

**Eastern University, Sri Lanka**  
**Faculty of Commerce & Management**  
**Final Year First Semester Examination in BBA (Specialization in HRM)**  
**2017/18 (January 2020)**  
**(Proper)**  
**HRM 4033 Employee Health and Safety**

Answer all five (05) Questions.

Time: Three Hours

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**Q1. Read the case study and answer the questions given below.**

**When My Job Breaks My Back**  
Shouldering the Burden of Work-Related Musculoskeletal Disorders

"I'm a registered nurse; now, a back-injured registered nurse with a cumulative trauma spinal injury from ten years of lifting and moving patients. I worked at an acute care hospital on medical/surgical, telemetry, and intermediate care units. The patients were generally elderly and acutely ill with a variety of cardiac, medical, and surgical conditions. Many were unable to move themselves up or turn side to side in bed, to sit up, stand up, or transfer to the chair or bedside commode without being physically pulled, lifted, or occasionally, even picked up and carried. Confused patients sometimes resisted, increasing the strain. Much heavy lifting was required.

"I first experienced severe low back and leg pain while walking through my kitchen during a scheduled day off. I could not walk, sit, and hardly move. I had to call and report that I could not come to work because of back pain. Other than a brief unsuccessful attempt a few months later, I have been unable to return to floor nursing. I've been seen by neurologists, orthopedic surgeons, neurosurgeons, and a chiropractor. I was diagnosed with degenerative disc disease, lumbar strain, and bulging or herniated discs. I've had two MRI s, two discograms, a series of lumbar blocks, and ultimately, an anterior lumbar fusion of L4/L5 and L5/S1, with donor bone grafts to replace the discs, and posterior fixation with four titanium screws. The workers' compensation battle took years before the decision came in my favor that my injury was work related. I had to fight hard before being permitted for modified light duty. "Almost everything in my life has been altered by being back-injured. I've been unable to do many things that I formerly did with ease. I can no longer flip a mattress or even assist to turn a mattress.

I need help changing sheets on the bed. I can't vacuum as before and either let it go, get help wait until my analgesic kicks in and then do as much as I can. Sitting for any length of time is painful. Driving is painful because of the vibration and seated position—I drove over 5000 miles with the injury for multiple appointments. I'm not able to pick up small children—the first thing that upset me greatly was realizing that I may not be able to pick up a potential grandchild someday.

“I hope you recognize the healthcare worker's vulnerability and are inspired to work toward zero-lift policies, lift teams, and permanent modified light duty for injured clinicians. Caring for patients and receiving their trust touches us deeply. I loved being a hospital floor nurse. Still, my experience as a back-injured nurse has provided the incentive to learn and the motivation to speak out. I'm grateful for the opportunity to be part of the larger effort for reduction of back injuries to healthcare workers.”

— Charney W & Hudson A (Eds). *Back Injury among Healthcare Workers: Causes, Solutions, and Impacts*. Boca Raton: CRC Press. 2004.

### Questions:

- a) Explain the ergonomic risk factors you have observed throughout the above case study. (04 Marks)
- b) Discuss the process the hospital should follow in order to control the ergonomic risk factors. (08 Marks)
- c) Assume that, you have been appointed as a Health and Safety Officer in this hospital. The Management of the hospital ask you to develop the Ergonomic Programme (EP). Explain the components you should incorporate in the (EP). (08 Marks)

(Total Marks - 20)

### Q2

- a) Write the short notes of followings:
  - I. Accident
  - II. Near miss

III. Dangerous Occurrence

IV. Hazard

(08 Marks)

b) Discuss the outcomes of jointed Labour Management Committee.

(08 Marks)

c) Explain the **four (04)** benefits of comprehensive written safety programmes.

(04 Marks)

**(Total Marks – 20)**

Q3

a) The major complaint with this Behaviour Based Safety (BBS) concept is that it overlooks the importance or contribution to prevention of accidents that unsafe conditions attribute to the numbers of accidents/incidents occurring.- Heinrich (1940).

Explain **five (05)** components of Heinrich's Domino Theory.

(08 Marks)

b) Differentiate "Struck-Against Type of Accidents" and "Struck-By Type of Accidents" with suitable examples.

(04 Marks)

c) Assumed that you are appointed as a Hazard Investigator, your supervisor asked you to conduct workplace hazard audit. Explain the process you have to follow in order to proceed the hazard audit.

(08 Marks)

**(Total Marks – 20)**

Q4

a) Root cause analysis aids in the development of evidence, by collecting information and arranging it in a logical sequence so that it can be easily examined. Discuss the contribution of Root cause analysis in the context of Hazard Analysis.

(08 Marks)

b) Differentiate the terms "Job Hazard Analysis" and "Change Analysis".

(04 Marks)

c) Industrial hygiene is a science or art devoted to the anticipation, recognition, evaluation, and control of those environmental factors or stresses, arising in or from the workplace,

which may cause sickness, impaired health and well-being, or significant discomfort or inefficiency among workers or among the citizens of the community – Charls (2008).

Discuss the environmental factors/stressors which generate the hazard to industrial hygiene.

(08 M

(Total Marks

### Q5

a) Explain the behavioural strategies which can be implemented in order to reduce workplace violence.

(04 M

b) Explain what is workplace bullying and discuss what are the ways, it can be happening in the workplace?

(08 M

c) Discuss **three (03)** types of workplace violence events.

(08 M

(Total Marks