Ahmedabad which is administered by Employees’ State Insurance Corporation, Ministry of Labour. The data was collected from 600 workers using a pre-structured questionnaire.

Results & Conclusion Maximum hospitalizations of workers were related to respiratory (34.83%) and cardiovascular (12.33%) illnesses. Nearly 10% workers reported with problems related to musculoskeletal disorders (MSD), among whom lower back pain was the highly prevalent problem. Injury (non-fatal) at the workplace was recorded as 6.6% among hospitalized workers. Most of the injuries were in form of bone fractures (42.50%) of lower extremities and burn (22.50%) while performing duties at workplace. The median absenteeism for the hospitalized workers was found to be 11 (1, 41) days. Data revealed that compliance and knowledge of safety measure was low among injured workers, nearly half of injured workers were not using safety gears or had proper knowledge of preventive measures. These workers were engaged in work continuously for more than 8 hours before injury. A large number of hospitalized workers reported a noisy environment (60.16%) at workplace, and nearly 65.50% workers reported the presence of dust/odour/smoke, and excessive heat at work environment.

COVID 19

0-308 COMPARATIVE ASSESSMENT OF MUSCULOSKELETAL PAIN AMONG ARTISANS OF THREE HANDICRAFT SECTORS OF INDIA BECAUSE OF COMMERCIALIZATION – A STUDY ON UNORGANIZED SECTOR

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Introduction Demand of Indian handicraft products is increasing consistently over the last couple of years globally due to its uniqueness and beauty. Handicraft sector is the second largest employment generator after agriculture in India. The sector functions on a self-sustaining business model. According to official record, India is home to 7 million artisans. With the advent of online portals and government initiatives there is a bolstering market growth of handicraft sector which lead to rapid change in the work culture from domestic to commercialization. Work practice has changed but the workplace and workstations remain the same. Long duration of work, in traditional work environment led to the development of musculoskeletal problems among the artisans. The present study was conducted on three handicraft sector of India, hand-block textile printing, Bell metal handicraft and marble carving sector to find out the effect of commercialization on occupational health of the artisans.

Method 10 artisans each from three sectors: Bagh print, Dhokra handicraft and Bedaghat soft marble carving were selected for the study. A modified Boston hand evaluation questionnaire was used to measure the hand symptoms for occupational musculoskeletal risks. Direct observation was further used to understand the risk involved in the task.

Result Artisans working in Bagh print reported significantly higher percentages of symptoms of Lost sensitivity and tingling, whereas artisans working in Dhokra handicraft had higher reports of weakness than the other two occupations. Pain during working hours were seen among all the three occupational groups, with the highest reports among marble carving artisans.

Conclusion High symptoms of hand pain were seen in all the three sectors involving repetitive intricate tasks. The symptoms of lost sensitivity were seen to be associated with high force exertion which was seen among the artisans of Bagh print and marble carving.

COVID 19

0-309 RISK FOR HOSPITALIZATION DUE TO COVID-19 IN RELATION TO OCCUPATIONAL EXPOSURES AS ESTIMATED BY TWO DIFFERENT JOB-EXPOSURE MATRICES

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Conclusion Even after correcting for non-work related factors, exposure to Sars-Cov-2 at work is still related with higher risk for a positive test. The type of jobs differed across the waves and depends largely on the measures taken by the government.