



GET A GRIP: HAND SAFETY IN PILE DRIVING

Preventing Hand Injuries in Pile Driving Operations

COMMON CAUSES OF HAND INJURIES:

- Caught-In/Between Incidents: Hands can be caught between moving objects such as the hammer and leads.
- Struck-By Hazards: Hands are often at risk of being struck by falling or swinging objects such as piles and rigging.
- Cuts and Lacerations: Handling materials such as sheets and rebar without proper protection can lead to severe hand injuries.

Q&A

Q: What should you do if you notice a hand hazard on site?

A: Report it immediately to your supervisor and ensure appropriate safety measures are implemented.

Q: How often should you inspect your gloves?

A: Inspect gloves before each use and replace them if they are damaged or worn out.

Q: Why are exclusion zones important for hand safety?

A: Exclusion zones keep hands and other body parts away from hazardous areas, reducing the risk of injury.

3 EFFECTIVE METHODS TO PREVENT HAND INJURIES:

USE BARRIERS TO KEEP HANDS AWAY FROM HAZARDS

- Wear appropriate gloves for the task at hand. Ensure gloves fit properly and are in good condition.
- Use guards and shielding to block hands from hazardous areas.

IMPLEMENT SAFE WORK PRACTICES

- Use tools designed to keep hands safe, such as tools with long handles to maintain a safe distance from hazards.
- Always handle materials with care, using both hands and ensuring a firm grip.
- Keep hands out of pinch points and away from moving parts.

TRAINING AND AWARENESS

- Provide regular training on hand safety and proper use of PPE.
- Encourage workers to identify and report potential hand hazards.
- Use signage and toolbox talks to remind workers about hand safety.



110,000

Average number of recorded lost-time hand injuries each year.



60%

The amount that the risk of hand injury is reduced by wearing gloves.



70%

of workers who experience hand injuries were not wearing gloves at the time of the incident.



Toolbox Talk Attendance

Project: _____ Address: _____

Employer: _____ Supervisor: _____

Date: _____ Time: _____ Shift: _____

Number In crew: _____ Number attending: _____

Other safety issues or suggestions made by crew members:

Record of those attending:

Name: (please print)	Signature:	Company:
1.		
2.		
3.		
4.		
5.		
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11.		
12.		
13.		
14.		
15.		

Manager's remarks: _____

Manager: _____ Supervisor: _____