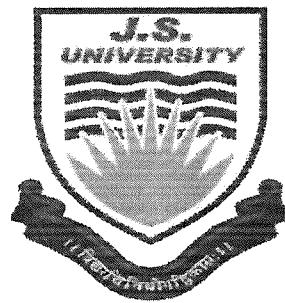



J.S. University, Shikohabad

Established by UP Govt. Act No. 07 of 2015
Recognized by U.G.C. under section 2 (f) of
Act-1956



Value Added Course
(Workplace Safety And Health)

Faculty of Nursing

	J.S. University, Shikohabad Faculty of Nursing	Value Added Course
		AY: 2022-23

WORKPLACE SAFETY AND HEALTH

Learning Outcome:


This Course will provide knowledge of workplace safety and health.

Duration: 30 Hours. (Theory and Practical)

Perquisites:

Assessment Criteria/ Award of certification:

Participants who secured 90% attendance and secured 80% marks in final quiz shall be awarded the completion of certificate

	J.S. University, Shikohabad Faculty of Nursing	Value Added Course
		AY: 2022-23

COURSE OBJECTIVE

- ❖ Demonstrate proper hand hygiene
- ❖ Discuss use and limitation of personal PPE
- ❖ Demonstrate the Proper Donning and Removal of Personal protective Equipment
- ❖ Discuss The Function Of An Occupational Health And Safety Committee.
- ❖ Identify workplace hazard and who is at risk
- ❖ Discuss how exposure can be prevented/limited

Course Outcome

- Recognize the interrelatedness of public health, management, employees, and the government to the goals of occupational health and safety.
- Demonstrate a base of knowledge in the recognition and assessment of health and safety hazards in the workplace.
- Identify a conceptual framework for the practice of occupational health and safety.
- Relate health promotion/prevention/protection concepts to the occupational health and safety program.
- Discuss the roles and functions of the occupational health and safety professional in the application of the conceptual framework.
- Apply theories and concepts of occupational health and safety to the development and management of programs.
- Identify education, engineering, and enforcement controls for the prevention of occupational health and safety problems.

Course Overview

This course is an introduction to major concepts and issues in occupational health and safety. Students from the fields of Industrial Hygiene, Occupational and Environmental Health Nursing, Occupational and Environmental Medicine, Injury Epidemiology and others identify a conceptual framework for working with populations of workers and apply public health principles. Work-related hazards are described in terms of recognition and control. This course relies on the synthesis of knowledge in the behavioral sciences, industrial hygiene, injury epidemiology, safety, nursing theory, toxicology and epidemiology while applying these within a program development and management framework. Students will participate in an observational visit to a local manufacturing plant.

NO OF UNIT	CONTENT	THEORY HOURS	PRACTICAL HOURS
UNIT-1	<ul style="list-style-type: none"> ✦ Introduction to Occupational Safety and health ✦ Safety Legislation 	6	
UNIT-2	<ul style="list-style-type: none"> ✦ Workers' Compensation and Recordkeeping ✦ Accident Causation and Investigation: Theory and Application 	6	
UNIT-3	<ul style="list-style-type: none"> ✦ Ergonomics and Safety Management ✦ Fire Prevention and Protection 	3	3
UNIT-4	<ul style="list-style-type: none"> ✦ System Safety ✦ Managing the Safety Function 	4	2
UNIT-5	<ul style="list-style-type: none"> ✦ Psychology and Safety: The Human Element in Loss Prevention. ✦ Improving Safety Performance with Behavior-Based Safety 	3	3
UNIT-6	<ul style="list-style-type: none"> ✦ Workplace Violence ✦ Terrorism Preparedness 		
UNIT-7	<ul style="list-style-type: none"> ✦ Hazardous Materials ✦ Resources on Safety and Health 		

INTRODUCTION TO OCCUPATIONAL SAFETY AND HEALTH

Occupational health and safety is a discipline with a broad scope involving many specialized fields. In its broadest sense, it should aim at:

- The promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations;
- The prevention among workers of adverse effects on health caused by their working conditions;
- The protection of workers in their employment from risks resulting from factors adverse to health;
- The placing and maintenance of workers in an occupational environment adapted to physical and mental needs;
- The adaptation of work to humans.

SAFETY LEGISLATION

- ❖ The Factories Act This is an Act to consolidate and amend the law regulating labour in factories. It came into force on the 1st day of April, 1949 as the Factories Act, 1948 and extends to the whole of India (Government of India, 1948).
- ❖ The Mines Act This is an Act to amend and consolidate the law relating to the regulation of labour and safety in mines and extends to the whole of India. The Indian Mines Act which is related to the regulation and inspection of mines was passed in 1923. Although it has since been amended in certain respects, the general framework has remained unchanged. Experience of the Act's working revealed a number of defects and deficiencies which hampered its effective administration. Some of these necessitated new forms of control, while others required the tightening of existing legal provisions. Therefore, it was considered necessary to thoroughly overhaul the existing Act to amend and consolidate the laws relating to the regulation of labour and safety in mines, which resulted in the enactment of the Mines Act, 1952 (Government of India, 1952).
- ❖ The Workmen's Compensation Act This is an Act that provides for the payment of compensation for injury by accident by certain classes of employers to their workmen. The objective of the Workmen's Compensation Act is to make provision for the payment of compensation to a workman only, i.e., to the concerned employee himself in case of his surviving the injury in question and to his dependants in the case of his death (Government of India, 1923).
- ❖ The Employees' State Insurance Act This Act provides certain benefits to employees in case of sickness, maternity and employment injury and makes provision for certain other matters in relation thereto. It extends to the whole of India and shall apply in the first instance to all factories (including factories belonging to the government) other than seasonal factories (Government of India, 1948).
- ❖ Inadequacy of OHS Legislation in India India has a large number of labour legislation enacted for the promotion and protection of workers' welfare. However, most of these labour laws look good only on paper, because neither workers nor their representative unions are completely aware about their ramifications nor do they take advantage of them. Consequently, despite comprehensive legislation, the number of accidents in India is very high.

WORKERS' COMPENSATION AND RECORDKEEPING

- OSHA recordkeeping requirements and definitions differ from those established under various State workers' compensation laws. Workers' compensation determinations do not impact the recordability of cases under OSHA recordkeeping requirements (page 26). Conversely, OSHA recordkeeping determinations should not affect the employer obligations under State workers' compensation systems. Some cases may be covered by workers' compensation but are not recordable; other cases may be OSHA recordable but are not covered by workers' compensation. Cases should be evaluated solely on the basis of the OSHA requirements and definitions.
- Work relationship is established under the OSHA recordkeeping system when an injury or illness results from an event or exposure in the work environment. The general rule is that all injuries and illnesses which result from events or exposures on the employer's premises are presumed to be work related. Furthermore, if it seems likely that an event or exposure in the work environment either caused or contributed to the case, the case is considered work related. It is

sufficient for an exposure to only be a contributing and/or aggravating factor to establish work relationship for OSHA recordkeeping purposes.

ACCIDENT CAUSATION AND INVESTIGATION: THEORY AND APPLICATION

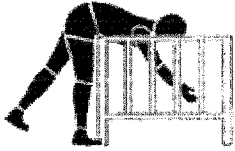
Accident Causation Theories? Single Factor Theory The Single Factor Theory states there is a single and relatively simple cause for all accidents. A good example of this theory would be in determining the cause of worker hand lacerations. Because utility knives are used in the operation, knowing something about the cause of these accidents does not necessarily stop the problem. Other contributing factors such as the product or the work methods, as well as corresponding corrective actions, are overlooked when a single factor is considered the only cause. This theory is virtually useless for accident and loss prevention. Domino Theories There are several domino theories of accident causation. While each domino theory presents a different explanation for the cause of accidents, they all have one thing in common. All domino theories are divided into three phases: 1. Precontact phase: refers to those events or conditions that lead up to the accident 2. Contact phase: refers to the phase during which the individual, machinery, or facility comes into contact with the energy forms or forces beyond their physical capability to manage 3. Postcontact phase: refers to the results of the accident or energy exposure. Physical injury, illness, production downtime, damage to equipment and/or facility, and loss of reputation are just some of the possible results that can occur during the post contact phase of the domino theory. Domino theories represent accidents as predictable chronological sequences of events or causal factors. Each causal factor builds on and affects the others. If allowed to exist without any form of intervention, these hazards will interact to produce the accident. In domino games, where the pieces are lined up and the first one is knocked over, the first domino sets into motion a chain reaction of events resulting in the toppling of the remaining dominos. In just that same way, accidents, according to the domino theories, will result if the sequence of pre contact phase causes is not interrupted.

ERGONOMICS AND SAFETY MANAGEMENT.

1. Joints must be in a neutral position



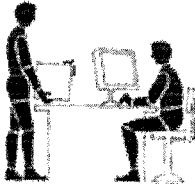
2. Keep work close to the body



3. Avoid bending forward



4. A twisted trunk strains the back.



5. Alternate posture as well as movements.



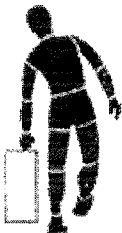
6. Avoid excessive reaches



7. Avoid carrying out tasks above shoulder level



8. Limit the weight of a load that is lifted



9. Avoid carrying loads with one hand

10. Use mechanical aids

WORKPLACE VIOLENCE

What is workplace violence.

Workplace violence is any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site. It ranges from threats and verbal abuse to physical assaults and even homicide. It can affect and involve employees, clients, customers and visitors. Acts of violence and other injuries is currently the third-leading cause of fatal occupational injuries in the United States.

According to the Bureau of Labor Statistics Census of Fatal Occupational Injuries (CFOI), of the 5,333 fatal workplace injuries that occurred in the United States in 2019, 761 were cases of intentional injury by another person. However it manifests itself, workplace violence is a major concern for employers and employees nationwide.

Who is at risk of workplace violence?

Many American workers report having been victims of workplace violence each year. Unfortunately, many more cases go unreported. Research has identified factors that may increase the risk of violence for some workers at certain worksites. Such factors include exchanging money with the public and working with volatile, unstable people. Working alone or in isolated areas may also contribute to the potential for violence. Providing services and care, and working where alcohol is served may also impact the likelihood of violence. Additionally, time of day and location of work, such as working late at night or in areas with high crime rates, are also risk factors that should be considered when addressing issues of workplace violence. Among those with higher-risk are workers who exchange money with the public, delivery drivers, healthcare professionals, public service workers, customer service agents, law enforcement personnel, and those who work alone or in small groups.

How can workplace violence hazards be reduced?

In most workplaces where risk factors can be identified, the risk of assault can be prevented or minimized if employers take appropriate precautions. One of the best protections employers can offer their workers is to establish a zero-tolerance policy toward workplace violence. This policy should cover all workers, patients, clients, visitors, contractors, and anyone else who may come in contact with company personnel.

By assessing their worksites, employers can identify methods for reducing the likelihood of incidents occurring. OSHA believes that a well-written and implemented workplace violence prevention program, combined with engineering controls, administrative controls and training can reduce the incidence of workplace violence in both the private sector and federal workplaces.

This can be a separate workplace violence prevention program or can be incorporated into a safety and health program, employee handbook, or manual of standard operating procedures. It is critical to ensure that all workers know the policy and understand that all claims of workplace violence will be investigated and remedied promptly. In addition, OSHA encourages employers to develop additional methods as necessary to protect employees in high risk industries.

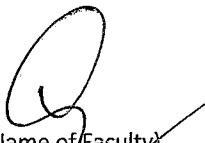
Assessment of Training: -

Exit Examination :- As per the Institutional guidelines The certificate is awarded after a final exit examination, at the end of the 6 weeks training period.

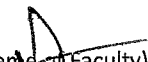
References:

- ❑ 1. Park K. , Parks essential of community health & nursing , 24 edition , M/S Banarsidas Bhanot Publishers , 2017, family health nursing process ,Page: 326,327
- ❑ 2. Park K. ,Parks textbook of Preventive & social medicine, 22nd edition , M/S Banarsidas Bhanot Publishers , 2013 , family health nursing process ,Page :371– 318
- ❑ 3. Rao sridhar B,community health Nursing, 2nd edition , Aitbs Publishers , family health nursing process, Page : 213.


3. Journals:


(Name of Faculty)
Course Coordinator

Ms. Sonjante
Vadav


(Name of Faculty)
Dear Academics

Dr. Akhilesh


(Name of Faculty)
Director/Principle/Dean of
Faculty/Department

Mr. Ramantak
Tyagi