

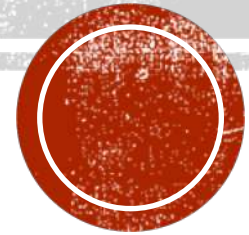


PREVENTION OF WORKPLACE INJURIES

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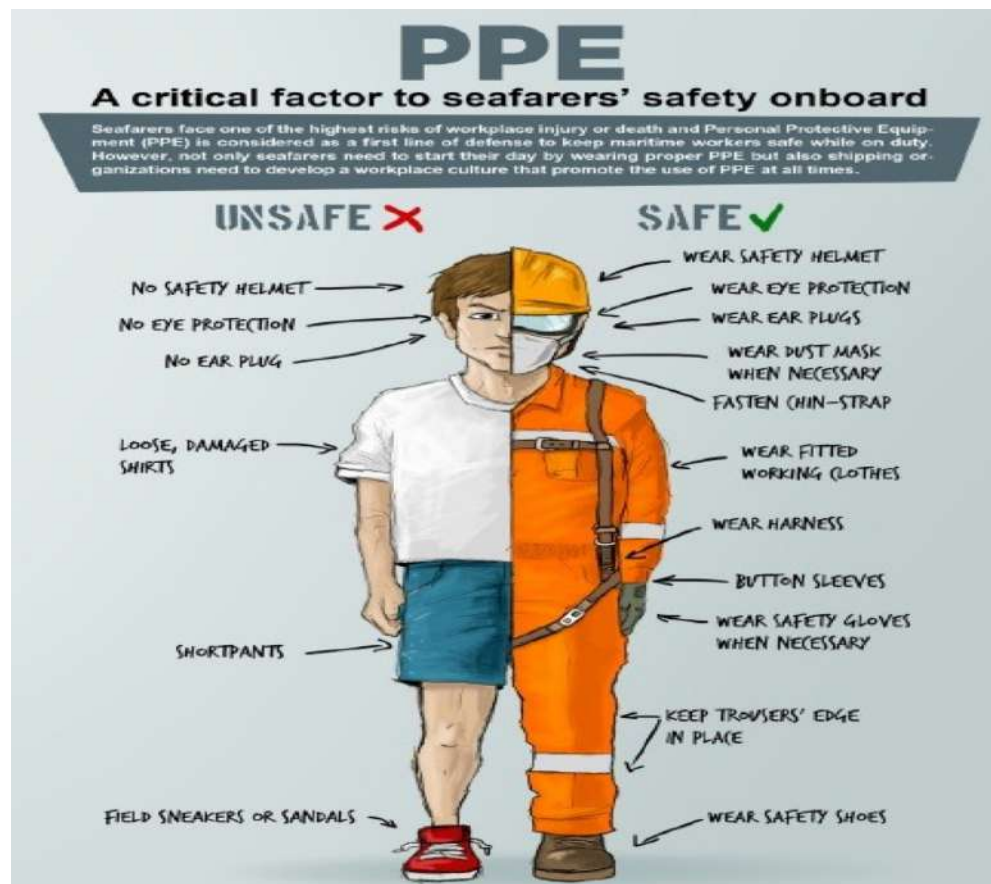


OUTLINE

- Common causes
- Prevention strategies



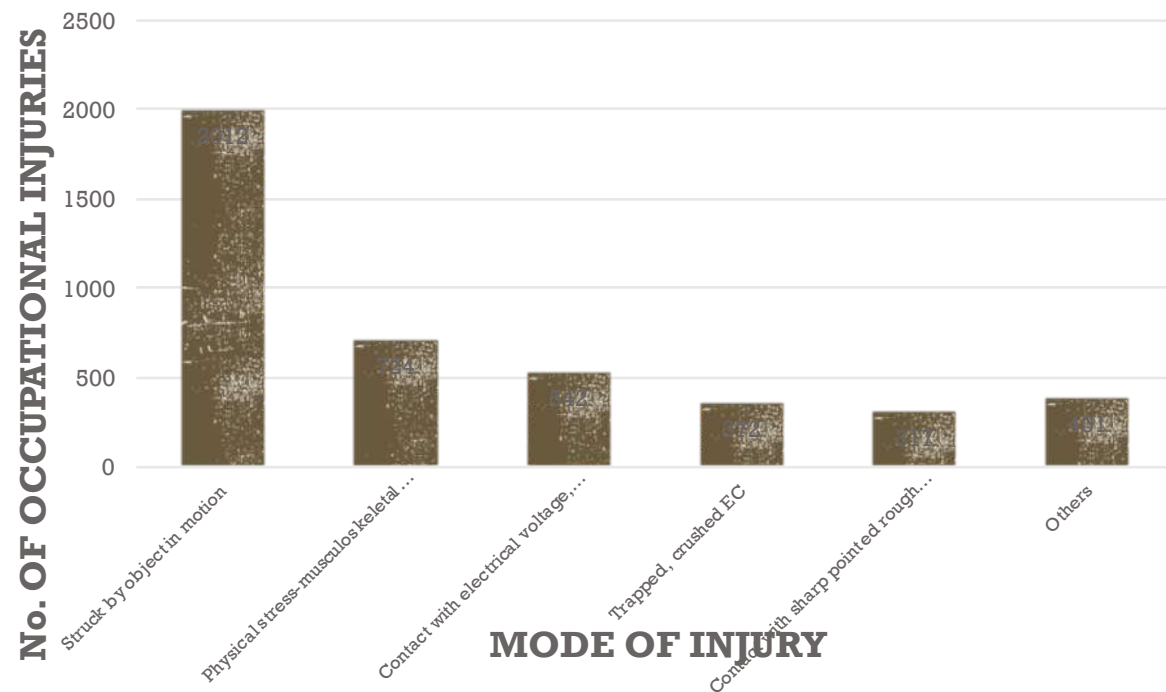
COMMON CAUSES



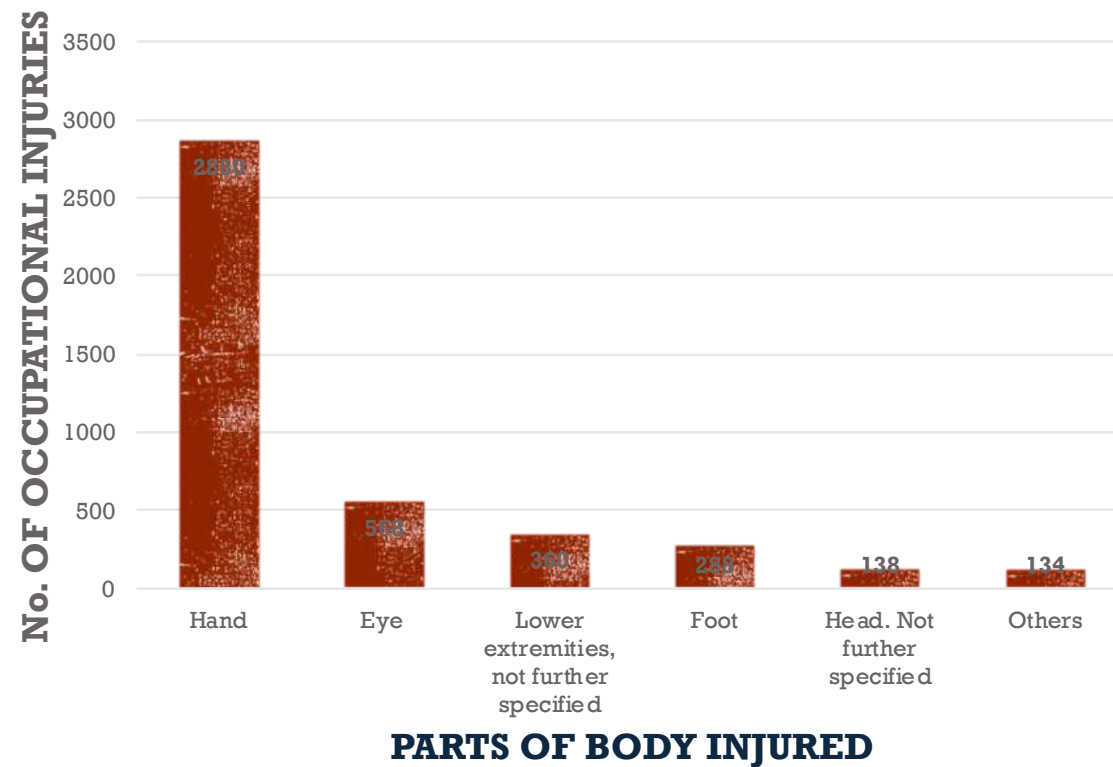


GLOBAL SCENARIO

MODE OF INJURY- MOST COMMON



PARTS OF BODY INJURED- MOST COMMON





INDIAN STUDIES RESULTS

- Higher occurrence of injury in the 9 a.m. to 1 p.m. shift is an indicator of haste and anxiety.
- Days – mostly on Mondays
- Lack of experience
- Contributing factors : Co-workers carelessness, machinery malfunction, unfamiliar machine, no protection, extra work, fatigue, lack of sleep, hurry, hunger, self carelessness.



Preventive Strategies

నివారణ వ్యూహాలు

Internal multidisciplinary prevention team for risk assessment, monitoring and prevention of occupational injuries, involving employers, occupational physicians, safety personnel, workers' representatives, supervisors.



Targets of intervention were workers, equipment, organization, workplace, job tasks



PRIMARY PREVENTION

ప్రాథమిక నివారణ

■ Health Promotion

Hazard Identification

Machinery is a major hazard at work..

8 out of 10 workplace fatalities and 1 in 4 workplace injuries involve mechanical equipment

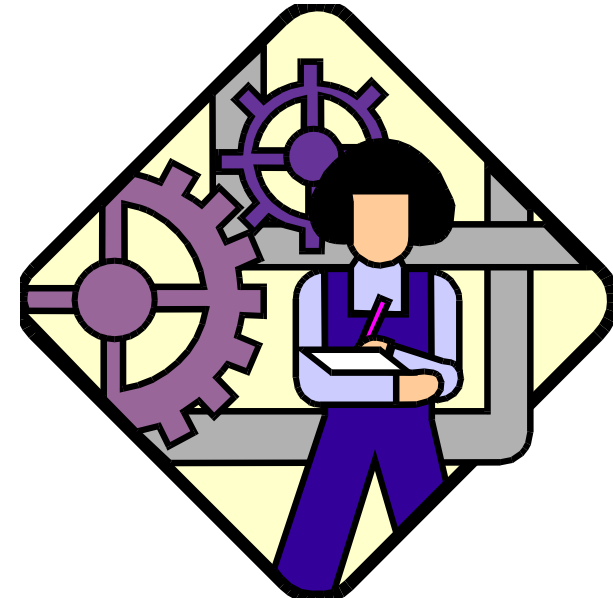
Machine and equipment safety



DANGER AREAS

Typically, the following 2 areas on machinery are dangerous, and can be a risk to anyone near the machine:

- 1. Parts which move or transmit power***
- 2. Parts that do the work***



Make sure machine guards are in place!!



- All guards should be correctly and securely fitted **BEFORE** operating a machine
- Machine guarding is vital to every workplace using machinery
- Guards need not be complicated nor interfere with productivity



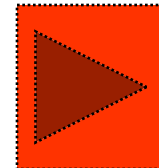
ASSESS THE RISKS



Once you have identified the danger areas (hazards), you should **assess** the risk (how likely it is to cause injury, and how severe the injury could be)

...and **control** these risks by guarding or in some other effective way

Complete the following chart to determine the level of risk for each hazard identified



THE RISK PRIORITY CHART



PROBABILITY: what is the likelihood of it happening?	CONSEQUENCE: how severely could it hurt someone?		
	CATASTROPHIC kills, disables, permanently injures	MAJOR significantly injures, NOT permanently injures	MINOR first aid only, no work time lost
VERY LIKELY: it could happen	1	2	3
LIKELY: it could happen occasionally	2	3	4
UNLIKELY: it could happen, although uncommon	3	4	5
VERY UNLIKELY: it could happen, although probably never will	4	5	6

- **If you score a 1 or 2, do something NOW.**
- **If you score a 3 or 4, plan to do something soon.**
- **If you score a 5 or 6, plan to review the risk in the future.**



SPECIFIC PROTECTION: CONTROL THE RISK



Select ***Risk Control*** measures from the highest possible level of the following ***Hierarchy***:

1. Elimination
2. Substitution
3. Engineering Controls
4. Administrative controls
5. Personal protective equipment



HAZARD CONTROLS — Most Effective to Least Effective



ELIMINATION

EXAMPLES:

Work scheduled to avoid the hottest part of the day

Eliminating hazardous materials

Eliminating hazardous machinery



SUBSTITUTION

EXAMPLES:

Substitution of eliminated hazards

The use of a less hazardous material or process

The use of safer chemicals upon elimination



ENGINEERING

EXAMPLES:

Using lift device to limit force exertion

Reducing the weight of a load to limit force exertion

Fall protection for workers at height



ADMINISTRATION

EXAMPLES:

Safety check cards for all employees posted

Rotating workers from a demanding job to a less demanding one

Providing water and using floaters to provide workers with periodic breaks



PPE

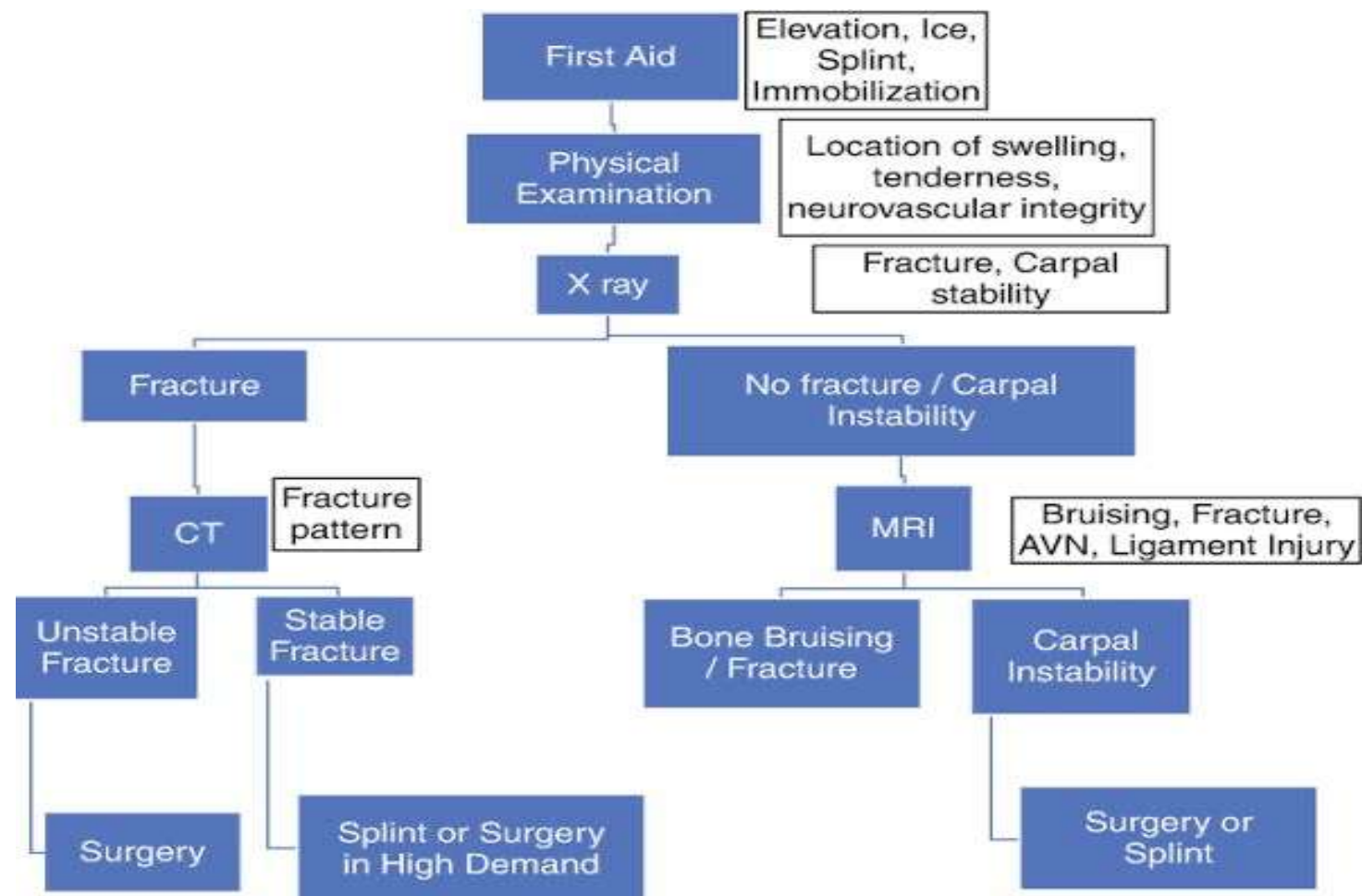
EXAMPLES:

Providing personal protective equipment for workers:

Hard hats, protective shoes, and safety glasses

Using padding to avoid sharp, hot, and vibrating surfaces

EMERGENCY PREPAREDNESS





SAFETY TRAINING AND EDUCATION

- Regular trainings on safety procedures and proper use of equipment
- Conduct safety drills
- New entries- comprehensive study orientation/refresher courses
- Health wellness programs(chronic co-morbidities)



ERGONOMICS

- Design workstations to reduce strain and improve posture
- Rotate tasks to minimize repetitive strain injuries
- Provide ergonomic tools and equipment





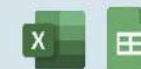
REPORT AND MONITORING

- Safety audits
- Maintain OSHA standards

WORKPLACE SAFETY AUDIT AND INSPECTION CHECKLIST HR TEMPLATE

Enhance workplace safety with our streamlined HR checklist template.

	Company Address Company Email Company Website Company Number	WORKPLACE SAFETY AUDIT AND INSPECTION CHECKLIST	
General Information		1. General Safety	5. Electrical Safety
Department / Location	Location 1	<input checked="" type="checkbox"/> Emergency exits are clearly marked, unobstructed, and easily accessible.	<input checked="" type="checkbox"/> Electrical outlets, cords, and wiring are in good condition without visible damage.
Date of Inspection	November 21, 2023	<input checked="" type="checkbox"/> Fire extinguishers are present, properly charged, and in designated locations.	<input checked="" type="checkbox"/> Circuit breakers and electrical panels are accessible and labeled.
Inspectors	Inspector 1 Inspector 2 Inspector 3	<input checked="" type="checkbox"/> First aid kits are available, adequately stocked, and accessible.	<input checked="" type="checkbox"/> Employees are trained in electrical safety procedures and use of equipment.
Areas Inspected	Area 1 Area 2 Area 3	<input checked="" type="checkbox"/> Safety signs and warnings are visible and appropriately placed.	6. Ergonomics
Instructions		<input checked="" type="checkbox"/> Work areas are clean, organized, and free from clutter.	<input checked="" type="checkbox"/> Workstations are ergonomically designed to prevent strain or injury.
Please check each item and indicate compliance or non-compliance.		2. Personal Protective Equipment (PPE)	<input checked="" type="checkbox"/> Employees are encouraged to take breaks and practice ergonomic principles.
Note any observations or additional comments in the space provided.		<input checked="" type="checkbox"/> Employees are using required PPE (helmets, gloves, goggles, etc.) as necessary.	<input checked="" type="checkbox"/> Adequate training is provided on ergonomic best practices.
Use "N/A" if the item is not applicable to your workplace.		<input checked="" type="checkbox"/> Adequate supplies of PPE are available and in good condition.	7. Worksite Security
Signatories		<input checked="" type="checkbox"/> Employees are trained on the proper use and maintenance of PPE.	<input checked="" type="checkbox"/> Access controls (ID cards, locks, etc.) are in place and functioning properly.
Inspector 1	Signatures Here:	3. Hazardous Materials Handling	<input checked="" type="checkbox"/> Security cameras and alarms are operational and monitored effectively.
Inspector 2		<input checked="" type="checkbox"/> Hazardous substances are properly labeled and stored in designated areas.	<input checked="" type="checkbox"/> Emergency response plans are regularly reviewed and communicated to employees.
Inspector 3		<input checked="" type="checkbox"/> Material Safety Data Sheets (MSDS) are readily accessible for all hazardous materials.	8. Observations/Additional Comments
		<input checked="" type="checkbox"/> Employees handling hazardous materials have received appropriate training.	
		4. Machinery and Equipment Safety	
		<input checked="" type="checkbox"/> Machines and equipment are properly guarded and have safety features in place.	
		<input checked="" type="checkbox"/> Regular maintenance and servicing schedules are followed for machinery.	
		<input checked="" type="checkbox"/> Lockout/tagout procedures are implemented during equipment maintenance.	



SECONDARY PREVENTION

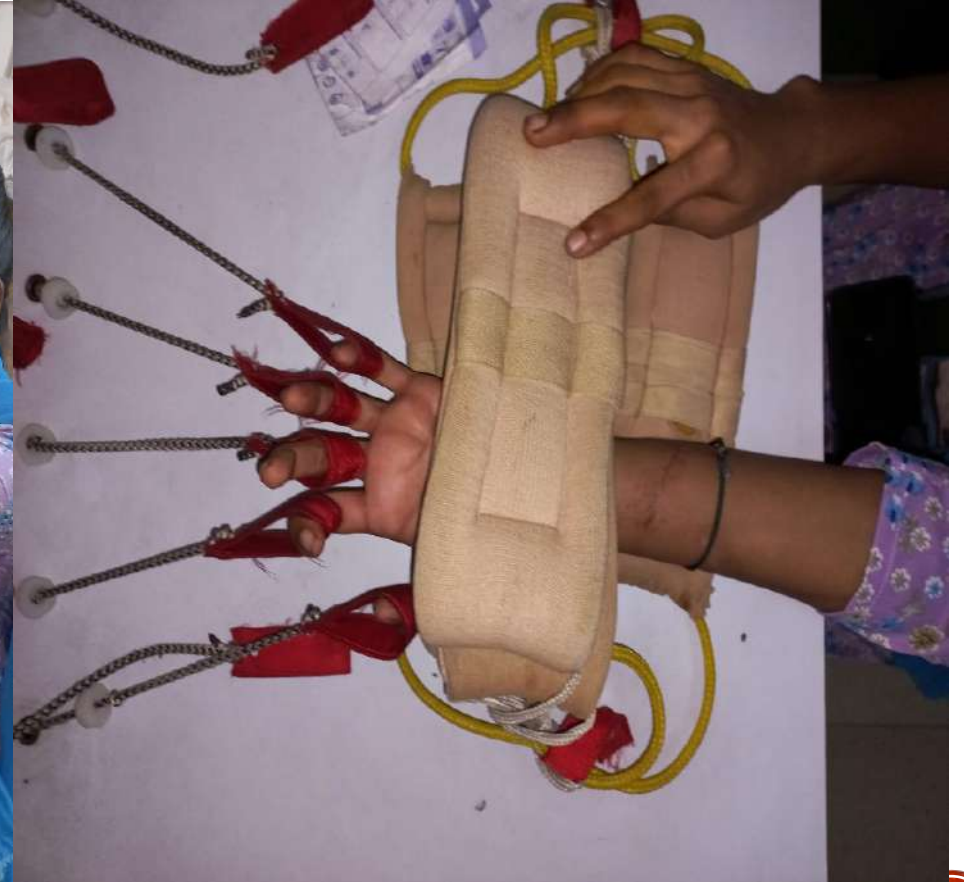
द्वितीय निवारण

Early diagnosis and Treatment



TERTIARY PREVENTION తృతీయ నివారణ

■ Disability limitation and Rehabilitation





OCCUPATIONAL HEALTH CLINIC-ESICMCH

- Started from 24th Feb. 2023 under the department of Community medicine
- Objectives: Establishing occupational health surveillance system





**Format to report Suspected Occupational Disease/illness/injury
Dept. of Community Medicine, ESIC Medical College, Hyderabad**

Name of the reporting department:

Date of Reporting:

	Sl no	1	2	3	4	5
Personal details	Date of registration					
	ESIC IP Number					
	Patient Phone Number					
	Name					
	Age					
	Sex					
Work details	Name of Work place (Employee)					
	Job title					
	Where did the event occur (site)					
	Describe the illness/injury/part of body affected					
Outcome or advice (Tick one most appropriate option)	Death					
	Admitted in hospital					
	On Leave					
	Job transfer or restricted work					
Injury or Type of illness/system involved (Tick most appropriate option/s)	Injury					
	Skin					
	Respiratory					
	ENT/hearing loss					
	Chemical exposure/poisoning					
	Eye injury					
	Others					
Provisional diagnosis						



RESEARCH AND FUTURE STUDIES-DEPT OF PLASTIC AND RECONSTRUCTIVE SURGERY



QUESTIONNAIRE

1. History of Occupational Injury					
Age					
Gender	Male			Female	
Education	Literate			Illiterate	
Occupation	Professional	Skilled		Non Skilled	
		Machine Operator		Manual Material Handler	
Source of injury	Machine			Other sources	
Mechanism of Injury	Hand caught inside the machine			Other mechanism	
Hand activity at time of injury	Working on machine	Handling objects	Working on powered tool	Working on non-powered tool	
2. Clinical Information of Patient					
Hand affected	Dominant			Non Dominant	
Injury involving hand	Finger	Palm	Dorsum	Wrist	
Digit Involved	Little	Ring	Middle	Index	Thumb
Radiological evidence of fracture	Yes			No	
Cause of occupational injury	Lack of concentration (Overtime)	Wearing ill-fitted gloves	Lack of machine maintenance	Workers Chronic Disease (co-morbidities/addictions)	



