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Assessment of Occupational Health and Safety Practices on Job Performance at the Rural Government Establishments in Nigeria

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ABSTRACT: Frequent accidents/injuries sustained by staff in rural government establishments in Nigeria is a source of worry to everyone. Most employers especial in hospitals fail to put in place adequate health and safety measures in place at their work place to safeguard not only the employees and management but also patients and their caregivers. Ineffective Occupational Health and Safety policy have a negative effect on the organization as well as the work force. Some of these include, cost of wages paid for time Lost, cost of damage to material or equipment, cost of overtime work required as a result of accidents. It is against this background that the researchers decided to research into the wellbeing of health institutions, the staff, management, patients and other stakeholders that are exposed to several risks and hazards. The research aimed among other things to access the effect of Occupational Health and Safety on job performance. The staff of the hospital formed the population of the study. Fifty-two respondents formed the sample size of the study. Data was collected through questionnaire, interviews and review of relevant literature from books, articles, websites. It was found that the occupational health and safety practices at the hospital were inadequate. Staff commitment and compliance to health and safety rules was also low. It was recommended that management of the hospital constitute a safety committee and maintain regular monitoring, inspection and evaluation and conduct reviews for improvement.

KEYWORDS: Accidents, Staff, Occupational Health and Safety

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I. INTRODUCTION

In times past, employers were not concern with the health and safety of their employers at work. Employees were not provided with safety and health equipment and they risked getting hurt at work anytime they goes about his/her duties [1-4]. An injured employee in countries like U.S. for example had to litigate to obtain compensation which in most cases was not successful and the cost of doing so even prevented employees from going to court [2]. However, the international labour organization made some recommendations in 1959 which provided that "occupational health services should be established in or near a place of employment for the purpose of: protecting the workers against any health hazards arising out of work or conditions in which it is carried on, contributing towards workers physical and mental adjustment, contributing to the establishment and maintenance of the highest possible degree of physical and mental wellbeing of the workers [2-6].

The employer has responsibility to protect the employees from all health hazards that may pose threat to their safety and health (international labour organization 959). Safety hazards are those aspects of the work environment that have the potential of immediate and sometimes violent harm to an employee; for example loss of hearing, eyesight or body parts, , sprains, brushes, bruises, broken bones, burns and electric shock [3-9] In organizations,

occupational accidents may arise from three dimensions: the task to be done, for instance malfunctioning machines, lack of protective equipment like working conditions which arise from inadequate lighting, fatigue that comes out of excessive working house and the employee himself/herself.It is noteworthy mentioning that some organizations have placed responsibility for employee health and safety with their chief executive officers. This approach is typical of smaller organizations seeing health and safety of their employees as a priority do set up safety departments usually under the purview of the human resource management team. For example, in the United States of America, a safety director should be appointed for every two thousand workers. In India, it is mandatory under the factories Act of 1948 appoint safety officers in factories with a workforce of one thousand or more. [8-18]. Government plays a significant part in health and safety because it legislates to improve health and safety factors. Trade unions have been more appreciative of health and safety measures than employees they represent [18]. It is easy to see why this is so. The objectives of health and safety initiatives and trade unions both improve the quality of working life of employees. They pressurize employers for better programmes and use their clout to lobby for legislation to improve the health and safety of employees. On the other hand, socially responsible management had active health and safety programmes long before they were made mandatory by law. Some others only complied because they were required to meet the minimum requirements of the law [19-23]. Quite apart from the willful avoidance of health measures, some employers face the dilemma of ignorance about the consequences of some dangerous working conditions [4]. Furthermore, even where there is knowledge, prohibitive costs could prevent them from doing what is necessary, for example, uranium workers can expect that 10-11% of their numbers will die of cancer within 10 years [7]. As long as there are no alternative methods and as long as there is a need for uranium, some employees will risk shorter lives in these jobs. That is although work is being done to determine the dangers and to prevent or mitigate the consequences of such works, the costs of some of these preventive programmes are so high that it would not be economically viable to adopt them [20-24]. Employees today are central to achieving competitive advantage [6]. This reality has led to the need for health institutions and other organizations to link strategic goals and objective in order to improve health service delivery and develop organizational cultures that foster innovation and flexibility [25]. Health professionals need to be treated as crucial in meeting this aspiration. The key levers (including health and safety of people) of human resources management must be internally integrated with each other and externally integrated with the institution's strategy to enhance productivity and personal satisfaction. To be able to do this management has to focus on the immediate workplace, the adjacent communities, the regional environment and the international environment [26]. It must be noted that legislation and changed attitudes towards employees will make safety and health priority areas for organizations. In the organization's role of "managing bottom lines" they should realize that support and commitment to safety and health is ultimately cost effective. Typical health hazards to health professional in their quest to provide healthcare services include toxic and carcinogenic chemicals and dust, often in combination with noise, heat and other forms of stress. Other health hazards include physical and biological agents. The interaction of health hazards and the human organisms can occur either through the senses, by absorption through the skin, by intake into the digestive tract via the mouth or by inhalation into the lungs.

II. METHODOLOGY

A. Experimental Procedure

The area of study was the Memorial Hospital situated in Mampong-Akuapem in the Akuapem North District of Ghana's eastern region. It was established in 1961 by the government in honor of TettehQuarshie, the man who first brought cocoa to Ghana. It is a district hospital in the Eastern Region. In the hospital, the major occupational hazard or threat is infection and this can be bi-directional. It can be from the health personnel to the patient and from the patient to the health professional. The hospital has thirty-two (32) departments and units performing various specific functions. This includes administration, laboratory, mortuary, x-ray, maternity/wards, theater, dispensary, kitchen, laundry and environmental health unit. The wards at the hospital are surgical, maternity, and medical. These are subdivided into male and female. It has a blood bank, a dental unit, a pediatric unit, and an ENT (eye, nose, and throat) unit. The top ten diseases that are repeated at the hospital include; malaria, eye infections, ear infections, home/occupational accidents, respiratory infections, skin disease, gynoecia conditions hypertension, dental cases, pregnancy, and related complications. The hospital has a computerized system that

supports the operation of the institution. Due to time and financial constraints data shall be drawn from eighty (80) staff for the research work. Data was drawn from two sources; primary sources and secondary sources. Primary sources include data to be collected through questionnaires, interviews, and personal observations. Interviews were conducted with respondents in the sampled departments to acquire data for the research work. The sources of secondary data include data drawn from books, files, journals, magazines the internet, and websites.

B. Population and Sampling Technique

The target population for the collection of data for the research is the staff in the department and units. The medical doctors, medical officers, nurse's pharmacists/dispensers, technicians, administrators, cooks, mortuary attendants, and environmental health officers formed the sample frame for the study. The researcher adopted both stratified and simple random sampling techniques. With regard stratified sampling technique, the researcher segmented the entire hospital staff from the various departments and units into two strata i.e., medical and paramedical. The medical staffs include the doctors and nurses in the theater, surgical ward, maternity ward, and medical ward, dental unit, pediatric unit, psychiatric unit, and NET (eye, nose, throat) unit. The paramedical staff includes technicians, pharmacists/dispensers, administrators, and other clerical staff who work in support of the medical staff. They were drawn from x-rays, administration, laboratory, mortuary, pharmacy/dispensary, kitchen, and laundry, blood bank. This segmentation was necessary because the nature of work being performed and levels of exposure to risks in these departments and units are different. With a sample size of eighty (80) respondents; a simple random sampling method was then adopted to select forty (40) respondents from each of the stratum. With this method, a sample of the population is selected so that each member of the population has an equal chance of being selected. The basic concept underlying this method of sampling is that the elements or the individuals in the population are judged to be homogenous**.**

The research is descriptive. It made use of both qualitative and quantitative tools in analyzing the data gathered through questionnaires, interviews, etc. The analysis of the data collected was done at the end of the data collection. The responses were classified and summarized based on the information provided by the respondents. The analysis was done using both qualitative and quantitative tools. With the quantitative tools, the current version of the statistical product and services solution (SPSS) data analysis program, Microsoft Excel, absolute figures, tablets, percentages, and statistical tools such as graphs, charts, maps, and diagrams were used, whereas qualitative made use of descriptions, analysis of feedback from the interview. It is important to state that only fifty-two (52) copies of the questionnaire were filled completed, and returned. The socio-demographic variables revealed as followings, that age of staff less than 26 years is 19 which represents 36.5%, those between the ages of 26-35 years is 21 which represents 40.4%, 36-45years is 10 which is 19.2% and 46-55 years is 2 which is 3.8%. Gender is 26 staff which is 50% for both male and female. Marital status show 28 staff which is 53.8% to be married, 23 staff which is 44% to be single and 1.9% represents a divorced staff. Level of Education showed 3staff which is 5.8% to have primary education, 21 staff which is 40.4% to have secondary education and 28 staff which is 53.8% to have tertiary Education. Department showed the number of staff who responded from various departments. Radiology, Laboratory, Theatre, Works are 4 staff each representing 7.7% , Pharmacy, Environmental, Account, Security are 3 staff each representing 5.8%, Wards 11 staff representing 21.2%, Social works 2 staff representing 3.8%, Administration 8 staff representing 15.4%, Physiotherapy, Statistics, Monitoring and Evaluation a staff each representing 1.9%. Duration of employment show staff who have for less than 5years to be 40 representing 76.9%, 6-10years 7 representing 13.5%, 11-15years 4 representing 7.7%, a staff representing 1.9% have worked for more than 20years and nothing was recorded for 16-19years.

III. RESULTS AND DISCUSSION

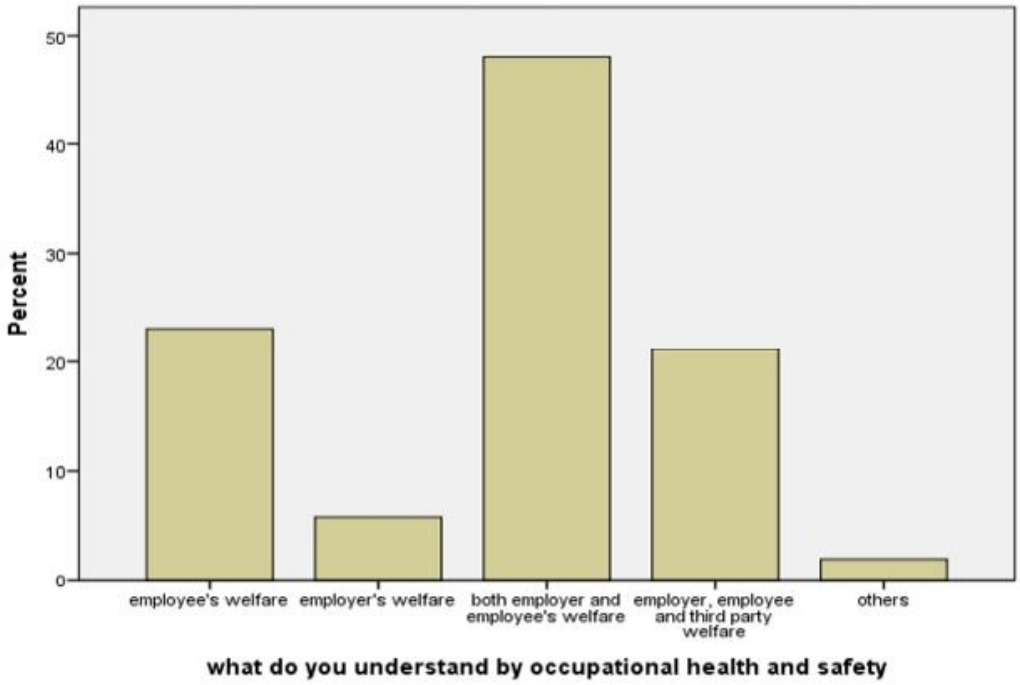

Fig.1: The occupational health and safety

According to Figure 1.0, twelve (12) staff representing 23.1% believed that employees' welfare is what they understand to be occupational health and safety, three (3) staff representing 5.8% believed it is all about employer's welfare, twenty five (25) staff representing 48.1% believed it is all about both employer and employee, eleven (11) staff representing 21.2% believed it is all about employers, employees and third party welfare while a staff representing 1.9% have a different view.

Table1.0. Knowledge of employees

		n=52	%
work area may need adequate lighting but ventilation is a secondary concern	true	29	55.8
	false	23	44.2
staff are required to put on protective clothing	true	42	80.8
	false	10	19.2
employer and employee have responsibility and right	yes	52	100.0
	no	0	0.0

Table 1.0 shows the knowledge of employees on some facts about occupational health and safety. From the table, twenty nine (29) staff which representing 55.8% agreed that work area may need adequate lighting but ventilation is a secondary concern, while twenty three (23) staff representing 44.2% disagreed. Forty four (42) staff

representing 80.8% agreed that staff are required to put on protective clothing in the performance of their duties, while 10 staff which represents 19.2% disagreed.

All the 52 staff that responded which represents 100% indicated that both employees and employers have responsibilities and rights for effective occupational health and safety.

Table 2.0. Knowledge of employees' responsibilities and rights

		n=52	%
wearing protective cloth and equipment	yes	48	92.3
	no	4	7.7
reporting any contravention by management	yes	49	94.2
	no	3	5.8
right to refuse unsafe work	yes	35	67.3
	no	17	32.7

Table 2.0 shows the knowledge of employees' responsibility and rights as regards to occupational health and safety. Forty eight (48) staff representing 92.3% agreed that wearing protective clothing and equipment is their right and responsibility, while four (4) staff representing 7.7% disagreed. Forty nine (49) staff representing 94.2% agreed that reporting any contravention of the law by management is their right and responsibility, while three (3) staff representing 5.8% disagree on this issue. It shows the majority of staff knows their right and responsibilities as regards to the thirty five (35) staff representing 67.3% agreed that the right to refuse unsafe work is their right and responsibility, while seventy (17) staff representing 32.7% disagreed. Majority of staff knows that it is their right and responsibility to refuse unsafe work.

Table 3.0: Knowledge of employers' responsibilities and rights

		n=52	%
filing government accident report	yes	40	76.9
	no	12	23.1
maintaining record on health and safety issue	yes	50	96.2
	no	2	3.8
posting safety notices and legislative information	yes	44	84.6
	no	8	15.4

Table 3.0 shows the knowledge of employers' responsibilities and right as regards to occupational health and safety. Forty (40) staff representing 76.9% agreed that filling government accident reports is the right and responsibilities of the employer, while twelve (12) staff representing 23.1% disagreed on this. Fifty (50) staff representing 96.2% agreed that maintaining records on health and safety issue is the right and responsibilities of the employer, while 2 staff representing 3.8% disagree on this. Forty-four (44) staff representing 84.6% agreed that posting safety notices and legislative information is the right and responsibilities of the employer, while eight (8) staff representing 15.4% disagreed on this. It is clear from the table that majority of staff know the right and responsibilities of the employer as regards to these issues.

Table 4.0 : Approaches/operating system at the facility

		n=52	%
safety training part of orientation on first employment	yes	45	86.5
	no	7	13.5
proper disposal of waste	yes	51	98.1
	no	1	1.9
regular monitoring on safety and health standard	yes	51	98.1
	no	1	1.9
using protective clothing	yes	51	98.1
	no	1	1.9
prompt reporting of accident/injuries	yes	43	82.7
	no	9	17.3
retraining onsafety and health practices	yes	44	84.6
	no	8	15.4

According to Table 4.0, shows management procedures put in place at the hospital. Forty five (45) staff representing 86.5% agreed that safety training is part of orientation on first employment, while seven (7) staff representing 13.5% disagree on this. Fifty one (51) staff representing 98.1% agreed that proper disposal of waste, regular monitoring on safety and health standard to ensure if they are complied with, using protective clothing is part of measures put in place at their department, while a staff disagreed on this. Forty three (43) staff representing 82.7% agreed that prompt reporting of accident /injuries is part of the measures put in place in their department, while nine (9) staff representing 17.3% disagreed. Forty four (44) staff representing 84.6% agreed that retraining on safety and health practices is part of the measures put in place in their departments, while eight (8) staff representing 15.4% disagreed.

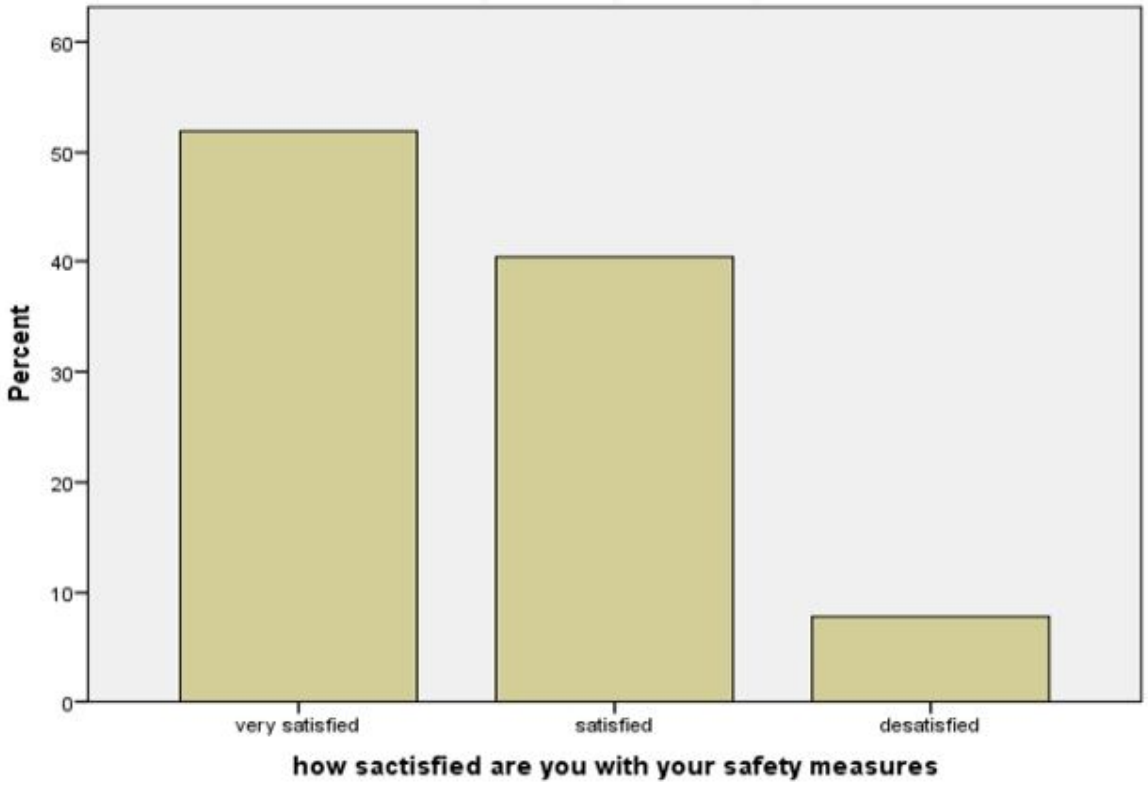

Fig.2.0 : shows how satisfied the staff are with the current occupational health and safety measures put in place at the hospital.

Twenty seven (27) staff representing 51.9% are very satisfied with the current occupational health and safety measures put in place by management, twenty one (21) staff representing 40.4% are satisfied, while four (4) staff representing 7.7% are dissatisfied with the current occupational health and safety measures put in place by management.

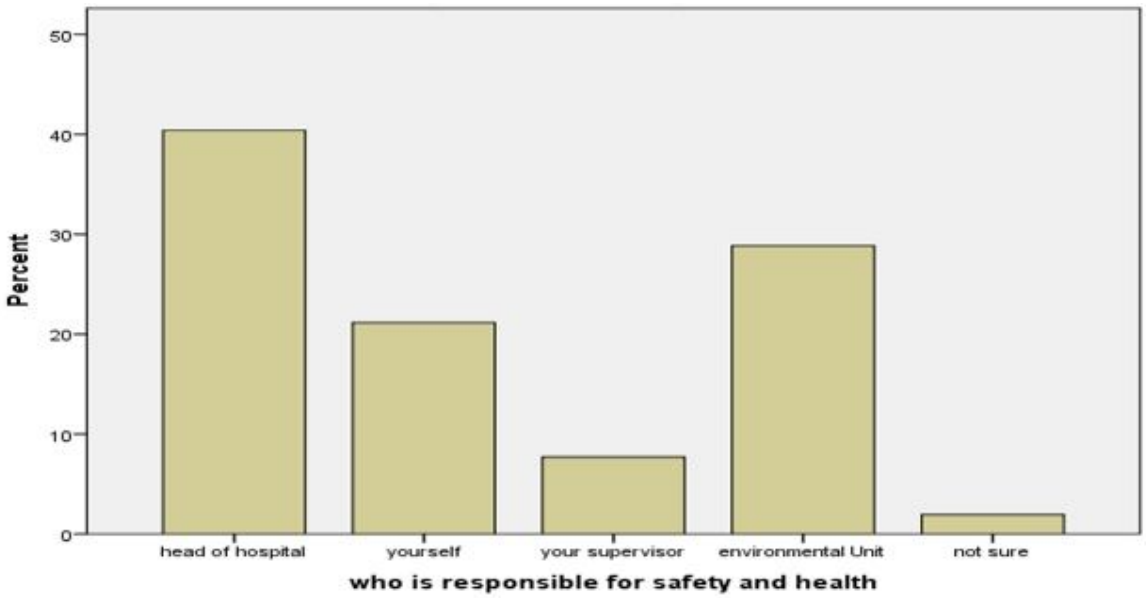

Fig.3.0 shows who is responsible for safety and health in the performance of their duties.

Twenty two (22) staff representing 42.3% believed that the head of the hospital is responsible for safety and health in the performance of their duties, Eleven (11) staff representing 21.2% believed that they are personally responsible, Four (4) staff representing 7.7% believed that their supervisor is responsible, Fourteen (14) staff representing 26.9% believed that the environmental health unit is responsible, while a staff representing 1.9% is not sure who is responsible for safety and health in the performance of his duties.

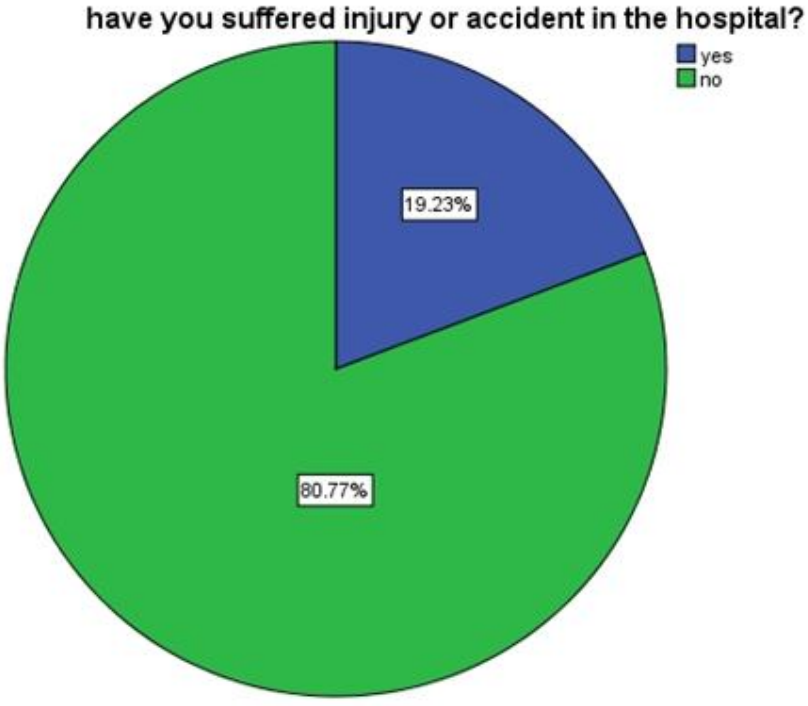

Fig. 4.0: The staff who have suffered any accident or injury in the hospital since they were engaged.

From the pie chart, 80.77% of the staff have not suffered any incident or injury while 19.23% have suffered injury or accident.

Table 5.0 Causes of accident

		n=25	%
lack of adequate training on health and safety	yes	38	73.1
	no	14	26.9
inadequate protective clothing and equipment	yes	36	69.2
	no	16	30.8
ignorance onhealth and safety matters	yes	43	82.7
	no	9	17.3
have you reported to appripriate authority	yes	32	61.5
	no	20	38.5

According to Table 5.0, Thirty eight (38) staff representing 73.1% agreed that lack of adequate training on health and safety is the cause of accident, while fourteen (14) staff representing 26.9% disagrees. Thirty six (36) staff representing 69.2% agreed that inadequate protective clothing and equipment is one of the causes of accident, while sixteen (16) staff representing 30.8% disagrees. Forty three (43) staff representing 82.7% agreed that ignorance on health and safety matters is one of the causes of accident while nine (9) staff representing 17.3% disagrees. Thirty two (32) staff representing 61.5% agreed that the reported accident to the appropriate authorities, while twenty (20) staff representing 38.5% did not report the accident.

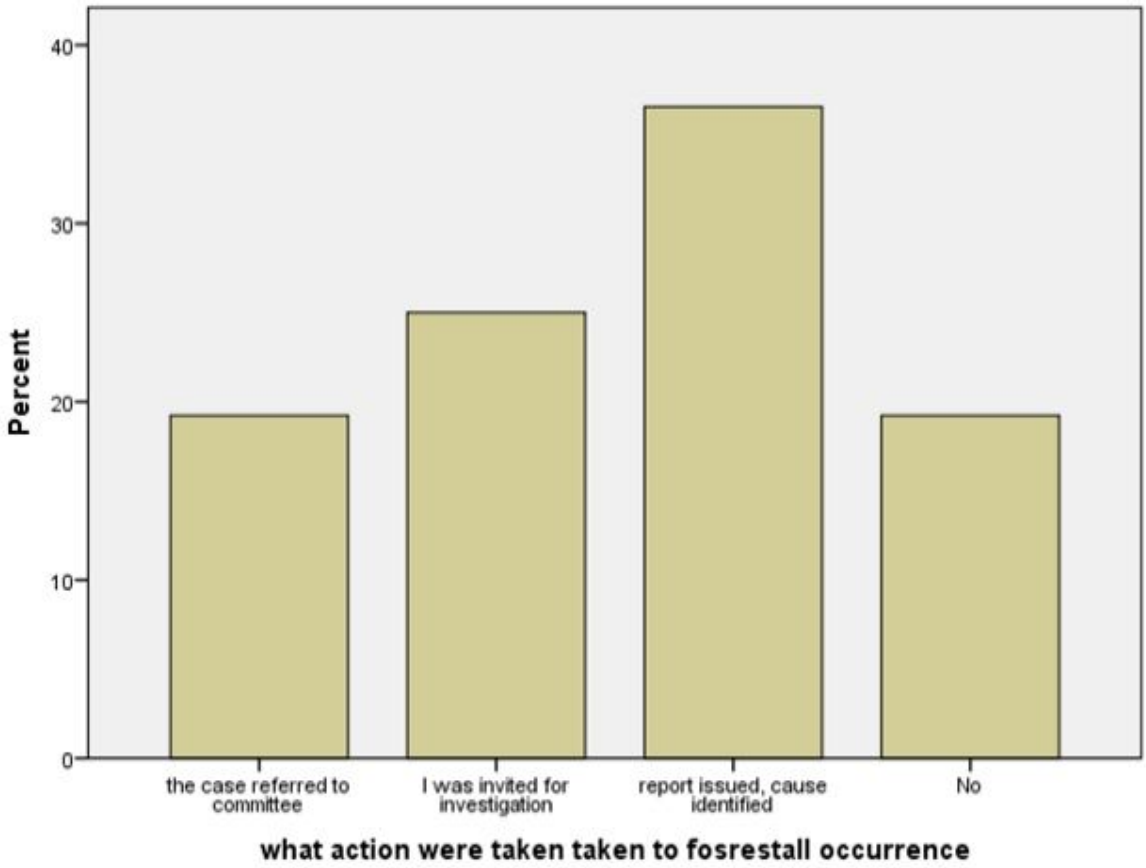

Fig.5.0: The chart of action taken to forestall the occurrence of the same accident or injury in the failure.

Fig.5.0 shows that ten (10) staff representing 19.2% said that the action taken to forestall the occurrence of same accident or committee, thirteen (13) staff representing 25% said investigation was instituted and they were invited, nineteen (19) staff representing 36.5% said that report was issued, cause identified and report formed part of the hospital's subsequent safety meeting, while ten (10) staff representing 19.2% did not respond on this.

Table 6.0: Investigations on causes of accident

		n=52	%
inadequate protective materials	yes	34	65.4
	no	18	34.6
lack of personal consciousness to safety rules	yes	48	92.3
	no	4	7.7
lack of training on occupational health and safety	yes	42	80.8
	no	10	19.2

Table 6.0 shows the findings on investigation on the causes of accident, thirty four (34) staff representing 65.4% agreed that inadequate protective materials is one of the causes of accident, while eighteen (18) staff representing 34.6% disagrees. Also, forty eight (48) staff representing 92.3% agreed that lack of personal consciousness to

occupational health and safety rules is one of the causes of accident, while four (4) staff representing 7.7% disagrees. Likewise, forty two (42) staff representing 80.8% agreed that lack of training on occupational health and safety is one of the causes of accident, while ten (10) staff representing 19.2% disagrees.

Table 7.0: Management approaches to promote safety

		n==52	%
	yes	23	44.2
	no	12	23.1
does the hospital have a safety committee	not sure	17	32.7
	quarterly	12	23.1
	biannually	1	1.9
	annually	9	17.3
	no definite time for training	30	57.7
how regular training			
	strongly agree	34	65.4
	agree	13	25.0
to what extent are monitoring prerequisite	Disagree	5	9.6
	strongly agree	29	55.8
	agree	22	42.3
extent for employee assistance	disagree	1	1.9
	yes	48	92.3
	no	3	5.8
safety policy impact on job performance	not sure	1	1.9

Table 7.0: Further measures by the employee in preventing occupational hazards. Twenty three (23) staff representing 44.2% agreed that the hospital have a safety committee, twelve (12) staff representing 32.7% are not sure if the hospital have a safety committee or not. A staff representing 1.9% agreed that training organized for staff on occupational health and safety is biannually, nine (9) staff representing 17.3% agreed it is annually, twelve (12) staff representing 23.1% agreed it is quarterly, while thirty (30) staff representing 57.7% said that there is no define time for training. Thirty-four (34) staff representing 65.4% strongly agree that monitoring, inspection and evaluation of safety practices are pre requisite for effective occupational health and safety, thirteen (13) staff representing 42.3% agree, while a staff representing 9.6% disagrees. Twenty nine (29) staff representing 55.8% strongly agree that the hospital have employee assistance programmes an crucial in preventing occupational hazards, Twenty two (22) staff representing 42.3% agree, while a staff representing 1.9% disagrees. Forty eight (48) staff representing 92.3% agreed that effective occupational health and safety policies have impact on job performance in while a staff representing 1.9% is no sure.

Table 8.0. Management's input on improve health and safety issues.

		n=52	%
Adhoc committee report of previous meeting	Yes	43	82.7
	No	9	17.3
suggestions from staff	Yes	47	90.4
	No	5	9.6
award for safety conscious staff	Yes	31	59.6
	No	21	40.4
how often is inspection conducted	Monthly	21	40.4
	Quarterly	3	5.8
	no definite time fixed	28	53.8
are you satisfied with management's effort on safety	yes	39	75.0
	no	13	25.0
engagement of safety expert	yes	36	69.2
	no	16	30.8
constantly reviewing health and safety practices	yes	43	82.7
	no	9	17.3
improve on good housekeeping and sanitation	yes	47	90.4
	no	5	9.6
creating the environment for free reporting	yes	49	94.2
	no	3	5.8
supervision and safety management	yes	45	86.5
	no	7	13.5

Table 8.0 shows the findings of management's input on improve health and safety issues. Forty three (43) staff representing 82.7% agreed that reports from adhoc committees from previous periods are discussed during training, while nine (9) staff representing 17.3% disagrees. Forty seven (47) staff representing 90.4% agreed that suggestions are received from staff on occupational health and safety during training, while 5 staff representing 9.6% disagrees. Thirty one (31) staff representing 59.6% agreed that staff who are identified as having safety consciousness are awarded during training, while twenty one (21) staff representing 40.4% disagrees. Twenty one (21) staff representing 40.4% agreed that monitoring, inspection and evaluation is conducted monthly in the hospital, three (3) staff representing 5.8% agreed it is quarterly, while twenty eight (28) staff representing 53.8% said that there is no definite time fixed. Thirty nine (39) staff representing 75.0% agreed that they are satisfied with what management is doing currently to improve upon occupational health and safety of the hospital, while thirteen (13) staff representing 25.1% are not satisfied. Thirty six (36) staff representing 69.2% agreed that the engagement of safety expert to re-design occupational health and safety policies for the hospital the management

will improve occupational health and safety of the hospital, while nine (9) staff representing 17.3% disagrees. Forty seven (47) staff representing 90.4% agreed that improve on good house-keeping and sanitation is one of management way to improve upon occupational health and safety of the hospital, while five (5) staff representing 9.6% disagrees. Forty nine (49) staff representing 94.25 agreed that creating the environment for staff to freely report on occupational health and safety is a way management help to improve on occupational health and safety, while three (3) staff representing 5.8% disagrees. Forty five (45) staff representing 86.5% agreed that supervision and safety management is another way management improve on occupational health and safety in the hospital, while seven (7) staff representing 13.5% disagrees.

Table 9.0: Impact of occupational health and safety on job performance.

		n=52	%
reduces accident	yes	50	96.2
	no	2	3.8
reduces cost of compensation on injured staff	yes	46	88.5
	no	6	11.5
reduces death of staff	yes	46	88.5
	no	6	11.5
labour turnover is increased	yes	48	92.3
	no	4	7.7
corporate image of hospital is enhanced	yes	47	90.4
	no	5	9.6

Table 9.0 shows impact of occupational health and safety on job performance. Fifty (50) staff representing 96.2% agreed that accident reduction is one of the benefits the hospital and employees will derive from effective occupational health and safety policies, while six (6) staff representing 11.5% disagrees. Forty eight (48) staff representing 92.3% agreed that increased labour turnover is one of the benefits the hospital and employees will derive from effective occupational health and safety policies, while four (4) staff representing 7.7% disagrees. Four seven (47) staff representing 90.4% agreed that corporate image of the hospital is enhanced one of the benefits the hospital and employees will derive from effective occupational health and safety policies, while five (5) staff representing 9.6% disagrees.

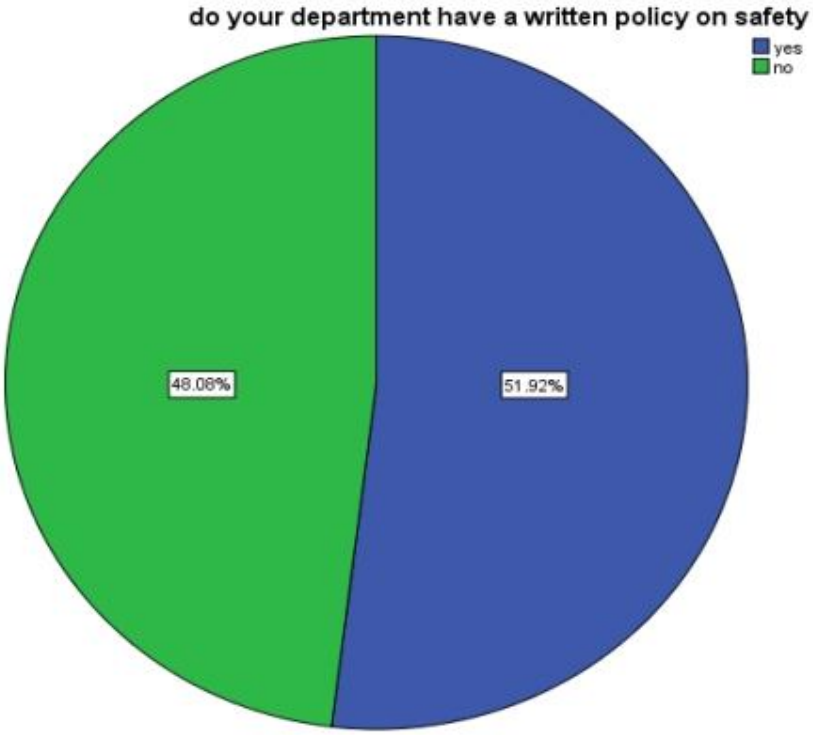

Fig. 6.0: The findings on documented guidelines on occupational health and safety policy of the hospital while 25 staff representing 48.08% of the staff disagrees.

B. Analysis and Findings from Interview/Personal Observation

The researcher engaged the supervisors and heads of departments/units in an interview on one on one basis and following came to bear: The first department examined was the administration. The administration department houses the hospital administrator, account section, clerical staff and other co-coordinating offices. To secure the safety of employees, the hospital has put in place good ventilation and good lightening systems well as workable and well tested fire extinguishers ready to fight in case of fire outbreaks. The second is laboratory department which is mandated to do testing of blood, urine, fecal materials and other bodily fluids. They are exposed to sharp objects as well as other piercing objects which pose a risk to their health and safety. The hospital provides gloves for them; staff are also provided with working or protective coats to protect their bodies from fluids which may be contaminated. Safety boxes are provided in which sharp and piercing objects are kept to protect employees from cuts and bruises. Waste bins are also provided and these are labeled with colours to indicate level of contamination of waste. Waste bins labeled red contains contagious substances and should be handled with care, waste bins labeled black contains household and non-toxic materials, and this is an attempt to caution staff so that their safety and health can be preserved. The laboratory premise is spacious enough to allow free movement of staff and it is well-ventilated to allow easy diffusion of any contamination in case there is any. The next is the radiology department. This is where patients are scanned or X-rays taken to help doctors/medical officers in their diagnosis. Both staff and patients are exposed to radiations which is dangerous to their health. To ensure the health of both staff and patients, protective clothes are for provided for their use. Again, it was observed that the X-ray room is firmly sealed to protect radiation from penetrating beyond the confinement of the X-ray room to affect other staff or even patients as well. X-ray technicians are given a special protective badge which is used to measure the level of radiation. The mortuary department was also examined. This happens to be department where staff are likely to get infection because of the nature of their work. Staff preserve bodies by (embalmment). They do

this by using a chemical called formaldehyde and this chemical has a cancer-causing agent in it thereby posing great to staff that to work with it. The hospital seeks to protect staff by making available plastic aprons, heavy duty boot, face masks, gloves etc, to avoid splash or spillage of bodily fluids which they come into contact with in the discharge of their duties. The maternity ward, where babies are delivered is another crucial department where infections can be passed on to a staff or from staff to patients because of the fluids such as blood liquor (balloon-like water that burst before the baby comes out) that staff come to contact with in the normal duty to delivery. To protect staff, surgical gloves, protective clothing and goggles are provided to ensure safety of health personnel, mother and baby. Clothing and other materials used are also dipped into chlorine to prevent infection. At the maternity and as well as the general wards, regular disinfection takes place with the help of chemicals to kill all germs to protect staff and patents. Waste bins are also provided. Waste bins labeled red contain toxic materials, human parts, and other infections materials. Yellow labeled waste bins contain households waste. The theatre is another department in the health facility that staff are exposed to a lot of risks because of the use of sharp and piercing instrument. Moreover, staff are exposed to blood which may be contaminated thereby posing risk to them. It must be emphasized that the patient being operated on at the theatre also stands the risk of being infected if safety precautions are not adhered to strictly. To ensure the safety of staff, the hospital provides surgical gloves to protect the hands of staff, protective coat or gowns to protect their bodies from fluids from patients. The entire body lightening system put in place to ensure total performance of operations. The floors of the theatre are also regularly disinfected with disinfectants (Detioliar, Lizalih, and Jik) to prevent infections to both staff and patients, again, safety boxes are provided to keep sharp and piercing objects in the theatre to prevent cuts and bruises to staff and patients as well. The patient operated upon is clothed well to secure avoid secondary infection. One safety and health measure adopted is the crosschecking of materials before and after use during surgery. With this system, surgeons count each device used to see whether they are up to the number taken into before the patient is finally stitched. Another vital department visited to examine their health and safety measures was the dispensary/pharmacy. This department is responsible for giving out drugs prescribed by doctors/medical officers and staff are exposed to the risk of inhalation of chemicals. Staff are provided with gloves to protect their hands from physical contact with the drugs which may be harmful to their health and also to prevent contamination of drugs thereby protecting patients. Staff are also given protective coats in the discharge of their duties. The hospital's laundry where dirty clothes like bed sheets, pillow cases, and other blood-soaked materials are washed was also examined. Staff in this section risk getting infection from clothes stained with blood which may be contaminated. The safety precautions put in place by the hospital authorities are the provision of wellington boots to protect staff, gloves to protect the hands of staff from infections and also detergents which are used in cleaning the floors of the laundry as it may be soiled by blood from blood-stained clothes. The final department interviewed was the environmental health unit which is responsible for the disposal of the hospital's waste. Here, staff are charged with the responsibility of collecting all waste bins from the various departments to their final disposal point. The Hospital has three disposal units: the first unit is the incinerator where sharp objects and other instruments that are not needed are disposed off. The second unit is the placenta pit where human parts from surgeries and the maternity ward and other wards are discarded and the last unit is household waste section, where rubbish and other non-contagious waste are discarded. Staff in this department are also exposed to a lot of risk as they also come into contact with harmful waste from all the departments. To protect staff, they are given heavy-duty gloves to protect their hands in the discharge of their duty. They are also protected objects. Moreover, staff are also given nose masks to prevent them from inhaling dangerous fumes from the waste that are normally burnt.

IV. CONCLUSION

There cannot be any effective occupational health and safety policies if both employers and employees fail to perform their respective responsibilities. The employer is supposed to file government accident reports, maintain records on health and safety issues, posting safety notices and legislative information, providing education and training on health and safety related issues. The safety committee is responsible for studying trends in accidents with the view to making suggestions for corrective actions, examining actions, examining safety reports and making proposal for avoiding accidents, examining and discussing reports from safety representative, making proposals for new or revised safety procedure. It also acts as a link between the organization and the enforcement agency (the health and safety inspectorate), monitoring and evaluating the organization's safety policies, and making proposals for changes, if necessary. The employee on the other hand is required to comply with all health and safety rules, knowing that the person ultimately responsible for his/her health and safety is himself/herself. Staff are required to wear protective clothing, use equipment and tools provided for their work, and report any

contravention of the law by management. Also the employee has the right to refuse unsafe work. Accident are costly both to the affected worker and the organization. Therefore, every effort should be made in order to avoid them from happening at the place.

The following recommendations were made based on the findings of the study:

Education and training: Management of the hospital should organize regular training, workshops, seminars on health and safety for staff, publish materials on safety and many other steps to inculcate safety consciousness in the minds of workers. Employees should be made to understand that safety and health practices are the responsibility of both management and staffs and this will go a long way to make the work area safe. The employer, in consolation with workers and their representatives, should set out in writing an occupational health and safety policy, which should be specific to the organization and appropriate to its size and nature of its activities and be readily accessible to all persons at their place of work. The employer should have overall responsibility for the protection of workers' safety and health, and should allocate responsibility, accountability and authority for the development, implementation and performance of occupational safety and health. The management should provide a baseline from which continual improvement of the organization's occupational health and safety can be measured.

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