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#### Short Communication

# A Call for Action to Improve Occupational Health and Safety in Ghana and a Critical Look at the Existing Legal Requirement and Legislation



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#### ABSTRACT

Occupational health and safety (OHS) is a broad field of professional practice, which involves specialists from different disciplines including but not limited to engineers, occupational health physicians, physical and biological scientists, economists, and statisticians. The preventive systems required to ensure workers are protected from injuries and illnesses dwell heavily on engineers; however, the extent to which the engineer can go regarding planning and implementing preventive measures is dependent on specific legal requirements, leadership commitment from the company, organization, and nation. The objective of this paper is to identify the areas of opportunities for improvements in OHS management in Ghana with regard to the nation's legal requirements, commitment of the Ghana government, and Ghanaian leadership as well as appropriate structuring of Ghanaian institutions responsible for monitoring and managing OHS in Ghana. This paper identified Ghana's fragmented legal requirements concerning OHS, which are under different jurisdictions with unclear responsibilities and accountabilities. The paper also highlights the training needs of Ghanaian academic institutions regarding OHS. Among other recommendations made including structuring of Ghanaian institutions to manage OHS in line with the ILO-OSH 2001, this paper aligns the recommendations with the articles and elements of International Labour Organization convention number 155 and OHSAS 18001 elements.

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#### 1. Introduction

The concept of occupational health and safety (OHS) in industries had been conceived in Ghana long before the introduction of the Factories, Offices, and Shops Act 1970. Industrialization in Ghana has since remained in ascendancy and there have been accompanying systems and standards concerning OHS in other areas of the Ghanaian industry.

Increasing industrialization in Ghana is an indication of increasing numbers of Ghanaian population being exposed to workplace physical, chemical, biological, and psychological stressors. In the interest of ensuring protection of workers from work-related injuries and illnesses as well as preventing accidents in the industry, other legal instruments have been introduced in various sectors to control employers and employees. These include but not limited to the Mining and Minerals Regulations 1970 LI 665,

the Workman's Compensation Law 1987, the Ghana Health Services and Teaching Hospital Act 526 (1999), the Ghana Labour Act 2003 (Act 651), the Radiation Protection Instrument LI 1559 of 1993, which is an amendment of the Ghana Atomic Energy Act 204 of 1963, the Environmental Protection Agency Act 1994 (Act 490), which has components that include but not limited to the Pesticide Control and Management Act 1996 (Act 528), seeking to protect not only the environment but also persons, as well as the National Road Safety Commission Act 1999 (Act 567). These legislations are operated under different government institutions and not necessarily under a common directive.

The aforementioned legal instruments or laws are operated under different organizations such as the Inspectorate Division of the Minerals Commission, the Department of Factory Inspectorate, the Ghana Atomic Energy Commission, the Labour Commission, the Environmental Protection Agency, the Ghana Standards Board,

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the Food and Drugs Board, and the Ghana Road Safety Commission.

The existence of the different types of industries (such as mining, construction, energy, food processing, manufacturing, agro, transport, and the current oil and gas) in Ghana has led to the existence of a large Ghanaian workforce with many similar exposure groups, indicating varying modes, extents, and frequencies of exposures to different chemical, physical, ergonomic, and biological agents at different workplaces.

Numerous work-related injuries, illnesses, property damages, and process losses occur at different workplaces but due to underreporting or misclassification as a result of lack of thorough standards, or unfamiliarity with the existing guidelines, people are not normally aware of such events and their actual or potential consequences. Thus, effective corrective actions are required in this regard. However, it is still unclear how the Ghana government partnered with the aforementioned organizations in implementing the OHS activities and reported on its outcomes. The country has not yet ratified the International Labour Organization (ILO) convention number 155, although this under consideration, and therefore, the international OHS requirement is not applicable in Ghana.

Given the wide range of potential and/or actual undesired events associated with the myriad of work groups in Ghana, there is the need to have a comprehensive provision for OHS standards and practice in the nation with an unflinching national leadership, support, and commitment. However, the situation as it stands suggests otherwise, and hence, this paper focuses on: (1) Discussing some existing situation and gaps in OHS management in Ghana; (2) Explaining some examples of typical incidents illustrating OHS issues; and (3) Suggesting approaches for improving the practice, management, and monitoring of OHS in Ghana.

## 1.1. Existing situation and gap analysis in OHS management and practice in Ghana

As indicated by Clarke [1], the two major edicts that have provided guidance for the provision of OHS services, practice, and management in Ghana include the Factories, Offices, and Shops Act 1970 (Act 328) and the Mining Regulations 1970 LI 665 [2]. The latter has driven the OHS activities in the mining sector. This has provided reference for various activities initiated by the Inspectorate Division of the Minerals Commission in the mining industry. The inspectors provide guidance for the companies in the industry in conducting accident investigations, implementing safety guidelines, auditing and inspections, and assessment of existing controls and effectiveness as well as recommendation of further controls. These activities are completed before permission is granted to operate a mine and during operation and postoperational reclamation. The Ghana Chamber of Mines and the Inspectorate Division of the Minerals Commission have formed a technical committee that includes representatives from all the registered mining companies. This committee meets once a quarter to assess the situations at various mine sites, existing gaps, and then recommends controls. However, this good initiative is impeded by the lack of resources. The aforementioned expectations of the division are not fully operational, and therefore complete effectiveness is not fully realized due to various challenges (e.g., lack of adequate instruments or other resources). The OHS findings by the division mostly pertain to the mining industry but they are not necessarily benchmarked with other industries in the nation. There is an ongoing debate about who is responsible for correlating the activities of the other industries. The Workmen's Compensation Law 1987 (PNDC 187) is managed under the Ghana Labour Commission. This law pertains to the compensation for worker injuries caused by accidents at work, and therefore, indirectly has an influence on monitoring worker/workplace safety. However, this provision has very limited consideration of illnesses and their classifications germane to workplace exposures to physical, chemical, and biological agents. There is limited information about the type of accident investigations carried out by the commission, the criteria used for these investigations, and their applicability in the various industries based on operational risks.

Many kinds of OHS issues are affecting Ghana. One most important issue pertains to dealing with OHS challenges. Obviously, the country has realized the benefits of OHS late, and thus, there are challenges in implementing OHS practices. One of the major challenges in implementing OHS practice is that Ghana does not have any comprehensive national OHS policy. This challenge was observed by the Ghana Health Service [3], which reported in 2007 that Ghana's challenges in including mainstream OHS practices in its national developmental agenda are certainly caused by the lack of national OHS policy. The issue of policy framework in African countries is commonly regarded as the most difficult challenge, with the assumption that policies do not work. For example, Clarke [1] indicated that a majority of Ghana's legal provisions on OHS are limited in scope as a vast majority of industries, including agriculture and most of the informal sectors, were not specifically covered. However, few statutes are related to the implementation of OHS. These are the Factories, Offices, and Shops Act 1970 (Act 328) and the Mining Regulations 1970 LI 665 [2], both of which have driven OHS implementation in the manufacturing, shipping, and mining sectors. Other statues that have a bearing on OHS are the Workmen's Compensation Law 1987, the Environmental Protection Agency Act 490, 1994, and the Ghana Health Service and Teaching Hospitals Act 526, 1999. However, these few legal provisions require huge modifications in order to meet international requirements and standards. Further, the Ministry of Health [3] also identified some OHS challenges in Ghana. These include weak OHS infrastructures, untrained and inadequate OHS professionals, and lack of proper monitoring and surveillances for OHS diseases and injuries. Muchiri [4] buttressed these problem scenarios by indicating that poor OHS infrastructure and funding, insufficient number of qualified OHS practitioners, and the general lack of adequate information are among the main drawbacks to implementing an effective OHS practice. Moreover, Kheni et al [5] conducted a survey on health and safety practices among small- and medium-sized enterprises in the construction industry and revealed serious OHS problems. The main problems identified in their study were lack of skilled human resources, inadequate government support for regulatory institutions, and inefficient institutional frameworks responsible for health and safety standards. In addition, insufficient OHS education has been one of the challenges in implementing OHS practices [3]. Another key OHS issue is the employees' incessant exposure to OHS risks and diseases. Fire outbreaks in both private and public institutions have dramatically increased without major interventions. For example, Ghana's biggest market (Kumasi Central Market) was gutted by a fire, which was estimated to have destroyed over 400 market stalls and a significant amount of goods and cash; in addition, state agencies such as the Ministry of Foreign Affairs and Land Commission were burnt into ashes with devastating effects [6]. A study by Avotri and Walters [7] showed that sanitation problems, which are aggravated by the lack of accessible running water and inadequate toilet facilities, have the highest tendency of causing malaria and diarrhea, cholera, dehydration, and headaches. In Ghana, which is a commercial and rapidly growing economy, noise-induced hearing loss is identified as one of the most prevalent OHS risks in the construction industries with damaging effects on the health of construction workers [8]. These findings were also statistically

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