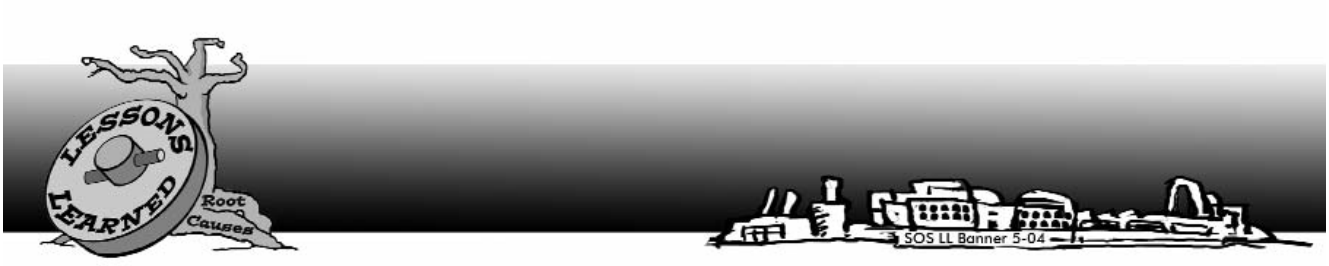


Worker's Hand Caught in Pinch Point

Purpose

To share "lessons learned" gained from incident investigations through a small group discussion method format.

To understand "lessons learned" through a Systems of Safety viewpoint.

TONY MAZZOCCHI CENTER
FOR HEALTH, SAFETY AND ENVIRONMENTAL EDUCATION
A PROJECT OF THE UNITED STEELWORKERS AND THE LABOR INSTITUTE

This material was produced by the Labor Institute and the United Steelworkers International Union under grant number SH-17045-08-60-F-42 Susan Harwood Training Grant Program, for the Occupational Safety and Health Administration, U.S. Department of Labor. It does not necessarily reflect the views or policies of the U.S. Department of Labor, nor does mention of trade names, commercial products or organizations imply endorsement by the U. S. Government.

Lessons Learned

Volume 08, Issue 64

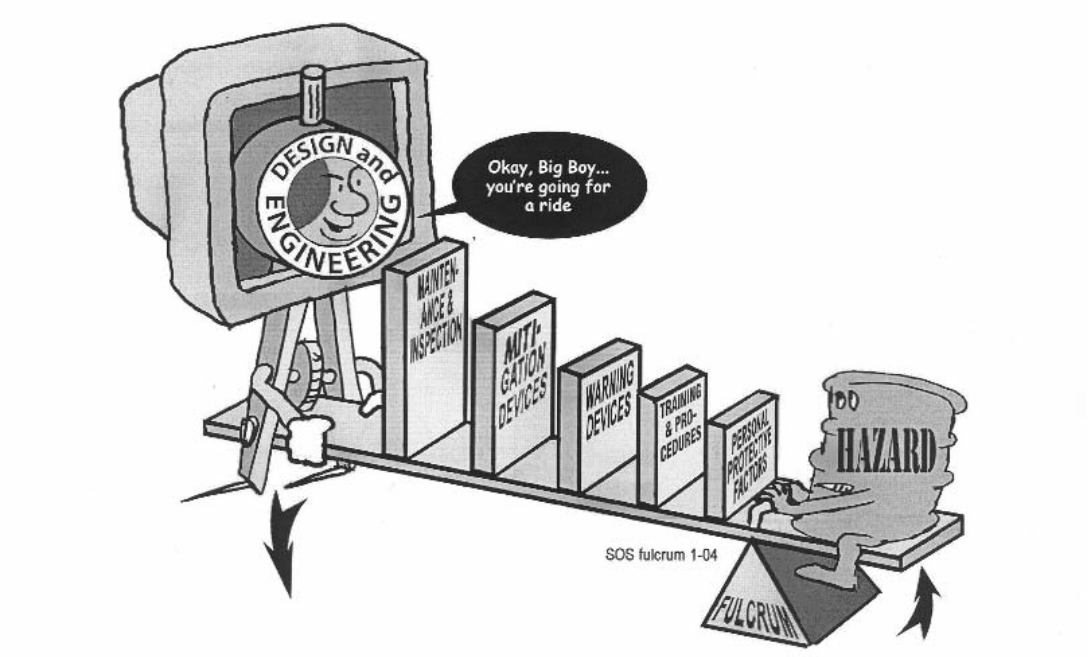
Background Information

Before beginning this Lessons Learned, please review this and the next page which contain information that will introduce the concepts of Lessons Learned and Systems of Safety.

Creating a safe and healthy workplace requires a never ending search for hazards that sometimes are not obvious to us. These hazards exist in every workplace and can be found by using various methods. Lessons Learned are just as the name suggests: learning from incidents to prevent the same or similar incidents from happening again.

Systems Are Not Created Equal: Not equal in protection and not equal in prevention.

Using our Systems Focus to uncover system flaws or root causes is only one part of controlling hazards. We also need to look at the systems involved to decide on the best way to deal with the problem. The most effective way to control a hazard is close to its source. The least effective is usually at the level of the person being exposed. The system of safety in which the flaw is identified is not necessarily the system in which you would attempt to correct the flaw.



Major Safety System	Design & Engineering	Maintenance & Inspection	Mitigation Devices	Warning Devices	Training & Procedures	Personal Protective Factors
Level of Prevention	**Highest—the first line of defense**	**Middle—the second line of defense**				**Lowest—the last line of defense**
Effectiveness	**Most Effective**	←	→			**Least Effective**
Goal	*To eliminate hazards*	*To further minimize and control hazards*				*To protect when higher level systems fail*
EXAMPLES OF SAFETY SUB-SYSTEMS**	**Technical** Design and Engineering of Equipment, Processes and Software Management of Change (MOC)** Chemical Selection and Substitution Safe Siting Work Environment HF **Organizational *(must address a root cause)*** Staffing HF Skills and Qualifications HF Management of Personnel Change (MOPC) Work Organization and Scheduling HF Work Load Allocation of Resources Buddy System Codes, Standards, and Policies**	Inspection and Testing Maintenance Quality Control Turnarounds and Overhauls Mechanical Integrity	Enclosures, Barriers Dikes and Containment Relief and Check Valves Shutdown and Isolation Devices Fire and Chemical Suppression Devices Machine Guarding	Monitors Process Alarms Facility Alarms Community Alarms Emergency Notification Systems	Operating Manuals and Procedures Process Safety Information Process, Job and Other Types of Hazard Assessment and Analysis Permit Programs Emergency Preparedness and Response Training Refresher Training Information Resources Communications Investigations and Lessons Learned Maintenance Procedures Pre-Startup Safety Review	Personal Decision-making and Actions HF Personal Protective Equipment and Devices HF Stop Work Authority

HF - Indicates that this subsystem is often included in a category called Human Factors.
* There may be additional subsystems that are not included in this chart. Also, in the workplace many subsystems are interrelated. It may not always be clear that an issue belongs to one subsystem rather than another.
** The Codes, Standards and Policies and Management of Change subsystems listed here are related to Design and Engineering. These subsystems may also be relevant to other systems; for example, Mitigation Devices. When these subsystems relate to systems other than Design and Engineering, they should be considered as part of those other systems, not Design and Engineering.

Revised October 2006

TONY MAZZOCCHI CENTER
FOR HEALTH, SAFETY AND ENVIRONMENTAL EDUCATION
A PROJECT OF THE UNITED STEELWORKERS AND THE LABOR INSTITUTE

Title: Worker's Hand Caught in Pinch Point

Identifier: Volume 08, Issue 64

Date Issued: December 28, 2008

Lessons Learned Statement:

Hazards such as pinch points are many times a natural part of the process. However, using the concepts of the ***Systems of Safety***, this injury could have been avoided. If a Job Hazard Assessment had been done prior to beginning the job, situations such as the incident which injured this worker, could have been identified and workers would have been aware of the danger and taken steps to avoid the pinch point.

New procedures for the removal and reinstallation of the door through the **Design and Engineering** and **Training and Procedures** ***Systems of Safety*** will make maintenance workers aware of the new method and create a safer workplace.

A new design, which would allow movement of the door on a track or other method, would be a use of the **Design and Engineering** ***System of Safety*** and would eliminate the hazard of forcing or controlling the door by holding it.

Discussion:

Maintenance workers were in the process of installing a safety mechanism on the door (Fig. 12-1) of No. 4 Hydro-pulper (Fig.12-2). The door had to be removed to perform this task. The only way to remove the door from its position is to lower it with a crane and swing it under the guillotine (Fig.12-3).

After installing the safety mechanism, workers began reinstalling the door. They were guiding it back into its place. As it was being lowered into position with the overhead crane, the bottom of the door became stuck on the roll table. The maintenance worker placed his hand on the outer edge of the door to push it forward. The door suddenly moved forward and the worker's hand was wedged between the guillotine frame (Fig.12-4) and the door.

The worker sustained an injury to his hand and was sent to the Medical Department where the doctor applied three staples to the cut on his hand.

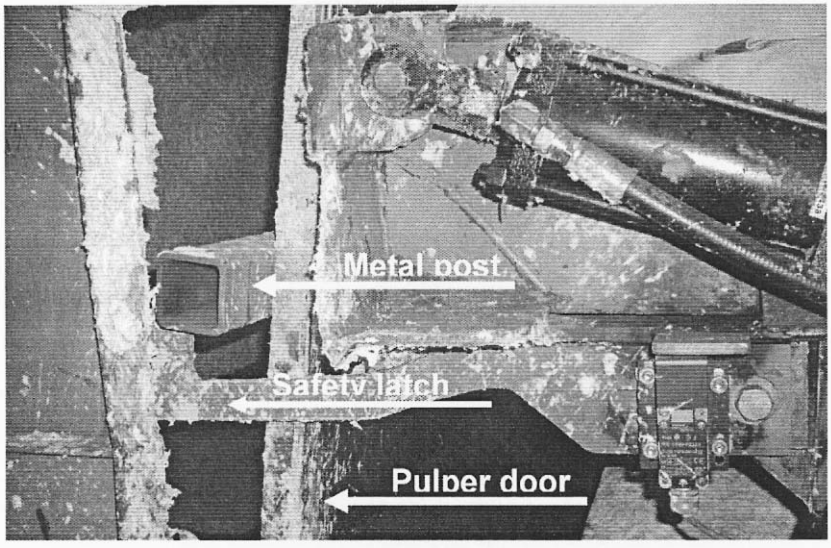


Fig. 12-1 Safety mechanism for pulper door

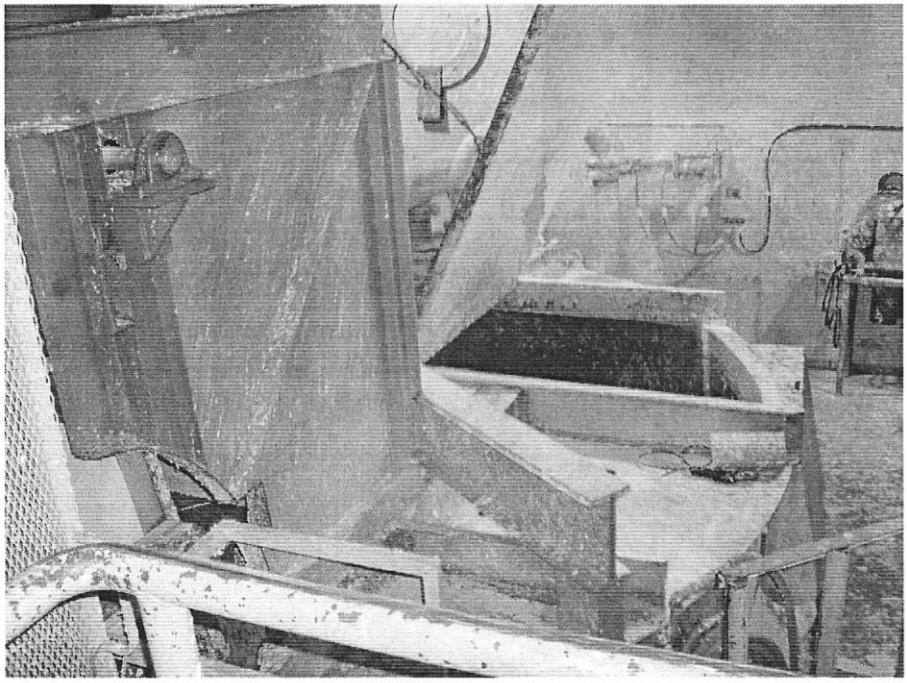


Fig. 12-2 No. 4 Hydropulper

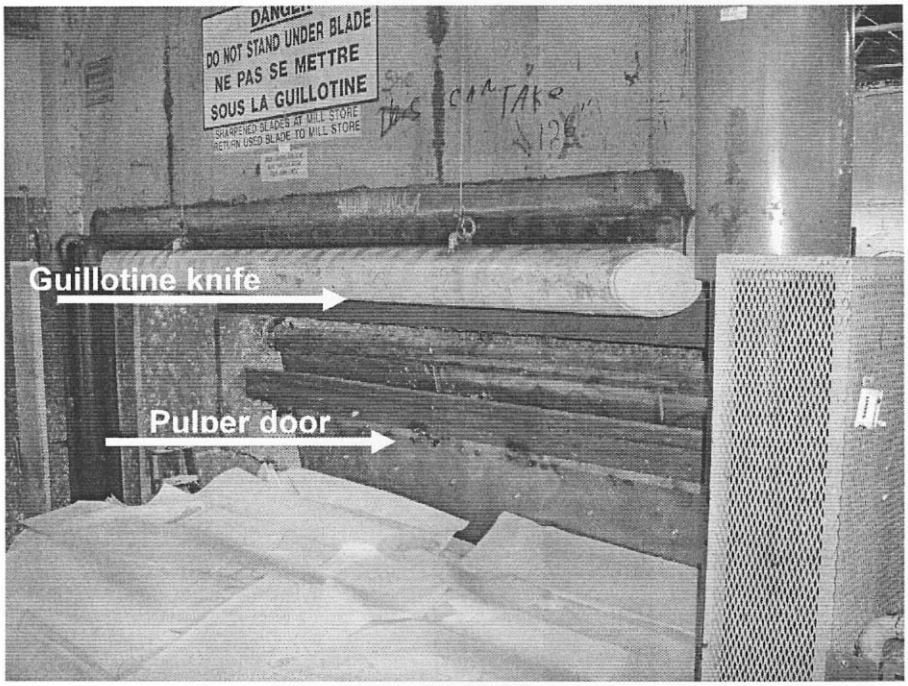


Fig. 12-3 Guillotine

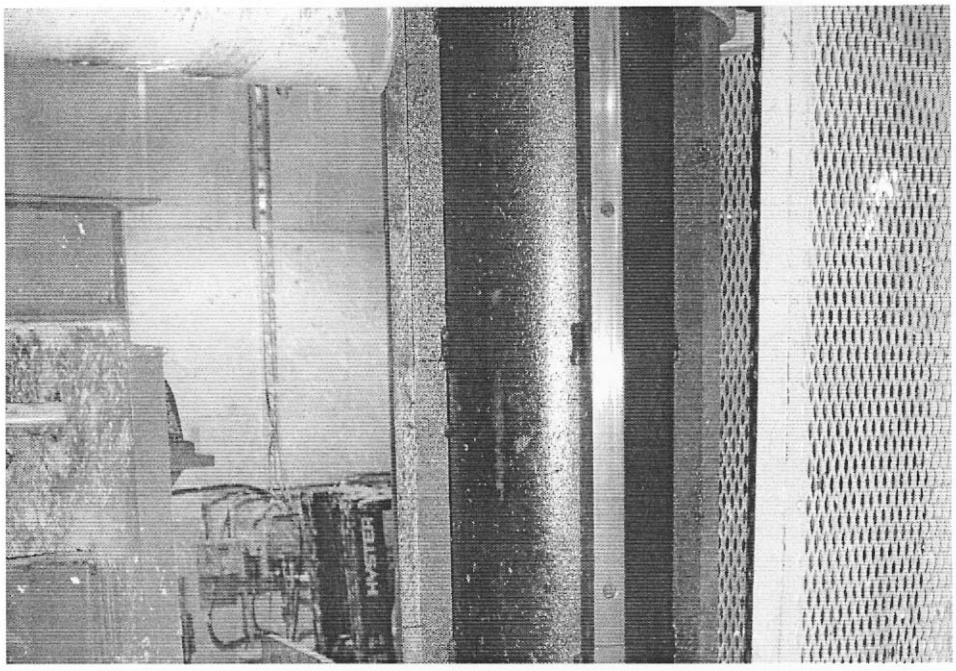
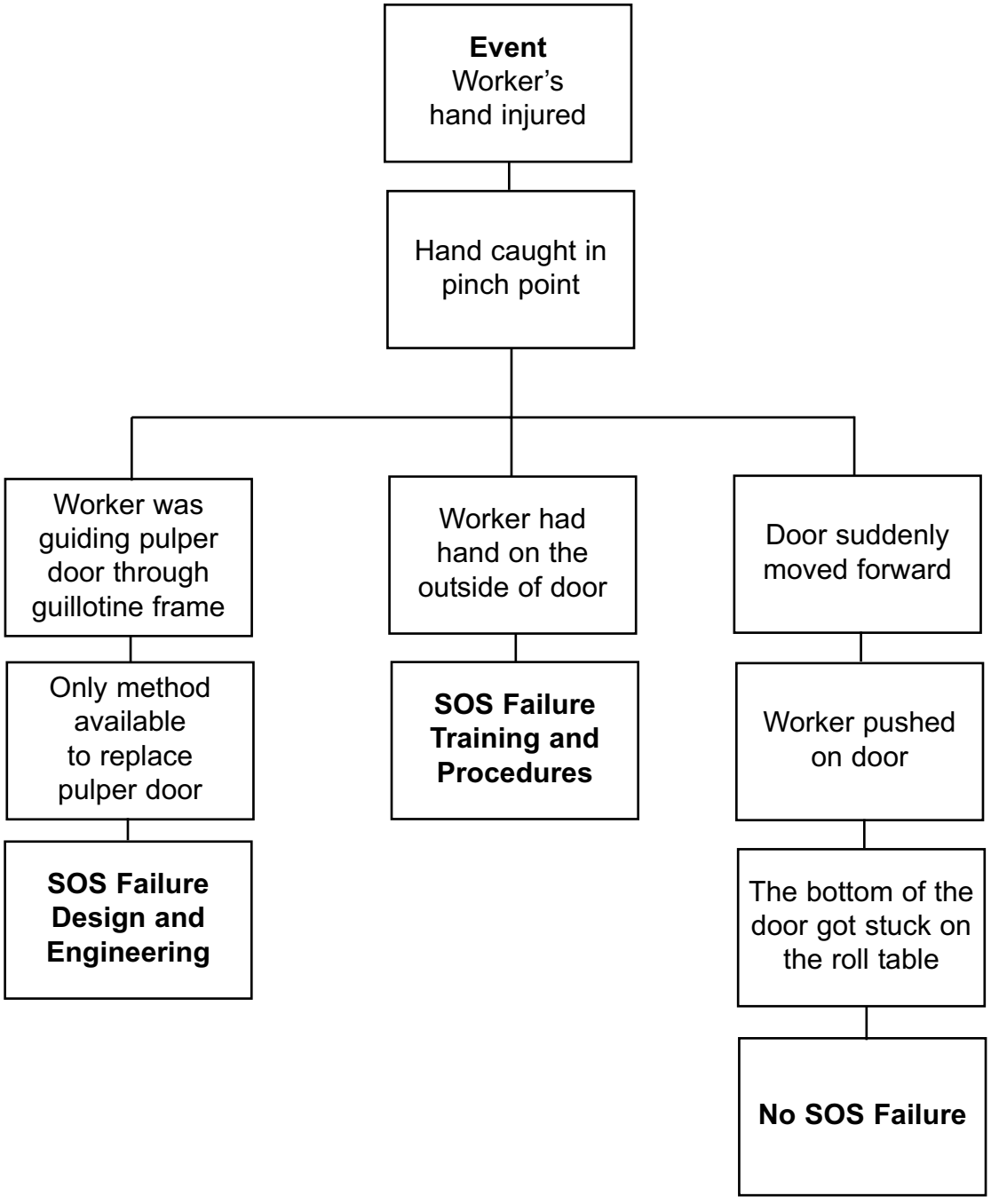


Fig. 12-4 Guillotine frame

Analysis

The Logic Tree is a pictorial representation of a logical process that maps an incident from its occurrence, "the event," to facts of the incident and the incident's root causes.



Recommended Actions

1. Design and engineer a track system to remove and replace the pulper door for service.
2. Develop a safer procedure, such as a track support system, for removal and reinstallation of the pulper door.
3. Train maintenance crews on the new procedures.
4. Train Lessons Learned on the hazards of pinch points.

Education Exercise

Working in your groups and using the Lessons Learned Statement, Discussion, Analysis and Recommended Actions, answer the two questions below. Your facilitator will give each group an opportunity to share answers with the large group.

1. Give examples of ways to apply the Lessons Learned Statement at your workplace.

2. Of the examples you generated from Question 1, which will you pursue in your workplace? (**Note:** When we say something you may pursue, we mean a joint labor-management activity or a union activity rather than an activity carried out by you as an individual.)

Trainer's Lessons Learned Success Inventory

Following a Lessons Learned (LL) session, **the trainer who led the LL** should complete this form. This information will: 1) Help you reflect on the successes and challenges of the session; 2) Help USW with new curriculum development; and 3) Help USW as a whole better understand how the LL Program is supporting their workers.

By reviewing LL from different sites or from other areas of their workplaces, workers are able to analyze the information and apply these lessons to their own workplaces in order to make their workplaces healthier and safer.

1. Site name (if there are participants from more than one site, please list all).

_____

2. Date of LL training _____
3. LL number used in today's Training_____
4. Your name_____
5. **Summary of Education Question 1:** Please summarize participants' examples of ways to apply this LL Statement to their workplace.

Please continue on the next page.

6. **Summary of Education Question 2:** Please summarize actions or recommendations participants discussed pursuing at their workplace(s).

Thank you for completing this form.

EVALUATION

Lessons Learned: Worker's Hand Caught in Pinch Point

Please answer the two questions below:

1. **How important is this lessons learned to you and your workplace? (Circle one.) Rate on a scale of 1 to 5, with 5 being the most important.**

1	2	3	4	5

2. **What suggestions would you make to improve this Lessons Learned?**

End of Training Trainer's Instructions

Please complete the information below.

Trainer's Name _____

(Please Print)

Date of training: _____

No. of Participants: Total _____ Hourly _____ Management _____

Location of Training: _____

USW Local # _____

Send:

1. This page;
2. The Education Exercise (page 10);
3. The Trainer's LL Success Inventory form (pages 11 and 12);
4. The evaluation for each participant (page 13); and
5. The Sign-in sheet (page 15) to:

If you are a TOP Site (excluding DOE TOP Sites)	**Send to: Steve Cable 2915 Gradient Drive St. Louis, MO 63125**
All other sites (including DOE TOP Sites)	**Send to: Doug Stephens United Steelworkers 3340 Perimeter Hill Drive Nashville, TN 37211**

Thank you for facilitating the sharing of this Lesson Learned with your coworkers.

Sign-in Sheet

TONY MAZZOCCHI CENTER
FOR HEALTH, SAFETY AND ENVIRONMENTAL EDUCATION
A PROJECT OF THE UNITED STEELWORKERS AND THE LABOR INSTITUTE

Name of Class_____ Date of Class_____

Instructors: _____

Please Check One* H	M	Print Name	Signature

***H = Hourly Worker**
M = Management or Salaried Worker

15