed as a result of actually performing tasks, or be indirectly exposed because they are located in the same general area or location as the source of exposure.

Safety and Health

When possible, hazards should be identified in the planning or design of new plants or processes, while changes can still be made at an early stage and hazards can be anticipated and avoided. Hazard identification should be documented in a consistent manner, providing useful information of the hazard in a way to help future strides in safety and health management:

Where it is happening (environment),

Who or what it is happening to (exposure),

What precipitates the hazard (trigger)?

The outcome that would occur should it happen (consequence), and

Any other contributing factors.

3. Risk assessment

Risk assessment is also an essential part of risk management. It provides a sound basis for the improvement of safety and health in the workplace. It should cover all work tasks and hazards in the workplace and allow hazards to be assessed to see how harmful they are.

As mentioned, the risk associated with a hazard is a combination of the severity of the harm (CONSEQUENCES) and the probability (LIKELIHOOD) that the event will occur. Risk assessment is the process of estimation and evaluation of all the risks associated with each of the hazards identified during the previous hazard identification process.

Many authors differentiate the two consecutive steps in the risk assessment: risk estimation (process to establish the value of the risk according to two factors: probability and severity) and risk evaluation (judgment on the importance and acceptability of the risk and accordingly the need and urgency to take preventive measures).

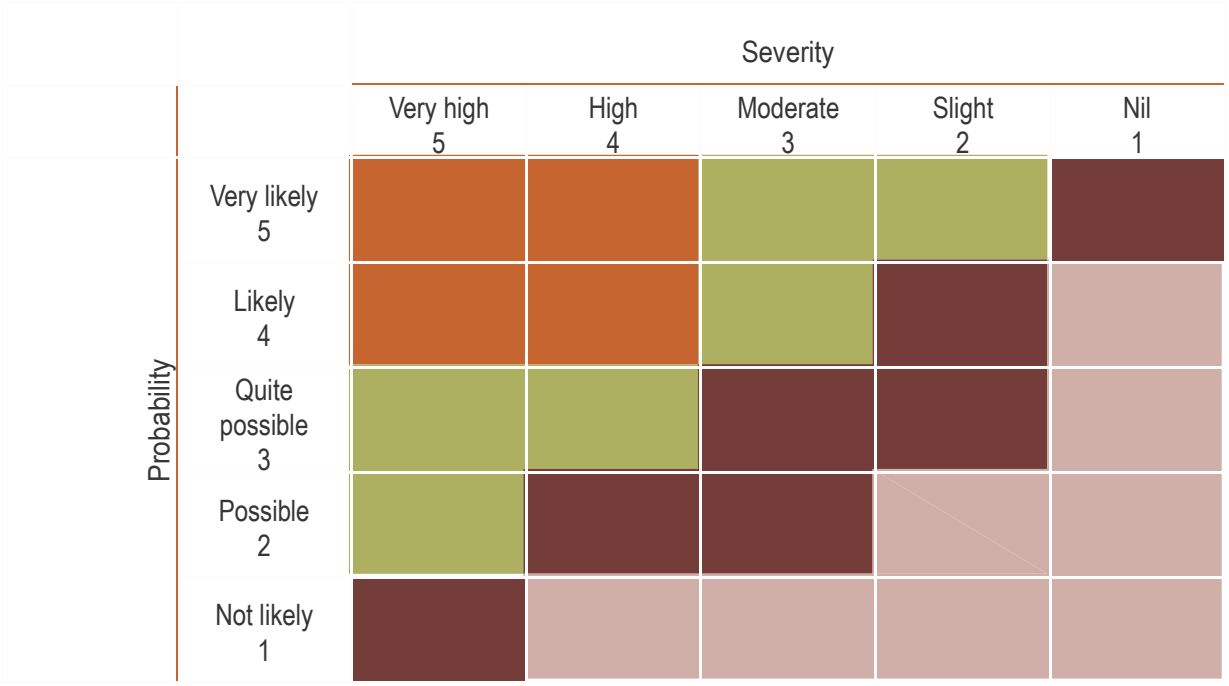
Risk estimation is a tool to assist in decision-making and is not a precise science. There are uncertainties associated with the quantification of risk and there is a part involving subjective judgment. However, some mathematical models have been developed for consequence and probability estimation in order to minimize the subjectivity. There are different techniques (qualitative and quantitative) used to estimate the risk of hazards, although most of them share the same principles. In its simplest form, the quantitative risk rating is the product of the probability of a hazard occurring and the potential consequences, including their severity (see table below).

1st step: Estimate the probability of each hazard – previously identified – according to its likelihood of occurrence (very likely, likely; quite possible; possible; not likely) and assign the quantitative value accordingly.

2nd step: Estimate the severity of each hazard according to its potential of the harm (very high, high; moderate; slight; nil) and assign the quantitative value accordingly.

Hazard probability	Value	Hazard severity	Value
Very likely	5	Very high	5
Likely	4	High	4
Quite possible	3	Moderate	3
Possible	2	Slight	2
Not likely	1	Nil	1

3rd step: Once the probability and the severity of the hazard are determined, by multiplying these two factors, a range of risk ratings between 1 and 25 will be obtained.



After these steps, it is necessary to undertake the risk evaluation (decide the importance of the risk, and whether the risk is not acceptable and the urgency for the implementation of the control measures). To make these decisions it is necessary to compare the rating of each risk, with a technical and/or legal criteria.

4th step: According to the rating of each risk, it is necessary to evaluate it according the following criteria for action:

- urgent situation (20 to 25) that requires action immediately,
- high-risk situations (10 to 16) that require action in the short and medium-term;
- medium-risk situations (5 to 9) that require action or further evaluation within an appropriate period, and
- low-risk situations (less than 5) that may require relatively little or no action.

5th step: After the comparison with the criterion for action, the risks are assigned a priority for risk control through the use of a risk rating. It also enables the organization to establish priorities on the risks that should be addressed proprietarily (urgent situations; high-risk situations) and decide where the resources may be used to the greatest effect. Effective risk control involves a commitment of human, financial and physical resources. As these are often limited, the organization has to allocate them on its assessment of priorities.

Risk assessment is also a tool for prioritization: the more likely it is that the hazardous situation will occur and/or the more serious the consequences, the more urgent it is that the risk be controlled.

This methodology is mainly used for safety risks. For some hazards, (mainly chemical, biological, physical), there are specific ways and devices for measurement and there are also specific criteria for action (legal or/and technical) according to the values of the measurement.

4. Risk control

Risk control is the process of implementing measures to reduce the risk associated with a hazard. It includes three operations:

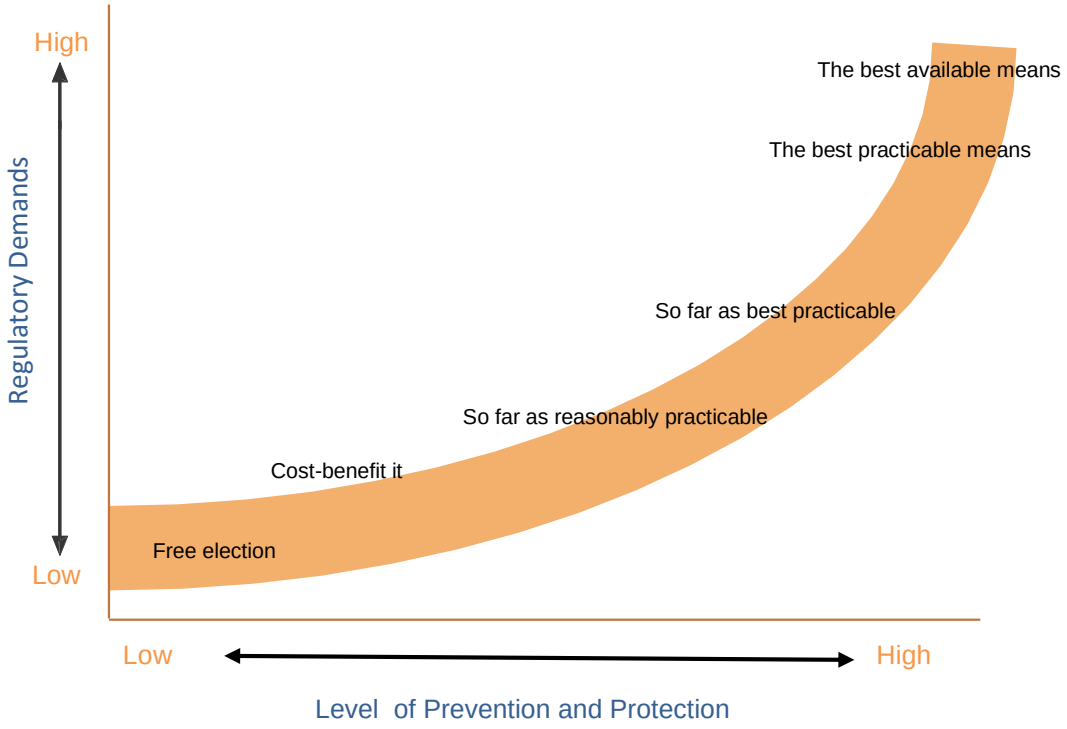
a) Decision-making,

b) Implementation, and

c) Monitoring.

a) Decision making: Where the risk assessment has identified hazards that require control, it is necessary to set priorities for controlling them (the highest-risk situations would require the most urgent action) and to decide what control measure or measures should be implemented. The decision of these control measures has to take into consideration both the legal requirements establishing the minimum levels of risk control and some technical guidelines.

Legal requirements. OSH regulations can be precise on the type and nature of the prevention measures to be implemented by the enterprise or give different degrees of freedom to the enterprises. In the graphic below, there are some regulatory demands on the nature of prevention measures that should be implemented according to the level of protection and prevention that they can provide.



Technical guidelines. Risks can normally be reduced through one or several safety measures. The control measures can be applied to reduce either the severity of the consequences or the probability that they would occur. In addition to the previous regulatory considerations, there are also some technical guidelines. The technical guidelines advise to follow the "control hierarchy" when decisions on the control measures to be implemented are made.

Risk control hierarchy

This hierarchy includes the preferred general methods of risk control ranked in decreasing order of effectiveness and in the order that they should be considered and adopted:

1. **Elimination of hazard.** Whenever possible, the best way to eliminate the risk is to completely remove the hazardous item or substance or work practice. It is a permanent solution and should be attempted in the first instance (for example, change from a process involving a hazardous substance to a mechanical process).

2. **Substitution.** If it is not possible to get rid of a hazard completely, the most effective control option to minimize the risk is to substitute the hazardous processes or substance or work practice with a safer, harmless alternative, (for example, use of water-based paint rather than spirit-based or the use of a machine to do dangerous work rather than exposing a worker to the hazard).

3. **Isolation.** Where the elimination or substitution of hazardous substances is not practicable technical measures should be applied to control the hazard or risk by enclosing it completely to prevent the hazard from reaching the worker. The hazard can be isolated through the installation of a physical barrier between a hazard and the worker (for example by fitting screens or putting up safety barriers; a hazardous substance could be used remotely; or a soundproofed enclosure built around a noisy machine).

4. **Technical and engineering controls.** Safeguards can be added by modifying tools or equipment, or by fitting guards to machinery. They must never be removed or disabled by workers from the equipment for which they have been designed. The engineering controls should be built in during the plant design phase and they can effectively provide safe conditions. They may be implemented later, but this tends to be costlier.

5. **Administrative controls.** Administrative and organizational controls consist of developing and enforcing safe work methods and practices and should be used at all times to minimize exposure to a hazard and hence to reduce the risk of injury or harm. (For example, working-time arrangements to minimize the magnitude of exposure, the number of workers exposed and the duration of exposure. Signs should warn of any hazards; work programs might be arranged to minimize the amount of time spent near noisy machinery, or to give computer operators breaks from keyboard work; strict housekeeping and personal hygiene ensure workplace and personal safety).

6. **Personal protective equipment.** This is a means of covering and protecting a worker's body from hazards. When none of the above approaches is feasible, or when the degree of safety achieved is considered

inadequate, the only solution is to provide exposed persons with suitable personal protective equipment (PPE) and protective clothing.

This is a final line of defense and should be used only as a last resort, since it is the least effective method. It could also be used as a short-term control measure during maintenance and repair or as an additional protective measure.

When it is required, the employer should:

- consult workers or their representatives on suitable PPE (sometimes such equipment may be heavy, cumbersome and uncomfortable, and may restrict movement);
- check that PPE comply with the standards set by the competent authority and take ergonomic principles into account;
- provide and maintain the PPE without cost for the workers;
- provide training for workers required to use it;
- ensure the proper use of PPE.

The employee would have the responsibility to make proper use of and take good care of the personal protective equipment and protective clothing in accordance with the requirements.

Attempts should be made to select control measures from the top end of the hierarchy where possible. The methods of elimination and substitution reduce or minimize risk in a reliable manner. The other control methods do nothing about the removal of the actual hazards. These controls rely on human behavior to follow set methods to control the risks. However, while trying to achieve the aim to eliminate the hazard at the source aim, other short-term actions should be used.

In addition to the mentioned principles, setting priorities and selecting the control measures should include consultation with the workers and heeding the suggestions of the manufacturer's instructions, practitioners and representatives of industry associations, unions and government bodies wherever possible. The decisions about risk control methods should also take into account the relevant legal requirements that establish minimum levels of risk control.

b) Implementation. When a control measure is decided, a person responsible for the implementation should be nominated providing adequate resources and a reasonable timeframe. The staff should be informed on the changes undertaken and at times provided training (especially when the control measures involve human behavior). It is important that control measures (and the implementation process itself) do not introduce new hazards.

c) Monitoring. Deciding on and implementing a control measure is not the end of the risk control process; it is a continuous process. The residual risk of certain hazards may also need to be assessed to evaluate their acceptability after the appropriate control measures have been implemented. It is also necessary to monitor the ongoing effectiveness of the control measures to evaluate whether the hazards and their associated risks have actually been controlled and that no hazards have been created by the control measure.

These monitoring activities of control measures are especially important and necessary when the enterprise implements personal protective equipment, administrative controls or technical and engineering controls because these types of control measures involve (to a different extent) human behaviors that need to be trained, followed

and supervised.

Risk control measures must also be maintained — for example, interlocking guards have to be kept in working order, work procedures have to be monitored to ensure they are being followed, and hearing protectors have to be kept clean and checked for damage. New risk assessments must also be done whenever circumstances change.

The hazard identification and risk assessment processes may need to be revisited when, for example:

- checking the effectiveness of control measures;
- there are new or changed processes at hazardous installations, or significant changes in transport of hazardous substances;
- incidents occur;
- new technology offers scope for improvements;
- the experience of labor and/or management is at odds with the risk assessment;
- new information about the behavior or effects of substances and processes becomes available; and,
    - there are proposals for new construction or other developments inside the premises of the installation or nearby.

Furthermore, risk assessments should be reviewed routinely to test assumptions, to try to resolve uncertainties, and to take advantage of experience and improvements in methods.

Changes in technology, community standards, the OSH legal framework and acceptable work practices can also force change in the way risks are controlled. These changes can open up opportunities to develop better risk controls and so improve the safety of the working environment.

The OSH risk management process gives managers and staff the opportunity to analyze their work activities and work environment in order to achieve the best possible standard of health and safety for themselves and everyone affected by their work. It will also assist cooperatives or factories to comply with the requirements of OSH law and will shift focus onto effective preventative strategies rather than simply trying to manage the aftermath of injuries and incidents in the workplace.

6.8 TEA COOP/FACTORY Inspection, testing and corrective action

Guidance note:

Regular inspections of the workplace are essential to make sure risk controls are working and to uncover any new hazards that may have arisen. Inspections should be programmed so they happen regularly and cover all the workplace.

To be effective the inspections should be carried out by people who have health and safety training and experience in the workplace so they know what to look for. They should also use checklists to make sure they don't overlook anything important. The inspection checklists should be kept as part of OSH documents because there may be a need to refer to them in the future and because they provide evidence that regular inspections are being carried out in the workplace. The outcomes from inspections should be reported to the OSH Committee and to senior management.

Any problems found during the inspection should be fixed as quickly as possible. Corrective action should be assigned to appropriate supervisors and managers and timeframes established for corrective actions to be completed. Corrective action should be reviewed after a period of time to make sure it continues to be effective.

Along with inspections of the work environment and checks on work processes there should also be a plan for regular testing

of machinery, equipment and safety facilities. This would include boilers and other pressure vessels and electrical equipment. There must also be regular inspection and testing of emergency equipment such as fire hydrants, hose reels, extinguishers, smoke detectors and emergency lighting and alarms.

Example – General health and safety checklist

Responsible manager:	
OSH representative:	
Worksite location: ..... Date:	
Persons completing inspection:	
Indicate in the following manner: ✓ **Acceptable** ✗ **Not acceptable** *N/A* **Not applicable**	
1. Health and Safety Systems	
1.1	OH&S policy displayed
1.2	Accident report book
1.3	Induction records
1.4	Rehabilitation policy available
1.5	Workplace inspection records
1.6	Emergency procedures
1.7	Training records
1.8	Documented safe work procedures
1.9	Protective clothing & equipment records
1.10	MSDS available
1.11	Health & safety systems manual
1.12	H&S representatives elected & accredited training
1.13	Management safety representative appointed
1.14	Risk assessment available
1.15	Health & safety plan available
2. Housekeeping	
2.1	Work areas free from rubbish & obstructions
2.2	Surfaces safe and suitable
2.3	Free from slip/trip hazards
2.4	Floor openings covered
2.5	Stock/material stored safely
	AISLES
2.6	Unobstructed and clearly defined
2.7	Adequate lighting

2.8	Vision at corners
2.9	Wide enough

3. Electrical	
3.1	No broken plugs, sockets, switches
3.2	No frayed or defective leads
3.3	Power tools in good condition
3.4	No work near exposed live electrical equipment
3.5	Tools and leads inspected and tagged
3.6	No strained leads
3.7	No cable-trip hazards
3.8	Switches/circuits identified
3.9	Lock-out procedures/danger tags in place
3.10	Earth leakage systems used
3.11	Start/stop switches clearly identified
3.12	Switchboards secured
3.13	Appropriate firefighting equipment
4. Lighting	
4.1	Adequate and free from glare
4.2	Lighting clean and efficient
4.3	Windows clean
4.4	No flickering or inoperable lights
4.5	Emergency lighting system
5. Fire Control	
5.1	Extinguishers in place
5.2	Firefighting equipment serviced/tagged
5.3	Appropriate signing of extinguishers
5.4	Extinguishers appropriate to hazard
5.5	Emergency exit signage
5.6	Exit doors easily opened from inside
5.7	Exit path ways clear of obstruction
5.8	Alarm/communication system – adequate
5.9	Smoking/naked flame restrictions observed
5.10	Minimum quantities of flammables at workstation
5.11	Flammable storage procedures
5.12	Emergency personnel identified and trained
5.13	Emergency procedures documented – issued

9.3	Use of excessive force and repetitive movements minimized
9.4	Appropriate training provided
10. First Aid	
10.1	Cabinets and contents clean and orderly
10.2	Stocks meet requirements
10.3	First aiders names displayed
10.4	First aiders location and phone numbers
10.5	Qualified first aider(s)
10.6	Record of treatment and of supplies dispensed
11. Material Storage	
11.1	Stacks stable
11.2	Heights correct
11.3	Sufficient space for moving stock
11.4	Material stored in racks/bins
11.5	Shelves free of rubbish
11.6	Floors around stacks and racks clear
11.7	Drums checked
11.8	Pallets in good repair
11.9	Heavier items stored low
11.10	No danger of falling objects
11.11	No sharp edges
11.12	Safe means of accessing high Shelves
11.3	Racks clear of lights/sprinklers
12. Personal Protection	
12.1	Employees provided with PPE
12.2	PPE being worn by employees
12.3	Sun cream and sunglasses provided
13. Amenities	
13.1	Washrooms clean
13.2	Toilets clean
13.3	Lockers clean
13.4	Meal rooms clean and tidy
13.5	Rubbish bins available – covered
13.4	Correct signage at access points

14. Ladders	
14.1	Ladders in good condition
14.2	Ladders not used to support planks for working platforms
14.3	Correct angle to structure 1:4
14.4	Extended 1.0 meter above top landing
14.5	Straight or extension ladders securely fixed at top
14.6	Metal ladders not used near live exposed electrical equipment
15. Public Protection	
15.1	Appropriate barricades, fencing, hoarding, gantry secure and in place
15.2	Signage in place
15.3	Suitable lighting for public access
15.4	Footpaths clean and free from debris
15.5	Dust and noise controls in place
15.6	Site access controlled
15.7	Traffic control procedures in place
15.8	Public complaints actioned
16. Prevention of Falls	
16.1	All work platforms have secure handrails, guarding or fence panels
16.2	Harness and lanyard or belts provided
16.3	All floor penetrations covered or barricaded
16.4	Unsafe areas signposted and fenced
16.5	Safe work procedure in place
17. Mobile Plant and Equipment	
17.1	Plant and equipment in good condition
17.2	Daily safety inspection procedures/checklists
17.3	Fault reporting/rectification system used
17.4	Operators trained and licensed
17.5	Warning and instructions displayed
17.6	Warning lights operational
17.7	Reversing alarm operational
17.8	Satisfactory operating practices
17.9	Fire extinguisher
17.10	Tires satisfactory
17.11	SWL of lifting or carrying equipment displayed

17.12	Height limits displayed
18. Confined Spaces	
18.1	Risk assessment undertaken
18.2	Communication and rescue plan in place
18.3	Safety equipment in good working condition
18.4	Suitable training provided to employees
18.5	Confined Space permit used
19. Lasers	
19.1	Operator has laser operator license
19.2	Signage displayed
19.3	Laser not used in a manner to endanger other persons
20. Machinery and Workbenches	
20.1	Adequate work space
20.2	Clean and tidy
20.3	Free from excess oil and grease
20.4	Adequately guarded
20.5	Warnings or instructions displayed
20.6	Emergency stops appropriately placed and clearly identifiable
20.7	Operated safely and correctly
	WORKBENCHES
20.8	Clear of rubbish
20.9	Tools in proper place
20.10	Duckboards or floor mats provided
21. Welding	
21.1	Gas bottles securely fixed to trolley
21.2	Welding fumes well ventilated
21.3	Fire extinguisher near work area
21.4	Only flint guns used to light torch
21.5	Flash back spark arresters fitted
21.6	Vision screens used for electric welding
21.7	LPG bottles within 10 year stamp
21.8	PPE provided and worn
21.9	Hot Work permit system used

22. Demolition	
22.1	Risk assessment undertaken in advance
22.2	Access prevented to demolition area
22.3	Overhead protection in place
22.4	Protection of general public
22.5	Safe work procedure in place
23. Excavations	
23.1	Shoring in place and in sound condition
23.2	Excavation well secured
23.3	Signage displayed
23.4	Banks battered correctly and spoil away from edge
23.5	Clear and safe access around excavation
23.6	Separate access and egress points from excavation
23.7	Safe work procedure in place

6.9 COOP/FACTORY Incident reporting and emergency response

Guidance note:

Incident reporting

Even with the best planned and operating health and safety system there is still a chance that something could go wrong in the workplace – an accident may happen, there could be a 'near-miss', or someone could do something which isn't safe. All of these situations highlight the fact that there are hazards in the workplace which need to be controlled. There has to be a process in place for these events to be reported and examined so appropriate action can be taken to make sure they don't happen again.

The incident reporting process is based on an incident reporting form which people in the workplace fill out, giving as much information as possible about what happened. The incident reporting form should go to the local manager and supervisor so they are informed of the incident and can take steps to investigate the circumstances. The investigation should result in the main causes being identified and corrective action being taken to ensure the situation does not happen again.

For the incident reporting process to work effectively it is important that a 'no blame' approach is adopted. If people feel they are going to be blamed for what happened they will be much less inclined to report an incident or a 'near-miss'. Even accidents may be concealed, with the injured person taking sick leave rather than claiming workers' compensation. The purpose of an incident investigation is to stop the situation happening again not to point the finger at anyone. If the investigation does discover that someone did the wrong thing the reason for their behavior should be determined. They may need further training and instruction, or they may require closer supervision.

Emergency response

Emergency situations can develop in the workplace even with the best risk controls operating. These situations could involve, for example, fire, extreme weather conditions or the actions of a violent intruder. There have to be procedures in place which guide people in how to respond if an emergency happens.

Everyone in the workplace should know about the emergency procedures and the role they must play in an emergency. Staff should be trained in the emergency procedures. Relevant information should also be given to people in the workplace for a short time, like contractors and visitors. There should be signs in various parts of the workplace which list crucial steps in the emergency procedure and indicate the location of assembly points if an evacuation is required.

Certain staff should be given responsibility for taking control in an emergency and providing direction and leadership to everyone else. This is often done through a hierarchy of chief warden, deputy warden and floor wardens. These people must be trained to carry out their role. Everyone in the workplace should know who the people are in this hierarchy and should take direction from them during an emergency.

The emergency procedures should be periodically trialed to make sure they work effectively. Emergency procedure trials give everyone the chance to become familiar with their role so that if a real emergency happens they know exactly what to do. Any problems encountered during the trial should be examined and steps taken to fix the problem.

The effectiveness of emergency procedures could be crucial if a real emergency happens so it is important to use the trials to eliminate any problems.

External emergency services – police, fire brigade etc. – should also know about the emergency procedure and it may be appropriate to include them in trials of the procedure.

The proposed content of the Emergency Preparedness Plan (EPP) is the following:

INTRODUCTION

TEA COOP/FACTORY- EPP policy:

purpose:

structure:

definitions

COMMUNICATIONS:

RADIOACTIVE OR CHEMICAL ISOLATION AND DECONTAMINATION

DISRUPTION OF SERVICES AND MANAGEMENT OF SPACE, SUPPLIES, COMMUNICATIONS, AND SECURITY

DISASTER PROCEDURES FOR STAFF MEMBERS

MANAGEMENT OF PATIENTS IN DISASTER SITUATIONS

ADDRESSING THE MEDICATION NEEDS OF PATIENTS:

TRAINING OF STAFF IN EMERGENCY PREPAREDNESS PROCEDURES

EMERGENCY PREPAREDNESS DRILLS

INTERNAL DISASTER PROCEDURES

BOMB THREAT:

EXTERNAL DISASTER PROCEDURES

EVACUATION PROCEDURE

FINANCE DISASTER PLAN

ADMISSION DISASTER PLAN

BUSINESS OFFICE DISASTER PLAN

STAFFING DISASTER PLAN

STAFF AND STAFF FAMILY SUPPORT ACTIVITIES

MEDICAL RECORDS

ANNUAL EVALUATION

Annual Evaluation Of The Effectiveness Of The Emergency Preparedness Plan

Evaluation Of Objectives Of Plan

Evaluation Of The Scope Of Plan

Evaluation Of Staff Emergency Preparedness Training

Evaluation Of Performance Of Plan

Evaluation Of Effectiveness Of Plan

HAZARD VULNERABILITY ANALYSIS

Instructions

Community Emergency Telephone Numbers

EMERGENCY WATER SUPPLY

DRINKING WATER

NON STERILIZED WATER

EMERGENCY ELECTRICAL POWER

EMERGENCY PREPAREDNESS EVACUATION

EMERGENCY PREPAREDNESS STAFF TRAINING

EMERGENCY PREPAREDNESS PLAN DRILLS

Emergency Preparedness Plan Activation—Evaluation Form

Emergency Preparedness Activation—Evaluation Form

Bomb Threat

Bomb Threat Report

Riot Or Civil Disturbance Response Plan

Earthquake Response Procedure

Injuries Are Commonly Caused By

Immediate Response Measures For All Personnel

Responsibilities

Severe Weather (Floods And Land Slides) Procedures

Toxic External Atmosphere (Stay In Place)

Incident Action Plan Communicable Disease

This form should be filled in by the individual staff member involved, immediately following an incident, accident, injury or near miss/hit.

It should be forwarded by the end of the shift to the Work Environment Consultant responsible for the Campus/Location c/- Human Resources

If the person involved is unable to fill in the form, their Manager/Supervisor must complete it. **(Please print all information)**

1. Details of person involved in incident

Surname: _____

Given Names: _____

_____ Date of Birth:

/ /

Phone (H): _____

Home Address: _____

Post Code: _____

Occupation: _____

Division: _____

Cost Centre: _____

Campus/Location:

Phone (W): _____

Employee No:

Employment Status:

Employee Agency Contractor

Full Time Part Time Casual

Occurring ?

2. Detail of incident

4. Detail of injury

Did an injury occur? Yes No

Bodily Location(s) (eg. Right Wrist): _____

Nature of Injury

Fracture Sprain/Strain

Needle stick Laceration Foreign body Bruising Chemical exposure Stress/Anxiety

Dermatitis Body fluid exposure

Burn/Scald Puncture

Electric shock Pain/Discomfort only

Other *(please specify):* _____

_____

Treatment required at the time of incident

Report Only First Aid

Medical Treatment Time Lost

Needle Stick Follow Up

Date of incident: / / Time of incident: _____am/pm Exact location of incident: _____ _____ _____ **Factors contributing to the incident:** *(What were you doing at the time e.g. pushing trolley)* _____	**5. Details of personal protective equipment (PPE)** Did this task require PPE? Yes No Was correct PPE being used at time of incident? Yes No **Please give details of PPE worn:** Eye Protection Gloves Gowns/Aprons Face Protection Footwear Hearing Protection

3. Likely cause of incident	**6. Other details about incident**

(Please tick as many as appropriate)

Fall from height Striking against object

Slip/trip/fall Struck by moving object

Physical assault Verbal abuse

Repetitive movement

Manual handling – patient

Manual handling – other (please specify):

_____

Exposure – Hot/cold

Contact – electricity

Exposure – Chemical

Single Prolonged Exposure –

Biological *(please specify):* Sharps injury

Blade Needle

Other (please specify): _____

Procedure Type

Set up for procedure During procedure Laboratory procedure Clean up after procedure During sharps disposal During garbage disposal

Other (please specify): _____

Details of other visitors/patients involved: _____

_____

_____

Did the incident involve a visitor? Yes No

Did the incident involve a patient? Yes No

Patients Name: _____

UR: _____

Details of witness(es) involved:

Surname: _____

Given name: _____

Phone (H): _____

Phone (W): _____

Details of supervisor/manager to whom incident was reported

Surname: _____

Given name: _____

Position: _____

Phone: _____

_____ Signature: \

Date: / /

Signature of person involved in incident: _____

Date: / /

INCIDENT FOLLOW-UP REPORT

This form is to be filled by the **Manager/ Supervisor** of the staff member involved in the incident. It must be completed before the **end of the shift** and forwarded with the Staff Incident Report Form (page 1) to the Work Environment Consultant responsible for the Campus/location c/o Human Resources.

1. Details of Manager/Supervisor responsible for the staff member

Manager/Supervisor's:

Surname: _____ Given Name:

Division: _____ Campus / Location:

Phone: _____

2. Details of Manager/Supervisor of department in which incident occurred

(If incident occurred in the same department where staff member normally works write "As Above".)

Manager / Supervisor's:

Surname: _____ Given Name: ___

Occupation: _____ Division: _____

Campus / Location: _____ Phone: _____ *Others involved in incident follow-up process: (eg. Supervisors or Health and Safety Representative)*

i) Surname: _____

Given Name:

Occupation: _____

Department: _____

Location: _____

Phone: _____

Ii) Surname: _____

Given Name: _____

Occupation: _____

Department: _____

Campus/Location: _____

Phone: _____

3. Action to be taken to preventing and control re-occurrence

This action must be implemented by those involved in the Incident Follow-up process.

All Staff Incident Reports will be followed up by the Return to Work Coordinator/Administrator. The Incident Follow-up Reports will be followed up by the Work Environment Consultant with the Department Manager concerned, and where appropriate with the General Manager.

- Remove Hazard
- Clean up / Housekeeping Improve Layout of Work
- Place Repair Equipment / Tools / Signs
- Upgrade Equipment / Tools / Signs
- Improve Inspection Procedure
- Staff Counselling
- Staff Training
- Personal Protective Equipment
- Manager to provide
- Employee to wear

Please specify details of required action: _____

_____

Other follow-up recommended: _____

4. Follow-up of staff member involved

Did an injury occur? Yes No

Treatment required at time of incident occurring:

- Report Only
- First Aid
- Medical Treatment Inpatient Admission
- Time Lost
- Needle Stick follow up
- Debriefing
- Counselling

Manager/Supervisor

Please ensure that this completed Incident Follow-up Report AND the Staff Incident Report (page 1) as completed by the staff member involved in the incident, are forwarded to the following parties, by the completion of the shift in which the incident occurred.

Original to: The *Work Environment Consultant* responsible for your campus / location at the Work Environment Unit c/o Human Resources, TEA COOP/FACTORY

Copy to: *The Manager / Supervisor* of the staff member involved in the incident to place in the Register of Injuries for the Departments

6.10 TEA COOP/FACTORY Injury management and return to work

Guidance note:

The OSH management system is designed to stop people being injured or getting sick at work. However, no matter how good the system there is still a chance that someone will be injured or become sick because of their employment. There must be a procedure in place which covers how injured or ill workers will be helped to return to their usual work duties as quickly as possible. Having a procedure to cover these eventualities is part of good risk management.

An efficient injury management procedure reduces the time an injured or ill worker is out of the workplace, reducing workers' compensation costs and significantly increasing the chances that the worker will regain their full work capacity. The longer a person remains on workers' compensation payments the harder it may become for them to return to work.
The proposed program will have:

- An occupational rehabilitation program
- An individual return to work plan for injured workers, and
- A risk management program

When these requirements apply depends on the size of the organization.

Large employers must:

- establish and maintain both a risk management program and an occupational rehabilitation program at all times, and
- prepare a return to work plan for an injured or ill worker who has no current work capacity for 20 or more calendar days.

Small employers must:

- establish and maintain a risk management program and an occupational rehabilitation program when there is a work related injury at the workplace and the injured worker has no current work capacity for 20 or more calendar days
- prepare an individual return to work plan for the injured worker, and
- nominate a return to work coordinator for the workplace.

The Risk Management Program will set out the steps that will be taken after the injury has happened to reduce the chances of any such injury happening again.

The Occupational Rehabilitation Program will be:

- developed in consultation with staff
- in writing, and
- made available to all staff.

The Occupational Rehabilitation Program will include:

- A statement of the cooperative or factory's return to work policy
- The name of the return to work coordinator

• Details of the resources and training that will be provided to the return to work coordinator

• The name of at least one approved provider of occupational rehabilitation services who will be available to help support the return to work of an injured worker
• Any other matters agreed to during consultation between management and staff that took place during development of the program
• A statement signed by staff, or staff representatives, which certifies that the program has been developed in consultation with staff, and
• Provision for sign-off by a person with sufficient authority to commit the cooperative or factory to the occupational rehabilitation program.

Successful return to work programs rely on consultation and agreement between all the parties the worker, their treating medical staff, rehabilitation professionals and managers and supervisors in the person's work area. Returning an injured worker to their full work capacity will take time and usually involves graduated steps. The return to work program must be understood and supported by local managers and supervisors if the injured worker is to have the chance to regain their full work capacity without undue stress. This will include respecting necessary confidentiality about the injured or ill worker's condition.

6.11 TEA COOP/FACTORY OSH Document control

Guidance note:

A management system produces a great many documents. Firstly, there are the policies and procedures which must be in place at the beginning to document the system itself so people know what the system contains and requires. Then there are all the documents produced by the system during its operations. These documents need to be kept so there is evidence that system activities are going according to plan and to allow for assessment of system performance.

OSH documents take many forms:

Policies and procedures	Documents that describe how the OSH system works and give guidance on how system activities should be carried out.
Plans	Documents which set out when and how OSH activities will take place. These include: • Annual safety improvement plan • OSH training plan • Inspection/audit plans • Maintenance plans
Records	Documents that show the full range of system activities are taking place. These include: • risk assessment reports • safe operating procedures • inspection checklists • accident investigation reports • training records • maintenance checklists • return to work reports • OSH performance reports

OSH information	Documents which provide important information to assist system activities and to build people's knowledge and understanding. These include: • OSH Act and regulations • codes of practice • guides • Australian Standards • material safety data sheets • plant and equipment operating manuals

OSH documents must be:

Controlled	There must be a way to show that OSH documents have been authorized and that the document is the correct one to use.
Current	OSH documents should be dated so people know they are using the most up to date version.
Available	OSH documents should be readily available to everyone who needs them. They should be in the most convenient and accessible form – either in paper or electronic form.
Stored	OSH documents should be retained for future reference. This allows for OSH performance review and provides evidence of system activities. This can be important when investigations need to be carried out or when people become injured or ill and their work history needs to be known.
Retrievable	OSH documents should be readily retrievable from storage so that information about OSH activities can be provided as required.

Legal obligation for OSH records

OSH law establishes certain obligations for keeping OSH records and sets out the basic obligations for employers, includes the obligation to keep information and records relevant to workers' health and safety. These could include:

- Records of biological monitoring
- Records of asbestos assessments in the workplace
- Records of first aid treatments, and
- Other relevant medical information.

6.12 TEA COOP/FACTORY OSH Performance review

Guidance note:

The health and safety system must be regularly assessed to ensure it is operating properly and on track to achieve its goals.

System performance review is important for managers because it is the way they can be confident they are meeting their legal obligation to maintain a healthy and safe workplace. Performance review checks the vital signs of system health and gives managers the chance to improve how the system works to achieve better outcomes.

OSH performance review can be undertaken in individual cooperative or factory workplaces, across departments or for the cooperative or factory as a whole. At whatever level of cooperative or factory activity reviews are undertaken the outcomes should be considered by relevant managers and action taken in response. Staff should be kept informed about outcomes and involved in developing and implementing performance improvement strategies.

OSH performance review should be based on practical measures which give an insight into the system structure and system activities. Some practical measures could be:

the policy & goals reviewed to make sure they remain realistic & relevant? Are staff consulted when the OSH policy & goals are reviewed? Does everyone in the cooperative or factory know about, & understand, the OSH policy & goals?	
Inclusion of health & safety in job descriptions, selection criteria & performance	• Are health & safety responsibilities included in job descriptions & selection criteria? • Are health & safety questions part of selection criteria? • Are standards & goals for OSH performance part of staff performance appraisal?
Purchasing policy includes health & safety criteria	• Does the purchasing policy include OSH selection criteria? • Do purchasing staff understand how to apply the OSH . Criteria in the purchasing policy? • Has the purchasing policy been communicated to suppliers & contractors? • Are relevant staff consulted before purchases of plant, equipment & materials?
Risk management activities	• Are there regular efforts to identify hazards, assess risks & develop risk controls? • Are there safe operating procedures for jobs that have been identified as having safety risks? • Are there regular workplace inspections? • Are workplace incidents investigated & corrective action taken promptly?

OSH consultation	• Are OSH committee meetings held regularly? • Are meeting agendas and minutes circulated in the workplace? • Does each meeting result in an action schedule which is reviewed at the following meeting? • Does everyone know their OSH committee members & OSH representative?
Scheduled maintenance	• Is there a schedule for maintenance? • Do plant, equipment & tools always pass site safety testing? • Are hazards identified as part of maintenance checks reported to the responsible supervisor or manager & are corrective action taken quickly?
Health & safety training	• Have staff training needs been identified? • Have training needs been prioritized & a training plan developed to meet these priorities? • Has relevant training been provided? • Are staff attending training as planned? Are contractors given health & safety induction training before they start work?

These indicators are designed to reassure everyone in the workplace that systematic activities to protect them from workplace injury or disease are going on all the time.

6.13 TEA COOP/FACTORY OSH Auditing

Guidance note:

Regular OSH auditing is essential for the on-going effective performance of the health and safety system. There are three main reasons for carrying out OSH audits:

- They confirm that the health and safety management system has been implemented and is being maintained
- They check that the health and safety management system is operating effectively, and
- They help identify weaknesses in the health and safety system so the system can be improved.

What is an OSH audit?

> An OSH audit is an independent, systematic checking exercise which tries to find out whether workplace activities and outcomes are meeting planned arrangements, and complying with legislative, management system and other requirements.

An audit is not a health and safety inspection. While an OSH audit will include inspection activities to cross check system documents and records, an inspection will never provide the degree of system analysis undertaken during an audit. Audits involve a broader analysis of performance than just looking at what is going on in the workplace at any particular time.

OSH audits look at policies, procedures and plans that have been put in place to achieve the health and safety goals of the cooperative or factory. System records and documents will be examined by the auditor to judge how well policies, procedures and plans have been implemented. The auditor will also inspect the workplace, observe work practices and talk to people in the workplace to cross check that what is found in the records accurately reflects what is going on in the workplace.

The auditor uses all the evidence gathered to judge how well the OSH management system has been implemented and is operating. In light of these judgments the auditor may point out weaknesses in OSH performance and suggest how performance can be improved in the future.

In summary, an OSH audit:

Examines policies, procedures & plans developed in the past	**PAST**
documents, records and work practices at the Time of the audit	**PRESENT**
Recommends changes which will lead to future improvement in OSH performance	**FUTURE**

OSH audits should be repeated. A cooperative or factory's performance can change over time and audits need to be done on a regular basis to check that performance continues to meet the cooperative or factory's OSH goals. Regular audits can be one way to chart changes in the cooperative or factory's performance and the comparison of audit outcomes can be an important performance indicator for the cooperative or factory.

OSH audits should be planned and the plan should be developed on the basis of a risk analysis. This allows audits to focus on those areas where the highest risk exposure has been identified. These could be work areas or work activities which are known to be of high risk, or where recent incidents indicate that health and safety problems could exist.

OSH audits should be based on checklists. The audit checklist contains a series of questions which the auditor wants to

answer during the course of the audit. The questions will relate to the operation of the various system elements. Having a checklist helps keep the audit on track, allows the audit results to be presented in an orderly way, and makes it easier to compare the results from audits done at different times.

OSH audits should be carried out by qualified people. To get the best results from an audit the people doing the audit should be trained in auditing, they should have OSH knowledge and they should have some knowledge and experience of cooperative or factory workplaces. Audits are often done by teams of auditors. This gives the opportunity to bring together people independent of the workplace being audited with someone who are familiar with the workplace. This mix encourages different perspectives on audit evidence and can add value to audit findings and recommendations.

OSH audits should produce an audit report. The audit report should:

- set out the scope of the audit, so it is clear what the audit was looking at
- List who comprised the audit team, so it is clear who was involved and their qualifications for doing the audit
- set out what was done during the audit, so people reading the report can know how the audit was conducted, and
- contain findings and recommendations, so people know what conclusions the audit team came to, what deficiencies they found and how the audit team thinks these deficiencies could be addressed.

The OSH audit report should be considered by relevant managers, who should respond to any deficiencies the audit team discovered during the audit

6.14 TEA COOP/FACTORY OSH Continuous improvement

Guidance note:

Now that the health and safety system is in place and operating smoothly everyone can feel pleased at what has been achieved. However, no matter how much has been achieved there is always the need to do more. A static system will quickly go into decline so there is the need to frequently check whether the health and safety system can be improved so that even higher standards of safety can be achieved.

There are a number of ways to keep improving the health and safety system.

1. Make sure the outcomes from OSH performance reviews and OSH audits are responded to promptly and any deficiencies in performance are corrected.
2. A good source of ideas for improvement can be found in the cooperative or factory workforce. A system which encourages staff to share their ideas with management can pay great dividends. But it will only work if staff sees that their ideas are being taken seriously and are leading to real improvements in the workplace.
3. Keep in touch with changes in technology, products and work practices. There are always new technologies and products coming onto the market which could improve the health and safety of the work environment. Different work practices could also be examined to provide an opportunity to improve health and safety.
4. Develop a regular improvement plan which sets out actions to improve OSH management, responsibilities, measures of success and timelines. A draft improvement plan is attached.

5. Sharing experience with other cooperative or factories in Rwanda and around the country which are also trying to manage the challenges of health and safety. This collective experience is a powerful resource and should be tapped for good ideas. This experience can also provide salutary lessons in the pitfalls to avoid, which could save a lot of money and anguish.

Sample action plan for OSH improvement

Action	Who must do the action completed)	When must action be completed	Measures of success	Sign off (Confirm action
1. Assess current OSH arrangements against the Self-Assessment Matrix				
2. Prepare a report on outcomes and recommendations: • Current OSH arrangements fully match Matrix? • Current OSH arrangements can be improved to fully match Matrix? • There are gaps in OSH arrangements which must be filled?				
3. Report considered and OSH improvement strategies developed				
4. OSH improvement strategies assigned to appropriate managers				
5. OSH improvement strategies implemented				
6. Implementation of OSH improvement strategies reviewed against Self-Assessment Matrix.				

7. ANNEXES

7.1 Annex I: TEA COOP/FACTORY FIRE PREVENTION

7.1.1 Fire prevention and protection measures

Normally, fire protection and emergency and evacuation measures are the most common measures. However, measures for preventing fire starting in the first place are just as important or perhaps more as those for protecting people in the event of fire.

Fire prevention measures are mainly based on eliminating or minimizing one of the components of the so-called "Fire Triangle", the three prerequisites for fire. Summarily, some of the most common fire prevention measures are:

1. Risk assessment and control in the purchasing of articles and substances to avoid the Introduction of fire hazards where possible.
2. Risk assessment and control for the use of articles and substances which pose fire hazards to avoid the manifestation of fire risks.
3. Special engineering solutions, such as to make it impossible for a fire to begin or take hold by controlling the presence of oxygen, fuel or energy.
4. Positioning of heat sources to prevent contact with combustible material.
5. Control of contractors or employees using blowlamps, cutting or welding equipment.
6. Adequate cleaning of work areas.
7. Adequate supervision of cooking facilities.
8. Systems of work to prevent accumulation of easily ignitable rubbish or paper.
9. Maintenance programmes for electrical wiring and appliances.
10. Temperature control that avoids need for portable heaters or coolers.
11. Design or positioning of heaters, machinery or office equipment so that ventilators cannot be obstructed.
12. Prohibition on smoking.

The **active fire protection measures** proposed by OSH consultant will include some of the following:

1. **Fire Detection and Alarm Systems:** detect fire automatically, warn (audible or visual alarm) building occupants of the threat of fire, and provide the signal to begin the evacuation of the occupants from the premises.
2. **Smoke Control Systems:** to reduce the threat of smoke from invading exit paths during evacuation from a structure.
3. **Portable Fire Extinguishers and Hose Reels.** Manual-handled devices for extinguishing fires, often in emergency situations.
4. **Water Sprinkler Systems:** consist of a water supply, distribution valves and piping connected to automatic sprinkler heads. While current sprinkler systems are primarily intended to control the spread of fire, many systems have accomplished complete extinguishment.
5. **Special Extinguishing Systems:** are used in cases where water sprinklers would not provide adequate protection or where the risk of damage from water would be unacceptable (water and water-additive special extinguishing systems, gaseous extinguishing systems).

Passive fire protection measures will include some of the following:

1. **Confining fire by compartmentation:** a fire compartment is a space within a building extending over one

or several floors which is enclosed by separating parts. It is important in preventing the fire to spread into large spaces or into the whole building. The fire resistance required by a compartment depends upon its intended purpose and on the expected fire. Either the separating parts enclosing the compartment shall resist the maximum expected fire or contain the fire until occupants are evacuated.

2. **Structural integrity during a fire:** structural integrity during a fire is important to avoid structural collapses and to guarantee that separating parts prevent ignition and flame spread into adjacent spaces. There are different approaches to provide the design for fire resistance. There are classifications based on standard fire-resistance tests as in ISO 834, combination of tests and calculations or solely calculation and the performance-based procedure computer prediction based on real fire exposure.
3. **Interior finish:** interior finish is the material that forms the exposed interior surface of walls, ceilings and floor. Interior finish is related to fire in four different ways. It can:

   - affect the rate of fire build-up to flashover conditions;
   - contribute to fire extension by flame spread;
   - increase the heat release, and
   - Produce smoke and toxic gases.

Materials that exhibit high rates of flame spread contribute fuel to a fire or produce hazardous quantities of smoke and toxic gases are undesirable.

4. **Smoke movement:** in building fires, smoke often moves from the fire space to remote locations.

Today, **smoke is recognized as the major killer in fire situations**. Smoke movement can be managed by use of one or more of the following mechanisms: compartmentation, dilution, air flow, pressurization or buoyancy.

5. **Evacuation of occupants:** fire prevention also requires fire safety education, supported by management. In many countries such strategies are reinforced by law, requiring enterprises to meet legislated fire prevention objectives as part of their OSH commitment to their workers

7.1.2 Organizing for fire prevention

In most of the enterprises an emergency organization is necessary in order to eliminating or minimizing the incidence of fire and explosion. This involves the gathering of complete information on the fire and explosion hazard, evaluate the loss potential and implement suitable measures to control the hazard.

Emergency Planning

An organization must, as far as possible, be considered from the planning stage itself, and implemented progressively from the time of selection of site until production has started, and then continued thereafter.

Success of any emergency organization depends to a large extent on the overall participation of all workers and various echelons of the management. This fact must be borne in mind while planning the emergency organization.

Stage 1. The OSH consultant will initiate the emergency plan by doing the following:

1. Identify and evaluate fire and explosion hazards associated with the transportation, handling and storage of each raw material, intermediate and finished products and each industrial process, as well as work out detailed preventive measures to counteract the hazards with a view to eliminating or minimizing them.
2. Work out the requirements of fire protection installations and equipment, and determine the stages at which each is to be provided.
3. Prepare specifications for the fire protection installation and equipment.

Stage 2. Then the consultant will determine the following:

1. Availability of adequate water supply for fire protection in addition to the requirements for processing and domestic use
2. Susceptibility of site and natural hazards, such as floods, earthquakes, heavy rains, etc.
3. Environments, i.e., the nature and extent of surrounding property and the exposure hazard involved in the event of a fire or explosion
4. Existence of private (works) or public fire brigade(s), the distance at which such fire brigade(s) is (are) located and the suitability of the appliances available with them for the risk to be protected and whether they can be called upon to assist in an emergency
5. response from the assisting fire brigade(s) with particular reference to impediments, such as rail- way crossings, ferries, inadequate strength and (or) width of bridges in relation to the fire appliances, difficult traffic, etc.
6. socio-political environment, i.e., incidence of crime, and political activities leading to law-and- order problems.

Stage 3. For ongoing construction projects like new projects, OSH consultant will advise through the layout and building plans, and the specifications of construction material. Carry out the following tasks:

1. Limit the floor area of each shop, workplace, etc. by providing fire walls, fire doors, etc.
2. Specify the use of fire-resistant materials for construction of building or structure.
3. Ensure that steel columns and other structural members are not exposed.
4. Ensure adequate separation between building, structures and plant.
5. Plan installation of fire hydrants, sprinklers, etc. where necessary.
6. Ensure the provision of adequate access roads in the layout plan to enable fire appliances to reach all parts of the premises and all sources of water for fire-fighting.

Stage 4. During construction, the consulting team will advise the following:

1. Acquaint the contractor and his or her employees with the fire risk management policies, and enforce compliance.
2. Thoroughly test all fire protection installations and equipment before acceptance.

Stage 5. If the nature of the tea coop/factory, its hazards or its out-of-the-way location is such that a full-time fire brigade must be available on the premises, then organize, equip and train the required full-time personnel. Also appoint a full-time fire officer.

Stage 6. To ensure full participation of all employees, the team will do the following:

1. Train all personnel in the observance of precautionary measures in their day-to-day work and the action required of them upon an outbreak of fire or explosion. The training must include operation of fire-fighting equipment.
2. Ensure strict observance of fire precautions by all concerned personnel through periodic reviews.
3. Ensure regular inspection and maintenance of all fire protection systems and equipment. All defects must be rectified promptly.

7.1.3 Managing the emergency

To avoid confusion at the time of an actual emergency, it is essential that everyone in the organization knows the precise part that they and others are expected to play during the emergency. A well-thought-out emergency plan must be prepared and promulgated for this purpose, and all concerned personnel must be made fully familiar with it. The plan must clearly and unambiguously lay down the responsibilities of all concerned and also specify a chain of command. As a minimum, the emergency plan should include the following:

MINIMUM CONTENTS OF AN EMERGENCY PLAN

1. Name of the cooperative or factory
2. Address of the premises, with telephone number and a site plan
3. Purpose and objective of the emergency plan and effective date of its coming in force
4. Area covered, including a site plan
5. Emergency organization, indicating chain of command from the work manager on downwards
6. Fire protection systems, mobile appliances and portable equipment, with details
7. Details of assistance availability
8. Fire alarm and communication facilities
9. Action to be taken in an emergency. Include separately and unambiguously the action to be taken by:
    - the person discovering the fire
    - the private fire brigade on the premises
    - head of the section involved in the emergency
    - heads of other sections not actually involved in the emergency
    - the security organisation
    - the fire officer, if any
    - the works manager
    - others

10. Chain of command at the scene of the incident. Consider all possible situations, and indicate clearly who is to assume command in each case, including the circumstances under which another organization is to be called in to assist.

11. Action after a fire. Indicate responsibility for:

- decommissioning or replenishing of all fire protection systems, equipment and water sources

- investigating the cause of fire or explosion
- preparation and submission of reports
- Initiating remedial measures to prevent reoccurrence of similar emergency.

When a mutual assistance plan is in operation, copies of emergency plan will be supplied to all participating units in return for similar plans of their respective premises.

Evacuation Protocols

A situation necessitating the execution of the emergency plan may develop as a result of either an explosion or a fire. Explosion may or may not be followed by fire, but in almost all cases, it produces a shattering effect, which may injure or kill personnel present in the vicinity and/or cause physical damage to property, depending upon the circumstances of each case. It may also cause shock and confusion and may necessitate the immediate shut-down of the manufacturing processes or a portion thereof, along with the sudden movement of a large number of people. If the situation is not controlled and guided in an orderly manner immediately, it may lead to panic and further loss of life and property.

Smoke given out by the burning material in a fire may involve other parts of the property and/or trap persons, necessitating an intensive, large-scale rescue operation/evacuation. In certain cases, large- scale evacuation may have to be undertaken when people are likely to get trapped or affected by fire.

In all cases in which large-scale sudden movement of personnel is involved, traffic problems are also created-particularly if public roads, streets or areas have to be used for this movement. If such problems are not anticipated and suitable action is not preplanned, traffic bottlenecks results, which hamper and retard fire extinguishment and rescue efforts.

Evacuation of a large number of persons-particularly from high-rise buildings-may also present problems. For successful evacuation, it is not only necessary that adequate and suitable means of escape are available, but also that the evacuation be effected speedily. Special attention should be given to the evacuation needs of disabled individuals.

Detailed evacuation procedures must, therefore, be included in the emergency plan. These must be frequently tested in the conduct of fire and evacuation drills, which may also involve traffic problems. All participating and concerned organizations and agencies must also be involved in these drills, at least periodically. After each exercise, a debriefing session must be held, during which all mistakes are pointed out and explained. Action must also be taken to prevent repetition of the same mistakes in future exercises and actual incidents by removing all difficulties and reviewing the emergency plan as necessary. Proper records must be maintained of all exercises and evacuation drills.

Emergency Medical Services

Casualties in a fire or explosion must receive immediate medical aid or be moved speedily to a cooperative or factory after being given first aid. It is essential that management provide one or more first-aid post(s) and, where necessary because of the size and hazardous nature of the industry, one or more mobile paramedical appliances. All first-aid posts and paramedical appliances must be staffed at all times by fully trained paramedics.

Depending upon the size of the cooperative or factory and the number of workers, one or more ambulance(s)

must also be provided and staffed on the premises for removal of casualties to cooperative or factories. In addition, arrangement must be made to ensure that additional ambulance facilities are available at short notice when needed.

Where the size of the industry or workplace so demands, a full-time medical officer should also be made available at all times for any emergency situation. Prior arrangements must be made with a designated cooperative or factory or cooperative or factories at which priority is given to casualties who are removed after a fire or explosion. Such cooperative or factories must be listed in the emergency plan along with their telephone numbers, and the emergency plan must have suitable provisions to ensure that a responsible person shall alert them to receive casualties as soon as an emergency arises.

7.2 Annex 2: TEA COOP/FACTORY OCCUPATIONAL HEALTH SERVICE

An operational occupational health services must have the following technical details

1. OBJECTIVES

The objectives of an Occupational Health Service include:

- To prevent Disease and ill health at the work place
  - Protection against disease
  - Prevention of accidents
  - Promotion of good health and safety practices
  - Health Screening and monitoring systems

- To support Management in the Delivery of Efficient and Effective Health Services
  - To help protect staff from physical and environmental health hazards arising from their work
  - To provide advice on the working environment
  - Contribute to increasing the effectiveness of the organization by enhancing staff performance and morale by reducing risks at work which lead to ill health, absence, or accidents
  - Sickness Absence and monitoring advice
  - Protect patients, visitors and others from staff who may present a hazard.

- To protect and support the Employee
  - Preventative programmes, e.g. immunization
  - Health Surveillance Programme
  - Health at Work Programme
  - Counseling and Rehabilitation service.

- To have effective health and safety systems
  - Risk Assessment programme (see Risk management framework)
  - Preventive measures
  - Specific training, e.g. Moving and Handling, DSU Training
  - Prevention and Control of infection management

2. SETTING UP AN OCCUPATIONAL HEALTH SERVICE

The type of Occupational Health Service is dependent on the community it will serve and the degree of risks within that community.
Points to consider in setting up an OHS Service will include:

- The selection of appropriate Occupational Health personnel
- The availability of trained, competent Occupational Health Staff
- The setting up of the Occupational Health Service and how the service will reach out to units in the cooperative or factory
- Staff representatives are consulted in the setting up and administration of the service where applicable
- There is access to the service by all staff
- The size and mix of the competent Occupational Health team to address the risk in the workplace
- The role of the service is clearly defined with protocols and has the support of senior management
- The consideration of which other services are needed to complement the Occupational Health Service and overall staff support strategy

3. MANAGEMENT OF THE OCCUPATIONAL HEALTH SERVICE

It is appropriate that the person who will lead the Occupational Health team is in full-time employment and has the experience, competency and ability to manage a multi-disciplinary team, as well as manage the resources to address the needs of the Occupational Health Service

4. THE OCCUPATIONAL HEALTH SERVICE

The Occupational Health Service is about people and should be an independent but integrated professional service associated with Human Resources management as well as clinical services. However, working in a team does not compromise the professional independence and confidentiality of an Occupational Health Service but necessitates the working together within an agreed framework where everyone understands their roles and boundaries.

5. FUNCTIONS OF AN OCCUPATIONAL HEALTH SERVICE

The functions of an occupational health service are as follows:

1. Core Occupational Health Functions
    - Pre- employment Screening Programme
    - Work protection immunization programme
    - Role of treatment
    - Sickness absence assessment and rehabilitation
2. Psycho-social health at work
    - The role of Counseling
    - Stress awareness training and programmes
    - Dealing with work place violence
3. Health & Safety Resources
4. Health and Service Special Aspects

- Moving and Handling Training
- Display Screen Equipment User and Assessor Training

5. The Health Record and Confidentiality

6. Workplace Health Promotion
7. Occupational Health Related Policies
8. Audit of Occupational Health Programme

7.2.1 CORE OCCUPATIONAL HEALTH SERVICE

These include the following:

- Pre-employment Screening Programme
- Work Protection Immunization Programme Role of Treatment
- Role of Treatment
- Sickness Absence Assessment and Rehabilitation

7.2.2 Pre-employment Health Screening

All new employees will have some form of pre-employment screening that complies with a uniform standard throughout the cooperative or factory.

Purpose

- To assess the general fitness of a potential candidate based on current and previous medical history
- To identify if the candidate is at increased risk from the hazards present in the workplace.
- To ensure that the potential candidate does not represent a risk to patients and that the work is suitable and safe for the employees
- The pre-employment assessment provides baseline information for the future

Who is involved in the process?

- The Occupational Health Professionals
    - The Employer
    - The Prospective Employee

The Role of the Occupational Health Professional

- To provide specialist confidential advice to the employer about the health of the prospective employee in respect of the ability to do the proposed job.
- To initiate the education process of the candidate at the Pre-employment stage on Health and Service issues and on general lifestyle

The Role of the Employer

- It is the responsibility of Management to take up references from previous employers and make any registration checks.

- To arrange the screening process with the Occupational Health Service.
- Management must provide the Occupational Health Service with the job profile, the risk profile of the job as well any specific requirements of the work.

The Role of the Prospective Employee

- To return all correspondence promptly
- To attend Occupational Health appointments as requested
- To bring to the Occupational Health appointment all necessary information, e.g. immunization records

Type of Assessment

- The assessment can either be in the form of assessing a comprehensive Health Questionnaire or by an interview conducted by an Occupational Health Nurse or Occupational Health Medical Practitioner. (Appendix 1: Health Questionnaire)

Process/Procedure of Pre-Employment Screening

- The candidate is selected to their post by the interview panel.
- The job is offered subject to Health Clearance and references
- Occupational Health assessment by health questionnaire or Health Interview
- Occupational Health notifies Human Resources of outcome of assessment using the Final Clearance form (Appendix 2)
- If further medical information is required to complete the assessment written consent is obtained from the candidate to enable the Occupational Health Service to contact their private doctor (GP or Consultant).
- Human Resources must be notified of the delay in the recruitment process where applicable
- Final Clearance Form is sent to Human Resources
- In specific areas the Work Protection Immunization Programme will be recommended prior to employment. This would include the identification of Hepatitis B and TB immunity for workers in high risk areas.
- Should the person not be passed fit for employment they will be counseled as to the reason why and a letter of explanation of circumstances sent to their private doctor where applicable

7.2.3. Work Protection Immunization Programme

The cooperative or factory has a duty of care to protect their employees from the hazards of infectious diseases by providing an appropriate Work Protection Immunization Programme (WPIP) as part of a wider safe system of work.
The need for immunization will be determined as part of a risk assessment but should be seen only as a useful supplement to reinforce to procedural controls and the use of protective equipment. It is **not a substitute** for good infection control practice.

Purpose:

- To protect the health care worker from specific infectious diseases that may be

contracted from the patient or through inadequate working procedures

- It is also to protect the patient from infected health care workers

Immunization Programme:

- A work Protection immunization policy must be agreed and approved by management, the Occupational Health Service and other appropriate departments such as the control and prevention of infection team. This will ensure uniformity of practice as well as support to the work force.
- A risk assessment of the job is necessary to identify the appropriate preventative immunizations
- The investigation of staff immunity may have to commence prior to employment e.g. Hepatitis B and TB
- Immunizations must be recorded in the baseline health records as well as giving the individual a personal immunization card.
- The Occupational Health team must be trained, competent and have the appropriate administrative systems in place to deliver an efficient and effective immunization programme
- An immunization programme may consist of the following:
- Identifying TB immunity

Health test and BCG vaccination

- Hepatitis B immunity

Pre and post screening c=vaccination

- Meningitis A&C vaccination
- Rubella and Varicella immunity identification
- Hepatitis A and Typhoid immunizations for Laboratory workers

Special Consideration- Hepatitis B and HIV

All health care workers who work in a clinical setting and deal with blood and body fluids must have the availability of immunization to protect them from the Hepatitis B virus (HBV)
The purpose of the vaccination programme is to:

- Ensure that Health Care Workers who may be at risk of acquiring Hepatitis B from a patient are protected by immunization
- Protect patients against the risk of acquiring Hepatitis B from an infected Health Care Worker.

Health Care Workers and High Risk Areas

Health Care Workers fall into two broad categories. There are those who work in the non-exposure prone invasive procedure areas and those who work in Exposure Prone Invasive Procedure areas (EPIP).

"**EPIP" areas** are those where there is a risk that injury to the workers may result in the exposure of the patient's open tissues to the blood of the worker. Such procedures include those where the worker's gloved hand/s may be in contact with sharp instruments, needle tips and sharp tissues (e.g. bones and teeth) inside the patient's open body cavity wound or confined anatomical space where the hand or fingertip may not be completely visible at all times.

A health care worker who is Hepatitis B, C antigen positive or who is known to carry the HIV virus must exercise extra care while performing procedures

- All staff who are to be employed in EPIP areas must have their immunity to Hepatitis B assessed prior to employment.
- Staff who worker in EPIP areas and infected by either the HBV or HIV virus or any other condition that may put the employee, colleagues or patients at risk must be counseled, offered alternative work for employee retaining purpose where applicable. Staff in this situation requires support from both management and Occupational Health. Extra precautions shall be applied to avoid any risk of cross infection.

Visiting Academic Staff and Students

- The cooperative or factory will have a uniform policy in which persons falling into the above categories have appropriate documentation demonstrating compliance with the agreed standards

Records

All information on immunizations must be recorded according to the agreed policy. It is good practice to set up a Hepatitis B, C register, which identifies all the EPIP areas in the cooperative, or factory from which reports can be prepared on a regular basis to management and infection Prevention and control.

This will then ensure the effectiveness of a Hepatitis B, C programme as well as indicate to management the risk to their service. This report is not a confidential issue bur necessary for good Health and Safety practice.
Sensitivities around Hepatitis B, C and HIV should be dealt with in confidence by the Occupational Health Service in conjunction with the HIV service and reported to management in general terms.

7.2.4. Management of illness and injury at work

The management of illness and injury at work is an essential component of an Occupational Health Service. The level to which this is introduced is dependent on service factors, which include the availability of medical care, isolation from other medical services and the requirements of the organization based on the risk assessment.

Injury at work and the role of first aid

The provision of a First Aid service in the workplace would ensure that all staff who sustains an injury at work would receive immediate treatment prior to referral for further assistance.

The First Aid service would consist of members of staff trained in First Aid, the provision of First Aid equipment at strategic points and the information communicated by First Aid notices throughout cooperative or factory including the administrative office block. The First Aid service should be monitored and supported by the Occupational Health Service

Accident/Injuries at work

For all accidents or incidents which occur at work, a negative incident form must be completed with copies sent to the relevant departments including as prescribed by the policy.

The reason for the incident should be investigated by the manager and/or the relevant investigator and the injured member of staff be followed up by Occupational Health Service for assessment or fitness to work. Accident statistics need to be presented to the different Health and safety committees on a regular basis.

Illness at work and the role of treatment

The boundaries of the role of treatment must be clearly defined. The Occupational Health Service does not take the place of the private doctor (GP/Consultant) and all staff should have their own.

The treatment of minor ailments at work gives an excellent opportunity for the discussion between the Occupational Health Service and employees. However, it is important to control this area in order to give appropriate attention to the prevention of illness and injury and the promotion of good health practice.
Specific treatment should be available from the Occupational Health Service for the treatment of work-related injury and disease. Examples of this would be:

- Sharp injuries and high risk incidents
- Control of Infection issues

In order to facilitate staff, the return to work at an early stage or to obtain specialist care a fast track system should be available for staff within the cooperative or factory services. This requires working in partnership with other departments and would include:

- Referral to Physiotherapy
- Referral to Orthopedics for musculo-skeletal injuries
- Referral to Dermatology for-skin sensitivity
- Referral to Psychology or Psychiatry for mental health issues
- Others

Records
Information on treatment and on accidents must be recorded in the Occupational Health record of the employee. It is good practice to inform the employee's private doctor in relation to injury and illness at work.

7.2.5 Sickness Absence Management and Rehabilitation

Sickness Absence is defined as absence from work which the employee attributes to sickness or injury and the employer accepts as such: - JP Taylor 1983
Or
"Absence from work when an employee was expected to be at work"

Sickness Absence is a cost to the cooperative or factory in financial and human terms. Overworked staff, low morale and increased stress levels all result in inadequate and poor quality of care to the patient.

Causes of Sickness Absence

The causes of Sickness Absence are many and varied and include occupational disease, mental ill health, medical illness and the results of accidents.
The factors causing ill health can be broken down into short and long term categories,

Short Term Sickness Absence is the occasional day away from work which more often than not is not due to ill health but social factors. It is difficult to manage and is very disruptive.

Long Term Sickness Absence is easier to manage where the causative factor is accidents, illness or planned surgery.

Monitoring Responsibilities

The monitoring and control of Sickness Absence is a line Management responsibility with both the Occupational Health Service and Human Resources Department providing advice and support. There will be an agreed policy which clearly illustrates the responsibility for reporting and monitoring disease. Sickness Absence monitoring is not a punitive tool but a programme which supports both Management and staff.

Management Referral

A manager may wish to seek medical advice about an employee where there is an employment or management issue involving health matters.

A referral may be due to:

- Sickness Absence either short term or long term
- Occurrence of possible occupational disease e.g. dermatology – latex allergy- following an accident at work resulting in musculo-skeletal injury
- If there is an alteration in the employee's work standards which be due to ill health
- Early retirement on grounds of ill health

Procedure/process

- The referral from Human Resources Department Management must be in writing
- The Manager prior to the referral must discuss the reasons for referral with the employee
- The use of standard referral forms which include specific questions should result in an explicit answer for the Occupational Health Service (see Appendix 5)
- The contents of the Occupational Health consultation are confidential to the employee and Occupational Health practitioner
- Management will be advised in writing and in general terms of the outcome of the assessment

Management of Sickness Absence Procedure/Process

Employer's Role:

Agreed policies and procedures

Line Management role amongst others include but is not limited to the following:

- Recording absence on daily/weekly/monthly basis
- Providing information onto management systems
- Controlling absence by recruitment, induction, occupational sick pay, employee reporting procedure, return to work interview

- Absence Review Meeting where there is a review of all employees' attendance records, identification of trigger points, explanation to staff of what is expected
- Outcome of interview could include a referral to the Occupational Health Service or referral to the EAP for Counseling
- Recommendation and review of all possible and appropriate controls as dictated by findings of regular hazards identification and risk assessment processes.

Occupational Health Service Role:

To assess present to work which may result in:

- Identifying an existing medical condition
- No medical condition is identified
- The person should be accommodated in his/her existing role or redeployed

Case Conference:

In complex cases a case conference can be held which includes representatives from the Occupational Health Service, Management, and Human Resources, the member of staff and a union representative or friend/family member where necessary. This forum is beneficial for open discussion and may result in agreement on any of the following:

- Re-deployment on medical grounds
- Re-organization of duties and responsibilities
- Change of work location
- Organization of further unpaid leave
- Change of hours to reduce the stress of training

Attendance Strategy

An attendance strategy for Management and employees should include:

- A policy which is clear and concise containing important trigger points
- Communication between employer and employees

- Return to work initiatives to let people know you care
- Training in absence strategy for line management
- Positive intervention by Occupational Health and health promotion in the workplace

Managing Attendance

To decrease sickness absence at work the following should be taken into consideration by Management for their staff members

- Job content should have variety and worth
- Commitment to organization/term
- Job satisfaction
- Integration of staff member as part of a group
- Perceived fairness regarding work allocation, performance reviews and career progression

Appendices 6 and 7 outline in more details sickness management and the OHS input into the control of sickness absence. These are attached herewith as Appendix 6: Flow charts on Sickness

7.2.6 EMPLOYEE PSYCHO-SOCIAL WELLNESS AT WORK (EAP)

The nature and effects of current pressures on employees concern with dealing with health care at any level are widely recognized and employers have an obligation to take appropriate action to support staff.
Failure to deal with stress issues results in increased sickness absence rates and rapid staff turnover with the inevitable effect of inadequate patient care.

In the changing world of healthcare, the pressures on individuals to rise to the challenges of work are enormous. It is claimed that increasing workload is a contributing factor the development of milder forms of mental illness resulting in sickness absence, burn out and depression

Workplace counseling forms part of an integrated approach to improving staff health and wellbeing. It provides staff that is having trouble coping with an ever changing and demanding health service with a much needed support system.

This section includes the following:

- The Role of Counseling
- Stress Awareness Training and programme outlines
- Dealing with Violence

7.2.7 Role of Counseling

Counseling activities can take a variety of forms – face to face, telephone communication, group work which is delivered by trained counselors, lay counselors, psychologists or psychiatrist as part of a comprehensive employee assistance programme (EAP).

The Counseling service has an import role to play in helping the employer fulfill their obligation to assess the health and safety of its employees and respond to problems caused by stress at work. They are part of a much wider organizational

approach to improving workplace health. They are effective in helping employees deal with workplace pressures outside their control and also non-work related stress that tends to cross over into the workplace.

The provision of counseling can be from an external or internal source. External counselors may have more expertise in specialized counseling situations. It may be perceived that external provision of counseling services is seen as more confidential as well as having more expertise. Internal services have a better approach to the understanding of the organization's culture, policies and procedures.

Counseling services need to be positioned to maximize its value to both employee and organization. It has the same characteristics as Occupational Health; it must function as an integral yet independent part of the organization feeding back general information that helps to meet performance goals and encourage positive changes in workplace culture.

Workplace counseling will be short term and utilize the "brief model" ranging from as few as three sessions up to a maximum of eight.

Important Aspects

When clients are referred for counseling they should be assessed for brief therapy and discussions taken whether they will be referred for treatment elsewhere Terms of reference must be made clear otherwise some clients may expect long-term therapeutic intervention. It is expected that all counselors have their own professional supervision.

7.2.8 Stress Awareness and Training

Training should take place at both a Management and an individual level. Management needs to be educated about counseling skills and be sensitive to staff needs so that they can ensure that the appropriate support is available. They also required to be trained in recognizing the signs and symptoms of stress in individuals as well as in coping skills and stress management. Individuals require training in how to recognize stress in themselves as well as time management and assertiveness. It is good practice to offer training in awareness of relaxation methods such as complementary therapies and specific exercise programmes.

7.2.9 Dealing with Violence

Any who comes in contact with members of the public through their work is at risk of violence and it is becoming an increasing hazard in health care. One of the most common causes of stress is the fear of violence.
Categories of violence include violent disorder, verbal harassment, threatening behavior, disorderly conduct, and harassment, carrying offensive weapons and causing fear of violence. Violence between members of staff and bullying is also a significant problem at work.

Responding to the Risk of Violence

The employer is responsible for carrying out a risk assessment of all workplace of all workplace situations and considering actions to reduce the risk. Following the appraisal of the risks, the employer must develop control strategies and suitable training for the staff.

Control Strategies

- Keep detailed records of all incidents keeping them under review
- Specific training for all staff
- Stress management sessions
- Counseling
- Specific training may include tact and diplomacy, withdrawal skills and basic self-defense

Tacking the problem of violence in the workplace needs a range of actions at all levels:

Organizational level

- Within the organizational health and safety system, develop and implement a policy which focuses on violence in the workplace
- Inform staff of the policy and provide training to enable implementation
- Conduct risk assessments and take action to eliminate or control hazards identified
- Establish reporting procedures and analyze and monitor results
- Ensure that appropriate authorities are informed
- Put arrangement in place which ensure timely and appropriate reaction in the case of violent incidents
- Clarify managerial responsibilities at all levels and establish feedback mechanisms for performance
- Monitor costs incurred as a result of violent incidents

Division/departmental/Ward Level

- Implement the arrangements identified in the organization's policy
- Provide information on hazards for input to risk assessment
- Review systems of work to improve safety
- Ensure that all staff attends available training and understand their responsibility to report incidents.

Individual Level

- Report all incidents in accordance with local procedures
- Inform manager of any hazard which exists
- Avoid situations where there is a known risk of violence

7.2.10 HEALTH AND SAFETY RESOURCE

The role of the Occupational Health Service in Health and Safety issues has the aim of reducing risks to health, thereby decreasing the incidents of work related illness and helping to make workplaces safer. Risk assessment deals with identifying hazards and risk and environmental surveys are the practical approach to assist departments to discover their risks.

Health surveillance is the regular health care of staff exposed to a hazard and the health and safety resource is the knowledge, tools and equipment necessary to deliver the service. These include the following:

- Risk Management

- Health Surveillance
- Incident and Accident Review and Monitoring
- Management of Health and Safety
- Health and Safety Policies & Procedures
- Health and Safety Problems in a Health Service

7.2.11. Risk Management

A risk assessment involves identifying hazards and assessing whether these hazards are putting workers and other's health and safety at risk. A hazard is something with the potential to cause harm while the risk is the likelihood of the hazard to do harm. The extent of the risk is the number of people who might be affected by the severity of the risk, which then results in the consequence.

7.2.12 THE OHS HEALTH RECORD AND CONFIDENTIALITY

The employee's Occupational Health record is an important basic clinical tool, which is involved in every contract, the employee has with the cooperative or factory.

Purpose: A record provides a clear and accurate documentation of the health of the individual at work. It demonstrates the chronology of events and treatment and is a form of written communication among the professionals.

Essential Elements for Record Keeping

It is important to attention to the following points when making notes in clinical records:

- Accuracy, brevity, clarity are absolute essentials
- Notes should be clear and unambiguous
- Alterations should be made by scoring out in ink, all alterations must be initialed and the date and time inserted. Do not use correcting fluid to make alterations
- Large gaps should not be completed at time of consultation
- If possible notes should be completed at time of consultation
- All entries must be signed, dated and timed
- Avoid abbreviations
- Notes must be kept in chronological order
- The name and date of birth of the patient must be entered on the top of each continuation sheet and continuation sheets must be kept in chronological order.

Clinical Notes

- The patient's name, date of birth and cooperative or factory identification number should be entered on the top of each continuation sheet and the continuation sheets should be numbered sequentially in chronological order
- The reason for each attendance should be clearly stated
- Record all advice and information given
- Notes should be kept in book form with the continuation sheets numbered

Consultations

- All entries to date and timed, reason for attendance to be clearly identified and

following entry the signature of Occupational Health Professional
- The correspondence should be filed with the most recent items first

Storage and Security of OHS Records: Employees' records must be kept separate from any other cooperative or factory filling system. All records should be secured and locked with access only by Occupational Health Personnel. Specimen signatures should also be kept of all Occupational Health staff.

Access to Records: Only Occupational Health personnel are able to access Occupational Health records. When Occupational Health staffs are recruited they must be made fully aware of their personal responsibility to keep clinical information confidential and secure. Each staff member should sign a form to this effect. The written consent of the employee is required before any information can give to a third party.

Ownership of Records: The Occupational Health Service is responsible and is the guardian of the clinical information held whether manually or on computer. The time period for which Occupational Health records may need to be kept depends upon relevant legislation and guidance from the Ministry of Health or Labor.

Some records may have to be retained indefinitely due to the exposure of the member of staff to hazardous substances, occupational disease or injury. There must also be an effective filling system which allows for ease of retrieval as well as a system for updating files with starters and leavers' lists.

7.2.13 WORK PLACE HEALTH PROMOTION

What is Workplace Health?

Workplace health relates to the whole organization, it is concerned with the overall health of people who work, as well as with the impact of work on their health. It covers a number of disciplines which include Health & Safety, Transport and Environment, Human Resources and Management, Lifestyles and Occupational Health

Workplace health promotion covers those activities designed to improve the health of and reduce risk factors for employees. Health promotion facilities an environment that promotes the health of employees as well as encourages individuals to take responsibility for improving and maintaining their own health. An occupational health service has a key role in the development, participation and organization of programs designed to inform, educate, train and advice workers bout health issues at work.

Advantages to the Organization of a Health Promotion Programme

Organizations wishing to increase to increase their efficiency need to ensure that staff have their social, emotional, economical and functional needs met within the workplace if they are to function to function to their maximum capacity.

Advantages include:

- Improved productivity
- Reduced absenteeism
- Reduces staff turnover and the retention of valued staff, which has an effect on the reduction of recruitment, training and induction costs

- Improved attitude amongst staff towards the organization and higher staff morale
- A more receptive demand for a greater ability to cope with changes in the workplace
- A decrease in incidents

Benefits to the employee:

- More knowledge and awareness of issues relevant to illness and injury
- Lead to a change in lifestyle towards improved health
- Improve feeling of well being
- Improve morale
- Reduce sickness and general absenteeism

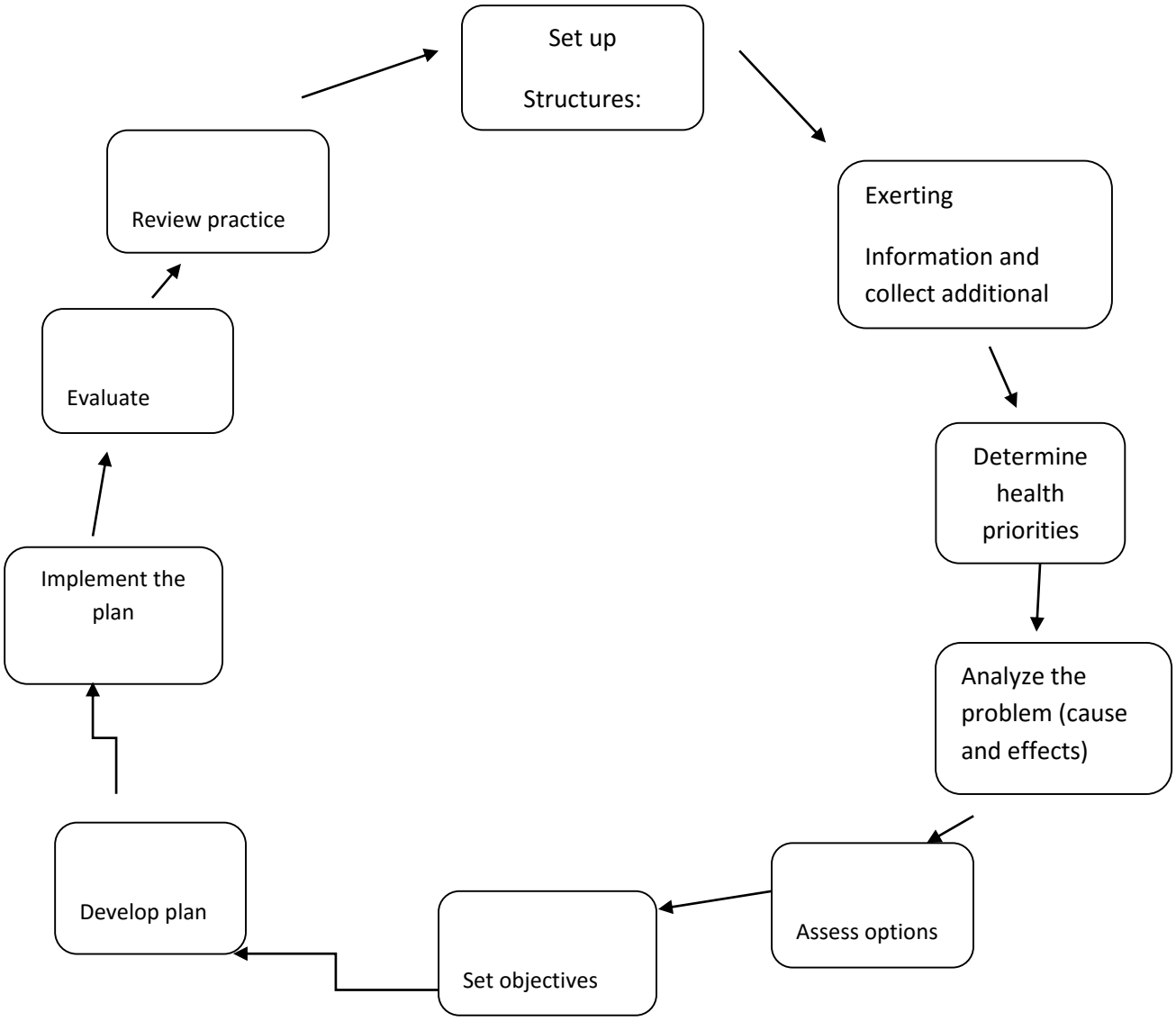
Key Elements for an effective Health Promotion at Work Programme

- The importance of senior management commitment and co-operation from the organization
- There are financial implications, which will be offset by the achievements of the programme
- Is based on an analysis of staff's expressed needs
- Is directed at the underlying causes of ill health
- Combine diverse methods of approach on integral parts of organizational activity directed on the work environment and the individual
- Is long term in nature and include systematic monitoring and review of practice

Information Required for a Health Needs Analysis

- Health status of staff, lifestyle issues to include health choices but also factors that affect these.
- Knowledge of and attitudes towards health issues
- Perception of health needs, e.g. what factors at work affect health? How and why?
- Organizational influences on health, e.g. internal communication, management style and practices, work organizational influences on health e.g. internal communication, management style and practices, work organization, balance between work and home.
- Specific health issues at work, how do staffs experience them?
- Proposed action, what to do staff feel would be affective?
- Specific health activities, what health activities would staff take advantage of? How and when? (e.g. times of day/location)

Information in the Health at Work Cycle



Planning a formal health promotion programme

Plans should include:

- Identify the health promotion needs of the organization
- Convincing the employer, employee and trade unions of the need
- Set appropriate achievement goals
- Chose method of education
- Agree on how the program is to be evaluated

Identify organization's needs:

- Staff need analysis
- National and local health statistics
- Sickness Absence records
- Accident records

Convincing employer, employee and trade unions: Present the statistics obtained from the resources as well as the benefits to be gained

Setting appropriate achievement goals:

- Early detection of disease from health screening
- Encouraging individuals to modify their attitudes on change behavior e.g. non-smoking support groups
- Motivate individuals towards healthier living
- Raising awareness to health and safety issues such as prevention of sharps injuries

Methods of getting the message across:

- One to one education/counseling
- Group work, Lectures informal/formal seminars using a variety of educators, Audiovisuals presentations and Organizing health events/health fairs
- Use of any communicative media

On-site journalism newsletters, posters, booklets and computer media

Topics for consideration

- Health/lifestyle screening
- Smoking cessation
- Substance abuse- alcohol drugs solvent
- Dietary management
- Fitness and exercise
- Stress management
- Change management
- Specific health and safety topics-moving and handling, working with display screen equipment, skincare, noise, control of infection issues as Hepatitis B immunization

programs and the prevention of sharps injuries.

Health promotion programs have enormous potential benefits to the organization and staff. When the result of a healthier workforce has the resultant positive benefits for the organization this is the ultimate goal for quality patient care.

7.2.14 HEALTH RELATED POLICIES

The promotion of staff and wellbeing will not be sustainable unless the plans and policies that plans and policies that underpin the organizations everyday activities have their foundation in agreed policies supported by the organization.

Workplace health is intrinsically linked to good employment practices, some of which are specifically health related, examples being smoking policy, substance abuse policy and other policies on employment issues related to staff affected by Hepatitis B/HIV. From the results of the health needs assessment the outcome of issues can be grouped under key policy areas.

1. Human Resource Policies
- E.g. Sickness absence and return to work, flexible working hours, recruitment training and development. Hepatitis B, HIV affected health care workers, stress management and job design

2. Health policies
- Health promotion strategy
- Violence and harassment, moving and handling, smoking, substance abuse, healthy eating.

3. Legal Requirements
- Health and Safety, discrimination of sex, disability and race.

4. General Management
- Communication, supervisory skills and change management etc.

7.2. 15 AUDIT OF OCCUPATIONAL HEALTH PROGRAMME

Audit is an important device for Occupational Health and is essential for continues improvement and development of Occupational Health Services. It is good practice and ensures activities meet set standards.

The Benefits of Audits to the Organization

- Development of the Occupational Health Services
- Operate a business with quality services
- The satisfaction of the customers

The Benefits of Auditing the Occupational Health Services

- Audit as a tool for continuous improvement

- A tool for quality assurance
- It provides evidence of the value and quality of the Occupational Health Services It can provide evidence that the Occupational Health Services is meeting the needs of the Health Services
- It can be used for benchmarking internally and externally to achieve best practice
- Audit results may identify trends and help focus and prioritize actions to improve the Occupational Health Services