



WORKPLACE SAFETY AND HEALTH RESPONSE STRATEGY



**THE GHANA
CIVIL SERVICE**



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FOREWORD

The outbreak of the novel Coronavirus also known as COVID-19 caught the entire nation and the Ghana Civil Service in particular unawares. The Ghana Civil Service, therefore, had to deal with the challenges imposed by the outbreak unprepared and on the spur of the moment. The immediate response to the pandemic was the issuance of circulars to managers of the Civil Service to adopt flexible work arrangements and ensure social distancing at meetings, workshops and seminars. The circulars were also to help curtail the spread of the COVID-19 at the workplace.

As a result of the unpreparedness of the Service to deal with the pandemic, it had to depend on and react to directives issued by the WHO and the Office of the President. Many of the flexible work arrangements imposed by organizations of the Civil Service were not supported by any IT arrangements to ensure that staff continued to work from home. This resulted in a massive loss of working hours and considerable inactivity in the Civil Service. For many in the Civil Service, the staff rotation schedules imposed by the organizations were synonymous with holidays. Supervisors also had the challenge of following up on work assignments due to unstable and unreliable internet connectivity. In view of these challenges, among others, organizations in the Civil Service are behind schedule in the implementation of their annual work plans. This impacts negatively on service delivery to the general public. The Civil Service has learnt its lessons from the COVID-19 pandemic and intends to put in place proactive measures (including a business continuity plan) to turn the tide in the event of future outbreaks of public health threats such as COVID-19.

The Ghana Civil Service Workplace Safety and Health Response Strategy (WSHRS) has therefore been developed as a proactive framework to provide guidelines to Civil Service organizations for the management of public health threats at the workplace. This is to ensure that such outbreaks do not interfere unduly with service delivery to the general public in circumstances similar to COVID-19.

I take this opportunity to entreat workers, clients, visitors and management of all Civil Service Organizations to implement the recommendations outlined in this Strategy to make the workplace safe and guarantee continuity of work at all times.

NANA AGYEKUM DWAMENA

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EXECUTIVE SUMMARY

This Civil Service Workplace Safety and Health Response Strategy (WSHRS) has been developed to give impetus to existing legislations, national policies and international protocols for the promotion and enforcement of safety standards and public health measures in the event of emergencies. The Strategy has the objective of protecting workers, clients and persons who visit Civil Service organizations during the outbreak of public health emergencies. The Strategy also aims at minimizing disruptions while ensuring continuity of service delivery in the event of public health outbreaks such as COVID-19.

The Strategy takes into account lessons learnt in efforts at addressing the challenges posed by COVID-19. The Strategy empowers the management of organizations in the Civil Service to develop organization-specific safety and health profiles and identify risks generally associated with their work. These safety and health profiles should be subjected to the specific nature of any public health threat that may arise at the workplace. Depending on the nature of the outbreak, the risk levels of Ministries and Departments should be determined and categorized for appropriate action. This determination is expected to be done through a risk assessment that should be conducted by professionals.

The results of the risk assessment should then inform Service-Wide Workplace Safety and Health Response work plans to be developed and implemented by the Institutions. Such work plans should contain specific activities to be carried out in terms of sensitization for workers, clients and visitors. They should also inform the procurement and distribution of personal protective equipment, implementation of flexible work arrangements, social and physical distancing, the establishment of facilities for holding rooms and quarantine etc.

This Strategy requires the commitment of management, workers, clients and visitors for effective implementation and achievement of the strategic objectives.

LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
CSO	Civil Service Organization
DFI	Department of Factories Inspectorate
DPs	Development Partners
GHS	Ghana Health Service
IEC	Information Education and Communication
MD	Ministry and Department
MERS	Middle East Respiratory Syndrome
MOC	Ministry of Communication
MOGCSP	Ministry of Gender Children and Social Protection
MOH	Ministry of Health
H1N1	Hemagglutinin 1 Neuraminidases 1
NGO	Non-Governmental Organization
NITA	National Information Technology Agency
OHCS	Office of the Head of the Civil Service
PPE	Personal Protective Equipment
SARS	Severe Acute Respiratory Syndrome
WSHRS	Workplace Safety and Health Response Strategy

1.0. Introduction

The Ghana Civil Service is the main agency through which the Executive arm of Government operates in the country. In accordance with article 190 of the 1992 Constitution, the Civil Service forms part of the Public Services of Ghana. The Civil Service Law, 1993 (PNDCL 327) establishes the Ghana Civil Service to perform a strategic function in supporting the government to formulate and implement policies for national development through its Ministries and Departments.

The Civil Service Act, PNDCL 327 also establishes the Office of the Head of the Civil Service (OHCS) as a Central Management Agency for the entire Civil Service. As part of the OHCS functions to review and facilitate the implementation of human resource policies and guidelines, the Ghana Civil Service Workplace Safety and Health Response Strategy has been developed.

The WSHRS will serve as a proactive framework to provide guidelines to Ministries and Departments for the management of safety and health responses to emerging threats at the workplace. The Civil Service is committed to providing a safe working environment for all its employees and clients from public health threats and also to ensure that outbreaks such as the COVID-19 pandemic do not interfere unduly with productivity and service delivery.

2.0. Background

Throughout history, pandemics and epidemics have ravaged the world in varying degrees. They have occasionally changed the course of history for better or for worse. Such diseases include the Circa of China (3000 BC), the plague of Athens (430 BC), the Bubonic Plague (541 AD) and the Antonine plague of the Roman Empire. In more recent times we have had the Black Death (1346) which killed half the population of Europe, the flu pandemic (1889), the Spanish Flu (1918), Acquired Immune Deficiency Syndrome (AIDS), Severe Acute Respiratory Syndrome (SARS), Middle East Respiratory Syndrome (MERS), Hemagglutinin 1 Neuraminidase 1 (H1N1), Ebola, Zika etc. The Spanish Flu in particular affected about five hundred million (500million) people and a substantial number lost their lives. Pandemics and epidemics are therefore dreaded diseases that have the potential of causing havoc to humanity and must be handled with the seriousness they deserve.

Most, unfortunately, are hard to predict with accuracy as they mostly strike unexpectedly. This Strategy has therefore been developed to serve as a standardized framework to guide all organizations of the Ghana Civil Service in the planning, preparation, implementation and

monitoring of interventions or protocols to prevent and/contain public health emergencies. The Strategy provides standardized provisions or recommended courses of action to mitigate the impact of pandemics/epidemics on service delivery in the Civil Service.

3.0. Objectives of this Strategy

The objects of this Strategy are to:

1. Protect workers of the Ghana Civil Service and their families, clients and visitors in the event of any public health threat.
2. Contain the spread of any public health threat within the machinery of the Ghana Civil Service.
3. Manage disruptions to service delivery, maintain productivity and client satisfaction.
4. Provide rehabilitation, social protection and livelihood support to victims and their families or dependents.
5. Address issues of stigmatization

4.0. Applicability

This Strategy applies to all organizations in the Ghana Civil Service.

It provides systems and processes that Civil Service organisations are required to put in place to mitigate the effects of Public Health Threats.

5.0. Relevant Legislation and National Policies

The following are the relevant existing laws and policy frameworks that support the objects of this Strategy:

1. The 1992 Constitution
2. The Civil Service Law, 1993 (PNDCL 327)
3. Factories, Offices and Shops Act, 1970 (Act 328)
4. Labour Act, 2003 (Act 651)
5. Public Health Act, 2012 (Act 851)
6. Workmen's Compensation Act, 1987 (PNDCL 187)
7. Right to Information ACT, 2019 (Act 989)

8. National Employment Policy, 2015
9. Ghana National Social Protection Policy, 2016
10. National Gender Strategy, 2015
11. Disability Act, 2006 (715)

These laws and policy frameworks make broad provisions for the maintenance of safe and healthy environments at the workplace and the delivery of support to cushion those who fall victim to workplace risks and hazards.

6.0. Conceptual Framework

Figure 1: Civil Service Workplace Safety & Health Response Cycle



Figure 1 shows that Civil Service organizations will have to develop specific organizational Health and Safety Profiles that identify general risks and hazards in the event of an outbreak of a health threat based on the peculiar work processes and arrangements that exist. In the event of a specific outbreak, a risk assessment should be conducted by a health and safety professional taking into consideration the nature of the outbreak, work processes, structure of the workplace, and age distribution of staff, the general health status of staff and their level of resistance as well as the potential impact on service delivery.

The identified risks should be categorized on a scale of low to high risks. Based on the risk assessment report, a specific work plan to guide the implementation of general and specific measures or protocols should be developed to contain the spread, prevent further transmission, provide rehabilitation support, extend social protection support to victims and their families/dependents and maintain service delivery. In the course of implementing these measures, they should be monitored, evaluated, reviewed and lessons incorporated into the organizational health and safety profiles.

7.0. Workplace Health Risk Assessment and Profile

To foresee and anticipate possible risks or threats to health and safety at the workplace and develop an appropriate response, organizations in the Ghana Civil Service should undertake organization-specific health and safety profiles which should be updated periodically.

The purpose of the organization-specific health and safety profiles is to document risks and hazards that make a specific Civil Service organization susceptible to the outbreak of a public health threat.

The organization-specific health and safety profiles should identify risks and hazards within Ministries and Departments and categorize them on a scale of low to high risk for the attention of management, workers and other stakeholders.

Box 1: Categorization of risks

High risk: Workers in this category are those who come into contact with known, unknown or suspected sources of threat very frequently and can easily contract and transmit to others.

Medium risk: Workers in this category are those who come into contact with known, unknown or suspected sources of threat less frequently but can easily contract and transmit to others.

Low risk: Workers in this category seldom come into contact with known, unknown or suspected sources of threat and may contract and transmit to others.

Organizations in the Ghana Civil Service should prepare and update their workplace health and safety profiles by conducting risk assessments. The risk assessments should be done by a health and safety expert or professional with considerable experience in the area. The risk assessment should consider the following, among others:

- i. work processes and procedures,
- ii. ergonomics and physical hazards
- iii. production lines and value chains,

- iv. Chemicals used in the workplace for cleaning and disinfection.
- v. mode of workers' transportation to and from the workplace,
- vi. residential areas of workers,
- vii. categories of workers at the workplace,
- viii. contact with clients and visitors,
- ix. the age group of workers,
- x. health status/conditions of workers and their resistance to the threat,
- xi. travel history of workers, clients and visitors,
- xii. Hygiene and waste management practices of the organization.

The health and safety profiles should serve as blueprints for the development and implementation of workplace health and safety work plans.

8.0. Roles and Responsibilities

The development and implementation of a Workplace Safety and Health Response work plan is the responsibility of management and workers in the Civil Service. Clients and other visitors of the Civil Services should play complementary roles by supporting and complying with the measures or protocols that should be instituted by Civil Service organizations in response to health and workplace safety during emergencies similar.

The roles and responsibilities of stakeholders are depicted in annex 1

9.0. Practical Prevention and Mitigation Measures or Protocols

All Civil Service organisations must designate health and safety focal person(s) for training in basic emergency measures. Such persons will serve as the first point of contact for workers of the organisation in emergency health situations. In the event of an outbreak of a public health threat at any Civil Service organization, persons suspected to be infected must be sent to an already identified holding room for quarantine while awaiting the arrival of professional health personnel. Thereafter, management, workers, clients and visitors of that organization should comply with the following standardized protocols:

9.1. Maintenance of Social and Physical Distancing

Management of Civil Service organizations should impose social and physical distancing measures in line with the Ministry of Health/Ghana Health Service guidelines. This includes suspension of all "in-person" meetings, staff durbars, workshops and training that are usually organized at the workplace.

After an initial assessment has been conducted and the nature of the threat has been identified, analyzed and understood, an appropriate mandatory social/physical distancing between staff, visitors and clients may be imposed to enable continuous interaction and service delivery.

Box 2: What is Social/Physical Distancing?

In public health, social distancing, also called physical distancing, is a set of non-pharmaceutical interventions or measures intended to prevent the spread of a contagious disease by maintaining a physical distance between people and reducing the number of times people come into close contact with each other.

9.2. Flexible Work Arrangements and Digitization of Operational Procedures

In line with the social and physical distancing measures imposed at the workplace, management should also consider and implement non-traditional or flexible working arrangements to enable staff to comply strictly with the social and physical distancing measures. This includes:

9.2.1. Staff Rotation/ Flexible Working Arrangements

The objective is to reduce the number of workers at the workplace and specifically in the various offices at a particular point in time.

Depending on the size of the offices, rooms with more than two (2) workers could adopt a staff rotation schedule that should ensure that not more than two (2) workers are in the office at any point in time. Social/physical distancing measures must be respected at all times. Depending on the nature of

Box 3: What are the Staff Rotation and Flexible Work Arrangement?

Staff rotation is a technique used by some managers to reshuffle workers on duty within particular periods and in-between working hours. **Flexible work arrangement** refers to work schedules that allow workers to choose where they do their work, when to start work and when to finish within some agreed periods. This allows workers to work outside the traditional working environment without stress. Typically, workers choose to work from home.

operations and the calibre of the workers in question (whether top, middle, senior management or operational staff and the workload of the organization), staff rotation working arrangements may be adopted.

Variations of the staff rotation arrangement may also be adopted by the same Civil Service organization depending on exigencies of specific departments, agencies, directorates, divisions or units.

The staff rotation arrangements or flexible working hours should be imposed to reduce the negative impact of the health threat on organizational productivity and service delivery.

Management and supervisors should ensure that workers who are rotated in-between working hours are assigned to work as required during normal working hours and effectively supervised through ICT and digitized platforms.

9.2.2. Digitization of Operational Procedures

In anticipation of future outbreaks and in line with existing social/physical distancing protocols, organizations in the Civil Service should take steps to steadily invest in the digitization of work processes and procedures. This is also to support flexible work arrangements that may be imposed in the event of an outbreak of a public health threat in any organization of the Service.

9.3. Practicing Good Hygiene and Waste Management at the Workplace

In the event of an outbreak similar to COVID-19, organizations in the Ghana Civil Service should ensure

Box 4: 11 Tips of Good Workplace Hygiene

1. Place hand sanitizers and soaps in washroom and vantage points to encourage the culture of handwashing.
2. Ensure the provision of running water
3. Set up a schedule for regular cleaning.
4. Clean and open windows to allow in good levels of natural light.
5. Set up a waste disposal system.
6. Clean communal areas regularly.
7. Organize regular hygiene and safety talks.
8. Allow workers sick days off.
9. Ensure clean air at all times.
10. Provide protective clothing to staff depending on the nature of the task.
11. Address hygiene problems quickly.

that consumables and good hygiene facilities are available to workers, visitors and clients. Logistics such as clean running water, paper towels, detergents, washing basins, sanitizers and other disinfectants, face/nose masks as well as waste disposal containers should be provided for workers, visitors and clients by management to prevent the spread of any such virus or bacteria.

The offices and other surfaces at the workplace should be cleaned at appropriate time intervals to ensure that the virus or bacteria are removed and the spread curtailed.

Good hygiene in the workplace is the responsibility of all. Workers who detect a breach of any good hygiene protocol should inform management quickly for the necessary action to be taken.

9.4. Office Ventilation and Use of Air-conditioners

Management should ensure that workplaces are well-ventilated at all times. For medium or high-risk jobs or work tasks, it is recommended for management to ensure increased levels of ventilation according to WHO standards through natural aeration or artificial ventilation, preferably without re-circulation. In the case of air re-circulation, filters should be cleaned regularly.

9.5. Provision and Use of Personal Protective Equipment (PPEs)

Management should ensure that appropriate personal protective equipment is provided for workers who may be exposed to public health risk or safety hazard while at work except where and to the extent that such risk has been adequately controlled by other means which are equally or more effective.

Management should prioritize the distribution of such personal protective equipment to workers

Box 5: What are Personal Protective Equipment (PPEs)?

Personal Protective Equipment consists of garments, goggles, nose mask, gloves, gown or coverall, head cover, rubber boots, helmets, shields, among others worn by workers in hazardous environments to protect them from infections and transmitting infections to others.

and clients according to the level of risk of exposure and transmission potential. In other words, workers and clients who are categorized to have a high risk of exposure should be provided with PPE before those in other categories of risk of exposure and transmission.

9.6. Establishing Organizational Facilities for Quarantine

In the event of an outbreak at the workplace, the suspected case should be quarantined in a holding room immediately in pre-determined locations before the arrival of the appropriate health authorities. Management of organizations in the Civil Service should therefore ensure that holding centres or facilities have been provided for immediate quarantine of suspected cases. The infected person(s) who could be workers, clients or visitors should be handed over to professional health authorities and their families or dependents appropriately informed to also observe self-isolation.

Box 6: What is the difference between holding room, isolation and quarantine?

Holding room refers to a designated area or room where suspected infected individuals are kept till confirmatory test is done

- **Quarantine** refers to the restriction of movement or separation of healthy individuals who may have been exposed to the virus, from the rest of the population, with the objective of monitoring symptoms and early detection of cases
- **Isolation** refers to the separation of infected patients from healthy individuals.

9.7. Awareness Creation, Communication and Training

Information is very critical for the assessment of risks, diagnosis and detection of cases, treatment and the development of organizational work plans and implementation of measures. Management should therefore take requisite steps to establish effective communication channels, develop Information Education and Communication (IEC) Materials and facilitate communication and awareness creation. Management should make available all the necessary logistics to ensure swift sharing of information at all times. Management should also put in place mechanisms to monitor feedback from workers, clients and visitors with regard to the information that has been disseminated concerning a particular outbreak and the measures that have been put in place to curb

its spread and impact on the organization. Management should ensure that the necessary training has been conducted for all categories of workers.

Management is obliged to present information in languages that are easily understood by all categories of workers, particularly persons with disability. Management should ensure that information is provided in formats (including braille) that meet the needs of all categories of workers, clients and visitors.

Training, orientations and information dissemination programmes or events should be conducted in a manner that adheres to any mitigation protocols that may be imposed such as social distancing, use of PPEs, good office hygiene, among others.

9.8. Social Protection and Livelihood Support Schemes

In line with lessons learnt from COVID-19, Government, through the Service and other stakeholders, should institute comprehensive social protection schemes and livelihood support programmes to support victims first, organizations should develop and implement social protection schemes for staff who are affected by an outbreak of any public health threat at the workplace. Civil Service Organizations should liaise with the appropriate Departments for effective implementation of social protection schemes. In addition, management should forge partnerships with existing state social protection and livelihood support schemes for the benefit of workers and their families.

The aim of the social protection and livelihood support schemes is to minimize or eliminate the direct impact of any such epidemic/pandemic on the living standards of workers and their families.

10.0. Key Assumptions

The effective implementation of this Strategy is based on the following key assumptions:

1. Organizations will mainstream recommendations and interventions in their annual budget allocations.
2. Budget allocations will be released on time.
3. Management, Workers, Clients, Visitors and all other stakeholders will play their respective roles.

4. Relevant Central Management Agencies (CMA) will effectively play its supportive and coordination roles.
5. Information sharing will be a priority to all stakeholders.

11.0. Financing the Strategy

Organizations in the Civil Service should mainstream the implementation of this Strategy into their annual work plans. The specific activities that should be implemented at the organizational level should therefore be funded by annual budget releases from the Ministry of Finance.

In addition, organizations may leverage their relationship with Development Partners and the Private Sector to mobilize adequate funds for the implementation of their Workplace Safety and Health Response Work plans.

The Office of the Head of the Civil Service may also leverage its position to attract funding from diverse sources to address specific strategic implementation challenges that its organisations may face.

12.0. Implementation Plan: Ghana Civil Service Workplace Safety and Health Response Strategy

Policy Objective 1: To protect workers of the Ghana Civil Service, their families and clients from any public health threat that may arise.

Table 2

No.	Key Activity	Expected Output	MOV	Timeframe				Responsibility
				Y1	Y2	Y3	Y4	
1.	Develop organization-specific safety and health profiles for all the entities in the Ghana Civil Service.	Organization-specific Safety and Health Profiles developed	Safety and Health Profiles.					Lead: MDs Collaborating: OHCS, DFI, GHS, The Presidency, DPs.
2.	Consolidate organization-specific safety and health profiles into a Composite Civil Service Safety and Health Profile.	Composite Civil Service Safety and Health Profile developed	Civil Service Safety and Health Profile					Lead: OHCS Collaborating: MDs, DFI, GHS, The Presidency, DPs.
3.	Develop Information, Education & Communication (IEC) Material based on the safety and health profiles.	IEC Materials developed.	Samples IECs Materials					Lead: MDs Collaborating: OHCS, DFI, GHS, The Presidency, DPs.
4.	Disseminate organization-specific and Civil Service-Wide Safety and Health Profiles to key stakeholders,	Safety and Health Profiles disseminated.	HR Reports					Lead: MDs Collaborating: OHCS, DFI, GHS, The Presidency, DPs.

No.	Key Activity	Expected Output	MOV	Timeframe				Responsibility
				Y1	Y2	Y3	Y4	
	particularly those at risk.							
5.	Develop standardized preventive safety and health protocols to guide all organizations in the Ghana Civil Service.	Standardized Preventive Safety and Health Protocols (PSHP) developed	Standardized Civil Service PSHP Protocols					Lead: MOH/GHS Collaborating: OHCS, MDs, DFI, The Presidency, DPs.
6.	Train Civil Service Staff to adhere to the standardized preventive safety and health protocols	Staff trained on Preventive Safety and Health Protocols (PSHP)	Reports					Lead: MOH/GHS Collaborating: OHCS, MDs
7.	Conduct periodic inspection of the standardized preventive safety and health protocols in all Civil Service organizations.	Periodic inspections conducted.	Inspection Reports.					Lead: DFI, GHS, Collaborating: OHCS, MDs, The Presidency, DPs and MOH/GHS

Policy Objective 2: To contain the spread of any public health threat such as COVID-19 within the machinery of the Ghana Civil Service.

No	Key Activity	Expected Output	MOV	Timeframe				Responsibility
				Y1	Y2	Y3	Y4	
1.	Establish workplace safety and health(WSH) team/committee/taskforce	WSH Teams/ Committee/ Taskforce established.	WSH Activity Reports.					Lead: MDs Collaborating: OHCS, DFI, GHS, The Presidency, DPs.
2.	Conduct specific risk assessments in the event of an outbreak in an organization or the entire Civil Service.	Risk Assessments conducted.	Risk Assessment Reports.					Lead: MDs Collaborating: OHCS, DFI, GHS, The Presidency, DPs.
3.	Develop IEC materials based on the results of the risk assessment.	IEC Materials on risk assessment developed	IEC Materials					Lead: MDs Collaborating: OHCS, DFI, GHS, The Presidency, DPs.
4.	Develop safety and health protocols, measures and restriction concerning that particular outbreak.	Safety and health protocols and restrictions developed.	WSH Team/ Committee/ Taskforce Reports					Lead: MDs Collaborating: OHCS, DOC, GHS, The Presidency, DPs.
5.	Disseminate IEC Materials to all stakeholders, particularly those at risk.	IEC Materials disseminated.	Reports					Lead: DFI, MOH/GHS Collaborating: OHCS, MDs, The Presidency, DPs.
6.	Impose safety and health protocols, measures and	Safety and health protocols, measures and restrictions	WSH Reports					Lead: The Presidency Collaborating: OHCS, DFI,

No	Key Activity	Expected Output	MOV	Timeframe				Responsibility
				Y1	Y2	Y3	Y4	
	restrictions.	imposed.						MOH/GHS, MDs, DPs.
7.	Develop comprehensive organization-specific or Civil Service-Wide Workplace Safety and Health Response Work plans.	WSHR Work plans developed.	WSHR Work plans					Lead: MDs Collaborating: OHCS, DFI, GHS, The Presidency, DPs.
8.	Implement Workplace Safety and Health Response Work plans	WSHR Work plan implemented.	MDA Reports.					Lead: MDs Collaborating: OHCS, DFI, GHS, DPs.
9.	Procure and distribute logistics and personal protective equipment to all persons at risk.	PPEs and other logistics distributed.	MDA Reports					Lead: MDs Collaborating: OHCS, DFI, GHS, The Presidency, DPs.
9.	Provide facilities and quarantine centres to hold suspected cases.	Quarantine facilities provided.	MDA Reports					Lead: MDs Collaborating: OHCS, DFI, GHS, DPs.
10.	Train staff on the effective use of personal protective equipment, logistics	Staff trained on the use of PPEs and other logistics.	Reports.					Lead: MDs Collaborating: OHCS, DFI and GHS.

No	Key Activity	Expected Output	MOV	Timeframe				Responsibility
				Y1	Y2	Y3	Y4	
	and facilities.							
11.	Educate clients and visitors on the effective use of personal protective equipment, logistics and facilities.	Clients and visitors educated on the use of PPEs and other logistics.	Reports.					Lead: MDs Collaborating: OHCS, DFI, GHS
12.	Install logistics and equipment at vantage points for the use of staff, clients and visitors.	Logistics and Equipment installed.	Reports					Lead: MDs Collaborating: OHCS, DFI, GHS,
13.	Coordinate the implementation of all Workplace Safety and Health Responses.	Implementation of WSHR work plan coordinated across the service.	OHCS Reports.					Lead: OHCS, DFI, GHS, LD Collaborating: MDs The Presidency
14.	Review Workplace Safety and Health Responses.	WSHR work plans reviewed.	MD Reports					Lead: MDs Collaborating: OHCS, DFI, GHS, The Presidency, DPs.
15.	Regular fumigation and disinfection	Request to institutions	MD Reports					Lead: MDs Collaborating: OHCS, DFI, and GHS.

Policy Objective 3: To prevent disruptions in service delivery, maintain productivity and client satisfaction.

No	Key Activity	Expected Output	MOV	Timeframe				Timeframe
				Y1	Y2	Y3	Y4	
1.	Enforce the use of existing digitized work platforms such as the Government of Ghana Smart Workplace Portal	The use of existing digitized work platforms enforced.	Reports					Lead: OHCS Collaborating: MOC/NITA, MDs, The Presidency, DPs.
2.	Evaluate work processes or procedures in Civil Service organizations to determine those that can be digitized.	Civil Service work processes evaluated for digitization.	Evaluation Report					Lead: MOC/NITA Collaborating: OHCS, MDs, The Presidency, DPs.
3.	Develop a Consolidated Civil Service Work Processes Digitization Plan in line with the development of the MDs operational manuals.	Civil Service Work Processes Digitization (CSWPD) Plan.	Consolidated CSWPD Plan					Lead: OHCS Collaborating: MDs, MOC/NITA, The Presidency, DPs.
4.	Coordinate implementation of the Consolidated Civil Service Work Processes Digitization Plan.	Implementation of Consolidated Digitization Plans coordinated.	Coordination Reports					Lead: OHCS Collaborating: MDs, MOC/NITA The Presidency, DPs.
5.	Procure and install IT solutions for the digitization of work processes or procedures.	IT Solutions installed	-Reports					Lead: MDs Collaborating: OHCS, MOC/NITA, The Presidency, DPs.
6.	Train staff on the use of IT solutions about digitized	Staff trained to use IT Solutions	Training Reports					Lead: MDs Collaborating:

No	Key Activity	Expected Output	MOV	Timeframe				Timeframe
				Y1	Y2	Y3	Y4	
	work processes or procedures.							OHCS, MOC/NITA, The Presidency, DPs.
7.	Provide stable and reliable internet connectivity to support the operation of all IT solutions.	Stable and reliable internet connectivity provided.	Reports					Lead: MDs, MOC/NITA Collaborating: OHCS, The Presidency, and DPs.
8.	Evaluate the effectiveness of digitized work platforms and effect corrections.	Digitized Work Platforms evaluated.	Evaluation Report					Lead: MDs, MOC/NITA, Collaborating: OHCS, The Presidency, DPs.
9.	Develop responsive flexible work arrangements for staff.	Flexible Work Arrangements developed.	Reports					Lead: MDs Collaborating: OHCS, MOC/NITA, DPs.
10.	Organise orientations and training for staff on flexible work arrangements.	Workers trained/oriented on flexible work arrangements.	Reports					Lead: MDs Collaborating: OHCS, MOC/NITA DPs.
9.	Develop information sharing materials on.	IEC Materials on Flexible	Reports.					Lead: MDs Collaborating:
	flexible work arrangements and disseminate to clients	Work Arrangements						OHCS, MOC/NITA DPs

N o	Key Activity	Expected Output	MOV	Timeframe				Timeframe
				Y1	Y2	Y3	Y4	
	and visitors	disseminated.						
10.	Institute effective supervision and communication channels for flexible work arrangements.	Effective communication and supervision channels established.	MD Reports.					Lead: MDs Collaborating: OHCS, MOC/NITA, DPs.
11.	Provide transportation services for staff to minimize exposure to the infection.	Transportation Services Provided.	MD Reports.					Lead: MDs Collaborating: OHCS, The Presidency, DPs.
12.	Evaluate the effectiveness of the flexible work arrangements for each of the categories of workers.	Flexible Work Arrangements evaluated.	MD Reports.					Lead: MDs Collaborating: OHCS, MOC/NITA, DPs.

Policy Objective 4: To provide rehabilitation, social protection and livelihood support to victims and their families or dependents.

No	Key Activity	Expected Output	MOV	Timeframe				Responsibility
				Y1	Y2	Y3	Y4	
1.	Facilitate the hospitalization of persons who fall victim at the workplace.	Victims hospitalized.	Hospital Records.					Lead: MDs Collaborating: OHCS, GHS.
2.	Pay cost of hospitalization for workers who fall victim at the workplace	Cost of hospitalization paid	Receipts of Bills paid./ Account records.					Lead: MDs Collaborating: OHCS, GHS, The Presidency, DPs.
3.	Develop and implement comprehensive rehabilitation plans for victims at the workplace.	Comprehensive Rehab Plans developed and implemented.	Comprehensive Rehab Plans/ Reports					Lead: MDs Collaborating: OHCS, GHS, The Presidency, DPs.
4.	Develop income support packages as part of existing institutional welfare systems.	Income support packages accessible to workers and their families.	Reports/ Account Records.					Lead: The Presidency Collaborating: OHCS, MoGCSP, DPs.
5.	Link workers and their families to existing state social protection programmes, including livelihood support schemes.	State social protection schemes and livelihood support programs accessed.	Reports/ List of beneficiaries					Lead: MDs Collaborating: OHCS, MoGCSP The Presidency, DPs.

13.0. Monitoring and Evaluation

Organizations in the Civil Service should develop their Monitoring and Evaluation Frameworks to track progress towards the achievement of the objectives outlined in this Strategy. The various organizational-level Monitoring and Evaluation Frameworks should be consolidated into a Composite Civil Service M&E Framework to be used by the Office of the Head of the Civil Service in its coordination responsibilities for the implementation of this Strategy.

The organizational-level and Composite Civil Service M&E Frameworks should focus on tracking the following core indicators in addition to other operational level ones:

1. Number of reported cases
2. The number of workplace transmissions.
3. The number of organizations with quarantine facilities or holding rooms.
4. The number of deaths.
5. The number of active cases.
6. The number of persons vaccinated by category of workers.
7. Percentage change in productivity levels.
8. The number of organizations with a full complement of logistics.
9. The number of organizations with installed IT solutions to support flexible work arrangements.
10. The number of workers provided with PPEs disaggregated by organizations, gender, and level of exposure to the risk.
11. Availability of appropriate waste disposal containers:
 - a) Number of waste bins that are foot-operated and in good order
 - b) Number of waste bins lined with appropriate colour-coded liner/bag
12. Number of toilet facilities with a regular source of water

Data on these indicators should be collected at prescribed intervals and reported to management for further analysis and necessary action. Management should make adequate provisions for the team, committee, task force or other specialized professionals to collect, collate and prepare reports on these indicators.

The M&E results should be the primary source of information for the review of existing measures, interventions and protocols. The indicators should be reviewed periodically based on their usefulness to the information sharing and communication strategy.

14.0. Review of the strategy document

From time to time, in consultation with the OHCS, this strategy document will be reviewed and revised as required. This should take place at least once in four years.

15.0. Conclusion

The WSHRS serves as a proactive framework to provide guidelines to Ministries and Departments for the management of safety and health responses to emerging threats at the workplace. The Strategy therefore commits the Civil Service to continually improve the health and safety of its staff and any other person affected by its activities. The OHCS will continue to work closely with the various Ministries and Departments to ensure effective monitoring of the implementation of the Workplace Safety and Health Response Strategy.

ANNEX 1: ROLES AND RESPONSIBILITIES OF STAKEHOLDERS

No.	Stakeholders	Roles and Responsibilities	Remarks
1.	The Presidency	<ul style="list-style-type: none"> i. Provide national policy direction to emergency health response for all Public Service Organizations. ii. Provide specialized support by making services of specialized agencies available to Civil Service organizations exposed to a health threat. iii. Support Civil Service organizations to eliminate obstacles for effective implementation of workplace health work plans/ measures/ protocols. iv. Support resource mobilization and disbursement. 	
2.	Ministry of Health/Ghana Health Service	<ul style="list-style-type: none"> v. Provide specialized services and technical support to mitigate the spread of any public health threat. vi. Assist in the establishment and operation of holding rooms and quarantine facilities. vii. Train Civil Service Staff on workplace health and safety protocols. 	
3.	The Civil Service Council	<ul style="list-style-type: none"> i. Review and approve the Strategy document for implementation ii. Receive implementation and monitoring reports and recommend options for improvement. iii. Liaise with relevant stakeholders to facilitate the effective implementation of the Strategy document 	

4.	<p>Management of Civil Service Organizations</p> <p>This refers to Officers responsible for taking decisions of strategic importance for the various Ministries/ Departments.</p>	<ol style="list-style-type: none"> i. Hire or procure a public health/ occupational safety/ risk assessment professional to conduct an organization-specific risk assessment/ profile. Support the development of workplace safety and health response work plans. ii. Establish workplace safety and health response team/ committee/ task force. iii. Provide logistical support to workplace health and safety teams/ committees to function. iv. Review and approve workplace safety and health response work plan. v. Facilitate the procurement of personal protective equipment. vi. Fund the implementation of workplace health response work plans. vii. Establish workplace safety and health response communication channels. viii. Commission monitoring and evaluation of workplace safety and health response programmes/ activities/ events. ix. Forge partnerships with other organizations or authorities within and outside the Civil Service to support implementation, monitoring and evaluation of the workplace safety and health response work plans/ measures/ protocols. x. Provide space for the installation of facilities within the organization for immediate quarantine. 	<p>The Department of Factories Inspectorate and the Occupational Health and Environment Unit of the GHS may be consulted for professional assistance.</p>
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		<ul style="list-style-type: none"> xi. Take immediate action in consultation with the Head of Civil Service and the Public Services Commission to forestall the spread of a health threat. xii. Provide regular feedback or situational report to the Head of Civil Service for further directives. xiii. Facilitate regular health screening for staff. xiv. Supervise regular or periodic fumigation/disinfection of offices and office environment xv. Where feasible, provide or make arrangement for special transportation for staff. xvi. Facilitate the provision of social protection services for affected staff and their families or dependents. 	
5.	The staff of Ministries and Departments	<ul style="list-style-type: none"> i. Comply with the request to see designated health practitioners recommended by the organization. ii. Comply with all directives by management for curtailment of the spread of the threat or risk. iii. Nominate representatives to be part of the workplace health response team/ committee/ task force. iv. Report any staff or visitor who refuses to comply with the preventive measures/ protocols. v. Adhere to changes in work processes or arrangements without any reduction in 	

		normal productivity levels. vi. Deliver work outputs in a timely and efficient manner.	
6.	CLOGSAG/CLOGLAC(Civil and Local Service Staff of Ghana Ladies Club)	i. Protect the identity of informants who provide information on emergent threats. ii. Undertake periodic sensitization and awareness creation iii. Establish a standing “health and safety committee” to advocate for compliance with health and safety protocols	
7.	Clients/ Visitors	i. Comply with measures or protocols put in place at the workplace to curtail the spread of a health threat. ii. Follow instructions by designated emergency health response staff at all times. iii. Report any violation of protocols by staff or visitor to the immediate senior officer. iv. Pay attention to safety orientations. v. Respect flexible work arrangements and visit plans accordingly.	
8.	Development Partners/ CSO/FBO/NGO's	i. Support the development and implementation of workplace safety and health response work plans. ii. Support collaborative workplace health and safety research efforts. iii. Provide support in terms of PPE's iv. Support office digitization initiatives	

ANNEX 2: STAKEHOLDER ANALYSIS

No.	Stakeholders	Concerns/Risk	Mitigation Actions
1.	The Presidency	<ul style="list-style-type: none"> i. Disruptions in the delivery of political promises. ii. Fall in national revenue. iii. Exposure of the general public to threat. 	<ul style="list-style-type: none"> i. Provide policy direction to the fight against the spread. ii. Provide support for the implementation of Workplace Safety and Health Response. iii. Ensure timely release of funds to implement work digitization plans. iv. Impose general measures in line with global and MoH protocols.
2.	Civil Service Council	<ul style="list-style-type: none"> i. Inability to deliver on set targets ii. Unproductive Civil Service 	<ul style="list-style-type: none"> i. Provide policy direction for the implementation of WSHR work plans ii. Provide support for the implementation of WSHR work plans.
3.	Office of the Head of Civil Service	<ul style="list-style-type: none"> i. Loss of productivity. iii. Disruptions in service delivery. 	<ul style="list-style-type: none"> i. Coordinate implementation of Workplace Safety and Health Response (WSHR) ii. Support digitization of work in Civil Service Organisations.
4.	Management	<ul style="list-style-type: none"> iv. Non-use of Personal Protective Equipment by workers, clients and visitors. v. Poor supervision of flexible work arrangements. vi. Fall in demand for some services 	<ul style="list-style-type: none"> i. Impose disciplinary actions. ii. Effective supervision by supervisors. iii. Investment in ICT solutions to support flexible work arrangements.
5.	CLOGSAG	<ul style="list-style-type: none"> i. The unwillingness of some Civil Service organizations to adhere to health and safety protocols/guidelines 	<ul style="list-style-type: none"> i. The continuous advocacy for adherence to protocols ii. The pursuit of legal action (if possible)

No.	Stakeholders	Concerns/Risk	Mitigation Actions
6.	Clients and Visitors	<ul style="list-style-type: none"> i. Non-access to services. ii. Unsafe office environments. 	<ul style="list-style-type: none"> i. Ensure effective information sharing. ii. Provide preventive guidelines and precautions. iii. Provide logistics at vantage points.
7.	CSO's /FBO's/NG O's	<ul style="list-style-type: none"> i. Breaks in the implementation of MOUs with Ministries and Departments 	<ul style="list-style-type: none"> i. Support the provision of PPEs. ii. Support implementation of WSHR plans. iii. Support office digitization plans.
8.	Development Partners	<ul style="list-style-type: none"> i. Breaks in the implementation of cooperation agreements 	<ul style="list-style-type: none"> i. Support the provision of PPEs. ii. Support implementation of WSHR plans. iii. Support office digitization plans.