

Occupational Health 2017



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Web-based health tracking system: Information of garment workers

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Statement of the Problem: Health data, disease pattern, health solutions provided are not always properly and collectively recorded for the general mass population. Now, talk about a group who work in a closed factory environment from dawn to dusk. Where do they access the services, what health problems face, how can information about them can be available in a manner that aids to building better health solutions both inside and outside the factory environment.

Methodology & Theoretical Orientation: A proper information management system to record and track health problems reported and solutions provided is a requirement. This standardized system, available in web-portal form and with all flexibility to add new fields and made user-friendly is something that was required. A system analysis was conducted in the service centers in the vicinity to factories and at the health center inside the factories, and a web-based system developed and installed in the service centers around Gazipur area of Bangladesh.

Findings: Disease profile were made available, patients record maintained and this helped the service providers not just to be on track in providing the right service and support to the garment workers, but also as a reminder to proactively knock workers on missed follow-ups, timely diagnosis, and medication.

Conclusion & Significance: Availability of health data of the cluster in a single platform is always helpful in providing right treatment, avoiding those situations where the provider is unable to provide the right treatment at the non-availability of patient's history. But the challenge is when garment workers seek services from unqualified providers and points where the web-based system is not in place. So, a concentrated approach is important to sensitize workers in accessing services from selected service points, so that workers, service points and factories all have the data in a centered platform for better decision-making, and solutions to healthcare.

Biography

Farhtheeba Rahat Khan is a Development Professional with experience backed up by private sector interventions and development sector working realities and challenges. As the Lead of private sector health project, she undertook studies to understand private sector healthcare market dynamics and simultaneously worked on the policy front with Ministry of Health and Family Welfare and its directorates in addressing the supply side issues of healthcare market. She has provided technical assistance for formulation of policy framework, guidelines and accreditation systems in the health training, and emphasized on avenues for women employment in the health sector. Currently, she is the Team Leader for the 'Working with Women' project implemented by SNV, where she is facilitating interventions in garment factories, following a gender sensitive and gender-specific approach to ensure equity in healthcare service provision for female garment workers.

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Sources of stress and coping strategies among Iranian physicians

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Background: Physicians are at risk of having high levels of stress which affect their performance. Finding the stressors and the coping skills to manage stress could be used to develop program to decrease stressful situation. No study has been done on Physician's stress and coping in Iran. The main objective of this study is to find out the main stressors and coping strategies among Iranian Physicians working in hospital in Tehran-Iran.

Methods: A cross-sectional study was performed on 780 Physicians, using a questionnaire consisted of two sections; The first section were the stressors which included 67 questions and the second section were The Brief COPE with 28-items for assessing a broad range of coping behaviors among respondents.

Results: A total of 1100 questionnaires were distributed to all the available Physicians in the hospitals selected. 780 Physicians returned complete questionnaires with observed response rate of 75%. Most respondents (56.9%) were women. The first 3 sources of stress in workplace (Job stressors) are physical environment problem (75%), too much volume of work and poorly paid. The main sources of stress outside the work place (non-job stressors) ranked by Physicians were; financial problem (9.09), not enough time to spend with family (8.87), conflicts with household tasks (7.36). The top five coping strategies used by Iranian Physicians were Behavioral Disengagement, Planning, Instrumental support, Acceptance, and turning to religion.

Conclusions: This study revealed that both workplace and non-job sources of stress can affect the Physicians performance and there is an association between gender and coping skills.

Biography

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Occupational safety and health in Ecuador

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Background: The occupational safety and health diagnostic (OSH) constitutes a first step for the design of national programs and ongoing reviews of existing regulations. The OSH diagnostic performed in Ecuador in 2011 is devastating due to the high labor accidents' toll, the scarce official information, lack of high-level academic education, and insufficient research.

Objective: The objective of this study is to diagnose the current state of occupational safety and health in Ecuador from official sources of information.

Methods: We examined the geographical situation, sociodemographic and public health data, legal regulations, statistics on occupational accidents and diseases, training and research on OSH in Ecuador between 2010 to 2015. The main sources of data and information were: national laws and regulations on OSH, conventions of the International Labor Organization, resolutions of the Andean Community of Nations, and official web pages of national public bodies. In addition, we analyzed the scientific production on OSH of authors with Ecuadorian affiliation, carried out in Ecuador, and published in journals indexed in the main scientific databases.

Results: In Ecuador, the rate of employment is 94.3%, and 40% is recognized as adequate employment. The percentage of the working population covered by the social security has raised during the period of study, but it remains around 42% of this population. The country has ratified the 32 ILO OSH conventions and has adopted regional regulatory instruments. The national OSH legal body starts with the Constitution. A total of 99.156 occupational injuries and 2.733 occupational were notified, showing a significant increase from 2010 to 2015. Regarding fatal occupational accidents, 1.524 cases were notified. Training in OSH is focused on occupational risk prevention. Twelve scientific articles on OSH from authors of Ecuadorian affiliation and developed in a national context were identified.

Conclusions: OSH status in Ecuador faces a persistent high toll of informal workers, an aging working population, an increase of work accidents, a scarce scientific evidence and an outdated legislation. The design of a OSH National Plan should become a priority to improve working conditions and health in Ecuador.

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Analysis of emergency decision making environment in underground coal mines- a case study

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Decisions are primarily aimed at changing the present set of condition of any workplace to a desired or a better set of condition. With increasing complexity of the environment, it requires better understanding of the process of decision making, its limitations and factors influencing the quality of decisions. This paper will analyze the decision-making process in respect of emergency conditions in coal mines and different factors that influence it. Further, the paper will present a case study of Anjan Hill Coal Mine Disaster with respect to decisions taken during mine emergency that occurred in 2010 in India.

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The importance of strengthening the function of the community health centers as the primary guard of the public health services to increase the actual and valid source of information on occupational illnesses in Indonesia

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Occupational illnesses are one of the problems in occupational health that receive grave concern in every industry, both in the organized sector and the unorganized sector. However, in Indonesia, a weak attention from the government, private workers and researcher on occupational health and the weak policies on occupational illnesses in industries, particularly in unorganized sectors, has made the occupational illnesses in this area. As a result, the accurate number of incidence of occupational illnesses is hard to find since they often not well diagnosed in the early stages. Also, nowadays, other nations recognize Indonesia as the country with a limited and invalid source of information on occupational illnesses. Therefore, strengthening the function of Community Health Centre (Pusat Kesehatan Masyarakat) as the primary guard of the public health service in Indonesia is critical to do. Community Health Centre is the first public health service that can be reached by all levels of the community, either low, middle, or high class and has sufficient human resources so it can assist the diagnosis process and data collection of occupational illnesses. It includes the activities such as placing human resources in accordance with its competence; collecting all working history data from the community; conducting regular visits to the local community to detect the presence of occupational illnesses that are late to be diagnosed; improving the occupational health and safety service; and collecting the data of illnesses routinely, either from the visit result or examination result at Community Health Centre. The human resources needed for this activity are workers who have a comprehensive level of understanding of occupational health and the science of epidemiology. The researcher believes that the improvement of the Community Health Centre can bring a better change for Indonesia, especially in the field of occupational health, in approximately 5-8 years to come.

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Assessment of numerical concentration of suspended particles and influence on breathing zone particle size distributions

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Airborne particulate matters (PM) as one of the air pollutants are environmental pollutants which usually have adverse effects on human health. Airborne PM exist in the workplaces and the industries with an aerodynamic diameter between 0.3 to 20 μm requirements of health significance. The present study aimed to determine the extent of the frequency distribution of PM and how particle emission in the different working units' factory of casting is done. Fifteen workstations were assessed for numerical concentration (count/liter) particles in the range 0.3 to 20 μm using GRIMM1100 real time portable and stationary aerosol ultrafine particle counters. As well as SPSS V-20 statistical software and 20 Mann-Whitney and GEE tests have been used to analyze the research data. Results of particles distribution measurement in numeric form has shown that the most frequency of PM was between 0.3 to 0.4 μm at 5 working tasks, also with a larger diameter of the particles, their number concentration per air volume being reduced during almost constant process. Comparison of the frequency of particle number with the various job duties revealed that the most contaminated part of the template as the drain unit has the highest density of the particles. Assessment of the indoor air parameters indicated that by increasing the air flow rate decrease the indoor air pollution in the workplace. As well as an increase in temperature and relative humidity on the workstations increased the frequency of particle number distributed in the working environment.

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Computer injuries and their prevention in scientific ways

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Computer users have experienced and have been experiencing several health hazards like eye strain, neck pain and back ache. Most of them will lead to both physical and mental stress. One of the greatest inventions of the present world is “The Computer” invented by Charles Babbage of London in 1822. It has become a part and parcel of our lives. There is no office or house without a computer. Occupational health problems including Repetitive Strain Injury (RSI) Computer Vision Syndrome, Carpal Tunnel Syndrome are not uncommon. Many studies in worldwide have been reporting that long working hours without taking breaks on computers are injurious to health. Many people including kids are unable to carry out their routine work like eating, dressing, bathing and even opening or closing a door without help. When computers were invented, silently computer related injuries also started as many people were unaware of the scientific way of working on them. The CPU, monitor, keyboard and mouse were kept according to the place available and to their convenience and not in a proper way and nobody were also taught about the same. Many countries in the world are spending billions of Dollars as compensation and to treat the injuries but nothing much is being done to prevent the same. I have done 20 years of research on computer related injuries and have designed safe techniques with modified furniture to prevent the same. Simple techniques like proper positioning of the Monitor, CPU, keyboard, using ergonomic chairs without any bearing to rotate and but with stiff back rest can minimize and prevent the injuries. Right posture of the operator and good technique of typing can further prevent the injuries.

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Application of universal precautions by operating room personnel in theaters of general surgery of teaching hospitals in baghdad regarding hepatitis B viral infection

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A cross sectional study was conducted in (Baghdad, Al-Yarmouk, Al- Kadhumiah, Al-Karama and Al-kindi) teaching hospitals during the period from 3rd February to 11th April 2014. This study aimed to assessment of universal precautions application among participants. Purposive sampling technique used to collect data from 397 operating room personnel. Researcher consented them for direct interview. Semi-structured questionnaire form and personal records used for gathering data. Chi-square and Ordinal regression used in the analysis, with 95% confidence level. Five out of ten found to have good adherence to application of the protective measures. While one of each ten had poor adherent. One-third of the participants were fully vaccinated by hepatitis B vaccine, while (23.9%) not vaccinated. Adherence to universal precautions significantly associated with respondents' age, sex, educational level, vaccination status and years of experience in the surgical theatre. Regression analysis showed that men are more adherent than women to universal precautions (Odds Ratio=0.576; p=0.024). Adherence to universal precautions among participants not received and not completed their hepatitis B vaccination was very poor compared to fully vaccinated respondents (Odds Ratio=23.92; p<0.001) and (Odds Ratio=3.565; p<0.001) respectively. In conclusion, adherence of operating room personnel to preventive practices against hepatitis B viral infection was good in general. Hepatitis B vaccination coverage among participants was poor.

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Prevalence and correlates of work stress among nurses working in psychiatric inward facilities, in Colombo district, Sri Lanka

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Statement of the Problem: Work stress among nurses in psychiatric care is considered as an important occupational health problem due to the nature of the services provided. However, studies on work stress in this study group are scarce in Sri Lanka. An understanding of such factors could greatly help in designing policies related to mental health and occupational health.

Methodology & Theoretical Orientation: This descriptive cross-sectional study was conducted among nurses working in the three in-ward psychiatric facilities in capital Colombo District namely, National Institute of Mental Health, National Hospital of Sri Lanka and Colombo South Teaching Hospital. The entire population (N=345) was given a pre-tested self-administered questionnaire composed of two parts; validated Job Content Questionnaire and questionnaire on correlates. Prevalence of work stress was measured using two indices as described by Karasek in the dynamic job strain model, namely; High Job Strain (HJS) and Iso-strain (IS).

Findings: The response rate was 89.5% (N=309). Prevalence of HJS and IS was 37.2% and 21.4% respectively. Factors significantly associated with HJS were; being single (OR=1.84, 95% CI=1.15-2.95), working more than 48 hours weekly (OR=1.71, 95% CI=1.05-2.78), violence by patients (OR=3.45, 95% CI=1.81-6.57), verbal abuse by patients (OR=3.11, 95% CI=1.80-5.39), mental health concerns (OR=2.68, 95% CI=1.595-4.40), stigma (OR=2.21, 95% CI=1.24-3.94), lack of assistance at work (OR=4.56, 95% CI=1.68-12.27), difficulty in obtaining leave (OR=2.98, 95% CI=1.48-6.00), inadequate welfare facilities (OR=1.62, 95% CI=1.01-2.59) and poor work recognition (OR=2.89, 95% CI=1.68-4.96).

Conclusion & Significance: The prevalence of HJS was significant among nurses. It was comparatively higher than the prevalence values obtained among other occupations. More than ten factors were identified as increasing the risk of High Job Strain where Iso-strain was associated with five factors. Some factors that are associated with HJS were not associated with IS indicating that positive social support could counter the negative impacts of work stress. Administrative programmes to prevent and reduce work stress among nurses are to be studied in detail.

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Head-load related musculoskeletal problems among the workers of brickfield

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The aim of the present study was to find out the head load related musculoskeletal problems among the brick field workers. This was a cross sectional study, carried out to accomplish the objective of the study. A total of 155 workers were selected from 12 brick fields of Savar upozilla, Dhaka. A modified Nordic questionnaire was used for data collection. This study found more male worker (70.3%) than female worker (29.7%) who carried load of bricks on their head. The average age of brick field worker was 34.42 ± 7.344 , mostly from 31-40 age groups. Majority (46.5%) of the workers could sign only. The workers started their work from morning 3 o'clock and worked average 8.38 ± 1.69 hours a day. Their average monthly income was BDT 9251.61 ± 2.38 . Majority (70.3%) of the workers was working more than 6 years and carried load on average 39.57 ± 5.91 kg. The minimum load was 20 kg and maximum 55 kg on each transfer time. Among them 89.0% were suffered from musculoskeletal problem. The musculoskeletal problem was more common among the workers in neck (92.0%), upper back (91.3%) and shoulder (62.3%). Other than pain, the worker also found to suffer from tingling sensation (18.8%), muscle fatigue/ weakness (12.3%), stiffness (7.2%), numbness (6.5%) and burning sensation (2.2%), especially in their neck, upper back, shoulder, lower back and hands. It was found that the working postures of workers were at high risk, as indicated by the REBA analysis (REBA score 10, 11). The difference of suffering from pain between male (95.4%) and female (73.9%); and in different age groups was found statistically significant (χ^2 15.313; $p=0.000$ and χ^2 5.649; $=0.024$ respectively). The average load carried by the workers was found to be significantly high who had pain in neck (40.7 kg), upper back (40.3 kg) and shoulder (40.6 kg) ($t=5.249$; $p=0.000$; $t=3.145$; $p=0.002$; $t=2.207$; $p=0.029$ respectively). Further it was found that who had pain in right shoulder (41.6 kg) and who had no pain (38.5 kg), the average carrying load was significantly high ($F=4.299$; $p=0.015$). The average load carrying was also found significantly high with the severity of pain in terms of mild, moderate and severe ($F=12.667$; $p=0.000$). It can be concluded that the brick field workers carried excessive load on their head during work and most of them were found to suffer from musculoskeletal problems.

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Prevalence of musculoskeletal disorder and associated factors among the weaving workers in Bangladesh

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Statement of the Problem: Handloom is an important cottage industry in Bangladesh and of largest economic sector after agriculture. About more than 1.5 million people are directly and indirectly involved for their livelihood. Handloom is a device, which is made of wood and of iron (some portion) and used to produce woven fabric run by hand and foot combination. During the weaving operation handloom workers adopt awkward postures, which is one of the most important factor of their poor working efficiency and prevalence of musculoskeletal disorders. The aim of this cross-sectional study was to find out the prevalence of musculoskeletal disorders and associated factors among weaving workers in Bangladesh. A total of 196 workers participated in this study. A modified Nordic questionnaire was used for data collection. All the respondents were male with mean age 34.68 ± 9.24 years. The respondents were found working on an average 6.10 ± 1.12 hours a day. Their average monthly income was BDT 4938.77 ± 1247.16 . Majority (23.5%) of the respondents had mean professional experience 15.73 ± 9.31 years. All the participants (100%) were suffered from different types of musculoskeletal disorder on their different body parts. The musculoskeletal disorder was more common in neck (18.4%), wrist (39.3%), upper back (1.5%), lower back (8.7%), hip (54.1%), knee (6.6%) and ankle (18.9%). Beyond the working time suffered pain in neck (100%), wrist (100%), lower back (100%), knee (100%), ankle (100%), upper back (33.3%) and hip (98.1%). Severity of pain was reported moderate type by 94.4% in neck, 92.3% in knee, 88.2% in lower back, 75.3% in wrist and severe in hip by 47.1% respondents. About 99.5% of total respondents should work in sitting posture (mean 4.71 ± 0.66 hours) with repetitive movements with hands.

Conclusion: Weaving workers couldn't maintain proper ergonomics posture and most of them were found to suffer from musculoskeletal disorder. Practice of range-of-motion exercises and stretching and using seat with adjustable back rest are recommended.

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The exposure to pollutants of the auto repair workers: monitoring their oxidative stress

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Aim: Auto repair workers, are exposed to multiple pollutants, each of them potentially risky? Dangerous? For several target organs. The aim of this study is to identify their possible overall effect, by monitoring the concentration of salivary malondialdehyde, index of oxidative stress.

Methods: Malondialdehyde of 25 male workers, smokers and non-smokers, further divided into two subgroups relatively to the amplitude of their working place, was monitored. The control group consists of 12 and 13 male smokers and 13 non-smokers. Univariate (UVA) and Multivariate (MVA) analysis method were used to analyze the results.

Results: No variable is significant ($p \geq 0.05$) for the control group using UVA while age and smoking significantly increase the levels of MDA ($p \leq 0.05$) using MVA. For worker's group the age and the place of work increase the MDA ($p \leq 0.05$) using UVA analysis while only the place of work remains significant (≤ 0.05) using MVA analysis. MVA analysis reveals that, besides the type of work, also the age and smoking significantly increase the level of MDA, because of a higher exposure to pollutants.

Conclusions: You can check the cumulative effect of pollutants on auto repair workers, by monitoring the salivary malondialdehyde.

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The lived experiences of filipino males with HIV dealing with stigma

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According to most people living with HIV, one of the main reasons why there is little knowledge about HIV in the country is the growing stigma and connotation with the disease. The moment people hear the terms HIV and AIDS, people think of the entities as negative and disgusting. These topics are taboo and should not be discussed freely in the normal Filipino family setting. The people also have discriminatingly biased connection between HIV/AIDS and homosexuality. People believe that if a man develops HIV/AIDS, he is homosexual or has been engaged in homosexual activities. This pre conceived notion about the disease somewhat contributed to the existing fear of PWHAs. Therefore, their feelings and ideas regarding this concern are not properly verbalized and addressed. This stigma creates a boundary separating health care providers and the PWHAs, and thus resulting to inefficient health care delivery. This is the primary reason for conducting this study- to use the experiences of the participants themselves as lens in defining what HIV-related stigma is. By defining it, necessary actions to reduce it or if possible to completely eliminate it can be taken. By destroying the stigma, positive and negative people alike can work harmoniously together in fighting HIV/AIDS in general. This research is a qualitative descriptive study that utilized phenomenology as a technique. This study explored the lived experiences of Filipino males by selecting 6 participants through purposive sampling. Data collection were done through triangulation using in-depth interview as main data source supported by field notes and observation. The data that was gathered were analyzed using Colaizzi Phenomenological technique. After translating, coding and interpreting the data. 10 general themes were formed namely: HIV equated to death, denial leading to non disclosure, depression: feeling of sadness and worthlessness, paranoia: PLWHAs as part of stigmatizing group, fear fuels stigma, damage: negative impacts on physical, emotional and socioeconomic aspects, direct discrimination, doubt: knowing but still doubting, stigma by association and silence creates a bigger fire. These themes were then categorized into 3 general factors: personal, interpersonal and symbolic stigma. Despite the belief of many that stigma is just composed of direct discrimination. The study explored that HIV-related stigma is multi-factorial. There is a stigma that is coming from the patient themselves- personal stigma, the more common type of stigma that involves direct discrimination- interpersonal stigma and a stigma that cannot be seen- symbolic stigma. These factors collectively create the stigma that forms a barrier between the HIV positive and negative groups and a gap between the health care providers and the patients.

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Knowledge and practice towards needle stick injury (NSI) among nursing students, Khartoum, Sudan, 2016

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Problem statement: According to WHO survey 2002 more than 3 million of health care workers suffered a percutaneous injury through contaminated sharp object, which results in about 16,000 occupationally HCV infection, 66,000 HBV infections, and 1,000 HIV infections that had led to about 1,000 and significant disability. Nursing students are at high risk to NSI because they perform an exposure prone technique during their clinical training with little experience.

Methodology: This is a cross sectional institutional based study aimed to evaluate the knowledge, attitude, and practice of nursing students in Khartoum city towards NSI with sample size of 261 students using stratified random sampling. Self-administered questionnaire was used to collect data on knowledge about, and practice on needle stick injuries.

Findings: About 23% of the nursing students suffered NSI, the needle stick injury occurred mainly as self-harm during recapping in the first attempt of a procedure using two hand technique. Most of the students did not report the incidence, two fifth of the students were not vaccinated against hepatitis B. About 64% always recap needles, and almost 80% use safety boxes and gloves when they use needles, 80% of the students knew that HIV, and HBV can be transmitted through the needle stick only 54% identified the risk of transmission of HCV.

Conclusion& Recommendations: About 23% of the nursing students suffered needle stick injury mainly in the last year. More attention must be directed on effective educational training for nursing students in occupational health as part of curricula of all nursing schools to prevent needle stick injuries by encouraging adherence to standard precautions, encourage reporting of the needle stick if, and stress on the importance of PEP. Complete hepatitis B vaccination should be provided to all nursing students and good response to the vaccine should be evaluated before starting clinical training.

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Relationship between hazards identification and incident investigation

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Background: Health and safety has become an international priority with major organization being carried out at various stages in process step-up and elsewhere. The challenge is how to organize safety efforts that will produce the greatest yield in making health and safety of employee's health and safety management activities can be considered in three different Stages: Identification of the risks and hazards; design, implementation, and evaluation of health and safety practices, maintaining vigilance to ensure that a safe environment continues and safety cultures, weakness in risk assessment in relationship with identified root causes of incident.

Aim: To investigate the relationship between the risk assessment/hazard identification and Implementation related with work outcomes safe environment or accident/near misses.

Method: An anonymous cross-sectional questionnaire was distributed during the audit of 115 organizations or by either e-mail or post to employees within companies about safety. Respondents defined their way of risk assessment and accident report and preventive measures. A job-related risk and control scale and an aggregated measure of the number of errors/near misses witnessed.

Result: A total of 115 companies completed the questionnaire, representing a response rate of 78%. Controlling for age, gender and contract type, the Safety (as measured by the interview and questionnaire) were positively associated with job related safety measures and negatively associated with implementation procedures and 'witnessed accident/near misses.

Conclusions: This study provides evidence to support the identified Health and safety risk approach in tackling workplace safety and relationship with incident investigation.

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Assessment of risks in operation theatre staff: healthcare failure mode and effect analysis

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Background: OT staff are at risk for injury in the operating room daily. Estimates of 400,000 sharp injuries happen every year in the US, with around a quarter of these being sustained by surgeons. In 2011/12, an estimated 1.1 million people in UK suffered from an illness that was caused by their work. Over the last decade, there have been five million lost working days from self-reported work-related injuries and illnesses in the health and social care sector within the UK. The present study was conducted to evaluate the selected risk processes of Operation Theatre department of a Tertiary care teaching hospital in India by using analysis method of the conditions and failure effects in health care.

Methods: A mixed method approach of qualitative action research, quantitative cross-sectional and the HFMEA of the care processes involved in the surgical care pathways of the patients in operation theatre was done to identify and analyze the failure modes and their effects on staff safety. The identified modes and causes are classified according to the Eindhoven Model and the strategies for improvement are determined by the creative problem-solving technique.

Results: In five selected processes by voting method using rating, 23 steps, 61 sub-processes and 217 potential failure modes were identified by HFMEA. A total of 25 (11.5%) major failure modes and 54 (31%) potential causes that are quantitatively measured as high risk are transferred to the decision tree. Training and Retraining, Communication Skills, Standardization, Monitoring and Control were the solutions generated for enhancing the employee safety.

Conclusion: Using HFMEA to identify the possible errors in care processes, causes of each failure mode, and strategies of improvement is highly effective, and prospective risk analysis in healthcare sector is proposed to transmit an organizational culture from the type of reaction to the type of error prevention.

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The psychosocial and psychological impact of shift work and associated absence on the Nigerian oil and gas offshore and terminal employees and families

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Research suggests that insufficient attention has been given to the psychosocial health, wellbeing, social life of an oil and gas offshore and terminal employee and family. Offshore installations have been described as among the harshest and most stressful work environments in the world. The oil and gas industry in Nigeria accounts for over 40% of gross domestic product and is a major employer. Shift work is an integral aspect of offshore and crude oil terminal employment. Offshore and terminal workers are frequently engaged in work that takes them away from their family for 2 weeks at a time, followed by 2 weeks off at home, or 2 months at work and one 1 month off work. Such shift patterns have been reported to impact negatively on workers' health. The instability of personal and social behavioral structures based on the nature of the work schedule has been associated with impairment to health and family, social life. Absence due to offshore shift work have been reported as impacting on marital relationships, parental roles and children's education, social contacts and leisure activities leading to social isolation. The aim of this research is to establish the psychosocial and psychological impact of oil and gas offshore and terminal shift pattern on employees and families and to determine individual and family coping strategies and organizational management strategies. Based upon the research findings, policy guidance for the Nigerian oil and gas industry on managing the psychosocial and psychological impacts of offshore work patterns will be developed. This work will offer an account of the perceived impact of shift work and associated absence on employees and families and help to determine coping strategies which can be used to inform the Nigerian oil and gas industry.

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Work place health and safety/occupational diseases/occupational health services

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Healthcare champions role to prevent and control infections in healthcare facilities by using advance strategies and to decrease transmission of infectious diseases from healthcare workers to patients and vice versa is very crucial. We will understand why hand hygiene, isolation precaution and correct use of personal protective equipment (PPE) during the patient care are important, to reduce healthcare associated infections and Occupational health hazards. We shall share how to reduce needle stick injuries by using FOCUS-PDCA Model in healthcare workers. We shall discuss about post exposure Interventions to infectious disease in healthcare field and how to prevent and treat employee and will share guidelines for work restrictions to employees suffering from infectious diseases like Meningococcal Meningitis, HAV, HBV, HCV, HIV, MDRO, RSV, Varicella, TB and Influenza. According to centers for disease control and prevention (CDC), in 2014, results of a project known as the HAI Prevalence Survey were published. The Survey described the burden of HAIs in US hospitals, and announced that, in 2011, there were an expected 722,000 HAIs in US acute care hospitals. Additionally, about 75,000 patients with HAIs died during their hospitalizations.

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