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An Exploration of Health and Safety Practices in the Uganda Police Force

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Abstract

This study evaluates the occupational health and safety (OHS) strategies implemented by the Uganda Police Force (UPF) and assesses their effectiveness in mitigating workplace risks. OHS is crucial in law enforcement, where officers face high-risk situations, especially during contemporary political emergencies (CPEs). Despite UPF's efforts to implement safety measures under the Occupational Safety and Health Act (2006), significant hazards remain.

Using global OHS frameworks such as the Health Belief Model and Swiss Cheese Theory, this research explores why accidents occur and how UPF's policies address these risks. The study conducted a retrospective observational analysis involving 384 officers, using questionnaires and interviews to gather data. The findings were analyzed through descriptive statistics and regression modeling.

The results show that UPF's OHS strategies have had a moderate impact, with administrative measures like training and policy enforcement showing the greatest effectiveness in reducing risks. However, physical and environmental strategies, such as risk assessments and machine safety, have been less successful. Areas like the provision of personal protective equipment (PPE) and general housekeeping require improvement.

In conclusion, the research emphasizes the need for an integrated approach to OHS within UPF, combining administrative, physical, and environmental strategies. Continuous monitoring, evaluation, and enhancement of existing policies are crucial to ensuring the health and safety of Uganda's law enforcement personnel.

Keywords: OHS Occupational Health and Safety, CPEs Contemporary Political Emergencies, UPF Uganda Police Force

Introduction

Health and safety are among the most fundamental aspects of a modern day workplace and improvements in performance of the workforce is heavily dependent on it. In the case of law enforcement and security agencies where hazards are rampant, having a health and safety policy is very important and the benefits this has on the officer and the agency are diverse. In the case of Uganda Police Force, the Occupational Safety and Health Act, 2006 provides guidelines and regulations on the same. This article seeks to explore the various strategies in place to ensure that OHS is adhered to by officers at the Uganda Police force.

Background to the study

The Industrial Revolution in the late 18th Century saw Britain transition from artisanal, manual forms of production, into a manufacturing powerhouse. The first real beginnings of health and safety were when factory inspectorates were installed in 1833 (Min et al., 2019). This was the first real movement towards making people safer in the workplace, and was also to help reduce the number of injuries that were being suffered at the time (Wilkins, 1964). A decade on, mines inspectorate was formed to help provide a better, safer platform for the mining industry. Due to the poor working conditions within mines, this was seen as a major result for the communities and the start towards more universal health and safety.

The quarry inspectorate formed in 1895, carrying out much of the same jobs as were listed above with miners (Madsen et al., 2020). In 1956, the same regulations were introduced via the Safety, Health and Welfare Provisions Act 1956. This made a massive difference to the way that farms and agriculture operated to help reduce the number of accidents and the spread of disease. 1959 was the start of the Nuclear Installations Act, which made sure there was specific limitations and standards to be followed when nuclear bombs were being introduced (Mayanja et al., 2022).

The Health & Safety at Work Act 1974 was then introduced, and acted as a key part of the future for those who were within work and needed to have some kind of protection against the dangers of working within anything from retail to factory work. It was quickly followed by the Health & Safety Commission. Since then, various new acts have followed such as the Safety Representatives and Safety Committees Regulations 1977, Control of Lead at Work Regulations 1980 and the Notification of Accidents & Dangerous Occurrences Regulations 1980.

In an organization, occupational health and safety is based on a number of theories and models. The Health Belief Model (HBM) explains the influence of a person's perception and belief factors in making healthy decisions (Hochbaum et al., 1954). However, the model fails to predict how other behaviors explain decisions about health belief. Fishbein & Ajzen (1975) Theory of Reasoned Action as well as Ajzen's (1991) Theory of Planned Behavior are two behavior change models that can be adopted to explain individual preferences for occupational health and safety through changing attitudes towards OHS. Domino Theory (Heinrich, 1932) states that accidents occur because unsafe acts and unsafe conditions that happen in a row and are influenced by one's mistakes and these mistakes occur due to the social environment. Reason's (2000) Swiss Cheese Theory describes an accident as a failure of the layers of defense to prevent an accident. So according to this theory, accidents occur due to the absence of defense systems in organizations and people.

Occupational accidents refer to sudden unexpected events that occur in the workplace, resulting in a range of non-fatal occupational and fatal occupational injuries (Okros & Virga, 2023). These accidents can range from minor incidents such as cuts and bruises to major life-threatening situations, and they can result in human suffering, loss of productivity, and significant financial losses. Health and safety practices are those put in place to reduce the occurrence of occupational health hazards at the workplace (Sorensen et al., 2021; Madsen et al., 2020).

According to McLinton et al. (2019), the health and safety practices include physical (proper use of machines and equipment), environmental (control of environmental factors that may pose serious risks to the workforce) and administrative (policies aimed at protecting the health and safety of officers). At Uganda Police Force, a number of health and safety practices (physical, environmental and administrative) have been adopted to prevent the occurrence of occupational health and safety hazards during task execution (Mayanja et al., 2022; Ansah & Mensah, 2020; Mansour et al., 2020). These strategies are

funded under vote 144 of the Uganda National Budget and the Occupational Safety and Health Act, 2006 and are enforced by the respective departments at Uganda Police Force.

Globally, 2.9 million deaths were attributed to work, with 2.58 million deaths due to work-related diseases and 0.32 million related to occupational injuries (ILO, 2024). Globally, work-related diseases with a long latency period are increasing, while the number of occupational injuries has decreased. Work-related circulatory diseases were the major cause of 912 000 deaths globally, followed by 843,000 work-related malignant neoplasms. In high-income, American, Eastern European and Western Pacific World Health Organization (WHO) regions, however, work-related malignant neoplasms comprised the biggest disease group. It has also been documented that Disability adjusted life years (DALY) attributable to work were estimated to be 180 million in 2019, with an associated economic loss of 5.8% of global GDP.

Africa has several occupational safety and health (OSH) concerns, resulting in accidents that have serious consequences for the well-being and performance of healthcare officers (Candido et al., 2021). Scarcity of resources, overcrowding, lack of well-equipped facilities, personnel shortages, lack of training, and inadequate execution of safety regulations are the key factors ascribed to the increased risk of occupational accidents (Amoadu et al., 2023; Coulson & Christofides, 2021). The majority of the healthcare providers in Africa are exposed to blood and body fluids via needle stick and sharp injuries and splash of blood and body fluids to mucus membranes with a lifetime and annual prevalence of 65.7% and 48%, respectively (Mossberg et al., 2019).

Sub-Saharan Africa is transforming agriculture into an industry that requires labor, leading to an increase in work-related accidents. The prevalence of accidents at work in sub-Saharan Africa ranges from 31.2% to 86.5% though it is indicated that of the total accidents, 34.1% were severe leading to serious injuries and in some cases, death. In sub-Saharan Africa, the fatality and injury rates in the construction industry are at 21 and 16,012 per 100,000 workers, respectively. These records are markedly higher than the average fatality rate of 4.2 and injury rate of 3,240 per 100,000 workers in developed countries. Comparatively, the accident record for sub-Saharan Africa is like that of Asia which has fatality and injury rates of 21.5 and 16,434 per 100,000 workers, respectively.

Just like for other countries in sub Saharan Africa, Uganda faces similar issues with regard to OHS as work-related injuries have become more prevalent especially in the building construction industry and injuries from this sector constitute 13% of all occupational injuries in Uganda. Further, the prevalence of OHS in Kampala is very high that over 60% of all occupational accidents with injury and fatality rates of 4248 per 100,000 and 92 per 100,000 workers respectively being evidenced in the capital (Mayanja et al., 2022).

The staff (mainly police officers) of Uganda police deal with a number of occupational risks that have claimed the lives of many police officers (Mayanja et al., 2022). During CPEs, the prevalence of health and safety risks is very high and these risks are either physical or psychological or both which could affect the performance of the police officers in the long run. Nonetheless, there is a number of health and safety strategies in place to mitigate the adverse effects of these health and safety risks save the fact that there is limited empirical evidence on how effective these health and safety risks are.

Statement of the problem

Health and Safety at the workplace are regulated by a number of international laws (Convention No. 155, its 2002 Protocol and Convention No. 187) and national legal frameworks (Occupational Safety and Health Act, 2006) and Uganda Police Force has put up a number of strategies aimed at ensuring that the

health and safety of the officers are protected against the various risks during task execution especially during CPEs. These strategies have aimed at ensuring proper maintenance of equipment and tools; control of environmental factors that may pose serious risks to the officers and; execution of policies aimed at protecting the health and safety of officers). With these and based on a number of theories (Reasoned Action; Planned Behavior; Domino Effect, Swiss Cheese Theory), it would be hypothesized that the prevalence of health and safety hazards would reduce considerably. However, even with a number of strategies employed by Uganda Police for reducing and mitigating OHS hazards, the latter have persisted (Mayanja et al., 2022) which could imply that the existing policies are ineffective. However, there is limited empirical evidence on how effective health and safety strategies are which limits policy options. The need to improve the knowledge base on the effectiveness of the various Health and safety strategies by Uganda Police Force formed a basis for the current study.

Objectives

This study was guided by the following objectives

1. To explore the various health and safety policies adopted by Uganda Police
2. To examine the effectiveness of health and safety policies employed by Uganda Police

METHODS

A single-centered retrospective observational study was conducted to assess the various health and safety policies employed by Uganda Police Force and the effectiveness of the said strategies. A total of 384 police officers were selected to participate in this study on the topic with reference to minimizing the amount of errors at around 5%. These respondents were selected randomly and purposively depending on the type of data required from them. The study's main data collection tools were a self-administered questionnaire and a structured interview guide for the junior officers and those in administrative positions respectively. These tools were pretested for validity (Content validity for the questionnaire and refutational analysis for the interview) as well as Reliability (inter-rater reliability for questionnaire and triangulation analysis for interview guide). The results showed that both tools passed the validity and reliability tests. Data analysis followed the use of descriptive statistics (conclusions based on percentages), inferential analyses through one sample ttests and Pearson's regression (Conclusions based on comparing p-values with level of significance) as well as an interpretation of narratives.

RESULTS

The demographic characteristics of the respondents are of ultimate importance when it comes to establishing whether the most suitable respondents were selected for the study. In this chapter, the demographic characteristics of the respondents include the age, the gender, education level, tenure and designation.

Table 4. 1 Demographic information

Demographic Characteristics	Frequency	Percent	Valid Percent
Gender			
Male	159	43.3	43.3
Female	208	56.7	56.7
Total	367	100.0	100.0

Age bracket			
Between 30 and 34 years	156	42.5	42.5
Between 35 and 39 years	25	6.8	6.8
Less than 30 years	150	40.9	40.9
Over 40 years	36	9.8	9.8
Total	**367**	**100.0**	**100.0**
Level of education level			
Certificate	44	12.0	12.0
Diploma	142	38.7	38.7
Graduate	171	46.6	46.6
Secondary	10	2.6	2.6
Total	**367**	**100.0**	**100.0**
Years of service			
1- 5 years	131	35.7	35.7
6 - 10 years	90	24.5	24.5
Less than one year	39	10.6	10.6
More than 10 years	107	29.2	29.2
Total	**367**	**100.0**	**100.0**
Job rank			
Other officer	319	86.9	86.9
Supervisor	33	9.0	9.0
Team leader	15	4.1	4.1
Total	**367**	**100.0**	**100.0**

Source: primary data

The results indicate that of the police officers, a majority (42.5%), were between the age of 30 and 35years and these were closely followed by those below the age of 30 at 40.9%. Further, 9.8% of the officers were over 40 years of age and 6.8% of the officers were between 35 and 39 years. The table above shows that of the police officers, 56.7% were male police officers as compared to 43.3% of the female officers. The distribution is based on the fact that the response rate was lower for the female officers as opposed to the male officers. Nonetheless, there were no significant differences in responses about the variables under study by the police officers' gender distribution.

The results indicated that of the police officers, 46.6% were graduates, 38.7% were diploma holders, 12% were certificate holders and the rest were high school certificate holders. The results indicate that of the police officers, 35.7% have been officers of pharmaceutical companies for periods between one and five years, 29.2% have been officers for more than 10 years, 24.5% have been officers for periods between 6 and 10 years and 10.6% have been officers for less than a year.

The results show that of the police officers, 86.9% were junior officers and this was due to the fact that they formed the largest base of all officers in these companies. However, the results (chi square cross tables) showed insignificant differences in response by the designation of the police officers which implies that a suitable sample had been selected. The table below presents the perceptions of the respondents regarding the various OHS strategies at Uganda Police.

	Mean	Std. Deviation	Test Value = 3.45					
			t	df	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference	
							Lower	Upper
HSP1	3.8438	1.20035	4.149	366	.000	.39375	.2063	.5812
HSP2	3.6329	1.35606	1.695	366	.092	.18291	-.0302	.3960
HSP3	3.8269	1.21370	3.879	366	.000	.37692	.1850	.5689
HSP4	3.4214	1.30425	-.277	366	.782	-.02862	-.2329	.1757
HSP5	3.9686	1.07575	6.078	366	.000	.51855	.3501	.6871
HSP6	3.8608	1.10856	4.658	366	.000	.41076	.2366	.5850
HSP7	4.0252	.95434	7.599	366	.000	.57516	.4257	.7246
HSP8	3.4969	1.25725	.470	366	.639	.04686	-.1501	.2438
HSP9	3.7862	1.16034	3.653	366	.000	.33616	.1544	.5179
HSP10	3.7938	1.03460	4.203	366	.000	.34375	.1822	.5053
Average	**3.766**	**1.1665**				**0.3156**		

It is revealed that for the policies HSP1 (risk assessment, $p<0.05$), HSP3 (Emergency response planning, $p<0.05$), HSP5 (chemical handling and storage, $p<0.05$), HSP6 (Ergonomics, $p<0.05$), HSP7 (First Aid, $p<0.05$), HSP9 (fire safety, $p<0.05$) and HSP10 (Training and education, $p<0.05$), the respondents in the offices in selected stations felt that the force fared well and they were generally satisfied with the occupational health and safety practices. It is also revealed that the officers were more satisfied with the existence of observable firefighting tools (mean = 4.02), chemical handling and storage (mean = 3.96) and ergonomics (mean = 3.86). The results indicate that the mean differences for the known and applicable occupational health and safety processes were significantly different from the mean Likert scale rating of 3.45 for overall positive perceptions except HSP2 (availability and quality of PPEs to the police officers) where mean difference stood at 0.183 ($p>0.05$), HSP4 (emphasis on machine safety by Uganda Police) where mean difference stood at -0.286 ($p>0.05$) and HSP8 (general housekeeping) where mean difference stood at 0.0469 ($p>0.05$). On the whole, the mean of 3.766 with a standard deviation of 1.166 indicates that the officers were generally satisfied with the stated occupational health and safety strategies at Uganda police Force.

Unlike correlation analysis (which cannot be used to predict changes in the dependent variable subject to changes in the independent variable), regression analysis is a reliable method of identifying which variables have impact on a topic of interest. The process of performing a regression allows researchers to confidently determine which factors matter most, which factors can be ignored, and how these factors influence each other.

Regression analysis: Model summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	-.624[a]	.389	.384	.59126	.389	76.971	3	363	.000

a. Predictors: (Constant), Physical, Environmental, Administrative

A figure of 0.384 in the table above shows that 38.4% of the changes in experiencing one or more health and safety hazards is explained by changes in a combination of the stated components of the various health and safety policies. The sig. F Change value is .000 indicating that the stated health and safety policies combined significantly affect the experiencing at least one of the OHS issues in the previous six months by the police officer.

Regression analysis: coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	-.783	.142		5.506	.000
	Physical strategies	-.119	.055	-.115	-2.157	.032
	Environmental strategies	-.254	.048	-.257	-5.346	.000
	Administrative strategies	-.355	.050	-.375	-7.028	.000
a. Dependent Variable: Health and Safety issues						

A figure of -0.115 in the above table shows that when strategies aimed at reducing physical OHS issues are improved by a unit, the health and safety issues will reduce by 11.5% and this is also significant at 5% significance level. Secondly, -0.257 in the above table shows that when strategies aimed at reducing environmental risks are improved by a unit, the health and safety issues will reduce by 25.7% and this is also significant at 5% significance level. Lastly, -0.375 in the above table shows that when strategies aimed at enforcing the above two sets of policies are improved by a unit, the health and safety issues will reduce by 37.5% and this is also significant at 5% significance level.

Discussion of findings

The study findings revealed that all the three sets of strategies for health and safety negatively but significantly affected the prevalence of OHS risks by officers at Uganda Police. However, the results indicated that the administrative strategies had a more significant effect on the OHS risks faced by officers. To this end, the results are consistent with those earlier established by Quaigrain et al. (2024), Coulson

and Christofides (2021) as well as Umeokafor et al. (2022) because policies are static and provide guidance for all the other policies to follow soot. In line with the above, the key informants noted that administrative strategies have a bigger role because of the fact that supportive structures (finance and training) are put in place by management. However, due to the fact that the studies above were based on qualitative studies, they seldom indicated the extent to which the various interventions affected the prevalence of OHS hazards, an implication that the study has added to the existing body of knowledge. Nonetheless, the current study has not explored how each of the activities under the stated group of policies affected the ability of the organization to prevent and mitigate the OHS risks, leaving a gap to be bridged by future studies.

Conclusions and recommendations

It was concluded that the various policy alternatives significantly impeded the prevalence of OHS risks at Uganda Police albeit at a weak level. Secondly, by revealing a negative relationship between the variables under study, the study results are consistent with the previous studies and the related theories. This means that Uganda Police force should improve the various policies by ensuring that awareness is created for each individual officer plus increasing training to ensure that adherence to the same is improved.

The Police Force must have a thorough awareness of the many worker safety dangers that employees encounter. The risks that go along with from such threats, how it can, should, or is obligated to protect employees risks in order for it to implement a comprehensive strategy to understand what good health, safety, and health initiatives they already offer and evaluate how well their efforts align with guiding principles and relevant laws.

With occupational health and safety in Uganda police, there is a need to find out whether important and fundamental needs are being satisfied. Secondly, there is a need to understand whether more efforts or programs need to be put into place and whether these initiatives address both common and unique risks to the health and safety of the officers and the staff employed by the police force. To this end, Uganda Police must assess its own "state of health" and pinpoint the health and safety risks that most directly affect its officers and other staff. This can be effectively rectified by reviewing existing departmental data, such as those on traffic accidents, occupational exposures and injuries, absentee rates, use of sick leave, job satisfaction, and physical examination and so on. Additionally, this information may be utilized to set up a reference for evaluating the effects of future initiatives and for surveillance needs.

Further, the police force can adopt a control and prevention strategy i.e. removing hazards or reducing the risk or effect of those that cannot be removed. These initiatives can take many different forms, including collaborations, standards, equipment, training, regulations, and educational initiatives. In addition to encouraging and facilitating collaborations to assure safety and wellbeing, these activities may involve enforcing safety regulations or offering health, safety, and wellness programs; providing the required tools and training; and launching educational campaigns for the officers, their families, and the general public. The four kinds of risks that police departments' health and safety programs target are biological, chemical, psychological, and physical yet most of the dangers or risks they bring are irreversible. The goals of OHS policies in the police force are to identify, manage, and reduce the possibility of these dangers to employees. When police departments identify and classify threats into high risk/high frequency, high risk/low frequency, low risk/high frequency, and low risk/low frequency groups is typically part of this procedure. Certainly, agencies will differ in how risks are evaluated, ranked, and dealt with in terms of resources.

The third element of a thorough strategy for occupational health and safety is maintenance and improvement. This entails giving continuing policy reviews top priority, preserving and enhancing current initiatives, raising public knowledge of brand-new initiatives, practices, and research, as well as recognizing and responding to new risks and difficulties. By doing these actions, a department will be more equipped to handle both ordinary and extraordinary circumstances. The subject of health and safety is dynamic; new risks are always appearing. As new vaccinations, protective gear, and other resources become available, responses to such dangers change. A crucial component of the third phase in creating a thorough effort is "surveillance," which expands on the department's earlier efforts to become more knowledgeable about OHS concerns.

To make sure that their OHS initiatives adhere to a set of fundamental criteria, law enforcement personnel need to investigate and comprehend applicable legislation and other guidelines. A leader can decide if further comprehensive measures are necessary to fully address the standard requirements of the staff once these basic requirements are satisfied. Records and Policies To find out if current efforts can be applied to an OHS program or if they need to be changed to better serve the agency from a health and safety standpoint, existing department papers and agency procedures should be analyzed.

An OHS plan can include a lot of current practices and initiatives.

Before developing or modifying a health and safety plan, an executive should take into consideration evaluating a number of documents, including Memoranda of Understanding (MOUs) with suppliers of health and safety services (or MOUs with other agencies to share services or facilities), current department regulations, conditions stipulated, sick and holiday leave policies, return-to-work plans, and wellness benchmarks. Additionally, it's crucial to know what extra resources and professionals are accessible to staff for both normal wellness and crises. This information helps executives choose which resources may be made accessible on a daily basis and which ones should be saved for a catastrophic crisis.

By keeping abreast of developments, strategies and resources may be set up ahead of time to safeguard the health and well-being of the agency's staff. Senior staff members and executives should always be researching prospective emergencies and how to prepare for them, as well as communicating with officials and experts about relevant dangers. For assistance in creating programs and possible access to money and medical institutions. Departmental Guidelines Departments may think about introducing new standards or enhancing their current ones for occupational health and safety. Such internal guidelines may require or promote certain preventive actions from staff members. An agency may, for instance, require patrol personnel to wear vests that are bulletproof. The preventative measures of occupational disease or injury may also be impacted by other standards and departmental policies (e.g., creating rules for medical leave and telecommuting, or demanding specific levels of training, equipment, fitness training, physicals, and hygiene).

Top management in charge of police departments must choose what gear is essential for all officers and what should be made available to them according to their unit or area of expertise. Assuring ahead event of an emergency time whatever equipment will be necessary during a crucial incident helps ensure that agency will continue to function normally that personnel will be properly trained to use that tools. Gathering the data required to make those judgments can be facilitated by using the material.

Officer trust can be improved during critical crises may be increased by offering training on health, safety, and the proper use of personal protective equipment. This can help reduce illnesses and accidents. This instruction may be given via the department intranet, during in-service training, or at roll call. 61 Additionally, departments should think about providing instructional programs on general health as well

as other wellness concerns as well as those on diet, exercise, weight reduction, giving up smoking, topics that are high on the agency's priority list.

Starting new initiatives in education and training may be made much easier by collaborating with regional partners. Many of these program materials are currently accessible and training may be delivered at a reasonably cheap cost. Police officers might start by contacting medical or public health partners about current initiatives or visiting the websites of their local and state health authorities to find training courses and other resources. OHS preventive initiatives have to involve fortifying current alliances and forming new ones with neighboring organizations.

Policing leaders can benefit from the laws, equipment, and training that experts in these sectors can provide. As several individuals have discovered, organizing projects is one approach to create and improve collaborations. Additionally, a police department can learn from these partners' innovative ideas for preventative initiatives or their well-established occupational health and safety programs. For example, at least one department that participated in the Advisory Panel found that training with the local fire department on safety measures was effective in building a Safety Officer Program.

The dissemination of precise, timely information with concrete recommendations is a critical component in mitigating law enforcement risk.63 For instance, during flu season, a department may send out an email reminder to other departments about standard safety procedures like washing your hands. Since staff members will need the information they receive to make important decisions, communication is essential to their safety during a major crisis. Confusion and danger are decreased during an emergency when there is a well-thought-out strategy in place for what information should be shared and when, who will oversee communications, and how leadership will be notified of these efforts.

The subject of health and safety is dynamic; new risks are always appearing. As new vaccinations, protective gear, and other resources become available, responses to such dangers change. A crucial component of the third component of creating a complete effort is "surveillance," which expands on the department's earlier efforts to become more knowledgeable about OHS concerns. In this instance, we are appropriating the term "surveillance" from the field of public health, which is described as "the continuous, methodical gathering, examination, and interpretation of information (e.g., concerning agent/hazard, risk factor, exposure, health event) crucial to the development, execution, and assessment of public health practice, tightly linked with the prompt distribution of these data to those in charge of preventive and control."

From a police perspective, planning, detecting new hazards, assessing their effect, and creating and assessing preventive and control initiatives all depend on public health surveillance. An agency is always on the lookout for new health and safety hazards so they can be ready for any occurrence. This may be achieved, for example, by frequently monitoring news and information on law enforcement safety laws and recommendations, evaluating research findings, and speaking with local health experts on a regular basis. An executive using surveillance can examine and modify current rules on a regular basis in light of new information and developing concerns. Reviewing staff responses to new health and safety regulations and continuously analyzing departmental data to evaluate the results of program initiatives are more examples of surveillance.

To better serve the agency, policy and procedural modifications can then take into account employee feedback and analysis results. Employees should be properly informed of any changes made to an organization's occupational health and safety program. All staff members and other relevant agencies need to be fully informed about any program modifications for processes and policies to function as intended.

By doing this, the possibility of misunderstandings occurring between Top level management and their staff as well as between various agencies is decreased.

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