

OCCUPATIONAL SAFETY, HEALTH AND
WELFARE AT WORK IN THE CATERING
INDUSTRY.

A STUDY INTO THE LEVEL OF AWARENESS AND
COMPLIANCE IN THE INDUSTRY;
DOES FOOD SAFETY TAKE PRIORITY OVER
OCCUPATIONAL SAFETY, HEALTH AND
WELFARE IN THE CATERING INDUSTRY.
SHOULD ENFORCEMENT RESPONSIBILITY BE
TRANSFERRED TO ANOTHER AUTHORITY

BY

KATE KIVLEHAN

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SUPERVISED BY: MR. DAVID MULLARKEY

Abstract

Occupational safety health and welfare across all work sectors has been of crucial importance in Ireland, particularly over the last decade. The objectives of this study were:

1. To establish the level of awareness and compliance amongst the staff and management of the catering industry regarding occupational health and safety.
2. To see if food safety issues supersede occupational health and safety in the catering industry.
3. To determine if the regulation of occupational health and safety in catering premises would be better served if inspected by another inspectorate body.

This study was designed, and surveyed three different groups of people with respect to their knowledge regarding occupational health and safety and related issues. Two separate questionnaires were designed targeting both managers and staff in the catering industry with a sample size of 60 catering managers and 120 catering staff. A further questionnaire was administered to Environmental Health Officers (EHOs) with a sample size of 50.

The survey results obtained from catering staff and management respondents, establishes the lack of training, awareness and compliance with regard to occupational health and safety in this industry. 50% of managers state that they have a safety statement on the premises, which is made available to staff members. 40% of staff are aware of these safety statements. With 78% of staff receiving food safety training and as low as 33% of catering staff having received occupational health and safety training this also highlights that food safety takes precedence over occupational health and safety matters in this industry. 100% of catering managers surveyed stated that their premises had never been inspected by the H.S.A. and 75% of these managers stated that they were more likely to comply with legislation when inspected by the enforcing agency. When questioned about inspecting catering premises 100% of EHO respondents stated that they had come across hazardous and unsafe working conditions which were often reported to the H.S.A. 57% OF EHO's surveyed stated that food safety and occupational health and safety inspections could be integrated and carried out by EHO's. However, 100% of these EHO's stated that without additional resources they would not be able to undertake this task.

In conclusion it can be seen that due to a combination of reasons occupational health and safety issues have been let slide and food safety takes precedence.

The report goes on to recommend that NAOSH (National Authority of Occupational Safety and Health) should consider the possibility of occupational health and safety inspections in catering premises being carried out by environmental health departments under the auspices of the HSE (Health Services Executive). If this is not possible, NAOSH itself needs extra resources to employ more of their own inspectors so that all industries are inspected on an ongoing basis.

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DECLARATION

I hereby certify that this material, which I now submit in part fulfilment of the requirements for the award of M.Sc. (Environmental Health and Safety Management) is entirely my own work and has not been taken from the work of others save to the extent such work has been cited and acknowledged within the text of my work.

Signed *Paul Lihhan*
Candidate

Date 15/9/05

Chapter One

Introduction

1. Introduction

In this day and age there is increasing emphasis on the health, safety and welfare of workers in every sector of employment including the construction industry, agriculture, the manufacturing industry, office based employment as well as the service industry. The catering industry falls within the service sector.

The interest of the author, an EHO, in the level of awareness and compliance with occupational safety, health and welfare in the catering industry, stems from carrying out food safety inspections in catering premises. Often, while carrying out enforcement duties in these premises, the author would find working conditions to be hazardous and unsafe. This was the main influence on the decision to carry out research in this area of occupational safety, health and welfare.

Historically in Ireland many different pieces of legislation governed the health, safety and welfare of the workforce e.g. the Factories Act 1955, the Mines and Quarries Act 1965 and the Dangerous Substances Act 1972.

In the early 1980's it was recognised that because of the myriad of pieces of legislation for the various sectors of employment, to the exclusion of other sectors, the health, safety and welfare of many employees in Ireland were being neglected. These findings were published in the Barrington Report (1983), which stated that there was no good reason why only 20% of the workforce should be covered by statute.

The findings of this report highlighted to the government of that time that changes in legislation needed to be made in order to protect the health, safety and welfare of all those working in the various sectors of employment. This led to the formulation and enactment of the Safety, Health and Welfare at Work Act 1989.

The 1989 Act established a general framework for the prevention of accidents and ill health at work. The 1989 Act did not, however, specify the detailed requirements that employers in particular were obliged to put in place. Instead, the Act provided that the detailed Regulations could be made over time to fill in the general principles contained in it. Many of these details have since been filled in by Ministerial Regulations and associated Guides and Approved Codes of Practice (ACoP's) issued by the Health and Safety Authority (body responsible for enforcing safety, health and welfare legislation in this country). Many of the Ministerial Regulations have implemented European Union Directives on health and safety at work. The most

significant single set of Regulations made under the 1989 Act is the Safety, Health and Welfare at Work (General Applications) Regulations 1993. (Byrne, 2001)

The catering sector and the safety, health and welfare of its employees in this country also comes under the aforementioned legislation. However when analysing the annual reports of the Health and Safety Authority (H.S.A) from 2001 to 2004 there would appear to be far less emphasis upon enforcing occupational health and safety legislation in this sector, which will be highlighted later in the document.

While the risk to health and safety of a worker on a construction site is apparently far greater than working in the catering industry there are a vast amount of hazards and risks involved in working in a catering premises which can lead to injury and even fatality.

Apparently other legislation tends to take precedence in the catering industry, namely EC (Hygiene of Foodstuffs) Regulations 2000 that is enforced by EHO's in this country and this is also backed up through research by Flakstad (2004) who states;

“Behind the swinging doors of commercial and industrial kitchens, the pressure is on, and the rush to satisfy clients and minimise the dangers of food contamination can sometimes push safety to the backburner”.

In the Safety, Health and Welfare at Work Act 1989 under Part V subsection 32 the Department of Enterprise, Trade and Employment through NAOSH can grant another body the authority to carry out occupational health and safety enforcement duties. The Department of Enterprise, Trade and Employment i.e. the department in charge of all occupational health and safety legislation, has already done this by delegating occupational health and safety responsibilities aboard fishing vessels to the Department of the Marine and Natural Resources under the Safety, Health and Welfare at Work (Fishing Vessels) Regulations, 1999 (S.I. No. 325 of 1999).

It is therefore legally acceptable under the Act, to delegate, the responsibility of occupational health and safety enforcement in catering premises to Environmental Health Officers (EHO's) under the auspices of the Department of Health and the Health Services Executive.

With this in mind one of the aims of this study is to establish the overall level of occupational health and safety awareness and compliance amongst staff and

management in the catering industry. In conjunction with this the author has also carried out surveys on EHO's to establish if the delegation of occupational health and safety responsibilities in catering premises to their department would be acceptable and feasible.

Chapter Two

Literature Review

2.1 Background to Health, Safety and Welfare Legislation

Health, Safety and Welfare legislation is concerned with the duties owed by one person to another or to a group of persons, such as those duties owed by an employer to his/ her employees or by an occupier of a premises to visitors. In most cases, a breach of these duties gives rise to criminal liability. This means that a person can be charged with a criminal offence by an inspector and brought before a court to answer a charge. If the court finds a person guilty of the charge, then that person can be fined, or, in some cases imprisoned, or both. (Stranks, 1998)

Prior to the Safety, Health and Welfare at Work Act 1989, legislation such as the Factories Act 1955, the Mines and Quarries Act 1965 and the Dangerous Substances Act 1972, as well as numerous Regulations made under them, had regulated certain aspects of safety and health at work for many years in Ireland. But it was accepted that this legislation was defective in two respects:

- It did not apply to all places of work and,
- It failed to reduce accident and injury levels. (Byrne, 1997)

2.1.1 The Barrington Commission

The Minister for Labour with the following terms of reference appointed the Commission of Inquiry on Safety, Health and Welfare at Work on The 16th of December 1980:

- *to examine the arrangements made for Safety, Health and Welfare of people in the course of their employment and to consider,*
- *whether changes are needed in the laws, or in voluntary activities, relating to Safety, Health and Welfare at Work,*
- *whether there are adequate safeguards for the public from hazards, other than general environmental pollution, arising in connection with activities in industrial and commercial premises, construction sites and the transport of dangerous substances, and,*
- *to make recommendations.”* (Barrington,1983)

In the past the approach had been to identify an area of work activity, which was damaging people, through accidental injury and ill health, and to pass specific regulations requiring employers to take certain precautionary steps.

However, by the early 1980's the amount of specific regulations had become very complex and cumbersome, with many legal arguments hinging on whether or not the worker injured was in a factory, which left many feeling that only lawyers and judges could begin to understand what was required of an employer.

Justice Barrington (1983) states that because of the wide range of activities that made up the occupational health and safety system it would be useful to identify the overall objectives which should permeate all those activities and give them a long term unity of purpose. The aims of the system are:

- to establish and maintain a working environment in which the physical and mental well-being of workers is maintained at the highest levels practicable;
- to minimize the causes of hazards inherent in the working environment and thus prevent accidents and injury to health;
- to have safety, health and welfare standards that correspond to the technological and social development of Irish society at any time; and
- to provide a basis whereby employers and workers themselves at the level of the undertaking solve their working environment problems in co-operation with their representative organisations and under the supervision and guidance of the state.

The Barrington Report recommended that this host of rules be replaced with a new over-arching statute, which obliged all employers (and the self-employed) to protect themselves, their staff and others who could be adversely affected by the work being undertaken. The intention was to supplement this piece of umbrella on, which became the Safety, Health and Welfare at Work Act 1989, with three additional levels: Regulations, Approved Codes of Practice and Guidance notes. Barrington found no good reason in the report why only 20% of the workforce should only be covered by statute and for this reason found that an all encompassing new piece of legislation would need to be prepared so that all workers (including those working in the catering and hospitality industries) should be catered for.

2.1.2 The Safety Health and Welfare at work Act 1989.

As already mentioned, the Safety, Health and Welfare at Work Act 1989 was designed to lay down general principles for all places of

work in order to prevent accidents and ill-health. It has been the most important piece of legislation relating to occupational health and safety in the work place enacted in Ireland to date. The Act places responsibility on both the employer and the employee to maintain safety and health in the workplace. It also gives the employer the responsibility of preparing a safety statement for the place of work and consulting with employees on methods of safety at work.

The Act allows for the updating and replacement of pre- 1989 laws on safety health and welfare and regulations made under them. A significant amount of updating and replacement has now occurred, particularly by the safety, health and welfare (Repeals and Revocations) Order 1995 and by means of the detailed regulations made under the '89 Act. This has resulted in many provisions of the Factories Act 1955 and all of the Office Premises Act 1958 being repealed in '95. Some specialist legislation such as the Fire Services Act 1981 remains in place however.

2.1.3 **The Safety, Health & Welfare at Work (General Applications) Regulations. 1993**

The 1989 Act also anticipated the EC Framework Directive on Health, Safety and Welfare at work. EC framework directives are implemented into domestic Irish law by means of Regulations, also known as Statutory Instruments.

The Safety, Health and Welfare at work (General Application) Regulations 1993 provide the details for the general principles set out in the 1989 Act and also implement seven EC Directives on Safety and Health, including the Framework Directive, which were to coincide with the advent of the single market. The specific legal requirements set out in these regulations relating to maintaining the well being of the workers are, in summary:

- **The work place** - safety standards for ventilation, temperature, lighting, floor surfaces, doors and gates, sanitary facilities

- **work equipment** - suitability, risk reduction, information and instruction for employees, control devices, emergency stops, guards, warning devices and maintenance.
- **personal protective equipment** - the employer must make provision for the protection of head, foot, eye and face, respiratory system, hearing, body, arm and hand.
- **Display screen equipment** - the employer's duties in relation to the screen, keyboard, space, lighting, reflection and glare; the provision of eye tests and corrective appliances.
- **Electricity** - e.g. safeguards to protect against shock, safeguards for overhead lines.
- **First aid** - there must be adequate, suitably marked and easily accessible equipment and first aid room for larger work places.
- **Manual handling of loads** Part VI of the 1993 Regulations merits particular attention. Manual handling, accidents account for about 30% of notified accidents and back injuries are the single biggest cause of health problems and absenteeism from the work place. The 4th Individual EC Directive of 1989 set out the general principles in relation to manual handling which recommended avoidance where possible and where unavoidable, to assess the risk and reduce it and to provide training and information for employees.

2.1.4 Safety, Health and Welfare at Work Bill 2004

The thrust of this new Bill is to repeal the 1989 Act and set the scene for a new health and safety code of law for the next 10 to 15 years and which enables this country to comply with the EU Directives in the area of health and safety.

It strikes a balance between imposing duties, encouraging better consultation, providing better prevention and increasing fines and penalties.

Since the introduction of the 1989 Safety, Health and Welfare at Work Act many socio-economic changes have taken place in Ireland that

have had an impact on the workplace. This impact includes significant changes in the size and composition of the labour market, the development and expansion of sectors such as the IT and chemical sectors and an increase in peoples' expectations and general public awareness and concern about workplace accidents and injuries.(DETE, 2004)

At the request of the Minister for Labour Affairs, the Board of the Health and Safety Authority (HSA) undertook and reported on a review of health and safety legislation about 2 years ago. This work was the first major review of the legislation in this country since the publication of the "Report of the Commission of Inquiry on Safety, Health and Welfare at Work" in 1983 by Mr Justice Barrington.

2.2 The Catering Industry in Ireland

The Hotel and Catering Industry in this country is a very lucrative one and serves the needs of the Irish population's growing affluence. Due to economic growth in Ireland people are dining out and using the services of the Hotel and Catering sector on a more regular basis. The industry also serves the needs of the tourists, approximately 5.5 million per annum, that visit this country all year round.

According to the State Training Agency, "CERT" (2001), which provides training for Chef's, Hotel and Catering managers etc, there were 246,500 people employed in the industry. The most recent employment survey published by CERT "Hospitality 2005" states that there are currently 263,000 people employed in this sector (an increase of 6.6%) and it is estimated that a further 105,000 employees will be needed in the next 5 years. It also stated that three quarters of the people working in this industry are full time and permanent workers. The main areas in which people are working are hotels, restaurants and public houses. These figures imply that the hotel and catering industry is a major employer in this country at approximately 14.5% of the total workforce in this country working in this sector.

One of the most profitable and widely used services used in this industry is its food service i.e. the preparation, cooking, serving of food to guests in hotels, restaurants, take-away outlets and other food vendors around the country.

With such high numbers of people being served foodstuffs in this country it is imperative that food quality, safety and hygiene are of the highest standards in order to protect consumers' health and welfare. Also, an incident at a food premises causing ill health or injury to a patron can be detrimental to a business's reputation.

It is for this reason that tight controls are put in place to oversee the serving of food to the public, yet some employers give the health and safety of those preparing and serving this food little or no consideration.

In a study conducted by Maguire (2002), he states, with regard to kitchens in the food service sector, that his main finding was that as service time approached the importance of food quality ascended while health and safety issues were relegated, thus highlighting a potential contradiction between quality management and risk management.

Safety, health and welfare of all those working in this industry from chefs to kitchen porters to waiting staff in this industry needs to be considered carefully and given the same attention as that given to food safety issues within the industry.

2.3 Hazards in the Catering Industry

Catering can essentially be conceived as part of the service industry. With a recent growing tendency for people to eat in other places than the home (Altekruse et al, 1996), few would argue that consumers have become increasingly sensitive to product and service quality. The seemingly ever-increasing choice of restaurants for consumers to choose from puts the staff of these establishments under more pressure to make their business a success. Fundamentally the main purpose of a kitchen is to produce food for its customers on demand and within

reasonable time. Within the kitchen then we find a pressurised working environment where the pursuit of

Service quality often requires kitchen staff and managers to maintain production at all costs (Maguire and Howard, 2001).

In questioning why the kitchen is such a dangerous place it is tempting to look towards the various items of equipment and machinery, which are used in the production of food, and the dangers associated with their use. The HSE (1997a) however has found that most injuries sustained in catering are not caused by equipment or machinery accidents but arise instead from general workplace incidents such as slips, falls, handling of equipment (for example, knives) and burns.

Consequently it has been estimated that 70% of accidents in the catering industry could be prevented by improved safety management practice (HSE, 1997b).

There are many risks in the catering industry that need to be controlled in order for these businesses to be compliant with the legislation outlined in section 1.1. Hazards need to be identified, assessed, minimised and controlled so as to pose as little risk as possible to the safety, health and welfare of the industries workforce. This section will highlight the different risks, their adverse affects on health ad safety and some of the measures that can be employed to maintain a high level of health and safety among the workforce.

2.3.1 Chemicals; cleaning agents and disinfectants

Disinfectants are biocidal chemicals used to control food contamination by microorganisms. Disinfectants are classified as hazardous substances. Although disinfectants used in the food and drink industries are especially selected so that potential residues left on surfaces etc do not taint the food or are harmful to the consumer, many affect the skin, eyes or respiratory system and can be harmful if ingested in sufficient quantity. (HSE Food Information sheet No. 29)

A risk assessment of chemicals should identify the purpose of the disinfectants and eliminate their use where appropriate, e.g. where

cleaning alone is adequate or heat can be used. This risk assessment must be written and updated as required. The assessment of disinfectants, which are required, should include:

- A list of chemicals to be used;
- Their hazards;
- Measures provided to control operator exposure covering
 - safe storage;
 - chemical compatibility;
 - working concentrations and safe dilution procedures;
 - application procedures and equipment;
- Any air monitoring or health surveillance requirements;
- Information and training requirements;
- Provision of washing facilities;
- An emergency action plan (e.g. for spillage);
- Waste disposal- environmental considerations should be contained in the material safety data sheet (MSDS).

The assessment should be able to demonstrate that the measures provided to control operator exposure are effective.

2.3.2 Electrical Safety

Electricity at normal mains voltage (240v) can cause fatal shock, burns and fire. Wet conditions increase the risk of electric shock so particular care is needed in catering and food preparation premises (HMSO 1990). Over the past 20 years there has been an increasing use of electricity in the catering industry to power a wide and ever expanding range of fixed and portable equipment.

Electrical safety can easily be compromised with the abundance of steam, grease and water spillages. Many unnecessary electrocution accidents are recorded each year. Equipment wear and tear, missing panels, ad hoc connections and defective wiring amplify this hazard. (Boella, M.J., 2001)

All electrical equipment should be properly installed, serviced and maintained by a qualified electrician. Untrained people can easily

make deadly mistakes, putting themselves and other people at risk, and should not carry out any electrical work. (HMSO 1990)

Extension leads can be a particular danger in catering premises where there are insufficient sockets. This should be factored into the design stage of catering premises where possible, as they can overheat, melt and short circuit, causing fire and can become dangerous in wet conditions.

Double socket adaptors are also a hazard and can lead to circuit overloading particularly when used with commercial equipment. As a short-term measure, bar extension plugs are recommended but are still subject to overloading and are no substitute for another wall socket.

All equipment should be properly designed, constructed and maintained, with all circuits protected from the risk of damage by steam, water, grease etc. This will involve fully covering cables with conduits and covers. No cables should be surface mounted. Conductors i.e. anything that could conduct electricity, including equipment, should be suitably placed and covered in insulated material. If the conductor could become charged due to system use or faults, it should be sufficiently earthed.

Specialist equipment without intrinsic safety features e.g. open fuse boards and switchboards, must be located in a secure room, with authorised access to competent persons only. (Hayter, M., 1994)

2.3.3 Gas Safety

Gas, including liquefied petroleum gas (LPG), is widely used in the catering industry as a source of direct heat for ovens, boiling tops, grillers etc and also for heating water in steam boilers, water sets etc.

The main hazards associated with gas are:

- Fire and possibly explosion when accumulations of unburned gas are ignited; and
- Carbon monoxide poisoning from gas, which is not burned properly. Carbon monoxide is odourless and tasteless and therefore

hard to detect. It can be given off by installations, which are faulty or inadequately maintained. It is highly poisonous and inhaling it can quickly lead to death.

All gas-operated appliances should be installed in a well-lit and draught free position. Ventilation, whether natural or mechanical, should be provided to ensure an adequate supply of fresh air, otherwise the gas will not burn completely and poisonous carbon monoxide will be produced. The outlets should never be covered or added to, and air inlets should be kept free of obstruction.

It is common practice to install a gas shut off valve in the kitchen to shut off the gas supply to all the appliances in the kitchen in an emergency. Staff should know where this valve is situated or where the main gas valve at the meter is situated, so that in an emergency they can turn off the gas supply to the kitchen. The appliance gas control taps should be turned off at the end of each working period. If the gas has been turned off at the main gas valve in the kitchen or at the meter, only a trained member of staff should relight the appliances or pilot lights after the gas is turned back on. (HSE, 1995)

2.3.4 Slips, Trips and Falls

Slips, trips and falls are the highest cause of injury in kitchens. More than a quarter of these result in major injuries, such as a broken arm or requiring hospital treatment. Carrying loads or pushing/ pulling trolleys increases the risks of slips and should be avoided or reduced.

Accidents can also be avoided by:

- Slip resistant flooring in kitchens
- Floors being kept clean, dry and free from obstruction
- Using only recommended cleaning materials on floors, as the wrong chemicals may damage the slip-resistant properties or cause the flooring to lift.
- Cleaning up spilled water, grease immediately
- Proper storage to keep floors clear
- Notices to warn staff of wet floor areas

- Ensuring that suitable footwear is worn by catering staff. (Unison, 2004)

There is a fundamental problem in providing a floor surface within a kitchen that can be kept clean, under the EC Hygiene of Foodstuffs Regulations 2000 which states that all surfaces needs to be smooth, impervious and easily cleanable, and Health and safety legislation which requires non-slip, or at least a slip resistant surface. (Boella, M.J., 2001)

2.3.5 Manual Handling, Strains & Sprains

Catering involves a lot of stretching and carrying, and repetitive manual work, such as chopping large amounts of food. According to the HSE (1994), lifting, manual handling, Musculoskeletal Disorders (MSD's) and Work Related Upper Limb Disorders (WRULDs, commonly known as Repetitive Strain Injury or RSI) are a frequent cause of injury in catering. Lifting, carrying accidents account for more than one fifth of all recorded accidents in catering. This figure is likely to be much higher, because lifting and manual-handling injuries can occur over a long period of time and may not be related to the workplace when looking at the causes.

Back injuries and WRULDs are often difficult to treat and can lead to disability, but they can be prevented.

Manual Handling tasks include pushing, pulling and carrying as well as lifting.

Heavy or unsafe loads, poor working environment, badly planned work methods, inadequate training can all lead to manual handling injuries for catering staff. Common tasks in this line of work include:

- Lifting, pushing, pulling, folding or moving tables and chairs around
- Setting up equipment
- Moving stock to and from storage areas
- Filling and carrying large food containers, pots, pans etc

- Silver service i.e. manoeuvring between dinners trying to serve them whilst holding large, heavy and often very hot trays of food.
In assessing manual handling risks employers should consider:
- Whether floors are uneven or slippery and include steps
- If smaller pots, pans, trays etc could be used
- How and when goods are delivered
- Whether storage arrangements can be improved
- The layout of a kitchen, e.g. can it be altered to avoid/ reduce carrying loads
- Type and size of equipment, materials and supplies used and the labelling of any loads likely to be handled
- Overalls, uniforms and other work clothing supplied i.e. can staff move easily when wearing them and is footwear suitable?
- The type of training provided. Training in proper lifting techniques is important, but must not be a substitute for employers reducing risks in the first place. (Unison 2004)

2.3.6 Temperature

High temperatures and humidity are not unusual in kitchens because of the cooking process and the need for food to be served hot, but high temperatures can sometimes have an adverse effect on catering workers.

Working in high temperatures can result in loss of concentration, irritability, muscle cramps and fainting. Some women are more at risk, when working in high temperatures, e.g. women working through the menopause and those who are pregnant. Working in high temperatures can aggravate common menopausal symptoms such as hot flushes and sweating. Pregnant women tolerate heat less well and are more likely to succumb to heat stress or fainting. While this risk is reduced after birth, it is not known how quickly it happens. Breastfeeding may also be affected by heat dehydration. (Boella, M.J., 2001)

Working in cold temperatures can cause discomfort, loss of concentration, irritability and tiredness. Cold conditions can also lead to fatigue since the body uses energy to keep warm. There is an increased risk of accidents due to numb fingers and obstruction by protective clothing. Extreme cold for long periods can lead to more severe conditions such as hypothermia.

There are a number of steps that can be taken to provide a comfortable temperature for workers in kitchens. For example, ventilation systems should be checked and regularly maintained to ensure staff comfort. Other systems such as periodic breaks and rest facilities in cooler conditions should be given to the type of materials used for overalls and other clothing issued to catering staff as some synthetic material can increase the problem.

Where exposure to cold is unavoidable steps must be taken to protect kitchen staff including:

- Systems of work that minimise the length of time of exposure to cold working conditions, e.g. job rotation which gives workers the opportunity to go to heated areas
- Providing suitable heated rest facilities and allowing workers ready access to them
- Providing suitable protective clothing and equipment. (Unison 2004)

2.3.7 Burns and Scalds

Most scalds and burns are caused by spillage of hot foods from grills and fat fryers, pots and pans. Not surprisingly, most burns and scalds occur to the hands, arms and feet. This highlights the need for heatproof clothing for these parts of the body. These accidents can be avoided by ensuring that:

- Staff do not lift or carry heavy pans of hot food or water
- Oil and fat is filtered, moved or discarded only when cool
- Appliances are allowed to cool before being cleaned

- Special oven clothes and gloves are used when opening ovens and handling pots, pans and utensils while cooking
- Appropriate fire-fighting equipment is available, and staff are properly trained in its use.
- Maintenance of seals etc on appliances will prevent hot steam escaping causing burns and scalds also. (Boella, M.J., 2003)

2.3.8 Equipment /Machinery Safety

The first time you enter a commercial kitchen the amount of specialist equipment is truly bewildering. Without intrinsic safety devices, adequate training and supervision, even the most experienced caterer could suffer serious injury from mistake.

Work equipment in the catering industry covers machinery like food processors and slicers, appliances like ovens, hand tools including knives, and any other items such as shelving and footstools.

There are a number of issues which can cause work equipment dangers within the workplace, including:

- Equipment suitability- often staff use equipment which is not correct for the purpose intended, e.g. use of chair to access shelving.
- Use of damaged equipment with broken guards.
- Use of equipment which is not properly locked down and secured or lacks proper control buttons to control danger.
- Non-use of safety measures such as push sticks, which prevent fingers coming in contact with blades, e.g. food processors. (Boella, M.J., 2001)

2.3.8.1

Machine Guarding

Machine guarding prevents any part of a person or their clothing coming into contact with a moving part of a machine, which might cause harm. In principle, therefore, any moving part of any machine must be sufficiently guarded to prevent such contact, although consideration must be given to the normal use of the machine.

Decisions on the need for, or suitability of, machinery guarding must consider whether contact can be made with any moving parts of that machine while it is in motion. If so, this part should be guarded. If the part is already guarded is the guarding adequate??

Catering machinery is fairly unique in that it must also comply with another comprehensive legal framework, food hygiene legislation.

Guards will need to be removable for cleaning, and their properties must meet the requirements of EC Hygiene of Foodstuffs Regulations 2000 which states that *all articles, fittings and equipment with which food comes into contact shall be kept clean and with the exception of non-returnable containers and packaging, be so constructed, be of such materials and be kept in such good order, repair and condition as to enable them to be kept thoroughly cleaned, and where necessary disinfected, sufficient for the purpose intended.* Most catering equipment is not fitted with interlocking guards, and could still function when guarding has been removed. In this case, a safe system of work will be necessary. (Boella, M.J., 2003)

2.3.8.2

Permits to Work

During service or repair work, a system should exist to ensure the machine cannot be accidentally started this is usually in the form of a permit to work system issued by the maintenance manager or manager in charge. This permit will contain written authority to carry out the work, and the machine must be rendered inoperative during this work, with notices to that effect also. On completion of works, the person carrying them out will report back to the manager, to allow checks to be made before the machine is put back into use. (Boella, M.J., 2000)

2.3.8.3

Safe use of Knives

Caterers use a range of different knives for a variety of tasks, for example cutting, slicing and dicing.

Knife accidents are common in the catering industry. They usually involve cuts to the non-knife hand and fingers. The food being cut is

held in the non-knife hand and the knife is pushed down through the food. The work is often done at high speed and there is always a danger of cuts to the non-knife hand.

Cleavers are commonly used for chopping. The risk is the same as for knives but the injury can be much more serious, even amputation of fingers.

Certain precautions need to be taken by catering staff in order to prevent injuries, including:

- Knives must not be used without proper training.
- Select the correct knife for the task. Kitchen knives are generally designed for a particular job. Use only good quality kitchen knives.
- Knives should be kept in good condition. They should be kept sharp and have handles that can be properly held. The handles should be kept clean.
- When using a knife, use a firm grip, try to use even pressure for cutting, cut downward and avoid cutting towards the body. Never try to catch a falling knife.
- There should be enough room for there to be no danger of a person using a knife colliding with another staff member.
- When carrying knives hold the knifepoint downwards. (Hayter, 1994)

2.3.9 Fire Safety

It is the responsibility of management, to ensure the conditions set out for fire safety is met, and the precautions against fire are kept at a high standard.

It is the staff's responsibility to know what to do if a fire breaks out. Know where all fire exits and emergency routes are and to report fire hazards to management.

Under the Health, Safety and Welfare at Work Act 1989 everyone has a duty, while at work, to take reasonable care for your own safety and

the safety of colleagues and guests and not to interfere with or misuse safety equipment.

2.3.9.1 Fire Drills

Written instructions as well as verbal instructions from management need to be given to all members of staff as regards steps to be taken in the event of a fire including fire drills. These cover the precautions that should be taken to prevent fires starting.

At least once every six months there should be a fire drill.

Fire drills give staff a chance to practice what you have to do when the alarms are raised in the event of an actual fire i.e.:

- Know the escape routes
- Know where the fire alarms are
- Know the location of fire equipment

Regular instructions should be given on how to use fire extinguishers and other fire fighting equipment. This should be a training requirement for all staff.

Fires burning in ordinary combustible materials like wood, cloth, paper, rubbish, etc, which, are not close to live electrical equipment, can be put out by water. A fire in ordinary combustible materials can also be put out by being deprived of air - smothering it with a fire blanket or sand, or beating it out with a shovel.

But do NOT use a water extinguisher on fires involving gases, electrical hazards or burning liquids such as oil, fat or paint.

Fire involving electrical hazards (TV sets, computers, room heaters etc) can be tackled using CO₂, gas extinguisher, a powder extinguisher, or a Halon (BCF) extinguisher.

Never use water on an electrical fire. You may electrocute yourself. Foam or water extinguishers are not suitable for fires involving electrical hazards.

Use a foam extinguisher, or a powder extinguisher for fires involving burning liquids, oils, fat or paints.

A fire blanket will also smother the flames, depriving the fire of air. Your hotel may have a Halon (BCF) extinguishers or a CO₂ gas extinguisher. Both are suitable for such fires.

Never use water on an oil or fat fire. It will spread the flames. If the fire involves gases, the gas must be turned off before extinguishing, or explosive risk is caused.

<http://www.northumberland.gov.uk/drftp/3233.asp> accessed
07/04/2005

2.3.10 Young & Casual Employees in the Catering Industry

The role of young staff is also considered to be of particular concern. In places where work within the service industry operates on a very seasonal basis, employers often hire young workers to fill the short-term posts. This works out cheaply for the employer and also suits the employees who may, for example, be returning to full time education following the peak tourism season. Unfortunately, the temporary nature of their employment acts as a disincentive for employers to invest in any, what they may regard as, and unnecessary expense. Under this category it would be likely to find health and safety training. So, whilst the law states that all staff should be adequately trained it is often the case that training for short term workers is neglected.

Adolescent workers injured on the job in the restaurant industry are most likely to be working in fast food establishments, a new study by the National Institute for Occupational Safety and Health (NIOSH) found. <http://www.cdc.gov/niosh/face/stateface/nj/01nj118.html>
accessed 04/02/2005

Studying data from a national sample of hospitals over a two-year period, NIOSH estimated that approximately 44,800 occupational injuries to teen restaurant industry workers (age 14 to 17) were treated in hospital emergency departments across the U.S. during that time. Of

these injuries, an estimated 28,000 or 63 percent occurred in hamburger, pizza, and other fast food establishments.

Adolescents working in the restaurant industry in general were at six times greater risk of sustaining a work-related burn injury than teens working in any other industry, the study found. Overall, during the period studied, emergency departments treated an estimated 108,000 work related injuries to teens in all industries.

"As young people prepare to take temporary employment or work extra hours over the holidays, it is important to be aware that adolescents are injured on the job far too often," said NIOSH Director Linda Rosenstock, M.D., M.P.H. "All of us have key roles in preventing these injuries, now and throughout the year."

In general, the restaurant industry and other retail businesses rank high among U.S. industries for risk of adolescent worker injuries.

The study, "Adolescent Occupational Injuries in Fast Food Restaurants: An Examination of the Problem from a National Perspective," was published in the December 1999 issue of the Journal of Occupational and Environmental Medicine.

The NIOSH study also found that of adolescents working in the fast food sector, males and females had similar injury rates, risks for injury by task and location differed by gender. Adolescent male employees were more likely to suffer burns, lacerations, and other injuries while performing tasks associated with cooking, while adolescent female employees were more likely to suffer contusions, strains, sprains, and other injuries while completing tasks related to cashiering and servicing tables.

Nearly half of all burn injuries involved hot grease. Such injuries can be prevented by providing handles on scrapers and other cleaning tools, providing appropriate gloves, allowing grease to cool before it is moved, and training employees in safe work practices, among other precautions, NIOSH suggested.

More than half of all fall injuries were related to wet or greasy floors. It is important to use slip-resistant floor materials and to keep floors dry and well maintained, NIOSH said.

By age, 17-year-olds suffered the highest proportion of injuries among teens working in fast food (55 percent), followed by 16-year-olds (38 percent).

The majority of injuries to teen workers in fast food restaurants occurred in hamburger restaurants (52.6 percent), followed by pizza restaurants (12.6 percent) and chicken/fish restaurants (11.7 percent).

2.4 Examples of Accident and Injury in the Catering Industry

The following cases highlight just some of the things that can go wrong when health and safety is not properly managed in the catering environment.

2.4.1 Electrocuting Case

In the U.K. the ex-health and safety manager of a food fast food chain was found guilty of health and safety breaches, which led to the death of a young kitchen assistant. He was found guilty for failing to take reasonable care of the health and safety of himself and other persons between August 1997 and January 1999 at various outlets of "Fatty Arbuckles". The young worker in question, aged 17 died while "deck scrubbing" the floor of the restaurant's kitchen after the premises had closed. The process involves a lot of water lying on the floor. The worker was standing on the water when he came into contact with an incorrectly wired 1960's plate warmer, which electrocuted him proving fatal. The Environmental Health Officer leading the investigation stated that the likelihood of electrocution would have been significantly reduced had risk assessments been carried out and "appropriate yet obvious control measures been implemented". The accused's defence barrister stated that the company had been in breach of health and safety legislation for several years before the accused had been employed, and that the duty to arrange risk assessments rested with the employer, not the employee. However the Environmental

Health Officer said that the accused had been responsible for both food safety and health and safety, he had prioritised food safety over health and safety, following high-profile health scares, and had not examined the company's existing position on health and safety compliance. He should have advised the company's directors of breaches, she said.

The judge in the case accepted that the accused had not directly or remotely caused the death of the young man, but the lack of risk assessments over a prolonged period did make events more likely. He said "the young man's death was the catalyst for an enquiry which lead to the prosecution... that prosecution does not set out to prove causation in relation to the death, albeit it does suggest that the young man's safety was put at risk, along with other employee's safety". (SHP 2003 May)

2.4.2 Fall from Height

Mc Donald's Restaurants Ltd and co-defendant Jones Lang LaSalle were fined a combined total of £75,000 at Birmingham Crown Court after an investigation by Birmingham city council into the circumstances surrounding the serious spinal injuries suffered by an employee of the well known fast-food firm, who fell from a roof area at Birmingham's Paradise Forum shopping centre. The injuries sustained by the employee were so serious that her lower rib had to be removed and grafted on to her spine, while part of her spine was put into a titanium cage held together by metal pins.

Mc Donalds admitted that on the 1st of July 2002, it had allowed an employee to access a roof area, which housed ventilation equipment serving its premises in the Paradise Forum. The area had no protection to prevent falls from the edge of the roof. While conducting a survey of the ventilation equipment and the roof area the employee had stepped onto an adjacent suspended false ceiling, thinking it was a load-bearing part of the roof. There was no signs identifying the fragile nature of this ceiling and she fell more than 11ft to through the ceiling to the ground below.

McDonalds had conducted a health and safety audit of this premises 5 times between November 2001 and June 2002 and only the final audit in June 2002 highlighted the lack of edge protection. However, the company continued to allow employees to access the roof area. The court heard that McDonalds relied on its generic risk assessment procedures to help identify hazards at this premises.

However the generic risk assessments mainly applied to modular or “generic” premises where the edge protection is built into the roof structure. Paradise Forum was a shopping centre premises that had not been designed or built by McDonalds, so it did not fit into the generic profile. It should, therefore, have been subject to site-specific risk assessment, which should have identified the lack of edge protection and prompted McDonalds to act. Jones Lang LaSalle Ltd, who managed Paradise Forum, admitted it had known about the lack of edge protection since 1999 but had taken no steps to make the roof area safe. The investigating Environmental Health Officer also discovered that a similar accident had occurred in January 2001, when a security officer working on behalf of Jones Lang LaSalle Ltd had fallen through the same false ceiling. “Throughout the period of the investigation both defendants felt the other was responsible for the failings”, the EHO stated. “Both defendants had failed to comply with their statutory duties resulting in the employee suffering the consequences of their inaction. This investigation has highlighted that, although generic risk assessments are a valid means of identifying and controlling hazards, they are not suitable in all circumstances and are more effective for those premises that fit a generic profile”.

Summing up, the judge accepted that both defendants were “respected and reputable companies” and that the incident had not occurred through putting profit before safety. McDonalds also cited its previous good safety record. However, the judge remarked that the incident was entirely avoidable, as there were warnings well in advance. (SHP 2003 January)

2.4.3 Young Workers and Hazardous Machinery

On October 22, 2001, a federal OSHA compliance officer was notified that a youth was killed in a machine-related incident. The investigating officer arranged to conduct a concurrent investigation that was done on October 25, 2001. During the visit, the compliance officer interviewed witnesses and examined the pizza dough mixer. The area was photographed and the restaurant owner was interviewed. Additional information was obtained from the police report, the medical examiner's report.

The victim's employer was a family-owned pizza restaurant that had been purchased by the owner about 18 months before the incident. The restaurant employed five people at the time of the incident. Most of the workers spoke Spanish as their primary language, with the owner being bilingual in Spanish and English. Employee training was entirely on-the-job. The victim was a 15-year-old male youth who had recently emigrated from Guatemala. He had reportedly crossed the border illegally in California and had been detained by Customs before being released to relatives in New Jersey. After arriving in the state, he went to work for his uncle, the owner of the pizza restaurant. He had worked at the restaurant for two weeks.

The clean and orderly establishment was well equipped with newer ovens and kitchen appliances. One of these appliances was an Italian-made fork mixer used to mix the pizza dough. This mixer had a rotating 32-inch-diameter stainless steel bowl and was equipped with a large, heavy-duty stainless steel fork that rotated within the bowl. The machine's manufacturer listed the mixer's capacity at 220 pounds (100 kg) with dimensions of 47.3 inches by 33.5 inches by 39.4 inches (120 cm x 85 cm x 100 cm). It was equipped with a stainless steel cover that swung on hinges to cover the mixing bowl. In normal operation, the mixer was filled with flour and other ingredients and the cover placed over the bowl. The machine was started by turning the power switch on, manually resetting the emergency stop button (which the employees used to stop the machine), and pressing one of the two start

buttons that determined the machine's speed. Extra material could be added to the bowl through a grated section of the cover. Only the restaurant owner, and occasionally the cook operated the mixer if the owner was away.

At closing time on the day of the accident the victim was asked to clean the mixing machine. No one directly witnessed the incident. The victim went into the kitchen alone and started the machine. Shortly after 9:30 p.m., he apparently leaned into the bowl to clean it and became entangled on the rotating mixing fork. He screamed for help as he was pulled into the machine, and one of the other workers ran into the kitchen and hit the machine's emergency stop button. Responding police and emergency services reported finding the victim unresponsive with his neck under the mixing fork.

An inspection of the fork mixer by the compliance officer found that the safety interlock on the cover had failed, allowing the machine to operate with the cover open. The restaurant owner and staff were unaware of this fault.

The following recommendations were made:

- Completing an Employment Certificate (working papers) showing the hours the minor will be working and the wage that he/she will be earning.
- Prohibiting minors from working in specified dangerous occupations. Federal State regulations specifically prohibit minors less than 18 years of age from working with bakery dough mixing machines, even if the machine is turned off.
- Ensuring that the minor works the appropriate amount of hours as per their age and status in school (if school is in session). It should be noted that minors are never allowed to work before 7:00 a.m. or after 9:00 p.m.
- That equipment is maintained in safe operating condition with proper instructions for operation, safety devices, and routine maintenance.

<http://www.cdc.gov/niosh/face/stateface/nj/01nj118.html> accessed
04/02/2005

2.5 Accident and Injury Rates in Ireland

Personnel employed in the catering industry are considered by the Health and Safety Authority to be in medium risk occupations.

Information from the H.S.A Annual Report 2003 revealed the quarterly national household survey (QNHS), conducted by the Central Statistics Office during December 2002 to February 2003, shows a significant reduction in both the number and rate of workplace injuries for those at work despite a growth in the labour force of 168,900 persons since 1999. When the large increase of those in employment is taken into account, 14,000 fewer workers (half of these in construction) were injured than would have been the case had the injury and illness rate stayed the same. Occupational Injury Benefit (OIB) was paid to 11,096 claimants in 2003. Benefit is paid where the absence lasts at least 4 days. The rate of claims allowed for Occupational Injury Benefit reduced by 24% between 1998 and 2003.

An estimated 43,100 persons incurred at least one injury at work. Of these, an estimated 20,900 persons were absent for more than three days (QNHS). An estimated 38,100 persons suffered an illness caused or made worse by their work. (H.S.A, 2003)

2.5.1 Fatal Injury

There were 65 reported deaths due to workplace injury, 19 of these being in the agriculture sector and 17 being in the construction sector. There were four fatalities involving persons employed in other sectors but carrying out construction work. The most common causes of death were falling from a height, transport (excluding road traffic) and being struck by something overturning or collapsing.

Two additional fatalities were associated with occupational illnesses. One death was due to flour exposure and the other involved death from mesothelioma, a disease almost exclusively associated with past exposure to asbestos.

The rate of work-related fatality shows a 25% reduction since 1998. This reduction was achieved despite the large increase in employment over the period. Rapid expansions in employment are normally associated with increases in the rate of death and injury. Had the fatality rate stayed at the 1998 rate of four per 100,000 extra 18 workers would have died in 2003.

2.5.2 Injury Details

The most common non-fatal incident types reported to the Authority for all sectors were injuries involving handling, lifting and carrying (34%) and slips, trips and falls on the level (26%). In the public administration, defence and health sectors the next most common incident type of non-fatal injury was violence in the workplace. In other sectors the next most common incident types involved falling objects, hand-tools, machinery and falls from a height.

The most common body parts injured reported to the Authority were back and spine (26%), fingers (13%), leg (12%) and hand (9%). The most common injury types were sprains (33%), bruising, contusion (25%), open wounds (15%) and closed fractures (13%).

Back injury was most common in the transport, storage and communication sector, and the healthcare sector. Fractures were the second most common injury in the construction sector, 60% more common than in other sectors. (H.S.A, 2003)

2.5.3 Accident rates in Catering

These figures look good and show that the H.S.A is doing their best to improve occupational accident and injury rates in Ireland. However, this is not the case for the catering industry, which comes under the heading of Hotels and Restaurants in the H.S.A's annual reports.

	2000	2001	2002	2003	2004	Total
Inspection	201	275	259	127	100	962
Reported accidents	205	183	263	283	243	1177
Fatalities	0	0	0	0	0	0

Table 2.1: Inspections carried out and accident occurrence in the Hotel/ Restaurant sector. Figures taken from H.S.A Annual Reports 2000-2004.

Of the 862 catering premises that were visited by the H.S.A inspectors, the following are the figures detailing the premises that had a safety statement for their premises and a safety representative amongst staff.

	2000	2001	2002	2003	2004
Safety Statement %	36	46.3	54.3	59.3	60.2
Safety Representative %	11.1	12.3	10.3	11.1	12.5

Table 2.2: Safety statements and safety representatives available in the Hotel/ Restaurant sector. Figures taken from H.S.A Annual Reports 2000-2003

The level of inspections being carried out on catering premises is extremely low considering that there are 263,000 people currently employed in the catering industry in thousands of premises around the country. This leads the author to agree with the statements made by Linnane, (2000). According to Linnane, (2000) these figures could indicate under-reporting by more than three to one. However SIPTU

1995 indicates that the figure for accidents in the catering sector may be under reported by as much as ten to one.
<http://www.irishhealth.com/?level=4&id=7960> Accessed 03/08/05

If this is the case then it can be considered that the percentage of catering premises with safety statements and safety representatives given by the H.S.A may not be representative of the industry as a whole.

It could be argued that the industry is not high risk but the industry that is closest to catering by nature of and types of accidents that occur would be the retail sector which in 2003 underwent 654 inspections as apposed to 127 inspections in the catering industry.

2.6 H.S.A and Safety, Health and Welfare at work Inspections

The H.S.A carried out a survey on their inspections, which concluded in a report published in January 2003 entitled “Survey of Inspections” prepared by Millward Brown IMS.

In this report the H.S.A have stated that:

“Inspections are the most effective tool in increasing commitment to improving Health and Safety Standards and increasing awareness of hazards at work”.

If this is the case should inspections not be carried out in all sectors, on a regular basis? As it stands in 2003 out of a total of 10,704 inspections carried out by the H.S.A only 127 (or 1.19%) of these inspections were in the Hotels/restaurants economic sector. (H.S.A Annual Report 2003) As regards the continuing high level of accidents and ill health within the catering industry, in the U.K. it is felt that the major reason behind this is the approach taken by enforcement bodies i.e. the Health and Safety executive and local authorities in their inspections. That is that more active occupational health and safety enforcement will lead to greater compliance with legislation and in turn mean fewer accidents.

Certain parallels could be drawn between the representative’s views on inspecting bodies and the common thinking amongst staff within kitchens, namely the prime importance of food quality and its production above any other objective including health and safety.

Indeed it was suggested that the bias towards emphasising food safety over more general health and safety matters was informally institutionalised within the guidelines for inspecting food-producing premises. (Howard, M. & Galbraith, A. 2004)

Howard & Galbraith 2004 also state that a few years ago the standard of scaffolding commonly erected was very low, with health and safety issues causing great concern. A drive towards tightening up the regulations and actually enforcing them was made by the HSE with the result being that scaffolding in the UK today is far safer than it had previously been.

In essence then, many employers feel the threat of prosecution, which they face with regard to kitchen health and safety infringements, are very low and it could be the case that if increased enforcement were introduced then this would have the effect of making employers more accountable. (Howard & Galbraith, 2004)

Due to the fact that Environmental Health Officer's in this country visit catering premises far more regularly than their counterparts in the H.S.A food safety issues tend to be given more attention due to the threat of prosecution from the Health Services Executive (Formerly the Health Boards).

2.6.1 The H.S.A's Inspection Plans for 2005 (enter new data from health and safety times)

With a planned 30% increase in inspections, the HSA is, in its *Programme of Work 2005*, emphasising on its role as an enforcement agency.

The inspections will focus on safety management and such high-risk activities as workplace vehicle movements, chemical safety and manual handling and the high-risk sectors of agriculture, construction and mines/quarries.

Apart from a planned 30% increase in inspections, the Authority plans to:

- Launch a programme providing guidance on the SHWW Act 2005 when it becomes law
- implement and provide guidance on the new Construction, Quarries, Working at Heights, and Lifting Operations/Lifting Equipment Regulations
- develop a national strategy for occupational health, and to
- continue the restructuring of the organisation and plan for decentralisation to Thomastown.

The emphasis in the work programme is on enforcement. It states: “The Authority has an ambitious programme of work for 2005, featuring an increased number of inspections and associated enforcement.” The above programme of work for the working year states that for the coming year the H.S.A are going to increase their inspection numbers, but in this programme they specifically emphasise the heavier industries such as construction. Once again the area of occupational health and safety in the catering industry is neglected.

But the Authority’s chief executive, Tom Beegan, made it clear that the Authority wants employers and employees to embrace a safety culture. Speaking at the launch of the programme, he called on all in the workplace to make safety the culture of the workplace. It should, he said, become “the way we do things around here”. The difficulties of promoting a safety culture were highlighted by the Minister for Labour Affairs, Tony Killeen, T.D., who having praised the Authority for the “excellent work” it is doing, drew an analogy with his experience as a teacher, when he said, one of the difficulties about spreading the safety message is that it has to be “repeated” constantly. Noting that there are a very large number of workplaces (the Authority states over 200,000), the Minister said there is a limit to the extent to which enforcement can be employed. (HSR 2005) In contrast the EHO’s inspect catering premises on a regular basis for the purposes of enforcing food safety legislation, which would lead one to believe that compliance with food safety legislation is given priority in the catering industry.

2.7 Health and Safety Inspections in Catering Establishments; Irish and U.K Methods

In Ireland there are three inspectorate bodies for catering premises, the EHO who carries out food safety inspections on behalf of the FSAI under the FSAI Act 1998, the H.S.A inspector who inspects these premises for occupational health and safety under the Safety, Health and Welfare at Work Act 1989 in catering establishments and the Tax inspector who carefully analyses if V.A.T. and other government levies are being paid.

In the U.K. the situation is very similar. However, in the U.K. for the inspection of catering premises the EHO from the local authority will inspect the establishment for both food safety and occupational health and safety during the same visit.

Health and safety law is enforced by the Local Authority or by inspectors from the Health and Safety Executive (HSE).

EHO's are employed by the Local Authority and they inspect commercial businesses within the Borough area. Premises inspected include warehouses, offices, shops, pubs and restaurants.

<http://www.waverley.gov.uk/healthandsafety/visit.asp> [accessed 28/1/05]

This form of integrated inspection is quite effective in the U.K. It cuts down on the number of inspections that the HSE inspector has to carry out thus giving them more time to concentrate on health and safety issues in other sectors, while also ensuring that food premises are actually inspected for occupational health and safety. It also means less disruption for the business itself in that there is one inspector calling to their premises instead of two.

2.7.1 Enforcing health and safety law in the U.K.

On finding a breach of health and safety law, the officer will decide what action to take. The action will depend on the nature of the breach, and will be based on the principles set out in the Principles of Good Enforcement. The officer should provide employees or their representatives with information about any action taken, or what is necessary for the purpose of keeping them informed about matters affecting their health, safety and welfare.

Officers may take enforcement action in several ways to deal with a breach of the law. In most cases there are:

2.7.1.1 Informal

Where the breach of the law is relatively minor, the officer may tell the dutyholder, for example the employer or contractor, what to do to comply with the law, and explain why. The inspector will, if asked, write to confirm any advice and to distinguish legal requirements from best practice advice.

2.7.1.2 Improvement notice

Where the breach of the law is more serious, the officer may issue an improvement notice to tell the dutyholder to do something to comply with the law. The Inspector will discuss the improvement notice and, if possible, resolve points of difference before serving it. The notice will say what needs to be done, why and by when. The time period within which to take the remedial action will be at least 21 days to allow the dutyholder time to appeal to an Industrial Tribunal if they so wish. The Inspector can take further legal action if the notice is not complied with within the specified time period.

2.7.1.3 Prohibition notice

Where an activity involves, or will involve, a risk of serious personal injury, the officer may serve a prohibition notice prohibiting the activity immediately or after a specified time period, and not allowing it to be resumed until remedial action has been taken. The notice will

explain why the action is necessary. The dutyholder will be told in writing about the right of appeal to an Industrial Tribunal.

2.7.1.4 Prosecution

In some cases the officer may consider that it is also necessary to initiate a prosecution. Decisions on whether to prosecute are set out in the Principles of Good Enforcement. Health and safety law gives the courts considerable scope for punishing offenders and deterring others. For example, a failure to comply with an improvement notice, or a court remedy order, carries a fine of up to £20,000, or six months' imprisonment, or both. Unlimited fines and in some cases imprisonment may be imposed by higher courts.

2.6.1.5 Appeals

A dutyholder will be told in writing about the right of appeal to an Industrial Tribunal when an improvement or prohibition notice is served. The appeal mechanism is also explained on the reverse of the notice. The dutyholder will be told:

how to appeal, and given a form with which to appeal

where and within what period an appeal may be brought; and

that the remedial action required by an improvement notice is suspended while an appeal is pending

<http://www.waverley.gov.uk/healthandsafety/visit.asp> [accessed 28/01/05]

2.7.2 Enforcing Food Safety Law in Ireland

The FSAI has service contracts with 47 official agencies i.e. the EHO's working under the Health Service Executive and the Department of Health. These service contracts are the primary means by which the FSAI ensures enforcement of food safety legislation in Ireland.

The Food Safety Authority of Ireland Act 1998 contains enforcement provisions, which are in addition to the powers to prosecute and other

provisions on specific pieces of food legislation. The provisions in the FSAI Act are designed to provide an improved means of reacting to and dealing with situations posing a risk to public health. Enforcement is carried out by authorised officers appointed by the FSAI or its official agents under Section 49 of the Act. The powers granted to these officers are detailed in Sections 50 and 51 of the Act.

The provisions in the FSAI Act are as follows:

2.7.2.1 Improvement Notice

An Improvement Notice is issued, following consultation with a 'Designated' officer, when an Authorised Officer is of the opinion that a premises or practice is of such a nature that if it persists, it will or is likely to pose a risk to public health.

2.7.2.2 Improvement Order

It is issued by the District Court if an Improvement Notice is not complied with.

An Improvement Notice is issued where in the opinion of the authorised officer:

any activity involving the handling, preparation etc of food, or the condition of a premises (or part thereof) where this activity takes place is such that if it persists, it will or is likely to pose a risk to public health.

2.7.2.3 Closure Order

It is issued if in the opinion of the authorised officer, there is or there is likely to be a grave and immediate danger to public health at/or in the food premises. Closures Orders can refer to the immediate closure of all or part of the food premises, or all or some of its activities. The Orders may be lifted when the premises has improved to the satisfaction of the authorised officer. Failure to comply with an Improvement Order may also result in the issuing of a Closure Order.

2.7.2.4 Prohibition Order

It is issued if the activities (handling, processing, disposal, manufacturing, storage, distribution or selling food) involve or are likely to involve a serious risk to public health from a particular product, class, batch or item of food. The effect is to prohibit the sale of the product, either temporarily or permanently.

<http://www.fsai.ie/enforcement/index.asp> [accessed 28/02/05]

2.7.2.5 Appeals

(a) A person who is aggrieved by a closure order may, within the period of 7 days beginning on the day on which the closure order is served on him or her, appeal against the order to a judge of the District Court in the district court district in which the order was served in the prescribed manner and in determining the appeal the judge may, if he or she is satisfied that in the circumstances of the case it is reasonable to do so:

- (i) Confirm the closure order, with or without modification, or
- (ii) Cancel the closure order.

Where on the hearing of an appeal under this section a closure order is confirmed, notwithstanding subsection (4) the judge of the District Court by whom the appeal is heard may, on the application of the appellant, suspend the operation of the closure order for such period as in the circumstances of the case the district judge considers appropriate. (Food Safety Authority of Ireland Act, 1998)

2.8 Similarities between the two systems

As can be seen from the above enforcement profiles there are similarities in the inspection process between the two agencies, which implies that EHO's in Ireland could actually carry out occupational health and safety in catering premises.

In the Barrington Report 1983 when compiling the document that paved the way for the 1989 Act Barrington dedicated a chapter to

“Local Authorities and Health Boards: Their place in the new system”.

He states the following about his findings:

“First, we believe that there is no inherent unwillingness on the part of the local authorities towards playing a role in occupational health and safety. The absence of mechanisms of guidance and support from the centre is the problem: we believe that an appropriate back-up in terms of adequately trained staff, uniform administration and approaches, interpretation of legislation, statistics etc, can remove many of these problems.

The report also states that:

“Our conclusion therefore is that the role of local authorities and health boards, far from being eliminated, should be encouraged and developed; that all enforcement activities should not be conducted by the national authority but that the full potential of local authorities and health boards should be tapped. This we foresee that these authorities will continue to have broadly the enforcement responsibilities at present assigned to them by statute but that these responsibilities will be clarified and discharged under the guidance of the new Authority” and that, *“ the bulk of non industrial premises shall be inspected by local authorities ”.*

The above statements made in the Barrington Report (1983) show that Justice Barrington and his colleagues who aided him in drawing up the report saw the future of Occupational Health and Safety enforcement in this country, not unlike the U.K. system where the inspections of the different categories of work environments are divided between the two inspectorate bodies.

If this notion had been taken on when the NAOSH was being set up this would mean that the occupational health and safety of those in the catering industry would come under the remit of the EHO working for the Health Service Executive (Health Board) and could indeed be integrated into food safety inspections.

2.8 Objectives

- To inquire about the level of compliance with occupational health and safety legislation in catering premises in this country.
- To establish the level of awareness of occupational health and safety requirements amongst management and staff in these premises.
- To determine if food safety is given priority over occupational health and safety in the catering industry.
- To establish if the transfer of occupational health and safety enforcement powers in the catering sector to the environmental health sector would be a feasible one in this country.

Chapter Three

Methodology

3.1 Introduction

The initial aim of this chapter is to provide an in-depth insight into the methodology employed by the author in order to achieve accurate representative results and the aspirations, aforementioned in the aims and objectives laid out at the end of the literature review chapter.

This chapter will describe in detail the various methods used and how they were designed and utilised in order to achieve high quality, representative results.

Research was carried out in the form of a literature review and the undertaking of the various surveys by means of questionnaires.

3.2 Survey methods

For the purposes of this research study three different types of survey methods were employed i.e. mail surveys, telephone surveys and face-to-face surveys. Each method of communication used depended on the audience being surveyed e.g. it would not be feasible to question a person 100miles away face-to-face.

3.3 Choice of sample audience

The first stage of this process was deciding the different sample populations that would be surveyed for the purposes of this dissertation.

It was decided to carry out surveys on three separate groups to obtain a clear representation of the awareness of the issue under investigation. These groups included:

- Environmental Health Officers (EHO's).
- Catering workers, and
- Catering managers

These surveys, while covering some of the same questions were designed specifically for each sample group.

3.4 Sample size

In order for a study to be representative, one must decide on an adequate sample size to achieve the most representative results for each particular study. In this study the sample sizes used are as follows:

<u>Group in question</u>	<u>Sample size</u>
EHO's	50
Catering staff	120
Catering managers	60

Table (3.1) sample sizes in the various groups participating in the survey

The sample size of 120 was used for the catering staff as the author wanted to get a representative result that would involve all spectrums of the catering workers i.e. chefs, waiting staff, kitchen porters etc.

The author would have preferred a larger sample audience for the EHO's and the hotel and catering managers however availability issues and willingness to participate impacted on the sample size.

3.5 Pilot study

A pilot study was conducted to measure the effectiveness of the designed questionnaire. A sample of 18 people (6 catering managers and 12 catering staff) was taken from the catering group. This was done to detect any flaws in the questionnaire. From this it was

found that some questions needed rephrasing for ease of understanding of the question. The need to add other questions was also established.

For the questionnaire for the EHO's, the author had already read details of a questionnaire design, used in a paper on the level of health and safety compliance in the hospitality industry in the Health and Safety Review. (Linnane, J.2000)

3.6 Design of questionnaires

The questionnaires in these studies have been conducted face-to-face, by post, over the telephone and also via e.mail. The layout and design of the questionnaire are not as important in face-to-face interviews or over the phone as those sent by post. The types and sequencing of questions however remain very important in order to gain the information required. There are two main types of questions used in questionnaires, that is open-ended questions and closed-ended questions. Open-ended questions allow respondents to answer in their own words while closed ended questions allow respondents choose from a list of provided answers. For the purpose of this study, the author used open-ended questions to discover the views and opinions of the various respondents while the closed-ended questions were to establish the facts. The questionnaires comprise mainly of closed-ended questions, to aid in compiling and analysing the results. These are generally simpler and more straightforward for the respondent to answer. There were different degrees of closed-ended questions used. Some have simple yes/no answers, while some have several alternatives to ensure all possible options are covered. Some of the questions used are scaled so that peoples' opinions can be more accurately obtained.

3.7 Rational for questions

The first distributed questionnaire was to the catering sector. This survey was conducted over a period of two months. It was done on a one to one basis, face to face with the respondent. This method was chosen so that maximum understanding of the questionnaire could be given to catering managers and catering staff, by allowing follow up questioning, in order to minimise misinterpretation, and ensure thorough completion of the questionnaire. As aforementioned the questions in this section were mainly closed ended, this was to get a more factual account of the awareness of, and compliance with occupational health and safety in the industry, and to highlight exactly how much, or indeed how little these people know about this issue.

The telephone interview, which was also used in this instance, can be a restrictive methodology as it is sometimes hard to explain certain questions over the phone to people. However this was not found to be the case as all concerned in this area seemed to fully understand the questions that were being asked. These questions were close ended but left space for expansion on an issue where necessary.

The final questionnaire, aimed at EHO's was conducted either face to face or distributed by post or via e.mail. this questionnaire was conducted for the purposes of finding out the opinions of EHO's about the level of health and safety awareness ad compliance in the catering industry. the questions were closed ended in nearly all cases in the interest of finding the facts from EHO's about their exact views on this issue.

3.8 Feedback

With all of the questionnaires conducted the feedback and responses were representative and relevant to the study being conducted. This is mainly down to conducting pilot studies and having the gathered research and background information available when constructing the questionnaires. This was also due to the amount of research and background information gathered on each of the areas.

3.9 Analysing the data

On return of the questionnaires, they were divided into the three groups to which they belonged, and were analysed to show levels of awareness of, and compliance with occupational health and safety amongst catering workers.

The closed ended questions were entered into the Microsoft SPSS software programme, from which percentage/ frequency breakdowns of the questions asked in the survey were obtained.

These frequencies were then exported into the Microsoft Excel package in order to represent them graphically.

Chapter Four

Results & Discussion

4.1 Introduction

In this chapter the results obtained by the author as a consequence of the fieldwork research carried out will be highlighted and illustrated.

The level of awareness among catering staff and management regarding occupational health and safety in their workplace is clearly identified.

In addition the views of EHO's on the level of compliance with occupational health and safety legislation in the catering premises they visit on a day-to-day basis is presented. Additionally EHO's were surveyed on possible changes that could be made in the inspection process of these premises with regard to occupational health and safety standards in catering premises.

It will become clear by the end of this chapter the actual level of awareness of occupational health and safety in the catering industry and the areas in need of improvement will become apparent. These issues as well as possible solutions that could arise by bringing EHO's in on the occupational health and safety inspectorate body of these premises will also be discussed in detail.

It was decided for presentation purposes and ease of interpretation of the results, that results would not be displayed and discussed in the same sequence as they are asked on the questionnaires. It was also seen as a more logical approach as some of the questions being asked were common to all groups of respondents.

4.2 EHO's Working Abroad

In other countries around the world the EHO's who work for the various Local Authorities in these areas have the joint function of inspecting catering premises for occupational health and safety as well as occupational health and safety.

It was for this reason that the EHO's surveyed were asked if they had worked in any other country as an EHO. This is illustrated in Fig (4.1)

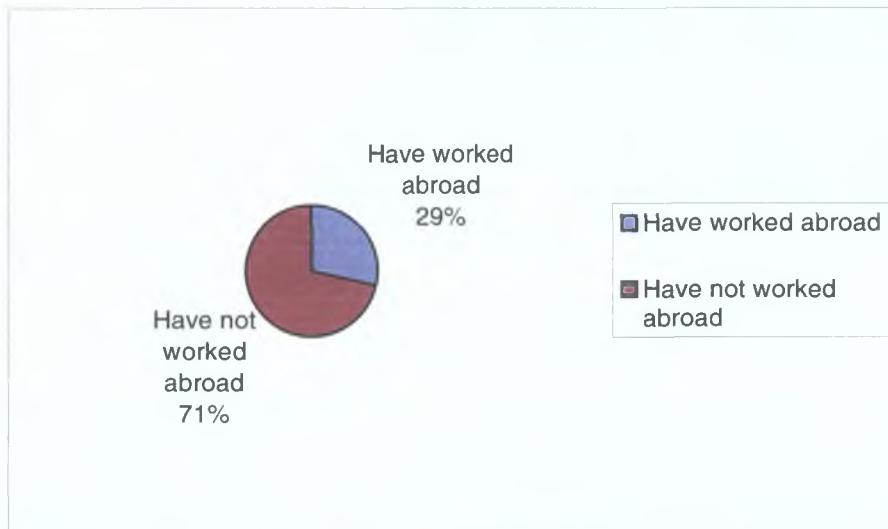


Fig (4.1) The percentage of EHO's surveyed who have worked abroad

29% of EHO's surveyed had worked abroad in countries including England, Scotland, Northern Ireland, Canada and Australia. These EHO's were also asked if while working if integrated food safety and occupational health and safety inspections were carried out. The results are presented in Fig (4.2) on the next page.

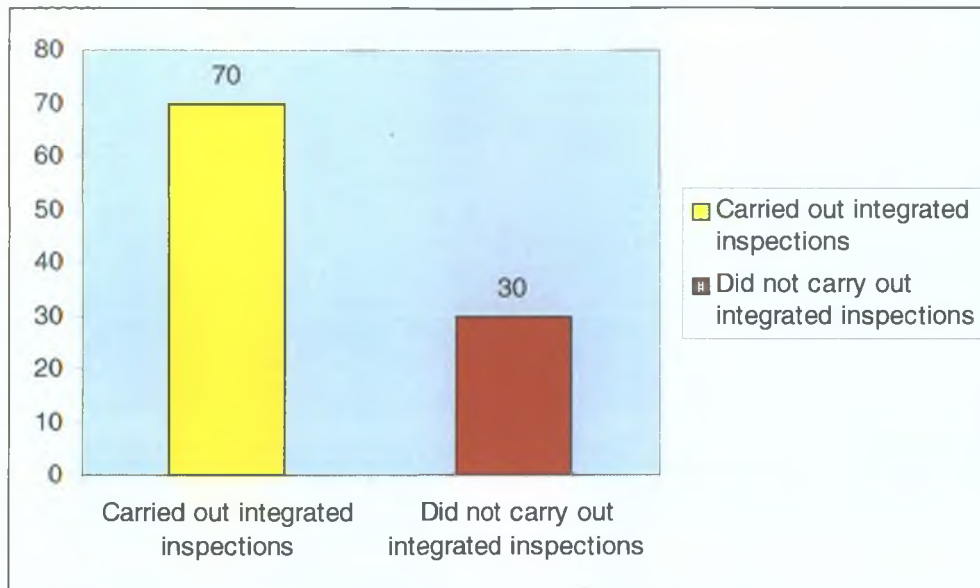


Fig (4.2) The percentage of EHO's who carried out integrated food safety and occupational health and safety inspections while working abroad

It is suggested the fact that EHO's in 70% of the local authorities in the foreign countries carry out integrated inspections and demonstrates that similar inspection methods could be adopted in this country. 30% of respondents had not worked in the food safety sector while employed abroad and were unsure as to whether integrated inspections were carried out or not.

4.3 Hazardous or Unsafe Working Conditions in Catering Premises

As EHO's visit catering premises on a regular basis, at least once a year for low risk premises and, on average, 3 times a year for high risk premises, for the purpose of carrying out food safety inspections they were asked if they have ever seen, what they believe to be, a hazardous or unsafe working environment in catering premises. The response to these enquiries is shown in Fig (4.3) overleaf.

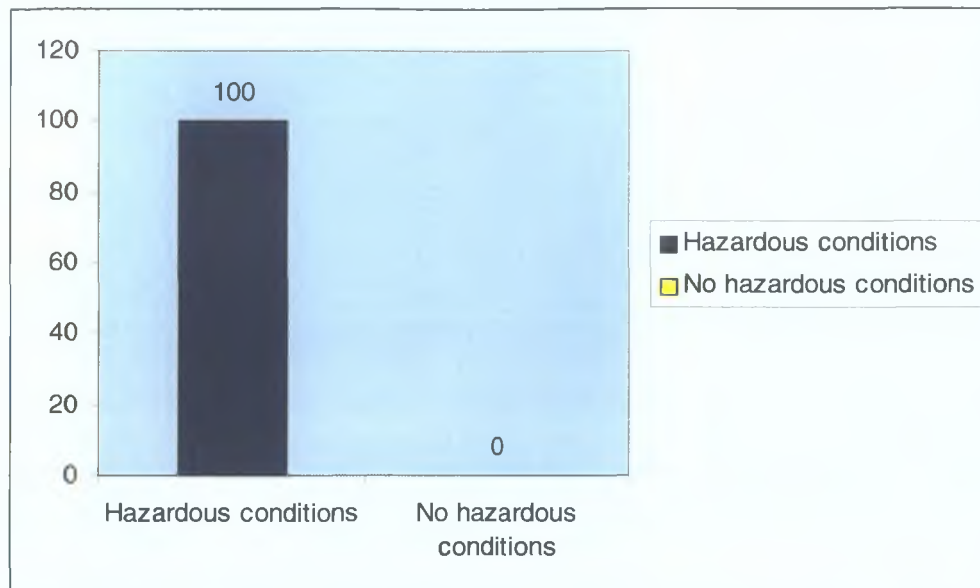


Fig (4.3) The percentage of EHO's that have come across hazardous or unsafe working conditions in catering premises when carrying out food safety inspections

As is illustrated above all EHO's surveyed have encountered hazardous working conditions at some stage in their career while carrying out food safety inspections. They were then questioned on how common it was for EHO's to encounter such a situation where conditions in a workplace could be deemed to be hazardous. This is revealed in Fig (4.4) over leaf.

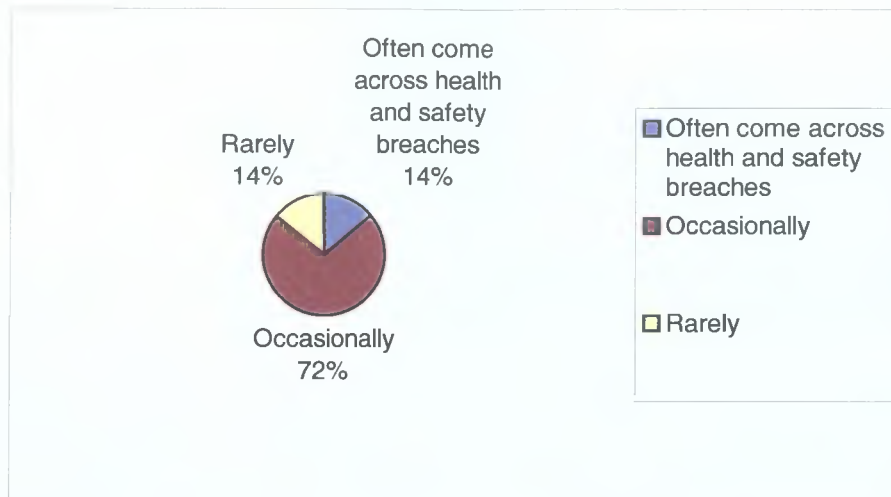


Fig (4.4) An illustration of how often EHO's come across breaches of occupational health and safety legislation in catering premises

When asked if they had reported these breaches to the H.S.A 70% of the EHO respondents stated that yes they had informed the H.S.A of any hazardous or unsafe working conditions they came upon. In 100% of these instances the EHO rang the H.S.A to make them aware of the situation. However, as they don't receive any feedback from the H.S.A they could not know of any outcome to possible investigations that may be carried out due to information they had given to the H.S.A.

4.3.1 Priority in the catering industry

Because EHO's visit catering premises on a regular basis they were asked to give their opinion as to whether or not food safety is given greater consideration and priority than occupational health and safety by management and staff. Their replies are presented in Fig (4.5) on the next page.



Fig (4.5) The percentage of EHO's that are of the opinion that food safety is given priority over occupational health and safety in the catering industry

As can be seen from the above graph the vast majority of EHO's surveyed are of the opinion that from what they have witnessed while inspecting catering premises food safety takes a precedence over occupational health and safety.

Catering staff and management were also asked whether food safety or occupational health and safety took priority in their premises. Their responses are illustrated in Fig (4.6) and (4.7) on the next page.

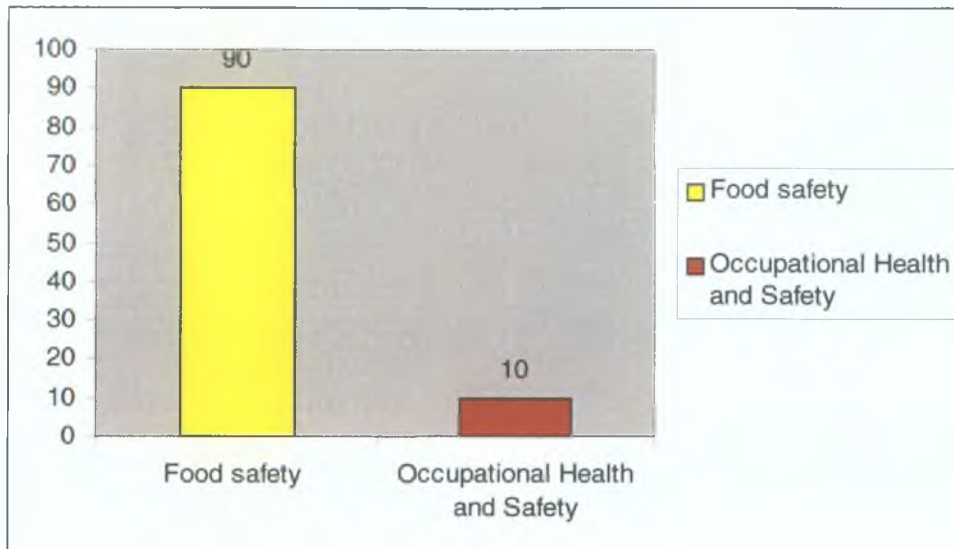


Fig (4.6) An illustration of what the managers in the catering premises surveyed give priority to food safety



Fig (4.7) The percentage of catering staff who believe food safety is given priority over occupational health and safety in the premises they work in

As is clearly illustrated in Fig (4.5) to (4.7) above, the vast majority of all respondents who took part in this research are of the opinion that food safety is given priority over occupational health and safety. This leads the author to question, the actual level of

occupational health and safety awareness among managers and staff in the catering sector actually have.

4.4 Awareness of Occupational Health and Safety in the Catering Industry

In order to gain a full understanding of those working in the catering industry it was decided to gain information on the age groups working in the industry, how long they have worked in the industry and the jobs they carry out within the industry. This information is shown in Figures (4.8) to (4.12)

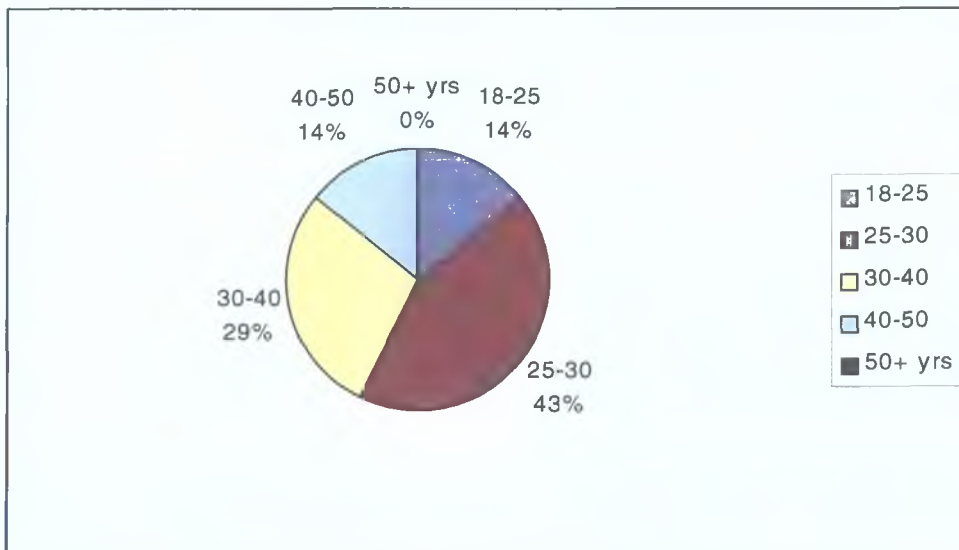


Fig (4.8) The percentage breakdown of the age range of catering managers surveyed

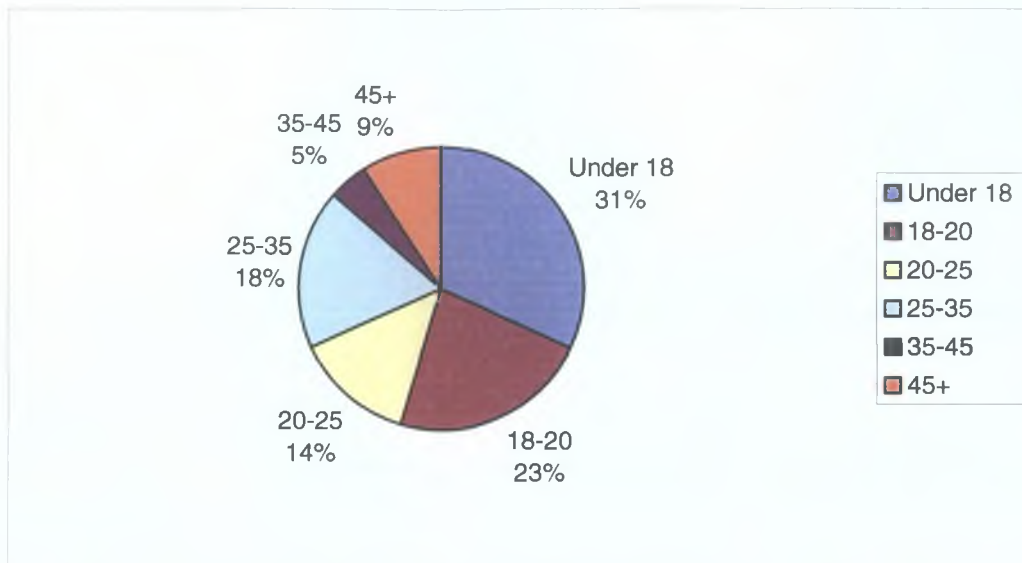


Fig (4.9) The percentage breakdown of the age distribution of catering staff

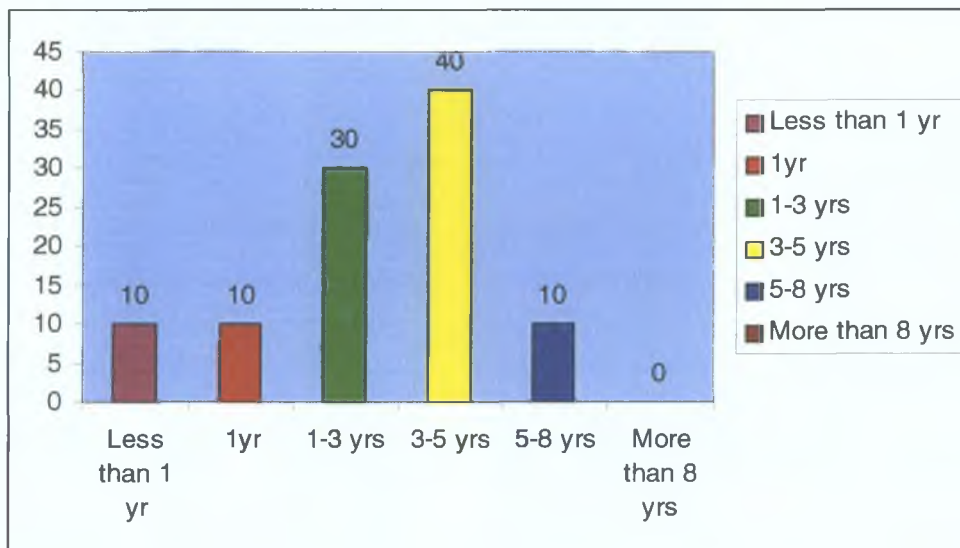


Fig (4.10) The length of time that the catering managers have been in charge of the catering establishment they currently work in

Catering managers were asked how long the premises had been operating as a catering establishment. Most of the premises had been in the catering trade for many years.

It was also decided to establish how long catering staff had been working in the industry to see what how much experience they had in their field. This is illustrated in Fig (4.11) and Fig (4.12).

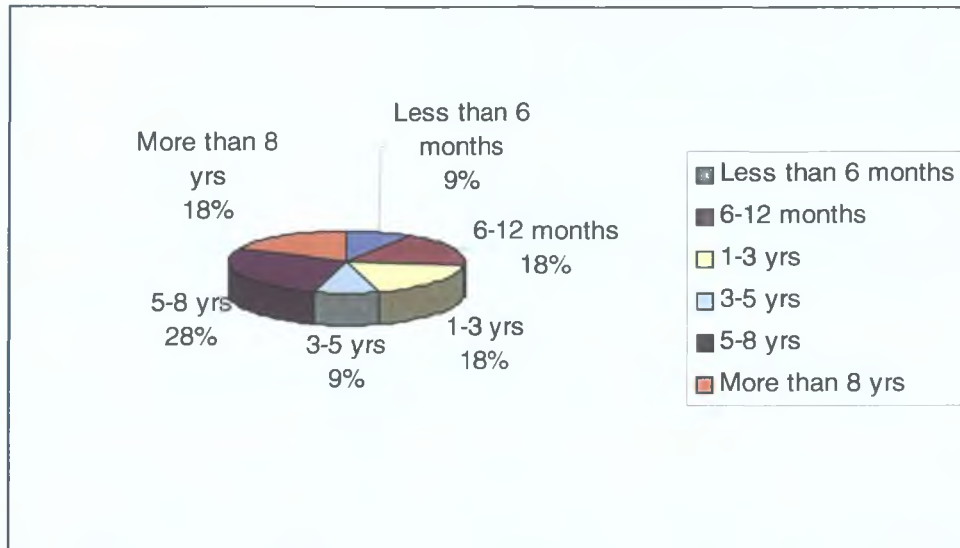


Fig (4.11) A breakdown of the length of time that catering staff have spent working in the catering sector

As can be denoted from Fig (4.8) and Fig (4.9) there are many different age groups working in this sector with equally varying levels of experience. Fig (4.12) below shows the breakdown of different jobs held by those surveyed working in the catering industry.

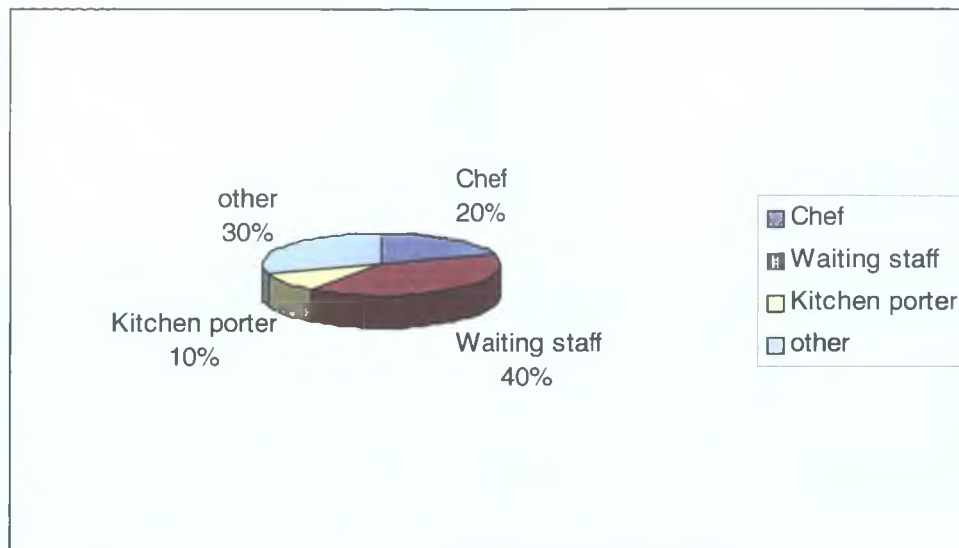


Fig (4.12) The breakdown of the different occupations held by the catering staff

Of those surveyed that responded as “other” their jobs in the catering industry were food safety specialists and cleaning staff.

4.4.1 Documentation in the catering industry

In all business there is an array of documentation and records that must be kept for insurance purposes, financial reasons and legal reasons. In the catering business there are also many documents that must be kept up to date in order to comply with the EC (Hygiene of Foodstuffs) Regulations 2000 i.e. HACCP Plans and the various records commensurate with them. Fire Safety Manuals for the protection of staff and patrons alike and pest control manuals and records in order to ensure against vermin gaining access to the premises and to protect public health. Fig (4.13) shows the type of documentation that management state are on their premises, specifically compiled for their premises and Fig (4.13) on the next page shows the percentage of catering staff that are aware of these documents on the premises.

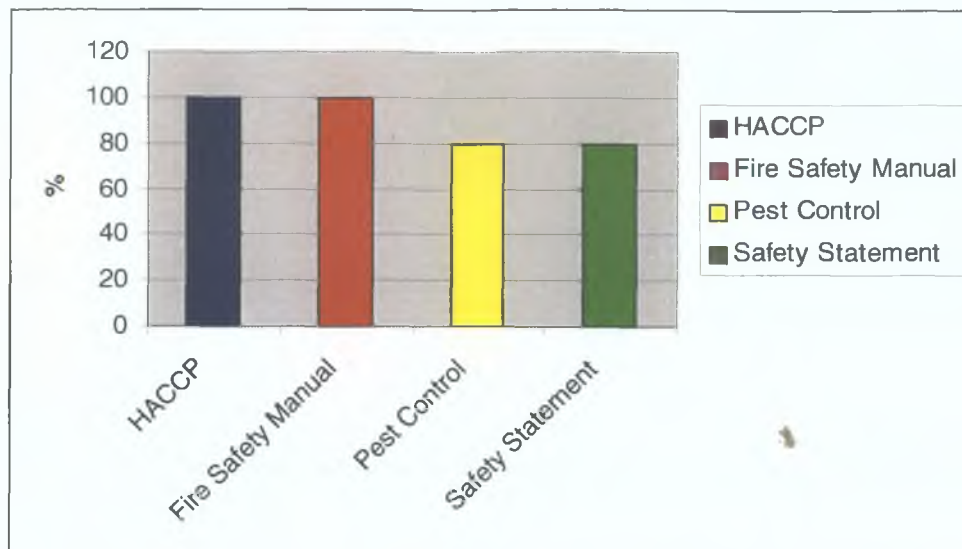


Fig (4.13) The percentage of catering managers surveyed that state that they have the above documents compiled for their premises

95% of the above respondents stated that they viewed the HACCP food safety management system to be the most important of all the legal documents they are required to have on their premises and therefore not seeing occupational health and safety of employees with the same significance.

Fig (4.14) on the next page shows the percentage of staff who are aware that these documents exist for the premises in which they work.

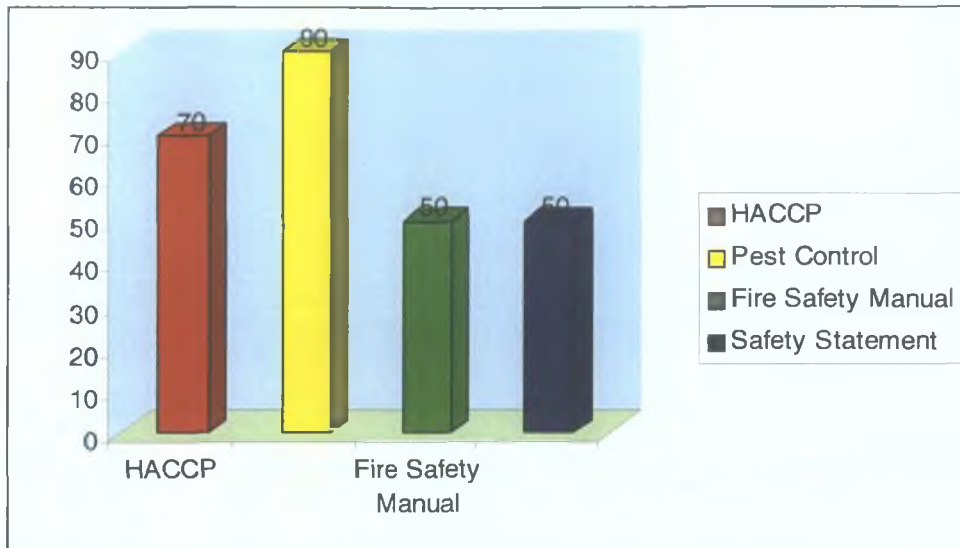


Fig (4.14) The percentage of catering staff who are aware of the above documents in the premises that they work in

However just to say these documents are on the premises is not enough. The documents need to be brought to the attention of all staff on the premises and carefully explained. Fig (4.15) shows the percentage of staff who have had the above documentation brought to their attention.

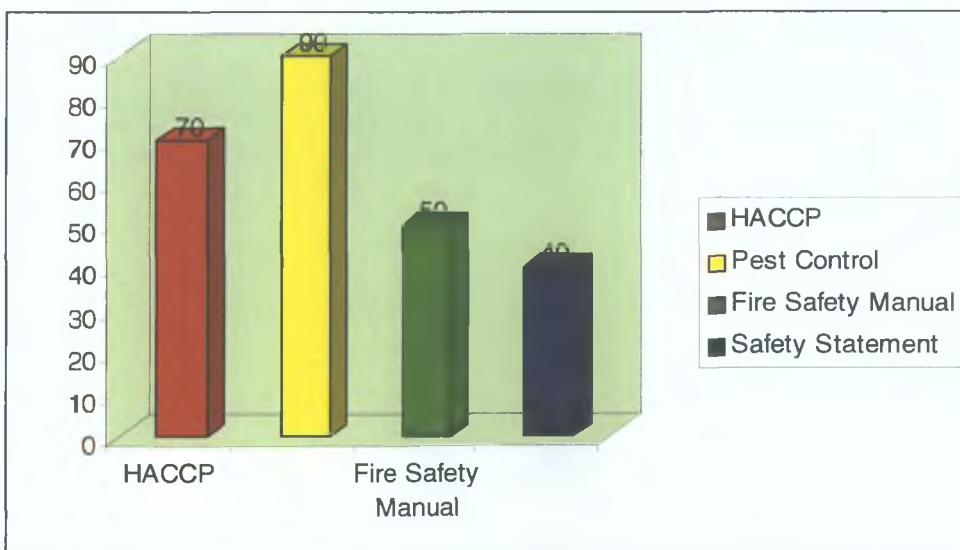


Fig (4.15) The percentage of catering staff who have the above documents brought to their attention by management and explained properly

It can be seen from Fig (4.15) on the previous page that where the documentation is available on the premises it is usually brought to the attention of staff, however, of the 80% of premises that had a safety statement compiled for their premises only 50% of staff were aware of the safety statement and only 40% had the document brought to their attention by management and explained in detail. Also As can be seen from the above illustrations the amount of premises with the food safety system HACCP in place that staff are fully aware of and know of the content of the document is far greater than that of the safety statement. This is a further example of food safety being given more attention than the health, safety and welfare of catering staff.

Fig (4.16) illustrates the percentage of managers that stated that they have brought all the documentation in Fig (4.15) to the attention of their staff.

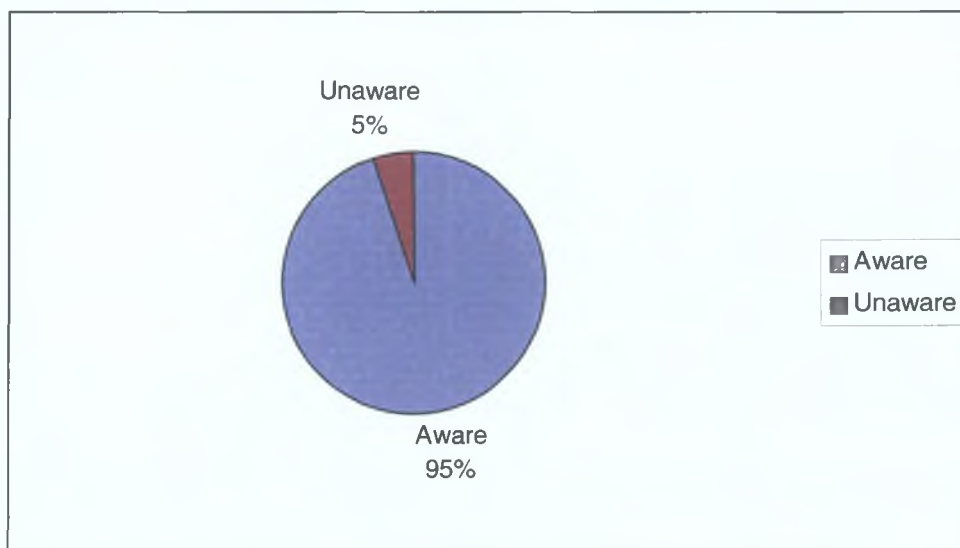


Fig (4.15) the percentage of catering managers who stated that they have brought all the documentation to the attention of their staff

A large proportion of catering managers stated that they had brought all documentation available on the premises to the attention of their staff. This was done through various mediums of communication, which are highlighted in Fig (4.17) on the next page.

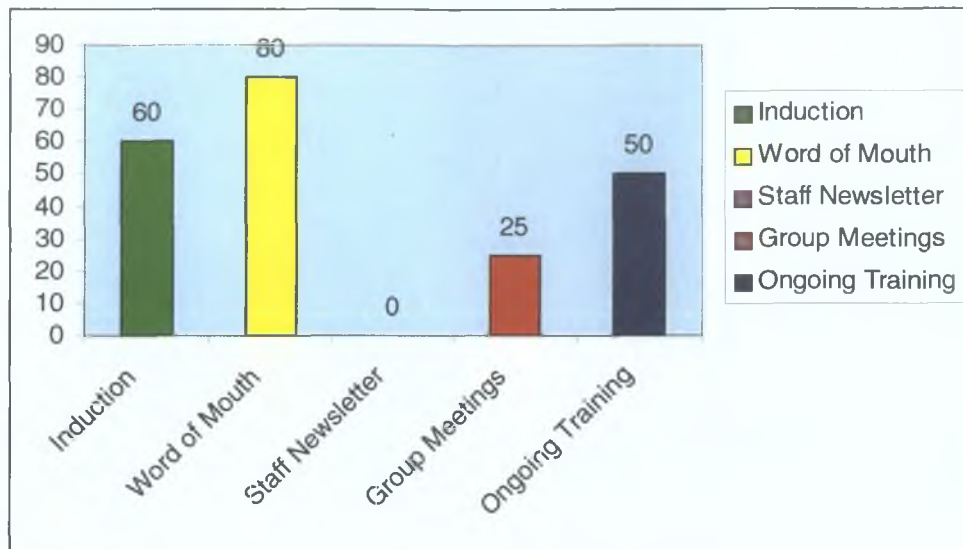


Fig (4.17) An illustration of the methods used by catering managers to convey the content and importance of the documents to members of staff

As part of the compilation of a safety statement for any place of work, the premises and the nature of the risks involved in the job at hand must be identified and assessed. This process is known as hazard identification and risk assessment. It is important that risk assessments are carried out regularly and as the extent of the business changes e.g. new equipment, expansion of the premises or a change in one or more work processes, in order to ensure the safety of all workers.

Fig (4.18) illustrates the percentage of catering staff who are aware of regular occupational health and safety risk assessments being carried out at the premises in which they work.

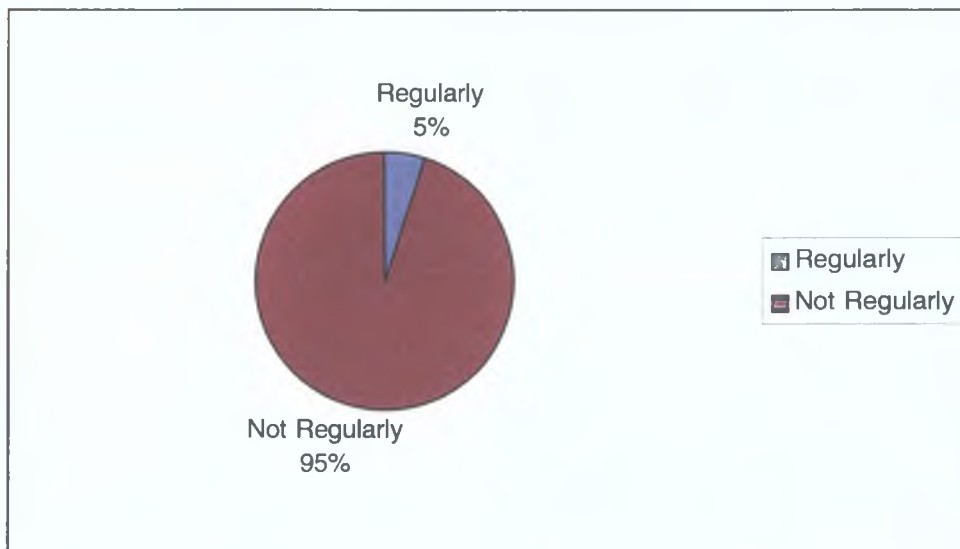


Fig (4.18) The percentage of catering managers who carry out regular risk assessments in their premises

The 5% of premises carrying out regular risk assessments all stated that it was food safety risk assessments that they carry out and that occupational health and safety risk assessments were only carried out when the safety statement was being compiled.

Therefore the 20% of premises that do not actually have a safety statement for their premises more than likely have never carried out an occupational health and safety risk assessment for their premises.

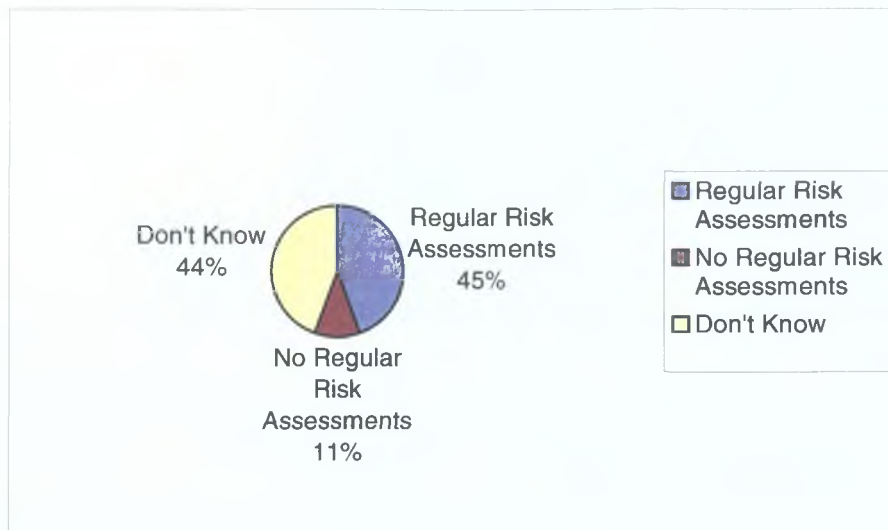


Fig (4.19) The percentage of catering staff surveyed who know of regular risk assessments been carried out on their premises

45% of catering staff stated that risk assessments are carried out regularly and only 5% of catering managers stated that they carry out regular risk assessments. It can be seen there is confusion and contradiction here and it may be that catering staff do not have a correct understanding of what exactly a risk assessment is. This is all the more alarming as risk assessment is one of the most fundamental requirements to ensure the health and safety of all workers. In any event of the 45% of catering staff stated regular risk assessments are being carried out in their place of work less than half of these respondents stated that they had been made aware of the results of these risk assessments, as can be seen from Fig (4.20) on the next page.

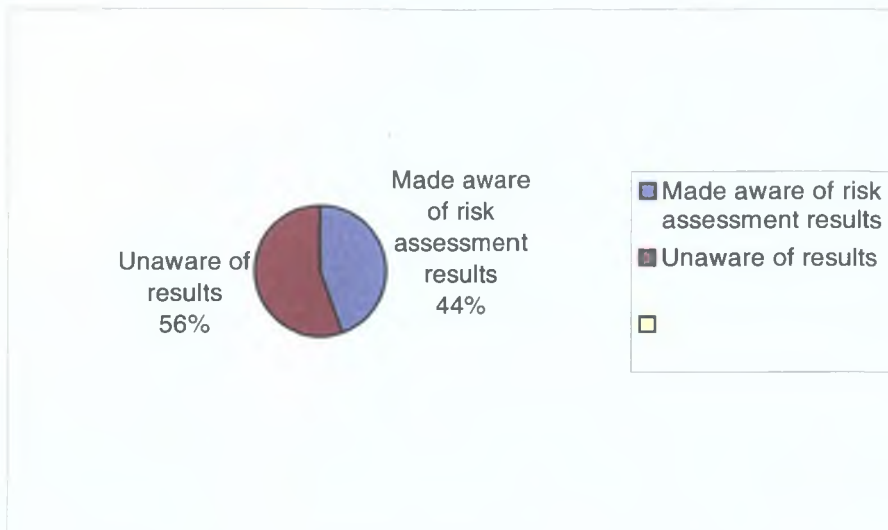


Fig (4.20) The percentage of catering staff surveyed who have been made aware of the results of any risk assessments carried out on their premises

The risk assessment of any premises and the work carried out within is usually carried out as part of the compilation of the safety statement. Consultation between staff and management is vital during this stage to ensure that all angles are covered and that no safety issues are missed. Fig (4.21) shows the percentage of staff who were consulted during the compilation of the safety statement.

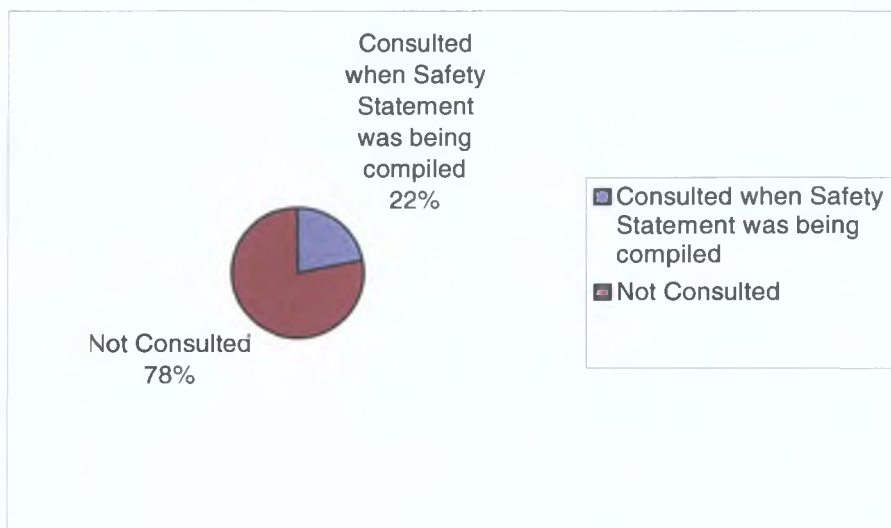


Fig (4.21) The percentage of catering staff surveyed who were consulted when the safety statement for the premises they work in was being prepared

By carrying out risk assessments during the preparation of the safety statement all the hazardous operations being carried out on the premises should be identified and a safe system of work, which all employees are to be made aware of, should be put in place.

Fig (4.22) shows the percentage of catering managers who have established and implemented safe systems of work for their premises.

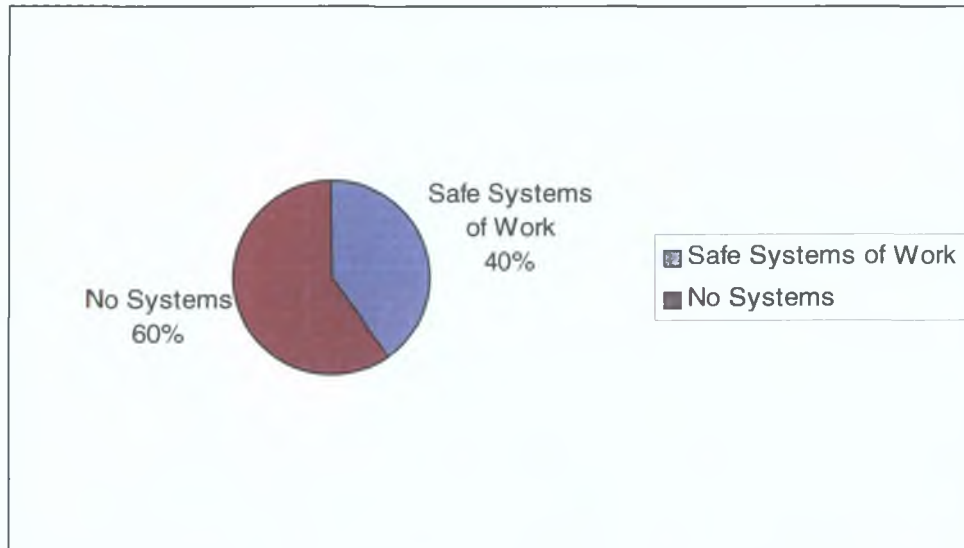


Fig (4.22) An illustration of the percentage of managers who have safe systems of work in place for the food equipment being used in their premises

The fact that only 40% of catering managers have safe systems of work in place shows that even though risks may have been highlighted during the safety statement process nothing has been put in place in many premises to protect the worker from these risks.

However as can be seen from Fig (4.23) 95% of the managers surveyed state that they have informed all staff of the hazards involved in their job.

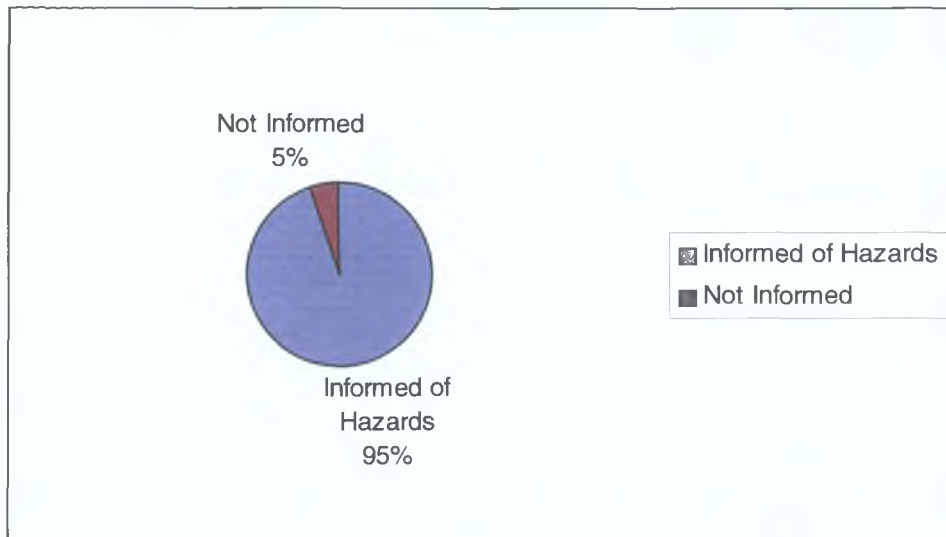


Fig (4.23) The percentage of managers who stated they have informed their staff appropriately as regards the hazards in catering premises.

However when asked to elaborate on the types of hazards they highlighted to their staff the risks they outlined were mainly to do with food safety e.g. zoned storage of foodstuffs, temperature control of foodstuffs and staff hygiene. Fire safety precautions were also highlighted. Thus once again showing the priority in the catering industry to be food safety and not the safety of the employees. As was presented in Fig (4.18) only 5% of managers stated that they carried out regular risk assessments, therefore it could be said that they cannot inform staff of all the hazards associated with their job as they have not established these risks during the hazard identification and risk assessment process.

4.4.1 Safety Checks

There are many checks that need to be carried out by employers, managers and employees, to ensure the safety of all staff. Questions were asked to establish if these checks were being carried out and the results are presented in Figures (4.24) to (4.27)

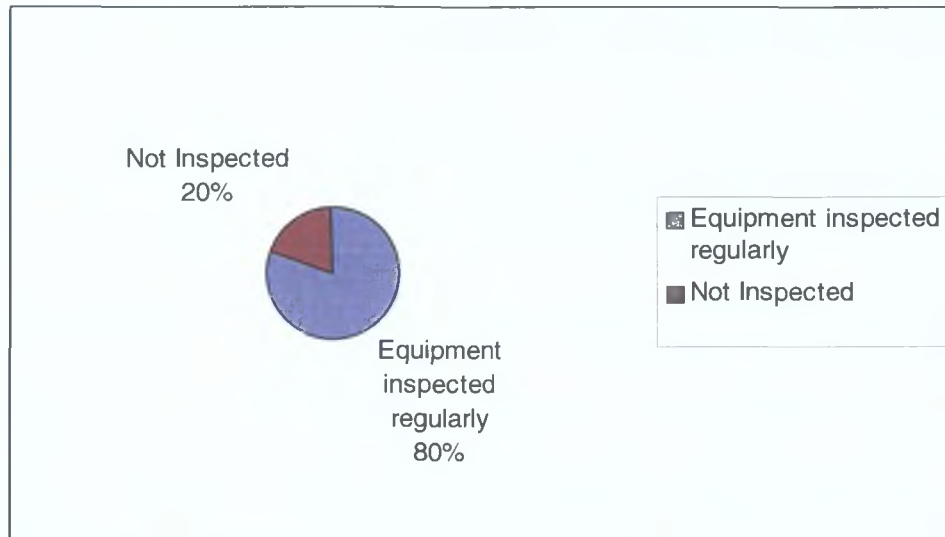


Fig (4.24) The percentage of managers who carry out safety inspections on catering equipment

The fact that only 80% of equipment used on a daily basis is actually inspected for faults and failings means that some catering staff could be left open to exposure to faulty equipment with the potential to cause harm.

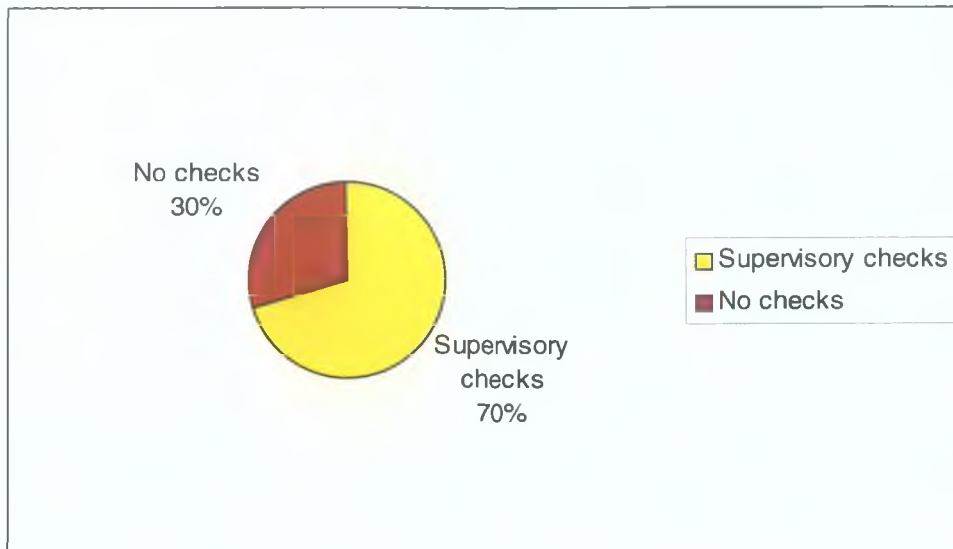


Fig (4.25) The percentage of catering managers that carry out supervisory checks operations are carried out safely

When asked to give examples of checks the 70% of respondents who stated they carried checks were mainly concerned with ensuring cross contamination of raw and cooked foods didn't occur by ensuring all food preparation areas were segregated (zoned) and that storage areas were segregated for raw and cooked foods.

When questioned about what provisions were made on their premises to ensure the occupational safety, health and welfare of staff while working and this is presented overleaf in Fig (4.26)

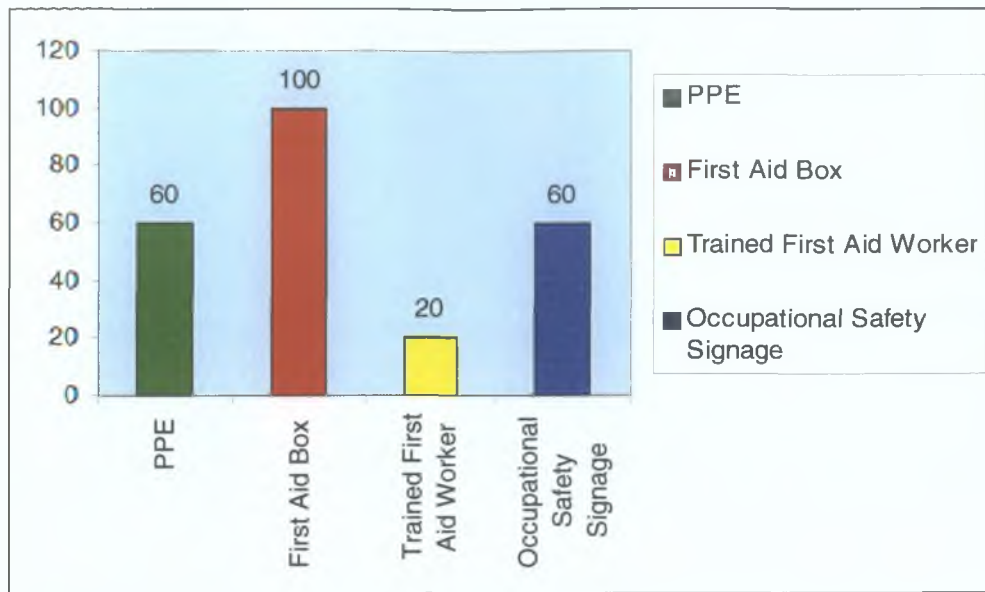


Fig (4.26) An illustration of the provisions catering managers state are available on the premises to ensure the occupational safety, health and welfare of staff members

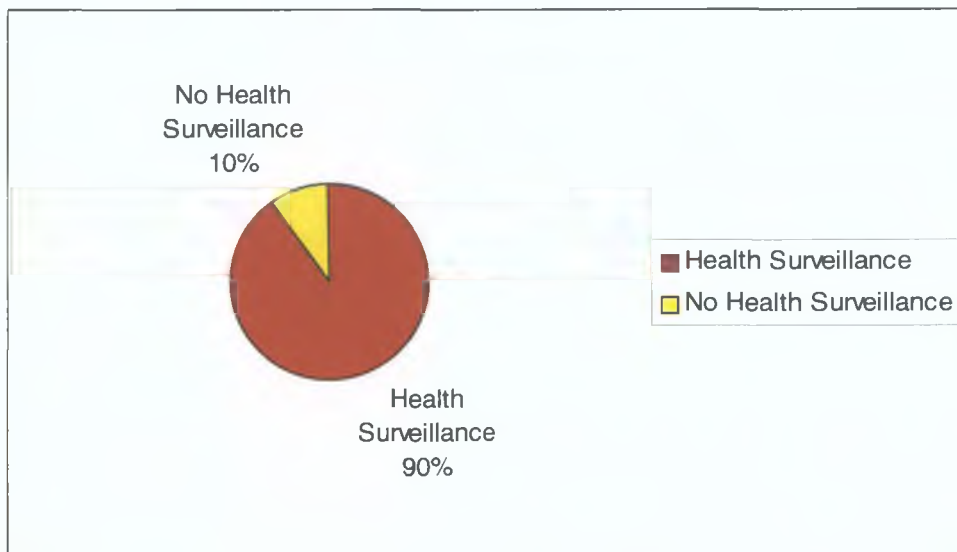


Fig (4.27) The percentage of catering premises that carry out health surveillance on their staff

As can be seen from the above graph there is a high level of health surveillance being carried out in the catering premises. However when questioned further on the type of illness and injury they survey their staff for the catering managers stated that vomiting, diarrhoea, open cuts and sores to be the main ailments they survey for. These illnesses are all classified under food borne illnesses and so, are a food safety hazard as well as an occupational health and safety problem. Presumably then the health surveillance carried out is for public health reasons as opposed to occupational safety and health, health surveillance which would include musculoskeletal disorders, heat stress and exposure to hazardous substances.

4.5 Training

In any profession there are various skills a worker must attain in order to be deemed competent to carry out their job. Equally as important as having the required skills to carry out tasks every employer and employee should attain the necessary training to ensure they are aware of all the risks involved with their job and the precautions that must be taken to ensure safety, health and welfare at work. Fig (4.28) illustrates the type of training being offered by catering managers for their staff.

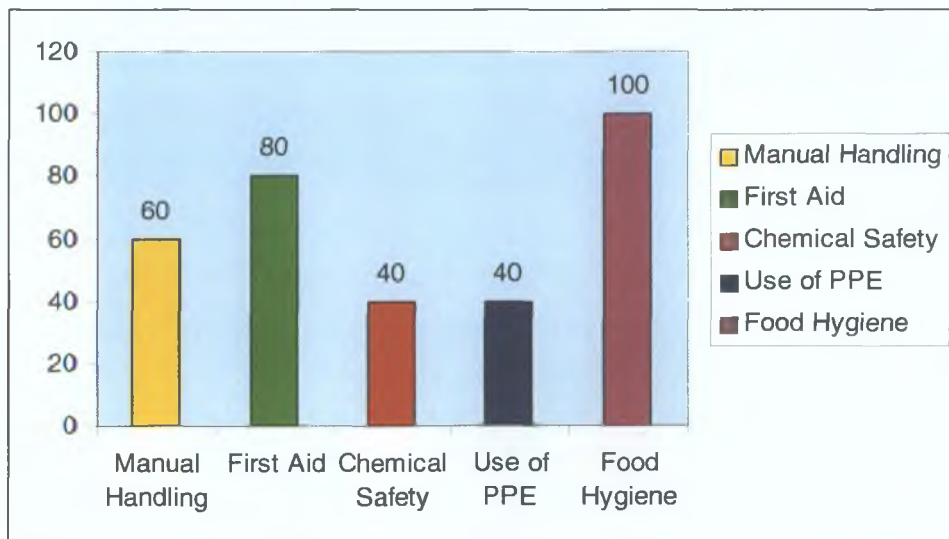


Fig (4.28) An illustration of the percentage breakdown of the training that catering managers state has been given to staff

Of the training that is provided to staff in these premises 80% of the training given is provided by outside consultants and the remainder of premises stated that management gave in house training themselves. The graph outlined in Fig (4.28) shows that of the training that is provided to catering staff there is most definitely more emphasis placed on the food safety side of the business once again highlighting that occupational health and safety of employees is not seen as the primary concern in the catering industry. This is further illustrated in Fig (4.29) and Fig (4.30).



Fig (4.29) The percentage of catering staff surveyed who have received food safety training

The 22% of respondents that had not received food safety training were waiting staff and kitchen porters, that while they do in fact have a role to play in food safety they are not directly involved in the preparation of foodstuffs for consumption.



Fig (4.30) The percentage of catering staff who have received occupational health and safety training for the work they carry out

Of the above 33% of catering staff who had received occupational health and safety training Fig (4.31) is a breakdown of the type of training they have received.

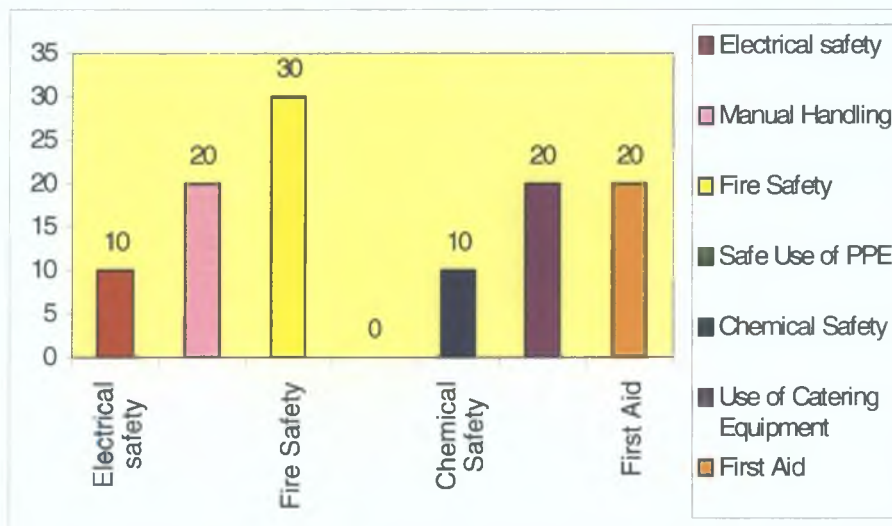


Fig (4.31) The percentage breakdown of training topics for catering staff who had received occupational health and safety

It can be seen from Fig (4.31) that the occupational health and safety training received by catering staff is far from comprehensive. All of those who had received any of the above

training illustrated in Fig (4.31) had received it on the site of their current job and it was provided by their employer.

4.5.1. Training of foreign catering staff

With Irelands growing ethnic diversity the Irish workforce has also become more diverse with foreign workers bringing their own culture and language with them. The catering industry is one of the many industries that give a great deal of employment to foreign workers. This is illustrated below in Fig (4.32) on the next page.

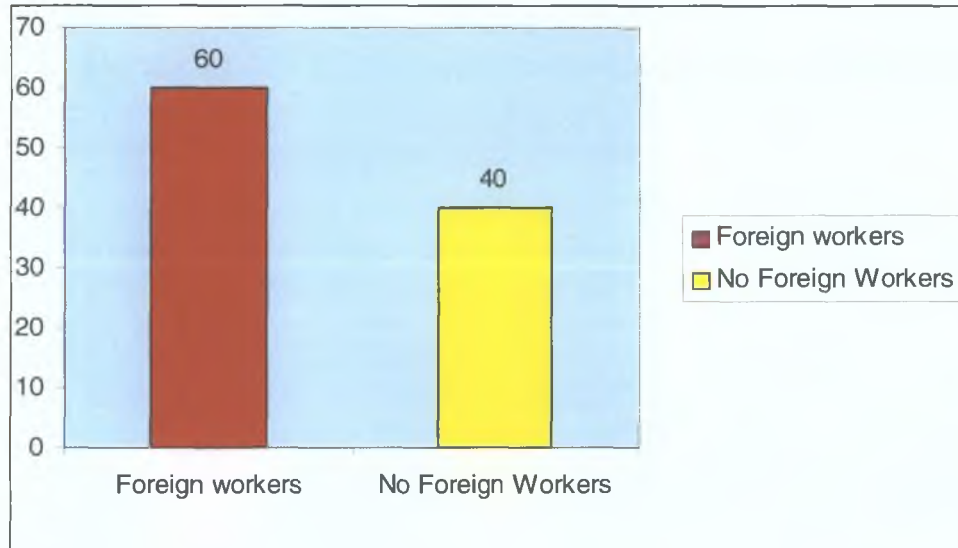


Fig (4.32) The Percentage of premises surveyed that have foreign workers on their staff

As many of these workers would not necessarily speak English as their first language this can sometimes mean that providing training can be hard if the worker does not have very good English. However due to the rise in foreign workers there are many agencies now providing occupational health and safety and food safety training in other languages to help employers and their workers. Fig (4.33) overleaf illustrates the level of training being provided to foreign workers in their own language.

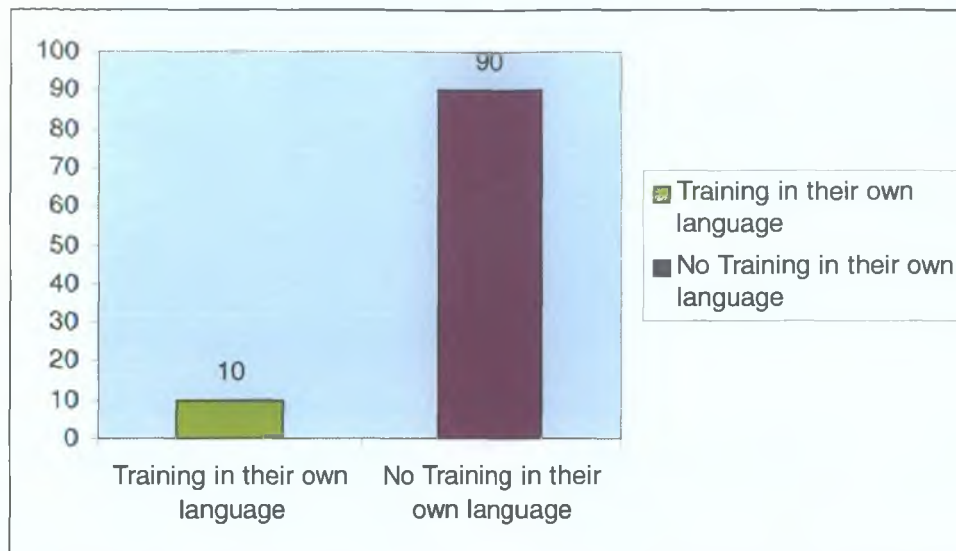


Fig (4.33) The percentage of catering premises surveyed that are providing their foreign workers with training in their own language

Therefore of the 60% of premises surveyed employing foreign workers just 10% actually have training delivered to their staff in their native language. When asked further on who they employ to carry out this training all of the 10% stated the Food Safety Authority of Ireland (FSAI) carried out the training provided to their staff in their native language. This implies that foreign workers in the catering industry that do receive training in their native language receive food safety training and occupational health and safety needs of such employees are being ignored.

In the U.K. the HSE has published guidance documents on occupational safety and health matters from slips, trips and falls to documents that aid the interpretation of the main occupational health and safety law applicable to the catering industry in many languages. These languages include; Bengali, Chinese, Gujarati, Greek, Turkish and Urdu and they carry out occupational health and safety training in these languages also. www.hse.gov.uk/press/2004/e04119.htm [accessed on 16/08/2005]

4.6 Cleaning Operations

In catering premises there is a huge emphasis on cleanliness in order to prevent the contamination of food which could lead to food borne illness in the consumer. This in

turn means the use of chemical cleaning agents by catering staff and/or outside contract cleaners. Fig (4.34) shows who carries out cleaning duties in the premises surveyed.

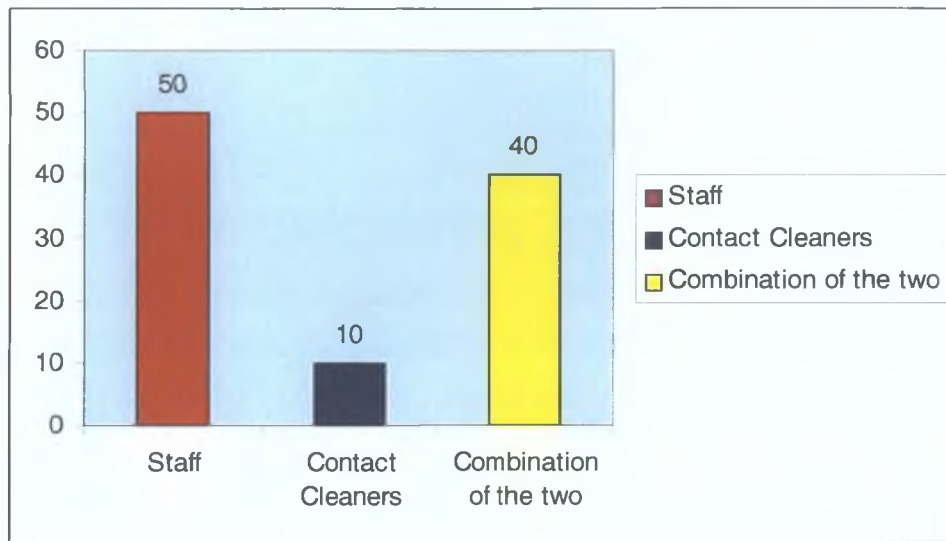


Fig (4.34) The percentage breakdown of who carry out the cleaning in the catering premises surveyed

Of these premises 100% stated that they had a written cleaning programme in place on their premises (requirement of the EC (Hygiene of Foodstuffs) Regulations 2000), and all responded that they used chemical cleaning agents when carrying out cleaning duties. Under the Safety, Health and Welfare at Work (Chemical Agents) Regulations 1994 it is a legal requirement that all chemicals used should be supplied with Material Safety Data Sheets (MSDS's) which will highlight the occupational health and safety risks involved with a chemical and give instructions for its safe use and disposal. Fig (4.35) on the next page shows the percentage of catering premises that have MSDS's for all chemicals being used on site and those that have written instruction for their safe use and disposal.

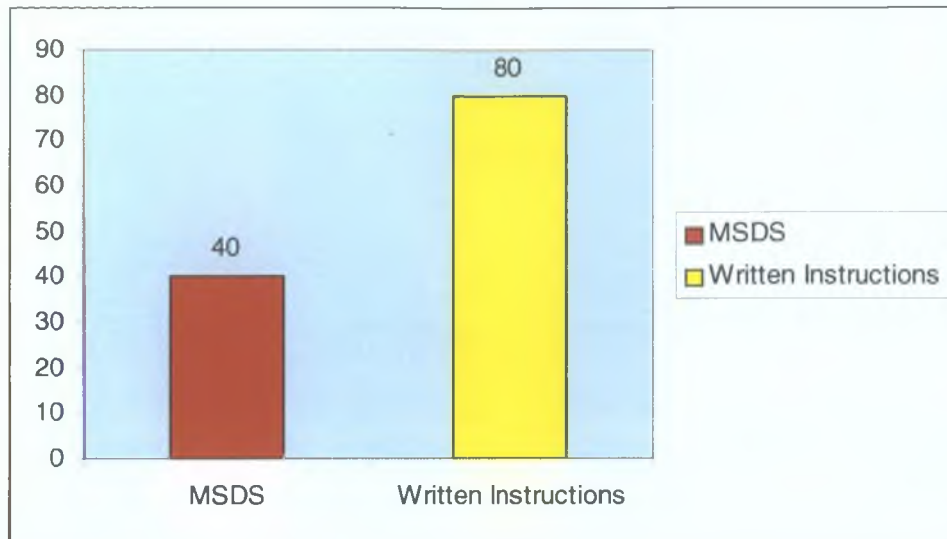


Fig (4.35) the percentage of catering premises that have the MSDS's available for all chemical being used and have written instructions for the use and disposal of these chemicals

When asked about the factors considered when choosing what chemicals to use at their premises they were given a list to choose from and to rate the choices in order of importance and this is presented in Fig (4.36) below.

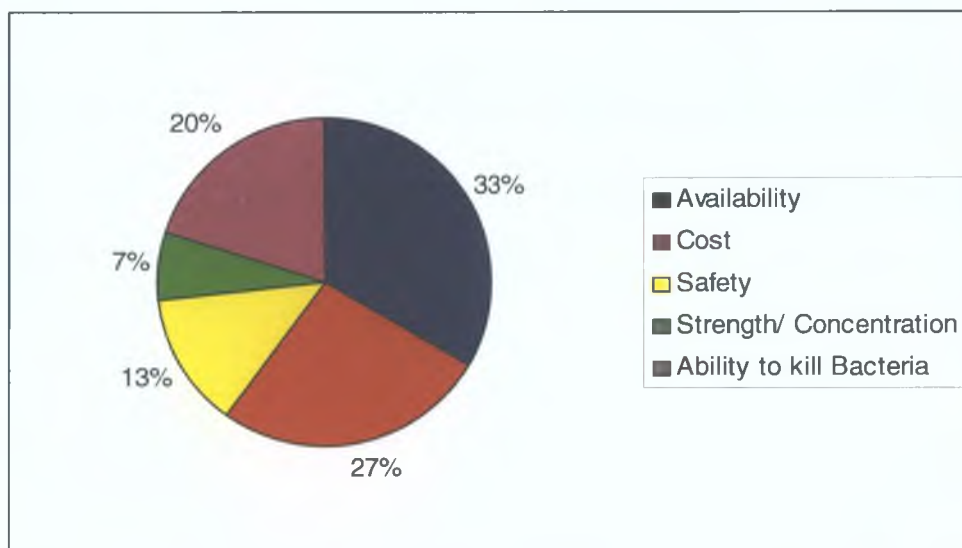


Fig (4.36) An illustration of the main factors that catering managers consider when purchasing chemical cleaning agents for their premises

This illustrates that greater consideration is afforded to cost and availability i.e. the profit margin of the premises than to occupational health and safety of the workers carrying out cleaning duties on the premises. Fig (4.37) illustrates the percentage of catering workers surveyed that carry out cleaning duties.



Fig (4.37) The percentage of catering staff surveyed involved in carrying out cleaning operations at the premises they work in

Of the staff carrying out cleaning duties as part of their daily work schedule 95% of these staff stated that they used chemically based cleaning agents including bleaches, sanitisers, degreasing agents and many other cleaning agents that can prove harmful to those using them if instructions are not followed carefully. These instructions as already mentioned are listed on the MSDS for that chemical and Fig (4.39) highlights the percentage of catering staff aware of MSDS's pertaining to the chemicals they use.

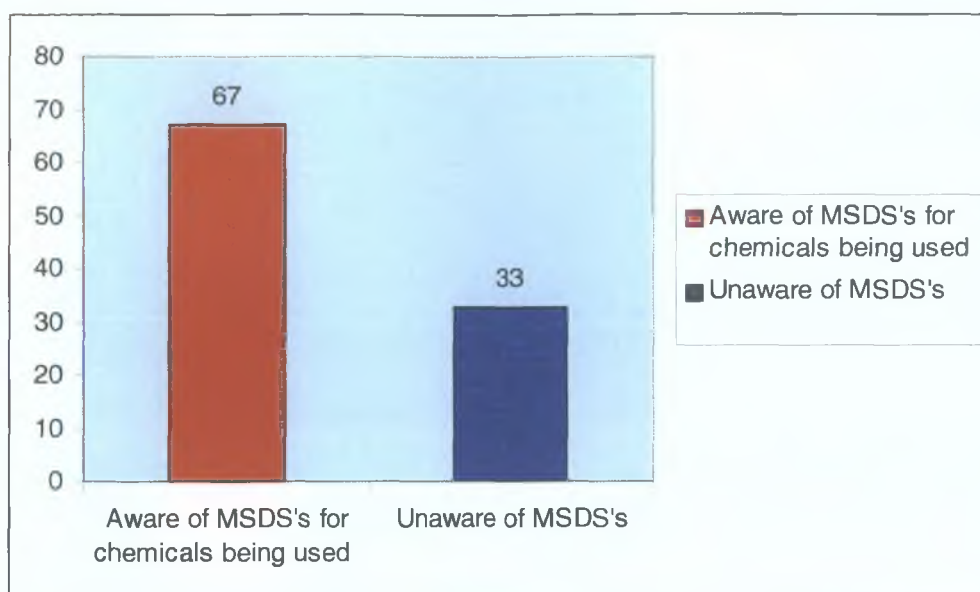


Fig (4.38) The percentage of the catering staff carrying out cleaning duties that were aware of MSDS's for the chemicals they were using and where to find them

As can be seen from Fig (4.38) above 67% of catering staff with cleaning responsibility were aware of MSDS's for the various chemicals and where they could find these documents. The purpose of the MSDS is to let the user of the chemical know what substances are contained within and the precautions that need to be taken when handling such a chemical. It is for this reason that anyone dealing with cleaning agents should have the MSDS close to hand and refer to it before using chemicals.

Fig (4.39) illustrates how often catering staff would read a MSDS before administering a chemical for use.

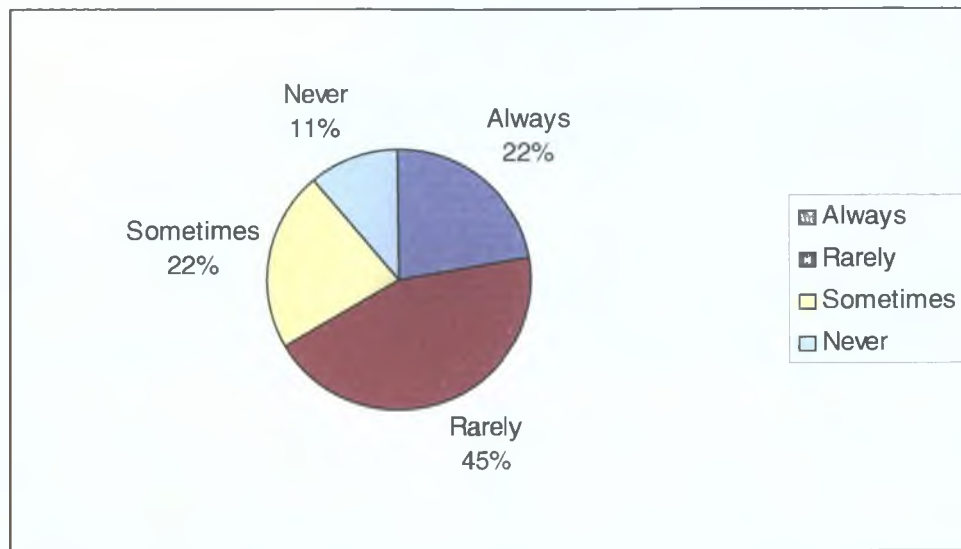


Fig (4.39) An illustration of how regularly catering staff read and follow manufacturers instructions when using cleaning agents

An MSDS is very important when considering the occupational safety and health of an employee using cleaning products and as is clearly noticeable from Fig (4.40) very little regard is given to the safety issues contained in the MSDS when using these chemical agents in the workplace. Considering that chemicals can have severe adverse effects on the body if they come into contact with the skin or eyes or if inhaled or swallowed it is very important that if a risk cannot be eliminated totally, PPE must be provided to ensure the safety of workers.

Fig (4.40) on the next page shows the types of PPE provided to catering staff when dealing with cleaning agents.

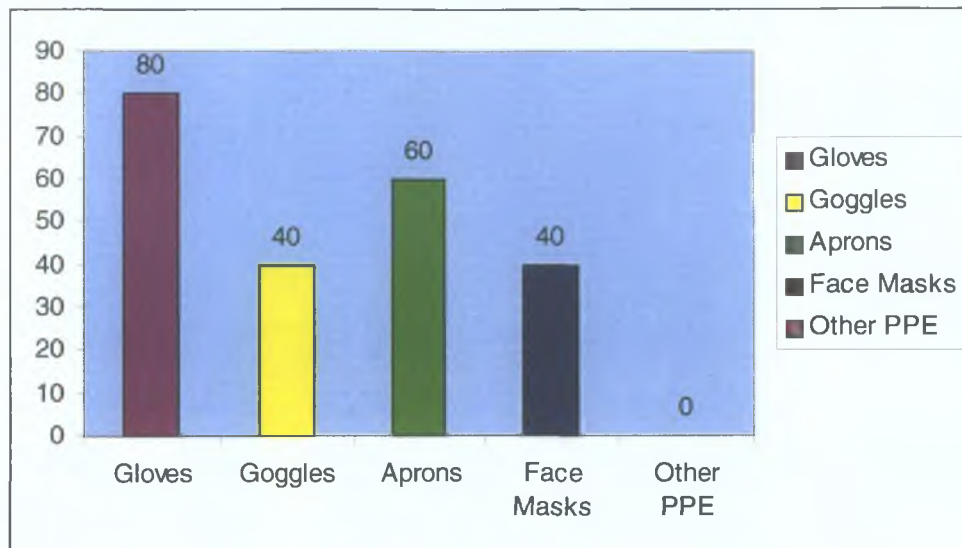


Fig (4.40) An illustration of the type of PPE that workers dealing with cleaning agents are provided with

As can be seen from Fig (4.40) gloves are the most common PPE provided. However with only 80% of catering staff being provided with gloves this leaves a large number of employees directly exposed to chemicals. Also with the lack of face masks and goggles being provided this leaves the face and eyes directly open to exposure thus increasing the risk to the safety and health of catering staff. The catering staff were asked to rate the PPE provided on the premises they work in and this is illustrated Fig (4.41) on the next page.

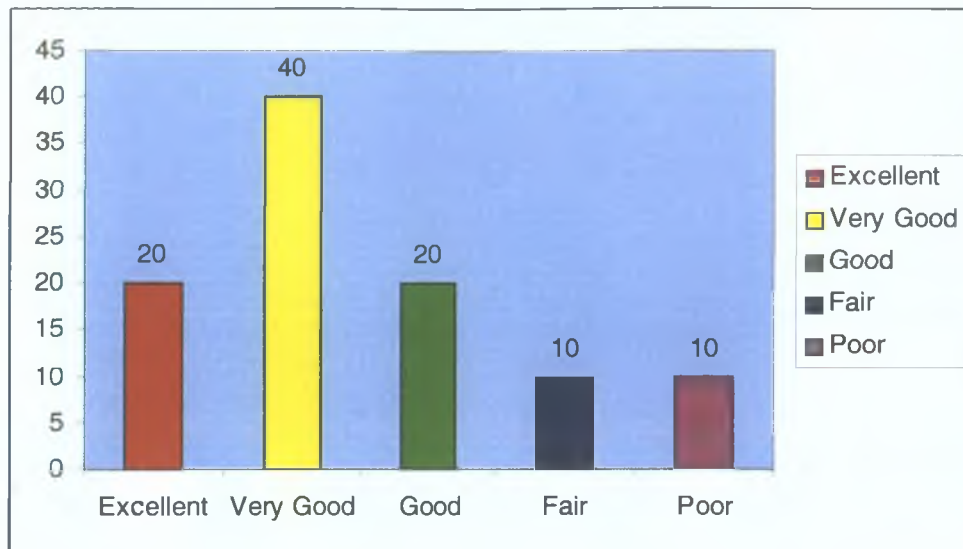


Fig (4.41) How the catering staff rate the provision of PPE available at the premises they work

This shows that even though some of the workers surveyed had the necessary PPE available there was still a lack confidence in the PPE provided. When questioned further on this matter many workers stated that there was often not enough PPE to cover all workers and the standard of maintenance of PPE was poor, sometimes not repaired or replaced as necessary.

4.7 Fire and Evacuation

Another safety issue that is of crucial importance in the catering industry is that of fire safety. The nature of the catering industry means that workers and indeed equipment used on the premises is exposed to open flames constantly. This creates danger for employees and patrons alike and therefore emergency plans must be put in place to deal with a fire should one occur. However emergency plans must be put into practise and all employees must be aware of these plans and what to do in the event of a fire. The percentage of catering premises that state they have carried out fire drills is shown overleaf in Fig (4.42).

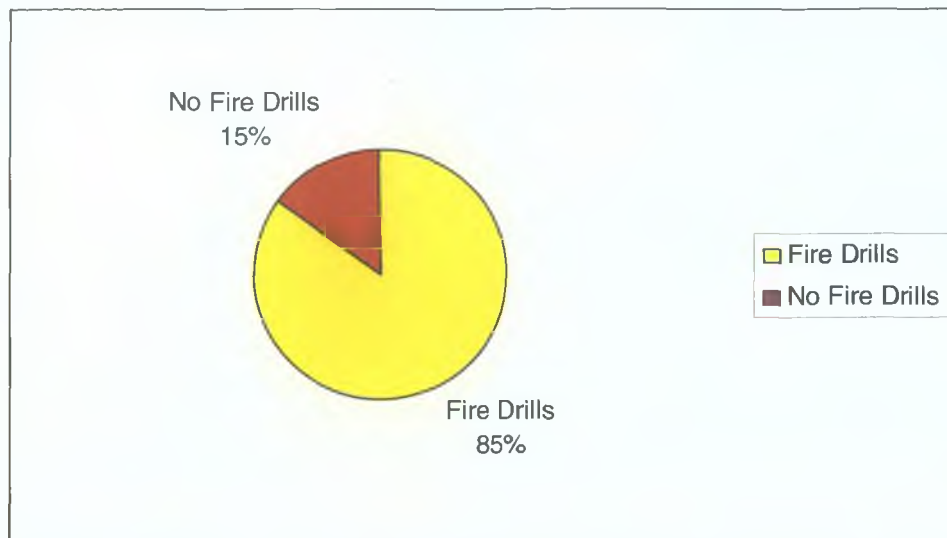


Fig (4.42) The percentage of catering managers that carry out fire drills on their premises

Of the 85% of premises that carry out fire drills they stated that they carry out these drills every three to six months. However, this was not reflected when the catering staff of these premises were asked if they had ever taken part in a fire drill. Fig (4.43) illustrates the percentage of catering staff that stated they have taken part in a fire drill at their current place of employment.

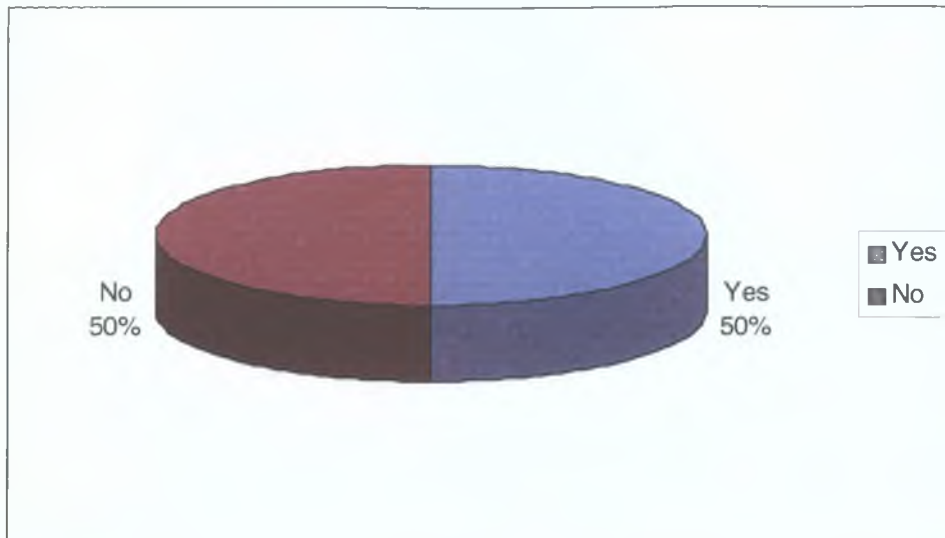


Fig (4.43) The percentage of catering staff who have taken part in a fire drill since being employed in their current job

There is a grave danger for all workers if a fire breaks out and they do not know the procedure for evacuating the building. This can lead to panic and also to workers being trapped inside a burning building. Also if assembly points outside the building are not known then it can become impossible for management and the emergency services to account for people who may or may not be still in the burning building.

All of catering staff respondents were aware of the main fire exits in their place of work and could give examples of these fire exits.

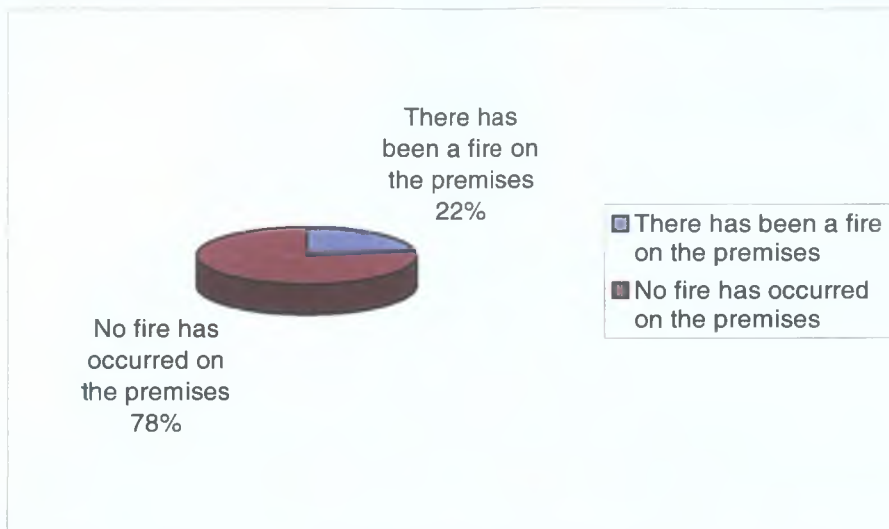


Fig (4.44) The percentage of catering staff that had a fire in their current place of employment

Of the staff surveyed 22% had experienced a fire on their premises. While this is quite a small proportion of staff the fact remains that fire is a very volatile thing and one can never be sure when it will go out of control. It is for this reason that all occupational health and safety signage be placed clearly and prominently so as to alert staff the risk of fire and all other occupational health and safety risks on the premises that could cause injury or harm. How catering staff, rate the safety signage throughout their premises is presented in Fig (4.45) overleaf.

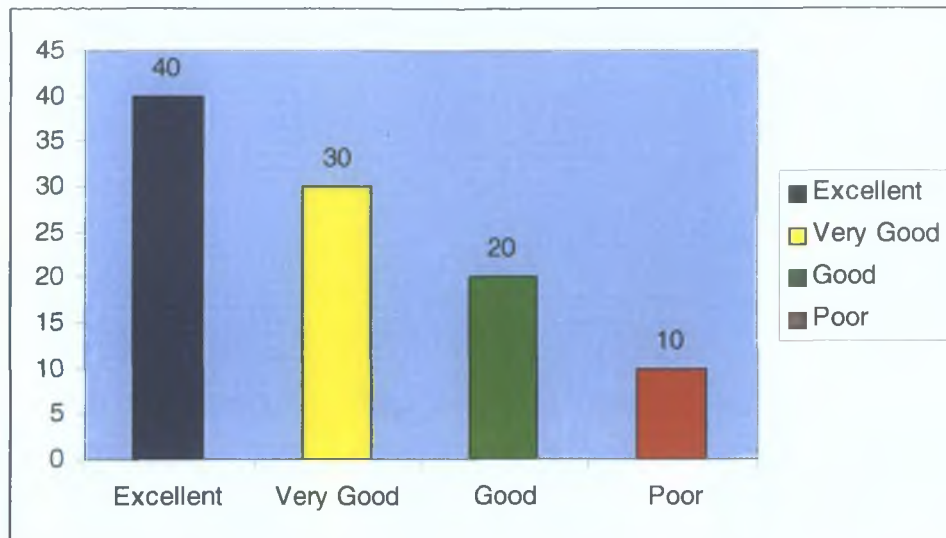


Fig (4.45) An illustration of how the catering staff respondents rated the Occupational Health and Safety Signage highlighting the risks specific to the job being carried out and the specific premises

4.8 Accidents in the Catering Industry

Accidents occur every day in every sector of employment, some minor, others serious and unfortunately some accidents in the workplace can prove to be fatal. Fig (4.46) on the next page highlights the percentage of managers who have had one or more accidents occur on their premises.

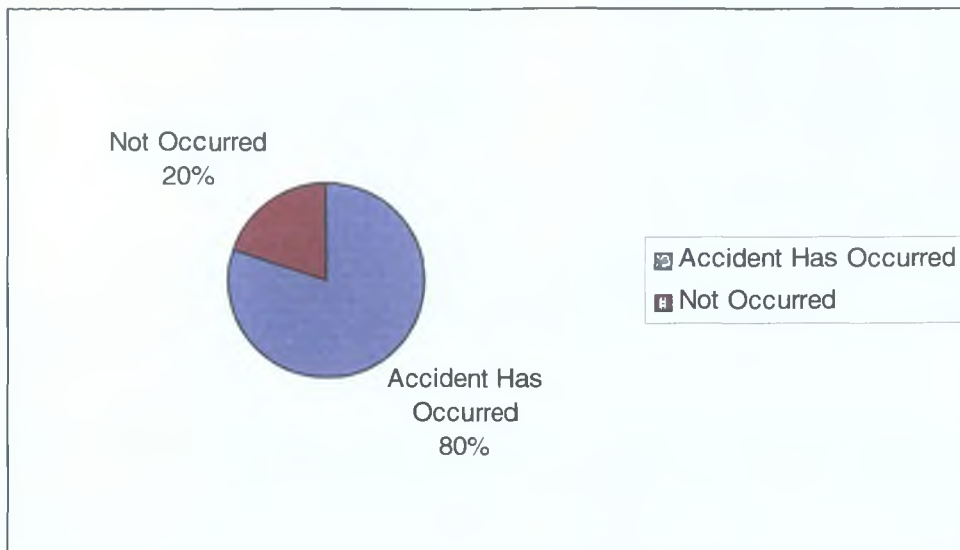


Fig (4.46) The percentage of catering managers that stated that one or more accidents have occurred on their premises

As presented on the previous page over 80% of managers stated that at some stage an accident had occurred on their premises. For this reason there needs to be a procedure in place for the reporting of accidents to staff and management, to enable management to take account of circumstances surrounding the accident. An investigation will then need to be carried out to ascertain the route cause of the problem and prevent the same thing happening again. The percentage of premises that have a procedure in place for the reporting of accidents is highlighted on the next page in Fig (4.47)

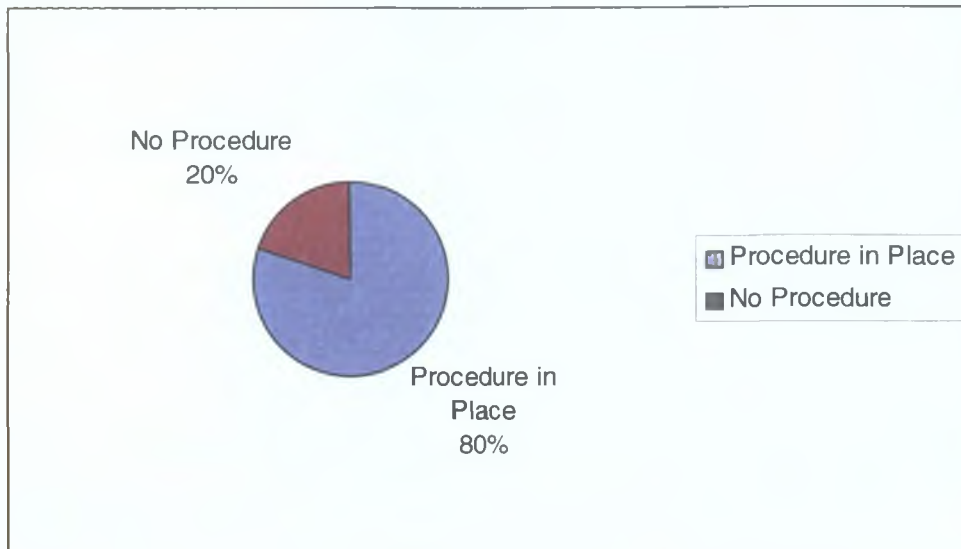


Fig (4.47) The percentage of premises that have a procedure in place for the reporting of accidents

Of the 80% of respondents who stated that they do have a procedure in place 60% of these managers stated that they document the accidents that happen and follow up by investigating these accidents to find out the route cause of the accident.

Catering managers were then asked whether or not they had informed the H.S.A. of any accidents or dangerous occurrences that have occurred on their premises and their responses are shown in Fig (4.48) on the next page.

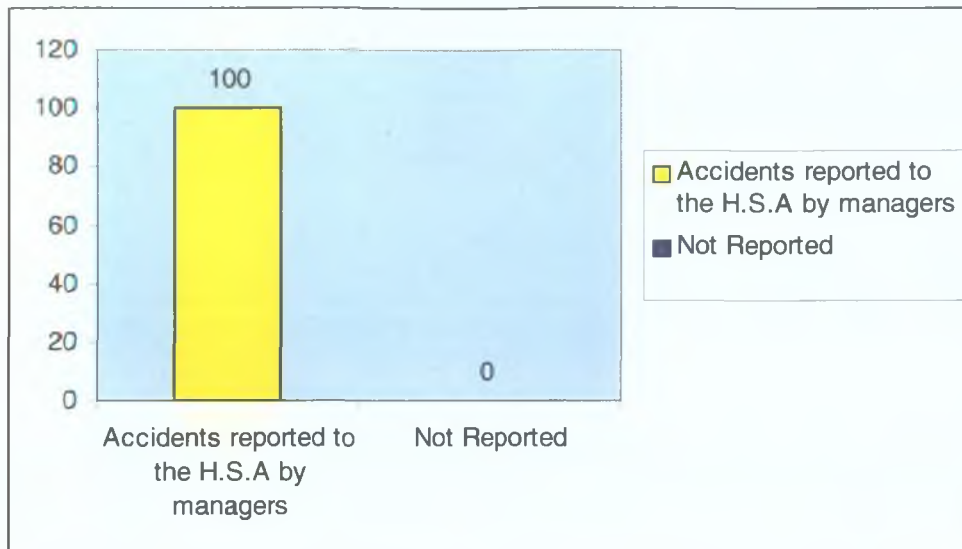


Fig (4.48) The percentage of managers surveyed who have reported an accident that has occurred on their premises to the H.S.A

Catering staff were then asked if they had ever had an accident in the premises while they have been working there and these results are presented in Fig (4.49) below.

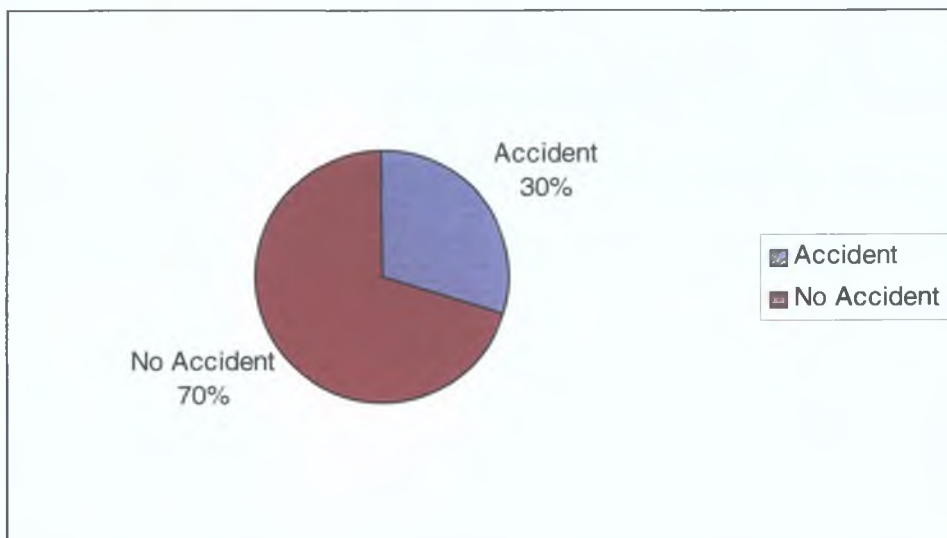


Fig (4.49) The percentage of catering staff that have had an accident while working in their current job

However of the 30% of workers surveyed who stated that they had indeed had an accident while at work, only 35% of these workers had reported the accident to a person in charge at the time of the accident. This shows that there is a major under reporting problem within the catering industry. It would be logical to consider that if employees aren't reporting accidents to the person in charge within their premises there is definite under reporting of accidents, in the catering industry to the H.S.A.

This would lead the author to agree with the findings by Linnane, (2000) that under reporting in the catering industry could be as much as 10 to 1.

4.8.1 First Aid

100% of the catering staff surveyed stated that there was a first aid box on the premises of which the following Fig (4.50) shows the percentage of staff who believe the first aid box on their premises to be fully stocked at all times to deal with minor accidents on the premises.

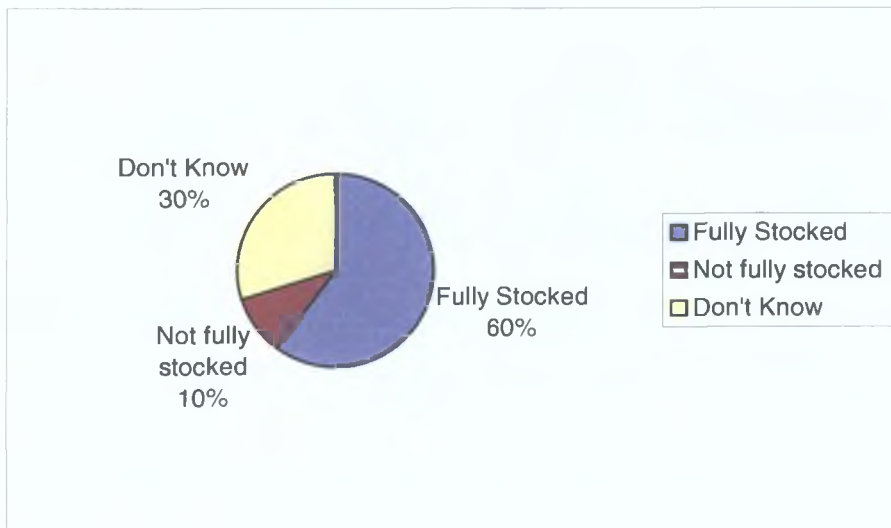


Fig (4.50) The percentage of catering staff who stated that the First Aid Box on their premises is fully stocked

This illustrates that even though First Aid boxes are available on the premises they are not necessarily fully stocked with the essential materials that are used to treat minor

injuries and control symptoms of more serious injuries until professional medical attention can be administered.

Sometimes first aid can mean more than covering up a cut, it can mean treating a burn or delivering the Heimlich Manoeuvre to a choking diner. For this reason all places of employment should have at least one worker trained in first aid on the premises at all times. The percentage of premises that have a first aid trained staff member is shown overleaf in Fig (4.51).

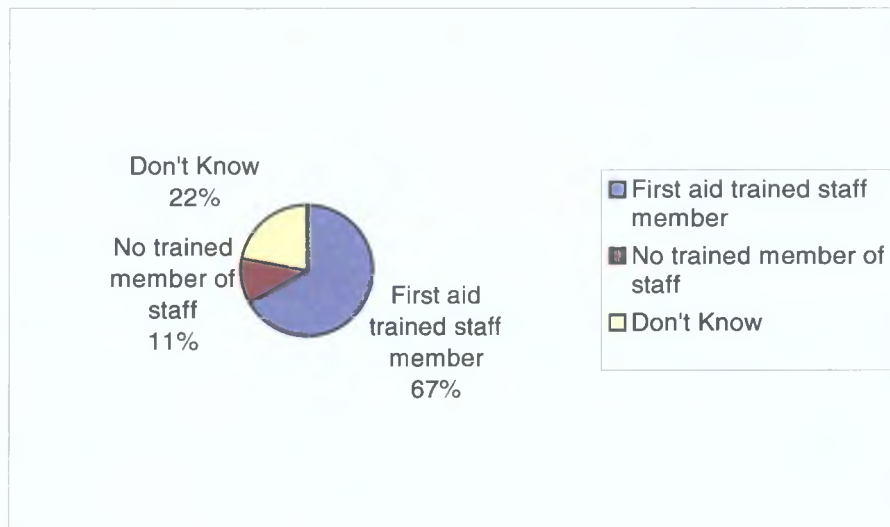


Fig (4.51) The percentage of catering premises where catering staff state there is at least one worker who is fully trained to administer first aid to injured persons on the premises

While many premises do indeed have trained first aid worker there is also a significant percentage that do not.

4.9 Inspections of catering premises

There are a number of different statutory bodies involved in inspecting catering premises to ensure compliance with legislation pertaining to the catering industry. The following Fig (4.52) on the next page, is an illustration of the inspectorate bodies, which have remit in catering premises and how often they actually carry out inspections in these premises.



Fig (4.52) *An illustration of how often the above inspection bodies visit catering premises*

It can be seen from the above graph that the inspection bodies that visit catering premises most regularly are the Environmental Health Departments attached to the Health Services Executive who are there to ensure that food that is being prepared, cooked and served/ sold on that premises is as safe as possible. The Fire Officer also visits the premises at least annually in order to ensure that all fire safety measures and equipment are in order and to ensure all exit points to be used in the event of a fire are unobstructed. However of all the catering premises surveyed not one of these premises was inspected by the Health and Safety Authority. It is the opinion of the author that if a premises is inspected regularly by government agencies that catering premises are more likely to act upon recommendations given by these authorities and to abide by legislative requirements. The fact that the H.S.A have never visited these premises could be a possible reason for just 80% of catering managers stated that they had a Safety Statement on their premises, a legal requirement since 1989.

Catering managers were asked if the frequency of inspection by the bodies mentioned in Fig (4.52) influenced the amount of attention being paid to certain legislation and the results are shown in Fig (4.53) below.

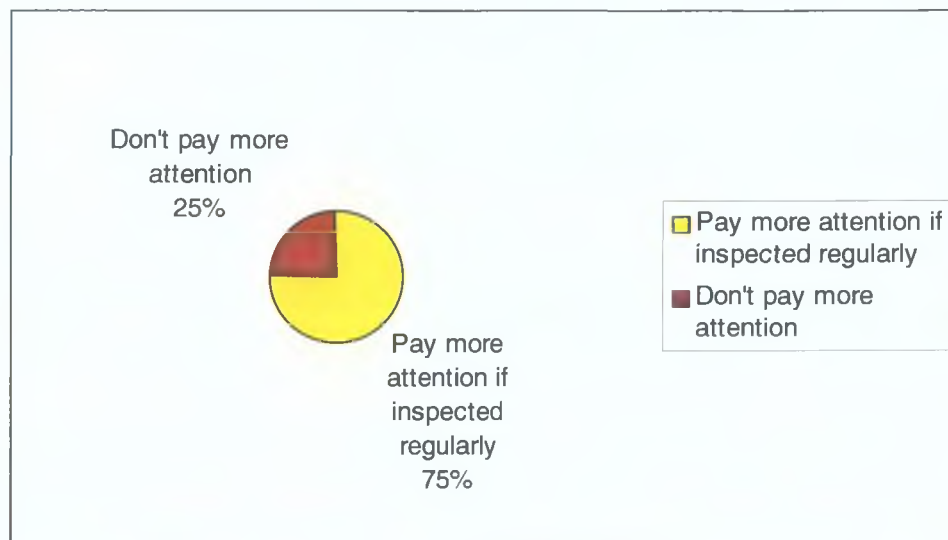


Fig (4.53) The percentage of catering managers who stated that they pay more attention to those regulatory aspects of their business that are inspected on a regular basis

This reinforces the opinion that catering managers pay more attention to food safety issues inspected by EHO's and little or no attention to occupational safety and health in the premises, as they have never been paid a visit by the H.S.A.

4.10 EHO's taking responsibility for Occupational health and safety in the catering Industry

Under the FSAI Act 1998 EHO's have the authority to enter catering premises for the purposes of carrying out food safety inspections and, have the jurisdiction thereafter to prosecute these premises for violation of various pieces of food safety and public health legislation. As EHO's are visiting catering premises, from manufacturing premises to hotels and restaurants, on a regular basis the EHO's surveyed were asked if they believed they could integrate occupational safety and health inspections with food safety inspections and the results are presented in Fig (5.54) on the next page.

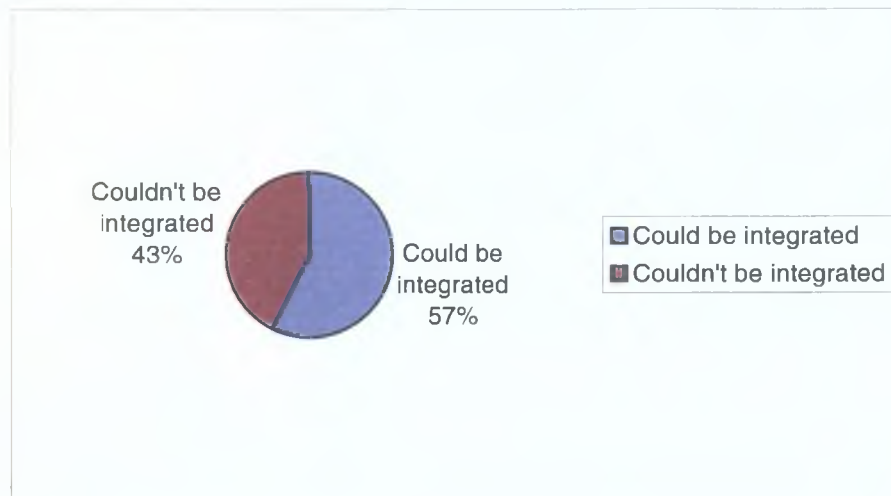


Fig (4.54) The percentage of EHO's who believe that food safety and occupational health and safety inspections could be integrated

As can be seen from Fig (4.54) the environmental health profession are divided about the idea of integrated inspections but the majority of EHO's were open to the idea that inspections could be integrated. EHO's were also asked if they would welcome the added responsibility of occupational health and safety within the catering industry and the results are shown in Fig (4.55) on the next page.

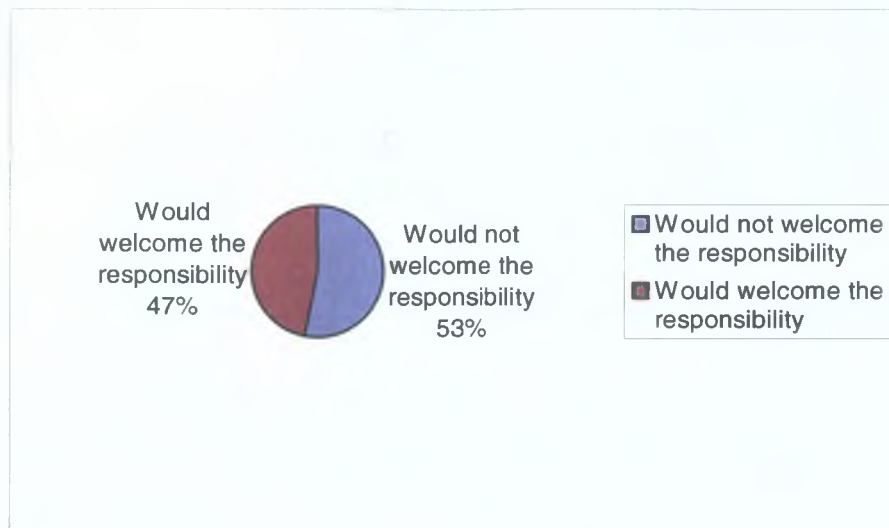


Fig (4.55) The percentage of EHO's that would welcome the responsibility of carrying out occupational health and safety inspections in catering premises

As can be seen from Fig (4.55) there is also a mixed reaction as to whether or not EHO's would welcome the increased responsibility that would come along with integrated food safety and occupational health and safety inspections. The response to the above question was almost 50:50 with a marginal amount of respondents favouring the extra responsibility that accompanies occupational health and safety duties.

EHO's were also asked whether or not they believed they had the appropriate training required to carry out occupational health and safety inspections in catering premises.

Fig (4.56) presents the findings.

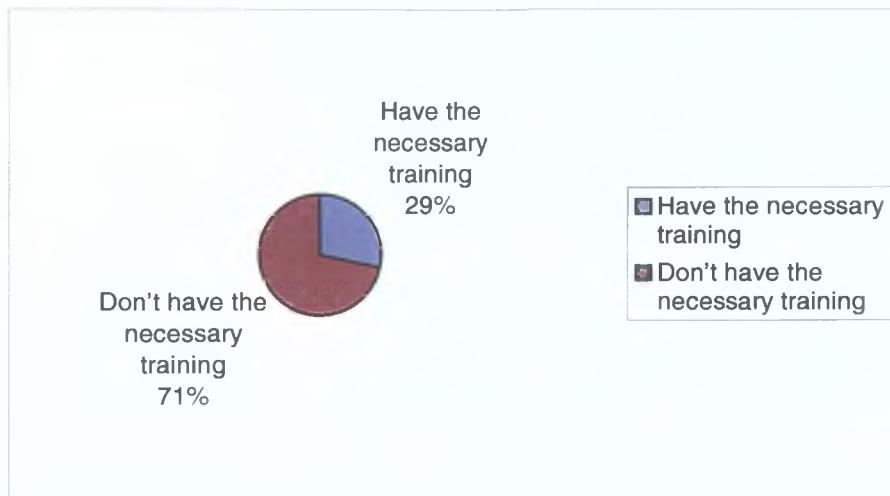


Fig (4.56) The percentage of EHO's who are of the opinion that they have the necessary training to carry out occupational health and safety inspections in catering premises

As can be seen in Fig (4.56) 71% of the EHO's surveyed stated that they didn't have the necessary training at the moment to carry out health and safety inspections. The 29% who stated they had the necessary training were in the 20-30 years age group and would have received increased training during their third level education when compared with their colleagues in older age categories.

While trying to establish the possibility of EHO's undertaking duties in relation to occupational safety and health EHO's were asked if they believed environmental health departments around the country have the necessary resources i.e. time, money and manpower to facilitate this. Findings are presented in Fig (4.57) on the next page.

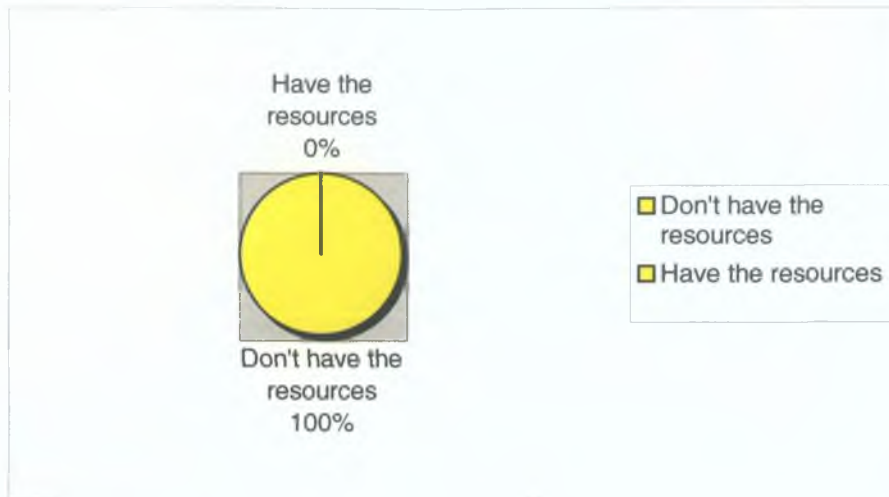


Fig (4.57) The percentage of EHO's who believe they have the resources to carry out occupational health and safety functions in catering premises

As is demonstrated by the graph in Fig (4.57) it is the opinion of all EHOs surveyed that the resources needed to carry out occupational safety and health functions are not there. Therefore funding will need to be allocated from other the Department of Enterprise, Trade and Employment via the Department of Finance to make added resources available to environmental health departments if they are to be able to take on the responsibilities of occupational safety and health in the catering industry.

As there are problems with resources, and, the EHO's surveyed are closely split as to whether or not they would welcome the added responsibility of carrying out occupational health and safety inspections EHO's were asked whether they thought the occupational safety and health of those working in the catering industry should remain the sole remit of the H.S.A. The respondents answers are presented on the next page in Fig (4.58).

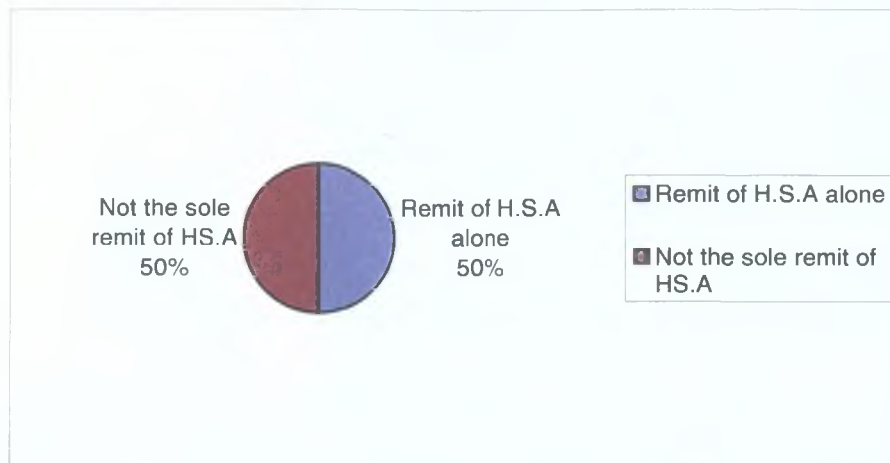


Fig (4.58) The percentage of EHO's who believe that the responsibility of occupational health and safety in catering premises should remain the remit of the H.S.A alone

As can be seen from Fig (4.59) the group of EHO's surveyed is yet again split down the middle. There is a 50:50 divide as to whether or not EHO's believe that occupational safety and health in the catering industry should remain a H.S.A. responsibility alone. This is interesting and indicates that half of the EHO's surveyed believe occupational safety and health in the catering industry should not be the sole remit of the H.S.A. Therefore, environmental health profession have not placed an all out dismissal regarding carrying out occupational health and safety inspections in the catering industry in the future.

Chapter Five

Conclusions

&

Recommendations

5. Conclusions & Recommendations

In this chapter the author will be making conclusions drawn from the research carried out and the results obtained based on this research. Once these conclusions have been made, there will then come some recommendations based on the level of occupational safety, health and welfare of those employed in the catering industry.

5.1 Conclusions

- It can be concluded from the results obtained through the research carried out that the level of awareness among those working in the catering industry regarding occupational safety, health and welfare legislation i.e. the Safety, Health and Welfare at Work Act 1989 and the Safety, Health and Welfare at Work (General Applications) Regulations 1993, is quite poor.
- The level of implementation of, and compliance with occupational safety, health and welfare legislation is also deficient.
- The number of occupational health and safety inspections carried out in catering premises by the H.S.A's inspectors is almost non-existent.
- Due to the lack of inspections being carried out by the H.S.A inspectors the statistics on accidents, injuries and compliance with legislation, published in their annual reports do not show the whole picture. Therefore due to under reporting, the loss to the catering industry is far greater than known at national level.
- It is evident from the results obtained that management in the catering industry will pay more attention to the government inspector who visits their premises more often. In relation to the catering industry this inspector is the EHO enforcing standards in relation to food safety and the protection of public health.

- Occupational safety, health and welfare in the catering industry can be ignored and where the EHO is concerned with occupational health and safety he/she may or may not contact the H.S.A. Where contact is made by the EHO there is no feedback or further involvement in remedial action by the H.S.A.
- It is also clear, that from a managerial and operational point of view, food safety takes precedence over the occupational safety and health of employees in the catering industry.
- The level of training at both managerial and employee level in occupational safety, health and welfare is not very high. This reiterates the non-compliance with occupational safety, health and welfare legislation, which requires all workers to be trained and made aware of, the hazards associated with the jobs they carry out.
- The allocation of the occupational health and safety regulatory duties in the catering industry to the environmental health departments and EHO's who visit these premises regularly is possible under current legislation.
- The environmental health departments around the country currently do not have the resources to carry out integrated food safety and occupational health and safety duties in the catering premises, which they inspect.
- There is a clear divide amongst EHO's in regard to undertaking occupational safety, health and welfare duties in relation to the catering industry. This divide may have much to do with the age profile of respondents.

5.2 Recommendations

- The opportunity under Part V, subsection 32 of the Safety, Health and Welfare at Work Act 1989 to involve other enforcement agencies should be investigated. In this case the most obvious department would be Environmental Health. NAOSH through the Department of Enterprise, Trade and Employment could allow EHO's jurisdiction in catering premises to carry out occupational health and safety inspections. This would mean the drawing up of a service contract between the environmental health departments around the country through the Health Services Executive with the H.S.A through the Department of Enterprise, Trade and Employment to stipulate what EHO's legal responsibilities would be. Extra funding would also be required in the initial stages in order to bring EHO's up to date with occupational health and safety legislation and subsequently to facilitate staffing levels in relation to these increased duties.

- If the above recommendation were outside consideration then it would be suggested that the H.S.A carry out a review of their inspection numbers in the catering industry. The H.S.A carry out thousands of inspections every year but with just over one hundred inspectors to cover the country the employment sectors which are deemed to be high risk i.e. construction, mining, quarries are inspected more often. Therefore another possible solution to this problem would be for NAOSH to assess their budgetary requirements and to allocate the H.S.A itself more funding from the exchequer to increase the number of its inspectors and ensure that all sectors of employment are inspected comprehensively.

- Training at both managerial and employee level is required in order to make those working in the catering industry aware of the specific risks involved in their work and the control measures that need to be put in place and adhered to in order to make their work environment a safe one.

- As training and awareness regarding occupational health and safety among catering staff is lacking it would also be a recommendation for the H.S.A to draw up a series of guidance documents specific to the catering industry. This would facilitate those in the catering industry with interpretation of legislation, the identification of risks specific to the catering industry, the reporting of accidents to the H.S.A and how to go about providing occupational health and safety training to employees in the catering industry.

It would also be of great benefit if these guidance documents were to be provided in different languages, as there are an increasing number of workers in the catering sector who do not speak English as their first language.

- In the broader context it could be recommended to institutions offering catering qualifications e.g. CERT and D.I.T Cathal Brugha St, that they include a Occupational Health and Safety Module(s) in all courses provided.
- Due to time constraints the author was unable to incorporate H.S.A inspectors, whom the author had initially intended on surveying, in the research carried out. Future studies could be carried out to determine the views of H.S.A inspectors on the matters surrounding occupational safety, health and welfare awareness and compliance in the catering industry and their willingness to hand over occupational health and safety duties to another inspectorate body.

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Appendix

Corhownagh,
Ballysadare,
Co.Sligo

Dear EHO,

My name is Kate Kivlehan. I completed BSc. Environmental Health in May 2004 and I am currently studying in Sligo Institute of Technology for MSc Environmental Health and Safety Management. As part of this course I must complete a dissertation and I have chosen to analyse the level of Occupational Health and Safety in the Catering industry.

As you know, any industry in which food is grown, manufactured, prepared, cooked, served or transported has to register with their local health board. Once the business is registered it is subject to rigorous and quite frequent inspections by Environmental Health Officers for the purposes of ensuring food safety standards of the company.

In these inspections the cleanliness, structure etc of the kitchens, storage areas etc. are inspected and also food safety documentation i.e. staff food hygiene training records, H.A.C.C.P Plans etc.

However the EHO does not inspect or analyse Health and Safety issues such as staff training in health and safety, hazards in the workplace, the presence of a safety statement for their business etc. The health and safety issues come under the remit of the Health and Safety Authority and their inspectors.

It is my opinion that the management of catering establishments in this country pay more attention to keeping their premises in line with food safety legislation than to that of the legislation regarding the health and safety of their work force.

One reason for this may be that inspections by EHO's of catering premises are more frequent than that of their counterparts in the H.S.A.

In Great Britain Health and Safety also falls under the remit of the EHO, therefore they can tackle health and safety as well as food safety at the same time.

In the Safety, Health and Welfare at Work Act 1989 under Part V subsection 32 the H.S.A could grant the Health Board (now the HSE) to allow EHO's to carry out Health and Safety inspections on Food Premises while carrying out food safety inspection and therefore make sure that the food premises are fulfilling their health

and safety requirements also. Subsection 32 states *“the minister, with the consent of the Minister for Finance, and after consultation with any Minister of the Government as the Minister considers appropriate, may prescribe persons (including Local Authorities) to be enforcing agencies (which said person shall be referred in this Act as “an enforcing agency”) in lieu of the authority for the enforcement of such provisions to such extent as may be prescribed.”*

The point of my study is to establish the level of Occupational Health and Safety awareness and compliance among the Catering Industry. I am also exploring the theory that perhaps, for the catering industry, EHO's could carry out Occupational Health and Safety inspections in lieu of the H.S.A. due to the fact they will be visiting these premises to carry out food safety inspections on behalf of the FSAI.

I would greatly appreciate if you could fill out the attached questionnaire and send it back to me at the above address as soon as possible.

Many Thanks,

Kate Kivlehan.

If you have any queries about the following questionnaire please don't hesitate to contact me on 086-3776922.

Instructions: Please circle the answer of your choice.

Please note: The completion of this questionnaire is voluntary.

The contents of this questionnaire are completely confidential.

1. Are you aged: 20-30 yrs

30-40 yrs

40-50 yrs

50 + yrs

2. What is your gender? Male

Female

3. Please state your job title: PEHO

SEHO

EHO

4. Please state the field of environmental health you are currently working in:

- Food Safety
- Tobacco control
- Environmental work (including public health)
- Housing and planning
- Other, please specify _____

5. Have you ever worked in another country as an EHO?

➤ Yes

➤ No

If yes, please state the country/countries in which you have worked:

6. In these countries were Occupational Health and Safety AND Food Safety inspections Integrated?

- Yes
- No

7. Have you ever worked in the food safety area of environmental health in this country?

- Yes
- No

8. If yes, during the course of food safety inspections have you ever encountered hazardous or unsafe working conditions?

- Yes
- No

9. If yes, how often have you come across these breaches of health and safety practises:

- Often
- Occasionally
- Rarely

10. Upon noticing breaches of health and safety were the H.S.A. notified?

- Yes
- No

If yes, was this done via:

- Verbally e.g. over the telephone
- Written e.g. letter or e.mail

11. In your opinion, do you think that food safety is given greater consideration than occupational health and safety in catering premises?

- Yes
- No

12. Do you think inspection of catering premises for occupational health and safety breaches could be integrated into a food safety inspection?

- Yes
- No

13. In the Safety, Health and Welfare at Work Act 1989 under part V subsection 32 the H.S.A. could grant the Health Services Executive to allow EHO's to carry out occupational health and safety inspections in catering premises in the form of a service contract.

Do you think the inspection of catering premises in terms of occupational health and safety would be welcomed by those in the health and safety profession?

- Yes
- No

14. In your opinion, do EHO's have the appropriate occupational health and safety training to carry out such inspections?

- Yes
- No

15. In your opinion does the environmental health service have the resources i.e. time, funding, staff etc to carry out health and safety inspections as part of food safety inspections?

- Yes
- No

16. Are you of the opinion that occupational health and safety in catering premises comes solely under the remit of the H.S.A. and so should be carried out by their inspectors?

- Yes
- No

Instructions: Please circle the answer of your choice.

Please note: The completion of this questionnaire is voluntary.

The contents of this questionnaire are completely confidential.

1. Are you aged: 18-25yrs

25-30yrs

30-40yrs

40-50yrs

50+ yrs

2. What is your gender? Male

Female

3. How long have you been managing this establishment?

➤ Less than 1 year

➤ 1-3 yrs

➤ 3-5 yrs

➤ 5-8 yrs

➤ More than 8 yrs

4. How long approximately has this establishment been in operation? _____

5. How many covers would you serve on average per shift?

➤ 20-30

➤ 30-40

➤ 40-50

➤ 50+ yrs

6. Have you as the manager/proprietor of this establishment had any of the following documentation put in place for this premises:

➤ HACCP Plan

➤ Fire safety manual

➤ Pest control programme

➤ Safety statement

➤ None of the above

➤ Which of these documents mentioned above would you consider to be the most important regarding your business? _____

7. Have all of your employees been made aware of the documents stated above?

➤ Yes

➤ No

If yes, was this done by:

➤ Word of mouth

➤ Distribution of information e.g. staff news letter

➤ Group meetings

➤ During ongoing training

➤ Other, please specify _____

8. Does management carry out regular risk assessments?

- Yes
- No

If yes, when was the last risk assessment carried out? _____

9. are all employees made aware of risk assessments?

- Yes
- No

10. Who carries out the risk assessments on your premises?

- Management
- Health and safety consultants
- Other, please specify _____

11. Has an accident ever occurred on these premises involving a member of staff or a patron of the establishment?

- Yes
- No

12. Is there a procedure set out for reporting accidents on your premises?

- Yes
- No

If yes, are all these accidents recorded and investigated?

- Yes
- No

13. Have you or another member of your management team ever reported an accident to the H.S.A.?

- Yes
- No

14. Have you established safe systems of work to control risks associated with each piece of food equipment?

- Yes
- No

15. Have you informed, instructed and trained your staff (as appropriate) with regard to hazards in the workplace?

- Yes
- No

If yes, outline some of the risks specific to the catering industry

16. Is all equipment subject to regular inspection and maintenance and are all such checks recorded?

- Yes
- No

17. Are staff trained in the following areas?

- Manual handling
- First aid
- Chemical safety and the use of MSDS's
- Fire safety
- Use of PPE
- Food safety
- Other, please specify _____

18. Who gives this training?

- Management
- Consultants
- Other, please specify _____

19. How often would these people visit your premises?

Frequency of visits	Every 3 months	Every 6 months	Once per year	Have never visited your premises
EHO				
H.S.A. Inspector				
Fire Officer				
Pest control contractor				

20. Would management be more inclined to pay more attention to aspects of the business that are more frequently inspected?

- Yes
- No

21. Are fire drills carried out on these premises?

- Yes
- No

If yes, how often would fire drills be carried out? _____

22. Who carries out cleaning on your premises?

- Staff
- Contract cleaners
- Combination of both

23. do you have a written cleaning programme in place?

- Yes
- No

24. Are chemical cleaning agents used on your premises?

- Yes
- No

25. Are the following available on your premises?
- MSDS for all cleaning agents being used
 - Written instructions for use and disposal of chemicals
26. Which of the following factors do you consider when choosing a cleaning agent?
- Availability
 - Cost
 - Safety
 - Strength/ concentration
 - Ability to kill bacteria
27. Which of the following are available on your premises?
- PPE
 - First aid box
 - Trained first aid worker
 - Safety signage
28. Do you carry out supervisory checks to ensure operations are carried out safely?
- Yes
 - No
29. Do you undertake regular health surveillance of your staff?
- Yes
 - No
30. Do you have any persons working for you who do not speak English as their first language?
- Yes
 - No
31. Is food safety and occupational health provided to foreign workers in their native language?
- Yes
 - No

Instructions: Please circle the answer of your choice.

Please note: The completion of this questionnaire is voluntary.

The contents of this questionnaire are completely confidential.

1. Are you aged: 18-20 yrs

20-25 yrs

25-35 yrs

35-45 yrs

45 + yrs

2. Do you work: Full time

Part time

3. What is your gender: Male

Female

4. Please state your occupation: Chef

Waiting staff

Kitchen porter

Other, please specify _____

5. How long have you have you been working in your present position:

➤ Less than 6 months

➤ 6-12 months

➤ 1-3 yrs

➤ 3-5 yrs

➤ 5-8 yrs

➤ More than 8 years

6. Are you aware of the following documents in your place of work:

➤ A HACCP plan

➤ Pest control programme

➤ Fire safety manual

➤ Safety statement

➤ None of the above

7. Which of the above documents have been brought to your attention:

- A HACCP plan
- Pest control programme
- Fire safety manual
- Safety statement
- None of the above

8. Have you been made aware of the various occupational health and safety risks associated with working in the catering industry?

- No
- Yes

If yes, please specify some of the risks brought to your attention:

9. Were you consulted when the safety statement was being prepared?

- Yes
- No

10. Are risk assessments conducted in your place of work?

- Yes
- No

11. Have you been made aware of the results of such risk assessments?

- Yes
- No
- Don't know

12. Have you received food safety training either in your present job or at a previous time?

- Yes
- No

13. Have you received occupational health and safety training in your present job?

- Yes
- No

If yes, which of the following areas have you been trained in?

- Electrical safety
- Manual handling
- First aid
- Fire safety
- The use of PPE
- Chemical safety
- Correct use of kitchen equipment e.g. safe use of knives
- None of the above

14. Who gave you this occupational health and safety training?

- Your current employer
- Other, please specify _____

15. Do you think the training given at work is focused more on food safety rather than occupational health and safety?

- Yes
- No

16. Are you involved in cleaning at work?

- Yes
- No

17. Do you use chemical cleaning agents at work e.g. bleaches and detergents?

- Yes
- No

If yes, give examples of some brands of cleaning agents used:

18. Are there Material Safety Data Sheets available for each chemical cleaning agent you use?

- Yes
- No
- Don't know

19. How do you read and follow the manufacturers instructions provided with the cleaning agents?

- Always
- Usually
- Rarely
- Sometimes
- Never

20. When cleaning or dealing with other chemicals in the workplace what PPE is provided for your use?

- Gloves
- Goggles
- Aprons
- Face masks
- Other, please specify _____

21. How would you rate the provision of PPE available on the premises?

- Excellent
- Very good
- Good
- Fair
- Poor

22. Is there a first aid box on the premises?

- Yes
- No

If yes, is it fully stocked?

- Yes
- No
- Don't know

23. Is there an employee trained in first aid on the premises?

- Yes
- No
- Don't know

24. Has there been a fire on the premises while you have been working there?

- Yes
- No

25. Have you participated in a fire drill since working in this establishment?

- Yes
- No

26. Are you aware of the fire exits throughout the building?

- Yes
- No

If yes, give examples: _____

27. How would you rate the signage used throughout the premises highlighting occupational health and safety risks?

- Excellent
- Very good
- Good poor

28. Have you had an accident while working on these premises?

- Yes
- No

If yes, please specify the type of accident that occurred:

29. Did you report this accident?

- Yes
- No

If yes, to whom did you report the accident? _____