



HSE NEWS

WORKING FOR YOU TO KEEP YOU SAFE

Latest HSE Statistics YTD

	2013	2014
Workplace fatalities	0	0
Non-work related fatalities	0	0
Non-accidental deaths (NADs)	0	0
Lost Time Injuries (LTIs)	0	0
All injuries (excluding first aid cases)	0	0
Motor Vehicle Incidents (MVIs)	0	0
Roll over - MVIs	0	0
Serious MVIs	0	0
Lost Time Injury Frequency (LTIF)	0	0

Life Saving Rules Violations

YTD

Journey management	0
Speeding/GSM	0
Seatbelts	0
Overriding safety device	0
Working at heights	0
Permit	0
Confined space	0
Lock out tag out	0
Drugs and alcohol	0
Gas testing	0
Smoking	0
Suspended Load	0

Vehicle Class A/B Defect

YTD

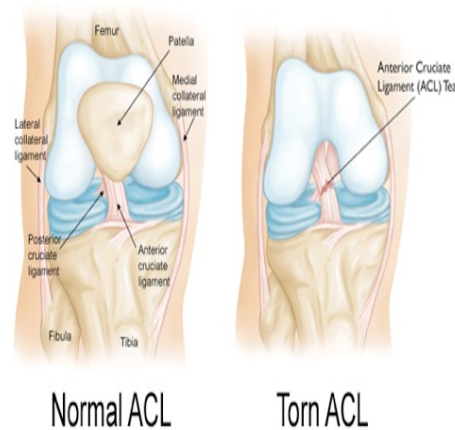
Class A	0
Class B	0

HSE TIP

Exercising regularly, warming up at the start of training would help building up the strength in the thigh and leg muscles and preventing knee injury.

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Important News



The Anterior Cruciate Ligament (ACL) is a tough band of tissue joining the thigh bone (femur) to the shin bone (tibia) at the knee joint. It runs inside the knee and gives the knee joint stability by controlling the backward and forward movements of the knee and lower leg. ACL stops the tibia bone from moving forwards in front of the femur. ACL injuries are the most common type of knee joint injury, can occur during sports such as Football, Basketball etc (Accounting for around 40% of all sports injuries). Knee ligament injuries can be unpredictable and can affect anyone, including fit people who do a lot of sport.

What You Need to Know

ACL in PDO:

In PDO we have a number of employees suffering from non-work related ACL injury, 31 PDO employees have been operated for ACL reconstruction from Dec'2013 till end of Nov'2014, at rate of 5 operations every 2 months. Each need sickness absenteeism from work range between 1-3 months.

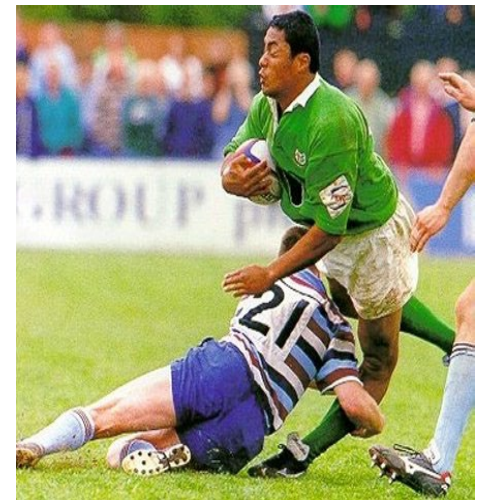
What you need to know:

Symptoms of a knee ligament injury:

- A popping sound or a snapping feeling at the time of injury.
- Knee swelling/pain.
- A feeling that the knee is unstable or perhaps giving way if you try to stand on it.
- Bruising around the knee can sometimes appear.

How is ACL diagnosed?:

You should report to the clinic if you experience a knee injury. The medical staff will usually start by asking questions about the injury. They may then examine the injured knee to test your knee ligaments and the doctor may refer you for further tests such as X-ray or an MRI scan to confirm the diagnosis.



You can tear your Anterior Cruciate Ligament (ACL) if your lower leg extends forwards too much (Picture 1) and it can also be torn if your knee and lower leg are twisted (Picture 2). Common causes of an ACL injury include; landing incorrectly from a jump, stopping suddenly, changing direction suddenly or having a collision, such as during a football tackle. If the ACL is torn, your knee will become very unstable and lose its full range of movement. This can make it difficult to perform certain movements, such as turning on the spot. Some sports may be impossible to play.



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HSE Advice Note

A torn ligament can't be repaired by stitching it back together. It is usually reconstructed by grafting tendons from your own body such as patellar and hamstring tendons or synthetic graft to replace the torn ligament.

ACL surgery will help improve the stability of the knee and stop it giving way. The decision to have knee surgery will depend on the extent of ACL damage and whether it's affecting the quality of life. If the injured knee is stable and the injured person does not have an active lifestyle, the Orthopaedic specialist may decide not to have ACL reconstruction surgery.

Commonly, the vast majorities of cases of ACL reconstruction surgery restore fully the functioning of the knee and patients are able to resume normal activities after six months. However, the knee may not be exactly like it was before the injury. In some cases the repaired knee may still experience some pain and swelling and if other structures in the knee are also damaged, it may not be possible to fully repair them.

As with all types of surgery, there are some risks associated with knee surgery. They include: infection (less than 1%), blood clot (about 1 in 1,000), knee pain (up to 18%) and knee weakness and stiffness. After ACL surgery, there's also a small chance (less than 10%) that the newly grafted ligament will fail. If the first operation is unsuccessful, further surgery may be recommended. However, subsequent operations are often more difficult and don't usually have the same long-term success rate as a first tendon repair.

