
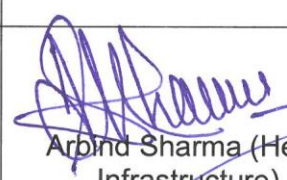


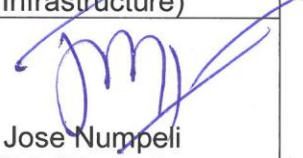
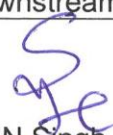


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OCCUPATIONAL HEALTH & HYGIENE

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Document Change Note

Rev. No	Rev. Date	Comments / Changes
00	08-12-2022	New Issue
01	01-09-2025	1) Clause 3.1 - Definitions - It should clearly define 2) Missing clear definitions for terms like “fitness-for-duty,” “surveillance,” “baseline health,” “occupational illness.” 3) Not mention criteria fitness and rejection or conditional fitness and process for appeal/review.
		Clause #6 Types of training - 1) Induction Training, 2) Job-Specific Training, 3) Refresher Training, 4) Specialized Training and 5) Emergency Response Training , its process and evaluation shall be incorporated
		Clause #5.6 Details with respect to the following - 1. Occupational Health Centre (OHC) Setup, 2. Staffing, 3. Services Provided, 4. Medical Tie-Ups, and 5. Emergency Medical Response
		Clause #7 -Details with respect to the following - Pre-employment medical reports, Periodic medical examination reports, Special examination reports for exposure to specific hazards, Injury/illness reports and treatment records, Vaccination and immunization records, Occupational disease surveillance data, Health-related training records.

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1 PURPOSE

The purpose of this procedure is to ensure health of employees is protected from health hazards arising from the work related activities.

Health hazards are identified, exposure to those hazards is evaluated and mitigating measures are put in place to reduce exposure/harm. Health of personnel exposing to such hazards shall be monitored to ensure that their health is not deteriorated due to their occupation with AMNSI.

2 SCOPE

This procedure shall apply to all AMNSI project sites and related work areas including contractors to meet –

- Legal requirements
- Project specific H&S requirements
- ISO 45001
- AMNSI H&S Policy

3 DEFINITIONS & ABBREVIATIONS

3.1 DEFINITIONS

Health Hazard: A work activity and/or work-related situation having potential to cause identifiable adverse physical condition (short- or long-term health)

It can be –

- An exposure to toxic/ harmful substance from workplace that can deteriorate health of the exposed person
- Repetitive work causing musculoskeletal disorders
- Exposure to physical hazards like noise/ vibration, etc

Exposure: Entry of toxic/harmful substance into body by inhalation/ ingestion or coming in contact with skin or come in contact with health hazard

Occupational Disease: A disease that is contracted predominantly by exposure to health hazards in the workplace environment

Occupational Health Monitoring: Periodic general and thorough medical examinations carried out on employees who are exposed to the danger of contracting Occupational Diseases.

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Permissible Exposure Limit (PEL): It is an approved maximum permitted exposure level to a substance in relation to a specified reference period (typically 8 hours). PEL/ MEL is set for substances that may cause the most serious health effects, such as cancer and occupational asthma. Regulations typically require that exposure should be reduced as far below the PEL/ MEL as is reasonably practicable.

Threshold Limit Value (TLV) / Occupational Exposure Standard (OES): It is an approved standard for exposure to a substance in relation to a specified reference period (typically 8 hours). A TLV/ OES is set at a level at which (based on current scientific knowledge) there is no indication of risk to the health of workers who breathes it in day after day.

Short Term Exposure Limit (STEL): It is the maximum concentration to which a worker may be exposed for a maximum period of 15 minutes.

Occupational Health Surveillance: Monitoring the health of people to detect signs or symptoms of work-related ill health so that steps can be taken to eliminate or reduce the probability of further.

Occupational ILL Health: Ill health that is judged to have been caused by or made worse by person's work activity or environment.

Fitness for Duty: Assesses whether someone can perform their duties without risk to themselves or others, considering both the job's nature and the individual's health condition.

Baseline Health: Baseline Health is the documented physical and psychological condition of a worker, established at the commencement of employment or work assignment. It serves as a reference point for monitoring health changes, supporting hazard identification, risk assessment, and ongoing occupational health surveillance.

Rehabilitation: The managed process of maintaining injured or ill employees in, or returning them to suitable employment.

3.2 ABBREVIATIONS

- FAC - First Aid Case
- MTC - Medical Treatment Case
- RWC - Restricted Work Case
- SOR - Safety Observation Report
- JHA - Job Hazard Analysis
- IR - Industrial Relation
- H&S - Health & Safety

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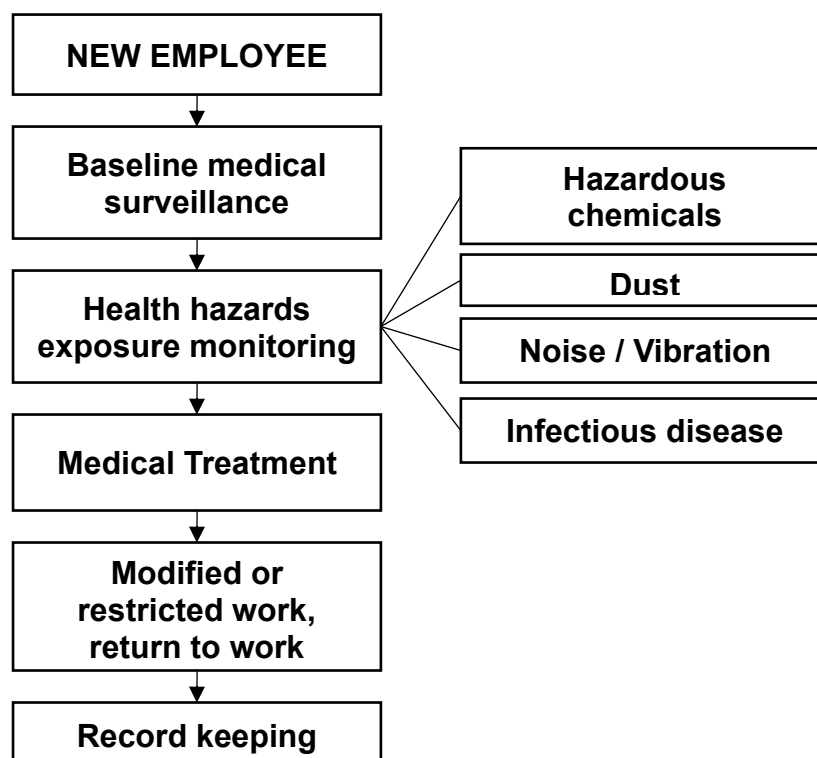
4 RESPONSIBILITIES

All employees are responsible for compliance to the control measures put in place to prevent/ reduce exposure to health hazards.

Work place exposure monitoring	: HSE department (After identifying the requirement for exposure monitoring through risk assessment)
Periodic medical examination	: HR department as described in this procedure
Regulatory Notification	: Plant Head along with IR
Training	: HSE department
Record Keeping	: HSE Department

5 DESCRIPTION

5.1 OCCUPATIONAL HEALTH MANAGEMENT PROCESS FLOW CHART



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5.2 PRE EMPLOYMENT MEDICAL CHECKUP

Medical checkup is carried out to establish the employee's/ workmen current medical condition and assess whether the employee/workmen is fit, unfit, or fit with limitations for the position. The process involves-

- All the new employees/ workmen shall be subjected to pre employment medical checkup at the recruiting place/ prior to recruitment.
- All the personnel shall undergo a medical checkup at company's clinic / company recognized clinic.
- All the medical test reports and certificates shall be checked and verified by a qualified Medical Officer.

Ensuring all the above indicating that the employee is fit for the position he was recruited, then only the person can join the company.

[Sample format as Per The-BOCW- Form 15](#)

FORM XV

[See rule 253 (c)]

Certificate of Medical Examination

- Certificate Serial No. _____
Date _____
- Name _____
Identification marks : (1) _____
(2) _____
- Father's name _____
- Sex _____
- Residence _____ son/daughter of _____

- Date of birth, if available _____
and/or certificate age _____
- Physical Fitness

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I hereby certify that I have personally examined (name) _____ son/daughter/wife of _____ residing at _____ who is desirous of being employed in building and construction work and that his/her age as nearly as can be ascertained from my examination is _____ years and that he/she is fit for employment in _____ as on adult/ adolescent.

8. Reason for :

(1) Refusal of certificate _____

(2) Certificate being revoked _____

Signature/ Left hand Thumb
impression of building worker

Signature with Seal
Medical Inspector/C.M.O.

Note - 1. Exact details of cause of physical disability should be clearly stated.

2. Functional/productive abilities should also be stated if disability is stated.

5.3 BASELINE MEDICAL ASSESSMENTS

The worker will be asked to confirm at the time of recruitment that the job description accurately reflects the understanding of the job by the worker and whether any tasks exceed the worker's ability. Employees/ workmen shall will undergo a medical assessment related to the nature of exposure based on health risk assessments for applicable activities.

The medical assessment will consist of:

- General physical evaluation by the Occupational Health Professional

Depending on the physical demands of the job, the assessment may include:

- An audiogram
- Vision test
- Lung (pulmonary) function test (LFT)
- ECG
- If the person's medical history reveals previous exposure to asbestos or silica, the doctor may require a chest x-ray

The Occupational Health Professional will advise the employer whether the employee is fit, unfit, or fit with limitations for the position. In the event that the Occupational Health Professional deems the person unfit to perform the job, it is on the basis that the person is not physically able to perform the essential functions of the job and employment will be denied.

No physical examination or test results held by the Company Occupational Health Professional should be disclosed to unauthorized persons.

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The results of employee physical examinations and laboratory tests are privileged and confidential between the employee and the medical professional at the option of the patient. Therefore, an employee's permission is required prior to gaining access to data collected by a medical professional.

5.4 PERIODIC MEDICAL ASSESSMENTS (MEDICAL SURVEILLANCE)

Depending on the chemicals and/or working conditions in which an employee works, there may be specific provisions for diagnostic tests and physical examinations required to be performed at certain intervals. These tests and examinations must be performed, documented, and evaluated with a written Occupational Health Professional's opinion as to the employee's physical ability to continue working in his/her environment.

The chemicals or working conditions where periodic medical monitoring is required includes any one or more of the following:

- Working in a hazardous substance environment
- Hazardous Waste Operations
- High Noise Areas
- Activities involving grit/sand blasting or exposure to Silica/ asbestos
-

5.5 MEDICAL FACILITIES

Company shall ensure that an appropriate medical facility is available to provide routine treatment and emergency care to injured employees.

When selecting and utilizing the medical facility, management will consider the following:

Nature of the medical facility:

- capability - trauma/cardiac/surgery
- proximity
- quality
- insurance (financial)
- wait times

Means for transporting injured employees:

- Site ambulance

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- What route to take and alternatives if necessary
- Consider attaching a map

Notification procedures:

- Local medical advisor
- Site management
- Hospital emergency room
- Assistance/Insurance Company
- Family members

5.6 MEDICAL TREATMENT

On-Site First Aid

Project site must have first aid facilities for the dispensing of First Aid and first aid kit at key work sites.

Wherever AMNSI's medical facilities are available, the same facility shall be availed as per the terms & conditions.

Ensure that a sufficient number of employees are trained in First Aid to treat non serious or non-life-threatening work-related injuries (eg. sprains, minor cuts, scratches).

All the chemical storage areas shall be provided with suitable eye wash stations at strategic locations and maintained regularly to keep them fit for use.

An up-to-date listing of all employees who have been trained to give first aid will be maintained on site.

Ensure that one trained first aider for every 25 workers is available and additional as required to cover shift work if applicable. Preferably all supervisory employees should be trained in First Aid.

All first aid injuries must be recorded, and these injury records must be kept with the site H&S department.

Emergency Care

Emergency care is provided either through a local medical facility or the nearest local hospital. A means whereby seriously ill or injured employees can receive rapid medical treatment is described in "AMNSI-Project-SS- H&SM-12 -Emergency Response Plan".

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Company shall ensure that an employee/ workman can be readily transported for treatment in an emergency. No serious injured person is permitted to drive himself or herself, a driver and one other person will accompany the injured person. The emergency number for local ambulance, Fire and Police service shall be widely distributed around the site.

5.7 WORKERS COMPENSATION CLAIM FILING

The Industrial Relation (IR) department is responsible for ensuring that worker compensation claims are filed in a timely and accurate manner following an occupational injury or illness.

Prior to completing any claim form, the IR department shall access the incident investigation report as per HSE procedure “AMNSI-Project-SS-HSEM -13 - Incident Notification, Investigation & Analysis “.

If there is any doubt as to whether the accident or illness is work related or not, continue the investigation before filing any claim.

The employee’s supervisor is responsible for verifying if it is an occupational or workplace injury with the help of HSE department.

If it is a gradual onset type injury – back has been feeling sore for a week or so – encourage employee to seek attention after regular work hours. Give modified or restricted work for balance of shift, if necessary.

Encourage injured employees to accept treatment of minor cuts, burns, scratches by the qualified first aiders in the facility.

If it is necessary for the employee to seek professional assistance, or they insist on it, send the employee to the specified medical treatment facility and ask them to check in with their supervisor when they return.

At least once a week, the IR department personnel will contact injured employees who are off work to determine their prognosis for recovery and any obstacles for returning to the workplace including physical restrictions.

The IR personnel will arrange for suitable modified or restricted work, in consultation with HSE department and the site management, for the employee in the event that the employee has physical limitations but has been cleared to return to work.

No injured employee is permitted to return to work unless he/she has been cleared to return by the treating Occupational Health Professional.

5.8 MODIFIED / RESTRICTED WORK & RETURN TO WORK PROGRAM

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AMNSI attempts to place an employee with a confirmed occupational physical limitation into work suitable to such a limitation in order to speed their recovery period and manage claim costs.

When an employee has been absent due to occupational injury or illness, the employee will bring a note from his/her doctor prior to starting work. Where the employee's doctor imposes physical limitations, the employee may be directed to the Company's Occupational Health Professional for a medical assessment prior to resuming work.

Modified or restricted work is not "make work"; rather it must be required work. In general, modified or restricted work usually lasts no more than 12 weeks. Each facility will maintain an inventory of modified or restricted work that may be outside the scope of regular employment, but provides suitable alternative work to returning workers.

5.9 HYGIENE

Periodic industrial hygiene monitoring shall be carried out by the trained personnel covering both work environment and residential camps. All employees shall be informed of good hygiene practices on work sites during their induction training.

Hygiene at work place

- Employees are allowed to take food only at designated areas/ canteen.
- Appropriate and adequate facility shall be provided to store the own food brought by the employees (lunch boxes).
- Adequate wash facilities shall be made available proportionate to number of employees in site.
- Appropriate PPE shall be issued to prevent contamination of hands/ body from work place hazardous substance

Camp facilities

- Sleeping accommodation in the mobile porta cabin shall be minimum 2 sq. meter per person with one meter distance between two beds.
- Each person shall be provided with one proper cot and bed, two bed covers, pillow and pillow cover and one blanket.
- Every individual shall be provided with one dedicated cupboard with lock & key arrangement to keep his belongings.
- Provision to be made for linen washing at least once a week
- Windows should be provided on the opposite side for proper cross ventilation. All sleeping accommodation shall be air conditioned. There shall be adequate natural lighting and artificial lighting in all the accommodation.
- Adequate numbers of toilets, washing and bathing facilities shall be provided.

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Kitchen and Food Hygiene

- Food preparation kitchen, dining hall, wash basins/dish & utensil wash area, food storage area etc. shall be properly segregated with proper partition to avoid cross contamination.
- Special care shall be taken to keep separately the cooked food and uncooked food.
- The area for all the kitchen and dining hall shall be adequate and at no point of time overcrowding shall take place.
- All the floors and wall surface shall be kept clean free from dust and water and other extraneous dirt.
- Everyday all the area shall be cleaned minimum two times (morning & evening) and additionally as required.
- Adequate and proper closed drainage system shall be provided and properly maintained all the time and made disinfectant regularly. All the drain shall be of such type to prevent odor from the drain.
- All the doors shall be air tight and self close type. Where the door has to kept open for long duration additional screen door shall be provided.
- Provide adequate numbers of windows with air tight transparent shutters with proper win size non metallic mesh protection to avoid extraneous matters & insects and clean regularly.
- The kitchen shall be equipped with exhausts above the ovens to scavenge the heat and fumes, and the exhaust shall be properly diverted outside the kitchen. The exhaust system shall be always maintained.
- All the kitchen and dining hall shall be provided with minimum two electronic insect killers.

Dry food stores

- All the food items shall be stored in a well ventilated room.
- All the dry foods shall be stored on shelves / benches. Do not store the containers directly on the floor. Keep them on plastic or aluminum pallets.
- Keep the store always clean and free from pests. Ensure food is not contaminated with chemical pests/ rodent repellent. Ensure such repellents are used as per the product use sheets.

Food handler and personnel hygiene

- All the food handlers shall maintain excellent personal hygiene with trimmed short hair, finger nails, suitable head caps and neat & clean uniform with valid Health Fitness certificate, for non-communicable disease.

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- Persons suffering from ill health shall not be allowed to handle food and given proper medical treatment and rest.
- Smoking shall not be allowed while handling food in any form.
- Concerned HSE Officer / Camp In-charge and Project Head shall conduct monthly inspection of occupational hygiene at camp and kitchen. A written report shall be made and Construction Manager shall arrange for the compliance of all such observations.

Waste disposal

- All the generated food/ kitchen waste shall be collected and disposed in controlled manner as described in procedure “AMNS-Project-SS- HSE-M-15 - Waste Management Plan”

6 TRAINING

Personnel responsible for designated aspects of the Occupational Health Standard will be trained on the means to fulfill their responsibilities.

All employees will be made aware of industrial hygiene practices during various training program like Pre-Entry / Onboarding Induction, Hazard Awareness & Control Measures, Emergency Procedures, Legal & Regulatory Compliance, Job-Specific Safety Training, Contractor & Visitor Orientation. And Evaluation & Record Keeping of same should be done.

7 RECORD KEEPING

S. No	RECORD	MAINTAINED BY	RETENTION TIME
1.	Personal medical records	Admin dept.	Until completion of project
2.	Workplace exposure monitoring	HSE dept.	Until completion of project
3.	Training	HSE dept.	Until completion of project
4.	Camp Hygiene inspection records	Admin dept.	Until completion of project
5.	Occupational disease surveillance data	Admin dept.	Until completion of project
6.	Vaccination and immunization records	Admin dept.	Until completion of project

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8 REFERENCE DOCUMENTS

- AMNSI-Project-SS- H&SM-04 - Identification and compliance to legal and regulatory requirements
- AMNSI-Project-SS-H&SM-08 - Hazard identification, risk assessment and control
- AMNSI-Project-SS-H&SM-12 - Emergency response plan
- AMNSI-Project-SS-H&SM-13 - Incident Notification & Investigation and analysis
- AMNSI-Project-SOP-H&SM-11 - Waste Management Plan
- AMNSI-Project-TS-H&SM-15 - Safe handling, storage, use and disposal of Hazardous Substances

9 ANNEXURE

AMNSI/Project/SOP/H&SM/09/F01 – Camp / welfare facility Inspection checklist