



ICSSR & ICMR
COLLABORATIVE NATIONAL CONFERENCE
ON
OCCUPATIONAL HEALTH OF INDUSTRIAL WORKERS:
A SOCIAL SCIENCE PERSPECTIVE

12TH & 13TH MARCH 2018

ORGANISED

BY



PG & RESEARCH DEPARTMENT OF SOCIAL WORK

LOYOLA COLLEGE (AUTONOMOUS)

CHENNAI -6000034

SUPPORTED BY

ICSSR & ICMR, NEW DELHI

ORGANISING SECRETARY

Dr.D.John Paul



**PG & RESEARCH DEPARTMENT OF SOCIAL WORK,
LOYOLA COLLEGE (AUTONOMOUS), CHENNAI - 34**



ICSSR & ICMR COLLABORATIVE NATIONAL CONFERENCE



ON

**OCCUPATIONAL HEALTH OF INDUSTRIAL WORKERS:
A SOCIAL SCIENCE PERSPECTIVE**

Date: 12th & 13th March 2018

VENUE: Fr. LAWRENCE SUNDARAM HALL



INTRODUCTION:

The Collaborative National Conference of ICSSR & ICMR on Occupational Health of Industrial Workers - A Social Science Perspective.

The inaugural was started with the Tamil Thai valthu , followed by the lighting of the lamp by the dignitaries, organising secretary of the conference and the student convenors. The chief guest of the day was Mr. L.V. Bala Chander – President – Human Resources, Communication & CSR - Ashok Leyland. Chennai. The chief guest enlightened the crowd by speaking on the 3A's which shaped a social worker.

- 1st A- creating awareness among the people
- 2nd A- application of theoretical knowledge into practice
- 3rd A-social action where social workers must be the change agent

The second session was on the nuances of occupational health of workers in manufacturing sector. The resource person of the session was Dr.Shivasanmugam (DGM) medical service wheels India, pvt.ltd. Where he spoke on accidents, mental disorder, stress in IT industries and industrial hygiene. He said that occupational health and occupational hygiene are twins and that all accidents are occupational disease.

The third session was on occupational health hazards in stone crushing industries. The resource person was Dr. Krishnendu Mukhopadhyay,

Professor and Academic Coordinator, Department of Environmental Health Engineering, Faculty of Public Health, Sri Ramachandra University, Chennai.

The fourth session was on Occupational Health Hazards in India : A Social Science Overview by the resource person Dr.Amarendra Mahapatra, Scientist‘E’, Deputy Director, Head, Epidemiology Division, Regional Medical Research Centre, ICMR, where he spoke on cycle of hazardous situations and provided an excellent coverage on the topic. On day 2 was on occupational health hazards of unorganised women workers addressed by Ms.Gheetha - President, Unorganised Women Workers’ Federation. The sixth session was on the **Role of HR** in the Prevention of Occupational Health Hazards: A Future Perspective. The moderator was Prof. Chellaiah from the Loyola Institute of Business Administration, Chennai. The panalist were Mr. M. kailasagiri AGM-HR , TIDC India, Ambattur, Chennai and the second panalist was Mr.R. Govardhanan Head –Employee Relations ,RANE Brake Linings Ltd.

The seventh session was paper presentation and the mediator was Prof. C.S. Robert Bellarmine, Associate Professor and Head of the Department of Sociology, Loyola College.

And finally ended the conference by valediction. The welcome address was given by prof. Simon joseph, coordinator, and department of social work Loyola College. Followed by the report of the conference proceedings was done by Prof. Vallary Patric , asst, professor , department of social work Loyola college.

The felicitators were Dr. Fatima Vasanth, Deputy Principal, Loyola College. And the chief guest was Mr. S. Krishnamurthy VP - Industrial Relations & Special Projects, Brakes India Ltd., Padi, Chennai. And the special guest was Mr. Kumar Jayant, IAS Principal Secretary to the Government of Tamil Nadu, Food and Civil Supplies Department. The vote of thanks was rendered by Ms.sarah - student convenor.

SESSION 1: INAUGRATION SESSION

TIME: 9:30a.m-11.00a.m

Inauguration session started by singing Tamil Thai vazhthu and Dr.Akileswari.S Asst. Professor, Department of social work welcomed the chief guest of the day Mr.N.V.Balachander and the dignitaries Dr.Amarendra Mahapatra,scientist "E" Deputy director head, Epidemiology division, Regional Medical Research centre,ICMR, Bhubaneshwar, Odissa and Dr. Fatima Vasanth , Deputy Principal, Prof Edward Sudhakar, Dean of arts, Prof.Simon Joseph, Coordinator of department of social work, Dr.Prof.John Paul, organizing secretary of the conference.

The welcome address was followed by the lighting of kuthuvilaku by the dignitaries & Dr. Fatima Vasanth & Prof.Semmalar honored the chief guest with shawl. Dr. John Paul, organizing secretary of the conference spoke about the Dynamics of the conference. He said workers should not be seen in isolation and occupation hazards are involved in all work places. He highlighted the role of a Human Resource practitioner with social work background in preventing the occupational health hazards at workplaces across settings. Our country grows up in industrial trend due to the fact that MNCs which are refused by other countries land up in India. This is the major cause of occupation hazard. We as HR or a social can't eliminate the hazard but we can limit them. This

creates negative impact on the health of the workers. So the reason for conducting is more thinking affects. More mind that brings awareness & deliberation on occupational hazard.

Dr. Fatima Vasanth addressed the gathering and shared her views on the national conference. As a social worker we are dealing with no. of. Issues & concern, what is our stand to these issues can be discussed in this conference with high profile speakers. She appreciated Dr. John Paul for organizing such a conference. And said it is the role of a HR to look into the welfare of the occupational health hazard. As a social worker was need to understand the statutory & mandatory provision that prevail in occupational settings.

Dr. Amarendra Mahapatra spoke on the importance of the topic in today world. Briefed the students about social scientist & social worker role in Prof. Edward Sudhakar addressed the gathering. Prof. Simon Joseph , Coordinator of the department of social work said his dream is to see all work as dignified by 2030, and all workers get minimum wage to living wage that leads to fair wage system. The theme of the conference covers all economic sectors, like agriculture, Industries, Service sector etc., He viewed occupational health hazards as social concern of the society.

Kevin Fernando 2nd Year HRM student shift II introduced the chief guest. Chief Guest of the day Mr.N.V.Balachander addressed the gathering. As a key note speaker, he shared his knowledge on occupational health hazard. He said about WHO definition of occupational health. As a social worker we as students or future HR should always remember 3A in the field or at workplace.

1st A- AWARENESS

Awareness creation is the core value and the work of HR in whatever field we work. As HR should always follow evangelist approach. Most of the occupation health hazards happen in unorganized sector. Eg. Migrants workers employed in construction sector . We should be as an activist in creating awareness among the unorganized sector . As a social scientist, we are into mental and social being of individual life.

2nd A- Application

Application of knowledge is a important quality that all HR and social worker should have. When we study casework and group work we can't understand its importance. But he in field all these studies makes great difference. Unless until we have to apply in the manner it was taught. When we reflect it will be very useful. Group work make us to understand common cause among the employees.

Social research is an important subject many we act because we want to act but we are not considering the fact that the audience whether need or demand it. When we understand the value of social research, we can resolve what we want to resolve. While we make social policy it requires knowledge and application of knowledge. Social policy is only factor that can bring a change. The subject social work administration is the biggest advantage, which makes us to understand the fund on addressing the issue.

3rd A-Social action

Students face is the stage, where we can initiate social action until we create noise, it will not be heard and just be a thunder of noise.

Awareness among the employees or awareness on the issue concern, needs to application of knowledge in the field, which in turn initiate social action which bring change in the field.

Nothing should be done without need. Much time we have policy which is not needed. Occupational health is still excuse in many sectors. When we administer occupational health we achieve or set out what we want as an organization. It is important for us to achieve what we want that is organizational goal.

Dr. John Paul honored the chief guest of the day and Ms.Sagaya student convener delivered the vote of thanks for inaugural session.

SESSION: 2

TIME:11.20a.m-2.00p.m

**NUANCES OF OCCUPATIONAL HEALTH OF WORKERS IN
MANUFACTURING SECTOR**

The resource person for the day Dr.Shivasanmugam (DGM) medical service
wheels India, pvt.ltd.

Mr.karthick from shift 1 honoured the resource person.

The student convenor Aarthi Anushya honoured the guest.

SAFTY AND HEALTH WORK ENVIRONMENT.

As an employer, it is your responsibility to maintain a safe and healthy workplace. A safety and health management system, or safety program, can help you focus your efforts at improving your work environment. Whatever you call it, your plan describes what the people in your organization do to prevent injuries and illnesses at your workplace.

Your organization will have its own unique system, reflecting your way of doing business, the hazards of your work, and how you manage the safety and health of your employees:

If you manage a small business in a low-risk industry, your system may simply involve listening to your employees' concerns and responding to them.

A large business in a hazardous industry may have notebooks full of written policies and procedures and a full-time safety director.

The speaker gave a special mention to factories act and environmental pollution act.

Occupational safety and health (OSH), also commonly referred to as occupational health and safety (OHS), occupational health, or workplace health and safety (WHS), is a multidisciplinary field concerned with the safety, health, and welfare of people at work. He mentioned that According to Factory Act 1948. 1. "Hazardous process" means any process or activity in relation to an industry where, unless special care is taken, raw materials used therein or the intermediate or finished products, bye- products, wastes or effluents thereof would

Cause material impairment to the health of the persons engaged in or connected therewith,

(ii) Result in the pollution of the general environment, or threat to life

2. If 50 or more employees are employed, there shall be provided Occupational Health Centre with due conditions.

3. If 500 or more employees are employed, there shall be provided and maintained an ambulance room containing prescribed medicines and nursing staff.

He also spoke on pre- employment medical examination:

- (i) Pre-existing health problems
- (ii) Occupational exposure
- (iii) Health outcome

Occupational disease are legal and compensatory one should ensure that it does not stress to other organs. Common occupational disease are

- Disease affecting by working condition

- Disease caused by the influence of working condition.

The common diseases are:

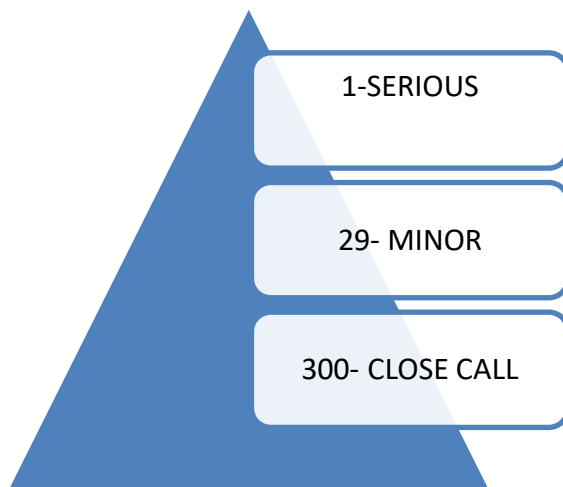
- (i) Injuries
- (ii) Musculoskeletal
- (iii) Lung infection
- (iv) Skin infection
- (v) Hearing impairment
- (vi) Dust-reel-lung
- (vii) Depression
- (viii) Cancer
- (ix) Poisoning

- accidents are the biggest contributors of occupational diseases
- any injury occurred by occupational disease are compensated
- **accidents** undesired event giving raise to death
- **Incident**- event that gives rise to an accident or had the potential to lead an accident.
- **Near-miss** –an incident where no ill health, emergency or any other losses have occurred. The term incidence include near miss.
- **Safety**- freedom from unacceptable harm.
- **Hazard**- source or situation with a potential to cause harm in terms of human injury.
- **Risk**- the livelihood and consequence of a specified hazardous event awning.

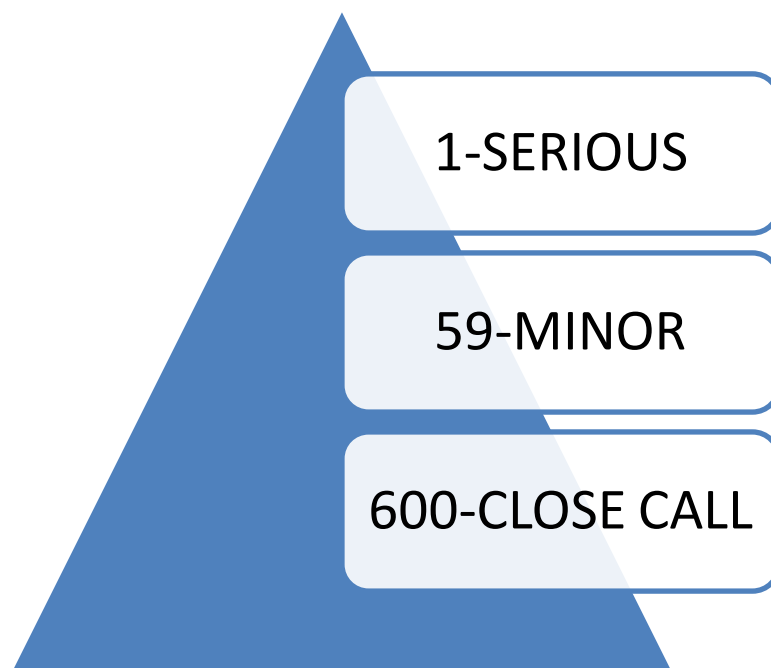
- **Tolerable risk** – risk that has been reduced to the level that can be endured by the organisation having regard to its legal obligations and its own occupational health and safety policy.

NEAR MISS RELATIONSHIP

1) INITIAL STUDIES



2) RECENT STUDIES



- **Initial studies** show for each disabling injury there were 29 minor injuries and 300 close call or no injuries.
- **Recent studies** indicate that for each serious result there are 59 minor and 600 near misses.

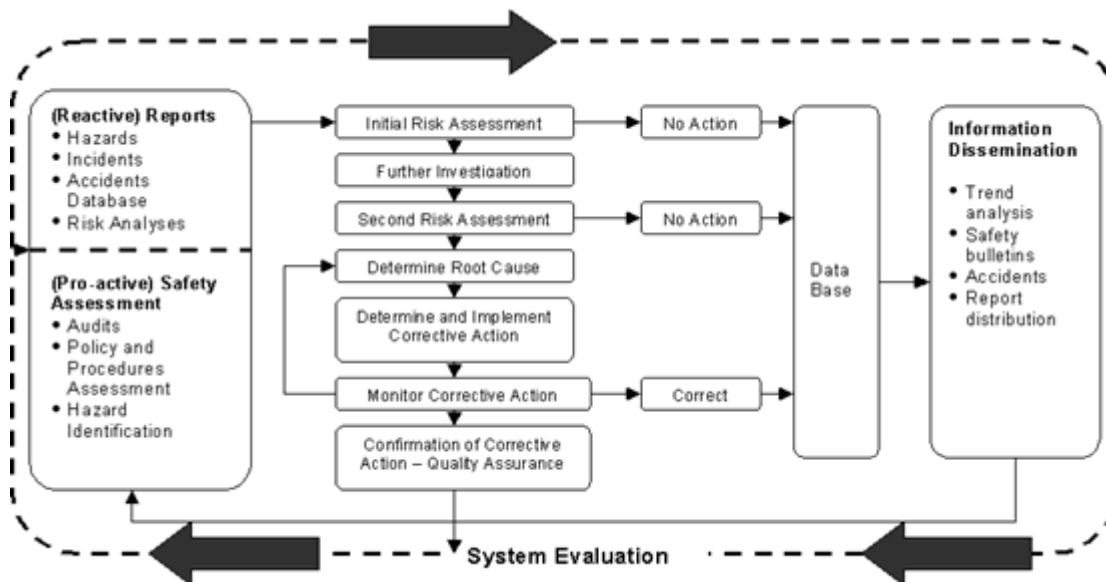
CAUSEWISE ANALYSIS OF ACCIDENTS:

- ❖ Unsafe accidents = 88%
- ❖ Unsafe conditions = 10 %
- ❖ Natural cause = 2%

ACCIDENTS AND INCIDENTS REDUCTION PROGRAM

- I. Analysis of all incidents that occur in factory premises
- II. Capturing near miss through safety audits
- III. Safety kaizen
- IV. Training
- V. Visual display safety posters

REACTIVE APPROACH



COUNTER MEASURES KAIZEN

- ❖ Interlocks – Poka –Yoke
- ❖ Double hand switches
- ❖ Photo gaurds
- ❖ Mechanical gaurds

PROACTIVE APPROACH

What types of Stress are there?

According to The Health Centre (2006), there are four main types of stress that adults experience.

Eustress

Eustress is a type of short-term stress that provides immediate strength. Eustress arises at points of increased physical activity, enthusiasm, and creativity.

Eustress is a positive stress that arises when motivation and inspiration are needed. A gymnast experiences eustress before a competition.

This type of stress is considered positive, if it occurs only in required amounts and not over a prolonged period of time. If these feelings are experienced over a prolonged period of time or frequently it may develop into other forms of stress.

Distress

Distress is a negative stress brought about by constant readjustments or alterations in a routine. Distress creates feelings of discomfort and unfamiliarity.

There are two types of distress. Acute stress is an intense stress that arrives and disappears quickly. Chronic stress is a prolonged stress that exists for weeks, months, or even years. Someone who is constantly relocating or changing jobs may experience distress.

Both acute stress and chronic stress can result in negative effects on one's health, both physically, mentally and emotionally. It is important to recognise

this type of stress as potentially harmful and identify ways to reduce and manage these emotions.

Hyperstress

Hyperstress occurs when an individual is pushed beyond what he or she can handle. Hyperstress results from being overloaded or overworked. When someone is hyperstressed, even little things can trigger a strong emotional response. A Wall Street trader is likely to experience hyperstress.

Hyperstress can have significant effects on one's health, both in the short term and also in the long term. Hypostress is likely to affect all facets on a person's life, including their work, their home life and even their social life and personal relationships.

Hypostress

Hypostress is the opposite of hyperstress. Hypostress occurs when an individual is bored or unchallenged. People who experience hypostress are often restless and uninspired. A factory worker who performs repetitive tasks might experience hypostress.

While this type of stress is not generally considered harmful in the short term, it can have significant negative impacts over the long term, affecting a person's motivation, performance and overall health and wellbeing.

STAGES OF STRESS

- Honeymoon stage
- Throttle stage
- Chronic symptom stage – anger
- Crisis stage – high BP
- Hitting the wall stage

Study to limelight the level of stress in IT employees in Chennai.

Aim

- I. To screen IT employees by questionnaire
- II. To assess in severity of stress using Holmes and rake

Result

- 56% had muscoskeletal system
- 22% hypertension
- 10% diabetes
- 54% depression
- 40% obesity

HOMLES AND RAKE

Non communicable disease 1990-2010.

Increase in non-communicable disease

- Cancer
- Diabetes
- Cardiovascular disease
- Chronic obstructive pulmonary disease (COPD)

RISK FACTOR OF NCD

- High blood pressure
- Physical inactivity
- Obesity
- Raised cholesterol
- raised blood glucose
- alcohol
- tobacco use
- Decreased vegetable and fruit intake.

OBJECTIVES:

- ESTIMATE THE PREVALENCE AND DISTRIBUTION OF
CARDIOVASCULAR RISK FACTOR.

EXPOSURE TO HAZARD IN WORK PLACE

How a person is exposed (route of exposure, as well as how often and how much exposure occurred),

What kind of effect could result from the specific exposure a person experienced?

The risk (or likelihood) that exposure to a hazardous thing or condition would cause an injury, or disease or some incidence causing damage, and

How severe would the damage, injury or harm (adverse health effect) be from the exposure?

The effects can be acute, meaning that the injury or harm can occur or be felt as soon as a person comes in contact with the hazardous agent (e.g., a splash of acid in a person's eyes). Some responses may be chronic (delayed). For example, exposure to poison ivy may cause red swelling on the skin two to six hours after contact with the plant. On the other hand, longer delays are possible: mesothelioma, a kind of cancer in the lining of the lung cavity, can develop 20 years or more after exposure to asbestos.

Once the hazard is removed or eliminated, the effects may be reversible or irreversible (permanent). For example, a hazard may cause an injury that can heal completely (reversible) or result in an untreatable disease (irreversible).

RESULT

- I. Industrial population
- II. Captive population
- III. Implementation effective

**SESSION: 3 TIME:3.15p.m-5.00p.m OCCUPATIONAL
HEALTH HAZARD IN STONE CRUSHING INDUSTRIES.**

Follow up. Session by Dr. Krishnendu Mukhopadhyay on Occupational Health Hazards In Stone Crushing Industries.

Introduction of the Chief Guest by Ms. Cesily Devakribai.

He got his Doctorate in January 2002. He worked in West Bengal Pollution Control Board. He is a Consultant and Paneslist Of World Health Organisation.

Respiratory problem is common in North due to variation in temperature. And during winter the dust created affects peoples vision.

Grave situation – it refers to workers working for livelihood. At this Point a question arises why people are working in spite of being affected by respiratory problem? The answer is that there is no other employment opportunity in that

place. Nearly 50% of the population is affected by this disease. Exposure to dust and noise in stone crushing industries in the country is major community threat.

Types of hazards

- Chemical
- Mechanical
- Psychosocial
- Biological

In 2001 to 2016 a disease named silicosis was prevalent in industries. It is irreversible disease. There is neither treatment nor medicine to cure the disease.

Those who can combat these diseases are real social workers. There is high mortality and morbidity rate in this sector. Silicosis- steel disease.

Different types of physical hazards and risk

- **Physical**
 1. Heat work
 2. Chronic kidney disease
 3. Heat stroke
 4. Heat strain
- **Non-auditory disease**
 1. Act/intelligence related disease

- **Permissible risk**

The millions of chemicals in different forms namely organic and inorganic chemicals and compounds

Only way to reduce this disease is to have self-knowledge on the restriction level of exposure in one's work area.

- permissible limit

Arrays of experiment from a data base linking the environment to health

According to a case study done in Madhya Pradesh there are 100 stone crushing clusters operating. The situation is worse during winter. People not engaged in this work are also passively exposed.

A video presentation on the technology to control dust was done. Study team- Ramachandra universit

SESSION: 4

TIME:3.15p.m-5.00p.m

OCCUPATIONAL HEALTH HAZARD IN INDIA: A SOCIAL SCIENCE OVERVIEW

Ms. Krithika priyadarshni 2nd year HRM student introduced the chief guest Dr.Amarendra Mahapatra scientist 'E', deputy director, head, Epidemiology

division, regional medical research centre, ICMR, where he spoke on cycle of hazardous situations and provided an excellent coverage on the topic.

What is health?

A state of physical, social, mental well-being. Absence of all the three states will lead to illness health.

OCCUPATIONAL HEALTH

Distress and disabilities in performing duty. In day to day life everyone has to face the distress such as

Class teacher – chalk dust

Drivers – noise pollution

Rickshaw drivers – handle food with dirty hands which will lead to stale food.

Distribute disease to one and another.

Rat pickers, beggars are prone to all types of diseases. Doctors and other staff are also prone to direct and indirect disease.

OCCUPATIONAL HEALTH –DOCTORS

Exposed to chemicals, radiations, and different infections.

OCCUPATIONAL HEALTH IS SAFETY

Social workers should be well trained on occupational health. Occupational health in working ,and environment and with co-workers.

INDIAN COUNCIL OF MEDICAL SCIENCES

Occupational health is decreasing day by day in geographical positions because of labour statistics.

OCCUPATIONAL HEALTH DEFINITION BY WHO.

OCCUPATIONAL HAZARDS

- Occupational medicine
- Industrial hygiene
- Technology
- Working conditions which lead to chronic illness and death.

RANGE OF HAZARDS

- **biological** - bacteria, viruses, insects, plants, birds, animals, and humans, etc.,
- **chemical** - depends on the physical, chemical and toxic properties of the chemical,
- **ergonomic** - repetitive movements, improper set up of workstation, etc.,
- **physical** - radiation, magnetic fields, pressure extremes (high pressure or vacuum), noise, etc.,

- **psychosocial** - stress, violence, etc.,
- **Safety** - slipping/tripping hazards, inappropriate machine guarding, equipment malfunctions or breakdowns.

A general definition of adverse health effect is "any change in body function or the structures of cells that can lead to disease or health problems".

Adverse health effects include:

- bodily injury,
- disease,
- change in the way the body functions, grows, or develops,
- effects on a developing fetus (teratogenic effects, fetotoxic effects),
- effects on children, grandchildren, etc. (inheritable genetic effects)
- decrease in life span,
- change in mental condition resulting from stress, traumatic experiences, exposure to solvents, and so on, and
- Effects on the ability to accommodate additional stress.

ECONOMIC PRINCIPLES

Conducting economic evaluations in occupational epidemiology is challenging. The basic principles of economic evaluation of occupational health and safety interventions using an adapted checklist proposed for critical appraisal of economic evaluations of health care technologies. The checklist is structured

into four main headings that include framework of the study, data and methods, presentation of results, and discussion and implications of the evaluation. Aspects such as the relationship between health and productivity for the measurement of consequences, identification of the perspective of the study with multiple stakeholders, challenges in the estimation of costs, adjustment for time preference, presentation of results, and addressing uncertainty are described. A case study in an area of high risk of sickness absence is included to illustrate the use of this checklist in real practice.

Associated with the non-application for example badly designed machinery, mechanical drivers and tools used by workers seating

Ill exposure to hazards in the workplace always causes injury, illness or other adverse health effects?

Not necessarily. To answer this question, you need to know:

- what hazards are present,
- how a person is exposed (route of exposure, as well as how often and how much exposure occurred),
- what kind of effect could result from the specific exposure a person experienced,
- the risk (or likelihood) that exposure to a hazardous thing or condition would cause an injury, or disease or some incidence causing damage, and

- How severe would the damage, injury or harm (adverse health effect) be from the exposure?

The effects can be acute, meaning that the injury or harm can occur or be felt as soon as a person comes in contact with the hazardous agent (e.g., a splash of acid in a person's eyes). Some responses may be chronic (delayed). For example, exposure to poison ivy may cause red swelling on the skin two to six hours after contact with the plant. On the other hand, longer delays are possible: mesothelioma, a kind of cancer in the lining of the lung cavity, can develop 20 years or more after exposure to asbestos.

Once the hazard is removed or eliminated, the effects may be reversible or irreversible (permanent). For example, a hazard may cause an injury that can heal completely (reversible) or result in an untreatable disease (irreversible).

One of the riskiest industries when it comes to health and the safety of employees

- Irruptions caused
- Physical\ health \environment
- Haul gland ,pituitary gland and blood stream different hazard segregate different juice

Why occupational health is important at workplace

1. Workers spend 8 hours in workplace

2. Work environment should be safety and healthy
3. Workers all over the world fall multitude of hazard

PHYSICO SOCIAL ROLE OF SOCIAL WORKER

- Gender
- Educational background
- Demographic details

Poor working conditions and affect the environment the workers live in. this means workers and other people in the community

Employees have a moral and often legal responsibility to protect workers

OCCUPATIONAL DISEASE

An occupational disease is a health problem caused by exposure to a workplace health hazard.

Your workplace should be healthy for your body and mind. You can help to keep yourself and your workplace healthy by being aware of health hazards in your environment.

These workplace health hazards can cause an occupational disease:

- dust, gases, or fumes
- noise
- toxic substances (poisons)
- vibration
- radiation
- infectious germs or viruses

- extreme hot or cold temperatures
- extremely high or low air pressure

Workplace health hazards can cause three kinds of reactions in the body:

Immediate or acute reactions, like shortness of breath or nausea, can be caused by a one-time event, (e.g., a chemical spill). These reactions are not usually permanent.

Gradual reactions, like asthma or dermatitis (skin rashes), can get worse and persist when you are exposed over days, weeks or months. These reactions tend to last for a longer time.

Delayed reactions or diseases that take a long time to develop, like lung cancer or loss of hearing, can be caused by long-term exposure to a substance or work activity. These reactions can be noticed long after the job is over.

5TH SESSION

TIME: 9.40a.m-11.00a.m

OCCUPATIONAL HEALTH HAZARD OF UNORGANIZED

WOMEN WORKER

Ms.Merlin Kenita 2nd year HRM student, begin the day session with the recap of National conference Day-1.

Ms. Monica 2nd year HRM student introduced the chief guest Ms. Geetha, President, Unorganized women worker federation, Chennai. Ms. Geetha started her speech with appreciating the college for choosing such theme for National conference. She said we see various group of unorganized worker. There are no records to show their wage, no. of. Days worked by them, type of work and where their work. Ms. Geetha has led much social action; she said workers are the real hero's involved in the struggle through which they obtained welfare board for unorganized sector in 1995. Now Tamil Nadu has 17 welfare Board for unorganized sector. She has struggled for 10 yrs. to pass 2 laws by the government. Now in all states they have established Welfare Board for unorganized sector. The most hazards industries is mining. Next to mining is construction work. Silicosis is one disease well known because of Supreme Court, which directed all state must have silicosis cell. Silicosis is a disease that is caused due to inhalation of silica. If a person is identified with silicosis, the Government should give Rs. 3 lakhs as compensation.



- She spoke that the disease must be first identified, treated, the person should be rehabilitated and compensated for the disease. All the

industries have occupational health hazard. Starting from agriculture industries, they inhale pesticide poison which leads to blood cancer.

- Workers in construction industries, stone dust can cause asthma, which is not curable. They are terminal illness. We need specialized department for occupational health.
- Women working in stone queries are affected with silicosis but when they visit hospital, they are only treated for tuberculosis. We need proper diagnosis & treatment for these diseases.
- Rag pickers, pick all kinds of waste including bio-chemical waste, which can lead to all kinds of disease. Prevention of disease is important as identification.
- Domestic worker, because they work in minimum 3 to 4 houses they have skin problem and anaemia.
- Irular fishermen stand and catch fish in sea water for hours, which can cause nervous disorder.

There are no proper safety measures in all unorganized sector. Eg. Construction worker must have safety nets, which is not available in all places. That why, we need separate departments for health for identification and compensation of workers. Identification of worker with disease shows the sensitivity of occupational health department. We have to look at the multi-faceted issues as

totality; we as HR or social worker must study the issue, identify and solve the issue.



6TH SESSION

TIME: 11:20a.m-1:00p.m

ROLE OF HR IN THE PREVENTION OF OCCUPATIONAL HEALTH HAZARDS: A FUTURE PERSPECTIVE.

The sixth session was on Role of HR in the prevention of occupational health hazards: A Future perspective. The moderator was Prof. Chellaiah Loyola institute of business administration Chennai. The panellist were Mr.M. kailasagiri AGM- HR , TIDC India,ambattur Chennai and the second panellist was Mr.R. Govardhanan head –Employee relations ,RANE brake linings ltd.

Prof. S. Chellaiah OF Loyola institute of business administration Chennai.

He spoke on the topic.

WHAT IS THE ROLE OF THE HR?

Human resources professionals play an important role in ensuring employee health and safety, as they know the workplace, the employees and their job demands. While human resources professionals are not expected to know the technical aspects of workplace health and safety, they should know when and how to use existing resources to respond to employee concerns. In many organizations, health and safety responsibilities are within the human resources department. In order to meet these responsibilities, human resources professionals must:

- Understand the health and safety responsibilities of employers, managers, supervisors and employees within the organization;

- Implement personnel management policies to ensure that everyone in the workplace is aware of his/her responsibilities;
- Establish effective ways of meeting health and safety responsibilities; and
- Ensure that employees fulfil their health and safety responsibilities as outlined in the organizational policies and program.

Work-related risk factors for health

There are many risk factors for mental health that may be present in the working environment. Most risks relate to interactions between type of work, the organizational and managerial environment, the skills and competencies of employees, and the support available for employees to carry out their work. For example, a person may have the skills to complete tasks, but they may have too few resources to do what is required, or there may be unsupportive managerial or organizational practices.

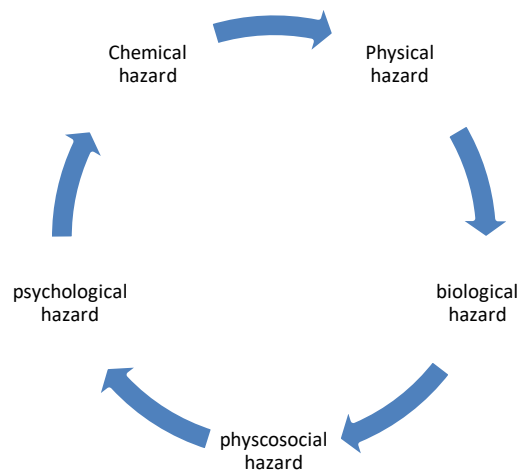
Risks to mental health include:

- inadequate health and safety policies;
- poor communication and management practices;
- limited participation in decision-making or low control over one's area of work;
- low levels of support for employees;
- inflexible working hours; and
- Unclear tasks or organizational objectives.

OCCUPATIONAL HAZARD:

An **occupational hazard** is a hazard experienced in the workplace.

Occupational hazards can encompass many types of hazards, including chemical hazards, biological hazards (biohazards), psychosocial hazards, and physical hazards.



OCCCUPATIONAL HEALTH

The role of an HR in occupational health.

- Employees demographic details
- Analysis of weather the employee has a problem
- If so help them out to clear the problem
- Take concern to protect the employees
- The primary motives of the firm are the employees.



PAPER PRESENTATION (7TH SESSION)

TIME: 2PM TO 3:15PM

**MODERATOR FOR THE SESSION – PROF. C.S. ROBERT
BELLARMINE (ASSOCIATE PROF. AND HOD OF SOCIOLOGY
DEPARTMENT LOYOLA COLLEGE)**



The chief guest was honoured by meghna Davis (shift 2) 2nd year. The introduction of the moderator was given by Jenifer David (shift 1) 1st year. The moderator Prof. Robert Bellarmine, HoD, Department of Sociology, Loyola College, Chennai addressed the audience and the paper presenters. The previous sessions recap was given the moderator and he also his shared his own opinion

on occupational health from his perspective. After that, paper presentation session was started.

Presentation 1:

The first presenter was merin john, M.Phil. Scholar from MSSW and her presentation was about the career satisfaction- A determination of occupational health. The introduction and the problem statement- career can be defined as a “positive psychological and work related outcomes accumulated as a result of one’s work experiences. She also explained about the importance of occupational health where she explained the importance of occupational health to achieve a career satisfaction and the factors that is contributed. She concluded the presentation by telling that the demand is always there for the career and occupational health and she explained the importance for the trade union to have a check on occupational health of workers to prevent them from mental stress and other hazards. Then, prof.vallary Patrick posed a question in the question and answer session. Question: which career leads to mental stress? Answer: people work in it field face more stress due to night shifts which causes change in biological pattern. Suggestion: it could have been an empirical study.

Presentation 2:

Sri lekha from Women’s Christian College, Chennai and the title of the presenter was about the monitoring and analysis of noise in Chennai traffic. She gave on her topic where she explained that the road signals are one of the noises mainly indoor and outdoor. The places visited by the paper presenter for the study- valluvarkotam and nungambakkam. Methodology used by the student was to count the vehicles outside and around the college. There was also comparison between vehicular counts and average noise. Result: when the number of vehicles is increased the average noise is also increased. The concluded her presentation saying that there is an obvious exposure and

response relation both for audiometric and non-audiometric effects of noises which needs to be addressed by the strong legislative compliances.

Presentation 3:

Pavithra Narasimhan, department of psychology, patrician college of arts and science. The title of the presentation was about the assessing the relationship between emotional intelligence and job satisfaction. She gave introduction by that the job satisfaction is an effective component and she also explained that increase in emotional intelligence also leads to the job satisfaction. The tool used by the student was job satisfaction tool and the methodologies used during the study were sampling, correlation, T- test, and hypothesis. She also explained that increase in emotional intelligence increase job satisfaction. Demographic details include family, age, years of experience, family income. The finding is that the emotional intelligence and job satisfaction are positively co-related.

Presentation 4:

Victoria, the title of the presentation was chemical approach to the health effect of marijuana dependence. She gave introduction by explaining that the opioid are substances that act on the opioid receptors to produce morphine. These are drugs used to make workers work overtime. Morphine and heroine are the strongest opium. Once these drugs are used workers get addicted to that. If the workers consume it more then it will lead to death. She also explained the psychological effects, alternate to opioid, economic implication and biological. She concluded the presentation by telling that it affects the central nervous system.

Psychological conditions

- High tendency of committing suicide

- Rejection
- Lower life satisfaction
- Mental illness
- Strained relationship with family members.

Alternate to opioid

- Marijuana
- Kratom
- Wild lettuce

Biological effects

- Respiratory system
- Reproductive system
- Digestive system
- Central nervous system
- Immune system

Presentation 5:

Aarthy anushya, the title of the presenter was about the grievance handling. She gave introduction by telling that the grievances must be addressed for smooth functioning of the organisation. She also explained the causes like quarrel among the workers, on-adjustment among workers etc. she was also listing out the steps in grievances handling, statement of the problem, managerial decision. She used random sampling method (50 women employees) for the study. The primary data was collected through interview as most of them were illiterate. 88 percentages of workers are not satisfied with decision made by the supervisor. Suggestion: suggestion book can be installed; formal and informal counselling can be done.

Results

- Female respondents – 66% tailor
- 98% are aware of grievance handling
- 3% of the respondent are illiterate
- 70% grievance settled through their HR manager

Presentation 6:

Sharat and Bhushan from Loyola College. The title was about the occupational health issues of domestic workers. The presenters explained the reason for domestic workers by telling that the husband does not willing to go for work and hence workers are forced to go for domestic work. They concluded by telling that tamilnadu has more domestic workers when compared to other states. Suggestion: the government can create more employment opportunities.

Valediction:

All good things must come to an end and so does the conference by valediction. The welcome address was given by prof. Simon joseph, coordinator, and department of social work Loyola College. Followed by the report of the conference proceedings was done by Prof. Vallary Patric , asst, professor , department of social work Loyola college.





The felicitators were Dr. Fatima Vasanth, Deputy Principal Loyola College. Prof.Dr.D. John Paul organising secretary of the conference and the chief guest was Mr. S. Krishnamurthy VP- Industrial relations & special projects brakes India Ltd, padi. And the special guest was Mr. Kumar Jayant, IAS principal secretary to the government of Tamil nadu food and civil supplies department Chennai. The vote of thanks was rendered by Ms.Sarah student convenor.

