Public health officer in occupational health and safety in Kenya

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Background

Globalization has caught up with us before we have caught up with the concept of globalization. A public health officer (PHO) is a person who has completed a course in Environmental Health Sciences, at whatever level; yet s/he is still sceptical about the future of the profession. S/He hears of that people with other qualifications are performing his/her professional work; by contrast, rarely do others complain that a PHO is doing the work of some other professional. In fact, to echo what one PHO said at a function some time in the last century, “Public health officers are not proud to be what they are, while other professions would wish that they were public health officers”. A way must be found for a PHO to survive in this dynamic world, which has been made harsh by his/her own actions or omissions, which have professional connotations.

One area that should be explored is occupational health and safety at workplaces. A PHO needs a living, advancement and being prepared to meet challenges and attempts to advance in this field.

Occupational health and safety is a part of the national health service, as implied in section 10 of the Public Health Act Cap 242 of the Laws of Kenya. The section enumerates the functions of a medical department.

The current diploma course at Kenya Medical Training College has the blessings of the Directorate of Personnel Management and it was developed with the participation of the Directorate of Occupational Health and Safety Services. We acknowledge the work done by Professor Thomas Ogada when he was the Director of Medical Services. The course was designed for the training of public health officers, clinical officers and nurses in occupational health and safety. It was started in 1989; at present only public health officers are being trained. Other professionals have shown interest; even officers at the Directorate of Occupational Health and Safety Services have been submitting in their applications. Amalgamation of other professionals apart from public health officers seems to be inevitable.

Roles of a public health officer

Implementing officer

A public health officer at this level ideally would be responsible for ensuring that the organization he/she is working for has an occupational health and management system in place. The public health officer would monitor conformance to the occupational health and management system on a daily basis. Nevertheless, the success of the occupational health and management system depends on commitment from all levels and functions within an organization, especially from the senior management. An effective occupational health and management system would assist an organization to:

a. define a policy and objectives
b. establish, assess and review the effectiveness of procedures implementing OH&S policy and objectives
c. achieve conformance with OH&S policy and objectives of the organization and
d. demonstrate this conformance to others (via self-declaration or certification/registration as appropriate) (OHSMS, 2000).

The ultimate goal would be to improve working conditions and workers’ health and thereby to minimize the costs resulting from accidents, high insurance premiums caused by the workplace’s higher level of risk, workers’ compensation and by litigation. The figure describes the costs attributed to an accident in a workplace as reported in CCH Australia (1998).

The duties of the public health officer at this level would be similar to those of a health and safety officer or manager (CCH 1998).

Legal regulatory officer

There should be only one responsible agency for purposes of law and accountability. A public health officer working at this level would act as an arm of government and would be responsible for enforcing legislation and for ensuring compliance with workplace safety and health standards. Enforcement would involve plant and workplace inspections, issuing of improvement and prohibition notices, reduction of injuries, accident investigations, advice on requirements for compliance, and prosecution of those in breach of legislation. The officer would liaise with the Directorate of Occupational Health and Safety Services of the Ministry of Labour, and should initiate the processes of issuing licenses, certification and registrations.

External auditor

At this level, a public health officer would be independent and should be employed in a recognized firm conducting audits of workplaces for the purpose of ascertaining conformance and non-conformance of the occupational health and management system. This would be a very useful level since it would drastically improve the health and safety of workplaces. The firm should have a variety of specialists (multidisciplinary)
who would conduct audits without hesitation.

**Professional body or organization**

No profession can advance without checks and balances. The organization would be responsible for recruitment, training, registration, withdrawal of registration and overall monitoring of a public health officer’s activities. There is already a Kenya Occupational Health and Safety Association.

**Way forward – recommendations**

1. There is a need for the government to be advised on the need to initiate the occupational health and management system by setting a clear policy and allocating the necessary resources for its implementation. Ratification of the relevant conventions would assist in requiring reporting on the progress by the International Labour Office (ILO) in accordance with Article 22 of the ILO constitution as reported by Elliot (2000). The Kenyan OHS legislation is being reviewed to include the ILO-OSH conventions. It is though still effective as it was amended in 1990.

2. The association should advise the government to compel industries to employ an officer or manager who has been trained in occupational health and safety, or one who has undergone a course in Environmental Health Sciences. The professional group to be targeted should be the public health officers. Small industries should be allowed to utilize services from a health and safety firm, preferably managed by public health officers.

3. Training programmes in occupational health and safety should be restructured and should conform to international standards. Kenya Medical Training College should continue its programme, with new modifications. The professionals to be trained should go beyond public health officers, nurses and clinical officers. The college should cooperate with other training of higher learning, for instance, Curtin University of Technology, so that a link is made for Kenyan and other African students to be trained in Kenya. This would be not only cost-effective but also an avenue for tapping modern information and technology. The World Bank or the ILO should be approached for assistance with capacity building.

4. Organization of short courses, seminars and conferences should be encouraged. Private firms should be allowed to train workers in competency and the Directorate of Occupational Health and Safety Services of the Ministry of Labour should be in a position to accredit the trained worker, for instance, by issuing a card or a certificate.

5. Worksite health promotion should be started and advanced in Kenya, with the Ministry of Health and Directorate of Occupational Health and Safety Services of the Ministry of Labour taking the initiative. In its curricula the Ministry of Education should include safety and health everywhere, as this would contribute to behavioural change and en-
hancement of a positive safety culture. The media, such as the radio and television, newspapers and journals, should be utilized.

6. The management should be encouraged to have in place functional Job Safety Analysis (JSA) procedures. Insurance firms should be using it as a way of determining the level of premiums.

7. The management should adhere to a hierarchy of control measures of elimination, substitution, isolation, engineering, and administrative controls when managing a hazard; personal protective equipment should be used as a last resort. Legislation should have a clause to that effect.

8. A safety management audit process should be put in place in all workplaces.

9. A central database should be in place for data collection and access to information related to occupational health and safety, and all stakeholders should have means of access (e.g. DOHSS database on OSH).

10. Heavy fines should be imposed on companies or persons contravening legislation so that others who may be similarly tempted are deterred.

11. Standards, Codes of Practices and Guidance Notes should govern all tasks involved in health and safety, and any other relevant efforts. This would encourage order where laxity is experienced. Technical issues would be incorporated in the Code of Practices and Guidance Notes.

12. Research should be a built-in component of roles and responsibilities of those in occupational health and safety professions.

Conclusions

Despite the general view that a public health officer seems not to have a role in occupational health and safety at the workplace, while other professionals yearn to work in this profession, it is evident that a public health officer has a major role to play in any workplace, apart from the other pressing duties assigned to him/her by the Public Health Act Cap 242 Laws of Kenya. The roles of the implementing officer, the legal regulatory officer and the external auditor are appropriate for the creation of employment.

Training at various levels requires a sincere approach by the training institutions. These institutions should adhere to the international standards that would enable a trained person to work anywhere in the world. This would be in line with the concept of globalization.

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

References


Rautio M. Dr. Sakari would like to establish a centre for studies in Occupational Medicine to Kenya. Afr Newsletter on Occup Health and Safety 1998,8(2):54.


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cupational health nurses play an important role in the occupational health service team. Through the influence of scientific, technological and social developments, occupational health nursing has undergone great improvement. In consequence, the role of the nurse in promoting and protecting workers’ health is accepted. It is established that following the introduction of occupational health nursing, the rate of absenteeism has decreased and the number of workers who take counselling services, use personal protectors and show positive behaviour changes has increased (1).

Turkey, a country that is in the process of becoming a Member State of the European Union and a country that is developing, has taken important steps in the occupational health area. The introduction of workplace physicians was required by the provisions of a regulation published in 1980 in accordance with the ILO conventions. In this scope, approximately 30,000 physicians have attended certification programmes for workplace physicians, organized by the Turkish Medical Association. The number of workplaces implementing contemporary occupational health principles has been increasing. The mortality and morbidity rates of occupational accidents have been decreasing in the past years.

Aside from these achievements, no arrangements concerning the training, tasks, authorities and responsibilities of occupational health nurses have been done for years. Workplaces employing 50 or more workers are obliged to employ an occupational health nurse. Although there are approximately 8,000 workplace physicians, the exact number of occupational health nurses is not known because their standard education and working conditions are not defined.

In the scope of occupational health practice, the lack of an association for occupational health nursing was a topic of debate for years. Most studies on this subject involve limited academic efforts.