

**OCCUPATIONAL ACCIDENTS IN HOTELS
WITHIN ELDORET TOWN, KENYA: AWARENESS
AND PREVENTION**

BY:

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**A RESEARCH THESIS SUBMITTED IN PARTIAL
FULFILLMENT FOR THE DEGREE OF MASTER OF
SCIENCE IN HOSPITALITY AND TOURISM
MANAGEMENT IN THE SCHOOL OF HOSPITALITY
AND TOURISM OF KENYATTA UNIVERSITY**

AUGUST 2011

DECLARATION

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DEDICATION

To my dear mother for her undying support both emotionally and financially. Thanks to my daughter Vicky, nephews Ian and Martin and niece Shamim.

ACKNOWLEDGEMENTS

I am very grateful to my supervisors Mrs. Rahab Mugambi and Dr. Vincent O. Onywera who guided me through this thesis writing. Special thanks to The Department Postgraduate Coordinator, Mrs. Mary Mutisya for being there when I needed her. I also thank the management of the hotels visited and especially the respondents who were cooperative during data collection for this study. I sincerely appreciate my entire family for their patience, understanding and encouragement.

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ABBREVIATIONS AND ACRONYMS

WHO	-	World Health Organization
ILO	-	International Labor Organization
HSE	-	Health Safety Executive
UK	-	United Kingdom
OHS	-	Occupational Health and Safety
EMC	-	Eldoret Municipal Council
HIRA	-	Hazard Identification and Risk Assessment
MOH	-	Ministry of Health
OHSA	-	Occupational Health and Safety Act
WIBA	-	Work Injuries and Benefits Act

ABSTRACT

This study is entitled, “Occupational Accidents in hotels within Eldoret Town: Awareness and Prevention”. The specific objectives of the study were to establish whether there are policy guidelines relating to prevention of occupational accidents and to check whether legal requirements relating to safety at work are followed; determine the level of awareness of the safety procedures by the staff and proprietors of hotels within Eldoret municipality and to establish preventive measures that are in place to prevent Occupational Accidents in hotels within Eldoret municipality. The independent variables examined were the years worked, type of hotel and level of education while the dependent variables included awareness of staff on safety requirements, policies and accident prevention measures as they relate to the areas of occupational health and safety promotion activities. The study employed the descriptive study design which is the most appropriate in achieving the stated objectives and allows generalization of the results to the population. Data was collected from hotels using stratified and simple random sampling which ensures that all staff from the population had the same chance of being selected and stratified sampling to ensure that cases from the smaller strata of the population are included in sufficient numbers to allow comparison. The study was done in the central business district of Eldoret town in which, 16 hotels from 20 High Standard Lodging House (Hotel D Class) of hotels were studied. An interview was administered to hotel proprietors or the hotel manager to establish accident prevention measures taken by the hotel management as well as the policies put in place to ensure awareness and prevention of these accidents. Staff of various caliber filled questionnaires to shed light on accident prevention measures and awareness. An observation checklist was also used to establish the safety practices of the hotel. The data collected was then used to establish the extent to which accidents occurred, state of awareness and prevention measures that were undertaken by the hotels. The data was then transcribed and content analysis (identifying, coding, and categorizing the primary patterns in data) done. Thereafter the data was organized in tables and analyzed using the SPSS data analysis programme. Major findings were that though most hotels had safety policy statements, most staff were unable to outline them and worse still were not aware of safety procedures, policies and laws governing hotels. Training was considered as one of the methods of ensuring prevention of accidents. Although risk assessment audits were done regularly, most hotels had no system of reporting risks, hazards and accidents. After correlation, it was found that the awareness of safety rules/policies/regulation are influenced by education levels of the staff and not necessarily the working year/experience meaning that staff get OHS information mainly from formal professional education rather than at the work place. In conclusion, most hotels neither had guidelines for preparedness for emergencies or a system for reporting hazards and accidents and the staff were not aware of safety regulations, safety procedures and policies or laws governing the hotel industry. On the other hand preventive measures put in place included training, availing necessary equipment and disciplinary action. Recommendations included providing clear policies on safety procedures in the hospitality industry and training staff on these policies to create awareness.

CHAPTER ONE: INTRODUCTION

1.1 BACKGROUND

The health and ability to work is a very important aspect of workers and staff of any institution and in particular labour intensive ones like the hotel industry. It is worth noting that 4,500 of the 100,000-plus people nationwide who died from preventable injuries in 2003 were on the job when the accidents occurred, (Clift, 2005). Safety is mainly compromised by the operational conflict that exists between the need for safety and the inclination to defer it based on cost-benefit considerations. This should however be carefully considered since sound economic reasons for implementing safety exist.

In many developing countries, occupational health is provided as part of the general medical care for the workforce. Preventive occupational health functions are often organized as a separate safety department, which increasingly includes environmental aspects (Harrington et al, 1998).

In a baseline survey that was conducted in 1995 on management perspectives of occupational health and safety (OHS) structures and practices in Kenya, interviews were done on management and supervisory staff attending a 1 week multi-disciplinary course that was organized by the Federation of Kenya Employers (FKE) and the International Labour Office (ILO) at hotel venues in Kenya. The purpose of the survey was to gain some insight into work safety conditions in Kenya and to assess the potential for a new OHS manual to meet existing knowledge gaps. Results of the survey from 65 participants

indicated that most workplace managers were not familiar with the Kenyan work safety legislation (GOHNET, 2011).

World Health Organization defines occupational health as ‘To ensure that the physical and mental demands imposed on people at work by their respective jobs are properly matched with their individual, anatomical, physiological and psychological capabilities, needs and limitations’. It is however unfortunate that until 2007, Kenya has not had a comprehensive accident policy that encompasses all these aspects although accident issues were highlighted in The Labor Laws Cap 236 (Workman’s Compensation Act). There were also noise rules and fire rules which were also not particularly addressed in the context of Occupational accidents.

With respect to occupational health and safety, several regulations have been developed under the Factories and Other Places of Work Act Cap 514. This Act has since been repealed and replaced with the Occupational Safety and Health Act No. 15 of 2007. However, the regulations are still in force until specifically repealed under the new Act. The regulations which the Commission uses to assess compliance with regard to occupational safety and the health of workers, include the Factories and Other Places of Work (Safety and Health Committee) Rules, 2004 Legal Notice No. 31, the Factories and Other Places of Work (Medical Examination) Rules, 2005 Legal Notice No. 24, the Factories and Other Places of Work (Noise Prevention and Control) Rules, 2005, Legal Notice No. 25, the Factories and Other Places of Work (Fire Risk Reduction) Rules, 2007 Legal Notice No. 59, the Factories and Other Places of Work (Hazardous Substances) Rules, 2007 Legal Notice No. 60.

The current parliament enacted five Labour Law Bills which included Occupational Safety and Health Bill, 2007 which is now published and particularly addresses Occupational Safety and Health. The principle object of this bill is to repeal and replace the Factories and Other Places of Work Act, Cap 514. The aim of the bill is threefold: a) to secure safety and the health of people legally in all workplaces, b) to promote reporting of workplace accidents and c) to promote creation of a safety culture at workplaces through education and training in occupational safety (Afubwa, 2004). The above will form the core areas of the study so as to find out if the staff in hotels within Eldoret town have safety procedures and policies, determine their level of awareness and establish preventive measures in place to achieve the safety culture required at workplaces.

To promote awareness, some organizations offer comprehensive health education or health promotion programs which take on not only the potential hazards associated with the workplace, but also lifestyle health issues such as smoking and alcohol abuse (Bamford, 1995). The aim of safety is identified by Grimaldi and Simonds (2003) as making the individual aware of his or her safety responsibility and informed about how to satisfy it so that on his or her own initiative he or she will do what is necessary to avoid injury. They are expected to know what is expected of them in terms of their workplace safety so that these can be adequately practiced. This is why there is an urgent need for the Occupational Safety and Health Act, 2007 to be adopted and applied in the various work places.

It is one thing to be certain there is general awareness of safety requirements and quite another to be confident that safety's precepts will be carried out reliably to ensure prevention of accidents. Where at one time safety was simply a moral issue that obligated

the individual it later became a legal requirement and made it a managerial responsibility so that there is equal importance in the awareness of proprietors as well as staff. Confusion normally occurs at the workplace when the organization issues policies and provides protective devices but does not enforce their use (Grimaldi and Simonds, 2003). The task of managers is twofold: first, the employee must know what to do: second, this knowledge must be translated into action: the employee must comply with the safe working procedures that are laid down. To meet the first part of the obligation management needs to be scrupulous in communication of drills and instructions and the analysis of working situations to decide what the drills should be (Workplace Health, Safety and Welfare Regulations, 1992).

1.2 PROBLEM STATEMENT AND JUSTIFICATION

The hotel industry has become one of the fastest growing industries due to increase in per capita income and population growth in urban areas. Eldoret town has experienced tremendous growth in the number and magnitude of hotel establishments over the past ten years leading to massive employment of staff into the hotel industry. Grimaldi and Simonds (2003) said that the history of safety is full of the records of specialists who knew where injury causes were but could not persuade line management to eliminate or control them. According to the Vicino Joe, (2006), “New employees are involved in one in three workers' compensation accidents, and they too often don't have the right training or management to avoid injuries”. This creates a concern that staffs may not be aware of their safety rights and safety procedures or if they are aware, these may not be practiced within the establishments such that hotels end up being health hazards.

Policies on safety at work adopted by various countries, particularly Norway and Sweden clearly demonstrates that safety at work is vital in order to protect the health of the worker (Lindoe, 1997). This highlights the importance of ensuring policies are put in place and preventive measures taken into consideration to avoid occupational accidents.

In the Sixteenth International Conference of Labor Statisticians, it was regrettable that data on occupational accidents is not available from all countries in the world. Bamford (1995) says “We do not know how many people suffer from minor injuries. These must be considerable and they have the potential to go on and cause personal discomfort, pain, and possibly further complications. Minor injuries may not be recorded and may not receive appropriate treatment and care. It may be attributed to various factors that include what the following writers have pointed out. There is evidence that poverty and low educational standards expose staff to exploitation by employers and to some extent high levels of occupational hazards (Mitullah et al, 2003). Workers themselves may also be unwilling to expose health problems in situations of high job insecurity, informal employment, and high labor turnover, factors exacerbated by employment patterns created by globalization (Packard, 1989). With insecure employment, particularly in small enterprises, accidents are likely to go undetected and workers with severe disability will be dropped out of work (Loewenson, 1998). This is compounded by the fact that the provision of occupational health services is usually in larger organizations; people in small organizations have little or no access to occupational health advice (HSE, 1985).

The study will therefore assist in determining the occupational safety policies in place, how far safety procedures are being adhered to and what is being done to create awareness on these very important safety requirements

1.3 PURPOSE OF THE STUDY

The purpose of the study was to establish if hotels have any measures put in place to detect accident prone activities and areas and to find out if hotel personnel were aware of these measures to ensure their safety. It also aimed at establishing what preventive measures are in place to prevent accidents.

1.4 OBJECTIVES

BROAD OBJECTIVE

To determine the level of accident prevention awareness and the preventive measures put in place in the hotel industry within Eldoret town.

SPECIFIC OBJECTIVES

1. To establish whether there are policy guidelines relating to prevention of occupational accidents and to check whether legal requirements relating to safety at work are followed.
2. To determine the level of awareness of the safety procedures by the staff and proprietors of hotels within Eldoret municipality.
3. To establish preventive measures that are in place to prevent Occupational Accidents in hotels within Eldoret municipality.

1.5 RESEARCH QUESTIONS

1. Are there safety procedures and policies that govern the hotel industry in Eldoret town?
2. Are staffs and proprietors aware of these safety requirements and policies?
3. Are there preventive measures that have been put in place to prevent Occupational Accidents in the hotels?

1.6 SIGNIFICANCE OF THE STUDY

The hospitality industry is a very labor intensive industry whereby staffs play a major role in running all aspects of its activities. While some staff are employed on a permanent basis, a number of them are on casual/part-time basis thus compromising their position as stakeholders in the institution they work in. Due to this, their safety in terms of preventive measures put in place and ensuring of awareness in safety matters are often overlooked.

In spite of the above, it is very important that the health and safety of these employees are carefully considered in an institution's policies. This study might help provide direction in terms of what is actually happening on the ground and what can be done to improve this situation to ensure occupational accidents are prevented as far as is possible while the staff are made aware of how they expect to be protected from the occurrence of such occupational accidents by both themselves, the employer and according to stipulated law.

Hotel proprietors will benefit from increased productivity due to reduction in lost time due to accidents as well as significant improvement of work place infrastructure. Staff on the other hand will benefit from increased awareness of Occupational Health and Safety,

which will inspire positive attitude change which will in turn result in a lowering of Occupational accidents.

This study might also form a baseline to establish safety practice so as to lay foundation on the improvement of occupational safety, accident awareness and prevention in the hotel industry. This may also assist in knowledge generation on the subject of occupational accidents.

1.7 SCOPE OF THE STUDY

The study will be limited to physical accidents that occur to staff working in hotels within Eldoret town.

1.8 LIMITATIONS OF THE STUDY

- Lack of local literature that particularly refer to hotels to back up this study as no similar studies have been done before. This was however compensated by use of literature from other sectors with the need for Occupational Health and Safety procedures.
- Hesitation to volunteer information by employers/employees for fear of victimization which was overcome by assurance in the consent form that the information given would be used for the study's purpose only and not divulged to other parties.
- Some staff were not willing to respond to the questionnaire. They were replaced by colleagues who were willing to respond.

1.9 ASSUMPTIONS OF THE STUDY

Assumptions are:

- All proprietors are in control of hotel policies.
- Staff will be available to fill in questionnaires and be interviewed despite their tight work schedules.
- Eldoret town is representative enough and can be extrapolated to other areas of the country. This is especially because the study was to look at awareness of staff and prevention measures which do not substantially vary with regard to the location since the staff are trained all over the country.
- The level of activity and occupancy are the same in the hotels being studied.
- Machinery and other equipment are similar in the hotels.

1.10 CONCEPTUAL FRAMEWORK

The framework for health promotion activities devised by Ewles and Simmet (1962), Fig 1.1 provides a useful model to help clarify the activities of occupational health and safety promotion may be done. Ewles and Simmet point out that these activities may not always fall neatly into the identified categories and that overlap will inevitably occur. They also state clearly that the framework cannot encompass the entire gamut of activities and that some activities will occur both informally and incidentally.

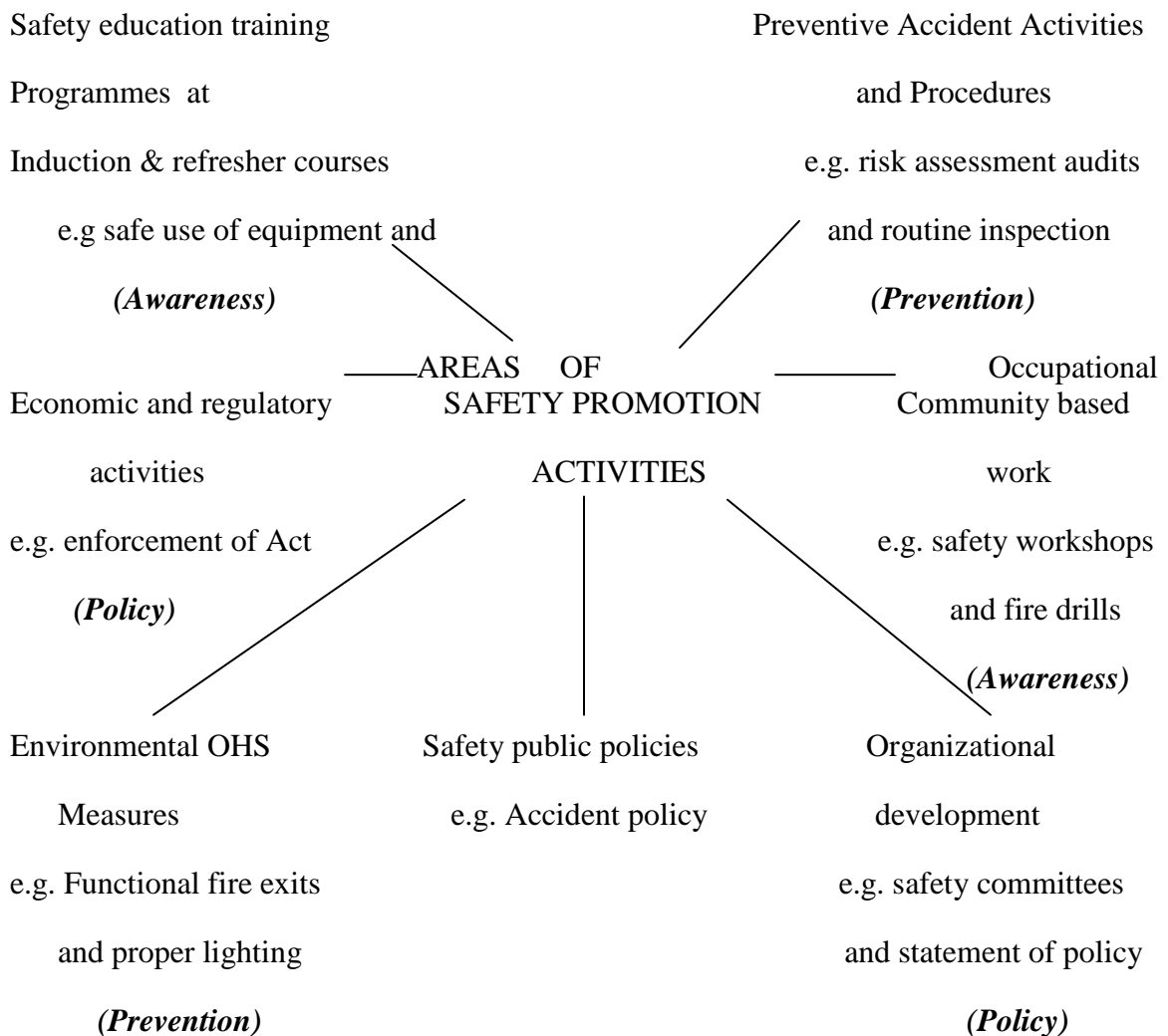


Figure 1.1 Source: - Adapted from Ewles and Simmet (1992) framework for health-promotion activities to occupational health practice.

Occupational health and safety promotion activities are expected to demonstrate how existing and foreseeable risks can be addressed, including actions required to reduce risks to tolerable levels. The framework comprises seven clear areas of safety promotion activity (Fig. 1.1) and is concerned with 'planned, deliberate activities' (p.26). Each of the seven areas will be considered individually and suggestions made as to how such a framework can be applied to an occupational safety environment (Fig. 1.1). These activities are possible irrespective of the type of the type of hotel, years worked or the level of education of any staff. On the other hand, they require the staff to be aware of these activities so as to participate effectively.

1.10.1 Safety Education Programmes

This addresses the issue of awareness which is mandatory so as to effectively get involved in Occupational Health and Safety activities. The majority of workplace safety education awareness programmes fall into the category of proper use of equipment. However, it is unrealistic to expect that the state of safety awareness will always be optimum and strategies for the action to be taken in case of accidents be direct. To promote awareness the hotel may adopt continuous education programs within the hotel that encompass topics like the accident reporting procedure and compensation as well as first aid which is normally left to other bodies e.g. The Kenya Red Cross Society.

Safety education programmes also encompasses health education and counseling. Here, workers are encouraged to look after their health in terms of healthy lifestyles, proper diets and avoidance of smoking, consumption of alcohol in moderation, adequate exercise and reduction of cardiovascular risk factors. These efforts are aimed at using

access to the workforce to reduce risk factors and steps to prevent occupational disorders (Harrington et al, 1998).

1.10.2 Preventive Services

Accident prevention measures must be put in place in any workplace to ensure safety of staff as they go about their daily activities. A prime function of occupational safety practice is the provision of awareness on safety and preventive measures. This will depend on the size and services offered by the hotel but hotel proprietors must ensure that routine inspection and Risk Assessment Audits are done regularly as required by law.

1.10.3 Community Based Work

This is the involving of the community in various programmes that ensure awareness is not only limited to staff but extends to the surrounding community. The workplace provides an opportunity for people to engage with the surrounding community. With this interaction, the hotel can have safety awareness programs for their customers where a safety expert can be invited frequently to address them as well as allowing them to participate in fire drills. As a preventive measure it would also be helpful if safety fliers were produced and handed to visiting customers to enlighten them on promoting safety within the hotel.

1.10.4 Organizational Development

To encourage implementation of policy requirements by the law on matters affecting the health and safety of staff, it is important that there is organizational development. In recent years, policy development in workplaces has ensured that each workplace has safety committees to act as watchdogs on safety matters in their areas of work. These safety committees ensure there is a Statement of Policy on Safety and Health which shows commitment of management to safety and health.

1.10.5 Safety Public Policy

Occupational safety and health is normally associated with staff though it is applicable to anyone within the hotel premises at any particular time. The enforcing of the Accident policy in the Occupational Safety and Health Act (2007) will ensure the safety of those working in the workplace and its readership create occupational safety awareness.

1.10.6 Environmental OHS Measures

To be able to achieve Occupational safety and health of within the hotels, the hotel premise and its surrounding has to be safe for all. This acts as a preventive measure for accidents. In recent years, environmental issues have been high on the agenda of occupational safety professionals, not only in relation to improved physical conditions of the workplace, but also in respect of the effect of workplace activities on the health and wellbeing of the staff. To ensure prevention, activities include proper labeling and functioning of fire exits, warnings of slippery floors and proper ventilation.

1.10.7 Economic and Regulatory Activities

On the larger part of hotel policy, economic and regulatory activities play a role in providing the necessary application of policies within the hotel industry. In the nineteenth century, government legislation has attempted to provide health and safety promotion policies in respect to workplace activities. The 1974 Health and Safety at Work Act emphasized the need for both employer and employee to accept responsibility in regard to health and safety and to recognize the importance of participation in the pursuit of its achievement. With the enactment of the Occupational Safety and Health Act (2007), positive response concerning health and safety is inevitable. However, cooperation is essential if legislation is to be successful as a measure of safety promotion.

In summary, the framework for health promotion activities can be used to guide the occupational safety promotion activities of hotels and is a useful reminder that such work covers a broad range of activities. But as well as recognizing the areas of occupational safety promotion activities, hotel proprietors and staff need to acquire and develop safety skills and abilities which will enable them to put their knowledge in practice.

1.11 DEFINITION OF TERMS

Occupational accident - Sudden event in the hotel, usually caused by someone making a mistake that results in damage, injury or death arising out of and in the course and scope of an employee's employment within the hotel.

Café – An informal restaurant where you can get simple, cheap drinks and meals. (Macmillan Education, 2002)

Hazard - Any workplace stressor in the hotel that has a potential of resulting in a harmful effect on the health of the hotel staff, or cause discomfort to the staff through long or short-term exposures. (Muchangi, 2006)

Hotel-A building where you stay in a room and have meals. In the study it will comprise all business facilities whose sole purpose is providing food to customers. (Macmillan Education, 2002)

Hotel proprietor - Someone who owns a hotel business. (Macmillan Education, 2002)

Hotel staff - Someone who is an employee of a hotel business. (Macmillan Education, 2002).

Occupational Injury – Any departure from health of hotel staff occasioned by exposure to any factor or hazard in the workplace at the hotel. (Macmillan Education, 2002)

Restaurant – A building or room where meals or drinks are sold to customers sitting at tables. (Macmillan Education, 2002)

Safety – A place or situation in a hotel in which you are protected from danger or harm. (Macmillan Education, 2002)

Safety hazard – Something within the hotel that is not safe for those within the hotel premises. (Macmillan Education, 2002)

Staff – In the study, it will refer to people who work for a particular hotel, restaurant or café. (Macmillan Education, 2002)

CHAPTER TWO: LITERATURE REVIEW

2.0 INTRODUCTION

This chapter deals with what other authors have written on the related issues of the topic of study that entails awareness and prevention of occupational accidents in hotels within Eldoret town. It tackles matters on risk assessment and audit, policy awareness, duties of employer/employees, prevention procedures and regulations, reporting, training and first aid. From the above, a summary of the gaps identified are stipulated.

According to the European Agency for Safety and Health at Work (2004), every three-and-a-half minutes, somebody in the EU dies from work-related causes. This means almost 167,000 deaths a year as a result of work-related accidents. This calls for a prevention approach based on risk assessment whose need was identified in the Communication from the Commission on the practical implementation of the provisions of the Framework Directive, and its five first individual directives (COM, 2004). The review found that there is a general lack of awareness of what is required and how to carry out a risk assessment and that there is no integrative approach for the analysis of the conditions at the workplace. Risk assessment can only be effective if there are policies that set benchmarks on procedures of these assessments. Causes of the risks must be laid out and these are identified by the Safety, Health, and Welfare in factories, (1959) as uneven floors, presence of water or oil on the floor; (items) left lying about and bad lighting especially glares or shadows. These causes can then be prevented by creating awareness and putting in place activities of occupational safety promotion.

2.1 RISK ASSESSMENT AND AUDIT

Risk assessment is the start of the risk management process and is conducted primarily to support the decision-making process regarding the occupational health and safety.

The aim of the risk assessment process is to remove a hazard or reduce the level of its risk by adding precautions or control measures, as necessary. By doing so, you have created a safer and healthier workplace.

In practical terms, a risk assessment is a thorough look at your workplace to identify those things, situations, processes, etc that may cause harm, particularly to people. After identification is made, you evaluate how likely and severe the risk is, and then decide what measures should be in place to effectively prevent or control the harm from happening.

Risk assessments are very important as they help to: Create awareness of hazards and risks, identify who may be at risk, and determine if existing control measures are adequate or if more should be done (CCOHS, 2006).

In Kenya the Public Health Act Cap 242 (A) (5) requires that municipal councils make By-Laws to ensure the health, safety and welfare of the people occupying buildings within the municipality. In addition to this, Occupational Health and Safety Act, (2007) stipulates that every occupier shall carry out appropriate risk assessments in relation to the safety and health of persons employed and, on the basis of these results, adopt preventive and protective measures to ensure that under all conditions of their intended use, all chemicals, machinery, equipment, tools and process under the control of the occupier are safe and without risk to health and comply with the requirements of safety and health provisions in this Act.

2.2 POLICY AWARENESS

Health and safety are important aspects of an organization's smooth and effective functioning, but this is only possible when the parties involved are aware of these health and safety aspects.

To ensure good health and safety performance and an accident-free industrial environment Kenya Bureau of Standards (KEBS) decided to formulate a Kenyan Standard on Occupational Health and Safety (OH&S) management systems in 2009 so as to consider this fact and a great demand from the industry for a comprehensive framework of OH&S.

In a survey conducted in 1995 on management perspectives of occupational health and safety (OHS) structures and practices in Kenya, although most respondents (70%) were satisfied with their work safety conditions, only 37% said their workplaces were annually audited by labour inspectors while 45% said injured workers were not treated well by management (GOHNET, 2011).

In general, OHSAS 18001:2007 is the new internationally recognized standard regarding Occupational Health & Safety. This standard prescribes requirements for an OH&S Management Systems to enable an organization to formulate a policy and objectives, taking into account legislative requirements and information about significant hazards and risks, which the organization can control and over which it can be expected to have an influence, to protect its employees and others, whose health and safety may be affected by the activities of the organization. All the requirements in this standard are

intended to be incorporated into any OH&S management system. This standard also provides informative guidance on the use of the specification (KEBS, 2009).

There is ample information on occupational health and safety but it is not well used, analyzed or disseminated to workers appropriately...leading to ignorance on adherence to laid down procedures regarding safety at work (Weil et al, 1990). According to ILO, (2002), lack of knowledge and awareness on safety at work, inadequate health and safety polices are major contributing factors to the occurrence of occupational related accidents, infections and diseases yet these are factors that can easily be addressed.

This can be done by the employer preparing and revising a written statement of his general policy with respect to the safety and health at work of his employees and the organization. Arrangements also have to be made for carrying out that policy and to bringing it to the notice of all his employees (Occupational Health and Safety Act, 2007).

Despite increased research and knowledge about the extent of occupational health risks in developing countries, effective policies for prevention, control and redress have been slow in developing and implementation (Kogi et al, 1988).In Ghana, occupational related accidents and injuries are reported to occur due to low literacy levels among workers. This leads to minimal application of safety precautions (Sokas, 1997). High standards of safeguarding and expensive safety devices will not, by themselves, prevent accidents if the employees do not fully understand how to use the safety devices and are not aware of the dangerous actions and behavior that may lead to personal injury.

However, occupational health and safety (OSH) issues have generally been neglected in many workplaces. Moreover, the laws and regulations governing OSH in many resource-

limited settings are generally lacking, inadequate, weak or difficult to implement in such settings. This is due to lack of support mechanisms, resources, and capacity at the national and institutional levels, to ensure that OSH management systems are implemented at the work place, and remain operational and effective. Occupational health services need to be strengthened to meet the emerging challenges.

Awareness of Occupational Health and Safety (OH&S) has improved in Kenya considerably. Organizations have started attaching the same importance to achieve high OH&S performance as they do to other key aspects of their business activities.

Resolution 60.26 "Workers' Health: Global Plan of Action", adopted by the World Health Assembly in 2007, urged Member States "to work towards full coverage of all workers, including those in the informal economy, small- and medium-sized enterprises, agriculture, and migrant and contractual workers, with essential interventions and basic occupational health services for primary prevention of occupational and work-related diseases and injuries." Capable and motivated employees are an invaluable success factor for an enterprise (Ivanov, 2009).

In addition, to be able to ensure safety of workers and spearhead safety awareness activities, OSHA Sec.9(1) requires that every occupier establish a safety and health committee at the workplace. However, in a survey conducted in 1995 on management perspectives of occupational health and safety (OHS) structures and practices in Kenya, many workplaces (65%) violated the mandatory legal requirement on the establishment of these health and safety committees (GOHNET, 2011) thus compromising safety.

2.3 DUTY OF EMPLOYER / EMPLOYEE

Safety is an acknowledged management responsibility but admittedly, everyone has the responsibility for their own safety, as well as that of others whom their actions may affect.

The OHS Act, (2007) places all employers under a general duty 'to ensure, as far as is reasonably practicable, the health, safety and welfare at work' of all workers.

Where health and safety is concerned, employers have a clear duty to investigate accidents and ensure measures are put in place to prevent them happening again. (Cork, 2003). According to Del Bino, (1987), it is the responsibility of the management to reduce all health hazards and to protect workers from risks in the work environment.

To enforce awareness, the Health and Safety Regulations (1996) require employers to consult collectively with their employees about health and safety matters irrespective of whether a trade union is recognized. The ultimate responsibility for health and safety is the employer's, but trade unions see themselves as having a major role to play in the partnership between employer, employee and trade organization.

Though highly effective occupational health interventions exist, less than 15% of the global workforce, primarily in big enterprises in developed countries, have some access to occupational health services. Workers with precarious jobs, unemployed, migrants and those in informal economy and agriculture often do not have access to any preventive or curative health care (Ivanov, 2009). In addition, many small employers don't look seriously at their workplace health and safety until something serious happens to a staff member.

The occupational health service must be so successful and of such high quality that both the employer and the employee benefit essentially from it, despite its costs. An employer who takes good care of the personnel is appreciated and held in high esteem; this ensures the availability of labour and wins the respect of the clients.

2.4 PREVENTION PROCEDURES AND REGULATIONS

Among occupational related accidents investigated in developing countries, 36% were due to unsafe work places, 25% due to insufficient instructions given to workers, 13% due to working without reasonable care, 12% due to unsafe system of work, 6% due to improper maintenance of plant and 6% due to lack of supervision (Kogi et al, 1998).

Simple easy to understand safety rules and regulations should be introduced and seen to be enforced (African Newsletter, 2001). To overcome the above, and ensure safety, every employee shall, while at the workplace, at all times wear or use protective equipment or clothing provided by the employer for the purpose of preventing risks to his safety and health. (OHS Act, 2007)

Prevention procedures and regulations require that careful thought should be given to the choice of fire fighting equipment by providing portable fire extinguishers. There must also be adequate means of escape in case of fire which must be properly maintained and clearly marked. If security demands that fire exits be kept fastened, then it is the duty of the occupier to ensure that the fastening can be released immediately. It also points out that safety can be assured only if high standards are observed in both the installation and maintenance of electrical equipment. It is essential that a sufficient number of workers should know how to use the appliances and that the equipment must be properly cared for

and subjected to periodic test. It is also necessary for every circuit to be protected against the passage of excess current by the use of a fuse. In addition, adequate illumination of workplaces is essential. Apart from the above requirements, the OHS Act (2007) requires that every employer shall obtain and maintain an insurance policy ... in respect of any liability that the employer may incur ... to any of his employees.

2.5 REPORTING

Under-reporting, limited coverage by recording and compensation schemes, and non-harmonized accident recording and notification systems undermine efforts to obtain worldwide information on occupational accidents...and in many countries, the reporting and compensation systems cover only selected economic activities leaving out major sectors, such as agriculture, that are known to have higher than average accident frequency rates. (Takala, 1998), requiring the need to look at the hotel industry to establish the accident recording patterns.

ILO statistics highlight the fact that fatal occupational accidents are better reported than non-fatal in developing countries (ILO, 1996), is evidenced by the Uasin Gishu Worker's Compensation Department report from January to August 2008, which indicates that in Uasin Gishu district, only forty four accidents were reported with only three cases coming from hotels; all of which were caused by falls. (See Appendix 6.7).

RIDDOR is the Reporting of Injuries, Disease and Dangerous Occurrences Regulations (1985), and sets the framework for what must be reported nationally. It points out that it is important to understand that some people do not know what to report and some people deliberately withhold information. This poses a problem for planners and providers of

occupational safety services if the true picture does not emerge. The OHS Act (2007) states that ‘Every employee shall report to the immediate supervisor any situation which the employee has reasonable grounds to believe presents an imminent or serious danger to the safety or health of that employee or of other employee in the same premises, and until the occupier has taken remedial action, if necessary, the occupier shall not require the employee to return to a work place where there is continuing imminent or serious danger to safety or health. Consequently, where an accident in the workplace causes non-fatal injuries to a person therein, the employer shall send to the area Occupational Safety and Health Officer a written notice of the accident in the prescribed form within seven days of the occurrence of the accident. If the accident is fatal, the information should be given within twenty-four hours and a written notice seven days of the occurrence of the accident.

Records of incidents can also be analysed to provide early warning of more serious safety and health problems. Accident and health records can be used to identify hazards, measure safety performance and improvement, and help identify patterns.

2.6 TRAINING

Much as it is a tool for creating awareness, training is a basic and cost-effective preventive measure that needs to be implemented as part of an institutional agenda, since an effective training program can reduce the number of injuries and deaths.

Grimaldi and Simonds, (2003) point out that safety training needs to be carried out in three settings: at induction, on the job and in refresher courses supplemented by poster or

other safety awareness campaigns and communication, and disciplinary action for breaches of the safety rules.

Safety programs, safety training, safety awareness and employee/management safety accountability all work together to create a safer workplace and to reduce the frequency and severity of workplace accidents (Anonymous, 2008). In most cases, such accidents and the accompanying loss of production and efficiency can be avoided by establishing manager/employee safety committees, instituting regular training programs and inspections, conducting emergency drills, and other steps (Neville, 1998).

The above is further emphasized by Afubwa, (2004), who suggests that the Directorate of Occupational Health and Safety Services of the Ministry of Labour should be in a position to accredit the trained worker, by issuing a card or a certificate.

2.7 FIRST AID

It would never be complete to talk about accidents without the mention of first-aid. The primary purpose of first-aid facilities is to provide prompt treatment for all who suffer injury at their work. At least one first-aid box or cupboard of the prescribed standard must be provided and properly maintained in a readily accessible place in every (hotel). Each first-aid box or cupboard must be under the charge of a responsible person who is always readily available during working hours. It is important that whoever is in charge of the box has some training in first-aid and it is desirable that he should hold a First Aid Certificate of the St. John's Ambulance Association or the British Red Cross Society. Recertification at various intervals is to be strongly encouraged (OHS Act, 2007).

2.8 SUMMARY OF GAPS

Our society does not condone neglect by those responsible for hazards. It requires individuals to take reasonable and prudent precautions to assure that others will not be harmed, including advising and instructing them when necessary (Grimaldi and Simonds, 2003). Safety is an acknowledged management responsibility but admittedly, everyone has the responsibility for their own safety, as well as that of others whom their actions may affect.

There is ample information on occupational health and safety but it is not well used, analyzed or disseminated to workers appropriately leading to ignorance on adherence to laid down procedures regarding safety at work (Weil et al, 1990). According to ILO (2002), lack of knowledge and awareness on safety at work, inadequate health and safety policies are major contributing factors to the occurrence of occupational related accidents, infections and diseases yet these are factors that can easily be addressed.

General lack of awareness of what is required and how to carry out a risk assessment and that there is no integrative approach for the analysis of the conditions at the workplace. There must also be adequate prevention procedures and regulations to avoid accidents. One of the three objectives of ILO, (1999) stated that preventive policies and programmes to protect workers falling outside the scope of traditional protective measures should be put in place by every government.

Under-reporting, limited coverage by recording and compensation schemes, and non-harmonized accident recording and notification systems undermine efforts to obtain worldwide information on occupational accidents

CHAPTER THREE:

RESEARCH METHODOLOGY

3.1 INTRODUCTION

To achieve its objectives, the study used the descriptive survey method as the research design to study awareness and prevention of occupational accidents among hotel staff in Eldoret municipality who comprised the population. From this population, the study targeted the high standard lodging house/hotel class D category which comprises 19 hotels (Appendix 6.8). Stratified and simple random sampling was used to identify the 191 staff to answer questionnaires. All the hotels in the study had the proprietor/manager interviewed and each hotel subjected to an observation checklist (Appendix 6.4) to confirm the response in the questionnaires and interviews. This was done after a pre-test study was done to confirm viability and reliability of the research instruments.

3.2 RESEARCH DESIGN

The study design used was the descriptive method, which is the most appropriate in achieving the stated objectives. The descriptive survey method was used because it allows generalization of the results to the population (Mugenda and Mugenda, 1999). The approach was non-experimental in that it only dealt with the relationship between non-manipulated variables in a natural setting.

3.3 VARIABLES

The independent variables to be examined are years worked, type of hotel and level of education while the dependent variables included awareness of staff on safety requirements and policies, and accident prevention measures as they relate to the areas of occupational health and safety promotion activities.

3.4 LOCATION OF THE STUDY

Eldoret is a town built in the centre of Uasin Gishu district, Rift Valley Province and is the fifth largest urban centre in Kenya. The main economic activities in Eldoret are agro-based and industrial. According to the GeoNames geographical database, Eldoret has a population of approximately 200,000 which is further increased during the day by people who come from neighboring areas for a variety of personal and official activities in the town. This creates an inflow of clients into the hotel industry in search of food and drinks and sometimes accommodation. The town was therefore appropriate for the study due to the concentration of hotel facilities which provide a variety of respondents and facilities that highlight the state of awareness and prevention measures of occupational accidents in the hotel industry.

3.5 TARGET POPULATION

The study was done in hotels within the Central Business Area of Eldoret town with specific focus on the High Standard Lodging House/Hotel D Class. There are 20 hotels in this category according to the Eldoret Municipal Council (EMC) classification. (See Appendix 6.8)

The data were collected from among hotel staff and proprietors/managers. Sixteen proprietors/managers were interviewed and 191 staff filled questionnaires (Appendix 6.2) while the 16 hotels were observed using the observation checklist (Appendix 6.4). Three of the hotels not included in the study declined to participate while one was used for the pilot study.

3.6 SAMPLING TECHNIQUES AND SAMPLE SIZE

3.6.1 Sampling Techniques

Due to lack of information on the extent of occupational accidents in the hospitality industry within Eldoret town, a probability of 0.5 was used to compute the sample size. In order to get a 95% confidence interval and sampling error of 5%, the sample size was determined using the formula below recommended by Fisher et al, 1983.

$$n = z^2 p \cdot q / d^2 \quad \text{Where } n = \text{sample size}$$

$$z = \text{statistical constant at 95\% confidence interval (1.96)}$$

$$p = \text{probability of occurrence of occupational accidents (0.5)}$$

$$q = 1 - p$$

$$d = \text{sampling error (5\% / 0.05)}$$

$$n = (1.96)^2 * 0.5 * 0.5 / (0.05)^2 = 384.16 (\sim 385)$$

Since the target population was less than 10,000, the sample size was calculated using the formula:

$$nf = n / 1 + n / N$$

- Where
- nf is the desired sample size when target population is less than 10,000
 - n is the desired sample size when population is greater than 10,000

- N is the estimate of the population size

Therefore the desired sample was

$$nf = n/1 + n/N$$

$$nf = 384/1 + 384/374$$

$$= 189.46 \simeq 190$$

3.6.2 Sample Size

To ensure the respondents selected were as representative of the population as possible, the sampling technique used in the study included stratified and simple random sampling. Here, staff from the 20 High Standard Lodging House/Hotel D Class of hotels were grouped according to their sections i.e. cooks, waiters, housekeepers and front office staff. To identify who those to get questionnaires, the required number of staff picked randomly from the particular section as described in appendix 6.10 giving the required sample size of 191 respondents:

Simple random sampling would ensure that all staff from the population had the same chance of being selected and they were all selected by chance. Stratification/grouping of the population was to ensure that cases from smaller strata of the population are included in sufficient numbers to allow comparison.

3.7 RESEARCH INSTRUMENTS

Data was collected using semi-structured questionnaires (Appendix 6.2) which were distributed to randomly selected hotel staff. Questionnaires were justified on the basis of the fact that they would enable the coverage of a wide area and extensive contents within a short period of time. For detailed and collective information, interviews were

administered to hotel proprietors/managers to ensure that what the staff were not able to capture at their level then the management could answer. The interviews and questionnaires mainly dealt with safety awareness, prevention measures and policies and procedures within the hotels. Non-participant observation checklists were also used to confirm the physical structures available to ensure occupational health and safety of the employees in the hotel (See Appendix 6.2, 6.3 & 6.4).

3.8 PRE-TEST

A pre-test was carried out at the Moons Bed and Breakfast where the research tools were tested in order to eliminate mistakes and to ensure that the collected data were in conformity with the already set objective. It was also to familiarize the research assistants with the tests in regard to handling instruments, order of testing, and recording of data.

3.8.1 Validity

Validity was determined by the comparison of the questionnaire and observation checklist which had measures that conform to theoretical expectations of safety prevention and awareness. An instrument is said to be valid if it accurately measures the variables being studied (Daly et al, 1997).

3.8.2 Reliability

Reliability was assessed using the test-retest technique whereby during the pilot study, the same instruments were administered twice to the same group of subjects with a time lapse of two weeks between the first and second test. The scores were then correlated to

obtain the coefficient of reliability. An instrument is said to be reliable if it gets the same responses each time it is administered (Daly et al, 1997). The instruments checked in the pilot study were found to be valid and reliable.

3.9 DATA COLLECTION TECHNIQUES

The researcher received an introduction letter from Kenyatta University, department of Hospitality and Tourism Management to hotel managers/proprietors (Appendix 6.0). Permission was also obtained from the mayor of Eldoret municipality to conduct the study. Consent was then sought from the hotel managers/proprietors and members of staff before interviewing and filling in of questionnaires, respectively, (Appendix 6.8).

Two research assistants were employed to help in administering the questionnaires after undergoing appropriate training to enable them handle their duty.

At the end of each day, all questionnaires were edited by the principle researcher and checked for consistencies and completeness.

Data were collected between July and August 2009. The questionnaires were distributed to hotel staff in the mornings and collected later in the day to avoid interfering with staff duties. If there was one that was not filled, a collection date was set when the staff would be on duty. This was diligently done until all the required questionnaires per hotel were returned at a response rate of 100%. Appointments were made with hotel managers to conduct the interviews after which permission was sought for the researcher to walk around and examine the facility to get information for the observation checklist (Appendix 6.4). Where records were required, the manager was requested to avail them.

3.10 DATA ANALYSIS AND PRESENTATION OF DATA

The analyzed data are based on findings from a total of 191 hotel staff and 16 hotel managers including an observation checklist from the 16 hotels studied.

Qualitative data was organized in tables and analyzed using the Statistical Packages for Social Sciences (SPSS) data analysis programme in which frequency distribution were run. The data was then transcribed and content analysis (identifying, coding, and categorizing the primary patterns in data) done. The SPSS output was then transferred to Excel to facilitate summation of frequencies. Frequencies were run and data cleaning done.

3.11 LOGISTICAL AND ETHICAL CONSIDERATIONS

Consent to carry out the research was sought from the mayor, Eldoret municipality and the proprietors/managers and staff of hotels where the study was carried out.

The nature and purpose of the research was clearly explained to the respondents and their informed consent sought. The consent form was attached to the questionnaire.

At any time during the study the respondent was free to withdraw consent.

No names were required to be indicated in the data set and all the information obtained from the respondent were treated with utmost confidentiality. The researcher was to respect the rights of each individual respondent in order to safeguard his/her personal dignity. The respondents were coded and the code only known to the principal investigator and her assistant.

CHAPTER FOUR: FINDING AND DISCUSSION

4.0 INTRODUCTION

This chapter presents the survey findings, analysis, interpretation and discussion of the findings. The findings are presented according to the three objectives of the study which are discussed in the following sub-topics: awareness, prevention and policies and procedures.

The collected data are interpreted and presented in the following order: Demographic Information, Awareness, Prevention and finally, Policies and Procedures.

The analyzed data are based on findings from a total of 191 hotel staff and 16 hotel managers including an observation checklist from the 16 hotels studied.

Qualitative data was organized in tables and analyzed using the Statistical Packages for Social Sciences (SPSS) data analysis programme in which frequency distribution were run. The data was then transcribed and content analysis (identifying, coding, and categorizing the primary patterns in data) done. The SPSS output was then transferred to Excel to facilitate summation of frequencies. Pearson Correlation coefficient was used at $P = 0.05$ to correlate the variables. Frequencies were run and data cleaning done.

4.1 DEMOGRAPHIC INFORMATION

4.1.1 Section/Department

The study was on hotel staff with the respondents drawn from the four main hospitality sections and from Table 4.1, it is noted that most staff was from service (29%) and

production (27%) sections and the rest from housekeeping (23%) and front office (20%) which had less respondents.

Table 4.1 Hospitality Sections

	Frequency	Percent
Service	56	29.32
Production	53	27.75
Front office	39	20.42
Housekeeping	43	22.51
Total	191	100

4.1.2 Age

More than half the respondents were from the age bracket of 26-35 years (53%) followed by the 18-25 year bracket who comprised 36%. Very few were above 36years with only 1% being above 45years (Table 4.2). This implies that the workforce is comprised of relatively young staff in their 20s and 30s as stated by Eurostat (2005),who say that people under 35yrs account for 48 % of total employment in the hotels and restaurants sector, while people of 55 years and older represent less than 10 % of total employment (EU-25, statistics for 2004, Eurostat, 2005).

Table 4.2 Ages of Respondents

	Frequency	Percent
18-25 Years	68	35.60
26-35 Years	101	52.88
36-45 Years	20	10.47
Above 45 Years	2	1.05
Total	191	100

4.1.3 Gender of Respondents

The study had more female respondents (58%) than male. This may be because most staff in food production industry are female due to the popular adage that ‘a woman’s place is in the kitchen’ (Nakao, 2003).

This concurs with Elsler, (2008) who says “The sector employs a high proportion of female workers”, Also, women represented the largest part of the labour force in Horeca (54 %) in 2004 and it was found that female employment increased more rapidly than male employment between 1999 and 2001 (5.9 % compared with 5.2 %), (Eurostat, 2005).

4.1.4 Number of years worked in current employment

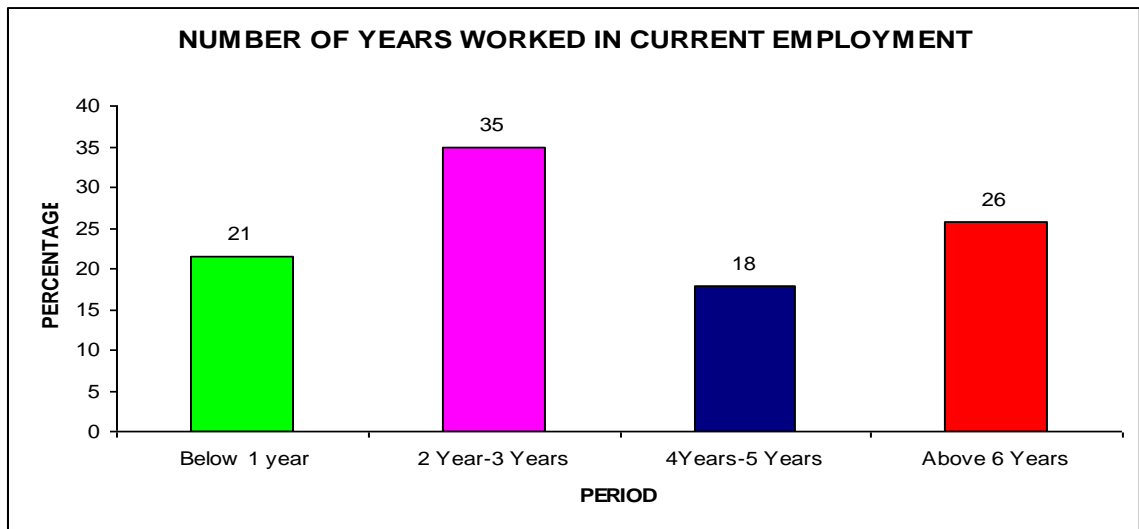


Fig 4.1 Years worked in current employment

Most of the staff had been in their current employment for less than three years (63%). Most managers had only worked for less than 6 months (Fig. 4.1). This confirms the issue that the hospitality industry has frequent staff turnover which can be attributed to the

varying services provided by different hotels so that staff are willing to try something different when the chance arises.

4.1.5 Level of education

Most staff had attained tertiary education (67%) compared to few staff had less than a secondary education (33%) as illustrated in fig 4.2.

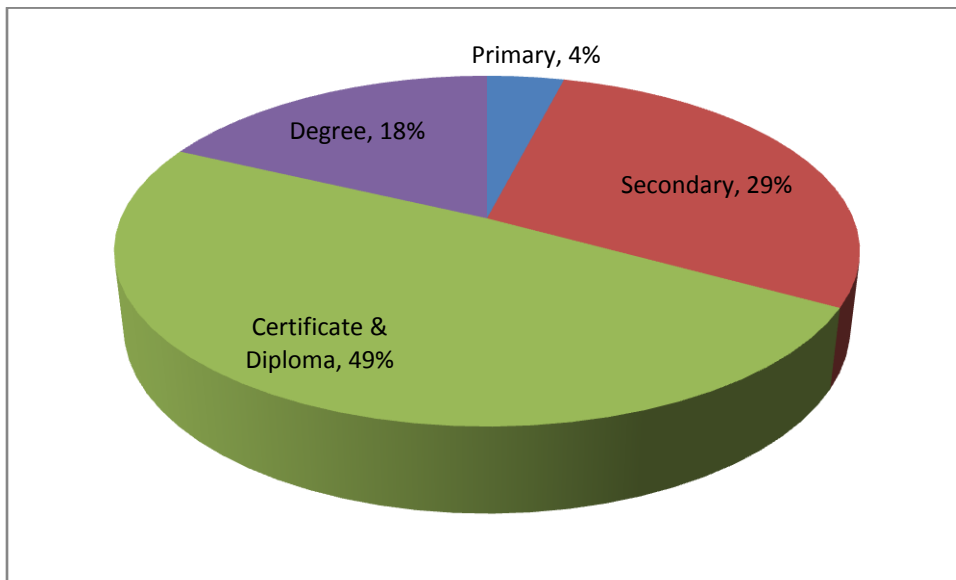


Fig 4.2 Level of Education

In addition, it is worth noting that most staff (67%) had received post secondary education making it a relatively literate workforce. However, since most food production courses provided are certificate and diploma, majority of staff in the hotels are from this category compared to those with degrees who normally provide for the management workforce.

4.1.6 Hours worked per day

Table 4.3 Hours Worked Per Day

	Frequency	Percent
Less than 8	3	1.57
8	97	50.79
9	21	11.00
10	27	14.14
11	6	3.14
12	8	4.19
More than 12	29	15.18
Total	191	100

From Table 4.3, most staff worked the recommended 8 hours a day (51%) though a relatively large percentage worked for more than 12 hours (15%). This was common practice for supervisors, housekeeping and front office staff who worked longer shift hours than the production and service sections who had more staff and were split into more shifts working less hours. Those who worked overtime were mainly compensated by being given longer off days.

Hours of work Under the Regulation of Wages (General) Order, subsidiary to the Regulations of Wages and Conditions of Employment Act, the general working hours are 52 per week, but the normal working hours usually consist of 45 hours of work per week, Monday to Friday 8 hours each, 5 hours on Saturday under the special Orders for different sectors subsidiary to the Regulations of Wages and Conditions of Employment Act. Collective agreements may modify the working hours, but generally provide for weekly working hours of 40 up to 52 hours per week, (My Kenya Guide.com, 2009)

4.2 AWARENESS

4.2.1 Safety regulations and laws

As shown in Table 4.4 and 4.5, it is seen that though most staff (80%) said they were aware of safety regulations in their work areas, when asked to outline them, 45% of those who responded were unable to outline them. There was however no significant association between the years worked and the awareness of safety requirement/regulations at workplace ($r = -.09, p > 0.05$).

Table 4.4 Organizational Safety Regulations

	Safety regulations (organizational)	
	Frequency	Percent
Aware	152	79.58
Not Aware	39	20.42
Total	191	100

Table 4.5 Statutory Laws

	Statutory Laws	
	Frequency	Percent
Aware	73	38.22
Not Aware	118	61.78
Total	191	100

Only 38% of the staff knew other statutory laws governing occupational safety in their workplace as opposed to 62% who did not know. When asked to state them, 74% of those who responded were unable to state these other statutory laws. Those mentioned mainly include Acts dealing with compensation, employment, public health and occupational health and safety.

However, most managers (74%) stated there were no safety procedures, policies or laws governing the hotel and even those who said they had, did not have them written out

citing finances, ignorance and lack of cooperation being mentioned as the problems encountered in enforcing these laws. The main safety procedures, policies or laws that were mentioned to be in place are Fire evacuation and insurance.

Literature review suggests the importance of safety regulations since lack of knowledge and awareness on safety at work, inadequate health and safety policies are major contributing factors to the occurrence of occupational related accidents, (ILO, 2002). This shows that knowledge and application of preventive measures could minimize accidents.

When staff were on one hand asked if they were aware of safety regulations in their work areas, 55% of them said they did, 45% did not respond. On the other hand when they were asked if they knew any other laws governing occupational safety in the workplace, 62% said they didn't while of those who said they did, 74% could not outline any. This makes it evident that staff are not aware of the safety procedures, policies or laws governing the hotel industry. This was evidently confirmed by the majority of managers (74%) who said their hotels had no safety procedures, or organizational policies clearly laid out and mentioned that finances, ignorance and lack of cooperation from proprietors as problems encountered in enforcing these laws.

It was also noted that there was no significant association between the years worked and the awareness of policies occupation safety at workplace ($r = -.12$, $p > 0.05$), while there was a significant association between the education level of the respondents and the awareness of policies of occupational safety at workplace ($r = -.24$, $p < 0.01$). This meant that the awareness of staff mainly depended on their level of education rather than the number of years worked.

4.3 PREVENTION

4.3.1 Safety responsibility

Table 4.6 Safety responsibility

	Safety Responsibility	
	Frequency	Percent
Employer	82	43
Supervisor	33	17
Staff	76	40
Total	191	100

As illustrated in Table 4.6, most staff, 43% and 40%, stated that the employer and the Supervisor respectively, were responsible for the implementation of safe working conditions at the hotel. However, only 17% of the respondents said that staff themselves were responsible.

Workers' expectation about their own health may be low due to inadequate knowledge (Ikunyua, 2004) but according to Del Bino (1987), it is the management's responsibility to reduce all health hazards and to protect workers from risk in the work environments.

OSHA Sec.13 (1) (a) states that every employee shall, while at the workplace ensure his own safety and health and that of other persons who may be affected by his acts or omissions at the workplace.

4.3.2 Training

Table 4.7 Training

	Frequency	Percent
Had training programmes	120	63
Did not have training programmes	71	37
Total	191	100

Most managers (58%) stated that they ensure safety of staff through training. Both the managers and staff (63%) said there was training in their workplace (Table 4.7). Despite this, awareness of policies and preventive measures were found to be mainly from acquired from learning institutions rather than these trainings. There was no significant association between the years worked and the awareness of policies occupation safety at workplace ($r = -.12, p > 0.05$) and the awareness of safety requirement/regulations at workplace ($r = -.09, p > 0.05$), while there was a significant association between the education level of the respondents and the awareness of prevention measures at workplace ($r = -.24, p < 0.01$), and the awareness of prevention measures at workplace ($r = -.18, p < 0.05$).

Of these trainings, 26% offered it after three months and 53% had all their staff undergo the training. Those who did not offer training (37%) gave reasons as the organization not being keen on safety and their lack of equipment. Other ways of ensuring safety mentioned include availing necessary equipment, according disciplinary action to intentional breach of safety rules and providing first aid and fire extinguishers. Managers also said they control accidents by avoiding carelessness, creating awareness, conducting routine checks, quick accident response, duty delegation, provision of first aid kit and fire extinguishers, putting up appropriate notices, training and use of proper equipments.

Training may be expensive, but it presents the best effective outcome, (Daltoy, 1997).

4.3.3 Information on Use of Equipment

Half the staff (51%) got written information on use of equipment while the rest got the information verbally (29%) and by self discovery (19%).

According to Ikunyua (2004), there is a significant relationship between knowledge on instructional information and its application, thus the need to provide information on the use of equipment.

4.3.4 Working Conditions

Most staff rated their working conditions in terms of safety as good (37%) and average (35%). Very few rated poor (5%) and very poor (3%). The rest rated it as very good (20%) as in Table 4.8 below.

Table 4.8 Working Conditions

	Frequency	Percent
Very Good	38	20
Good	71	37
Average	67	35
Poor	9	5
Very Poor	6	3
Total	191	100

A good number indicated the availability of warning signs, protective gear, accessible fire exits, equipped first aid kits and provision of medical services as safety measures as indicated in Fig. 4.3 below. From the observation checklist (Appendix 6.5), of all the hotels studied, 90% had good lighting and ventilation. “Provision of occupational health services is usually in larger organizations; people in small organizations have little or no access to occupational health advice” (Health Safety Executive, 1992).

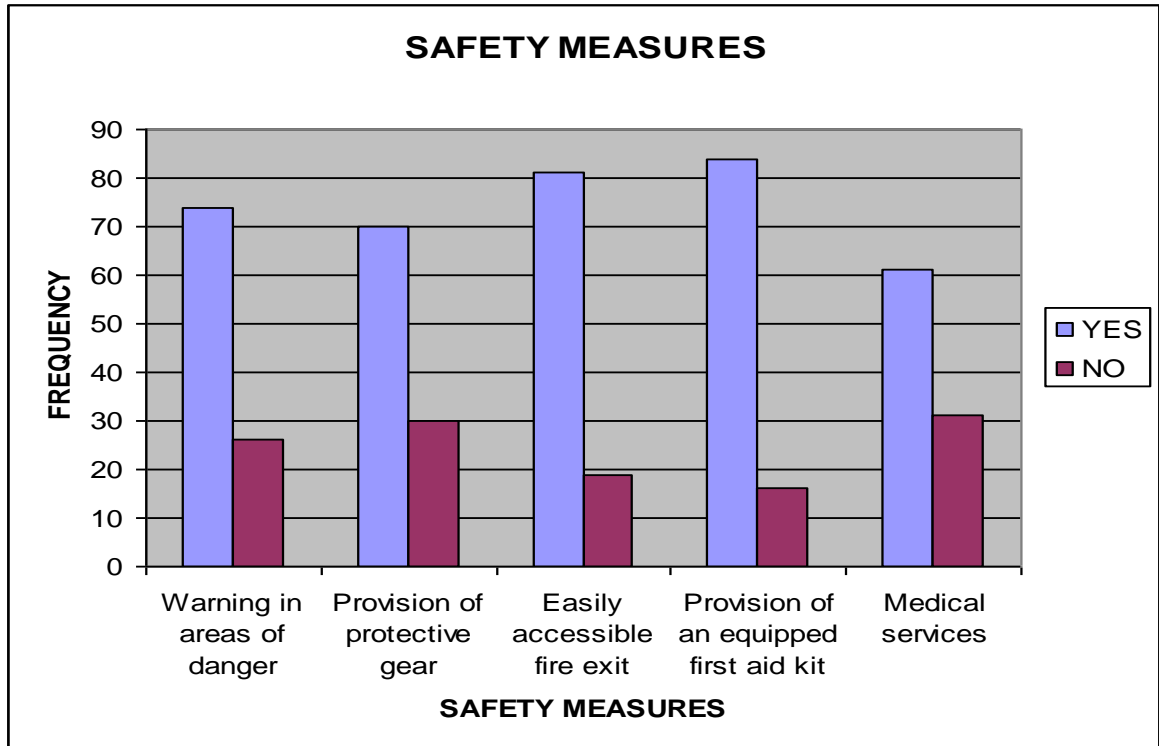


Fig. 4.3 Safety Measures

4.3.5 Preventive measures

The managers mentioned that the preventive measures that they have put in place to avoid accidents as: avoiding carelessness, creating awareness, conducting routine checks, quick accident response, proper delegation of duties, provision of first aid kit and fire extinguishers, putting up appropriate notices, training and use of proper equipments.

It was found that there was no significant association between the years worked and the awareness of prevention measures at workplace ($r = -.07, p > 0.05$), while there was a significant association between the education level of the respondents and the awareness of prevention measures at workplace ($r = -.18, p < 0.05$). This meant that the awareness of preventive measures mainly depended on their level of education rather than the number of years worked.

4.3.6 Protective Gear

Most managers (53%) stated they did not offer protective clothing or equipment to ensure safety, while those who said they did, provided gloves, uniforms and gumboots. These are provided by the employer. This concurs with Harker (1991) who says “In developing countries, protective clothing at work is considered a luxury and hence not adequately provided”. It is also important to note that it contravenes OSHA Sec. 101(1) which states that every employer shall provide and maintain for use of employees in any workplace where employees are employed in any process involving exposure to wet or to any injurious or offensive substance, adequate, effective and suitable protective clothing and appliances, including, where necessary, suitable gloves, footwear, goggles, and head coverings. It is however worth noting that from the observation checklist (Appendix 6.5), 84% of the hotels provided protective clothing to their staff.

4.4 POLICIES AND PROCEDURES

4.4.1 Emergency Preparedness

There was no marked difference between the number of managers who said they had a guideline for preparedness for emergencies (47%) and those who did not (53%) though the ones who said they had did not have a document to show. From the observation checklist (Appendix 6.5), 21% of the hotels had written out evacuation procedures with 63% having fire exit notices.

4.4.2 First aid

Table 4.9 First Aid

	Frequency	Percent
Had training	105	55
Did not have training	86	45
Total	191	100

In terms of training on first aid, there was no much difference between the number of those who had first aid training (55%) and those who had not (45%) (Table 4.9).

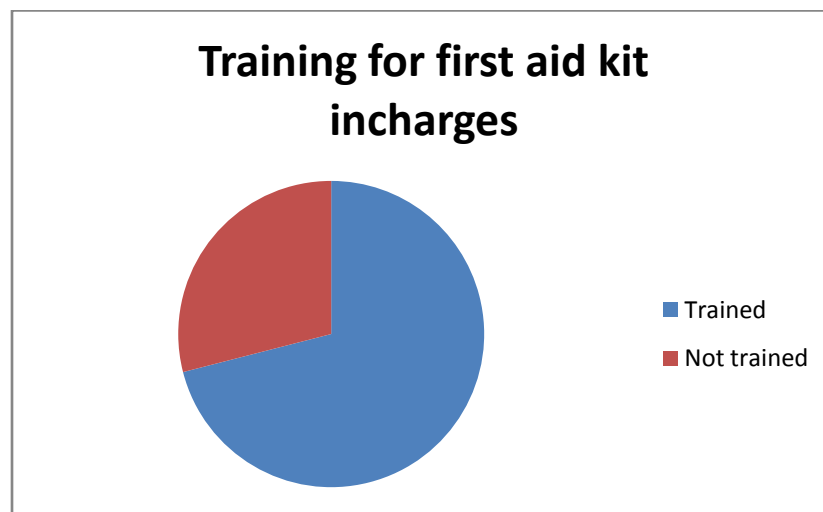


Fig 4.4 Training for First Aid Kit Incharges

Though most managers (63%) did not have a particular person in charge of their first aid kit, for those who had someone in charge, most of them (71%) were trained (Fig. 4.4).

From the observation checklist (Appendix 6.5), 100% of the hotels had First aid kits and fire extinguishers while only 15% had fire blankets mainly used in the kitchens.

The facilitators included AMREF staff, Doctors, Eldoret Municipal Council Fire Brigade, Fire Masters, Mbinda Fire Appliances, Red Cross staff, Scouts, Security Officers, St Johns Ambulance staff and Trained Staff from the hotel.

The WIBA Sec.45 states that an employer shall provide and maintain such appliances and services for the rendering of first aid to his employees in case of any accident while the OSHA Sec.95 states that every occupier shall provide and maintain so as to be readily accessible, a first aid box or cupboard of the prescribed standard. According to the findings, all hotels had first aid boxes that were mainly placed in the kitchens, rooms and reception areas.

4.4.3 Common Accidents

When respondents were asked the type of accident they have been involved in while working, the fall/slip, burn and cut received equal response on the way they have been encountered by the staff. The main contributing factor for the accidents were identified as carelessness (45%) and ignorance in use of equipment 33%. The accident being accidental had only 12% of the respondents (Fig. 4.5). From the observation checklist (Appendix 6.5), only 21% of the hotels had the “slippery floor” signs.

Klein Hesselink (2004) mentions that most accidents in hotels and restaurants in the European Union (EU-15) involve handling, lifting or carrying, slips or falls, hand tools, being struck by falling objects, exposure to or contact with harmful substances, and cuts and burns.

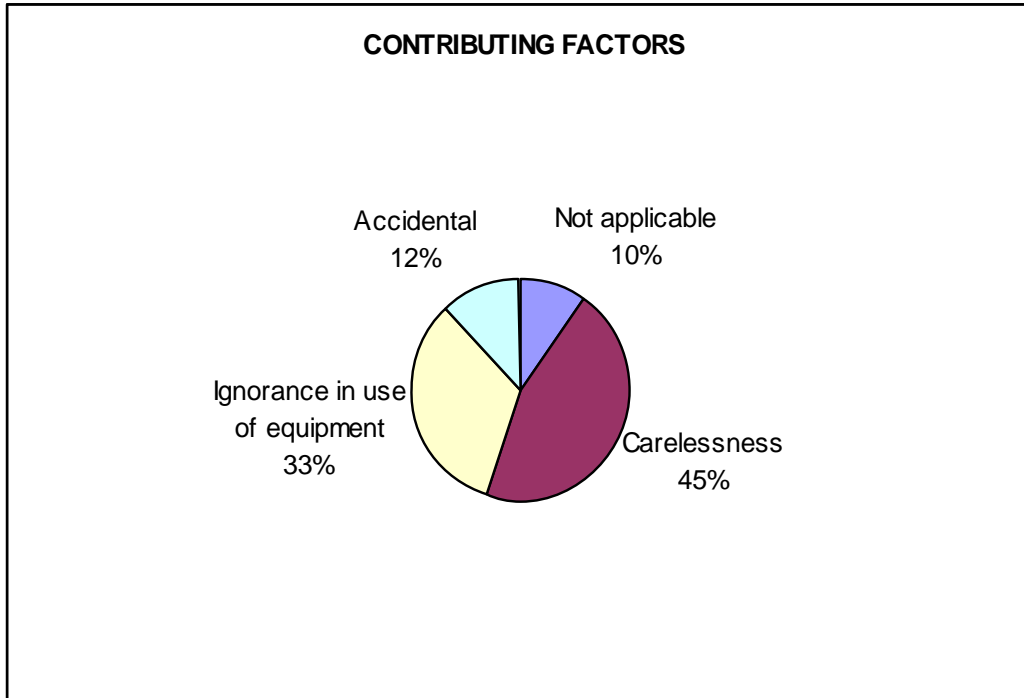


Fig. 4.5 Accident Contributing Factors

4.4.4 Work Procedures

Majority of the managers (90%) stated they had defined work procedures on how to perform specific tasks in terms of duty lists, job descriptions and supervision. This is important since occurrence of accidents, injuries and diseases related to work cannot be totally eliminated but can be reduced by workers if they operate according to rules and regulations that are set (Kogi et al, 1988).

4.4.5 Reporting

Most managers (58%) said they did not have a laid out procedure of reporting risks, hazards and accidents (Table 4.10), while those who had mentioned that it is done through management, the immediate supervisor and security occurrence books. Apart from the

responses received after asking if there was a procedure for reporting accidents, the observation checklist, (Appendix 6.5), showed that 26% of the hotels had a general register/accident book for the reporting of accidents.

Table 4.10 Reporting

	Frequency	Percent
Yes	8	42.11
No	11	57.89
Total	19	100

The law requires that an employer shall cause all workplace injuries to be entered in the general register (OSHA Sec.22 (5)) and that written or verbal notice of any accident which occurs during employment shall be given by or on behalf of the employee concerned to the employer (WIBA Sec. 21).

4.4.6 Risk Assessment and Audit

OSHA Sec.6 (3) states that every occupier shall carry out appropriate risk assessments in relation to the safety and health of persons employed while Sec.11(1) states that the occupier of a workplace shall cause a thorough safety and health audit of his workplace to be carried out at least once in every period of 12 months by a safety and health advisor. Most managers (63%) said risk assessment audits or any other safety routine inspections are done mainly yearly (42%) or after 6 months (33%) with documentation available. Findings from these audits are mostly (66%) disseminated to employees and other stakeholders (Table 4.11).

Table 4.11 Risk Assessment and Audit

	Risk assessment audits		Documentation		Findings disseminated
	Frequency	Percent	Frequency	Percent	Frequency
Yes	12	63.16	12	36.84	8
No	7	36.84	-	63.16	4
Total	19	100	19	100	12

4.4.7 Safety Committee

Most managers (95%) stated that they did not have a safety committee and for those who had, it comprised staff. From the observation checklist (Appendix 6.5), only 11% of the hotels had a safety committee.

4.4.8 Safety Policy statement

OSHA Sec. 7 states that it is the duty of every occupier a) to prepare and revise a written statement of his general policy with respect to the safety and health at work of his employee, b) to bring the statement and any revision of it to the notice of all his employees. As shown in Table 4.12, most of the staff (68%) and managers (52%) stated that they had a safety policy statement in their workplace as opposed to 32% of the staff and 47% of the managers who said they didn't. From the observation checklist (Appendix 6.5), 21% of the hotels had a policy document on the safety and health while only 15% had a safety board for posting safety issues.

Table 4.12 Safety Policy Statement

Policy statement	Managers		Staff	
	Frequency	Percent	Frequency	Percent
Yes	10	52.63	130	68.06
No	9	47.37	61	31.94
Total	19	100	191	100

4.4.9 Medical Examinations

Periodical medical examinations may be performed because of statutory requirements or where clinically indicated for groups of workers exposed to specific hazards (Harrington et al, 1998).

Public Health Law, Cap 254, Sec 15(i)(b) states that every person who owns, operates or is in charge of a food plant shall take all reasonable measures and precautions to ensure that thorough medical examination is carried out in a government medical institution or by a medical officer of health on all employees prior to their employment and at regular intervals of not more than 12 months and the health certificate (Appendix 6.11) and health records of each employee showing dates and results of the health examination are kept at the food plant.

An overwhelming majority (96%) of the respondents stated they were taken for medical examination by their employers and this was mainly done to all staff. The frequency at which these examinations were being done were on weekly basis 2% of the hotels, monthly 28% of the hotels, semi-annual 47% of the hotels and on quarterly basis 23% of the hotels.

4.4.10 Worker's Union

Unions assist workers acquire adequate health and safety aspects within the work environment. When asked if staff had a worker's union, 53% said no while 47% said yes (Table 4.13) below.

Table 4.13 Presence of Workers' Union

	Frequency	Percent
Yes	89	46.60
No	102	53.40
Total	191	100

4.4.11 Recommendations from Managers

The managers had no recommendations to make concerning the subject of occupational health and safety except one who recommended that his hotel introduces fire exits which were not clearly identified and another two managers felt that NEMA should make more regular impromptu visits to make sure hotels are always meeting the necessary requirements to ensure occupational health and safety.

CHAPTER FIVE:

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.7 INTRODUCTION

Various conclusions touching on the existence of policy guidelines relating to prevention of occupational accidents, the level of awareness of the safety procedures by the staff and managers and preventive measures in place to prevent occupational accidents in hotels within Eldoret town have been made.

Recommendations on the way forward for the sector and directions for further research are also given.

5.8 SUMMARY

5.8.1 Demographics

The study was carried out in Eldoret town hotels. The respondents were mainly from the 18-35yrs age bracket (89%), with slightly more females (58%), than males. Most respondents had worked in their current employment for less than 3 years (56%), with most staff having attained a tertiary education (67%).

5.2.2 Existence of policy guidelines and legal requirements relating to occupational accidents and safety at work.

In terms of safety procedures, policies or laws governing the hotel, most managers stated there were none and even those who said they had, did not have them written out. This is despite the fact that most of the respondents (staff 68%, managers 52%), stated that they had a safety policy statement in their workplace. On the other hand, there was almost no difference between the number of managers who said they had a guideline for preparedness for emergencies (47%), and those who did not though the ones who said

they had did not (53%), have a document to show. The main safety procedures, policies or laws that were mentioned to be in place are fire evacuation, insurance, availing necessary equipment, disciplinary action, providing first aid and fire extinguishers while the defined work procedures stated were duty lists, job descriptions and supervision.

Most managers (53%) stated they did not offer protective clothing or equipment to ensure safety, while those who said they did provided gloves, uniforms and gumboots which were provided by the employer. However, most staff (57%) rated their working conditions in terms of safety as above average.

Most of the respondents (staff 63%, managers 58%), stated that there was a programme for safety training for staff in their workplace with no much difference between the number of those who had first aid training (55%) and those who did not have (45%). All hotels had first aid boxes that were mainly placed in the kitchens, rooms and reception areas. Also most managers (58%), said they did not have a system of reporting risks, hazards and accidents.

Majority of the managers (95%) stated that they did not have a safety committee and for those who had, it comprised of staff. Most managers (63%), also said risk assessment audits and other safety routine inspections which are done mainly yearly or after 6 months.

5.2.3 Awareness of the safety procedures by the staff and proprietors of hotels within Eldoret town.

When staff were on one hand asked if they were aware of safety regulations in their work areas, most of them (80%), said they did yet when they were asked if they knew any other laws governing occupational safety in the workplace, a majority (45%), said they

didn't while of those who said they did, most of them could not outline any. This makes it evident that staff are not aware of the safety procedures, policies or laws governing the hotel industry. This was evidently confirmed by the majority of managers (78%), who said their hotels had no safety procedures, policies or laws clearly laid out and mentioned that finances, ignorance and lack of cooperation from proprietors as problems encountered in enforcing these laws.

While correlating variables, it was noted that there was no significant association between the years worked and either the awareness of policies of occupational safety at workplace ($r = -.12, p > 0.05$), the awareness of safety requirement/regulations at workplace ($r = -.09, p > 0.05$), and the awareness of prevention measures at workplace ($r = -.07, p > 0.05$). On the other hand, it was also noted that there was a significant association between the education level of the respondents and the awareness of policies of occupational safety at workplace ($r = -.24, p < 0.01$), the awareness of safety requirement/regulations at workplace ($r = -.21, p < 0.01$) and the awareness of prevention measures at workplace ($r = -.18, p < 0.05$).

It can therefore be concluded that the awareness of safety rules/policies/regulation are influenced by the staffs' education level and not necessarily their working year/experience. This means that at the work place, staff are not educated on these issues and that the information and awareness they have is based on the formal professional education one gets in learning institutions.

5.2.4 Preventive measures for Occupational Accidents in hotels within Eldoret town.

Most managers (58%), stated that they ensure safety of staff through training. The managers who said they offered training to their staff mainly offered it after 3 months to

all staff. Those who did not offer training gave reasons as the organization not being keen on safety and their having no equipment. Training may be expensive but presents the best effectiveness outcome (Daltoy, 1997). As a preventive measure, the managers stated they ensure safety of staff through training, availing necessary equipment, disciplinary action and providing first aid and fire extinguishers. They added that they avoided accidents by avoiding carelessness, creating awareness, conducting routine checks, quick accident response, duty delegation, provision of first aid kit and fire extinguishers, putting up appropriate notices, training and use of proper equipments.

Half the staff (51%), got written information on use of equipment while the rest got the information verbally.

A good number indicated the availability of warning signs, protective gear, accessible fire exits, equipped first aid kits and provision of medical services as safety measures and this concurred with the results of the observation checklist.

5.9 DISCUSSIONS/IMPLICATIONS OF FINDINGS

The findings show that without clear safety procedures and policies within the hotels, the staffs working in these hotels are more prone to accidents since most of them are not aware of them thus having a considerable percentage of them rating their working conditions as average, poor and very poor leading to occurrence of common accidents.

The findings also provide insight on the fact that though managers have training programmes for the prevention and provide protective clothing and equipment, guidelines for preparedness for emergencies are not clearly stipulated due to lack of documentation and worse still, a considerable number of staff are not trained on first aid. This however

can be attributed to the high turnover levels shown by the way most staff are in their current employment for the past three years and below.

Without a system of reporting risks, hazards and accidents in most hotels implies that accident cases are not properly recorded and for any improvement in terms of occupational health and safety of workers to be implemented, this will need to be corrected. Despite staff and managers indicating they had had risk assessment audits and safety policy statements, these were not documented or made available to staff since they were not in a position to outline safety regulations or state laws governing occupational safety in their work areas. This could be easily handled by safety committees or worker's unions which are not existent in a number of the hotels. This would also be complimented by the fact that most of these staff are relatively young and literate.

5.10 CONCLUSIONS

The results of the study and interpretation of its findings has provided information that can be used to develop a policy on emergency preparedness guideline since majority (53%) of the hotel managers who were interviewed were not aware on its existence.

Concerning policy guidelines, most hotels had no safety procedures, policies or laws. Most of them also neither had guidelines for preparedness for emergencies or a system for reporting risks hazards and accidents. Contrary to the OHS Act(2007) requirement, most of the hotels had no safety committees but all had first aid boxes and fire extinguishers. Most of them also had safety training programmes and did assessment audits regularly.

In terms of awareness, it was noted that though staff claimed to be aware of safety regulations, safety procedures and policies or laws governing the hotel industry, most of them could not outline any.

On preventive measures in place, the study found out that safety is ensured through training, availing necessary equipment and disciplinary action for breach of safety rules. Accidents were controlled by avoiding carelessness, creating awareness, conducting routine checks and allocation of duties.

5.11 RECOMMENDATIONS FOR POLICY

- The Kenya Government should create a clear policy on safety procedures in the hospitality industry and provide allocations of the necessary resources for its implementations.
- The training programs in occupational health and safety of each hotel should be restructured to conform to international standards. Short courses, seminars and conferences should be encouraged. The ministry of education should include in their curriculum safety and health aspects as this would contribute to behavioral change and enhancement of a positive safety culture.
- The management of all hotels should be encouraged to have in place functional Job Safety Analysis (JSA) procedures.
- National Environment Management Authority (*NEMA*) should be vigilant in safety management audit processes which should be put in place in all work places and the results disseminated to staff and all stakeholders for effective implementation.

- A national central database on occupational health and safety should be in place for data collection and access to information related to and all stakeholders should have means of access.
- All hotels should also keep clear records of their health and safety activities and occurrences.
- Based on the respondent's divergent views on occupational accidents, awareness and prevention within hotels in Eldoret town there is need for further research to compare the possible outcomes.

5.12 RECOMMENDATIONS FOR FURTHER RESEARCH

- Research should be done to evaluate if poverty, job insecurity, informal employment, high labour turnover and low education standards play a role in the state of occupational health and safety within the hospitality industry.
- Research can also explore the effects of staff workload Vis a Vis staff shortage on safety.

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6.0 APPENDICES

6.1 LETTER OF INTRODUCTION

**Lydia Cherono,
Adm. No. N50/OL/15945/06
Kenyatta University,
P.O.Box 43844,
Nairobi.
10th September, 2010.**

TO WHOM IT MAY CONCERN.

Dear Sir/Madam,

RE: LETTER OF INTRODUCTION

My name is Lydia Cherono. I am a student at Kenyatta University currently pursuing a Masters Degree in Hospitality and Tourism Management. I am carrying out a research on occupational accidents, awareness and prevention within Eldoret town. This is a study that aims at determining the state of awareness and the extent of practice of Accident and Safety Policies in the hotel industry within Eldoret town.

I request your participation in the study by filling in the questionnaires or giving an in-depth interview to myself or one of the research assistants. Any information given by you relating to the study will be treated confidentially and will not be used against you in any way. Your participation is completely voluntary and you have a right to withdraw from the study any time you wish.

There are no risks associated with participating in the study nor are there any monetary gains or inducements by participating.. Findings from this study will benefit the country and by extension the organization you work in through policy issues that are favorable to you as an employee.

If you have any questions regarding the study, you can reach the principal investigator, myself, on 0723-724419 or email – lydiatalai@yahoo.com.

CONSENT

If you accept the above statements, kindly sign as evidence for your willingness to participate in the study.

I agree to participate in this study.

Sign..... Date

THANK YOU.

6.2 QUESTIONNAIRE FOR HOTEL STAFF

Section A: DEMOGRAPHIC INFORMATION

1. Respondent No. _____
2. Name of hotel _____
3. Section/ Department _____
4. Designation/Job description _____
5. Age

Under 18	18 - 25	26-35	36-45	45 and above

6. Sex
Male Female
7. Number of years worked in current employment

6 months & below	6 months – 1 year	1 years - 3 years	3 years - 5 years	5 years and above

8. Level of education

Primary	Secondary	Certificate/Diploma	University	Other

9. How many hours do you work per day?

Less than 8	8	9	10	11	12	More than 12

Section B: AWARENESS

1. Are there any outlined safety regulations in your work areas that you are aware of? Yes No

If yes, outline them

2. Is there a safety policy statement in your workplace?

Yes No

3. Do you know any other laws governing occupational safety at your workplace?

Yes No

If yes, state them _____

4. Who is responsible for the implementation of safe working conditions at the hotel? Employer Supervisor Self

Section C: PREVENTION

1. Tick the safety measures taken in the workplace.
 - ❖ Instructions on use of equipment
 - ❖ Warning in areas of danger
 - ❖ Provision of protective gear
 - ❖ Provision of an equipped first aid kit
 - ❖ Easily accessible fire exit
 - ❖ Medical services
 - ❖ Any other _____
2. How do you get information on use of equipment,
Written Verbally Self discovery
3. Outline what the hotel has done to prepare you for an emergency?

4. How would you rate your working conditions in terms of safety?
V. Good Good Average Poor V. poor

Section D: PROCEDURES AND POLICIES

1. Have you had any first aid training?
Yes No
If yes i) who was the facilitator? _____
ii) When? Less than 2 yrs ago More than 2 yrs ago
2. Is there a programme for safety training for staff? Yes No
If yes,
 - i. When is it done? On employment during employment
 - ii. How often is it done? Weekly Monthly Yearly
Other _____

3. Have you or any of your colleagues been involved in an accident while working?

Yes No

If yes,

i. What type of accident was it? Tick the type of accident.

❖ Fall/Slip

❖ Burn

❖ Cut

❖ Any other _____

ii. What do you think contributed to the above named accident?

❖ Carelessness

❖ Ignorance in use of equipment

❖ Any other _____

4. Do you have a workers' union?

Yes No

If yes, do the union leaders

i. Hold seminars to educate staff on their health and safety rights?

Yes No

ii. In your opinion, do they support staff who are injured to your satisfaction? Yes No

5. Is there a procedure for reporting accidents?

6. Does the hotel undertake medical examinations for staff?

Yes No

i. Who is required to take the examination?

All staff Kitchen staff only Others

ii. What tests are done?

iii. How often are they done?

Weekly Monthly Half Yearly Yearly

Others _____

6.3 INTERVIEW FOR HOTEL PROPRIETORS/MANAGER

1. What is your position within this hotel?
2. For how long have you served in this position?

6 months	6 months – 1 yr	1 – 3 yrs	3 - 5 yrs	More than 5 years

3. In this position, how would you ensure safety of staff at work?
4. (a) What safety procedures, policies, or laws govern this hotel?
 - a. Are there any problems that you encounter in enforcing these laws?
5. Are there defined work procedures on how to perform specific tasks?
6. (a) What preventive measures do you have in place to avoid accidents?
 - b. Are there further preventive measures you intend to put in place?
7. (a) What protective clothing or equipment is used to ensure safety?
 - (b) Who provides the above?
8. Is there any guideline for preparedness for emergencies?
9. (a) Is there a particular person in charge of the First Aid kit?
 - (b) Is this person trained in First Aid?
10. Do you offer safety training to staff?

If yes, how often and to whom?

If no, why?
11. Is there a system of reporting risks, hazards and accident injuries?

If yes, what is the procedure? Is there documentation to that effect?
12. (a) Are risk assessment audits or any other safety routine inspections done?

If yes, how often?

Is there documentation to that effect?

 - (b) Are there findings of the review available to stakeholders and disseminated to employees?
13. (a) Do you have a safety committee?
 - (b) Whom does it comprise of?
14. Is there a safety policy statement in your hotel?
15. Are there any recommendations you have suggested or wish to suggest concerning safety in your place of work?

6.4 OBSERVATION CHECKLIST**Hotel Name:**

DESCRIPTION	OBSERVATION	COMMENT
Slippery floor signs		
First aid kit		
Safety board		
Fire extinguishers (presence and last checking date)		
Fire blanket		
Fire exit (notice and accessibility)		
Laid down evacuation procedures		
Lighting		
Ventilation		
Availability of manuals or working instructions for machines		
Protective clothing or equipment		
Presence of general register/accident book		
Safe protection of gas cylinders and piping		
Presence of safety committee		
Availability of policy on safety and health document		

6.5 RESULTS OF OBSERVATION CHECKLIST

DESCRIPTION	OBSERVATION	COMMENT
Slippery floor signs	9 hotels	All the 9 hotels that had slippery floors (mostly terrazzo) had signs to show
First aid kit	All hotels	Mainly kept at the reception and kitchens.
Safety board	3 hotels	Only 3 hotels had a notice board dedicated to safety matters.
Fire extinguishers (presence and last checking date)	All hotels	All hotels had fire extinguishers but none had instructions on how to operate displayed.
Fire blanket	3 hotels	Only 3 hotels had fire blankets ideal for fires in the kitchens.
Fire exit (notice and accessibility)	12 hotels	7 hotels lacked signs that indicate exits in case of fires.
Laid down evacuation procedures	4 hotels	Only 4 hotels had laid down evacuation procedures though this are kept in files in offices and not accessible
Lighting	17 hotels	2 of the hotels did not have adequate lighting. These are the old hotels built in the colonial period.
Ventilation	17 hotels	2 of the hotels did not have adequate ventilation. These are the old hotels built in the colonial period.
Availability of manuals or working instructions for machines	11 hotels	8 hotels could not produce documents to show instruction on use of their machines and though 17 had, these were not easily accessible and did not cover all the available machines.
Protective clothing or equipment	16 hotels	Staff in 3 hotels were not provided with protective clothing or equipment.
Presence of general register/accident book	5 hotels	Only 5 hotels had a form of register to record accidents and those who did not mainly claimed that it is because they experienced no serious accidents.
Safe protection of gas cylinders and piping	10 hotels	This was mainly because most of the remaining 9 hotels did not use gas.
Presence of safety committee	2 hotels	Only two hotels had safety committees and their absence attributed to lack of knowledge for the need to have them.
Availability of policy on safety and health document	4 hotels	Only two hotels had safety committees and their absence attributed to lack of knowledge for the need to have them.

6.6 RESPONDENT SAMPLE SELECTION

	HOTEL	COOKS	WAITERS	H/K	F.O.	OTHERS	TOTAL	SAMPLE
1	Sirikwa	20	17	18	5	40	40	20
2	Wagon	5	14	3	1	5	28	14
3	White Castle	0	0	0	0	0	0	0
4	Ndupawa	8	15	5	2	5	30	15
5	Mountain View	5	10	10	2	2	27	14
6	Asis	6	4	2	2	5	14	7
7	Miyako	5	8	4	2	5	19	10
8	Racecourse Inn	8	8	5	2	3	23	12
9	Sego Investment co.	6	12	5	5	24	28	14
10	Venus	4	7	4	2	4	17	9
11	Mahindi	7	11	4	3	3	25	13
12	Sixty Four Centre Ltd	4	6	1	2	4	13	7
13	Country lodge	5	6	2	1	4	14	7
14	Marriot	12	20	10	3	12	45	23
15	Kafico Guest House	4	3	3	2	3	12	6
16	Highlands Inn	6	12	4	2	3	24	12
17	Eld Club	0	0	0	0	0	0	0
18	Uchumi	6	4	3	2	4	15	8
19	Moons	0	0	0	0	0	0	0
	TOTALS	111	157	83	38	126	374	191

Targeted No. = $\frac{\text{Total hospitality staff in hotel}}{\text{Total hospitality staff}} \times 191$

(H/K – Housekeeping, F.O. – Front Office)

6.7 ACCIDENT CASES REPORTED FROM JANUARY TO AUGUST 2008

MONTH	FATAL ACCIDENTS	NON-FATAL ACCIDENTS	TOTAL
JANUARY	NIL	NIL	NIL
FEBRUARY	NIL	NIL	NIL
MARCH	NIL	14	14
APRIL	1	8	9
MAY	NIL	5	5
JUNE	1	7	8
JULY	NIL	6	6
AUGUST	NIL	2	2
TOTAL	2	42	44

Courtesy of Uasin Gishu Worker's Compensation Department

6.8 ELDORET MUNICIPAL COUNCIL HOTEL CLASSIFICATION

1	HOTEL SIRIKWA LTD	503	Large-High Standard Lodging House/Hotel D Class	CBD	Eldoret Municipal Council
2	ELDORET WAGON HOTEL	503	Large-High Standard Lodging House/Hotel D Class	CBD	Eldoret Municipal Council
3	WHITE CASTLE HOTEL & RESTAURANT	503	Large-High Standard Lodging House/Hotel D Class	CBD	Eldoret Municipal Council
4	SOSIANI VIEW HOTEL	503	Large-High Standard Lodging House/Hotel D Class	CBD	Eldoret Municipal Council
1	ELDORET MOUNTAIN VIEW HOTEL	506	Medium-High Standard Lodging House/Hotel D Class	CBD	Eldoret Municipal Council
2	IASIS HOTEL	506	Medium-High Standard Lodging House/Hotel D Class	CBD	Eldoret Municipal Council
3	NEW MIYAKO HOTEL	506	Medium-High Standard Lodging House/Hotel D Class	CBD	Eldoret Municipal Council
4	RACECOURSE INN HOTEL	506	Medium-High Standard Lodging House/Hotel D Class	CBD	Eldoret Municipal Council
5	ISEGO INVESTMENT CO	506	Medium-High Standard Lodging House/Hotel D Class	CBD	Eldoret Municipal Council
6	VENUS BAR	506	Medium-High Standard Lodging House/Hotel D Class	CBD	Eldoret Municipal Council
7	MAHINDI HOTEL	506	Medium-High Standard Lodging House/Hotel D Class	CBD	Eldoret Municipal Council
8	SIXTY FOUR CENTRE LTD - P051162807Z	506	Medium-High Standard Lodging House/Hotel D Class	CBD	Eldoret Municipal Council
9	ELDORET COUNTRY LODGE	506	Medium-High Standard Lodging House/Hotel D Class	CBD	Eldoret Municipal Council
10	SOSIANI VIEW HOTEL - A000214463J	506	Medium-High Standard Lodging House/Hotel D Class	CBD	Eldoret Municipal Council
11	IMARRIOT HOTEL	506	Medium-High Standard Lodging House/Hotel D Class	CBD	E.M.C
1	KAFICO GUEST HOUSE	509	Small-High Standard Lodging House/Hotel D Class	CBD	Eldoret Municipal Council
2	WHITE HIGHLANDS INN	509	Small-High Standard Lodging House/Hotel D Class	CBD	Eldoret Municipal Council
3	ELDORET CLUB	509	Small-High Standard Lodging House/Hotel D Class	CBD	Eldoret Municipal Council
4	UCHUMI HOTEL	509	Small-High Standard Lodging House/Hotel D Class	CBD	Eldoret Municipal Council
5	MOONS BED & BREAKFAST	509	Small-High Standard Lodging House/Hotel D Class	CBD	E.M.C
1	MOONS LODGE	512	Large Lodging House with Restaurant and/ or Bar B/C Class	CBD	Eldoret Municipal Council
2	SALICE HOTEL	512	Large Lodging House with Restaurant and/ or Bar B/C Class	CBD	Eldoret Municipal Council
3	LINCORN BAR & LODGING	512	Large Lodging House with Restaurant and/ or Bar B/C Class	CBD	Eldoret Municipal Council
4	PARADISE BAR & HOTEL	512	Large Lodging House with Restaurant and/ or Bar B/C Class	CBD	Eldoret Municipal Council
5	SUN PU RESTAURANT	512	Large Lodging House with Restaurant and/ or Bar B/C Class	CBD	Eldoret Municipal Council
6	KOIBARAK HOTEL	512	Large Lodging House with Restaurant and/ or Bar B/C Class	CBD	Eldoret Municipal Council
7	JUMBO VALLEY HOTEL	512	Large Lodging House with Restaurant and/ or Bar B/C Class	CBD	Eldoret Municipal Council
8	INYATHIRU MOTEL	512	Large Lodging House with Restaurant and/ or Bar B/C Class	CBD	Eldoret Municipal Council
9	NEWHAM PUB	512	Large Lodging House with Restaurant and/ or Bar B/C Class	CBD	Eldoret Municipal Council
10	AYA INN LIMITED	512	Large Lodging House with Restaurant and/ or Bar B/C Class	CBD	Eldoret Municipal Council
11	NEW SHOW PARK BAR & RESTAURANT	512	Large Lodging House with Restaurant and/ or Bar B/C Class	CBD	Eldoret Municipal Council
12	THE KLIQUE HOTEL	512	Large Lodging House with Restaurant and/ or Bar B/C Class	CBD	Eldoret Municipal Council
13	MWANZO DALLASS HOSTELS - A00324971	512	Large Lodging House with Restaurant and/ or Bar B/C Class	CBD	Eldoret Municipal Council
14	JOY HOSTEL	512	Large Lodging House with Restaurant and/ or Bar B/C Class	CBD	Eldoret Municipal Council
15	LISBON COURT	512	Large Lodging House with Restaurant and/ or Bar B/C Class	CBD	Eldoret Municipal Council
16	LISBON COURT	512	Large Lodging House with Restaurant and/ or Bar B/C Class	CBD	LANGAS WARD
1	SILVER HOTEL/BAR	515	Medium Lodging House with Restaurant and/ or Bar B/C Class	CBD	Eldoret Municipal Council

6.9 RESEARCH PERMIT**KENYATTA UNIVERSITY
GRADUATE SCHOOL**

P.O. Box 43844,
NAIROBI
Tel. No. 810901/9 Ext. 57530
E-mail: kubps@yahoo.com

Our Ref: N50/15945/06
Your Ref:

Date: 3rd September, 2010

The Permanent Secretary,
Ministry of Higher Education, Science & Technology,
P.O. Box 30040,
NAIROBI

Dear Sir/Madam,

RE: RESEARCH AUTHORIZATION
MS. CHERONO LYDIA - REG. NO. N50/15945/06

I write to introduce Ms. Cheronno Lydia who is a Postgraduate Student of this University. She is registered for M.Sc. degree programme in the Department of Hospitality and Tourism Management.

Ms. Cheronno intends to conduct research for a proposal entitled, "Awareness and Prevention of Occupational Accidents in Hotels within Eldoret Municipality."

Any assistance given will be highly appreciated.

Yours faithfully,

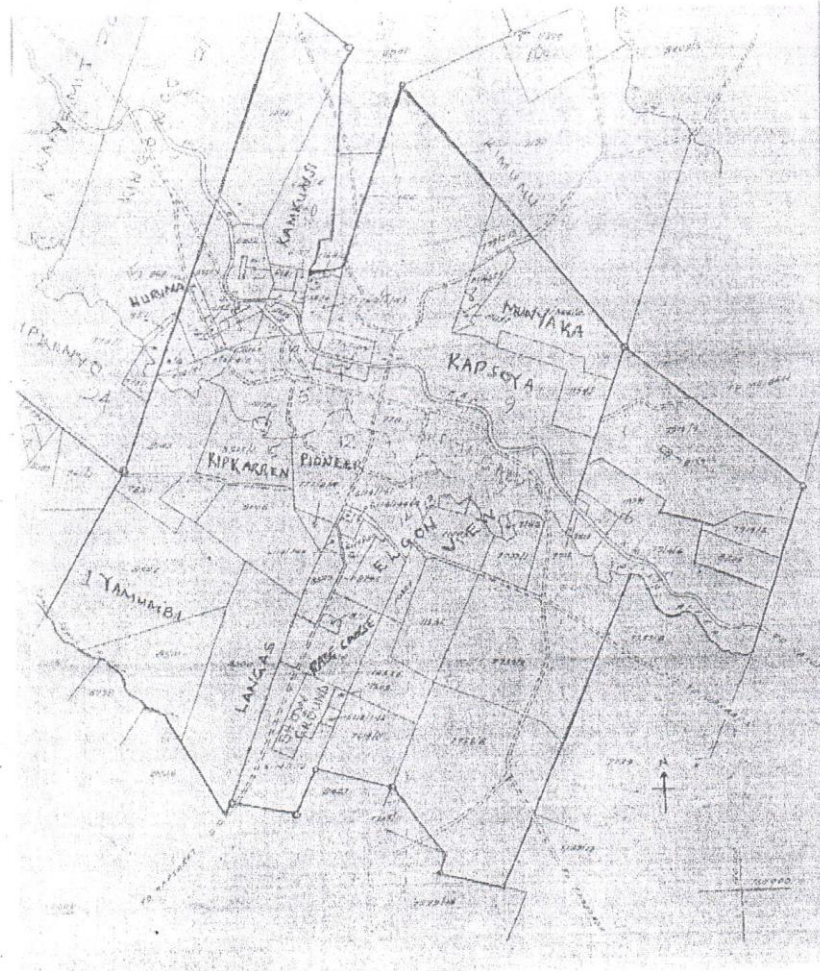


JOHN M. ODONGI
FOR: DEAN, GRADUATE SCHOOL

JMO/bwk

6.10 ELDORET MUNICIPAL COUNCIL ADMINISTRATIVE BOUNDARIES

APPENDIX 6
ELDORET MUNICIPALITY MAP



6.11 FOOD HANDLER'S MEDICAL CERTIFICATE



No.

FORM D

MOI TEACHING AND REFERRAL HOSPITAL

THE FOOD, DRUGS AND CHEMICAL
SUBSTANCES ACT
(Cap. 254)

DUPLICATE

CERTIFICATE OF MEDICAL EXAMINATION

Microscopy

Culture

Widal

Urine

Stool

Sputum

Chest X-Ray if Sputum is TB Positive

SAMPLE COPY

I hereby certify that I have this day examined Mr./Mrs/Miss.....

..... and that in my
opinion he/she is fit under the Food, Drugs and Chemical Substances (Food Hygiene)

Regulations to work at

(Name of Food Plant), Plot No.....

Town/Market

This certificate is valid for six months with effect from20

to

(Signature and Name of Medical Officer)

Date

Official Stamp of Medical Institution