

**AN ANALYSIS OF MANAGEMENT'S APPROACH TO  
OCCUPATIONAL HEALTH AND SAFETY IN THE  
WESTERN CAPE CHEMICAL SECTOR**

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A Research Report submitted in partial fulfillment of the requirements for the M.Com. degree in the Faculty of Economic and Management Sciences, University of the Western Cape.

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**DECLARATION**

I declare that "An Analysis of Management's Approach to Occupational Health and Safety in the Western Cape Chemical Sector" is my own work, that it has not been submitted before for any degree or examination in any other university, and that all the sources I have used or quoted have been indicated and acknowledged by complete references.

PETER JOHN LE ROUX

FEBRUARY 2002

SIGNED: .....





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## **Keywords**

Health and Safety Conditions  
Health and Safety Training  
Health and Safety Culture  
Occupational Health and Safety Laws  
Occupational Diseases  
Occupational Injuries  
Occupational Health and Safety  
Management of Occupational Health and Safety  
Health and Safety Committee  
Health and Safety Representatives

## Chapter 1: Overview and Introduction

### 1.1 Background to Research Topic

Employers in South Africa are keen to be referred to as being responsible when dealing with workplace health and safety. However, the poor health and safety record of South African companies generally and especially in the mining and fishing sectors is internationally known. Many observers comment that the picture at plant level does not reflect a commitment and willingness by management to even implement the minimum standards stipulated by legislation without pressure from external sources such as government enforcement agencies or export market pressure.

It is well known that the lives of black labourers were worth little during the apartheid era as workers were simply replaced when injured, killed or unable to perform duties due to illness. This legacy still exists today and the high unemployment rate in the country does not allow workers the freedom to turn down jobs in high-risk environments or to refuse unsafe tasks. The steady increase of work related injuries and diseases reported under the Compensation for Occupational Injuries and Diseases Act, since it came into effect in 1993, is sufficient proof of this sad state of affairs with 289 952 accidents and 3615 occupational diseases reported during the 1997/1998 financial year. The fatality rate reported in 1996 was 2 220 inclusive of all sectors in the economy. These figures illustrate the need for a new mental model that will value human life irrespective of colour or status in the economy.

Through management's efforts to ensure their profit margins in a global market over the last decade, health and safety concerns are ignored or treated as "unnecessary luxuries" that obstruct efforts to change the organisation into a lean, flexible, competitive force to compete effectively at local and international levels. Businesses, in their quest to sustain or increase profit levels as well as their market share, are known to spend few resources on human resource development areas like health and safety. Attention shifts to increased levels of technology and flexible work practices that will further alienate the workers and deny them job security, as they become casual or temporary labour. These workers will not be around after their contracts have expired and will therefore not be in a position to hold the company responsible for poor health or injuries that they might have suffered during the course of their contract.

In this context, the effectiveness of health and safety committees in improving conditions at the workplace and to establish a culture of safety to reduce injuries and diseases is vital. Amidst the conflicting demands of management for higher production output at a faster rate and at lower input costs, and worker demands for shorter working hours in a safer, healthier environment, the health and safety representatives individually or the health and safety committee must perform its functions as defined in the Occupational Health and Safety Act. It must further balance the interest of management as the employer and the workers who elected/nominated them in such a way that meaningful changes to improve worker health and safety can occur. A comprehensive understanding of all these factors influencing the functioning of health and safety committees is important for future regulatory purposes as well as for health and safety committee members to become the catalyst of change in the workplace concerning employee well-being.

The chemical sector is an important component of the South African economy today and many health and safety risks are commonly associated with activities in this industry. The fact that hundreds of new chemicals are produced every year exposes workers to the danger of not knowing the effects that these substances might have on their health in the long term. The most common diseases reported to the Compensation Commissioner include skin irritations and burns which result from contact between chemicals and the skin of the worker, occupational asthma which develops if workers are exposed to the fumes and/or vapours of certain chemicals and intoxication and other acute and chronic conditions which may result from breathing vapours of toxic substances. (Department of Labour, 1996: Table 12) Based on these facts, the chemical sector in the Western Cape was targeted for this research.

## **1.2 Research Aim and Objectives including the Research Hypothesis**

The aim of the research is to identify the contribution made by management in order to enhance the functioning of health and safety structures as required by the Occupational Health and Safety Act (OHSA) in the Western Cape chemical sector. In particular the research will further explore the following elements and processes:

- The Machinery Occupational Safety Act (No.6 of 1983) and the current Occupational Health and Safety Act (No.85 Of 1993) with regard to the duties, responsibilities and role of management concerning health and safety in the Western Cape chemical sector.
- the extent to which management commits resources in terms of time off, facilities and money to the occupational health and safety function.
- the extent to which management implements a training and skills development program for Health and Safety Representatives and shop floor management in order to equip them to perform their functions as outlined in the Act.
- the extent to which management at both middle and senior level were informed of their duties and other requirements of the Act.
- management's responses in terms of time and quality to recommendations made by health and safety committees in their efforts to improve occupational health and safety measures.

The role that unions and the Department of Labour play in the field of health and safety in the chemical sector in the Western Cape is very important and included in the literature review. However, the research does not focus on their respective roles because the responsibility to "provide and maintain" a safe and healthy work environment is the legal duty and responsibility of management (the Chief Executive Officer and those designated by him) in terms of the OHSA. Also, the scope of the study has been necessarily limited due to time and resource constraints. Based on these facts, the research tests the hypothesis that "Management commitment of resources to develop a health and safety culture in the workplace is a prerequisite for the effective functioning of Health and Safety structures as required by the Occupational Health and Safety Act.

### 1.3 Research Problem/Question

In his 2001 budget speech in Parliament, the Minister of Labour expressed himself as follows when he described a recent occupational disaster that made headlines due to the degree of negligence of the employer:

“ I remain deeply saddened and devastated by the incident that occurred in a Lenasia factory last year, where 11 workers died following a fire outbreak. As you know, the owner of the factory and his manager are facing serious criminal charges... Following the Lenasia incident inspectors of my department flooded industrial parks throughout the country to assess the extent of non-compliance with workplace safety standards. Within a three weeks period, more than 500 factories were visited. We were horrified by the extent of non-compliance in most small factories. In some instances employers and workers alike were ignorant of safety regulations and in other instances it was found that employers knowingly and dismissively disregarded safety regulations taking advantage of the relative vulnerability of workers”.  
(Mdladlana, 2001)

The Minister's comments highlight that South Africa faces a serious problem with the enforcement of legislation in the field of occupational health and safety.

The chemical industry worldwide is known for massive disasters that claimed millions of lives over the last century alone. The Chernobyl disaster in Russia and the Bhopal disaster in India made international headlines and shocked the world in terms of the extent of devastation caused both in terms of human lives lost and damage to the natural environment. The AECI sulphur fire in the Western Cape that caused the death of members in the surrounding communities as well as damage to property in a 50km radius is still fresh in the minds of people. The Thor Chemical case in Natal where two workers died in a very gruesome manner and many others were poisoned after they have been exposed to mercury vapours made international headlines as dependants claimed compensation in the British High Court. Many incidents of workers been exposed to Asbestos fibres in the Northern Cape and Northern Province are still heard in the UK courts as those suffering from Asbestosis demand compensation from previous employer Cape Plc, a disbanded company that used to mine asbestos in the late Sixties and early Seventies.

The International nuclear Safety Advisory Group (INSAG) following the Chernobyl accident first introduced the term safety culture. The term basically refers to “ the way we do things round here”. It is important to understand that safety culture is a sub-set of the overall culture of the organisation. The definition of safety culture suggested by the Health and Safety Commission is as follows:

“the safety culture of an organisation is the product of the individual and group values, attitudes, competencies and patterns of behaviour that determine the commitment to, and the style and proficiency of, an organisation's health and safety programmes. Organisations with a positive safety culture are characterised by communications founded on mutual trust, by shared perceptions of the importance of safety, and by confidence in the efficacy of preventative measures. (IEE, 1991:1)

Against this background, this paper tests the hypothesis that “ **Management commitment of resources to develop a health and safety culture in the workplace**

**is a prerequisite for the effective functioning of Health and Safety structures as required by the Occupational Health and Safety Act.”** by studying firms in the chemical sector situated in the Western Cape.

The research question concerns the factors that contribute to the development of a health and safety culture in companies in the chemical sector in the Western Cape in order to minimise or completely eliminate similar incidents in future. The research asks how a strong safety culture shapes the functioning of health and safety representatives and committees in their endeavours to improve conditions at the shop floor. The research attempts to explain how competing demands of management and workers influence the functioning of the health and safety representatives or committees. In particular, it explores the conditions and support systems that are needed to improve their effectiveness. Further, the role of management and the extent to which it supports the health and safety committees in meeting the objectives of the Occupational Health and Safety Act will receive special attention. From my own experience as a Health and Safety Practitioner and a regular participant at meetings of the Institute of Safety Management in Bellville, statements are made as circumstantial evidence of the lack of management commitment to the occupational health and safety function. Typical statements include:

- Chief Executive Officers are legally responsible and liable for employee health and safety in terms of the Occupational Health and Safety Act, but they are never personally involved in the functions.
- The duties that health and safety representatives must perform under the Act are not included in job descriptions and are viewed as additional to core tasks without any monetary incentives or reward.
- Occupational Health and Safety is not treated and resourced with similar priority to other operational and management functions.
- Shop-floor management is often ignorant with regards to the laws, regulations and standards that govern health and safety in the work place.

The research tests the validity of these and other statements in the light of data that will become available.

## **1.4 The Research Methodology**

### **1.4.1) Research Technique**

The data source chosen for this research report was “personal face-to-face interviewing” based on a self-administered questionnaire. The data collected was on a written non-computerised form and consists mainly of responses of interviewees to structured and semi-structured questions during interview sessions, which varied in length. Interviewer wrote responses manually in spaces provided for in the questionnaire schedule. The handwriting is clear and can be read and interpreted easily. A confidentiality clause was signed that binds the users of the research information not to use it for any other purpose but for academic research and that all company specific information will be kept confidential. This clause limits access to the data and can be a barrier if data are needed for follow-up research projects.



### **1.4.2) Sampling**

Twenty-two companies were selected and contacted telephonically and asked to participate in this research project. This sample is opportunistic and not fully representative of the chemical sector in the Western Cape. Company selection was based on the fact that these companies are either suppliers of chemical products to Peninsula Technikon, the employer of the author, or in other cases employed ex-students of Peninsula Technikon who could served as contact to gain access. All the companies contacted were listed in the Western Province telephone directory and are directly involved in daily use, storage or transport of chemicals. A split between the Bellville, Epping, Killarney Gardens and Somerset West areas seemed to contribute to a wider geographical representation.

Eleven companies declared themselves unable to participate for reasons ranging from a lack of transparency with regards to health and safety statistics to denial that the objectives of this study can contribute to improve health and safety issues at their companies. Most claimed that their companies rely on the experts at head-office in "Gauteng" or "Durban" to deal with related matters. A few admitted that their companies felt very insecure when it comes to sharing information in this field as they battle to implement the legal requirements of the occupational health and safety laws at shop floor level. Smaller companies were extremely uncooperative and very suspicious, claiming that the outcome of the study will be used to damage their company image.

Eleven companies confirmed their participation and details of dates, times, venues and interviewees were exchanged. When the actual process started, two the companies originally on the list declined to participate and gave reasons such as "inappropriate timing" to just "interviewees not available due to meetings or bad health". Eventually nine companies in the chemical industry participated and full details of number of employees, nature of business operations, positions of those interviewed etc. are included in the questionnaire time schedule.

At every company, two individuals involved in the occupational health and safety function were interviewed, one representing employees and the other the employer. The companies can be categorised in three groups, namely four employing less than 50 employees, three employing between 150 and 500 employees and two employing between 500 and 1500 employees. The companies are all situated within a radius of 70km in the Western Cape.

### **1.4.3) Data Collection Method**

Access to research participants was arranged telephonically with companies and confirmed in writing two weeks before interviews started. One hour was allocated per interview session but the actual time spent depended on factors such as ability to exchange information, ability to understand the questions and the level of relaxedness of interviewees. Only one interviewer (the researcher) was used throughout the data collection process. The language used during the data collection process was English and Afrikaans and all interviewees indicated that they felt comfortable with their language choice. Interviews were conducted on a one-to-one basis to prevent



interference and intimidation, and to promote an atmosphere of openness and objectiveness.

#### **1.4.4) Data Capturing, Editing and Analysis Process**

The two sets of questionnaires were coded for entry on a statistical package, SPSS version 10. The data was captured and checked for integrity. Basic descriptive statistics were generated as well as frequency tables for the two data sets. The questionnaire also asked for comments and responses that were unstructured and were completed in own words of the participants. These comments were captured using a word processing package. Responses were used in relation to statistics to examine trends and contradictions.

#### **1.5 Shortcomings and Sources of Error**

I could not find similar research listed on any of the research databases that could be used or referred to and very few published works were found that focus specifically on the topic under investigation. In fact most of the sources used in the literature review were obtained from the internet or were in the form of speeches of Ministers, unpublished conference papers, Health and Safety Magazines and Labour Bulletins .

A further shortcoming of this research project is the fact that the research sample is relatively small and critics might argue that based on this, it is not wise to make inductive generalisations. However, based on the fact that this is a research report and not a full mini- thesis, I would argue that the sample size is the maximum that time constraints allow as the data collection method is extremely time-consuming, due to the busy schedules of the interviewees from both management and employee side.

It must further be noted that the researcher had no control over the internal process used to elect/nominate interviewees to represent management or the employees. Also the fact that some of the employer representatives were visibly eager to boost their companies image can lead to incorrect or subjective responses. However, the responses from employee representatives on the same questions can be used to find some neutral ground and to boil down distorted responses. The fact that a few of the employee representatives were employed at levels higher than the traditional shop floor grades was also beyond the control of the researcher. Some of the employee representative interviewees looked very reluctant to respond to questions at the beginning and a fear of intimidation if they should respond "out of line" was clear in some cases. The interviewer explained at the start of every interview sessions what the objectives and uses of the outcome of the research process were and the confidentiality clause that would protect all employee from victimisation.

## **1.6 Conclusion**

In the chapters that follow I review the literature on occupational health and safety in South Africa and the role that a health and safety culture can play. I then report and analyse the findings of a survey of a management representative and an employee representative at nine chemical firms. In conclusion, I discuss possible strategies that could contribute to the building of a strong health and safety culture in organisations.

## **Chapter 2: Literature Review**

### **2.1 Introduction**

In this literature review I start by defining terms such as occupational accidents and diseases. I look at the impact of occupational accidents and diseases on both developing and developed economies and draw specific attention to the South African situation. I outline the regulatory process since 1983 and discuss in detail relevant Sections of the Occupational Health and Safety Act (Act 85 of 1993). A discussion on the lack of enforcement and the position of the Department of Labour follows. A brief analysis of training organisations in the health and safety field follows and the role of unions to improve the health and safety conditions of their members conclude this chapter.

### **2.2 Defining Occupational Accidents and Diseases**

The British Institution of Electrical Engineers describes an occupational accident as an unplanned event, which can result in injury or ill health to people, damage or loss to plant, materials, property or the environment, or a loss of business opportunity. (IEE, 1997: 2)

The meaning of the term occupational disease varies widely and is sometimes defined in country specific terms. To avoid these narrow or country specific definitions, I choose to use the World Health Organisation terminology, as suggested by Jeyaratnam (1992: 5) when he identifies the following as characteristics of an occupational disease:

- ❖ “Factors in the work environment are predominant and essential in the causation of occupational diseases....
- ❖ Occupational diseases, by definition, exclusively affect working people exposed to the specific hazard in question. In some instances, however, manifestations of such diseases may also prevail in the community....”

Further, the author argues (1992:72) that the health conditions of workers will depend on several factors, which include the following:

- (1) the state of health of the worker before he started working;
- (2) the working conditions prevailing in his place of work;
- (3) the availability and accessibility of health and safety services at his workplace, including provisions for periodic medical examinations;
- (4) the awareness of the worker and his manager of the hazards inherent in his work environment;
- (5) the degree of enforcement and compliance with the legal provisions for occupational health and safety services.

### **2.3 Occupational Health and Safety in Developing Countries**

South Africa might be singled out as the most developed or modern economy in Africa but if one looks at the health and safety record, it is clear that employees still suffer from diseases that are prevalent in other less developed countries. Most accidents occur in workplaces that are very unsafe in terms of the environmental conditions and where modern technology plays no or a very small role.

Jeyaratnam (1992: 65) describes the state of the typical developing country economy and argues that the current state of these economies is not financially conducive towards the development of occupational health and safety services. Most developing countries are aiming towards industrialization. In their efforts to boost the economy, their first priority is to generate more employment by encouraging investments in labour-intensive industries. Their labour ministries tend to overlook occupational health and safety to concentrate on this first priority.

There is, therefore, great reluctance to enforce occupation health and safety laws strictly if compliance will mean higher costs to industry and jeopardize the economic viability of the enterprises. The meagre budget allocated to health and safety in developing countries adds to the problem. Much reliance often is placed on the private sector to fund whatever occupational health and safety services these economies can afford.

The same author (1992: 6,7) explains that concern for worker safety and health constitutes an important economic consideration, besides the obligatory responsibility of the state to maintain the community in good health. This economic consideration alone is reason enough to accord a high national priority status to provision of health care to the working population.

Putting the argument in broader terms, the author looks at the demographics of the developing economies as another factor, which makes the provision of health care for the working population important. On a global basis he states it was estimated that the world's population by the end of 1987 would be five billion and 90 per cent of this population would be living in the nations of the developing world. It was also estimated that by the end of 1987 the total workforce in the world would number in excess of two billion, and 85 per cent of this number would be living in the nations of the developing world. He concludes that the working environment of any nation constitutes a large proportion of the population and that it must be recognized that these people are exposed to health hazards over and above the rest of the community because of work practices.

### **2.4 Impact of Occupational Health and Safety on a Developed Country**

The negative impact and consequences of poor health and safety conditions goes beyond the borders of developing economies and is certainly not restricted to particular parts of the world. The British Health and Safety Executive (HSE) carried out studies with five organisations in an attempt to calculate the true costs of accidents in the UK. The results were surprising. One organisation – a transport company – found that the cost of accidents amounts to 37 % of its annual profits. In another

example – a construction site – costs amounted to 9.5 % of the tender price of the project being undertaken, and in a third organisation, accident losses amounted to 5 % of running costs. It was estimated that nearly 10 % of the accidents recorded had the potential for serious consequences such as fatalities, multiple injuries or catastrophic loss. The HSE have estimated that over 30 million working days are lost due to workplace accidents, and that when all the costs are properly taken into account, the total cost of work accidents and work related ill-health, to society as a whole is likely to be between 10 and 15 billion pounds sterling a year – equivalent to between 1.75 % and 2.75 % of the GDP of the UK. (IEE, 1997:2). In a country with an advanced economy that can afford state of the art technology and systems to protect employee health and safety, this situation is shocking to say the least.

## **2.5 The Costs of Poor Health and Safety to the South African Economy**

The Minister of Labour in his address at the International Safety, Health and Environment Conference on the 25 May 2000, commented as follows when he analysed the costs of occupational accidents and diseases to the economy:

“Various tragedies which thrust themselves on the national stage have served as painful reminders of why there is a need for dramatic intervention in addressing health and safety concerns in the workplace.

Incidents such as the Njaka bridge disaster in July 1998, which resulted in the deaths of 16 people, and more recently, the Durban nightclub tragedy and the explosion at Scaw Metals in Germiston spring to mind. However, a myriad of incidents that is often hidden from the public eye continues to take place on a daily basis in our country’s workplaces.

Our statistics over the past five years show that far too many workers are still dying, suffering injury, developing diseases and being maimed. Hundreds of people are killed and thousands injured each year.

The situation is unacceptable, because one worker injured or killed at work is one too many. This is why the Department of Labour’s vision for occupational health and safety in this millennium is one of zero tolerance towards occupational fatalities, injuries and diseases.

In addition to their direct human impact, OHS incidents also have direct and damaging economic consequences. They impact negatively on the bottom lines of individual enterprises and undermine the productivity, competitiveness and growth of our economy as a whole.

Incidents at work cost the country billions. Workdays lost as a result of the absence of employees from work due to occupational accidents undermine the growth of our enterprises and our economy.

The statistics paint an alarming picture of the health and safety situation in workplaces in South Africa. This is a state of affairs, which we cannot tolerate – whether in human or financial terms”  
([www.labour.gov.za/docs/sp/2000/sp0525.html](http://www.labour.gov.za/docs/sp/2000/sp0525.html))

More detail is added to this analysis in an article in *Workers Life* (2001:12) when another author discusses specific costs of occupational injuries and diseases to workers and employers.

He argues that work-related accidents or illnesses are very costly and have many serious direct and indirect effects on the lives of workers and their families. For workers some of the direct costs of an injury or illness are the pain and suffering of the injury or illness, the loss of income, the possible loss of job, and health care costs. He also points out that it has been estimated that the indirect costs of an accident or illness can be four to 10 times greater than the direct costs, or even more. An occupational illness or accident can have so many indirect costs to workers that it is often too difficult to measure them. One of the most obvious indirect costs is the human suffering caused to workers' families, which cannot be compensated in monetary terms.

For employers he argues that some of the direct costs are payment for work not performed, medical and compensation payments, repair or replacement of damaged machinery and equipment, reduction or a temporary halt in production, increased training and expenses and administration costs, and time must be devoted to obligatory investigations and to the writing of reports and filling out of forms.

Moreover, he explains that some of the indirect costs for employers are that the injured/ill worker has to be replaced and a new worker has to be trained and given time to adjust. It normally takes time before the new worker is producing at the rate of the original worker and one can expect a possible reduction in the quality of work. This further has a negative effect on morale of other workers and influence labour relations in a negative way.

The author concludes this discussion by stating that the estimated cost of occupational accidents and illnesses can be as high as three to four percent of this country's gross national product.

With the above in mind one would imagine that good health and safety measures would be introduced automatically as it makes good business sense from an economic point of view besides the moral and humanitarian considerations. However this is certainly not the case in South Africa despite the fact that a number of laws were passed over the past 20 years to regulate health and safety conditions at work.

## **2.6 The Regulatory Process in the field of Health and Safety in South Africa**

Socio-economic literature in the 1980s deals with "worker health and safety" against the backdrop of mining disasters which left hundreds of workers dead or permanently disabled. Commissions that were appointed to investigate these catastrophic occurrences, found that basic warning systems and preventative measures were lacking although these mines had very high safety ratings. This emphasized the need for a legislative framework that would enforce strict health and safety laws in accordance with international standards and practice. (Technical Advice Group, 1986: 11-14)



The Machinery and Occupational Safety Act (No 6 of 1983) replaced the old Factories Act when it came into operation in October 1984 and required new structures to be set up with regards to health and safety. However, almost immediately after the promulgation of this Act, individuals within the trade union movement started to identify weaknesses in this law. It was specifically argued that MOSA does not give unions a role to play in health and safety of workers at shop floor and that the employer would be in total control of the organisational structures. It was feared that management would exploit this to reduce the influence of unions in the sphere of health and safety. Unions argued that safety representatives should be elected by workers and not be appointed by management as the Act stated. A democratic model for their nomination or election was put forward with a demand for training, taking into account the poor educational backgrounds of most workers and the technical nature of health and safety problems in the workplace. (Macun, 1988: 109-116)

The Occupational Health and Safety Act (No 85 of 1993) replaced the Machinery and Occupational Safety Act. It contained most of the elements suggested by the trade unions including the right of employees to nominate/elect health and safety representatives of their choice. The union organisations were made part of the process with management legally bound to consult them with regards to the election or nomination of health and safety representatives and the setting-up of health and safety committees. Functions and power of health and safety representatives and committees were detailed in the Act with a right to time off for meetings, training programmes and other legitimate activities. Occupational health is also brought directly into the picture with the Act extending the domain from a "machine and safety" focus to include occupational hygiene and biological monitoring as well as medical surveillance for workers who are exposed to hazardous substances in the workplace. (Benjamin, 1993: 85-87)

The Occupational Health and Safety Act (No.85 of 1993) is very prescriptive and specific with regards to the legal duties of the employer in ensuring a safe and healthy working environment for employees. Section 8 of the Act specifies the core duties and states that every employer shall provide and maintain a working environment that is safe and without risk to the health of his employees, including:

- the provision and maintenance of systems of work, plant and machinery that are safe and without risks to health;
- taking such steps as may be reasonably practicable to eliminate or mitigate any hazard or potential hazard to employees, before resorting to personal protective equipment;
- making arrangements for ensuring the safety and absence of risks in connection with the production, processing, use, handling, storage or transport of articles or substances;
- establishing what hazards to the health or safety of persons are attached to any work performed, any article or substance produced, processed, used, handled, stored or transported and any plant or machinery used in his business, and what precautionary measures should be taken to protect the person and providing the means to apply such measures;
- providing necessary information, instruction, training and supervision to ensure the health and safety at work of his employees;

- not permitting any employee to do any work or to produce, process, use, handle, store or transport any article or substance or to operate any plant or machinery, unless the precautionary measures which may be prescribed, have been taken;
- taking all necessary measures to ensure that the requirements of this Act are complied with by every person in his employment or on premises under his control where plant or machinery is used;
- enforcing such necessary measures in the interest of health and safety;
- ensuring that work is performed and that plant or machinery is used under the supervision of a person trained to understand the hazards associated with it and who has the authority to ensure that precautionary measures taken by the employer are implemented; and
- causing all employees to be informed regarding the scope of their authority.

Section 17 stipulates that health and safety representatives must act as the monitoring agents to ensure that the employer meets the conditions set out above in section 8 and be elected democratically or at least through consultation with representative employee organisation/s. Also the ratio of representation and workings of the health and safety representatives are specifically outlined as follows:

- every employer who has more than 20 employees in his employment at any workplace shall designate in writing for a specified period health and safety representatives for such a workplace.
- An employer and the representatives of his employees recognised by him or, where there are no such representatives, the employees shall consult in good faith regarding the arrangements and procedures for the nomination or election, period of office and subsequent designation of health and safety representatives

In cases where there is more than one Health and Safety representative, a Health and Safety Committee/s must be formed in terms of Section 19:

- An employer shall in respect of each workplace where two or more health and safety representatives have been designated, establish one or more health and safety committees and, at every committee meeting, consult with the committee with a view to initiating, developing, promoting, maintaining and reviewing measures to ensure the health and safety of his employees at work.
- The number of persons nominated by an employer on any health and safety committee shall not exceed the number of health and safety representatives (those nominated/elected by employees) on that committee.

A further duty to inform employees of any hazards to their health or safety is placed on management in Section 13 and they are required to:

- cause every employee to be made conversant with the hazards to his health and safety attached to any work which he has to perform, any article or substance which he has to produce, process, use, handle, store or transport and any plant or machinery which he uses, as well as with the precautionary measures required with respect to those hazards;



- inform the health and safety representatives concerned beforehand of inspections, investigations or formal inquiries of which he has been notified by an inspector, and of any application for exemption made
- inform a health and safety representative, as soon as reasonably practicable, of the occurrence of an incident in the workplace, for which such representative has been designated.

In terms of section 20, the functions of the health and safety committee are outlined and include the following:

- A health and safety committee may make recommendations to the employer or, where the recommendations fail to resolve the matter, to an inspector regarding any matter affecting the health or safety of persons at the workplace for which such committee has been established;
- shall discuss any incident at the workplace in which or in consequence of which any person was injured, become ill or died, and may in writing report on the incident to an inspector; and
- shall perform such other functions as may be prescribed.
- A health and safety committee shall keep record of each recommendation made to an employer and of any report made to an inspector.
- A health and safety committee or a member thereof shall not incur any civil liability by reason of the fact only that it or he failed to do anything which it or he may or is required to in terms of this Act.
- An employer shall take the prescribed steps to ensure that a health and safety committee complies with the provisions and performs the duties assigned to it.

Section 38, subsection 2, specifies offences, penalties and special orders of court as follows:

Any employer who does or omits to do an act, thereby causing any person to be injured at a workplace, shall be guilty of an offence if that employer or user would in respect of that act or omission have been guilty of the offence of culpable homicide had that act or omission caused the death of the person, and on conviction be liable to a fine of up to R 100 000 or to imprisonment for up to two years, or to both.

The main focus of the fifty Sections of the OHS Act is to prevent occupational injuries and diseases in the workplace. In order to achieve this broad objective, sixteen different sets of Regulations were promulgated under the Act, which spell out the details as to how to achieve this. A further five draft Regulations are presently under review. The details of the Regulations fall beyond the scope of this study.

### **2.7 Lack of Law Enforcement by the Department of Labour**

Although the above sections of the Act outline very specific duties and responsibilities on the part of the employer as well as very harsh penalties for those not meeting the requirements, there appears to be a total lack of any visible enforcement activity. This situation becomes clear in the light of a letter from the Association of Societies for Occupational Safety and Health (ASOSH) to the Minister of Labour arguing that the lack of enforcement is leading to a lax attitude on the part

of some employers towards compliance with health and safety legislation. There is an apparent lack of prosecutions or sentences that are so light that they do not reflect the seriousness of the offences. Several high-profile incidents over the last few years have dragged on without resolution or adequate penalties

The following statistics are mentioned to illustrate the level of concern for the situation within the Department of Labour (DOL):

- The department has at present over 700 fatal investigations awaiting investigation. The low number of inspectors on the ground means that unscrupulous employers have little fear of contraventions being detected.
- The Department of Labour is responsible for ±250 000 employers, employing approximately 9 million workers in the formal sector. There are approximately 80 OHS inspectors left with a ratio of 250 000 employers to 80 inspectors or 9 million workers to 80 inspectors.
- The Department of Minerals and Energy has only 164 inspectors serving 50 000 employers.

The above situation is aggravated by the ongoing loss of skilled inspection staff from the department, says ASOSH. In response to this letter, a spokesperson for the department maintains that the resignations are due to “pale male” dissatisfaction with the department’s affirmative action program. (Workers Life: June 2001: 8)

## **2.8 The Position Of the Department of Labour**

In regards to the above, the Minister of Labour explained the position of his department with regards to occupational health and safety as follows during his budget speech in Parliament on 18 May 2001:

“Following the Lenasia incident inspectors of my department flooded industrial parks throughout the country to assess the extent of non-compliance with workplace safety standards. Within a three weeks period, more than 500 factories were visited. We were horrified by the extent of non-compliance in most small factories. In some instances employers and workers alike, were ignorant of safety regulations and in other instances it was found that employers knowingly and dismissively disregarded safety regulations taking advantage of the relative vulnerability of workers. Our revised enforcement strategy is now informed by these findings, which we cannot afford to ignore. To this end we have launched an awareness campaign in collaboration with the three main labour federations; COSATU, FEDUSA and NACTU; supported by Business South Africa.

This campaign has resulted in the establishment of safety and health committees to monitor compliance in various workplaces. We have also intensified blitz inspections to improve visibility of labour inspectors in factories. We have also decided to be more targeted and to focus on areas identified as “hot spots”. All these strategies are aimed at ensuring that we provide the highest possible standards of protection for workers  
([www.labour.gov.za/docs/sp/2001/May/18\\_mdldlana.html](http://www.labour.gov.za/docs/sp/2001/May/18_mdldlana.html) :1-2)

In view of the above, an “Occupational Health and Safety Turnaround Strategy” for period 2001 – 2004, was introduced. This strategy focuses on key elements of policy and legislation, advocacy/communication, human resource development and inspectorate operations.

The strategic objectives are to raise the profile of occupational health and safety (OHS), to provide support to stakeholders and provincial offices, to ensure an effective and efficient OHS inspection service delivery, to ensure the restructuring of OHS competencies and to develop effective OHS legislation and policies aligned to changes in the labour market and OHS environment. The programme of action will address issues like OHS advocacy and awareness campaigns, which will include the distribution of pamphlets and posters as well as advertisements in newspapers. Specific industries will be targeted and an enforcement report will be published annually.

The establishment of partnerships will include organising health and safety representative seminars, publish OHS Accords, establishment of regional and national OHS forums and development of training guidelines.

Addressing internal human resources issues will include training of inspectors, developing career paths for OHS inspectors and providing the necessary equipment for inspectors to perform their duties.

Operational strategies to be executed include the establishment of an OHS incident support team, the development of an OHS national plan and an inspectorate audit plan.

Legislative/policy matters include a review of the OHS Act, addressing the limited scope for inspectors, and develop compliance assistance and enforcement policy. ([www.labour.gov.za/docs/legislation/ohsa/Turnaround\\_Strategy.htm](http://www.labour.gov.za/docs/legislation/ohsa/Turnaround_Strategy.htm): 1)

In theory these measures sound good and will carry the support of most stakeholders. However, whether anything will happen in practice, or more specifically, whether these measures will change anything at shop floor level to improve employee health and safety, is another question.

## **2.9 Health and Safety Training Programmes and Organisations in South Africa**

In terms of training programmes in the field of occupational health and safety for both representatives and management, it is clear that unions were not comfortable with organisations like the National Occupational Safety Organisation (NOSA) in the past. Workers saw NOSA as a training structure accountable to management. They will therefore deliver a service that will rate health and safety in the interest of the company and suggest superficial changes that will not demand major changes. The health and safety training programmes were viewed as too narrow without a theoretical base. A low level of employee credibility was expressed and the lack of union involvement in this organisation was seen as a further weakness. (Lewis, 1994: 34-42)

This position was strongly opposed by the NOSA management (NOSA, 1995: 81-84) who pointed out the changes the organisation has gone through and the contribution it made in terms of educating health and safety representatives through the various training programmes. NOSA welcomed the unions into their ranks and committed themselves to quality service in terms of health and safety audits, training and information services. Many other training bodies mushroomed over the past few years, most of them not being accredited by the Department of Labour. These bodies charge exorbitant rates for their training programmes although course participants might end up with a certificate that is not aligned to the National Qualifications Framework (NQF) and therefore does not add value to the career development of employees. Smaller companies cannot afford to pay the high training course fees and employees are therefore denied the opportunity to training and their right to be informed in terms of the Occupational Health and Safety Act.

### **2.10 The Unions and Occupational Health and Safety**

Occupational Health and Safety was never top priority on union agendas in South Africa. The seemingly more urgent and pressing demands for increases in salaries and other categories of benefits which could improve the material well-being of members in the short term received most or all the attention. The struggle against apartheid practises and other forms of anti-worker attitudes from management further determined the pace and direction of union thought and practise. However, the last two decades saw health and safety demands being incorporated at every level of union bargaining. Moreover, health and safety conferences and regular updates or press releases became common especially in the mining and metal unions. At the 7<sup>th</sup> National Health and Safety Conference convened by the National Union of Mineworkers, a declaration was issued and included the following elements:

- integrated health, safety and environmental matters must be incorporated in the overall programme of the organisation,
  - the need to accept that campaigns and action are the primary means to build the capacity of the union to create a culture of safety in every workplace,
  - the elected and operational structures must play complementary roles and leadership must engage one another in order to build health and safety structures and campaigns, and
  - elected health and safety leaders are first and foremost political leaders and activists in the NUM, and must be seen to be active in leading members with vigour and without fear of victimisation.
- ([www.num.org.za/News/misc/Koponong\\_Declaration.htm](http://www.num.org.za/News/misc/Koponong_Declaration.htm))

The conference further adopted a declaration based on the NUM rallying call to put "People before Profits". This, the union says, has become more relevant given the context in which they wage their struggles as a class. Therefore the delegates unanimously adopted a declaration and pledged their unwavering commitment to promote the dignity of workers, respect for their rights and freedoms, and their claims for just rewards for their daily sweat and toil. As part of the campaign the union needs to ensure that workers attain a standard of life that includes access to:

- a work environment that guarantees safe practices, promotes worker participation, where information is shared, that promotes quality time for families and regards people as the most valuable resource that must be harnessed and developed,
- a health care system that provides free or affordable quality care for the sick, the injured and the disabled, and
- To this end they call on all employers and the government to share their vision and commitment to improving the quality of life for workers in the mining, construction and energy industries. The union demanded that every worker who is killed in action (at work) must be mourned during working hours. "If bosses can mourn the loss of their colleagues during working time – so can we".  
([www.num.org.za/News/misc/Koponong\\_Declaration.htm](http://www.num.org.za/News/misc/Koponong_Declaration.htm))

Many unions are still out in the cold, completely ignorant or unable to take up the battle for the health and safety of their members. This situation is aggravated by the fact that the weaknesses of the Occupational Health and Safety Act are not as clear as those identified in previous laws. Although this Act failed to change the increasing trend in work related injuries and diseases, little criticism is levelled against it and observers in their quest to find answers blame failure on the lack of enforcement by the inspectorate under the Department of Labour. Also the fact that unions are short staffed and not in a position to designate full-time staff to deal with health and safety matters are mentioned as some of the reasons why unions are not treating health and safety demands similar to wage related demands. Moreover, the fact that poor health conditions can only become known after years retards unions' ability to respond. The level of expertise and technical skill required to identify health hazards or recommend control measures also hinders unions and their members to make significant gains. (Magane, Miller, Goldblatt, Bethlehem, 1997: 6-13)

### **2.11 The Need for a Strong Health and Safety Culture in South Africa**

The Act promotes the notion of minimum standards and compliance to those standards. Instead of active enforcement, the Department of Labour propagates self-regulation. In order to achieve full compliance to the standards laid down by the OHS Act without active law enforcement, a paradigm shift is necessary in both organisation thinking and culture. In this context the concept of strong and weak health and safety cultures developed.

A strong health and safety culture implies that the whole is more than the sum of the parts. The different aspects interact together to give added effect in a collective commitment. In a weak health and safety culture the opposite is the case, with the commitment of some individuals strangled by the cynicism of others. From various studies cited by the IEE it is clear that certain factors appear to characterise organisations with a strong health and safety culture.

These factors include:

- the importance of leadership and the commitment of the chief executive;
- the executive safety role of line management;
- the involvement of all employees;
- effective communications and commonly understood and agreed goals;
- good organisational learning and responsiveness to change;
- manifest attention to workplace safety and health; and

- a questioning attitude and a rigorous and prudent approach by all individuals. Improving health and safety culture is something which must be seen as a long term and systematic process, based on an initial assessment of the existing culture, determining priorities for change, the actions necessary to effect the change and then going on to review progress before repeating the process indefinitely. The article concludes that all organisations should note that a weak health and safety culture could prove very costly (IEE, 1991:1-2).

Employees and unions are blaming the lack of a strong health and safety culture in most organisations on the lack of management involvement, commitment and interest in worker well being. Management in its quest to survive in a fast changing global market economy defends its position by arguing survival above anything else. However, many organisations through change management and the creation of a health and safety culture realised that this process in itself is one of the strongest tools in the battle to survive. Boosted employee morale, higher productivity, fewer lost time due to illness caused by accidents or occupational diseases and many other negative impacts associated with high frequency and severity incidents rates can add tremendous value to both the business and social profile of an organisation. (Sellers, Sloat and Strydom, 2001: 9 )



## **Chapter 3: Research Results and Analysis**

Nine companies in the chemical industry participated. At every company, two individuals involved in the occupational health and safety function were interviewed, one representing employees and the other the employer. (See Appendices I and II for Interview Schedules) The companies can be categorised in three groups, namely four employing less than 50 employees, three employing between 150 and 500 employees and two employing between 500 and 1500 employees. The companies are all situated within a radius of 70km in the Western Cape.

The Table A below gives more information about participating companies.

**Table A**

No	Business Activity	Employer Interviewee Designation	Employee Interviewee Designation	Number of Employees
1	Market Chemicals and Laboratory Equipment	Office manager	Customer Service Co-ordinator	25
2	Produce Coating and Sealing Products	Factory Manager	Operator	42
3	Produce and Distribute Paint	Owner	Despatch Clerk	30
4	Pack and Distribute Chemical	Warehouse Manager	Dispatch Assistant	30
5	Pack and Distribute Chemical	Operations Director	Packer	150
6	Produce and Distribute Paint	Training Manager	Health and Safety Officer	176
7	Produce Health Care Products	Maintenance Manager	Calibration Technician	460
8	Produce Solid Fuel Chemical Propellants	Operational SHE Manager	Machine Operator	800
9	Produce Yarn	Auxiliary Manager	Stores Assistant	1500

### **3.1) Responses of Employer Representatives**

The tables (A1 – A7) below give key responses relevant to sub-headings. See Appendix III for detailed responses to semi-structured questions. See Appendix V for frequency tables that contain the detailed responses to the structured questions.

#### **3.1.1) Policy Formulation Process and the Role of Unions**

Management representatives of seven of the companies surveyed have a Health and Safety Policy. Two small companies did not. This suggests that medium and larger companies focus more on the development of policies in this field.

Responses showed that at 7 companies the unions were not involved in the policy formulation process and that this process was mostly initiated and controlled by company head-offices. Only 4 participants indicated union involvement in the election or nomination process that was followed to have Health and Safety Representatives.

These findings confirm that unions are still ignored to a great degree and that management still takes decisions "in the best interest of their employees" without consultation as required by law. The smaller companies in the chemical industry need to focus on policy formulation and written procedures to ensure an improved working environment as their processes and activities are not less dangerous and harmful to the health of workers.

**Table A1**

Number	Question	Yes Responses	No Responses	Don't Know
13	Does company have a Health and Safety Policy	7	1	1
16	Was the union involved in the policy formulation process	2	7	0
31	Was the union consulted during the Health and Safety Representative election or nomination process	4	5	0

### **3.1.2) Strengths and Weaknesses of the Occupational Health and Safety Act**

In terms of main weaknesses of the Health and Safety Act, three participants from the smallest companies admitted that they were not familiar with this Act. The two bigger companies suggested that the Act is too prescriptive and not enforced consistently. The main strengths of the Act were seen by those familiar with its content to be the fact that it places the responsibility for health and safety on both employee and employer. The Act further introduces the elections of employee representatives and employee involvement in health and safety issues.

This law compares very well with internationally legislation and its intentions are above question. Further, it is detailed, simple and clear with regards to responsibilities and duties on both employer and employee. However, from the responses, it is clear that if government agencies and the judicial system do not properly enforce this law, it is not worth the paper it is written on. The Department of Labour should take these comments seriously as they come from big companies in the chemical sector who expressed their fear that if enforcement agencies are not going to act drastically, the whole industry will suffer due to the mistakes of the "irresponsible few"



**Table A2**

Number	Question	Weaknesses	Strengths
10 & 11	What do you regard as the main strengths and weaknesses of the OHS Act	<ul style="list-style-type: none"> <li>❖ Lack of enforcement</li> <li>❖ Act is too prescriptive</li> <li>❖ Law is open to abuse due to lack of enforcement</li> <li>❖ Companies do not have enough resources to implement the Act</li> </ul>	<ul style="list-style-type: none"> <li>❖ The principle of self-regulation</li> <li>❖ Follow guidelines of best practice Internationally</li> <li>❖ Places responsibility for health and safety in hands of both employer and employee</li> <li>❖ Involves shop floor through election or nomination of H&amp;S Reps.</li> </ul>

### 3.1.3) Management Support for Health and Safety

The majority of participants strongly agreed that management gives strong support to the health and safety function while the others all agreed. This seems strange in the light of the fact that eight participants did not know what the budget allocation for this function was. However, five participants felt that the monetary share spent on health and safety issues compared well with the amounts spent on other functions and that responsibility for the health and safety function is positioned very high in the organisational hierarchy. Only four participants indicated that they have a full time employee that looks after health and safety issues.

**Table A3**

Number	Question	Agree Strongly	Yes/Agree Response	No / Disagree Response	Don't Know
19	Does management give strong support to the H&S function	5	4	N/A	0
20	Do you know the budget for H&S	N/A	1	N/A	8
22	The H&S function is positioned at a very high organisation level	5	2	0	2
23	Do you have an employee whose full – time job is H&S management	N/A	4	5	0

### 3.1.4) Shop floor Management and Health and Safety

The responses of participants were mostly vague with regards to responsibilities of shop floor management in respect to the health and safety of their employees. Some felt that these duties are based on common sense, while others focussed on personal protective clothing and attention to sick employees. Three companies, including the largest two, indicated that they see health and safety as part of the core responsibilities of their supervisors. Only one participant agreed strongly that their shop floor management is sufficiently trained to deal with health and safety matters.

The majority of participants indicated that they see the role of supervisors changing in future and that training and information programs will be vital to facilitate that change. Present development programs for shop floor managers and supervisors mostly include first aid and NOSA safety training. One small company indicated that they do not have anything in place and one medium size company only has informal video and discussion sessions.

The overall majority of companies that offer training programs for their shop floor supervisors indicated that these programs are on average 3 days long.

The responses show that shop floor managers are viewed by their colleagues as “not sufficiently trained” to deal with health and safety matters. As most accidents happen at shop floor and most occupational diseases are contracted at this level, it makes sense that management support must be most visible at this level. Policy and good intentions should be changed into action plans, training programs and resources to demonstrate commitment from management and be implemented at shop floor where it can really make a difference.

**Table A4**

Number	Question	Responsibilities Of shop floor management	Training programs for supervisors
24	What are the responsibilities of shop floor management with regards to Health and Safety	Common sense duties. They serve on H&S committee. They must ensure sick workers get attention. Ensure that all workers follow safety procedures and report unsafe situations. Duties form part of job description	
26	Type of training programs for shop floor management		First Aid, NOSA, Safenet

### 3.1.5) Health and Safety Representatives and their Election/Nomination

The management representatives view the role of Health and Safety Representatives as important at shop floor level. Specifically, they mentioned functions like guiding co-workers, advising them and identifying health and safety hazards as crucial.

At the seven companies that have Health and Safety Committees, the management unilaterally nominated the Health and Safety Representatives in 2 cases, in three cases both employees and management nominate them and in the other two cases the employees democratically elect them.

All seven companies indicated training programs for the Health and Safety Representatives and they give time off for training during normal working hours. However, only 2 companies agreed strongly that their Health and Safety Representatives are sufficiently trained to deal effectively with health and safety issues. Only one participant agreed strongly that there is a reward system in place to show appreciation for the inputs made by Health and Safety Representatives.

Two small companies were found to have no Health and Safety Representative.

**Table A5**

Number	Question	Agree Strongly	Agree	Do not Know
42	H&S Representatives are sufficiently trained to perform their duties	2	4	3

### 3.1.6) Involvement of the Chief Executive Officer in Health and Safety

The CEO was the management representative at Health and Safety Committee meetings at only two companies. Only one participant indicated that the CEO is responsible for implementation of recommendations emanating from these meetings. In most cases these duties and responsibilities rested with middle management and in one case with shop floor management. However, six participants agreed strongly that management was very committed to the health and safety of employees.

The responses show that CEO's are not sufficiently involved in the health and safety of their companies. They tend to delegate authority to very low levels of authority in some cases. In cases like these, supervisors will either not have the authority to make meaningful decisions or lack resources to implement action plans. In both cases it will leave Health and Safety Representatives frustrated and powerless and create in the worker mind the idea that their health and safety is not a serious consideration.

**Table A6**

Number	Question	CEO	H&S Specialist	Middle Management	Shop Floor Management
37	Who is responsible for representing management on the H&S committee	2	1	6	0
39	Who is responsible for the implementation of recommendations made by the H&S committee	1	2	4	1

### 3.1.7) Number of Occupational Injuries and Diseases

Four participants said the number of reported work related accidents decreased over the past two years and only one participant indicated that the number of occupational diseases reported for the corresponding period decreased.

**Table A7**

Number	Question	Agree Strongly	Agree	Disagree	Don't Know
45	Over the past two years, reported number of work related accidents decreased	2	2	2	3
46	Over the past two years, reported number of occupational diseases decreased	N/A	1	2	6

### 3.2 Responses of Employee Representatives

The tables (B1 – B6) below give key responses relevant to sub-headings. See Appendix IV for detailed responses to semi- structured questions. See Appendix VI for frequency tables that contain the detailed responses to the structured questions.

#### 3.2.1) Changes in Health and Safety Practices

All participants representing employees on the Health and Safety Committee agreed that management have changed its practices. Five participants indicated that these changes took place over the past 5 years. Six believe that recent legislation passed in the field of Health and Safety contributed to these changes. All participants indicated that the Department of Labour had no impact on Health and Safety at the workplace.

The fact that all the participants felt that the Department of Labour had no effect on the pace of change at their companies is proof of the many problems within DOL as

discussed in the literature review. However, it is clear that the OHS Act had a positive effect irrespective of the fact that there is no or little enforcement.

Other factors like export market pressure and international protocols obviously also played an important role in the changes that occurred to improve workplace health and safety measures.

**Table B1**

Number	Question	Agree Strongly	Yes /Agree Strongly	No Reponses
8	Management has changed its practice	2	7	0
10	Do you think the change had anything to do with specific laws	N/A	6	3
11	Do you think the Department of Labour had anything to do with these changes	N/A	0	9

### **3.2.2) Health and Safety Representatives/Committees and the Role of Unions**

Employees as well as management use the term Health and Safety representatives. This indicates that both groups see the health as well as the safety component as part of their duties. Out of the 9 companies surveyed, 6 indicated that they have unions on their plants, but only 2 participants indicated that unions were consulted during the selection or nomination process of Health and Safety representatives. However, the majority indicated that the union are aware who the Health and Safety representatives are and that there is regular contact between them and the union. Shop stewards were elected or nominated as health and safety representatives at five companies. Only 6 participants indicated that they have Health and Safety representatives / committees functioning at their plants.

Again, the responses show a relatively low degree of union involvement as well as very little consultation between management and unions as envisaged by the legislator. This leaves union members without a voice especially at companies where there are no Health and Safety Representatives or where management unilaterally nominated the Health and Safety Representatives. Weaker unions should try to conduct negotiations with regards to their members health and safety at industry/sector level to ensure availability of skilled personnel. It will also draw these demands onto the main bargaining agenda.

**Table B2**

Number	Question	Yes Responses	No Responses	Don't Know
16	Is there a union at your plant	6	3	0
17	Was the union consulted during the election/nomination process of H&S Reps	2	6	1
18	Is the union aware who the H&S Reps are	6	1	2
19	Is there regular contact between the H&S Reps and the union	4	3	2
20	Were any shop steward nominated/elected as H&S Rep	5	2	2
22	Is there a H&S Committee	6	2	1

### 3.2.3) Functions of Health and Safety Representatives/Committees

Eight companies give Health and Safety representatives time off to attend meetings and all indicated that meetings take place during normal working hours. Only one participant agreed strongly that management shows appreciation by rewarding Health and Safety representatives, while two participants felt that management shows no appreciation in the form of a reward. Six participants indicated that the Health and Safety committee meets monthly. Of those interviewed, three indicated that it is the task of the Health and Safety officer to assist the Health and Safety committee while five indicated that nobody was appointed on a full time basis to assist.

The question whether Health and Safety Representatives should be rewarded (not necessarily in monetary terms) is an important one. It is often expected of the Representatives to do many additional functions without reward or without somebody doing their work while they are busy elsewhere with inspections or meetings. This put a tremendous amount of pressure on the Representatives and after a while they feel burnt –out and leave these positions because they feel that they have not received the appreciation they deserved from workers or management.

**Table B3**

Number	Question	Agree Strongly	Yes/Agree Response	Disagree	Normal Working hours	Don't Know
24	Do the H&S Reps. get time off to attend meetings	N/A	8	N/A	N/A	1
25	When do meetings take place	N/A	N/A	N/A	7	2
27	Management shows appreciation by rewarding Reps	1	1	2	N/A	2

### 3.2.4) Training of Health and Safety Representatives

Five participants indicated that the average duration of training programmes for Health and Safety representatives was three days with one indicating training programmes longer than 10 days. The majority of participants indicated that no Health and Safety representative were promoted based on training he / she received while two participants indicated the opposite. Only one participant strongly agreed that Health and Safety representatives are sufficiently trained to perform their duties, while four indicated that they receive all the information they need to make informed decisions.

The response is overwhelmed that Health and Safety Reps. must receive more training to equip them better for the role they must play. However, companies should consider proper career planning and development and refrain from “occasional crash-courses” as this adds no or very little value to the knowledge base of workers. Consistent training and skills development programs should be offered and these programs must be balanced and have sufficient academic depth to serve as a platform for future promotion.

**Table B4**

Number	Question	Agree Strongly	Yes / Agree	No / Disagree	Don't Know	Three Days
37	What is the duration of H&S Rep training programs	N/A	N/A	N/A	N/A	5
38	Did any H&S Rep get promotion based on training and skills he/she obtained	N/A	2	5	2	N/A
39	H&S Reps are sufficiently trained to perform their duties	1	5	1	1	N/A
40	Do the H&S Reps receive relevant information?	N/A	4	2	3	N/A

### 3.2.5) Management Support for Health and Safety

Seven participants did not know the amount that was budgeted for health and safety activities. This shows a serious lack of transparency with regards to financial matters or might mean that most companies still do not have a separate budget for this function. Six participants felt that senior management supports their efforts. When dealing with shop floor management, only one agreed strongly that they receive support and appreciation for their views. This is proof that although top management seems to be eager to display support for health and safety and treats it in a serious manner, their shop floor colleagues still hold opposite views and attitudes.

Four companies sent their shop floor managers to the same training programmes that their Health and Safety representatives attend. Only one participant strongly agreed



that shop floor management recognises and respects Health and Safety representatives. Four agreed that they are respected while one disagreed. Only one participant agreed strongly that shop floor management is sufficiently trained in Health and Safety to supervise work without exposing employees to health and safety risks. Four others agreed that they are sufficiently trained with the remaining four feeling that they are incompetent.

Only two participants agreed strongly that management takes recommendations of the Health and Safety committee seriously while three indicated a 30-day time period before health and safety recommendations are implemented. In only one case does the implementation of recommendations take place under the supervision of the CEO. In three cases, this takes place under the supervision of the Health and Safety practitioner and in one case, shop floor management. Only one participant agreed strongly that management follow up problems until they are convinced that recommendations are effective. In most cases the factory manager or other management individuals are responsible for health and safety matters with the CEO being responsible only in one case.

**Table B5**

Number	Question	Yes	No	Don't Know	Agree Strongly	Agree	Disagree
41	Do you know the amount that was budgeted for H&S activities	2	N/A	7	N/A	N/A	N/A
42	Do you feel that top management support efforts to improve H&S standards	6	3	0	N/A	N/A	N/A
43	Shop floor management supports your views on H&S	N/A	N/A	N/A	1	6	2
46	Shop floor management recognizes and respects H&S Reps	N/A	N/A	N/A	1	4	1
47	Shop floor management is sufficiently trained in H&S	N/A	N/A	N/A	1	4	4
48	Management takes H&S Committee seriously	N/A	N/A	N/A	2	5	1
52	Management follow-up issues	N/A	N/A	N/A	1	5	2



### 3.2.6) Number of Occupational Injuries and Diseases

Five participants indicated that they noticed a decrease in both accident and disease rate over the past few years. At two companies workers blamed the high TB rate for recent deaths at their plants and were concerned about the fact that the chemicals in the environment could aggravate the condition of those still receiving treatment for TB. However, at the one company the management representative identified the positive HIV status of workers at the underlying cause of death and strongly denied any link between the chemical environment and diseases attacking the immune system of employees.

**Table B6**

Number	Question	Increased	Decreased	Don't Know
55	Do you think occupational injuries decreased or increased over the last three years	2	5	2
56	Do you think occupational diseases decreased or increased over the last three years	1	5	3

### 3.3 Characteristics of Companies with a Strong Health and Safety Culture

This research suggests that companies with strong health and safety functions and therefore a strong health and safety culture have common characteristics. Three participating companies were analysed in order to identify these common characteristics and details follow to substantiate the broad statements below. It must be noted that all three companies had Health and Safety functions that were established more than 20 years ago and they all employ more than 500 workers.

- Strong international or national Head Office support for health and safety program throughout the organisation

The nature of work at these companies is very hazardous and includes the production of explosives, yarn and medical/health products. One company is a subsidiary of the old South African Defence Force and at present is owned amongst others, by the S.A Government and international companies.

All three companies have a history of frequent exchange of technical expertise, products and support services with depots/ branches or sister companies in developed countries. This symbiosis or mutualism one interviewee pointed out causes the enrichment of the company's policy towards health and safety. All these companies have strong well-oiled communication networks, training and development programmes for staff and all are answerable to a National / International Head Office.

Nationally the workforce is highly skilled and in most cases their personal studies to occupy managerial positions in the companies included courses such as health and safety management, environmental management and risk management.

Most of these companies started their health and safety management systems during and after there was an international outcry against environmental degradation caused by chemical, nuclear and other toxic waste after the Second World War and the Cold War. In this regard the international trade union and environmental movements caused this problem to be highlighted in newspapers and other electronic publications.

The influence of this fight to create a healthy and safe work environment is reflected in the fact that these South African companies all employ a full time Safety, Health and Environment Practitioner (SHE Practitioner) with support services such as an Occupational Nurse, Doctor and/or Hygienist. One company developed an extensive health and safety programme called "SCHIPPS" which integrates health and safety as part of a holistic approach to create a "world class manufacturing" image for the company.

At one company the health and safety objectives were formulated into protocols under the supervision of the International Head Office which were simultaneously implemented at their 140 companies/branches world- wide. South Africa forms part of this international initiative. The implementations of these protocols are subjected to regular scrutiny and auditing by an international committee.

- The CEO or Senior Management is directly involved in health and safety issues and implementation of policies takes place under their control.

The research shows that the CEO or Senior Management is involved at all levels of health and safety management. The research also reveals that the Chief Executive Officers personally signed the health and safety policies in operation at the company. This means that the CEO acts in accordance with the Health and Safety Act and accepts full responsibility and liability for worker health and safety. In all cases, monthly Health and Safety Committee reports are submitted and tabled at the highest decision making forums of the company. Senior management individuals are fully briefed and engaged in the implementation of this policy as prescribed/reflected in their job description.

- Well articulated and publicised health and safety policies exist which are reviewed when necessary

The health and safety policy in most cases were well workshopped with all stakeholders. The objectives were clear and specific strategies were formulated to realise the objectives. In one case however the International Head Office prescribed a method that was in conflict and in contradiction with the abovementioned practice as it allowed workers locally to make only minor adjustments. Generally, the study revealed two weaknesses with regards to the policy formulation process namely:

- (1) that in most cases only employer nominees participated in policy formulation at plant level; and
- (2) that union Head Office officials, instead of shop steward at plant level were involved in this process.

Notwithstanding these weaknesses, in all three cases the health and safety policies were widely publicised and prominently displayed on notice boards, in-house health and safety manuals and in two cases on the company websites.

All these companies are fully aware that a health and safety policy is not static but is influenced by changes in the internal (factory) and external (legislation) environments. The established practice is to review the health and safety policy once a year.

- Duties with regards to health and safety form an integral part of the job descriptions of both Health and Safety Representatives and Managers.

The research shows that in the three companies with a strong health and safety culture the job description of managers includes the management of health and safety. On the basis of this, the appraisal of managers includes their performance with regards to the implementation of the health and safety policy. With the exception of one company, health and safety duties were included in the job description of the health and safety representatives. In all cases the health and safety representatives indicated that arrangements were made for substitutes to perform their normal operational duties while they are engaged in health and safety activities.

- Management gives visible support in the form of training programs, incentive schemes and a monetary budget that compares well with that of other management functions.

At all three companies, in-house health and safety programmes are offered for management and health and safety representatives. These indoor programmes focus on the company's specific health and safety hazard emanating from manufacturing and distribution operations. NOSA AND SAFE-NET are the most prominent external training agencies. All employee representatives indicated that management attended separate health and safety programmes. This could mean that they attended programmes that differ in content and focus or that the division between employer and employee is reinforced deliberately for superficial reasons.

Most of the short course programs offered by outside agencies are expensive and offer no guarantee that it is in line with the National Qualifications Framework. Even in these organisations no proper planning and career pathing and guidance are instituted because health and safety programmes are offered sporadically. No advanced courses with external accreditation are offered to ensure upward mobility for course participants.

All three companies have incentive schemes for health and safety representatives that range from regular braais, finger lunches after meetings, monetary prizes for winners of indoor and NOSA competitions. Outstanding performances are acknowledged in company newsletters and notice boards. One company is looking at the possibility of presenting health and safety representatives with a more regular monetary award.

The responses to the question of budget size were in all cases vague. It included terms like “endless”, “unlimited” and “part of operational expenses”. These responses indicate that health and safety expenditure is either integrated as operational expenditure or based on demand. However, all the employee representatives indicated that they did not know the size of the budget available for health and safety issues.

- Extensive knowledge and understanding of the contents of health and safety legislation at all levels of management.

All employer representatives shared the view that management at all levels were sufficiently trained and understand the health and safety laws and technical aspects and application of health and safety to ensure that workers are not exposed to occupational hazards at work.

It is clear from the research that higher echelons of management are sufficiently trained and understand their responsibility viz-a-viz health and safety management. The study also reveals that employee representatives indicated that shopfloor management would do better with more training.

- The health and safety function is positioned at a very high level in the organisational hierarchy.

All employer representatives agreed to the fact that the health and safety function was positioned at a very high level in the organisation hierarchy. In most cases, employer representatives referred to the seniority of the fulltime Safety, Health and Environment Practitioner and regarded this authoritative position as an indication of the importance of the function.

- Have an employee whose full-time job is to manage the health and safety function with shop floor management playing an integral part in sustaining safe work procedures and practices.

The research shows that all three companies have full time practitioners with designations such as Safety, Health and Environment Manager (SHE Manager), Occupational Health and Safety Manager and Occupational Risk Manager. The supportive nature of line supervisors was previously discussed

- Training is provided to Health and Safety Representatives and Managers in health and safety matters as previously discussed.

- Employees elect Health and Safety Representatives and worker involvement at shop floor level in health and safety issues are supported and encouraged.

The study shows that both employee and employer representatives who were interviewed indicated that health and safety representatives were elected democratically by workers in their department. Management encouraged worker involvement by attending elections and other meetings.

- Management takes responsibility for health and safety function but the union is not excluded from election process of representatives and consultation takes place on an ongoing basis.

Management under the Occupational Health and Safety Act is responsible for health and safety at their companies but must consult with union vis-à-vis organisational and procedural arrangements. At all these companies workers are unionised. All the interviewees indicated that unions are aware who the health and safety representatives are, although only once company indicated that the union was duly consulted as prescribed by law. All the companies indicated that shop stewards were elected or nominated to serve as health and safety representatives and that the overall majority of these health and safety representatives were members of the unions. From the author's experience, this practice is contrary to the trend in other conservative industries where management tries to exclude shop stewards and union members.

- A procedure is in place to deal with the implementation of recommendations made by the Health and Safety Committee.

All companies indicated that they have a procedure to deal with health and safety recommendations. The procedural arrangements include:

- (1) keeping proper minutes of meetings;
- (2) submitting reports to senior levels of management;
- (3) nomination of individuals to investigate and recommend corrective action; and
- (4) Implementation of employee suggestion schemes.

### **3.4 Characteristics of Companies with a Weak Health and Safety Culture**

In contrast with the companies described in the previous section, this research suggests that companies with a weak health and safety culture and no or little health and safety awareness, have the following characteristics which in most cases is the direct opposite of those displayed by companies with a strong safety culture. Three companies were specifically identified and their detailed responses were used to substantiate the broad trends and characteristics outlined below. These characteristics include the following:

- No support from senior management for health and safety and this function is positioned very low on the organisational agenda.

At all three companies, management representatives indicated that support systems for health and safety issues are present. However, this support was limited, and vague as it only refers to "helping the sick guys" or management supported "the family of a worker who died of AIDS". Employee representatives interviewed indicated that management shows no support, as they are mostly absent from meetings. They use monetary or other excuses not to attend to recommendations made by employees with regard to health or safety complaints. In two cases no health and safety committee existed, therefore no formal relationship exists between management and employees.

- There is no written health and safety policy in place and in cases where there is a policy it is not well publicised or available to employees.

Of the three companies one indicated that a policy does exist but could not provide documentary proof, neither was the policy displayed on notice boards or copies given to employees. The other two companies admitted they never had a health and safety policy.

- Duties with regards to health and safety are seen as additional to the functions of Health and Safety Representatives and no training program is in place.

At the one company where there are health and safety representatives, management does not regard their health and safety functions as part of their job description. This causes their operational tasks to pile up whilst they are attending health and safety meetings or investigations. For this reason most of the employees appear to be unwilling to serve as health and safety representatives or they neglect to do a proper job when investigating health and safety complaints of employees.

Training programmes do not exist at these companies for employees or shop floor management. In the one case where there are health and safety representatives no effort was being made to train them.

- Managers, especially those at shop floor see these duties as common sense and received no training to ensure safe and healthy work procedures and practices.

At all three companies, the above position prevails as management sees their main responsibility "to get sick workers to the doctor". Management sees no real need for training as they regard the issuing of protective clothing as their key function. In all cases no fulltime health and safety practitioner is employed and none of these companies have expertise available in the field of hygiene monitoring. Also no biological monitoring or medical surveillance programmes are in place for workers employed in listed jobs and other hazardous environments.

- In most cases there are no Health and Safety Representatives. However, in cases where there were, they represented the interest of management as they were nominated by them without consultation with the unions or workers.



Management at all these companies had poor relations with unions and regarded them as “outsiders interfering in company business”. One management representative made negative statements about how unions are using “health and safety for their own purposes”.

- Employees generally feel that neither management nor the nominated Health and Safety Representatives are competent to deal with their health and safety at work.

At two companies employee representatives were of the view that management is completely ignorant of the theory and practice of health and safety. They hold the view that management is incompetent to create a healthy and safe environment. The employee representative interviewed at the third company felt that management knows enough, but prefers not to use their knowledge constructively. It was specifically mentioned that management “always buys cheap materials” or looks for excuses not to take immediate corrective action.

At two companies, the worker representatives interviewed mentioned that there is a direct link between the dusty chemical environment and the poor health of some of the workers who suffer from tuberculosis (TB). They claim that management blames the death of TB sufferers on AIDS, and does not address the causative link between the pollution in the work environment and the deteriorating health conditions of the workers.

## **Chapter 4: Conclusion**

Sellers, Sloat and Strydom (2001) argue that safety initiatives on the floor often fail because the values and practices of the organisation are inconsistent with its objectives. To shift the organisation into a more favourable health and safety culture, top management needs to articulate a new vision that spells out the required values and practices. But if board members and top management fail to reflect the new vision in their own everyday behaviour, it is unlikely to be effective. The major hindrances in behavioural change are lack of management commitment, management inaction, failure of management to manage safety, health and environmental issues in the same way they manage production and financial matters, failure to communicate safety, health and environmental issues and to listen to the workforce. Finally, the failure of supervisors at all levels to take personal accountability for safety, health and environmental matters in the activities under their controls aggravate the situation, the authors conclude.

Towsey (2001) argues that if the safety, health and environmental management process is not committed to and driven by the CEO, then the opportunity for rapid behavioural change and risk reduction is stifled. Indications of senior management commitment include:

- making safety, health and environmental performance results the first item on regular meeting agendas ahead of financial and production results,
- presenting safety, health and environmental performance results in all financial and production reports, such as quarterly and annual reports to shareholders and the Stock Exchange,
- production of a separate safety, health and environmental annual report to stakeholders,
- CEO and General Managers attend external safety, health and environmental audit close-out meetings and be seen to accompany the auditors for at least part of the audit process,
- internal audits conducted by senior production management and not just safety personnel, and
- CEO and General Manager conduct catastrophic risk assessment workshop and then roll down this process to the next layer of management.

Evidence from the research suggests the following additional indicators of senior management commitment at companies that have proven successful in the field of health and safety management as reflected in their international/national awards and accreditation profile:

- ❖ Ensure a Health and Safety Policy that reflects total commitment to the wellbeing of employees, customers and others who might be affected by products or operations.
- ❖ The Health and Safety Policy is signed by the CEO and displayed prominently.
- ❖ All job descriptions are modified to reflect the responsibility of all staff with regards to health and safety in their areas of operation.
- ❖ Attend or chair the Health and Safety Committee meetings regularly.

- ❖ Take personal responsibility for the implementation of recommendations made by the Health and Safety Representatives or Committee.
- ❖ Show appreciation for the inputs and efforts of Health and Safety Representatives.
- ❖ Ensure that an incentive scheme is in place to reward Health and Safety Representatives in various ways.
- ❖ Accept both the legal and moral responsibility for the health and safety of employees.
- ❖ Ensure that the unions are properly consulted and that health and safety matters are permanently on the agenda at all bargaining levels with the union and other stakeholders.

This research positively confirms the statements made by practitioners at conferences of the National Occupational Safety Association (NOSA) and the Institute of Safety Management (IoSM) meetings as outlined in the research question namely that:

- Chief Executive Officers are legally responsible and liable for employee health and safety in terms of the Occupational Health and Safety Act, but they are seldom personally involved in the functions.
- The duties that health and safety representative must perform under the Act, are not included in job descriptions and are viewed as additional to core tasks without any monetary incentives or reward.
- Occupational Health and Safety is not treated equally to other operational and management functions.
- Shop-floor management is often ignorant with regards to the laws, regulations and standards that govern health and safety in the work place.

It also supports the research hypothesis that “Management commitment of resources to develop a health and safety culture in the workplace is a prerequisite for the effective functioning of Health and Safety structures as required by the Occupational Health and Safety Act.

The path that companies with a weak or no health and safety culture must follow, is clearly paved by the examples set by ones with a strong health and safety culture as outlined above. This will allow them to reap the benefits of higher productivity due to a safe and healthy working environment and a workforce that is positive and healthy. Absenteeism will be reduced as a result of awareness of potential risks to worker well being.

Improved working methods can be introduced as workers contribute to make their surroundings pleasant and better housekeeping practices will boost the morale of all. Less occupational diseases or accidents will be reported and the company will save money on its annual compensation assessment payable to the Department of Labour. The creation of a health and safety culture will send a message that the company care for its employees and natural environment, and this can only boost business locally and internationally. Above all, a strong health and safety culture will avoid unnecessary human suffering and death and will allow employees to live a higher quality of life not only in their communities, but also at work.

The focus of this research is only on managerial practices that are indicative of a strong or weak health and safety culture. Many other environmental conditions outside the control sphere of company management will determine the depth and scope of this culture. These factors include:

- Government enforcement agencies, their approach and available resources
- The strength of worker parties in government and their ability to influence and formulate policy in the field of occupational health and safety
- Incentive schemes of government to promote and recognise compliance with legislation and good practice
- The strength of the trade union at plant and industry level and the available expertise in the field of health and safety as well as resources to execute training and other programs in this field
- The willingness of shop stewards and other union leaders at shop floor to serve as Health and Safety Representatives and to engage management in this field
- The strength of employer bodies and their approach to worker well being at plant and industry level
- The historical organisational culture that promoted either relationships of trust and goodwill or mistrust and animosity
- Pressure from export markets and overseas business partners to comply with international protocols, standards and practices
- The role of local consumer, environmental and social networks to force best practice compliance in this field
- Employee and community awareness levels around issues of employee well being
- The ability of the justice system to prosecute offenders
- The level of unemployment and the availability of alternative employment in the economy if employees should refuse dangerous and hazardous work
- The availability of highly skilled personnel, trained in the field of health and safety to fill managerial positions
- The value society places on human life and employee well being

Some of these factors were covered in the questionnaire but they did not form part of the main focus area as the aim of this research is to identify the contribution made by management in order to enhance the functioning of health and safety structures in the Western Cape chemical sector. However, the individual and/or collective influence of the factors listed above cannot be ignored and could become areas for future research on health and safety culture.

The focus of this research was on the preventative measures and mechanisms that should be in place as outlined in the various sections of the Occupational Health and Safety Act. These measures at shop floor include health and safety committee system, its role, duties and rights as well as the relationship between the CEO, management, Department of Labour, employees and unions with regards to health and safety. More detail is found in the many Regulations, which were promulgated under the mentioned Act. However, the details of the contents of the supportive Regulations or other laws governing areas such as financial compensation and employee support/rehabilitation fall outside the scope of this study. Also a comparative analysis between the Occupational Health and Safety Act and laws governing health and safety

in other areas of the economy, for example the mining or maritime sector, falls outside the scope of this study as the factors and conditions that contributed to its development were different.

In conclusion, it must be mentioned that the legal right granted under the Mine Health and Safety Act (Act No 29 of 1996) to employees to refuse hazardous work or work in hazardous areas forms one of the most important differences between this law and the Occupational Health and Safety Act.

This right will be extended to all workers under a more unified system that will regulate health and safety in both sectors in the future according to a statement issued by Faiza Salie, the Chief Inspector of the Occupational Health and Safety Directorate. (Workers Life: January 2002:8)

The structural arrangement rights granted under the Mine Health and Safety Act were already utilised in a CEPPWAWU/Sasol Mining Occupational Health, Safety and Environmental Agreement, and include:

- shopstewards should have access to information
  - shopstewards have the right to inspect
  - shopstewards have the right to withdraw workers from an area they regard as unsafe
  - the union has the right to use its own experts and the costs will be born by the company where it consents to do so
  - workers have the right to choose health and safety equipment
  - the union has the right to call an inspector to inspect the workplace
- (van Meelis, 2000:65-66)

At present there is no timeframe placed on the legislative review process but the situation outlined in the literature review and revealed through the research process indicates that change is urgent and necessary. The review process should consider introducing the following measures:

- ❖ introduce compulsory and standardised training programs for Health and Safety Representatives and shop floor management
- ❖ introduce incentives for management to go further than basic compliance to achieve levels of excellence
- ❖ introduce compulsory audit systems based on international best practice standards
- ❖ introducing safety and health performance into annual reports and profitability formulas
- ❖ establishing an enforcement system that will regulate and enforce laws and regulations
- ❖ expanding the powers of Health and Safety Representatives / union shop stewards to issue official warnings to management and to stop unsafe practices or evacuate employees from hazardous environments
- ❖ make health and safety not only an issue for consultation with employees or unions but to allow for compulsory negotiation at all levels
- ❖ introduce a system where the actual offender/s pay and not the whole sector or industry penalised

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# Appendix I

## Occupational Health and Safety Interview Schedule

### Interview Schedule for Employee Nominated/Elected Health and Safety Representative

1. Name of Company:.....

2. Sector: .....

3. Number of Employees: .....

4. Nature of Business:.....

5 Date Questionnaire Completed:.....

6. Initials and Surname of Interviewer:.....

7. Initials and Surname of Interviewee:.....

8. Management has changed its practices with regards to health and safety in the light of new legislation.

Agree strongly	Agree	Disagree	Disagree Strongly	I Don't Know
----------------	-------	----------	-------------------	--------------

If yes, what has changed?

.....  
.....  
.....

9. When did you notice these differences in attitude?

0 -5 years ago	5 -10 years ago	More than 10 years ago
----------------	-----------------	------------------------

10. Do you think the changes had anything to do with specific laws and/or regulations that were introduced?

Yes	No
-----	----

If yes, motivate your response

.....  
.....  
.....

11. Do you think the Department of Manpower/Labour had anything to do with this change in attitude?

Yes	No
-----	----

If yes, motivate your response.

.....

12. What term is used by employees to describe a health and safety representative?

Health and Safety Representative	Safety Representative	Safety Officer	Other
----------------------------------	-----------------------	----------------	-------

13. What term does management use to describe a health and safety representative?

Health and Safety Representative	Safety Representative	Safety Officer	Other
----------------------------------	-----------------------	----------------	-------

14. Are health and safety representatives elected or nominated by the employees or by management?

Elected by employees	Nominated by employees	Elected by management	Nominated by Management
----------------------	------------------------	-----------------------	-------------------------

15. Explain to me the process that was followed to elect/nominate health and safety representatives

.....

.....

.....

16. Is there a union at your plant?

Yes	No
-----	----

17. Was the union/s consulted during the election/nomination process?

Yes	No
-----	----

If no, was the union/s involved in any other way?

.....

.....

18. Is the union aware who are the health and safety representatives?

Yes	No
-----	----

19. Is there regular contact between the health and safety representatives and the union?

Yes	No
-----	----

20. Were any shop stewards nominated/elected as health and safety representatives?

Yes	No
-----	----

21. How many health and safety representatives are union members?

.....

22. Is there a health and safety committee?

Yes	No
-----	----

23. How do you think should the laws changed to make the working environment safer and healthier?

.....  
.....

24. Do the health and safety representatives get time off to attend meetings?

Yes	No
-----	----

25. When do meetings take place?

After Normal Working Hours	During Normal Working Hours
----------------------------	-----------------------------

26. Who does the work of the health and safety representative when he/she is attending meetings or doing inspections?

.....

27. Management shows appreciation by rewarding health and safety representatives for their inputs and contribution.

Agree Strongly	Agree	Disagree	Disagree Strongly	I Don't Know
----------------	-------	----------	-------------------	--------------

If you agree, what form does the reward normally takes?

.....

28. How often does the health and safety committee meet?

As Necessary	Monthly	Quarterly
--------------	---------	-----------

29. Where does the Health and Safety Committee meet?

.....

30. Who attends the Health and Safety Committee meetings?

.....

.....

31. Who chairs the Health and Safety Committee meetings?

.....

32. Who sends out notices for the meetings?

.....

33. Who takes the minutes during meetings?

.....

34. Who circulates the minutes of the Health and Safety Committee meetings?

.....

35. Whose full-time job is it to assist the Health and Safety Committee?

Health and Safety Officer	Occupational Nurse	Supervisor	Nobody
---------------------------	--------------------	------------	--------

36. Name the training programs the health and safety representatives attended over the past 2 years.

In-house Programmes: .....

.....

Other: .....

.....

37. What was the duration of these programs?

1 Day or Shorter	1-3 Days	3 -5 days	5-10 days	10-15 days	Longer 30
------------------	----------	-----------	-----------	------------	-----------

38. Did any health and safety representative get promotion based on the training he/she received and skills he/she developed?

Yes	No
-----	----

39. Health and safety representatives are sufficiently trained to perform their duties?

Agree Strongly	Agree	Disagree	Disagree Strongly	I Don't Know
----------------	-------	----------	-------------------	--------------

If you agree, motivate your response.

.....

.....

40. Do the health and safety representatives receive all the relevant information they need about health and safety matters to take informed decisions?

Yes	No
-----	----

41. Do you know what amount was budgeted for health and safety activities?

R.....	I Don't Know
--------	--------------

42. Do you feel that senior management supports your efforts to improve health and safety standards?

Yes	No
-----	----

If yes, motivate your response.

.....

.....

43. Shop floor management supports and appreciates your views on health and safety?

Agree Strongly	Agree	Disagree	Disagree Strongly	I Don't Know
----------------	-------	----------	-------------------	--------------

If you agree, motivate your response.

.....

.....

44. Shop floor management shows support for the health and safety measures which the health and safety committee recommends?

Agree Strongly	Agree	Disagree	Disagree Strongly	I Don't Know
----------------	-------	----------	-------------------	--------------

If you agree, motivate your response.

.....

.....

.....

45. Did shop floor management attend the same training programs as the health and safety representatives or did they attend separately?

Attend the Same Programs	Attend Separate Programs
--------------------------	--------------------------

46. Shop floor management recognizes and respects you as health and safety representative?

Agree Strongly	Agree	Disagree	Disagree Strongly	I Don't Know
----------------	-------	----------	-------------------	--------------

If you agree, motivate your response.

.....

.....

47. Shop floor management is sufficiently trained in health and safety in order to supervise work without exposing employees to health and safety risks?

Agree Strongly	Agree	Disagree	Disagree Strongly	I Don't Know
----------------	-------	----------	-------------------	--------------

If you agree, motivate your response.

.....

.....

48. Management takes recommendations of the health and safety committee serious?

Agree Strongly	Agree	Disagree	Disagree Strongly	I Don't Know
----------------	-------	----------	-------------------	--------------

If you agree, motivate your response.

.....

.....

49. How long does management takes before they implement recommendations from the health and safety committee?

1-5 days	5-10 days	10-30 days	More than 30 days
----------	-----------	------------	-------------------

50. What are the common reasons given by management for not to implementing recommendations?

.....

.....

51. Who normally see to the implementation of recommendation?

CEO	Factory Manager	Health /Safety Practitioner	Shop Floor Management	Other
-----	-----------------	-----------------------------	-----------------------	-------



If other, please specify.

.....  
52. Management follow-up problems until they are convinced that the recommendations are effective?

Agree Strongly	Agree	Disagree	Disagree Strongly	I Don't Know
----------------	-------	----------	-------------------	--------------

53. Who is the Chief Executive Officer of this Company?

.....  
54. Which top management individuals are involved in health and safety matters?

CEO	Factory Manager	Production Manager	Engineer	Other
-----	-----------------	--------------------	----------	-------

Please specify other.

.....  
55. Do you think occupational injuries decreased or increased over the last three years?

Increased	Decreased	I Don't Know
-----------	-----------	--------------

Please motivate your response.

.....  
56. Do you think occupational diseases increased or decreased over the last three years?

Increased	Decreased	I Don't Know
-----------	-----------	--------------

Please motivate your response.

.....  
Information obtained through interviews will be used for academic purposes only and will be treated in strict confidence.

Signed: .....

Peter J. Le Roux

**Appendix II**  
**Occupational Health and Safety Interview Schedule**

**Interview Schedule for Employer Nominated/ Elected Health and Safety Representative**

- 1. Name of Company:.....
- 2. Sector: .....
- 3. Number of Employees: .....
- 4. Nature of Business:.....
- 5. Date Questionnaire Completed:.....
- 6. Initials and Surname of Interviewer:.....
- 7. Initials and Surname of Interviewee:.....
- 8. How long ago was the occupational health and safety function started at your company?

More than 20	More than 15	More than 10	Less than 5	I Don't Know
--------------	--------------	--------------	-------------	--------------

- 9. Where any significant changes to the health and safety function introduced after 1993 when the Occupational Health and Safety Act was introduced?

Yes	No	I Don't Know
-----	----	--------------

If yes, motivate your response

.....

.....

.....

- 10. What do you regard as the main weaknesses of this law from a management perspective?

.....

.....

.....

- 11. What would you regard as the main strengths of this law from a management perspective?

.....

.....

.....

- 12. How did this law influence or impact on the health and safety function at your company?

.....

.....

13. Does your company have a health and safety policy?

Yes	No	I Don't Know
-----	----	--------------

14. If yes, what are the objectives of the health and Safety Policy?

.....

.....

.....

15. How did the company arrive at this policy?

.....

.....

16. Were the union/s involved in the policy formulation process?

Yes	No	I Don't Know
-----	----	--------------

17. How does the company publicize this policy?

.....

.....

18. How often is this policy reviewed?

Once a year	Every 5 years	Never
-------------	---------------	-------

19. Management gives strong support to the health and safety function?

Agree Strongly	Agree	Disagree	Disagree Strongly	I Don't Know
----------------	-------	----------	-------------------	--------------

If you agree, what form/s does this support normally take?

.....

.....

.....

20. What is the budget allocation for the health and safety function?

R.....	I Don't Know
--------	--------------

21. The budget share for health and safety compares well with other management functions

Agree Strongly	Agree	Disagree	Disagree Strongly	I Don't Know
----------------	-------	----------	-------------------	--------------

If you disagree, motivate your answer

.....  
.....  
.....

22. The health and safety function is positioned at a very high level in the organisational hierarchy?

Agree Strongly	Agree	Disagree	Disagree Strongly	I Don't Know
----------------	-------	----------	-------------------	--------------

23. Do you have an employee whose full-time job is health and safety management at your company?

Yes	No
-----	----

If yes, what is that person's job title? .....

24. What are the responsibilities of shop floor management (supervisors) with regards to health and safety?

.....  
.....  
.....

25. How do you see these roles and function change in the future to ensure continuous improvement in the field of health and safety?

.....  
.....  
.....

26. Name the training programs which shop floor managers attended over the past 2 years in the field of health and safety?

In-house Programmes .....

.....

Other .....

.....

27. How do you view the role of the health and safety representative?

.....  
.....  
.....

28. What are the duties of Health and Safety Representatives?

.....  
.....  
.....

29. How were health and safety representatives' elected/nominated?

.....  
.....

30. Is there a union/s at your plant?

Yes	No
-----	----

31. Was the union/s consulted during the election/nomination process?

Yes	No
-----	----

If yes, how was the union consulted?

.....  
.....

32. What types of training programs are in place for health and safety representatives in order to equip them to perform their duties effectively?

.....  
.....  
.....

33. What is the duration of most these programs?

1 Day or Shorter	1-3 Days	3-5 Days	5-10 Days	10-15 Days	Longer 30
------------------	----------	----------	-----------	------------	-----------

34. There is a reward or incentive scheme to show appreciation for the inputs made by health and safety representatives?

Agree Strongly	Agree	Disagree	Disagree Strongly	I Don't Know
----------------	-------	----------	-------------------	--------------

If you agree, what form does it normally take?.....  
.....

35. Are the health and safety duties of representatives seen as additional to their daily tasks or is it part of their job descriptions?

Part of Job Description	Not Part of Job Description
-------------------------	-----------------------------

36. Do you allow time off for training, meetings and audits to be done by health and safety representatives during normal working hours?

Yes	No
-----	----

37. Who is responsible for representing management at the health and safety committee meetings?

CEO	Occupational Health Nurse	H&S Practitioner	Middle Management	Shop Floor Management
-----	---------------------------	------------------	-------------------	-----------------------

38. Who signs the minute of the health and safety committee from management side?

CEO	Occupational Health Nurse	H&S Practitioner	Middle Management	Shop Floor Management
-----	---------------------------	------------------	-------------------	-----------------------

39. Who is responsible for the implementation of recommendations made by the health and safety committee?

CEO	Occupational Health Nurse	H&S Practitioner	Middle Management	Shop Floor Management
-----	---------------------------	------------------	-------------------	-----------------------

40. Do you have a procedure in place to deal with recommendations from the health and safety committee?

Yes	No
-----	----

If yes, explain the procedure.....  
 .....  
 .....

41. Who is responsible for following-up after recommendations were implemented to evaluate effectiveness of solutions and to report on findings to committee?

.....

42. Health and safety representatives are sufficiently trained to perform their duties?

Agree Strongly	Agree	Disagree	Disagree Strongly	I Don't Know
----------------	-------	----------	-------------------	--------------

If you disagree, what are you doing to improve their level of competency?.....  
 .....  
 .....

43. Shop floor managers are sufficiently trained to deal with health and safety matters?

Agree Strongly	Agree	Disagree	Disagree Strongly	I Don't Know
----------------	-------	----------	-------------------	--------------

If you disagree, what are you doing to improve their level of competency?.....  
 .....  
 .....

44. Management is very committed to health and safety of employees at your company?

Agree Strongly	Agree	Disagree	Disagree Strongly	I Don't Know
----------------	-------	----------	-------------------	--------------



If you agree, motivate your response.....

.....  
.....

45. Over the past 2 years, reported numbers of work related accidents decrease?

Agree Strongly	Agree	Disagree	Disagree Strongly	I Don't Know
----------------	-------	----------	-------------------	--------------

If you agree, motivate your response.....

.....  
.....

46. Over the past 2 years, reported numbers of occupational diseases decreased

Agree Strongly	Agree	Disagree	Disagree Strongly	I Don't Know
----------------	-------	----------	-------------------	--------------

If you agree, motivate your response.....

.....  
.....

Information obtained through interviews will be used for academic purposes only and will be treated in strict confidence.

Signed:.....  
Peter J Le Roux

**Appendix III**  
**Employer Representative Response Schedule (Semi-structured Questions)**

Sched No.	Business Activity	Interviewee Designation	No. of Workers	Weaknesses of OHS Act	Strengths of OHS Act	Influence of law on Company	Objective of Health and Safety policy
1	Market Chemicals and Laboratory Equipment	Office Manager	25	Not Familiar with Act	Not Familiar with Act	Not Familiar	Committed to those affected by company activities
2	Produce Coating and Sealing Products	Factory Manager	42	Not enough resources to monitor and enforce Act	Self-Control principle	Election of H+S Reps	To ensure workers and community health and safety
3	Produce and Distribute Paint	Owner	30	Not Familiar with Act	Not Familiar with Act	Not Familiar	No Policy N/A
4	Pack and Distribute Chemicals	Warehouse Manager	30	Not Familiar with Act	Not Familiar with Act	Not Familiar with Act	No Policy N/A
5	Pack and Distribute Chemicals	Operations Director	150	Act is not enforced	Give guidelines of good practices	Participation of workforce as health and safety representatives	Protecting the well-being of staff
6	Produce and Distribute Paint	Training Manager	176	No proper enforcement	Well structured and objectives are clear	It got employees involved at shop floor level	Ensure that legislation is complied with
7	Produce Health Care Products	Maintenance Manager	460	None	It covers everything	Introduced the legal side to health and safety compliance	To ensure that operations are safe for employees
8	Produce Solid Fuel Chemical Propellants	Operational SHE Manager	800	Act is too prescriptive. Should only serve as guide.	Responsibility it places on employer and the legal duty that goes with it	Change to Risk Management	Safety and well-being of employees and no damage to environment
9	Produce Yam	Auxiliary Manager	1500	Law is still open to abuse. Disciplinary action against perpetrators must be tightened	It needs to filter down to shop floor	No Specific Impact	

Sched No.	How did company arrive at H&S Policy	How does the policy gets publicized	What are the responsibilities of supervisors wrt health and safety	How do you see these roles changing	Name training programmes For shop floor managers	How do you view the role of H+S Reps.	What are the duties of H+S Reps	How were H+S Reps Nominated /Elected	Types of Training Programmes for Health and Safety Reps	Who is responsible to follow-up on recommendations made by H+S Committee
1	Head -Office Decided on Policy	Company Profile Booklet	Common sense duties wrt health and safety issues	Not sure	First Aid	Administrative and liase with head-office	Liase with management wrt health and safety issues	Nominated by Management	Not sure	Not sure
2	American Head-Office introduced Policy	Notice Boards Company MagazineInternet	All serve on H+S Committee and they all sign letters accept full line responsibility	More training To integrate role of H+S tasks further	On-Line training Program Safenet, NOSA	Be able to give real grassroots level report of any hazards	Must ensure that co-workers are safe and that all hazards are reported to management	Union Shop Steward was nominated by management	NOSA Safety Programs Safenet Training Program	Factory Manager
3	No Policy	No Policy	They must ensure sick workers get attention	More training in health and safety issues	First aid	No H+S Reps	N/A	N/A	N/A	Owner
4	No Policy	No Policy	To ensure workers work in safe and healthy environment	Must be trained in health and safety issues	None	No health and Safety Reps.	N/A	N/A	N/A	Not sure
5	From value generating workshops where management was involve	In reception area and on all notice boards	Make sure that workers follow safe procedures, wear PPE and report unsafe situations	Get employees more involved	Videos and regular discussion	Must give guidance to co-workers	He is the watchdog	Volunteers nominated by employees and management	NOSA and In-house Safety Courses	Operations Director
6	Head Office in Johannesburg introduced policy	On notice boards	Core Competency of supervisors	Internation training programmes for example WCM	MDWT Health and Safety Rep Training Course	Must see to the well-being of co-workers and identify hazards before accidents occur	He must do audits and attend meetings	50% elected by employees and 50% nominated by management	Health and Safety Rep/ training Course	H+S Officer and Risk Manager
7	International Programme in 140 countries	In reception area, induction programme and company magazine	Safety and health included in job description as part of core functions	Protocols to be signed by all to make this legal duty	NOSA Programs	Must play controlling function wrt safety and maintenance issues	As specifies in OHS Act	Democraticall y elected by employees	NOSA training courses	Maintenance Manager and H+S Coordinator

8	Loss Prevention Policy was Extended through a company-wide effort	Up in reception area as well as on notice boards on the shop floor	Contracted into their job description as core competency functions	Continuous improvement plan	NOSA and Safenet courses	They are the police of SHE matters and have a legal duty towards co-employees	Appointment letter specifies duties based on the OHS Act	Shop Floor based elections by all employees	NOSA and Safenet training courses	Management and H+S Reps
9	NOSA Training programs lead to the formulation of health and safety policy	On the Internet, notice boards, all employees received hard copies	They are all held responsible for health and safety as part of their line function duties	SCHIPS Program will advance this role as part of WCM	SCHIPS courses and Video programs	Eyes and ears to protect co-workers and guide behaviour	Give regular report back of meetings	Elected by departments	NOSA and other in-house training programs	Nominated members of management

## Appendix IV

### Employee Representative Response Schedule (Semi-structured Questions)

Schedule No.	Business Activity	Employee Designation	Number of Workforce	Process to Elect H & S Reps
1	Market Chemicals and Laboratory Equipment	Customer Service Coordinator	25	Appointed by Management
2	Produce Coating and Sealing Products	Operator	42	Appointed by Management
3	Produce and Distribute Paint	Despatch Clerk	30	No Health and Safety Representatives
4	Pack and Distribute Chemicals	Dispatch Assistant	30	No Health and Safety Representative
5	Pack and Distribute Chemicals	Packer	150	Volunteers elected by Employees
6	Produce and Distribute Paint	Health and Safety Officer	176	Elected by Employees
7	Produce Health Care Products	Calibration Technician	460	Volunteers encouraged by Management
8	Produce Solid Fuel Chemical Propellants	Machine operator	800	Elected by Employees
9	Produce Yarn	Stores Assistant	1500	Elected by Employees

Sched. No.	No. Of H+S Reps who are Union Members	Proposed Changes To Existing Laws	Who does work of H+S Rep. when busy	Where Does H+S Committee meets	Who attends H+S Committee meetings	Who chairs H+S Committee Meetings	Who Sends notice of meeting	Who takes minutes of meetings
1	N/A	Nothing	N/A	N/A	N/A	N/A	N/A	N/A
2	All	HIV/Aids, dust and PPE when working with chemicals	Nobody. This creates problems	Boardroom	Management Reps from different Dept, H+S Rep and Occ. Nurse	Factory Manager	Committee Secretary	Committee Secretary
3	N/A	More focus on PPE and signage when people work with chemicals	N/A	N/A	N/A	N/A	N/A	N/A
4	N/A	Extractor fans where people work with chemicals and proper PPE	N/A	N/A	N/A	N/A	N/A	N/A
5	Both Reps are union members	Comp. Claim procedure should be faster and better payments for major injuries	Others will assist	Warehouse	H+S Reps and Management Reps and Occ. Nurse	Operations Director	Director Secretary	Director Secretary
6	100% of Employee	Laws are sufficient	Others will assist	Boardroom	H+S Reps, Health and Safety Officer and Risk Manager	Health and Safety Officer	Health and Safety Officer	Health and Safety Officer
7	Majority	Laws are Sufficient	Others will assist	Training Room	H+S Reps, Management Reps, Observer	Maintenance Manager	Health and Safety Coordinator	Health and Safety Coordinator
8	Not Sure	Laws are Sufficient	Others will assist	Meeting Room	H+S Reps, Management and Union Shop Steward	SHE Leader	Committee Secretary	Committee Secretary
9	90%	Asbestos danger needs more attention	Others will assist	Conference Room	H+S Reps, Management Reps	Rotate between management and H+S Reps	Management Secretary	Management Secretary

Schedule Number	Training Programmes Attended	Reasons for not implementing recommendations
1	First Aid	N/A
2	In-house: Monday Morning 5 minute Safety Talks External: Safetnet – Two Training Sessions	Money and People
3	First Aid Fire Fighting	Wait till there is a big order
4	None	No Contact Between Employees and Management
5	In-House: Health and Safety Videos Sessions External: NOSA Health and Safety Representative Course	Not enough money
6	External: Health and Safety Audit Course	Look for in-house solutions
7	External: NOSA Health and Safety Representative Course Refresher Courses every 5 years	If the capital layout is too big
8	External: NOSA And ISO 14000 training courses	None
9	External : NOSA Intratrain and Cape Technikon Courses	Always wait on outside advice



## Appendix V

### Management Representative Response - Frequency Table

#### Designation

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid management representative	9	100.0	100.0	100.0

#### 8. Ho long ago was the OH&S function stare at your company?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid more that 20 yrs	4	44.4	44.4	44.4
more than 15 yrs	2	22.2	22.2	66.7
less than 5 yrs	2	22.2	22.2	88.9
I don't know	1	11.1	11.1	100.0
Total	9	100.0	100.0	

#### 13. Does the company have a H&S policy:

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid yes	7	77.8	77.8	77.8
no	1	11.1	11.1	88.9
I don't know	1	11.1	11.1	100.0
Total	9	100.0	100.0	

#### 16. Were the unions involved in the policy formulation process?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid yes	2	22.2	22.2	22.2
no	7	77.8	77.8	100.0
Total	9	100.0	100.0	

18. How often is the policy revised?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	once a year	4	44.4	57.1	57.1
	every 5 years	1	11.1	14.3	71.4
	never	2	22.2	28.6	100.0
	Total	7	77.8	100.0	
Missing	System	2	22.2		
Total		9	100.0		

19. Management gives strong support to the H&S function?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree Strongly	5	55.6	55.6	55.6
	Agree	4	44.4	44.4	100.0
	Total	9	100.0	100.0	

20. What is the budget allocation for the H&S function?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	R.....	1	11.1	11.1	11.1
	I Don't Know	8	88.9	88.9	100.0
	Total	9	100.0	100.0	

22. The H&S function is positioned at a very high level in the organisational hierarchy?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree Strongly	5	55.6	55.6	55.6
	Agree	2	22.2	22.2	77.8
	I Don't Know	2	22.2	22.2	100.0
	Total	9	100.0	100.0	

23. Do you have an employee whose full-time job is H&S management at your company?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	4	44.4	44.4	44.4
	No	5	55.6	55.6	100.0
	Total	9	100.0	100.0	

30. Is there a union/ s at your plant?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	6	66.7	66.7	66.7
No	3	33.3	33.3	100.0
Total	9	100.0	100.0	

31. Was the union/s consulted during the election/ nomination process?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	4	44.4	44.4	44.4
No	5	55.6	55.6	100.0
Total	9	100.0	100.0	

33. What is the duration of most these programs?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Day or Shorter	1	11.1	16.7	16.7
3 Days	5	55.6	83.3	100.0
Total	6	66.7	100.0	
Missing System	3	33.3		
Total	9	100.0		

34. There is a reward or incentive scheme to show appreciation for the inputs made by H&S representatives?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Agree Strongly	1	11.1	16.7	16.7
Agree	4	44.4	66.7	83.3
Disagree	1	11.1	16.7	100.0
Total	6	66.7	100.0	
Missing System	3	33.3		
Total	9	100.0		

35. Are the H&S duties of representatives seen as additional to their dily tasks or is it part of their job descriptions?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Part of Job Description	3	33.3	50.0	50.0
Not Part of Job Description	3	33.3	50.0	100.0
Total	6	66.7	100.0	
Missing System	3	33.3		
Total	9	100.0		

36. Do you allow time off for training, meetings and audits to be done by H&S representatives during normal working hours?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	7	77.8	100.0	100.0
Missing System	2	22.2		
Total	9	100.0		

37. Who is responsible for representing management at the H&S committee meetings?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid CEO	2	22.2	22.2	22.2
H&S Practitioner	1	11.1	11.1	33.3
Middle Management	6	66.7	66.7	100.0
Total	9	100.0	100.0	

38. Who signs the minute of the H&S committee from management side?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid CEO	3	33.3	50.0	50.0
H&S Practitioner	2	22.2	33.3	83.3
Shop Floor Management	1	11.1	16.7	100.0
Total	6	66.7	100.0	
Missing System	3	33.3		
Total	9	100.0		

39. Who is responsible for the implementation of recommendations made by the H&S committee?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid CEO	1	11.1	12.5	12.5
H&S Practitioner	2	22.2	25.0	37.5
Middle Management	4	44.4	50.0	87.5
Shop Floor Management	1	11.1	12.5	100.0
Total	8	88.9	100.0	
Missing System	1	11.1		
Total	9	100.0		

40. Do you have a procedure in place to deal with recommendations from the H&S committee?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	5	55.6	83.3	83.3
	No	1	11.1	16.7	100.0
	Total	6	66.7	100.0	
Missing	System	3	33.3		
Total		9	100.0		

42. H&S representatives are sufficiently trained to deal with H&S matters?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree Strongly	2	22.2	33.3	33.3
	Agree	4	44.4	66.7	100.0
	Total	6	66.7	100.0	
Missing	System	3	33.3		
Total		9	100.0		

43. Shop floor managers are sufficiently trained to deal with H&S matters?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree Strongly	1	11.1	11.1	11.1
	Agree	6	66.7	66.7	77.8
	Disagree	2	22.2	22.2	100.0
	Total	9	100.0	100.0	

44. Management is very committed to H&S of employees at your company?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree Strongly	6	66.7	66.7	66.7
	Agree	3	33.3	33.3	100.0
	Total	9	100.0	100.0	

45. Over the past 2 years, reported numbers of work related accidents decrease?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree Strongly	2	22.2	22.2	22.2
	Agree	2	22.2	22.2	44.4
	Disagree	2	22.2	22.2	66.7
	I Don't Know	3	33.3	33.3	100.0
	Total	9	100.0	100.0	

46. Over the past 2 years, reported numbers of occupational diseases decreased?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Agree	1	11.1	11.1	11.1
Disagree	2	22.2	22.2	33.3
I Don't Know	6	66.7	66.7	100.0
Total	9	100.0	100.0	

## Appendix VI

### Employee Representative Response- Frequency Table

#### Designation

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid employee representative	9	100.0	100.0	100.0

#### 8. Management has changed its practices

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid agree strongly	2	22.2	22.2	22.2
agree	7	77.8	77.8	100.0
Total	9	100.0	100.0	

#### 9. When did you notice these differences in attitude?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0-5 years ago	5	55.6	55.6	55.6
5-10 years	2	22.2	22.2	77.8
more than 10 years ago	2	22.2	22.2	100.0
Total	9	100.0	100.0	

#### 10. Do you think the differences had anything to do with sepcific laws?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid yes	6	66.7	66.7	66.7
no	3	33.3	33.3	100.0
Total	9	100.0	100.0	

#### 11. Do you think the DOL has had anything to do with this change in attitude?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid No	9	100.0	100.0	100.0



12. What term is used by employees to describe the H&S representative?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Health and Safety Representative	4	44.4	44.4	44.4
	Safety Representative	3	33.3	33.3	77.8
	Safety Officer	1	11.1	11.1	88.9
	Other	1	11.1	11.1	100.0
	Total	9	100.0	100.0	

13. What term does management use to describe the H&S representative?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Health and Safety Representative	4	44.4	44.4	44.4
	Safety Representative	3	33.3	33.3	77.8
	Safety Officer	1	11.1	11.1	88.9
	Other	1	11.1	11.1	100.0
	Total	9	100.0	100.0	

14. Are H&S representatives elected or nominated by employees or by management?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Elected by employees	4	44.4	57.1	57.1
	Nominated by Management	3	33.3	42.9	100.0
	Total	7	77.8	100.0	
Missing	System	2	22.2		
Total		9	100.0		

16. Is there a union in your plant?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	6	66.7	66.7	66.7
	No	3	33.3	33.3	100.0
	Total	9	100.0	100.0	

17. Was the union/s consulted during the selection/nomination process?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	2	22.2	25.0	25.0
	No	6	66.7	75.0	100.0
	Total	8	88.9	100.0	
Missing	System	1	11.1		
Total		9	100.0		

18. Is the union aware who the H&S representatives are?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	6	66.7	85.7	85.7
	No	1	11.1	14.3	100.0
	Total	7	77.8	100.0	
Missing	System	2	22.2		
Total		9	100.0		

19. Is there regular contact between the H&S representative and the union?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	4	44.4	57.1	57.1
	No	3	33.3	42.9	100.0
	Total	7	77.8	100.0	
Missing	System	2	22.2		
Total		9	100.0		

20. Were any shop stewards nominated/elected a H&S representatives?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	5	55.6	71.4	71.4
	No	2	22.2	28.6	100.0
	Total	7	77.8	100.0	
Missing	System	2	22.2		
Total		9	100.0		

21 How many H&S representatives are union members?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2	1	11.1	100.0	100.0
Missing	System	8	88.9		
Total		9	100.0		

22. Is there a H&S committee?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	6	66.7	75.0	75.0
	No	2	22.2	25.0	100.0
	Total	8	88.9	100.0	
Missing	System	1	11.1		
Total		9	100.0		

24. Do the H&S representatives get time off to attend meetings?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	8	88.9	100.0	100.0
Missing System	1	11.1		
Total	9	100.0		

25. When do meetings take place?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid During Normal Working Hours	7	77.8	100.0	100.0
Missing System	2	22.2		
Total	9	100.0		

27. Management shows appreciation by rewarding H&S representatives when he / she is attending meetings or doing inspections?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Agree Strongly	1	11.1	16.7	16.7
Agree	1	11.1	16.7	33.3
Disagree	2	22.2	33.3	66.7
I Don't Know	2	22.2	33.3	100.0
Total	6	66.7	100.0	
Missing System	3	33.3		
Total	9	100.0		

28. How often does the H&S Committee meet?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Monthly	6	66.7	100.0	100.0
Missing System	3	33.3		
Total	9	100.0		

35. Whose full-time job is it to assist the H&S Committee?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid H&S Officer	3	33.3	33.3	33.3
Supervisor	1	11.1	11.1	44.4
Nobody	5	55.6	55.6	100.0
Total	9	100.0	100.0	

37. What is the duration of these programs?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	3 Days	5	55.6	71.4	71.4
	5 Days	1	11.1	14.3	85.7
	10 Days	1	11.1	14.3	100.0
	Total	7	77.8	100.0	
Missing	System	2	22.2		
Total		9	100.0		

38. Did any health and safety representative get promotion based on the training he/ she received and skills he/ she developed?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	2	22.2	28.6	28.6
	No	5	55.6	71.4	100.0
	Total	7	77.8	100.0	
Missing	System	2	22.2		
Total		9	100.0		

39. H&S representatives are sufficiently trained to perform their duties?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree Strongly	1	11.1	12.5	12.5
	Agree	5	55.6	62.5	75.0
	Disagree	1	11.1	12.5	87.5
	I Don't Know	1	11.1	12.5	100.0
	Total	8	88.9	100.0	
Missing	System	1	11.1		
Total		9	100.0		

40. Do the H&S representatives receive all the relevant information they need about H&S matters to take informed decisions?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	4	44.4	66.7	66.7
	No	2	22.2	33.3	100.0
	Total	6	66.7	100.0	
Missing	System	3	33.3		
Total		9	100.0		

41. Do you know what amount was budgeted for H&S activities?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid R.....	2	22.2	22.2	22.2
I Don't Know	7	77.8	77.8	100.0
Total	9	100.0	100.0	

42. Do you feel that senior management supports your efforts to improve H&S standards?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	6	66.7	66.7	66.7
No	3	33.3	33.3	100.0
Total	9	100.0	100.0	

43. Shop floor management supports and appreciates your views on H&S?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Agree Strongly	1	11.1	11.1	11.1
Agree	6	66.7	66.7	77.8
Disagree	2	22.2	22.2	100.0
Total	9	100.0	100.0	

4. Shop floor management shows support for the H&S measures which the H&S committee recommends?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Agree	5	55.6	71.4	71.4
I Don't Know	2	22.2	28.6	100.0
Total	7	77.8	100.0	
Missing System	2	22.2		
Total	9	100.0		

45. Did shop floor management attend the same training programs as the H&S representatives or did they attend separately?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Attend the Same Programs	4	44.4	57.1	57.1
Attend Separate Programs	3	33.3	42.9	100.0
Total	7	77.8	100.0	
Missing System	2	22.2		
Total	9	100.0		

46. Shop floor management recognizes and respects you as H&S representative?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree Strongly	1	11.1	16.7	16.7
	Agree	4	44.4	66.7	83.3
	Disagree	1	11.1	16.7	100.0
	Total	6	66.7	100.0	
Missing	System	3	33.3		
Total		9	100.0		

47. Shop floor management is sufficiently trained in H&S in order to supervise work without exposing employees to health and safety risks?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree Strongly	1	11.1	11.1	11.1
	Agree	4	44.4	44.4	55.6
	Disagree	4	44.4	44.4	100.0
	Total	9	100.0	100.0	

48. Management takes recommendations of the H&S committee serious?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree Strongly	2	22.2	25.0	25.0
	Agree	5	55.6	62.5	87.5
	Disagree	1	11.1	12.5	100.0
	Total	8	88.9	100.0	
Missing	System	1	11.1		
Total		9	100.0		

49. How long does management takes before they implement recommendations from the H&S committee?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	5 Days	2	22.2	25.0	25.0
	10 Days	1	11.1	12.5	37.5
	30 Days	3	33.3	37.5	75.0
	More Than 30 Days	2	22.2	25.0	100.0
	Total	8	88.9	100.0	
Missing	System	1	11.1		
Total		9	100.0		

51. Who normally see to the implementation of recommendation?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid CEO	1	11.1	11.1	11.1
Factory Manager	1	11.1	11.1	22.2
H&S Practitioner	3	33.3	33.3	55.6
Shop Floor Management	1	11.1	11.1	66.7
Other	3	33.3	33.3	100.0
Total	9	100.0	100.0	

52. Management follow-up problems until they are convinced that the recommendations are effective?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Agree Strongly	1	11.1	11.1	11.1
Agree	5	55.6	55.6	66.7
Disagree	2	22.2	22.2	88.9
I Don't Know	1	11.1	11.1	100.0
Total	9	100.0	100.0	

54. Which top management individuals are involved in H&S matters?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid CEO	1	11.1	11.1	11.1
Factory Manager	3	33.3	33.3	44.4
Engineer	1	11.1	11.1	55.6
Other	4	44.4	44.4	100.0
Total	9	100.0	100.0	

55. Do you think occupational injuries decreased or increased over the last three years?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Increased	2	22.2	22.2	22.2
Decreased	5	55.6	55.6	77.8
I Don't Know	2	22.2	22.2	100.0
Total	9	100.0	100.0	



56. Do you think occupational diseases increased or decreased over the last three years?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Increased	1	11.1	11.1	11.1
Decreased	5	55.6	55.6	66.7
I Don't Know	3	33.3	33.3	100.0
Total	9	100.0	100.0	