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Classification of Occupational Diseases

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Introduction

A sickness referred to as an occupational disease is one that is connected to a particular job or industry. Many biological, chemical, physical, and psychological elements that present in the workplace or are encountered while working contribute to the development of these diseases. Occupational medicine is interested in how different forms of employment affect a person's health as well as how their health affects their capacity and productivity.

Description

Poor working conditions are a major contributor to occupational diseases, which are usually preventable. Controlling workplace health risks lowers the incidence of work-related illnesses and accidents while also enhancing employee health and morale, leading to a decrease in absenteeism and an increase in worker productivity. The moral and financial advantages typically outweigh the removal costs by a large margin. An occupational disease is any ailment connected to a particular job or sector of the economy. These illnesses are brought on by a number of biological, chemical, physical, and psychological elements that present in the workplace or are met while working. Occupational medicine is concerned with how all forms of labour affect health as well as how health affects a worker's capacity and productivity [1].

It is possible to link unhealthy working circumstances to occupational diseases, which are largely preventable. Controlling occupational health risks decreases the likelihood of work-related illnesses and accidents while also enhancing employee health and morale, which reduces absenteeism and boosts worker productivity. Most of the time, the advantages on a moral and economical level greatly surpass the disadvantages of removing. Occupational illnesses are often avoidable and are related to poor working conditions. Controlling occupational health risks lowers the prevalence of work-related illnesses and accidents, enhances employee health and morale, and reduces absenteeism and increases worker productivity. The expenses of removing occupational dangers are typically greatly outweighed by the moral and financial advantages [2].

This article examines the function of occupational health services as well as general occupational health dangers and the problems they induce. The articles on human diseases and the structures of the human body, such as cancer, infection, and respiratory disease, provide more in-depth information about specific problems [3].

Historical overview

It's possible that a worker who extracted metals experienced severe lead colic as the first occupational sickness to be observed. It is discussed in the third book of Epidemics, which is credited to the Greek physician Hippocrates, who lived in the fourth century BCE. Early authors who noticed the connection between certain diseases and jobs included others. Mercury poisoning was referred to as a slave sickness by the Roman scholar Pliny in the first century CE since slaves were the only people allowed to operate in mercury-contaminated mines because Roman citizens were deemed to be too ill to do so. However, the health of the workforce was often not a priority for ancient physicians [4].

Occupational health risks are divided into five groups based on their nature:

- Physical dangers brought on by temperature, ionising radiation, and noise.
- Chemical risks brought on by contact with gases, vapours, fumes, and chemicals
- Potential biological risks, including as contact with bacteria, viruses, blood, and blood products
- Risks related to ergonomics include those brought on by the necessity for inappropriate posture, monotony, repetition, working shifts, and stressful circumstances.
- Accident hazards include an improper working environment, inadequate illumination, and the possibility of electrical and fire mishaps

Three stages of preventive are distinguished by public health, and each has vocational parallels: Because it concentrates on avoiding illness or injury at its source, before it manifests, primary (1) prevention is the most successful. Through education, hazard communication, and screening programmes, secondary (2) prevention tries to increase awareness and identify symptoms early in order to lessen the effect (and spread) of a disease or injury. Tertiary (3) prevention aims to increase local and social recognition (and eventually exposure control) by facilitating treatment, assuring income stability, organising housing, and supporting in the return to work, while minimising the harm and consequences of a disease or accident [5].

Conclusion

Although the government may set safety regulations, in the majority of Western nations the employer is responsible for employee health and safety. Employers typically offer occupational health services as benefits, which are distinct from other community health services. Occupational health and cleanliness were given top importance in the former Soviet Union and were completely incorporated into the system of general medical treatment. The significance of occupational health is becoming increasingly understood in developing and Third World nations, many of which are going through a rapid industrialization process. However, pre-existing malnutrition and a high incidence of infectious disease frequently make the issues associated with exposure to occupational dangers worse. In many nations, combining occupational health care are frequently the most practicable and economical option.

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