



# GREEN BRIEFING

MAY 2026 EDITION

**“Cost to Workers: ZERO. Benefit: LIFETIME”**

Courtesy: GMS

**Till Date**

**853**

Training Sessions

**13,581**

Workers Trained

**70**

Topics Covered



# BASIC FIRST AID AWARENESS IN SHIP RECYCLING

Ship recycling yards involve several specialised activities taking place across different areas within the same day. Cutting teams may be working on steel plates, material-handling teams may be moving sections, confined-space teams may be entering vessel compartments, and housekeeping teams may be maintaining safe access routes. Each group has dedicated responsibilities and workers are trained for their specific tasks. Each activity carries different risks. Cuts, burns, falls, fractures, electric shock, chemical exposure, heat illness, eye injuries, and crush injuries can occur without much warning.

First aid awareness does not replace medical treatment. It prepares workers and supervisors to act during the first few minutes after an injury or illness. These minutes often decide whether the condition remains controlled or becomes more serious. A clean dressing applied correctly, bleeding controlled early, a burn cooled without delay, or an unconscious person placed in a safe position can protect life while professional help is being arranged.

In ship recycling, first aid awareness must be practical. Workers need to know what to do at the worksite, not only what is written in a manual. The person nearest to the injured worker may be a co-worker, supervisor, fire watch, fitter, cutter, helper, or safety team member. Awareness among all groups improves the quality of the first response.

**Dr. Anand Hiremath**, CEO of the Sustainable Ship and Offshore Recycling Program (SSORP), explained this during training discussions:

**“First aid awareness gives workers confidence to act correctly in the first few minutes. In ship recycling, those few minutes can protect a life, prevent further injury, and support faster medical care.”**

This month’s training sessions focused on basic first aid awareness for ship recycling workers across India, Bangladesh, and Pakistan. The sessions covered common injuries, first response steps, emergency communication, first aid kit readiness, and safe handover to medical teams.

The purpose was clear. Workers should know how to protect themselves before helping others, how to assess an injured person, when to call emergency support, and what actions must be avoided.

## TRAINING REACH AND PRACTICAL FOCUS

First aid awareness training was delivered across ship recycling clusters where workers face daily exposure to physical, chemical, thermal, and mechanical hazards.

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The sessions covered:

- Definition and purpose of first aid
- Airway, breathing, and circulation checks
- CPR awareness
- Managing unconscious or fainting persons
- Wounds and bleeding control
- Burns and chemical exposure
- Fractures and bone injuries
- Eye injuries
- Electric shock response
- Heat exhaustion and heat stroke
- First aid kit contents and inspection
- Stretcher use and casualty movement
- Emergency contact and handover procedures

The training was not limited to classroom discussion. Trainers connected each topic to yard activities such as cutting, grinding, lifting, hot work, confined space entry, working near water, and movement through uneven vessel structures.

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Workers shared incidents where small injuries became more serious because first aid was delayed, the correct material was not available, or the injured person was moved without proper support. These examples helped the group understand that first aid is not only a medical subject. It is part of daily work control.

## WHY FIRST AID AWARENESS MATTERS IN SHIP RECYCLING

Ship recycling yards contain many situations where injuries can occur quickly. Sharp metal edges can cause deep cuts. Hot surfaces, sparks, and flames can cause burns. Heavy objects can cause crush injuries. A fall from height can result in fractures or spinal injury. Chemical residues, fumes, and dust can affect breathing or skin. Electrical sources can cause shock and burns that are not always visible on the surface.

In these conditions, waiting without action can increase harm.

First aid awareness helps workers to:

- Recognise when an injury is serious
- Control bleeding before heavy blood loss occurs
- Keep airways clear in unconscious persons
- Cool burns early and correctly
- Avoid moving injured persons in unsafe ways
- Protect wounds from contamination
- Support breathing and circulation until help arrives
- Give clear information to medical teams

**Mr. Rahul Singh**, SSORP Coordinator in Alang, highlighted the practical value of first aid knowledge:

**“In the yard, the first person near the injured worker is often another worker. If that person knows the right steps, the response becomes faster and safer.”**

This point is especially relevant in large yards where the medical team may take a few minutes to reach the exact location. A worker inside a vessel compartment, on a deck, or near a cutting area may not be immediately accessible. Co-workers must raise the alarm, secure the area, and start basic support within their ability.

## FIRST AID BEGINS WITH SCENE SAFETY

The first step in first aid is not touching the injured person. The first step is checking whether the area is safe.

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A rescuer who rushes into an unsafe area can become the second casualty. This is common in incidents involving electric shock, toxic gas, fire, falling objects, or unstable structures. Ship recycling work areas can change quickly. A space that appears safe may still contain hot metal, exposed cables, fumes, sharp edges, or moving loads.

Before approaching an injured person, workers should quickly check:

- Is there any fire, smoke, gas, or chemical exposure
- Is electricity isolated
- Are lifting operations stopped
- Is the structure stable
- Is there risk of falling material
- Is the injured person in a confined or restricted area
- Is PPE required before approach

If the area is unsafe, workers should alert supervisors and emergency teams immediately. Rescue should be planned, not rushed.



### FIRST RESPONSE SAFETY CHECK

- Stop and look before entering the area
- Call for help immediately
- Do not touch an electric shock victim until power is isolated
- Do not enter a toxic area without respiratory protection
- Keep other workers away from the incident location
- Use gloves before touching blood or wounds
- Move the injured person only when there is immediate danger

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A safe rescuer can help. An injured rescuer increases the emergency.

## UNDERSTANDING THE ABC APPROACH

The ABC approach is one of the most basic ways to assess a seriously injured or unconscious person. It stands for Airway, Breathing, and Circulation.

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Airway means checking whether the person's airway is open. A blocked airway can prevent breathing. In an unconscious person, the tongue, vomit, blood, or foreign objects may block the airway. If there is no suspected neck injury, the head tilt and chin lift method can help open the airway. If a neck or spine injury is suspected, the jaw thrust method is safer because the head should not be tilted.

Breathing means checking whether the chest is rising and falling, listening for breath sounds, and feeling for air movement. This check should be quick, but careful. If the person is not breathing, trained responders should begin CPR and emergency services must be called.

Circulation means checking signs of blood flow. Heavy bleeding must be controlled immediately. If there is no pulse and the person is not breathing, CPR should begin by trained personnel.

**Muhammad Usman**, Coordinator in Pakistan, described the need for simple assessment during sessions in Gadani:

**“Workers do not need complicated medical knowledge to start the right response. They need to remember the basic sequence, check safety, call for help, check breathing, and control visible bleeding.”**

The ABC approach gives workers a clear order when panic can easily take over.

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# RESPONDING TO UNCONSCIOUS OR FAINTING PERSONS

Unconsciousness can occur due to heat illness, electric shock, falls, head injury, low blood sugar, fumes, medical conditions, or severe trauma. A fainting person may recover quickly, but the cause still needs attention.

When a person collapses, workers should first make the area safe and call for help. The person should be checked for response by tapping the shoulders and speaking loudly. If there is no response, breathing must be checked.

If the person is breathing and there is no suspected spinal injury, placing the person in the recovery position can help keep the airway open and prevent choking. Tight clothing around the neck and chest can be loosened. The person should be kept under observation until medical support arrives.

No food, water, or medicine should be given to an unconscious person. This can cause choking.

If the person is not breathing, trained personnel should begin CPR.



## UNCONSCIOUS PERSON, BASIC ACTIONS

- Make the area safe
- Call emergency support
- Check response
- Open the airway carefully
- Check breathing for up to 10 seconds
- Place in recovery position if breathing and safe to move
- Start CPR if not breathing and trained to do so
- Do not give water, food, or medicine

Workers should stay with the person until medical support arrives.



## CPR AWARENESS AND EMERGENCY RESPONSE

CPR, or cardiopulmonary resuscitation, is used when a person is not breathing normally and has no signs of circulation. CPR helps maintain blood flow to the brain and major organs until professional help arrives.

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In training, workers were reminded that CPR should be performed by trained persons. Others can assist by calling emergency services, bringing the first aid kit, clearing the area, guiding the ambulance, and locating an AED where available.

The basic CPR sequence includes:

#### Check danger

- Check response
- Call for help
- Open airway
- Check breathing
- Start chest compressions if required
- Give rescue breaths if trained and safe
- Continue until medical help takes over or the person recovers

The common CPR ratio taught during training is 30 chest compressions followed by 2 rescue breaths. Compressions should be firm and steady, at 100 to 120 compressions per minute, with a depth of about 5 to 6 cm in adults.

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**Mr. Amrish Pandey**, SSORP Coordinator in Alang, explained the value of trained response:

**“CPR awareness is not only about the person giving compressions. It is also about the team around them. Someone must call for help, someone must bring equipment, and someone must guide medical support to the exact location.”**

This team response is essential in ship recycling yards where the injured person may be inside a vessel, near a cutting zone, or at a location that is difficult to access.

## **WOUNDS AND BLEEDING CONTROL**

Cuts and wounds are among the most common injuries in ship recycling. Sharp steel plates, scrap edges, blades, tools, wires, nails, and bolts can cause lacerations, puncture wounds, abrasions, avulsions, and crush wounds.

Not every wound looks serious at first glance. A deep puncture from a nail or sharp metal object can carry a high infection risk. A jagged cut can damage tissue under the skin. A crush wound can involve internal injury even when the skin opening is small. The first priority is to control bleeding.

Workers should wear gloves where available and apply firm direct pressure using sterile gauze or a clean cloth. Pressure should be maintained without repeated checking. If blood soaks through the dressing, another dressing can be placed on top while pressure continues.

The injured limb can be raised above heart level if this does not cause more pain and if no fracture is suspected. Once bleeding is controlled, the wound can be covered with a sterile dressing. Deep, dirty, large, or contaminated wounds must be referred for medical care.

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## BLEEDING CONTROL STEPS

- Wear gloves if available
  - Apply direct pressure with sterile gauze or clean cloth
  - Maintain pressure for at least 10 minutes
  - Add more dressing on top if blood comes through
  - Raise the injured part if safe
  - Do not remove embedded objects
  - Cover the wound after bleeding is controlled
  - Send for medical care if the wound is deep, dirty, or caused by rusty metal
- Bleeding control must start early. Delay can weaken the injured person quickly.

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## BURNS FROM HOT WORK, FIRE, CHEMICALS, AND ELECTRICITY

Burns can occur during cutting, welding, grinding, fuel handling, steam exposure, contact with hot surfaces, chemical handling, and electrical incidents. The correct first aid depends on the type and severity of the burn.

For minor thermal burns, the affected area should be cooled under clean running water for 10 to 20 minutes. The water should be cool, not ice cold. Rings, watches, or tight items near the burn should be removed if they are not stuck to the skin. The burn should be covered loosely with a clean non-stick dressing.

Blisters should not be broken. Butter, oil, toothpaste, grease, or powders should not be applied. These substances can trap heat, increase infection risk, and make medical treatment more difficult.

Serious burns require emergency medical care. These include burns to the face, hands, feet, genitals, major joints, large body areas, chemical burns, electrical burns, and burns where the skin appears white, charred, leathery, or numb.

Chemical burns need immediate flushing with large amounts of clean water. Contaminated clothing should be removed if safe. Workers should not attempt to neutralise one chemical with another..

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**Mr. Zamil Uddin**, SSORP Coordinator in Bangladesh, noted during training discussions:

**“Burn injuries become worse when workers use home remedies or delay cooling. The safest first step is simple, remove from the source, cool with clean water, cover, and seek medical help.”**

This guidance was repeated during sessions because many workers had seen traditional treatments used in the past. Training focused on correcting these unsafe practices.

## **FRACTURES AND BONE INJURIES**

Falls, slips, falling objects, heavy steel sections, and crush incidents can cause fractures. A fracture may be closed, where the skin remains intact, or open, where bone or deep tissue is exposed. Fractures can also be hairline cracks, shattered bones, or injuries involving joints.

Signs may include severe pain, swelling, deformity, inability to move the limb, bruising, or abnormal position of the body part. In an open fracture, bleeding and visible bone may be present.

The injured area should be kept still. Workers should not attempt to straighten the limb or push bone back into place. A splint or padding can be used to support the area if trained persons are available. The splint should support the joints above and below the injury.

For open fractures, the wound should be covered loosely with a clean dressing. Direct pressure should not be applied on exposed bone. Medical care must be arranged urgently.

Moving a person with suspected spinal injury can cause further harm. If a fall from height, head injury, neck pain, back pain, numbness, or weakness is present, the person should not be moved unless there is immediate danger.

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## FRACTURE FIRST AID

- Keep the injured person still
- Call medical support
- Support the injured area
- Do not straighten the limb
- Do not push exposed bone back in
- Cover open wounds loosely
- Apply cold pack wrapped in cloth if available
- Monitor for shock, breathing changes, and pain

Safe immobilisation helps prevent further injury before medical treatment.

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## EYE INJURIES IN SHIP RECYCLING

Eye injuries are common during grinding, cutting, chipping, chemical handling, and work in dusty areas. Metal particles, sparks, fumes, chemicals, and blunt impact can damage the eye quickly.

For small particles, the worker should not rub the eye. Blinking may help natural tears remove the particle. The eye can be flushed with clean water or sterile saline. If the particle remains or appears embedded, the eye should be covered loosely and medical care arranged.

For chemical splashes, flushing must begin immediately and continue for at least 15 to 20 minutes. The eyelids should be held open gently during flushing. Contact lenses should be removed only if easily possible. The injured person should be sent for emergency eye care.

For puncture injuries or embedded objects, workers should not rinse, press, or attempt removal. The eye should be protected with a loose cover that does not apply pressure, and emergency support should be called.

Eye injuries can look small at first but may lead to permanent damage. PPE compliance and immediate flushing facilities are essential.

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# CHEMICAL EXPOSURE AND TOXIC FUMES

Ship recycling can involve exposure to asbestos, lead paint, fuel residues, oils, cleaning chemicals, gases, and fumes from cutting or confined areas. First aid for chemical exposure depends on the route of exposure.

For inhalation, the person should be moved to fresh air only if the rescuer can do so safely. No one should enter a toxic area without proper respiratory protection. If the person is unconscious and not breathing, CPR should be started by trained responders after safe access is confirmed.

For skin contact, contaminated clothing should be removed and the affected skin flushed with clean water. For chemical burns, flushing should continue for at least 20 minutes.

For ingestion of fuel, oil, or chemicals, vomiting should not be induced. The mouth can be rinsed if the person is conscious, and medical help must be contacted immediately.

For eye contact, flushing should begin at once.

## FIRST AID KIT READINESS

A first aid kit is useful only when it is complete, accessible, and checked. A locked kit, expired dressing, empty antiseptic bottle, missing gloves, or unavailable scissors can delay response.

A proper first aid kit for ship recycling yards should contain:

- Sterile gauze pads in different sizes
- Adhesive bandages
- Non-stick dressings
- Triangular bandages
- Roller bandages
- Antiseptic solution or wipes
- Disposable gloves
- Blunt-end scissors
- Tweezers
- Sterile eye wash or saline
- Burn dressing where available
- Oral rehydration salts

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- CPR face shield where available
- Accident report forms
- Emergency contact numbers
- First aid instruction card
- Inventory checklist

The kit should be placed in a clearly marked location. Workers should know where it is kept. Supervisors should ensure that kits are checked at the start of each shift and fully inspected every month. Used items must be replaced immediately.



### FIRST AID KIT CHECK

- Is the kit visible and easy to reach
- Are gloves available
- Are sterile dressings sealed
- Are medicines within expiry date
- Is eye wash available
- Are scissors and bandages present
- Are emergency numbers displayed
- Is the usage log updated
- Has any used item been replaced

A first aid kit should be treated as active emergency equipment, not as a storage box.



## STRETCHER USE AND SAFE CASUALTY MOVEMENT

Moving an injured person must be done carefully. Incorrect movement can worsen fractures, spinal injuries, bleeding, or breathing problems. In ship recycling, movement is often difficult because the injured person may be inside a vessel, on uneven ground, near water, or in a narrow passage.

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Different stretchers may be needed depending on the situation. A spine board may be required for suspected spinal injury. A scoop stretcher can help lift a casualty with less rolling. A flexible stretcher can assist in confined areas. A basket stretcher may be needed for rough terrain, height, or water rescue.

Before moving a casualty, the team should identify the route, assign roles, secure the patient, and move on the leader's count. One person should support the head and neck if spinal injury is suspected. Movement should be slow and coordinated.

During transport, breathing, responsiveness, and bleeding should be monitored.

## EMERGENCY COMMUNICATION AND HANDOVER

Good first aid includes good communication. Medical teams need clear information to continue care.

The handover should include:

- Name of injured person, if known
- Time of incident
- Location of incident
- What happened
- Type of injury or illness observed
- First aid given
- Changes in condition

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- Known exposure to chemicals, electricity, heat, or confined space hazards
- Whether the person lost consciousness
- Any known medical information shared by the worker

A confused handover can delay treatment. A short, clear handover helps medical staff decide the next steps.

Emergency numbers should be displayed at entry points, first aid posts, training rooms, workshops, and supervisor offices. Workers should know whom to call inside the yard before calling outside emergency services, based on yard procedure.

## FIELD OBSERVATIONS FROM TRAINING SESSIONS

During first aid awareness sessions, workers showed strong interest when examples were linked to real injuries seen in the yard. Many participants were familiar with cuts and burns but had less awareness of unconsciousness, spinal injury, chemical exposure, and electric shock response.

In Alang, trainers observed that workers were able to identify the location of first aid kits more confidently after the session. Supervisors also discussed the need to check kit contents more regularly, especially gloves, gauze, antiseptic, and burn dressings.

In Chattogram, workers discussed eye injuries from grinding and metal particles. The session helped reinforce the need to avoid rubbing the eye and to use immediate flushing for chemical splash cases.

In Gadani, participants focused on electric shock and heat-related collapse. Workers recognised that touching a person during an active electrical incident can be fatal for the rescuer. This was one of the strongest learning points from the session.

## REGIONAL COORDINATOR INSIGHTS

SSORP coordinators across regions observed that first aid awareness improves when workers practise the response sequence instead of only listening to instructions.

Mr. Rahul Singh observed that workers in Alang responded well to demonstrations on bleeding control and recovery position.

Mr. Amrish Pandey noted that supervisors play a major role in keeping first aid arrangements ready and ensuring that injured workers are not moved incorrectly.

Muhammad Usman observed that workers in Pakistan were more confident when the emergency response sequence was broken into clear steps.



Mr. Zamil Uddin reflected that workers in Bangladesh connected strongly with examples on burns, eye injuries, and wounds because these are common in daily yard activities.

Together, these observations show that first aid training is most effective when it is repeated, demonstrated, and connected to actual work.

## PRACTICAL FIRST AID CHECKLIST FOR WORKERS

Before starting work, workers should confirm:

- First aid kit location is known
- Emergency contact number is displayed
- Work team knows who the supervisor is
- PPE is worn correctly
- Eye wash location is known for chemical or grinding work
- Access route is clear
- Stretcher location is known
- Work area hazards are understood

During an incident, workers should remember:

- Check scene safety first
- Call for help early
- Wear gloves if blood is present

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- Check response and breathing
- Control visible bleeding
- Cool burns with clean running water
- Do not move suspected spinal injury cases
- Do not remove embedded objects
- Do not give food or water to unconscious persons
- Give clear handover to medical support

## SAFER YARDS THROUGH FIRST AID AWARENESS

First aid awareness does not remove hazards from ship recycling work. It improves the response when an injury or illness occurs. In a yard where workers know the first steps, supervisors act quickly, first aid kits are maintained, and medical handover is clear, injured workers receive better support.

The goal is not to turn every worker into a medical professional. The goal is to make sure every worker can recognise danger, call for help, protect themselves, and take simple actions that prevent the condition from getting worse.

First aid awareness also strengthens teamwork. Workers begin looking out for each other. Supervisors check readiness more closely. Emergency response becomes more organised. Small improvements in the first few minutes can make a major difference to recovery.

Dr. Anand Hiremath shared this message with participants during closing discussions:

**“First aid is not only about treatment after an injury. It is about responsibility before help arrives.”**



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## BASIC FIRST AID AWARENESS, KEY TAKEAWAYS

- First aid must begin with scene safety
- Call for help early in every serious case
- ABC checks help structure the response
- Bleeding must be controlled with direct pressure
- Burns should be cooled with clean running water
- Unconscious persons should not be given food or water
- Electric shock victims must not be touched until power is isolated
- Suspected fractures and spinal injuries must be kept still
- Eye injuries need fast flushing or urgent protection, based on injury type
- First aid kits must be checked, stocked, and easy to reach
- Clear handover improves medical treatment



“In moments of injury, the greatest help begins with **a calm mind, a caring heart, and the courage to act.**”




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# ROUND-UP OF MONTHLY TRAINING ACTIVITIES – FIRST AID AWARENESS IN SHIP RECYCLING

Country	Training No.	Yard	Course Date	No. of Trainees
 <b>Bangladesh</b>	840	Z. H. Steel Ltd.	03-05-2026	18
	841	Master Steel & Oxygen Ltd.	11-05-2026	23
	842	SH Enterprise	13-05-2026	14
	849	Janata Steels Ltd	18-05-2026	15
	850	Mehreen Ship Recycling	21-05-2026	7
 <b>India</b>	846	Leela Sustainable Ship Recycling Pvt Ltd	15-05-2026	21
	847	Inducto Steel Ltd	15-05-2026	11
	848	Shree Ram Shipping Industries Pvt. Ltd	16-05-2026	19
	851	Madhav Industrial Corporation	29-05-2026	29
	852	Leela Responsible Recycling LLP	29-05-2026	20
	853	Anupama Steel Ltd	30-05-2026	21
 <b>Pakistan</b>	843	Jamaluddin & Co	13-05-2026	16
	844	Prime Green Recyclers	13-05-2026	18
	845	SAP Green Recycling	13-05-2026	12

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