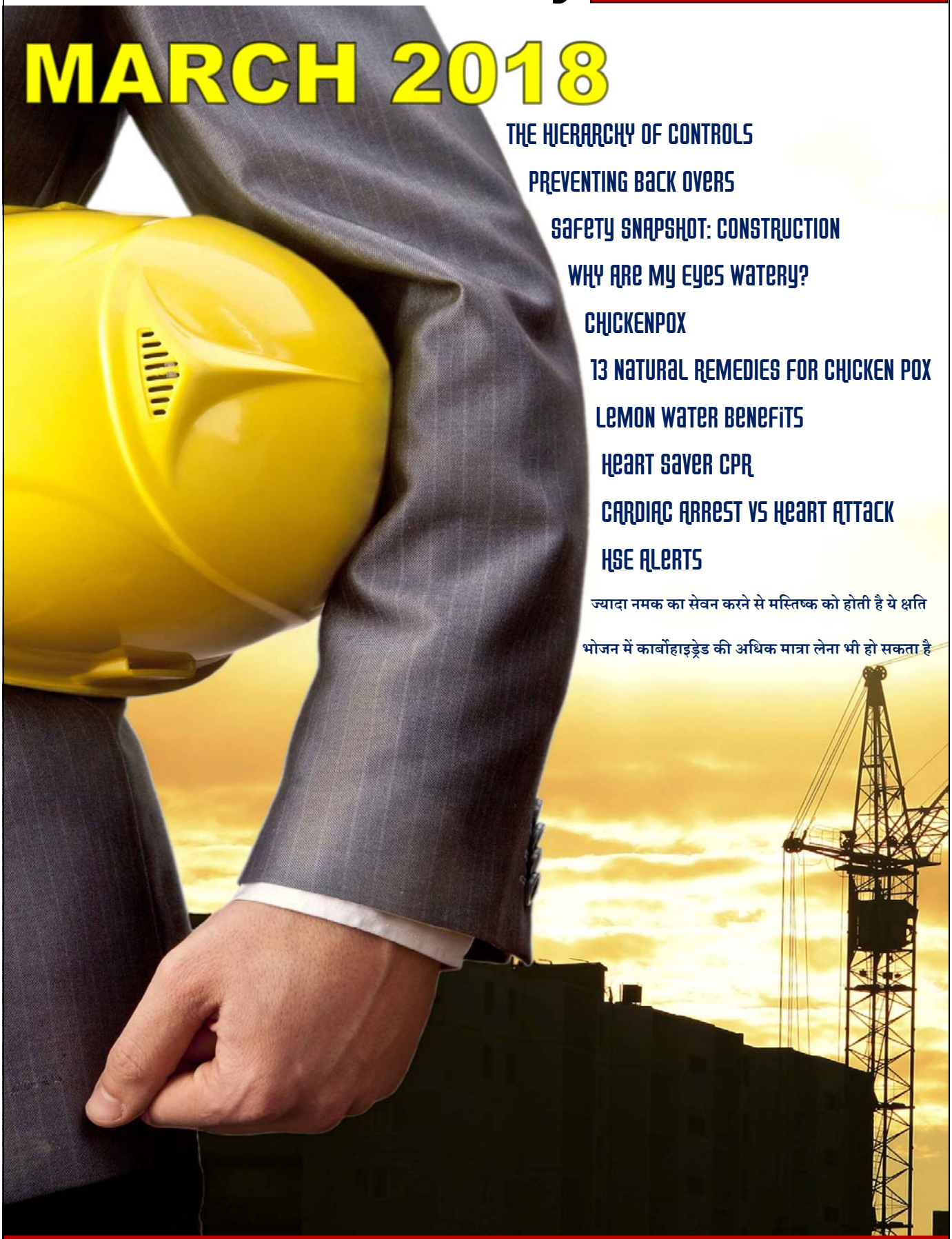
Health & Safety Newsletter



MARCH 2018

THE HIERARCHY OF CONTROLS

PREVENTING BACK OVERS

SAFETY SNAPSHOT: CONSTRUCTION

WHY ARE MY EYES WATERY?

CHICKENPOX

13 NATURAL REMEDIES FOR CHICKEN POX

LEMON WATER BENEFITS

HEART SAVER CPR

CARDIAC ARREST VS HEART ATTACK

HSE ALERTS

ज्यादा नमक का सेवन करने से मस्तिष्क को होती है ये क्षति

भोजन में कार्बोहाइड्रेड की अधिक मात्रा लेना भी हो सकता है

Issue No. 35: January 2018 to March 2018 (Quarterly HSE Newsletter) Safety First. Quality Plus. Reliability Ever.

Never Dismiss a Near Miss

A Near Miss is PROOF that all the elements for a SERIOUS INCIDENT are in place, READY TO HAPPEN if action is not taken to prevent it.

REPORT ALL NEAR MISSES

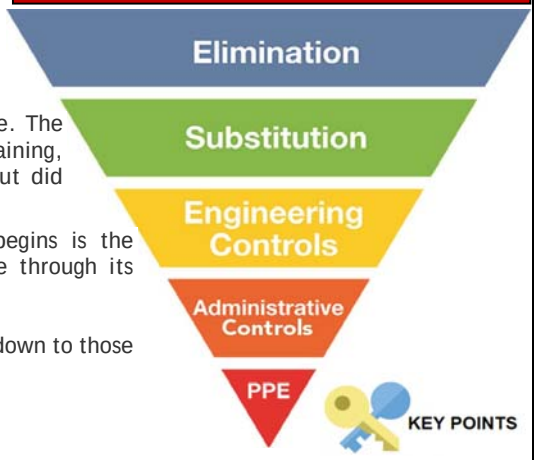
Issue No. 35: January 2018 to March 2018 (Quarterly HSE Newsletter) Safety First. Quality Plus. Reliability Ever.

Health & Safety Newsletter

IN THIS ISSUE

Issue No. 35: January 2018 to March 2018 (Quarterly HSE Newsletter) Safety First. Quality Plus. Reliability Ever.

The Hierarchy of Controls



Strategy for safety singles out hazards before work starts

A hazardous substance splashes onto a chemical plant operator taking a sample. The worker is not seriously injured, and the ensuing investigation focuses on training, personal protective equipment and the particulars of the sampling station. But did anyone ever ask whether the worker needed to take the sample at all?

Identifying and mitigating exposures to occupational hazards before work begins is the objective of all safety and health professionals. NIOSH offers a basic outline through its interpretation of the Hierarchy of Controls.

The hierarchy starts with the controls perceived to be most effective and moves down to those considered least effective. As defined by NIOSH, it flows as follows:

- **Elimination** – Physically remove the hazard
- **Substitution** – Replace the hazard
- **Engineering controls** – Isolate people from the hazard
- **Administrative controls** – Change the way people work
- **Personal protective equipment**– Protect the worker with PPE

"You can't eliminate every hazard, but the closer you can get to the top, the closer you can reach that ideal and make people healthier and safer," said Jonathan Bach, director of NIOSH's Prevention through Design Initiative.

Collaborate to Eliminate

Dennis Hendershot, staff consultant at the Center for Chemical Process Safety in New York, encourages collaborative thinking. Bring together as many people involved in the job process as possible, including supervisors, engineers, operators and workers. Ideally, Hendershot said, this consultation of "inherently safer thinking" will take place during developmental stages.

"What you want to get is everybody involved in the whole life cycle to be involved in the first question, which is, 'Can I eliminate this?'" Hendershot said. "There's no guarantee that you will be able to eliminate it, but there is a guarantee that you won't know unless you try."

Referring to the chemical splash example, Hendershot said it may be possible to take the sample elsewhere in the plant, where the material can be found at a lower concentration. Changing thought patterns may pave the way to less hazardous processes.

"They just assume you've got to do what you've been doing, and then [ask], 'What kind of safety procedures do I have?'" Hendershot said. "Well, the safest way is don't do it."

NIOSH states that elimination and substitution is often more difficult to enact after work has begun. The goal of substitution is to replace a hazardous product or process with a safer one. Examples include using non-toxic or less toxic chemicals and upgrading aging machinery with newer equipment.

- NIOSH defines five rungs of the Hierarchy of Controls: elimination, substitution, engineering controls, administrative controls and personal protective equipment. The hierarchy is arranged beginning with the most effective controls and proceeds to the least effective.
- Although eliminating the hazard is the ultimate goal, it can be difficult and is not always possible.
- NIOSH's Prevention through Design Initiative comprises "all of the efforts to anticipate and design out hazards to workers in facilities, work methods and operations, processes, equipment, tools, products, new technologies, and the organization of work."

'Make the work easier'

NIOSH identifies numerous hazards for which engineering controls can be effective. They include noise, falls, silica, aerosols, asphalt fumes, formaldehyde, hazardous drugs, lead, asbestos, carbon monoxide and nitrous oxide.

One example the agency cites involves establishing local exhaust ventilation to isolate and remove airborne emissions. Another is using machine guarding to protect operators.

However, establishing engineering controls can come with its own risks. Machine guarding ranked eighth on the list of OSHA's Top 10 most frequently cited violations for fiscal year 2017. "Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions," NIOSH states. "They typically do not interfere with worker productivity or personal comfort, and make the work easier to perform rather than more difficult."

One engineering control used in construction is the Buy Quiet program, a NIOSH initiative intended to prevent hazardous noise. The program stresses the merits of buying or renting quieter machinery and tools. (For more on the Buy Quiet program, go to www.cdc.gov/niosh/topics/buyquiet.)

Bach pointed to various examples of noise control, such as urethane-coated mining conveyor chains and improved sound insulation within the cabs of powered industrial trucks or other vehicles.

"There's all kinds of ways that we can design out hazards, and it's being done more and more," Bach said.

Changing work habits

Administrative controls limit exposure to hazards by adjusting work tasks or schedules. According to OSHA, examples include:

- Limiting the time a worker is exposed to a hazard
- Creating written operating procedures
- Installing alarms, signs and warnings
- Using a buddy system

Although they live in different parts of the country, Bach and Mike Toole, dean of the College of Engineering at the University of Toledo, have observed the same administrative controls at work while traveling. Some construction crews build new homes through prefabrication construction, a practice in which certain elements of a structure are built separately or offsite and delivered to the worksite.

In Toole's example, a crew built the wood frame of a roof on the ground near the home. The frame was loaded onto a crane, the operator lifted it into place and the crew working at height connected the frame, helping to mitigate the risk of a fall. "The earlier you're talking prefab, the better. … Maybe you're not totally eliminating [the hazard], but you're reducing the frequency of the hazard exposure," Toole said.

Know your PPE

OSHA states that use of PPE – considered the last line of defense against worker injury and illness – is acceptable when controls higher in the hierarchy don't eliminate the hazard or are in development. Numerous types of PPE are available, depending on work conditions and the part of the body that might be susceptible to a hazard.

As before, experts encourage workers to explore the viability of other controls, if possible, before deciding to don PPE. "Ideally, we want to shoot right for the top of the hierarchy, but we can't always do that," Bach said.

Pondering PtD

Bach considers Prevention through Design the pinnacle of the Hierarchy of Controls. NIOSH defines PtD as "all of the efforts to anticipate and design out hazards to workers in facilities, work methods and operations, processes, equipment, tools, products, new technologies, and the organization of work." Still, experts find that PtD can be inadvertently bypassed during project development. John Gambatese, Oregon State University professor of civil and construction engineering, said "opportunity is often lost" when an architect or engineer submits a design to a contractor for building before they first meet to collaborate.

Gambatese and Toole suggest employers look to workers who have proper experience with given hazards and work conditions for insight. After determining possible control items, employers and managers should select the best controls, finalize a plan and implement it.

"We've all heard the phrase, 'An ounce of prevention is worth a pound of cure,'" Bach said. "I think design has always been recognized as an advantage."

Elimination and Substitution

Elimination and substitution, while most effective at reducing hazards, also tend to be the most difficult to implement in an existing process. If the process is still at the design or development stage, elimination and substitution of hazards may be inexpensive and simple to implement. For an existing process, major changes in equipment and procedures may be required to eliminate or substitute for a hazard.

Engineering Controls

Engineering controls are favored over administrative and personal protective equipment (PPE) for controlling existing worker exposures in the workplace because they are designed to remove the hazard at the source, before it comes in contact with the worker. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection. The initial cost of engineering controls can be higher than the cost of administrative controls or PPE, but over the longer term, operating costs are frequently lower, and in some instances, can provide a cost savings in other areas of the process.

For descriptions of engineering control technologies researched by NIOSH, and information on the control details and their effectiveness, visit our Engineering Controls Database. The engineering controls contained in the database are beneficial for users who need control solutions to reduce or eliminate worker exposures.

Administrative Controls and PPE

Administrative controls and PPE are frequently used with existing processes where hazards are not particularly well controlled. Administrative controls and PPE programs may be relatively inexpensive to establish but, over the long term, can be very costly to sustain. These methods for protecting workers have also proven to be less effective than other measures, requiring significant effort by the affected workers.

PREVENTING BACKOVERS

Overview

A back over incident occurs when a backing vehicle strikes a worker who is standing, walking, or kneeling behind the vehicle. These incidents can be prevented. According to the Bureau of Labor Statistics, over 70 workers died from back over incidents in 2011. These kinds of incidents can occur in different ways. For example:

On June 18, 2009, an employee was working inside a work zone wearing his reflective safety vest. A dump truck operating in the work zone backed up and struck the employee with the rear passenger side wheels. The employee was killed. The dump truck had an audible back up alarm and operating lights. (OSHA Inspection Number 313225377).

On June 9, 2010, an employee was standing on the ground in front of a loading dock facing into the building while a tractor trailer was backing into the same dock. The trailer crushed the employee between the trailer and the dock. (OSHA Inspection Number 314460940).

How do back over incidents occur?

Back over accidents can happen for a variety of reasons. Drivers may not be able to see a worker in their blind spot. Workers may not hear backup alarms because of other worksite noises or because the alarms are not functioning. A spotter assisting one truck may not see another truck behind him. Workers riding on vehicles may fall off and get backed over. Drivers may assume that the area is clear and not look in the direction of travel. Sometimes, it is unclear why a worker was in the path of a backing vehicle. A combination of factors can also lead to back over incidents.

What can be done to prevent back over incidents?

Many solutions exist to prevent back over incidents. Drivers can use a spotter to help them back up their vehicles. Video cameras with in-vehicle display monitors can give drivers a view of what is behind them. Proximity detection devices, such as radar and sonar, can alert drivers to objects that are behind them. Tag-based systems can inform drivers when other employees are behind the vehicle and can alert employees when they walk near a vehicle equipped to communicate with the tag worn by the employee. On some work sites, employers can create internal traffic control plans, which tell the drivers where to drive and can reduce the need to back up. In some cases, internal traffic control plans can also be used to separate employees on foot from operating equipment.

Training is another tool to prevent back over incidents. Blind spots behind and around vehicles are not immediately obvious to employees on foot. By training employees on where those blind spots are and how to avoid being in them, employers can prevent some back over incidents. One component of this training can include putting employees who will be working around vehicles in the driver's seat to get a feel for where the blind spots are and what, exactly, the drivers can see. The National Institute for Occupational Safety and Health (NIOSH) several blind spot diagrams that can help explain what drivers of various large trucks can see.

What does OSHA require to prevent back over incidents?

This section highlights OSHA standards related to backing. There are twenty-eight OSHA-approved State Plans, operating state-wide occupational safety and health programs. State Plans are required to have standards and enforcement programs that are at least as effective as OSHA's and may have different or more stringent requirements.

In some circumstances, if a vehicle has an obstructed view to the rear, OSHA requires a backup alarm or a spotter when the vehicle is backing up.

OSHA Regulations

- 29 CFR 1926.601(b)(4), Motor vehicles.
- 29 CFR 1926.602(a)(9)(ii), Material handling equipment.
- 29 CFR 1926.952(a)(3), Mechanical equipment.
- 29 CFR 1910.269(p)(1)(ii), Electric power generation, transmission, and distribution.

OSHA has other standards that relate to vehicles and mobile equipment traveling backwards. For example, OSHA does not specifically require backup alarms on powered industrial trucks, such as forklifts, but there are regulations that prohibit removing a backup alarm if a powered industrial truck is equipped with one by the manufacturer. Accordingly, two OSHA standards for the maritime industry 29 CFR 1917.43(c)(5) and 29 CFR 1918.65(f)(1) prohibit employers from removing safety devices, such as backup alarms, when the manufacturer equips a powered industrial truck with such an alarm.

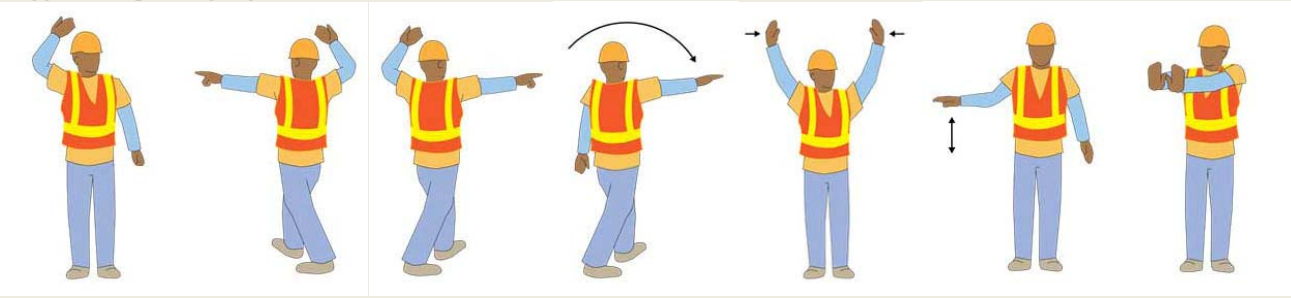
Backing Safety Solutions

Spotter

Spotters are a proven method of protecting employees on foot behind vehicles with an obstructed view, but spotters themselves can be at risk for injury or even death. Employers can implement the following actions to help keep spotters safe:

- Ensure that spotters and drivers agree on hand signals before backing up.
- Instruct spotters to always maintain visual contact with the driver while the vehicle is backing.
- Instruct drivers to stop backing immediately if they lose sight of the spotter.
- Not give spotters additional duties while they are acting as spotters.
- Instruct spotters not to use personal mobile phones, personal headphones, or other items which could pose a distraction during spotting activities.
- Provide spotters with high-visibility clothing, especially during night operations.

Suggested Spotting Signals:



Backup | Back, turn left | Back, turn right | Move Forward | Distance Left Back | Slow Down | Stop

Cameras

Most vehicles (and some types of mobile equipment) can accommodate a camera that provides operators with a view to the rear. Some vehicles come equipped with cameras or may be offered with them as optional equipment. Camera systems can also be purchased as after-market equipment for vehicles. Viewing screens may be dash-mounted but must not block the driver's view out the windshield. Harsh environments, such as some construction sites or mines, may require more rugged cameras. Determining where to mount a camera for maximum effectiveness may be difficult, especially on large vehicles. For example, dump trucks may require two or three cameras to monitor the blind spots on the front, rear, and side of the vehicle.

Proximity Detection Systems

Radar and ultrasonic technology both are used in backing safety systems. A radar system transmits a signal, which is bounced off an object. The signal is then received by a receiver. These systems alert the driver with a visual and/or audio warning. These systems must be positioned so that they won't detect harmless objects, such as the concrete slab of a driveway, which can interfere with the detection of an object or person behind the vehicle or mobile equipment. Also, the composition of an object can affect detection, with some materials being virtually invisible to radar. Like cameras, this equipment can be mounted on most vehicles and may be an option from some manufacturers.

Ultrasonic systems, such as sonar, emit bursts of ultrasonic waves in a frequency above the hearing threshold of humans. When the waves strike an object, they generate echoes used to determine the distance to the object. These systems alert the driver with a visual and/or audio warning.

Tag-based Systems

Another type of proximity detection system is an electromagnetic field-based system, which is a type of tag-based system. This system consists of electromagnetic field generators and field detecting devices. One electromagnetic field-based system uses electromagnetic field generators installed on a vehicle and electronic sensing devices (a tag) worn by persons working near the vehicle. Another electromagnetic field-based system uses field generators worn by persons working near the vehicle, with the sensing devices installed on the vehicle. These electromagnetic field-based systems can be programmed to warn affected workers, stop the vehicle, or both, when workers get within the predefined danger zone of the vehicle.

Internal Traffic Control Plans

An internal traffic control plan (ITCP) is another method used to address back over hazards. These are plans that project managers can use to coordinate the flow of moving equipment, workers, and vehicles at a worksite to minimize or eliminate vehicles and employees from crossing paths. These plans can significantly reduce, or possibly eliminate, the need for vehicles to back up on a site.

"It's very clear for many, many years that the current standard is not sufficient," "Just having a backup alarm does not prevent people from getting killed. I think a relatively uncomplicated regulation could be adopted and could make a big difference. I think if [OSHA was] able to reduce fatalities from reverse operational vehicles by 50 percent, they would find that a worthwhile proposition."

OSHA's Logging Operations Standard (1910.266) requires drivers to confirm no one is in their path before starting or moving their machines.

Spot on

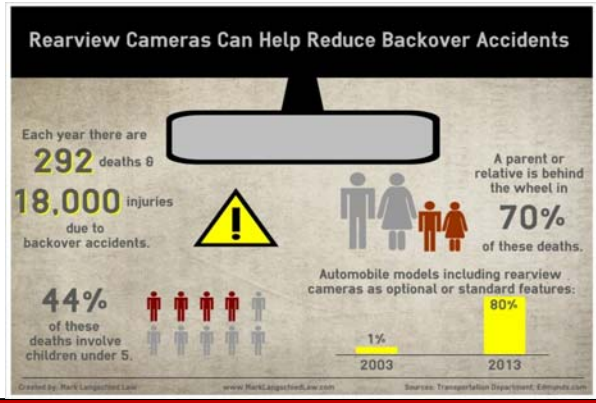
So what can organizations and employees do until a federal regulation is enacted, if ever?

A series of best practices can be employed, experts say, because the ubiquitous backup alarms can get tuned out by workers or drowned out by a noisy jobsite.

One practice is using a well-trained spotter, someone who can look out for other vehicles, workers on foot or pedestrians. That job, however, also can prove dangerous because those employees can get hit by backing trucks or other equipment.

OSHA recommends the following best practices:

- Ensure spotters and drivers coordinate on hand signals.
- Drivers should remain in visual contact with a spotter while backing and should stop immediately if they lose visual contact.
- Spotters should not be given additional duties, and they should avoid using distracting items such as cellphones or headphones.
- Spotters should wear high-visibility gear, especially when working at night.



Safety Snapshot: Construction

According to data from the Bureau of Labor Statistics ...

10.3 million workers are employed in the construction industry.

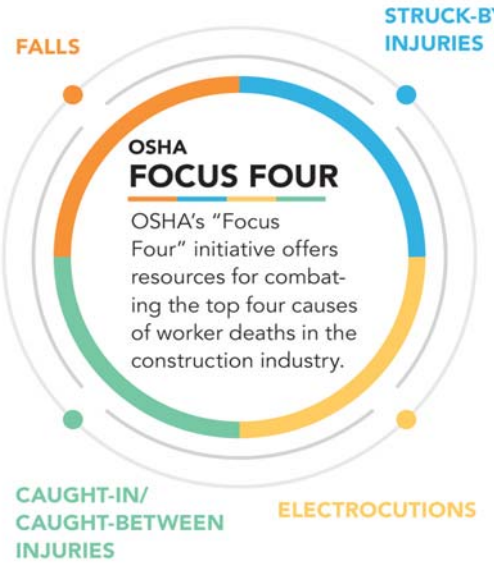
The average construction worker is **42.6 years old.**

In 2016:

991 construction workers were killed on the job.

82,760 nonfatal injuries and illnesses involving days away from work were recorded.

FALL PROTECTION – GENERAL REQUIREMENTS (1926.501) remains No. 1 on **OSHA's "Top 10"** list of most-cited violations.



WOMEN in the construction industry face unique challenges. Among the issues they report: **poorly fitting PPE, inadequate restroom access** and **harassment.**

75%
of construction firms
plan to expand headcount in 2018, according to survey results released in January by the Associated General Contractors of America.

Yet, 78% say they're having a hard time finding qualified workers. Will they turn to new or inexperienced workers? BLS data from 2013 shows that **34.9% of injuries and illnesses** in the construction and extraction industry occurred among workers with **less than one year of experience.**

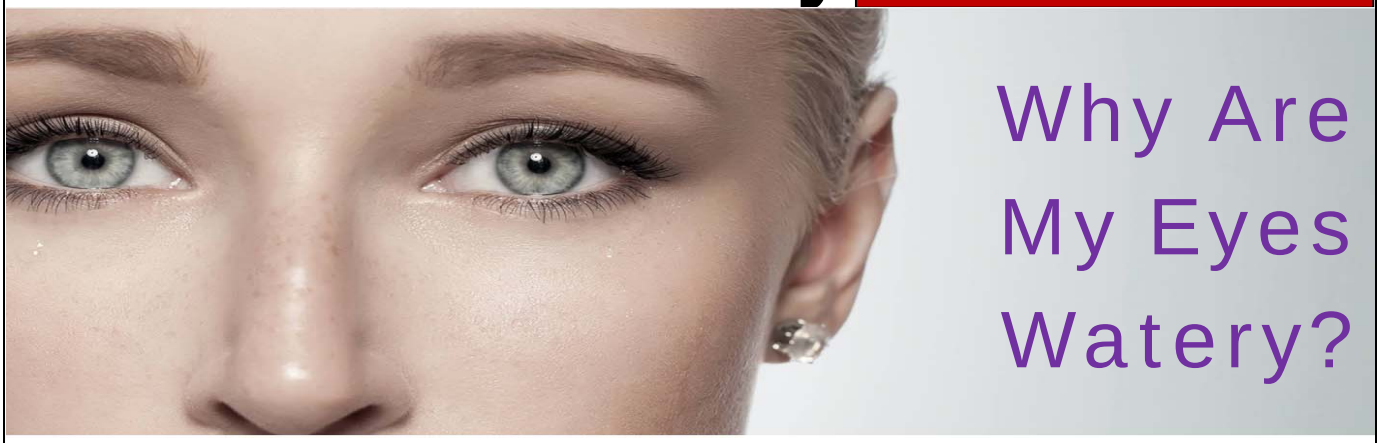
A National Safety Council survey from 2017 found that an estimated **15% of construction workers have substance use disorders** – nearly twice the national average of 8.6%.

The day of the week when the most workers are injured? According to BLS data, it's **Monday.**

Use of **emerging safety technologies** – such as **drones** and **wearable devices** – is on the rise among construction contractors, results of a recent survey* show. Still, 62% of respondents said they don't use onsite technology to promote safety.

*Survey conducted by Dodge Data & Analytics in partnership with the Center for Construction Research and Training – also known as CPWR – and United Rentals.

Falls from height accounted for 370 construction worker deaths in 2016. **Every year, OSHA leads the National Safety Stand-Down to raise awareness of fall hazards.** For more information, go to ***www.osha.gov/StopFallsStandDown.***



Why Are My Eyes Watery?

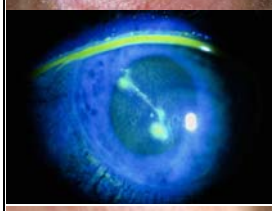
If you find you have a problem with constantly watering eyes, it's usually because of excessive tear production, or poor tear drainage. Our bodies produce tears to keep our eyes lubricated, and to help remove any foreign bodies. But when the body produces too many tears, or tear drainage is affected, the result is excessively watery eyes. While not necessarily harmful, watery eyes can be troublesome and irritating. Thankfully, they can usually be treated quickly and effectively.

Pinkeye (Conjunctivitis)
This is a common cause of watery eyes for both children and adults. It can make one or both of the eyes look pink or red and feel itchy and gritty, like there's sand in them. Infections with bacteria or viruses are the most common cause. Viral infections don't need treatment, but you might need antibiotic eye drops if it's bacterial.

Allergies
Watery, itchy eyes often come with a cough, runny nose, and other classic allergy symptoms. But it's possible to have eye allergies on their own. Allergy medicines, eye drops, and avoiding your triggers -- like pollen, mold, or pet dander -- can help. While colds can cause watery eyes, too, they won't make them itch. That's one way to tell colds and allergies apart.

Blocked Tear Duct
Normally, tears flow out of the tear glands above your eye, spread across the surface of your eyeball, and drain into ducts in the corner. But if the ducts get clogged, the tears build up and your eye gets watery. Lots of things can cause the problem, like infections, injuries, even aging.

Eyelid Problems
Your eyelids are like windshield wipers. When you blink, they spread tears across your eye and sweep away the extra moisture. But sometimes they don't work quite right. The eyelids and lashes can curve inward and rub against the eye, a problem called entropion. Or they sag outward, called ectropion, so the lids can't wipe the whole eye when you blink. Either one can trigger watery eyes. If you need it, surgery can be a permanent fix.



Scratch on the Eye
Dirt, sand, and contact lenses can scratch the outside of your eyeball, called the cornea. If this happens, your eye may tear up, hurt, look red, and be sensitive to light. While these scratches usually heal in a day or two, it's important to see a doctor if you might have a corneal scratch. You may need treatment to prevent an infection.

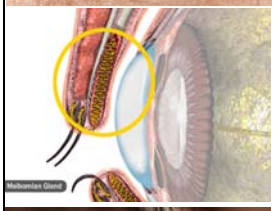
Styes
They can make your eye teary, but the other symptoms are usually more obvious, like a swollen, red, painful lump along the edge of your eyelid. Bacteria are the cause, and a stye will probably go away on its own in a few days. In the meantime, leave it alone and don't try to pop it like a pimple -- you'll spread the infection. A warm washcloth on your eye may ease the pain

Eyelash Problems

Ever had an eyebrow hair that stubbornly grows in at a weird angle? The same thing can happen with your eyelashes. If they grow in instead of out, they rub against the eye. It's called trichiasis, and it can happen after infections, injuries, or other problems. To get relief from the discomfort and excess tears, your doctor might remove the eyelash or redirect it so it points in the right direction.

Blepharitis

This condition makes your eyelids swell, usually near the eyelashes. Your eyes might sting and be watery, red, itchy, and crusty. Lots of things can cause it, like infections, rosacea, and allergies. Treatments can help, although blepharitis often comes and goes.



Problems With Oil Glands

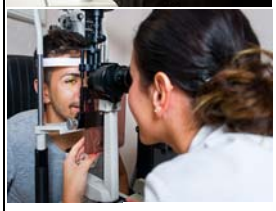
Tiny glands on the edge of your eyelid, called meibomian glands, make oils that help keep your eyes healthy. They stop your eyes from drying up too fast and create a barrier that keeps tears where you need them. But if these glands get blocked and don't make enough oil, your eye gets irritated and watery. Warm compresses on the eye are one way to help the glands work normally again.

Something in Your Eye?

When something gets in your eye -- a speck of dirt, dust, an eyelash -- your body makes more tears to flush it out. Even stuff that's too small to see, like particles in smoke or chemicals in onions, trigger this reaction. Once the problem has been swept away, your eyes should stop watering. But there are other eye problems and health issues can make you tear up more often, too

Dry Eyes

You might have this problem because your body doesn't make enough tears, because they dry up too fast, or they don't have the right balance of water, oils, and mucus. Lots of things can cause those issues, from windy days to medical conditions. Whatever the cause, your eyes react by making more tears.



Other Causes

Lots of medical conditions can cause watery eyes, like Bell's palsy, Sjogren's syndrome, chronic sinus infections, thyroid problems, and rheumatoid arthritis. So can medical treatments like chemotherapy or radiation. If your eyes tear up often and you don't know why, see your doctor. Treatment could help you feel better and see clearly again.

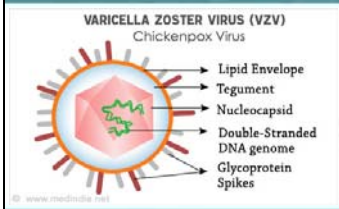
How to use eye drops

Using eye drops does not need to be a daunting task.

Here are six simple steps to follow:

Take care not to touch the eye, or eyelid with the nozzle of the bottle.

1) Wash your hands before you start.
2) Tilt your head back and look up at the ceiling.
3) Gently pull the lower eyelid down until it forms a small pocket, or pouch.
4) Squeeze the bottom of the upturned dropper to release a SINGLE drop into the eye. If you think that you have missed, another drop may be used. Release the lower lid and gently close eyelid for 30 seconds (do NOT squeeze lids closed). Dab excess with tissue.
5) If more than one type of eye drop is prescribed, it is best to wait for 3-5 minutes between the different drops to allow the best effect from each drop.
6) Then wash your hands again.



Chickenpox

What is chickenpox?
Chickenpox, also called varicella, is characterized by itchy red blisters that appear all over the body. A virus causes this condition. Chickenpox is a very contagious infection caused by the varicella-zoster virus. It mainly affects kids, but adults can get it, too. The telltale sign of chickenpox is a super-itchy skin rash with red blisters. Over the course of several days, the blisters pop and start to leak. Then they crust and scab over before finally healing.

It's very rare to have the chickenpox infection more than once. And since the chickenpox vaccine was introduced in the mid-1990s, cases have declined.

What are the symptoms of chickenpox?
An itchy rash is the most common symptom of chickenpox. The infection will have to be in your body for around seven to 21 days before the rash and other symptoms develop. You start to be contagious to those around you up to 48 hours before the skin rash starts to occur.

The non-rash symptoms may last a few days and include:
- fever
- headache
- loss of appetite

One or two days after you experience these symptoms, the classic rash will begin to develop. The rash goes through three phases before you recover. These include:
- You develop red or pink bumps all over your body.
- The bumps become blisters filled with fluid that leaks.
- The bumps become crusty, scab over, and begin to heal.

The bumps on your body will not all be in the same phase at the same time. New bumps will continuously appear throughout your infection. The rash may be very itchy, especially before it scabs over with a crust.

During the first phase, you'll develop itchy, raised, pink or red bumps. Doctors call these "papules." As many as 250 to 500 of them can pop up all over your body. In severe cases, they can even form in your mouth, eyes, anus, or genitals.

Over the next several days, these bumps will turn into small, fluid-filled blisters called "vesicles." They last about a day before they pop and start to leak.

Finally, these open wounds crust over and turn into scabs. As they heal, new bumps continue to appear. You could have bumps, blisters, and scabs at the same time. You can spread the virus to other people until all the spots crust over.

What causes chickenpox?
Varicella-zoster virus (VZV) causes the chickenpox infection. Most cases occur through contact with an infected person. The virus is contagious to those around you for one to two days before your blisters appear. VZV remains contagious until all blisters have crusted over. The virus can spread through:
- saliva
- coughing
- sneezing
- contact with fluid from the blisters

Who Gets It?
Children under the age of 2 are most at risk for chickenpox. In fact, 90% of all cases occur in young children. But older kids and adults can get it, too.

You're more at risk for chickenpox if you:
- Haven't had the virus before
- Haven't been vaccinated for it
- Work in a school or child care facility
- Live with children

Who is at risk of developing the chicken pox?
Exposure to the virus through previous active infection or vaccination reduces risk. Immunity from the virus can be passed on from a mother to her newborn. Immunity lasts about three months from birth.
Anyone who has not been exposed may contract the virus. Risk increases under any of these conditions:
- You have had recent contact with an infected person.
- You are under 12 years of age.
- You are an adult living with children.
- You have spent time in a school or child care facility.
- Your immune system is compromised due to illness or medications.

How is chickenpox diagnosed?
You should always call your doctor any time you develop an unexplained rash, especially if it's accompanied by cold symptoms or fever. One of several viruses or infections could be affecting you. Tell your doctor right away if you are pregnant and have been exposed to chickenpox.You doctor may be able to diagnose chickenpox based on a physical exam of blisters on you or your child's body. Or, lab tests can confirm the cause of the blisters.

What are possible complications of chickenpox?
Call your doctor right away if:
- The rash spreads to your eyes.
- The rash is very red, tender, and warm (signs of a secondary bacterial infection).
- The rash is accompanied by dizziness or shortness of breath.

When complications occur, they most often affect:

- infants
- older adults
- people with weak immune systems
- pregnant women

These groups may also contract VZV pneumonia or bacterial infections of the skin, joints, or bones.

Women exposed during pregnancy may bear children with birth defects, including:

- poor growth
- small head size
- eye problems
- intellectual disabilities

How is chickenpox treated?
Most people diagnosed with chickenpox will be advised to manage their symptoms while they wait for the virus to pass through their system. Parents will be told to keep children out of school and day care to prevent spread of the virus. Infected adults will also need to stay home.

Your doctor may prescribe antihistamine medications or topical ointments, or you may purchase these over the counter to help relieve itching. You can also soothe itching skin by:

- taking lukewarm baths
- applying unscented lotion
- wearing lightweight, soft clothing

Your doctor may prescribe antiviral drugs if you experience complications from the virus or are at risk for adverse effects. People at high risk are usually the young, older adults, or those who have underlying medical issues. These antiviral drugs do not cure chickenpox. They make the symptoms less severe by slowing down viral activity. This will allow your body's immune system to heal faster.

What is the long-term outlook?
The body can resolve most cases of chickenpox on its own. People usually return to normal activities within one to two weeks of diagnosis. Once chickenpox heals, most people become immune to the virus. It won't be reactivated because VZV typically stays dormant in the body of a healthy person. In rare cases, it may re-emerge to cause another episode of chickenpox.

It is more common for shingles, a separate disorder also triggered by VZV, to occur later during adulthood. If a person's immune system is temporarily weakened, VZV may reactivate in the form of shingles. This usually occurs due to advanced age or having a debilitating illness.

How can chickenpox be prevented?
The chickenpox vaccine prevents chickenpox in 98 percent of people who receive the two recommended doses. Your child should get the shot when they are between 12 and 15 months of age. Children get a booster between 4 and 6 years of age.

Older children and adults who haven't been vaccinated or exposed may receive catch-up doses of the vaccine. As chickenpox tends to be more severe in older adults, people who haven't been vaccinated may opt to get the shots later. People unable to receive the vaccine can try to avoid the virus by limiting contact with infected people. But this can be difficult. Chickenpox can't be identified by its blisters until it has already been spreadable to others for days.

You are still contagious until all the blisters on your body have scabbed over. The crusty scabbed areas eventually fall off. It takes seven to 14 days to disappear completely.

Chickenpox (Varicella) Vaccine for Adults
Vaccination is the best way to prevent chickenpox. A chickenpox vaccine is available in the Hospitals and is easy to get from a doctor or a public health clinic. The chickenpox vaccine is very effective at preventing the disease between 70% and 90% of people who get vaccinated will be completely immune to chickenpox. If a vaccinated person does get chickenpox, the symptoms will be very mild and only last for a few days.

When should adults be vaccinated against chickenpox?
All adults who have never had chickenpox or received the vaccination should be vaccinated against it. Two doses of the vaccine should be given at least four weeks apart.

If you've never had chickenpox or been vaccinated and you are exposed to chickenpox, being vaccinated right away will greatly reduce your risk of getting sick. Studies have shown that vaccination within three days of exposure is 90% effective at preventing illness; vaccination within five days of exposure is 70% effective. If you do get sick, the symptoms will be milder and shorter in duration.

Who shouldn't get the chickenpox vaccine?
You should not be vaccinated against chickenpox if you:

- Are moderately to severely ill at the time of vaccination
- Are pregnant (women should not become pregnant for one month after receiving the chickenpox vaccine)
- Have ever had an allergic reaction to gelatin, the antibiotic neomycin, or a previous dose of chickenpox vaccine

These people should check with their doctor about getting the chickenpox vaccine:

- Patients undergoing chemotherapy or radiation for cancer
- People taking steroid drugs
- People with HIV or another disease that compromises the immune system
- Patients who recently had a blood transfusion or received other blood products.

What's in the chickenpox vaccine?
The chickenpox vaccine is made from a live, weakened form of the varicella virus. That means the virus is able to produce immunity in the body without causing illness.

Are there any risks associated with the chickenpox vaccine?
The most common side effect from the chickenpox vaccine is swelling, soreness, or redness at the site of the injection. A small number of people may also develop a mild rash or a low-grade fever after vaccination.

Serious reactions to the chickenpox vaccine are extremely rare, but they may include:

- Seizures
- Brain infection
- Pneumonia
- Loss of balance
- Severe allergic reaction (anaphylaxis)

As with other vaccines, the risks associated with the chickenpox vaccine are much lower than the risks associated with the disease itself.

People get infected with chicken pox due to the virus called varicella zoster. It can easily spread from person to person through mucus, air, fluid from swelling or through contact with saliva of a person infected with this virus. Red spots, blisters or itchy rashes on every part of the body are some of the common symptoms of this disease. The person infected by this disease may suffer with pain in muscles, fever, and weakness. This disease can be treated with some natural remedies, and also it helps you in getting relief from most of the symptoms like rashes and itching sensation.

Neem

With its antiviral property, it can reduce varicella zoster virus which causes chicken pox. It reduces irritation and itching sensation in your body with its anti-inflammatory property. Spread neem leaves all over the bed and make patient to sleep on it. Apply the paste on the patient's skin prepared by crushing neem leaves with water. Do not apply this method for kids. Follow this step till the disease is cured.

Green Peas

Green peas are delicious vegetable and also a good remedy to treat chicken pox. It reduces itchiness with the help of water made from these peas. Boil green peas in water till you feel they have become soft and prepare a paste from it. Apply this paste on patient's skin and leave it for few hours and then wash it with warm water.

Jasmine Flower

Using this flower to treat chicken pox is a remedy followed by people in Thailand. They use this flower to bath and also they have tea prepared by this flower to cure chicken pox. Prepare tea with jasmine steeped in hot water and have this solution for 2 to 3 times a day for few weeks. You can also use jasmine flower to bath by adding grained flower to rice water and mixing this solution in lukewarm water.

Turmeric

Turmeric can be used to treat chicken pox with its amazing anti-bacterial and anti-inflammatory properties. You can use sandalwood oil with turmeric powder for good result. Prepare a paste by adding sandalwood oil to turmeric powder and apply it on the itching skin. Leave this paste on your skin for few minutes or hours and then wash it with warm water and dry gently.

Ginger

Treating chicken pox with ginger is also a good type of remedy. You can use it to treat this disease by prepare ginger tea, which is prepared by boiling pieces of ginger in water. But ginger bath is more recommended to treat this disease than tea. It helps in reducing itching very instantly. This process is very easy to follow, all you have to do is just add ginger pieces of powder into warm water and let it soak for half an hour. Have bath with this water and dry gently with towel.

White Vinegar

Vinegar is one of the traditional natural remedy used to cure chicken pox. Long back it was used for medical purpose as it contains acetic acid in it. Harmful bacteria can be killed with it help of mild acid present in vinegar. It also helps to prevent scar formation from chicken pox. Add 100ml of brown vinegar to lukewarm water and take bath. Follow this method till the disease is cured.

Honey

Honey is a very good natural remedy which can be used to treat chicken pox. Its anti-bacterial property can cure irritation caused by chicken pox. It creates soothing effect through anti-bacterial property and natural sugars present in it. Apply thin layer of honey on the skin where there is itching or blister or rashes. Leave it for some time and wash it with warm water. Do this process for 2-3 times a day for good results.

Marigold Flower

This flower has anti-inflammatory and anti-bacterial properties. It helps in reducing redness of skin and swelling. Using marigold will help you in increasing healing power in our body and it gives relief from pain. Soak marigold flower in water for overnight, prepare a paste with it in the morning and apply it on your skin and wash it after few hours. Follow this process till you are cured.

Lavender

It is another useful remedy to treat chicken pox. It helps to reduce itching and irritation caused by this disease. Dilute lavender oil with coconut or almond oil, apply this solution on the skin and leave it to dry. Do this process twice or thrice a day.

Carrot and Coriander

Carrots and coriander are rich in vitamins A and C and other nutrients needed to strengthen the immune system. You can use them in soups to treat the infection. Process: Boil a pot of water and add 1 cup of chopped carrots and 1 ½ cups of coriander leaves; Reduce heat and simmer 15 minutes; Remove from heat and strain; Drink once a day for a month. Note: You can also eat boiled carrots and coriander leaves.

Baking Soda

One of the most popular remedies for chickenpox is the use of baking soda, which can be mixed with water and turned into a type of paste. This paste can be applied to the skin and then allowed to dry. The active components of baking soda reduce the itchiness and pain of the blistered skin and can help avoid excessive scratching, which extends the healing process and can lead to scarring if the pockmarks are constantly reopened.

Sandalwood Essential Oil

A number of essential oils can be combined in bathwater to create a perfect chickenpox remedy, but sandalwood oil is especially effective, as it is both antiviral and antibacterial. It can be applied topically or mixed into other remedy pastes and creams. This oil will improve the health of the skin, reduce inflammation, and protect against any secondary infections that chickenpox patients are so prone to developing.

Epsom Salt

Filling a bathtub with water and epsom salts can successfully dry out [8] the pockmarks and speed up the healing process. Soak in the bathtub for 20-30 minutes and then get out, but gently pat the body dry, rather than wiping, which can irritate the blisters. The Epsom salt will dry on the skin, reducing the itchiness and inflammation.

The Benefits of Lemon Water: Detox Your Body & Skin

What drink is insanely inexpensive to make, keeps skin glowing, aids in digestion, can help you lose weight and is packed with vitamin C? No, it's not an elixir sold on late-night infomercials. It's lemon water.

While those in the know have been chugging down the citrus-flavored water for ages (think since ancient Rome), some lemon water benefits have just begun making the rounds on the health and fitness circuit in recent months. But is lemon water really the cure-all it's purported to be or just another health fad? Let's dig in.

History and Interesting Facts About Lemon Water

Here are some interesting lemon water facts & history: Until about the 10th century, lemons were used mainly as decorative plants. The Crusades in the 11th century brought the plant into Europe, and it made its first appearance in the New World in the late 1400s. Lemons and other vitamin C-rich fruits were particularly treasured for their ability to ward off scurvy. Today, the main producers of lemons include Italy, Greece, Spain, Turkey and the U.S.

And though I love the benefits of lemon water, there are tons of ways to use lemons. Here are some of my favorites:

Deodorize your kitchen naturally. Add one cup of lemon juice to the dishwasher, and run it on the rinse cycle to disinfect and rid it of any lingering odors and deodorize your kitchen naturally. Need to clear up a bad kitchen smell? Add fresh lemon peels, cinnamon sticks and cloves to a pot of water and simmer on the stove.

Use lemon essential oil regularly. Mix lemon essential oil, baking soda and coconut oil and rub on teeth. Leave for two minutes to reap the effects of this natural tooth whitener. Mix lemon oil, baking soda and honey for an all-natural face wash. Need to spruce up your silver before company comes over? A lemon oil-soaked cloth will get rid of tarnishes quickly.

How to Buy and Use Lemons

Ready to jump on the lemon water bandwagon? Here are a few things to keep in mind at the store:

There are three main types of lemons available in the U.S. Eureka and Lisbon lemons are both sour and tart. Eureka lemons have textured skins and few seeds. Lisbon lemons tend to have a smoother skin and no seeds. Meyer lemons, a sweeter variety, are becoming more common. These lemons have Mandarin oranges in their family tree, giving these fruits a deeper color than traditional lemons.

When buying lemons, opt for ones that are fully yellow and, if possible, organic. If the fruit is still green, it isn't fully ripe. Thinner-skinned lemons are juicier. Keep away from lemons that look dull, wrinkled or excessively hard. Storing lemons in a sealed plastic bag keeps lemons fresh much longer than leaving them at room temperature.

To make preparing lemon water even easier, juice several lemons into an ice cube tray and freeze. Pop a few cubes in a glass of water to have fresh lemon juice at the ready anytime.

When preparing lemon water, it's best to add the lemon juice to room temperature or warm water — start with half a lemon's worth of juice. Drinking cold lemon water can be a shock to your system.

You get the benefits of lemon water whenever you drink it, but sipping on it in the morning will kick-start your day. Try a glass about a half hour before breakfast; the lemon juice in your belly will help your body absorb your breakfast nutrients better.

Lemon Water Nutrition Facts

Lemons are loaded with healthy benefits, and particularly, they're a great vitamin C food source. One cup of fresh lemon juice provides 187 percent of your daily recommended serving of vitamin C — take that, oranges! Lemon juice also offers up a healthy serving of potassium, magnesium and copper.

Check out what other benefits one cup of fresh lemon juice adds to a plain glass of water. Here are some lemon water nutrition facts:

- 61 calories
- 3 grams protein
- 6 grams sugar
- 0 grams fat
- 112 milligrams vitamin C (187 percent DV)
- 303 milligrams potassium (9 percent DV)
- 31.7 micrograms **folate** (8 percent DV)
- 0.1 milligrams **vitamin B6** (6 percent DV)
- 0.1 milligrams thiamin (5 percent DV)
- 0.1 milligrams copper (4 percent DV)
- 1 gram fiber (4 percent DV)
- 14.6 milligrams magnesium (4 percent DV)
- 0.4 milligrams **vitamin E** (2 percent DV)

HSE STATISTICS MARCH 2018

Project: Construction of Flow lines & Wellhead Installation of Typical Works in ADCO's Fields. (Package "C"- BuHasa/ Huwaila/ Bida Al Qemzan Fields)

	2018 PERFORMANCE INDICATORS	PROJECT 7067 Month	PROJECT 7067 YTD-2018
PERFORMANCE	Total Number of Employees	145	
	Man-hours worked	45,670	152,600
	Milestone (Man-hours since last LTI)	2,632,528	2,632,528
	Fatalities (Death)	00	00
	Fatal Accident Rate (FAR)	00	00
	Permanent Total Disabilities	00	00
	Lost Workday Cases (LWDC)	00	00
	Severity Rate	00	00
	Restricted Workday Cases (RWC) - RECORDABLE	00	00
	Restricted Workdays	00	00
	Medical Treatment Cases (MTC) - RECORDABLE	00	00
	Total Recordable Cases (TRC)	00	00
	Total Recordable Case Frequency (TRCF)	00	00
PEOPLE	Total Employees Trained	110	440
	Total Training Hours	165	660
	YTD Total Training Hours/Employee (Average)	1.5	1.5
EFFICIENCY	First Aid Cases	00	00
	Near Misses	00	00
	Hazards (Unsafe Act)	09	17
	Hazards Actions Closure (Unsafe Acts)	09	17
	Hazards (Unsafe Conditions)	45	143
	Hazards Actions Closure (Unsafe Conditions)	45	143
	Non Work Related Incidents	00	00
	Non Accidental Death Incidents	00	00
	Property Damages (Fires, Natural Calamity, etc)	01	01
	Cost of Property Damages (Fires, Natural Calamity, etc)	15,000	15,000
	Labour Strikes	00	00
	No. of Quarterly Camp and Labor Welfare Audits Conducted	01	01
	HSE Meetings	01	03
	HSE Inspections	03	06
	Emergency Exercises	01	01
	Number of Light Vehicles	15	
	Total number of Light Vehicles (LV) Drivers	17	
	Number of Heavy Vehicles	10	
	Total number of Heavy Goods Vehicles (HGV) Drivers	10	
	Number of Machinery	25	
	Vehicle Kilometer Driven	81200	234479

HSE STATISTICS MARCH 2018

Project: Construction of Flowlines & Wellhead Installation of Typical Works in ADCO's Field (Package "A" – SE Abu Dhabi (ASAB, Sahil, Shah, Qusahwira & Mender Fields) Contract No. 15536.01/EC 10851

	2018 PERFORMANCE INDICATORS	PROJECT 7071 Month	PROJECT 7071 YTD-2018
PERFORMANCE	Total Number of Employees	236	
	Man-hours worked	62,630	191,500
	Milestone (Man-hours since last LTI)	2,514,271	2,514,271
	Fatalities (Death)	00	00
	Fatal Accident Rate (FAR)	00	00
	Permanent Total Disabilities	00	00
	Lost Workday Cases (LWDC)	00	00
	Severity Rate	00	00
	Restricted Workday Cases (RWC) - RECORDABLE	00	00
	Restricted Workdays	00	00
	Medical Treatment Cases (MTC) - RECORDABLE	00	00
	Total Recordable Cases (TRC)	00	00
	Total Recordable Case Frequency (TRCF)	00	00
PEOPLE	Total Employees Trained	236	760
	Total Training Hours	236	1043
	YTD Total Training Hours/Employee (Average)	1.00	1.37
EFFICIENCY	First Aid Cases	00	00
	Near Misses	00	00
	Hazards (Unsafe Act)	82	132
	Hazards Actions Closure (Unsafe Acts)	82	132
	Hazards (Unsafe Conditions)	120	258
	Hazards Actions Closure (Unsafe Conditions)	120	258
	Non Work Related Incidents	00	00
	Non Accidental Death Incidents	00	00
	Property Damages (Fires, Natural Calamity, etc)	00	00
	Cost of Property Damages (Fires, Natural Calamity, etc)	00	00
	Labour Strikes	00	00
	No. of Quarterly Camp and Labor Welfare Audits Conducted	00	01
	HSE Meetings	01	03
	HSE Inspections	07	40
	Emergency Exercises	01	03
	Number of Light Vehicles	20	
	Total number of Light Vehicles (LV) Drivers	20	
	Number of Heavy Vehicles	15	
	Total number of Heavy Goods Vehicles (HGV) Drivers	15	
	Number of Machinery	32	
	Vehicle Kilometer Driven	106,190	308,836

HSE STATISTICS MARCH 2018

Project: Construction of Flow lines & Wellhead Tie-in Installation, Package B (BAB)
ADNOC Contract No: 16390.02

	2018 PERFORMANCE INDICATORS	PROJECT 7077 Month	PROJECT 7077 YTD-2018
PERFORMANCE	Total Number of Employees	510	
	Man-hours worked	133,608	346,796
	Milestone (Man-hours since last LTI)	403,806	
	Fatalities (Death)	00	00
	Fatal Accident Rate (FAR)	00	00
	Permanent Total Disabilities	00	00
	Lost Workday Cases (LWDC)	00	00
	Severity Rate	00	00
	Restricted Workday Cases (RWC) - RECORDABLE	00	00
	Restricted Workdays	00	00
	Medical Treatment Cases (MTC) - RECORDABLE	00	00
	Total Recordable Cases (TRC)	00	00
	Total Recordable Case Frequency (TRCF)	00	00
PEOPLE	Total Employees Trained	110	440
	Total Training Hours	165	660
	YTD Total Training Hours/Employee (Average)	1.5	1.5
EFFICIENCY	First Aid Cases	00	00
	Near Misses	01	03
	Hazards (Unsafe Act)	28	62
	Hazards Actions Closure (Unsafe Acts)	28	62
	Hazards (Unsafe Conditions)	121	298
	Hazards Actions Closure (Unsafe Conditions)	121	298
	Non Work Related Incidents	00	00
	Non Accidental Death Incidents	00	00
	Property Damages (Fires, Natural Calamity, etc)	00	00
	Cost of Property Damages (Fires, Natural Calamity, etc)	00	00
	Labour Strikes	00	00
	No. of Quarterly Camp and Labor Welfare Audits Conducted	01	01
	HSE Meetings	01	03
	HSE Inspections	67	207
	Emergency Exercises	01	01
	Number of Light Vehicles	36	
	Total number of Light Vehicles (LV) Drivers	36	
	Number of Heavy Vehicles	45	
	Total number of Heavy Goods Vehicles (HGV) Drivers	46	
	Number of Machinery	60	
	Vehicle Kilometer Driven	221,068	499,225

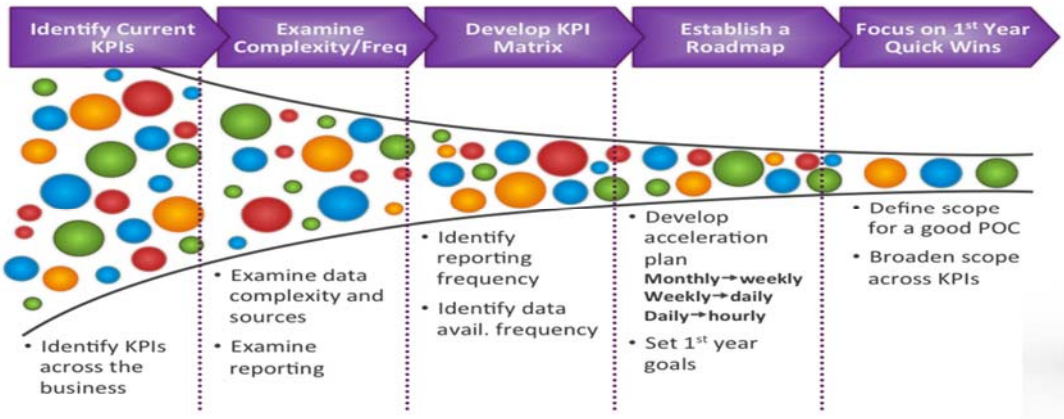
CORPORATE HSE KPI'S FOR 2018

Sl. No.	OVERALL HSE KEY PERFORMANCE INDICATORS	ANNUAL TARGET	TAGET FOR 2018			
			Q1	Q2	Q3	Q4
1	Frequency Rate of Lost Time Injuries – F.R.I	0.6	0	0	0	0
2	Severity rate of injuries	0	0	0	0	0
3	Fatal Injuries/ Fatal Accidents	0	0	0	0	0
4	High Profile Tours (per Project)	12	3	3	3	3
5	Frequency Rate of Vehicle Accidents (FRVA)	0	0	0	0	0
6	HSE Mandatory Trainings for Staff/Workers	100%	100%	100%	100%	100%
7	Property Damage Accidents	0	0	0	0	0
8	Client's / Public's Property Damage Accidents	0	0	0	0	0
9	Near Miss Reporting (0.2%)	100%	100%	100%	100%	100%
10	Corporate HSE Audits per Project	4	1	1	1	1
11	HSE Campaigns	4	1	1	1	1
12	HSE Inspections per Camp	4	1	1	1	1
13	Emergency Drills per Camp	2	0	1	0	1
14	HSE Inspection on working Sites per Project	12	3	3	3	3
15	Corporate HSE Review Meetings	2	0	1	0	1
16	Project HSE Committee Meetings per Project	8	2	2	2	2
17	CHSE Audits on Head Office.(OHSAS 18001/ISO 14001 Standards	2	0	1	0	1

One of the evaluating and measuring of performance tools is the Key Performance Indicators (KPI's). Galfar has identified the KPI's as per the attached list which are evaluated on quarterly basis during CHSE Internal Audits.

KPIs are applicable to all the ongoing projects to improve the overall HSE Performance. Responsibility lies with each and every individual to understand and be a part of these positive HSE initiatives.

HSE Focal points in each project monitor the KPI on weekly and monthly basis and submit monthly reports to Client and CHSE.



SAFETY QUIZ ISSUE 36

Q1) what part of your body works overtime when you constantly work overtime?
a) Your eyes b) Your sweat glands c) Your adrenal glands

Q2) If you have an unhealthy addiction to work, you're also more likely to have:
a) Mental health problems b) Lupus c) Gout

Q3) If stress hormones hang out in your body for a long time, they can:
a) Use up your body's fat stores b) Damage your blood vessels c) Increase your concentration

Q4) If you're not leaving time in your schedule for exercise, you're at a higher risk of:
a) Cancer b) Heart disease c) Both

Q5) You're more likely to get sick when you're putting in long hours on the job.
a) True b) False

Q6) The best definition of a workaholic is someone who:
a) Works a lot of hours b) Works a lot of hours because they love what they do
c) Works a lot of hours because they're driven by an uncontrollable urge to do so

Q7) You're more likely to be a workaholic if you're:
a) In a manager position b) Over 40 c) Not self-employed

Q8) Chronic stress can affect you in the bathroom by giving you:
a) Diarrhea b) Constipation c) Either

Q9) The headaches you get from a hectic schedule are typically caused by:
a) Thinking too much b) Low blood sugar c) Tense muscles

Q10) Women who work more than 60 hours a week ____ their risk of cancer, diabetes, heart problems, and diabetes.
a) Lower b) Double c) Triple

Q11) Burnout is caused by:
a) High blood sugar b) Constant stress over time c) Obesity

PICTURE SLOGAN FOR ISSUE 36

PARTICIPATE AND WIN EXCITING PRIZES

Send your Safety Quiz Answers. We will select the Winner and mention the name of the person in the next HSE Newsletter issue with right answers.

Send your Caption for Picture of the Month. We will select the Best Safety Caption and mention the name of the person in the next HSE Newsletter issue.

ratheeshrl@galfaremirates.com

SAFE MAN/ SAFE DRIVER OF THE MONTH (JANUARY 2018 TO MARCH 2018)

Project 7071:
Construction of Flowlines & Wellhead Installation of Typical Works in ADCO's Field (Package "A" – SE Abu Dhabi, (ASAB, Sahil, Shah, Qusahwira & Mender Fields)
Contract No. 15536.01/EC 10851

Mr. Subhas Mitra
GEC No. 270171
Civil Charge hand
Safe Man of Month

Mr. Gurpreet Singh
GEC No. 275561
Operator
Safe Operator of Month

January

Mr. Saidappa Pujari
GEC No. 276342
Civil Helper
Safe Man of Month

Mr. Altaf Hussain
GEC No. 274733
Operator
Safe Operator of Month

Mr. Dinanath Kumar
GEC No. 275282
Mechanical Helper
Safe Man of Month

February

Mr. Premson
GEC No. 274030
Operator
Safe Operator of Month

Mr. Suresh Talwar
GEC No. 276290
Mechanical Helper
Safe Man of Month

Mr. Naser Puthukudi
GEC No. 275571
Bus Driver
Safe Driver of Month

Mr. Basanta Dalei
GEC No. 276100
Mechanical Helper
Safe Man of Month

MARCH

Mr. Kuldip Chand
GEC No. 275659
Light Duty Driver
Safe Driver of Month

Mr. Mogulaiah Kavali
GEC No. 276272
Civil Helper
Safe Man of Month

Mr. Gulbadeen Muli Khan
GEC No. 275835
Operator
Safe Operator of Month

As part of Employee Welfare Safe Man and Safe Driver certificates / Awards were distributed for the first quarter. Project Manager, Construction Manager, CHSEM, and Sr. Safety Engineer congratulated award winners and concluded the meeting by requesting all to continue the teamwork, comply with the law, standards and procedures in order to make the project a successful one.

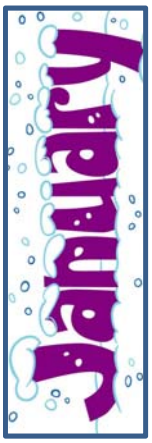
SAFE MAN/ SAFE DRIVER OF THE MONTH (JANUARY 2018 TO MARCH 2018)

Project 7067:

CONSTRUCTION OF FLOW LINES & WELLHEAD INSTALLATION OF TYPICAL WORKS IN ADCO'S FIELDS, (PACKAGE "C" BUHASA/HUWAILA/BIDA AL QEMZAN FIELDS)

Contract No. 15535.01/EC 10850

Mr. Harasa Bisoi
GEC No. 273339
Mason
Safe Man of Month

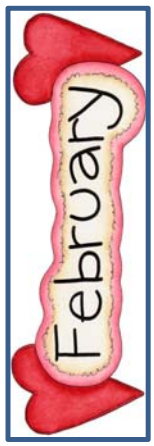


Mr. Yahya Khan
GEC No. 275463
Heavy Duty Driver
Safe Driver of Month

Mr. Nandaman
GEC No. 273934
Electrician
Safe Man of Month

Mr. Abdul Fatah
GEC No. 275532
Light Duty Driver
Safe Driver of Month

Mr. Pooja Gupta
GEC No. 273579
Rigger
Safe Man of Month



Mr. Aziz ur Rahman
GEC No. 275658
Heavy Duty Driver
Safe Driver of Month

Mr. Nallu Gadai
GEC No. 273497
Carpenter
Safe Man of Month

Mr. Manjit Singh
GEC No. 276246
Steer Skid Loader Operator
Safe Operator of Month

Mr. Naushad Alam
GEC No. 276197
Grinder
Safe Man of Month

Mr. Navas
GEC No. 272176
Light Duty Driver
Safe Driver of Month

Mr. Lingappa
GEC No. 276284
Mechanical Helper
Safe Man of Month

Mr. Saqib Khan
GEC No. 275394
Operator Side Boom
Safe Operator of Month

As part of Employee Welfare Safe Man and Safe Driver certificates / Awards were distributed for the first quarter. Project Manager, Construction Manager, CHSEM, and Sr. Safety Engineer congratulated award winners and concluded the meeting by requesting all to continue the teamwork, comply with the law, standards and procedures in order to make the project a successful one.

SAFE MAN/ SAFE DRIVER OF THE MONTH
(JANUARY 2018 TO MARCH 2018)

Project 7077:
Construction of Flowlines and Wellhead Tie-in Installations in ADCO's Fields. Package B (BAB)
ADCO Contract No. 16392.02

NAME	GEC NO	TRADE
Abdu Salam Achath	276256	L/D Driver
Ghulam Murtaza	276118	Heavy Driver
Balram Bhola	271951	Steel Fixer
Amanjeet Pasi	276236	Mech.Helper
Mahendra Tarai	276473	Scaffolder
Naresh Ashok	276407	Civil Helper
Nissar K Abdulla	275295	L/D Driver
Samiullah	272484	Heavy Driver

As part of Employee Welfare Safe Man and Safe Driver certificates / Awards were distributed for the first quarter. Construction Manager and Sr. Safety Engineer congratulated award winners and concluded the meeting by requesting all to continue the teamwork, comply with the law, standards and procedures in order to make the project a successful one. He reminded everybody that reporting all kinds of hazards/unsafe conditions and near misses is everybody's responsibility and more over it is the main criteria for deciding safe man every month.

Health & Safety Newsletter

WELFARE / MESS COMMITTEE MEETING IN HAMEEM/ HABSHAN CAMP




Welfare Meeting for ASAB Project been held on 28.02.2018 at 13:30 hrs in Galfar Hameem Camp, Worker Recreation (TV) Hall.

The committee is being headed by Mr. R. Shanmugam Project Manager, Mr. Ratheesh, CHSEM and Mr. Hari Radhakrishnan Constuction Manager.

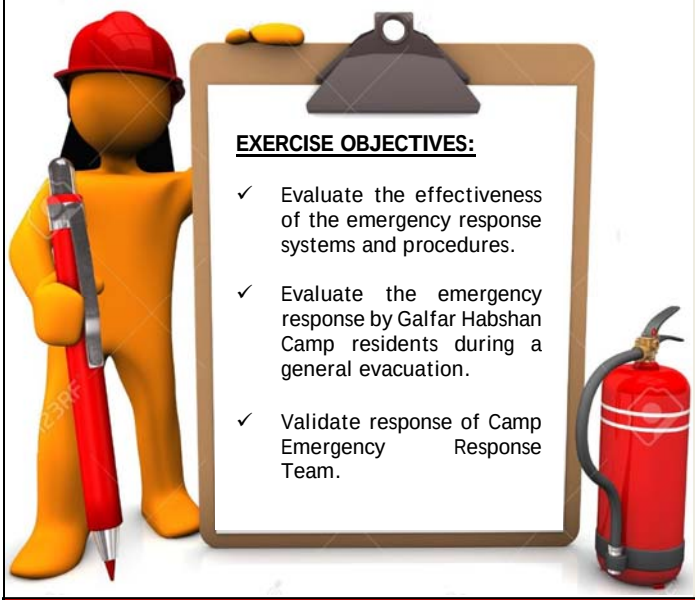
ADNOC Safety Engineer Mr. Ibrahim Blooshi communicated with worker regarding salary paid on time, over time, leave fare air ticket, and vehicle given to worker for medical purpose and salary deposited to Abu Dhabi.

ADNOC Safety Engineer Mr. Sirajudeen Sulaiman addressing given the information reading Qusahwira fatality and other incident to all worker and advised to drive safely, follow the posted speed limit and IVMS road safety rules and also inquired about welfare facilities and mandatory PPE is issued on time ad per requirement.

Persons Attended: 66 (including Staff and Workers).

EMERGENCY RESPONSE EXERCISE IN HABSHAN CAMP



EXERCISE REFERENCE: Galfar HABSHAN CAMP/Q1/2018

INTRODUCTION:
An Emergency Evacuation drill was conducted on 05.03.2018 at 16:30 Hrs in Galfar Habshan Camp to understand general problems and procedures in the context of an emergency situation inside camp; focus was on training and familiarization with procedures, roles and responsibilities of Emergency Response Team and improving coordination and communication.

EXERCISE SCENARIO:
On 5th March 2018 at 16:30 Hrs. a General Evacuation drill was conducted in the Galfar Habshan Camp. Emergency siren sounded at 16: 30 Hrs and emergency response team was alerted. The first person reported at 16:30:32 at the Assembly point and the last person at 16:34:12 hrs. Fire wardens reported back to assembly point at 16: 34: 16 Hrs after directing all personnel within the caravans and camp premises to assembly point and confirmed that no one was left.

MAIN LESSONS LEARNED:
The exercise conducted could maintain the standards and meet the goals and objectives identified.
1. Response time of all residents should not exceed 3 minutes.

RESOURCES USED:

1. Fire Alarm
2. Emergency Siren
3. Ambulance
4. Public Address (PA) System
5. Fire Hydrant
6. Hose Reel Hose
7. Fire Water Pump
8. Stretcher/ AED & First Aid

After head counting, CHSEM-Galfar explained the importance of conducting such drills and appreciated all for responding quickly to the Alarm.

'All clear' command given by Emergency Response Commander at 16:50 hrs.

Galfar Health & Safety Newsletter

ANNUAL STAFF GET TOGETHER 2018

Date; 07.02.2018; Venue: Al Raha Beach Resort Hotel, Abu Dhabi

HEARTSAVER CPR

Date: 21.03.2018; Venue: Galfar Head Office

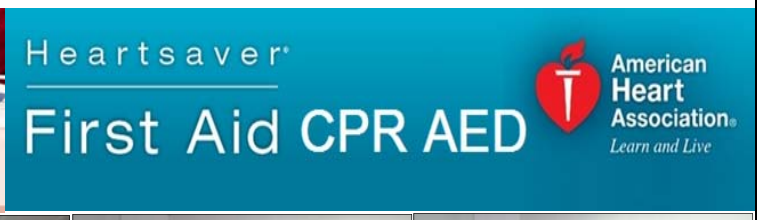
As March being the Heart saver month, with Association with Numero Uno Training centre Galfar have arranged session on " **Heart Saver CPR**" on 21.03.2018 (2.30 pm. to 5:00 pm.). Two session were conducted covering 60 employees.

Heartsaver CPR AED is a video-based, instructor-led course that teaches adult and child CPR and AED use, infant CPR, and how to relieve choking in adults, children, and infants.

Course outline For HeartSaver:

1. How to assess the scene safety
2. How to Check for Response
3. How to activate for Emergency service
4. How to do CPR (compression only CPR)(Adult)
5. What is the Difference between Cardiac Arrest and Heart Attack?

A video and practical demonstration shown, following a hands-on practical session.



CARDIAC ARREST VS. HEART ATTACK

People often use these terms interchangeably, but they are not the same.

WHAT IS CARDIAC ARREST?

CARDIAC ARREST occurs when the heart malfunctions and stops beating unexpectedly.

Cardiac arrest is triggered by an electrical malfunction in the heart that causes an irregular heartbeat (arrhythmia). With its pumping action disrupted, the heart cannot pump blood to the brain, lungs and other organs.

Cardiac arrest is an "ELECTRICAL" problem.

WHAT HAPPENS

Seconds later, a person becomes unresponsive, is not breathing or is only gasping. **Death occurs within minutes if the victim does not receive treatment.**

WHAT TO DO

Cardiac arrest can be reversible in some victims if it's treated within a few minutes. First, call your local emergency number and start CPR right away. Then, if an Automated External Defibrillator (AED) is available, use it as soon as possible. If two people are available to help, one should begin CPR immediately while the other calls your local emergency number and finds an AED.

CARDIAC ARREST
is a LEADING CAUSE OF DEATH.

Cardiac arrest affects thousands of people annually with about three quarters of them occurring in the home.

Fast action can save lives.

For more information on American Heart Association CPR training classes in your area go to www.international.heart.org

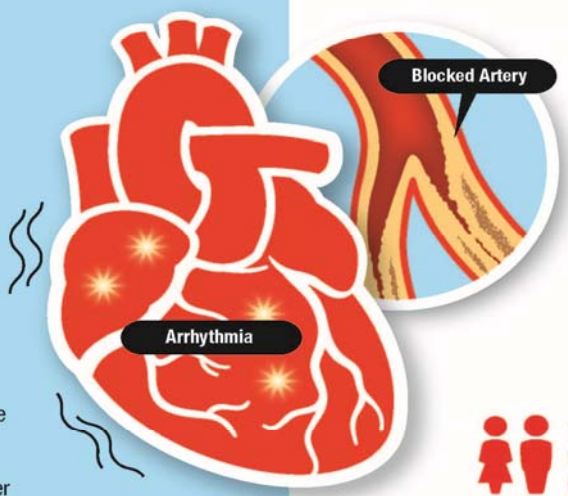
Follow us:
facebook.com/AHACPR twitter.com/HeartCPR #CPRsaveslives

WHAT IS A HEART ATTACK?

A HEART ATTACK occurs when blood flow to the heart is blocked.

A blocked artery prevents oxygen-rich blood from reaching a section of the heart. If the blocked artery is not reopened quickly, the part of the heart normally nourished by that artery begins to die.

A heart attack is a "CIRCULATION" problem.



WHAT HAPPENS

Symptoms of a heart attack may be immediate and may include intense discomfort in the chest or other areas of the upper body, shortness of breath, cold sweats, and/or nausea/vomiting. More often, though, symptoms start slowly and persist for hours, days or weeks before a heart attack. Unlike with cardiac arrest, the heart usually does not stop beating during a heart attack. **The longer the person goes without treatment, the greater the damage.**

The heart attack symptoms in women can be different than men (shortness of breath, nausea/vomiting, and back or jaw pain).

WHAT IS THE LINK?

Most heart attacks do not lead to cardiac arrest. But when cardiac arrest occurs, heart attack is a common cause. Other conditions may also disrupt the heart's rhythm and lead to cardiac arrest.

WHAT TO DO

Even if you're not sure it's a heart attack, call your local emergency number. Every minute matters! It's best to call your local emergency number to get to the emergency room right away. Emergency medical services (EMS) staff can begin treatment when they arrive — up to an hour sooner than if someone gets to the hospital by car. EMS staff are also trained to revive someone whose heart has stopped. Patients with chest pain who arrive by ambulance usually receive faster treatment at the hospital, too.

American Heart Association®
life is why™

CPR Guide

Hands-Only CPR vs. CPR with breaths

American Heart Association.
life is why

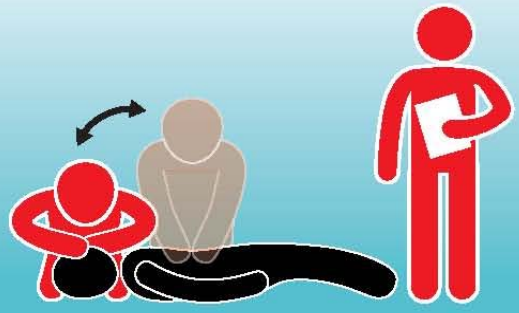
HANDS-ONLY CPR

CALL YOUR LOCAL EMERGENCY RESPONSE NUMBER

PUSH HARD AND FAST IN THE CENTER OF THE CHEST

Public awareness campaign to get more people to act when they encounter a cardiac arrest. Starting point to get more people to learn CPR.
Will not meet requirements if you need CPR for your job.

CPR Training



COMPRESSIONS + BREATHS

Offered through online or in-person classes. Provides more in-depth training with an instructor, including CPR with breaths and choking relief.
Often necessary for people who need CPR training for work.

How does it work?

Chest compressions are good for the *first few minutes* someone is in cardiac arrest pushing remaining oxygen through body to keep vital organs alive. Buys time until someone with more skills can provide help.

CPR with breaths combines chest compressions and breaths, providing additional oxygen to circulate throughout the body.

Who can I use it on?

Adults and teens.

Anyone who is in cardiac arrest, including: adults and teens, infants and children, and any victims of drowning, drug overdose, collapse due to breathing problems or prolonged cardiac arrest.

How do I learn?

Go to **www.international.heart.org/en/handsonly** to learn the steps of Hands-Only CPR.

Go to **www.international.heart.org/en/resources** to find a course near you.

ECC GLOBAL CONNECTOR

To learn more, visit: www.international.heart.org

Follow us: facebook.com/AHACPR twitter.com/HeartCPR #CPRsaveslives

NEW FLEET IN GALFAR PLANT AND EQUIPMENT

VERMEER D40 X 55 53 HDD DRILL RIG.
VIN #: 1 VRY240G3HI000260
Country of Origin: United States of America

The 486 hp/363 kW Caterpillar C-15 Tier 3 diesel engine gives you a ground-penetrating 50,000 ft-lb./67,800 Nm of rotational torque and 330,000 lbs/1,468 kN of thrust/pullback.

Key Specifications

Weight	: 90000 lbs (40823.3 kg)
Horsepower	: 540 hp (402.7 kW)
Displacement	: 928 cu-in (15.2 L)
Pullback Force	: 330000 lbs (149685.5 kg)
Bore Diameter	: 6.5" (16.5 cm)

Features and benefits

Improves productivity through a climate-controlled two-person cab that features 360° visibility, a state-of-the-art operator's station and fingertip controls on the electronic joysticks.

Increases manpower efficiency, because drilling controls, fluid controls, transport and crane can all be controlled from a single person in the cab.

Muscles through difficult ground formations with higher torque than other models.

Pulau Bukom Manufacturing Site

HSSE ALERT

Workers exposed to H2S during Vacuum Truck Operations

ALERT NO. 2018-02 ISSUE DATE: 16 March 2018

What Happened?

On the 8th of March 2018 at approximately 1450 hours two gully suckers (vacuum trucks) were used to remove sludge from an inlet pit at CPI 204.

During these gully sucking activities 18 workers who were in the vicinity had their Personal H2S Detectors alarm. All 18 workers were brought to Bukom Clinic and checked by the duty nurse. Some of the workers initially reported feeling nauseous. The clinic later assessed that there were no injuries or adverse health effects to any of them.

Download of the data from personal detectors has revealed that two workers had an exposure of H2S greater than100 ppm. Investigation is still on-going.

Why Did it Happen?

Gas tests of the area shortly after the incident showed no H2S, however gas tests of air approx. 5 cm above the pit liquid level showed 14 ppm H2S. Laboratory tests of samples showed levels of up to1600ppm H2S within the sludge. Operations were unaware of such high levels of H2S within the sludge.

It appears that the gully sucking activities disturbed the H2S trapped in the sludge and released it to the atmosphere. Due to the vacuum conditions within the gully sucker, H2S was released from the sludge within the truck and exhausted to atmosphere via the vent (see figure below).

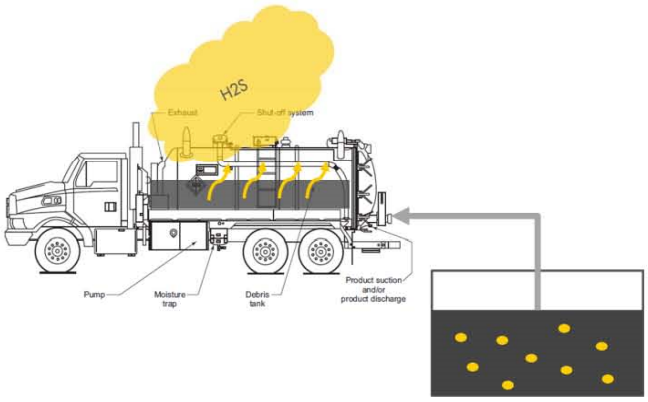


Figure 1: Gully sucking activity

Analysis of the Personal H2S Detectors showed that gully sucker workers had been exposed to H2S levels above 10ppm since the morning. However, they did not report the alarms to their supervisor and continued to work. It was only after the area gas alarm activation at 1450 hours that the Supervisor overseeing the gully sucker work as well as the other teams working in the area informed Operations. The gully sucker team perceived working with the Personal H2S Detector alarm as normal. The workers incorrectly believed that their half-mask would protect them from high levels of H2S.

The Safety Certificate did not identify H2S as a hazard. Furthermore, the exposed workers in the vicinity of the pit were from 3 different teams, namely, ITM, day maintenance and Projects. The potential hazards of the gully sucking activities and incompatibility with adjacent activities was not recognized by those involved.

Actions Taken

- Gully sucking activities for non-routine pits/sumps were suspended in PU4 pending completion of the investigation.
- A Safety Stand Still on risks, hazards and barriers of working with H2S was conducted on the 14th of March to affected contractor personnel and PU4.
- Causal learning investigation has been planned.

Things to Consider

- When working around H2S hazards, work activities in the vicinity must be considered and proper control and recovery barriers must be in place.
- When in doubt of the composition of the product and its hazards, always seek assistance to confirm the presence or absence of a hazard and to identify a safe work method.
- Always use the Hierarchy of Control to preferably eliminate the hazard or use engineering controls.
- Think about possible locations and your activities where H2S exposure could be possible.

Health & Safety Newsletter

Safety Alert

ANY ACCIDENT FORESEEN IN THIS FRAME?

What kind of accident is about to happen?

A tree stump has been suspended with a single strap from one of the forks on a forklift. The worker who is hauling the stump to a processing site is trying to turn right onto a road.

Can you predict what's about to happen?

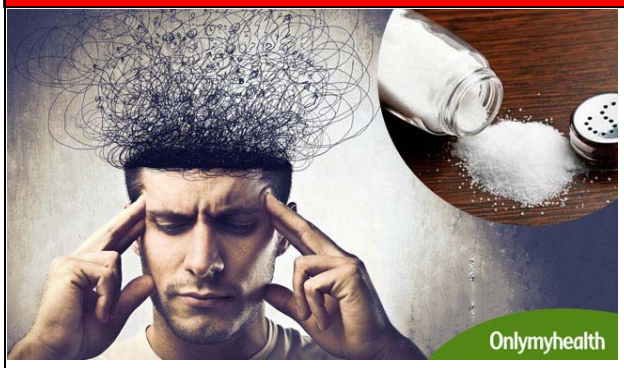
Look what happened!

When the driver tried to turn the steering wheel with the tree suspended from the fork, the tires slipped off the edge of the path, and the forklift lost its balance and fell over.

TIPS FOR PREVENTING SIMILAR ACCIDENTS

- ☑ When moving a tree stump, use a pallet and place the stump in the center of the pallet.
- ☑ If a load must be moved using a hanging rope or belt, use the specified attachment for the forklift or other piece of machinery.
- ☑ When carrying hanging loads, carry them as low to the ground as possible.
- ☑ Check for uneven areas in the ground or pathways around the work site in advance. When driving, reduce speed and carefully turn equipment so that hanging loads do not swing unnecessarily.

ज्यादा नमक का सेवन करने से मस्तिष्क को होती है ये क्षति



हमारे शरीर के लिए नमक बेहद जरूरी है। यह शरीर में नुकसान पहुंचाने वाले जीवाणुओं को नष्ट कर अनेक बीमारियों से बचाता है लेकिन इसका सेवन नियंत्रित मात्रा में किया जाना चाहिए। हमारे शरीर के लिए नमक की मात्रा निर्धारित है, अगर मात्रा उससे कम या जयादा हुई तो संतुलन बिगड़ जाता है। जयादा नमक का सेवन करना मतलब जयादा सोडियम का पेट में जाना। अगर आपको कुरकुरे, भुने हुए काजू, पिस्ता, मूंगफली और आलू के चिप्स खाना पसंद है तो सचेत हो जाएं। इनमें नमक की मात्रा अधिक होती है। एक अध्ययन के अनुसार, ऐसे आहार से न सिर्फ हृदय बल्कि मस्तिष्क को भी नुकसान पहुंचता है। इसके कारण डीहाइड्रेशन की समस्या भी हो सकती है। विशेषज्ञों के अनुसार, नमक से हाई बीपी (ब्लड प्रेशर) का सीधा संबंध है। इसलिए अपने खाने में भी नमक कम डालें। साथ ही अगर आपको खाने में नमक कम लगे तो इसे ऊपर से डालने की गलती न करें। याद रखें कि नमक का जयादा मात्रा में सेवन शरीर के रक्त संचार और ब्लड प्रेशर के संतुलन को बिगाड़ सकता है। नमक की मात्रा ज्यादा लेने से दिल की बीमारी का खतरा भी बढ़ जाता है।

डॉक्टर की राय

नमक के बारे में आई यह रिसर्च एकदम सही है। जयादा नमक सेहत के लिए हानिकारक होता है, उससे भी जयादा खतरनाक है ऊपर से नमक छिड़कना पर इसका मतलब यह नहीं कि आप नमक खाना ही बंद कर दें। इसकी मात्रा हमारे शरीर के लिए निश्चित होती है। पैकेट वाले फूड आइटम्स का अधिक सेवन न करें।

कितना नमक है सही

चुटकी भर नमक ही आपकी सेहत के लिए काफी है। सेहतमंद रहने के लिए दो ग्राम ही काफी है। अगर आप स्वस्थ हैं तो शरीर अतिरिक्त नमक को शरीर से बाहर निकाल देगा। लेकिन समस्या तब होती है जब आपकी किडनी कमजोर हो या फिर आप डायबिटीज से पीड़ित हों। या तो आप शरीर के आंतरिक संतुलन को ठीक रखने वाली किसी दवा का सेवन कर रहे हों तो, ऐसी सूरत में अतिरिक्त नमक शरीर से बाहर नहीं निकल पाता। इससे हाईबीपी की शिकायत हो सकती है। इतना ही नहीं हालात किडनी फेलियर तक पहुंच सकती हैं।

भोजन में कार्बोहाइड्रेड की अधिक मात्रा लेना भी हो सकता है खतरनाक

भोजन में कार्बोहाइड्रेड और शुगर की मात्रा अधिक होने से सिर और गले के कैंसर के उपचाराधीन मरीज को दोबारा कैंसर का खतरा बढ़ सकता है और वह मौत का कारण बन सकता है। यह बात एक शोध में सामने आई है। शोध में पाया गया है कि कैंसर का इलाज से पहले के साल में जिन्होंने कार्बोहाइड्रेट और सुक्रोज, फ्रक्टोज, लैक्टोज और माल्टोज के रूप में शुगर ज्यादा लिया, उनमें मृत्यु का खतरा अधिक होता है।

इंटरनेशनल जर्नल ऑफ कैंसर में प्रकाशित अध्ययन में कैंसर के 400 मरीजों में 17 फीसदी से अधिक मरीजों में कैंसर की पुनरावृत्ति दर्ज की गई, जबकि 42 फीसदी की मौत हो गई। अरबाना शैंपैन स्थित इलिनोइस विश्वविद्यालय में प्रोफेसर और प्रमुख शोधकर्ता अन्ना ई. आर्थर ने बताया कि कार्बोहाइड्रेट खाने वाले मरीजों और अन्य मरीजों में कैंसर के प्रकार और कैंसर के चरण में अंतर पाया गया। हालांकि उपचार के बाद कम मात्रा में वसा और अनाज, आलू जैसे स्टार्च वाले भोजन खाने वाले मरीजों में बीमारी की पुनरावृत्ति व मौत के खतरे कम हो सकते हैं।

हृद्य के लिए सही नहीं है अधिक कार्बोहाइड्रेट का सेवन

PLOS में प्रकाशित एक अध्ययन के अनुसार ओहियो स्टेट यूनिवर्सिटी में शोधकर्ताओं ने संतृप्त वसा के रक्त स्तर और कार्बोहाइड्रेट का सेवन करने वालों पर नजर रखी। अध्ययन के दौरान शोधकर्ताओं ने पाया कि कार्बोहाइड्रेट की मात्रा में वृद्धि के साथ, रक्त स्तर बढ़ गया। दूसरी ओर, कार्बोहाइड्रेट का कम सेवन करने वाले अधिकांश प्रतिभागियों में संतृप्त वसा का कुल रक्त स्तर कम हो गया। अध्ययन के दौरान ऐसे सोलह वयस्कों को शमिल किया गया, जिन्हें मेटाबॉलिक सिंड्रोम था। और इन्हें तीन सप्ताह के लिए कम कार्बोहाइड्रेट आहार दिया गया। अध्ययन के दौरान, मरीजों को दिये जाने वाले आहार से उनका कार्बोहाइड्रेट का स्तर बढ़ा हुआ मिला। टीम ने इसके प्रतिकूल प्रभाव नोटिस किये क्योंकि कार्बोहाइड्रेट के कम होने से पामिटोलेइक अम्ल (अस्वस्थ चयापचय के साथ जुड़ा फैटी एसिड) का स्तर गिरा हुआ पाया गया।

Health & Safety Newsletter

2018 UPCOMING CAMPAIGNS

U Matter We Care

SPEED DOWN SAVE LIVES

Road Safety

Issue No. 35: January 2018 to March 2018 (Quarterly HSE Newsletter) Safety First. Quality Plus. Reliability Ever.