

Managing Occupational Health Risks

Lecture Title: Work Scenarios

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Date:



**Undergraduate Diploma in
Occupational Health and Safety**

Construction

- **A construction site reports increased coughing among workers cutting concrete indoors. No dust monitoring has been conducted, and subcontractors work under different supervisors.**
- **Concrete cutting is carried out indoors without water suppression. Several workers report persistent coughing, but no air monitoring has been conducted.**
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Manual Handling

- **A logistics warehouse experiences frequent lower-back injuries among pickers handling packages manually during peak seasons.**
- **Office staff report neck and shoulder pain after prolonged computer use. No ergonomic assessments have been conducted.**
- **Workers on a food-packing line repeat the same hand movements for entire shifts with minimal breaks.**
- **Bricklayers repeatedly bend and twist while working at low levels, leading to chronic musculoskeletal complaints.**

Exposure

- **Agricultural Pesticide Exposure**
- **Farm workers apply pesticides without proper training. Some workers complain of headaches and skin irritation.**
- **Older building materials are removed during refurbishment without confirming whether asbestos is present.**
- **Demolition activities generate visible dust clouds, affecting both workers and nearby residents.**

Risk Assessments

- **Young and Inexperienced Workers**
- **Young workers are assigned physically demanding tasks without additional supervision or training.**
- **Workers enter confined spaces with poor ventilation without adequate planning or monitoring.**



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Case Study 1

- **A large construction project involves concrete cutting, drilling, and demolition inside a partially enclosed structure. Workers operate powered cutting tools throughout the day. Visible dust clouds are present, especially during indoor tasks.**
- **Several workers complain of coughing, breathing difficulty, and eye irritation. The supervisor believes these symptoms are temporary and does not investigate further. No recent risk assessment has been carried out since work methods changed, and dust control measures are inconsistent.**



Case Study 2

- **A 16-year-old apprentice joins a woodworking factor and is assigned to assist with cutting and planing tasks using powered equipment. The apprentice receives brief instructions from a coworker but no structured training. The equipment produces high noise, vibration, and dust.**
- **The young worker reports hand numbness and ringing in the ears but is reluctant to speak up, fearing it may affect future employment.**



Case Study 3

- **An engineering consultancy employs office staff who work on computers for most of the working day. Over several months, employees report neck pain, wrist discomfort, headaches, and eye strain. Absence levels slowly increase, but management attributes this to workload pressure.**
- **No workstation assessments have been conducted, and workers are unaware of ergonomic principles. Health data is collected through sickness records but never analysed to identify patterns.**



Case Study 4

- **During refurbishment of an old building, workers remove damaged wall panels and insulation materials. The area is damp, and visible mould is present. Work continues without investigation, and materials are handled without precautions.**
- **Some workers later experience skin irritation and respiratory symptoms. The issue is discussed informally but not recorded. No multidisciplinary input is sought, and no monitoring is carried out to understand the extent of exposure.**





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