

# IMMIGRANT WORKERS' HEALTH & SAFETY 1-HOUR HAZARD IDENTIFICATION TRAINING

**GOAL:** This training is designed for a one-hour session with immigrant workers from a variety of industries and from multiple employers. It is a component piece of the overall Immigrant Worker Health & Safety Training curriculum developed by Make the Road New York. At the end of the training, workers should (1) be able to recognize hazards in the workplace; (2) know what OSHA is; and (3) know of their basic right to a safe workplace, regardless of immigration status.

## I. Introduction [5 minutes]

Introduce ourselves and what we will be talking about: worker health and safety / seguridad y salud laboral. Review the goals of the day:

*Make the Road New York builds the power of Latino and working class communities to achieve dignity and justice through organizing, policy innovation, transformative education, and survival services. With nearly 9,000 members at our four community-based centers, we organize around workers' rights issues – including helping workers fight to for workplaces that are safe and healthy.*

Ask: Why is worker health and safety important? Por qué es importante la seguridad y salud de los trabajadores?

## II. Ice Breaker: Stand up Activity [10 minutes]

Ask participants to stand up if they agree with the following statements. (If the group is small enough, you can ask people to form a circle, and then those tha agree with a statement step to the middle.)

- 1) He tenido que hacer trabajos que considere peligrosos
- 2) He visto a otros en el trabajo hacer trabajos que yo considere peligrosos
- 3) Me he lesionado en el trabajo
- 4) He visto a otra persona lastimarse en el trabajo
- 5) Me he lesionado en el trabajo tan gravemente que tuve que ir al doctor
- 6) Yo conozco alguien que se lastimó tan gravemente en el trabajo que tuvo que ir al doctor

- 1) I have had to do jobs I consider dangerous
- 2) I have seen others in my job do work that I consider dangerous
- 3) I have hurt myself on the ob
- 4) I have seen someone else hurt him or herself on the job
- 5) I have hurt myself seriously enough on the job that I had to go to the doctor
- 6) I know someone who has hurt themselves seriously enough on the job that they had to go to the doctor.

## III. Hazard Identification - Individual Activity [10 minutes]

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## Make the Road New York ■ 1-Hour Hazard Identification Workshop

**GOAL:** for participants to start identifying safety and health hazards in their own workplaces and to have participants properly document relevant information regarding health and safety hazards activities with the aid of pictures. The activities will require individual and group activities

**Individual Activity:** distribute **HANDOUT 1**, ask participants to read it to themselves and fill it out individually, if you assess that some participants have issues with reading and writing, make it a paired activity. Ask them to evaluate their last job while doing the activity.

**Discussion:** After you see that a large portion of the group has finish, ask for volunteers to share their experience in work places and what impact did it had in their health or safety.

### IV. Hazard Identification - Group Activity [15 minutes]

Next divide the group in two, and provide them with copies of pictures showing two workplace settings. Distribute **HANDOUT 2 and HANDOUT 3**,

Explain that the participants should work in groups for about 10 minutes, detailing all the information that they deem relevant in order to place a good complaint. Remind them to clearly identify the health and safety risks and their location.

**Group Presentation:** Ask each group to provide a brief presentation regarding their activity, they should read their answers and present it to the other group.

Ask groups to volunteer examples of hazards. If projecting on the wall, have volunteers come up and mark on the white board or paper you are projecting on where they see a hazard. [5-10 minutes.]

Synthesize for the group that hazards are of different types: physical, chemical, biological, or other. Give examples of each, and ask for an example from the group of each.

You can use the following as a guide in explaining:

- **“Safety hazards”** can cause immediate accidents and injuries. Examples are hot surfaces, broken ladders, and slippery floors. Safety hazards can result in burns, cuts, broken bones, electric shock, or death.
- **“Chemical and biological hazards”** are agents that can make you sick. They can get into the body through the nose, mouth, or skin to cause harm.
  - Chemical hazards are gases, vapors, liquids, fumes or dusts that can result in poisoning, lung disease, skin irritation, or damage to other parts of the body. Examples include cleaning products, asbestos, and pesticides.
  - Biological hazards are living organisms that can cause infectious diseases and allergies. They include viruses, bacteria, and molds.

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- **“Other hazards”** are those which cannot be classified into the other categories but can cause health or safety problems for workers. This can include stress, violence, and ergonomic hazards.

### V. Legal Rights and OSHA [15 minutes]

Ask for a volunteer to name the law or governmental agency that protects workers’ health and safety on the job. Write up on the board “OSHA,” and ask participants what year they think OSHA was created. [Answer: 1970.]

#### **Review workers’ basic rights:**

##### **OSHA:**

- Applies to basically all workers
- Protects worker regardless of their immigration status
- Requires employers to provide a workplace free of known hazards. This might mean there are specific rules (e.g., about handling asbestos) or just a general right to have a safe workplace.
- Protects workers’ rights to complain to OSHA if there are unsafe conditions.
- Requires employers to provide workers training on how to do their job safely, and to provide workers with protective equipment for hazards on the job.
- Protects workers against retaliation if they report an unsafe condition.

Emphasize that workers facing unsafe conditions should meet with a member of the Make the Road New York legal team for specific advice and help filing an OSHA complaint. Explain **Handout 4 and Powerpoint Slide Handouts on Filing a complaint with OSHA** – what information is useful and what actions OSHA can take.

### VI. Evaluation [10 minutes]

Distribute evaluation sheets for participants to complete. Collect sheets. If future trainings are scheduled, announce dates and times to group.

**H A N D O U T 1: HAZARDS AT MY WORKPLACE**

**Complete the following form individually, later share with your group partners, plan on the actions that will be taken to correct the hazard.**

**1. Have or any of your coworkers ever had any of the following symptoms?**

- |  |  |
|--|--|
| <input type="checkbox"/> Headache, nausea, dizzy spells    | <input type="checkbox"/> Infections                    |
| <input type="checkbox"/> Ringing in the ears, hearing loss | <input type="checkbox"/> Irritation in your eyes       |
| <input type="checkbox"/> Chest , side, or back pains       | <input type="checkbox"/> Breathing problems            |
| <input type="checkbox"/> Skin issues, rashes               | <input type="checkbox"/> Strong colds, cough           |
| <input type="checkbox"/> Birth complications, miscarriages | <input type="checkbox"/> Other: Please<br>Specify_____ |

**2. Are there any of the following safety hazards in your work area?**

- |   |  |
|---|--|
| <input type="checkbox"/> Unorganized work areas, cleanliness issues                           | <input type="checkbox"/> Broken stairs                 |
| <input type="checkbox"/> Electrical   | <input type="checkbox"/> Slippery floors               |
| <input type="checkbox"/> Heavy lifting  | <input type="checkbox"/> Sharp objects                 |
| <input type="checkbox"/> Falls  | <input type="checkbox"/> Other: Please<br>Specify_____ |
| <input type="checkbox"/> Insufficient, incorrect or ineffective personal protection equipment |  |

**3. Identify the possible health hazards in you area of work?**

- |  |  |
|--|--|
| <input type="checkbox"/> Toxic chemicals | <input type="checkbox"/> Extreme temperatures          |
| <input type="checkbox"/> Smoke           | <input type="checkbox"/> Insufficient illumination     |
| <input type="checkbox"/> Lead, Mercury   | <input type="checkbox"/> Vibrations                    |
| <input type="checkbox"/> Dust            | <input type="checkbox"/> Contagious diseases           |
| <input type="checkbox"/> Noise           | <input type="checkbox"/> Asbestos                      |
| <input type="checkbox"/> Radiation       | <input type="checkbox"/> Other: Please<br>Specify_____ |

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## HANDOUT 1: RIESGOS EN MI LUGAR DE TRABAJO

Completa esta forma individualmente y después comparte con tus compañeros de grupo y trabajo para planear que acción tomar.

### 1. ¿Tu o alguno de tus compañeros ha tenido alguno de los siguientes síntomas?

- |   |   |
|---|---|
| <input type="checkbox"/> Dolor de cabeza, náusea, mareo                   | <input type="checkbox"/> Infecciones                          |
| <input type="checkbox"/> Zumbido en los oídos, pérdida auditiva           | <input type="checkbox"/> Irritación en los ojos               |
| <input type="checkbox"/> Dolores de pecho, lado, o espalda                | <input type="checkbox"/> Problemas de respiración             |
| <input type="checkbox"/> Problemas de piel (dermatológicos), irritaciones | <input type="checkbox"/> Resfriados frecuentes, tos           |
| <input type="checkbox"/> Problemas de parto, abortos involuntarios        | <input type="checkbox"/> Otro: por favor<br>especifique _____ |

### 2. ¿Hay alguno de los siguientes problemas de seguridad laboral en tu lugar de trabajo?

- |   |   |
|---|---|
| <input type="checkbox"/> Desorden, suciedad   | <input type="checkbox"/> Escaleras y salidas                  |
| <input type="checkbox"/> Eléctricos   | <input type="checkbox"/> Pisos resbalosos                     |
| <input type="checkbox"/> Levantamiento de objetos   | <input type="checkbox"/> Materiales corto punzantes           |
| <input type="checkbox"/> Caídas   | <input type="checkbox"/> Otro: por favor<br>especifique _____ |
| <input type="checkbox"/> Insuficiente equipo de protección o equipo de protección que es incorrecto o ineficiente |   |

### 3. ¿Selecciona los posibles riesgos de salud en tu área de trabajo?

- |   |   |
|---|---|
| <input type="checkbox"/> Químicos tóxicos | <input type="checkbox"/> Calor o frío extremo                 |
| <input type="checkbox"/> Humo             | <input type="checkbox"/> Problemas de iluminación             |
| <input type="checkbox"/> Plomo, mercurio  | <input type="checkbox"/> Vibración                            |
| <input type="checkbox"/> Polvo            | <input type="checkbox"/> Enfermedades contagiosas             |
| <input type="checkbox"/> Ruido            | <input type="checkbox"/> Asbestos                             |
| <input type="checkbox"/> Radiación        | <input type="checkbox"/> Otro: por favor<br>especifique _____ |

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**H A N D O U T 2: ¿PUEDEN IDENTIFICAR LOS RIESGOS EN EL DIBUJO? ■**  
**CAN YOU IDENTIFY THE HAZARDS IN THIS PICTURE?**

**This photo depicts a hazardous condition**  
**La foto muestra una condición peligrosa**



**SOURCE:**

The Rocky Mountain Masonry Institute, *Focus Four Hazard Training for Masonry Construction, Module 1* [http://www.osha.gov/dte/grant\\_materials/fy08/sh-17793-08.html](http://www.osha.gov/dte/grant_materials/fy08/sh-17793-08.html)

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**SOURCE:**

Trimmer Foundation, *Focus Four Hazards/ Enfoque Cuatri Peligros*  
[http://www.osha.gov/dte/grant\\_materials/fy09/sh-18802-09.html](http://www.osha.gov/dte/grant_materials/fy09/sh-18802-09.html)

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**HANDOUT 3: HAZARD IDENTIFICATION AND DESCRIPTION**

1. What dangers can you identify in the picture?

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

2. Can you explain how the hazard affects the working environment?

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

3. How would you describe the danger to someone else? Be specific (**Where** is it located, **how many** people are affected, **when** are they affected?)

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

4. What are some things you can do to improve or correct the situation?

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

5. Describe how you would feel if you were obligated to work in these unsafe conditions?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**H A N D O U T 3: Identificación y Descripción del Riesgo**

1: Que peligros puedes identificar en la foto?

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

2. Puedes explicar como afecta el trabajo la situación insegura?

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

3. Como describiría el peligro a otra persona? (Piensa en **donde** está el riesgo, **cuántos** trabajadores están afectados, **cuándo** estan afectados)

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

4. Qué harías para corregir o mejorar la situación? Escribe algunas ideas:

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

5. Describe como te sentirías si fueras obligado a trabajar en esa forma insegura?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**H A N D O U T 4: How to File a Complaint with OSHA**

What key information should be included in a complaint?

**(It is important to note that the following questions should be used as a model and don't constitute an exact list of requirements, they are designed to provide meaningful information that will aid the complainant and OSHA in assessing the urgency and level of risk at the worksite. There are a variety of scenarios that might require different type of information)**

- How many employees are at the worksite and the number of exposed to the risk.
- Has the employer been notified of the hazard? When?
- How and when are the employees exposed to the risk
- What kind of work is done in the hazardous areas or dangerous areas
- What type of equipment is used? Is it in good conditions?
- What materials or chemicals are used?
- Have employees been provided with appropriate health and safety training?
- What type of work is conducted close in the vicinity?
- For how long are employees exposed to the risk?
- How long has the risk existed?
- What has been done in order to minimize risk?
- Has somebody been injured or has become ill due to the risk or health hazard?

**Telefono: 1-800-321-OSHA(6742).**

[http://www.osha.gov/pls/osha7/ecomplaintform\\_sp.html](http://www.osha.gov/pls/osha7/ecomplaintform_sp.html)

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**H A N D O U T 4 : Como Poner Tu Queja con OSHA?**

**Que información es importante para una queja?**

- Cuantos empleados están en el sitio de trabajo, cuantos empleados están expuestos a los peligros identificados?
- Ha sido el empleador notificado? Cuando?
- Como y cuando están los trabajadores expuestos al riesgo?
- Que trabajo se realiza en las áreas peligrosas o áreas no saludables?
- Que tipo de equipo es usado? Esta en buenas condiciones?
- Que materiales o químicos son utilizados?
- Han sido los empleados entrenados para tratar con situaciones peligrosas?
- Que tipos de trabajo se realizan en las áreas cercanas?
- Por cuanto tiempos los empleados están expuestos a los peligros?
- Cuanto tiempo ha existido el peligro?
- Se ha intentado corregir el problema?
- Alguien ha sido lastimado o se ha enfermado por el peligro que existe?

**Telefono: 1-800-321-OSHA(6742).**

[http://www.osha.gov/pls/osha7/ecomplaintform\\_sp.html](http://www.osha.gov/pls/osha7/ecomplaintform_sp.html)

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