**Why Talk about Contact Stress?**

**How can I reduce the risk of an injury?**

Contact Stress can easily lead injury by cutting off circulation to a localized area leading to discomfort and a possible MSI. Common areas for contact stress in the upper extremity are the shoulders, wrists and forearms. A common sign would be a depression, or a divot, left in the skin or pale skin after contact stress.

Here are some tips to working safely and preventing an injury from occurring.

* Properly fitting gloves to pad the hands.
* Pad or round the edges of sharp-edged workstations.
* Distribute pressure by using tools with handles that don’t dig into the palm of your hand.
* Use the proper tool for the task.
* Avoid resting elbows on a hard work surface by using a jig or a vice during precision work.
* Use soft wrist and mouse rests at computer workstations if necessary.
* Elevate the chair height to position the hand and elbow at the same height and, if necessary, use a footrest to support the feet in the elevated position.
* Keep work close to your body

**What are some of the hazards associated with Contact Stress in the Upper Extremity?**

* Carrying heavy loads on your shoulders.
* Using the hand as a hammer.
* Digging holes using a shovel handle that is too small.
* Using tools with a sharp edge
* Improperly designed handles that are too small or too big
* Resting on a surface for a prolonged period of time.
* Typing or using a mouse at a desktop that is too high creating pressure over the wrist or forearm.
* Gloves that are too tight or ill-fitting.
* Over-reaching when completing primary work tasks



Leaning against an edge of a hard surface.

Using your fist as a hammer.



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| **MEETING DESCRIPTION** | | | |
| **Meeting Date:** |  | **Time:** |  |
| **Location:** |  | **Supervisor:** |  |
| **Number in Crew:** |  | **Number Attended:** |  |
| **Attended By:** |  |  | **Absent** |
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| **REVIEW ITEMS FROM PREVIOUS MEETING** | **INCIDENTS/INJURIES REVIEWED** |
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| **TOPICS DISCUSSED** |
| 1. **MSI – Contact Stress – Upper Extremity** |
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| **WORKERS CONCERNS** |
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| **CORRECTIVE ACTIONS TO BE TAKEN** |
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| **MEETING CONDUCTED BY** | | | |
| **Supervisor:** |  | **Manager:** |  |
| **Date:** |  | **Date:** |  |