



NEWSLETTER



International Commission on
Occupational Health - ICOH

Commission Internationale de
la Santé au Travail - CIST

Volume 17, Number 3

December 2019

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Message from the President



Do we need a strategy for ICOH Sustaining Members and Affiliate Members?

Sheffield Group Meeting of Occupational Safety and Health Institute Leaders in June 2019

A number of global institute leaders – the Sheffield Group - meet regularly and the latest gathering was in Montreal and Quebec City in Canada in May-June 2019. In earlier meetings ICOH has been present as well and for example ICOH arranged a full morning discussion in Tokyo in 2017 on collaboration between Institutes that mostly are also ICOH Sustaining Members. The question is that while we have major resources within the institutional members – 17 Sustaining Members and 29 Affiliate Members covering tens of thousands of experts - these resources are not often actively involved in ICOH programs. In Canada, or more precisely in Quebec, the IRSST Institute is an example of an active and internationally known institute that has a wide variety of occupational health and safety strengths and long history international collaboration. Marie Larue, Director of the Institute, who was the host of the Quebec series of meetings – and who has done great work in developing the institute over the years - has systematically promoted international collaboration and deserves ICOH appreciation when retiring soon. Also at the EU level institutes work closely together for issues related to safety and health research issues. Perhaps we could further discuss the activation of ICOH institutional members in ICOH strategies at the mid-term meeting in Rome next February.

ILO Global Coalition

ILO arranged a meeting of the Steering Group for the Global Coalition initiative

This Coalition initiative was originally proposed by the Minister of Social Affairs and Health of Finland at the ILO-ISSA Congress in Singapore 2017. ILO Director General happily endorsed the idea and agreed that ILO could host the initiative. We had the latest Steering Committee meeting by end June at ILO



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ICOH Newsletter

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The electronic version of the ICOH Newsletter on the internet can be accessed at the following address:
<http://www.ichweb.org/site/newsletter.asp>

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in Geneva. The Coalition is shaping up and the next important event will be the global launch at the Opening Ceremonies of the Vision Zero Summit in Helsinki, Finland in 12 Nov 2019 see: www.ttl.fi/visionzero19 Minister(s) and dignitaries will join and support.

ICOH has been a Steering Group member from the start and I am very pleased and eager to see concrete action planned and being taken. Among those are a Task Group on “Future of Work from OSH perspective”. Many governments, ILO, WHO, European Commission, EU-OSHA in Bilbao, and many others including institutional members – in addition to Finland and ICOH already from 2017 - will join this initiative and the launch event. ILO Geneva will coordinate all action with the full support of ILO leadership.

SASOM-MEDICHEM Joint Conference, Meeting of ICOH Officers and Meeting ICOH National Secretaries in South Africa

African institutions and ICOH Members have been very active this year. The South African Society of Occupational Medicine with the ICOH Scientific Committee on Hazardous Chemicals, MEDICHEM organised a Conference on Substances Hazardous to Health. Within the frame of the Conference

ICOH Officers had a productive meeting as well. Planning of the ICOH Mid-term Meeting and future ICOH Congresses, in particular, that in Melbourne 2021 were discussed in detail. Some further information is given elsewhere in this Newsletter.

We also had a fruitful discussion with many ICOH National Secretaries located in Africa and how to best support national ICOH action.

Asbestos is a legal issue as well

I had an opportunity to join lawyers in their APIL Conference in Manchester, U.K. on 11 September. High class presentations from best experts in the U.K. were on the programme. A recommendation by myself and colleagues contained a proposed new occupational exposure

limit value for asbestos: 1000 fibres/m³. This was based on a recent published and peer-reviewed paper entitled “Global Asbestos Disaster” <https://www.mdpi.com/1660-4601/15/5/1000> and originally proposed values by a Dutch expert group.

In the APIL Conference the enclosed table was presented, see slide enclosed. This fits well with the proposed 1000 f/ m³ proposed.

In fact, the daily TWA = 0.0002 fibres/ml = 200 f/m³

Present common occupational exposure limit in many countries is 0.1f/ml = 100,000 f/m³

Measurement in an open green area between WHO building and ILO building in the city Geneva resulted in an asbestos concentration of 900 fibres/m³ and in the ILO office building itself the number of fibres was 600 fibres/m³ – I inhaled such exposures for 20 years - and elsewhere in the wheat fields some 50 km from Bonn in Germany the concentration of asbestos fibres in ambient air was 200 fibres/m³

The insignificant risk doses in the above slide by Hodgson & Darnton could be expressed in fibres/m³ :

Crocidolite: 0.000006 fibres/ml year = 6 fibres/m³ year

Amosite: 0.000007 fibres/ml year = 70 fibres/m³ year

Chrysotile: 0.005 fibres/ml year = 5.000 fibres/m³ year

So continuous exposures of mixed fibres would be a compromise: 1000 fibres/m³ year. A cubic meter or 1000 fibres could be inhaled in about one hour. Technically, however, it would not be feasible to test the exact contents and type of each exposure as asbestos is a natural material and e.g. a batch of chrysotile fibres may contain a fair amount of other asbestos fibre types (crocidolite, amosite, tremolite etc.). In the U.K. the new use of asbestos is prohibited as in the whole European Union but the fibres in infrastructure will remain a risk for years ahead without practically any specific knowledge of the types of asbestos used.

Society Value of OSH

An important issue is what is the value of occupational safety and health to workers, their families, employers and the society as a whole. This was discussed at the European level at the European Agency for Safety and Health at Work in the beginning of October 2019. While the estimates made in collaboration with ILO ended to a global estimated cost of 3.94 % of global GDP – equal to cover the full GDP of the poorest 130 countries of the world together. This is, however, only a fraction of the full value lost when all expenses including intangibles are taken into account, not just direct costs and productivity loss.

In Finland the estimate made in collaboration with the tripartite partners – government, employers and workers - has been calculated to be 24 * 10⁹ Euros = 24 thousand million Euros in a population of 5.5 million and workforce of 2.7 million.

A consortium of Dutch experts used different methods to estimate the tangible and intangible costs. These included a “Human Capital Approach”, Willingness to Pay (WTP) costs, and VSPLY/VOLY approach (virtual statistical life year/ value of life year). These estimates were made for four different types of countries: Germany, Finland, The Netherlands and Poland. A wide range of minimum, median and maximum values were obtained for each method and country. For example, the costs compared to GDP of all four countries were ranging between a country average of 1.5% - 4.5% of GDP, and the maximum range costs between 3.5% - 27.7%. Germany’s range was from average to maximum between 1.8% - 13.8%. Lowest outcome was obtained by Human capital approach and highest by the VSPLY/VOLY approach. See full report at EU-OSHA website <https://osha.europa.eu/en/tools-and-publications/publications/value-occupational-safety-and-health-and-societal-costs-work/view>

Occupational Accidents are severely under-estimated

EU statistical office EUROSTAT collects national data on occupational accidents in EU – both fatal and non fatal – exactly as ILOSTAT does globally. Unfortunately, most countries globally do not report properly occupational accidents or report only a limited fraction that is covered by national legislation. EU is probably the best reporting area globally. But also in the EU fatal accidents are reported clearly much better than non-fatal accidents. Fatal accidents are still not complete either, at least so far the fatal cases of those self-employed, farmers that are not wage-earners, and the informal sector are not yet available. To counter the missing information EUROSTAT started a project to adjust better those poorly reported numbers that are clearly under-estimates. ICOH – myself – was invited to contribute to the meeting in mid October 2019 and support in the development of a new methodology for countering under-reporting. The pattern of under-reporting is consistent for various years both in EUROSTAT and in ILOSTAT. The idea of adjustment is based on the fact the fatal accident is just the tip of a pyramid and the number of less serious accidents is consistently going up when going down in the pyramid. While fatal numbers are – more or less – well reported, the non-fatal cases are very poorly reported as seen in the table below from EUROSTAT. The approximate rate depends on many factors, such as the industrial sector, sex, age etc. but roughly 1 fatal accident is accompanied by some 1500 non-fatal accidents that cause an absence from

work of four days or more. This could be also expressed in number of fatal cases against 1000 no-fatals e.g. 1000/1500 makes 0.67 and 1 fatal against 12.5 non-fatals makes 80 in the table below (1000/12.5).

Ratio : fatal to non-fatal, (pyramid inversed)

80 in the vertical scale equals 1 fatal to 12.5 non-fatal accidents rather than 1 fatal to 1500 non-fatals as in some other countries

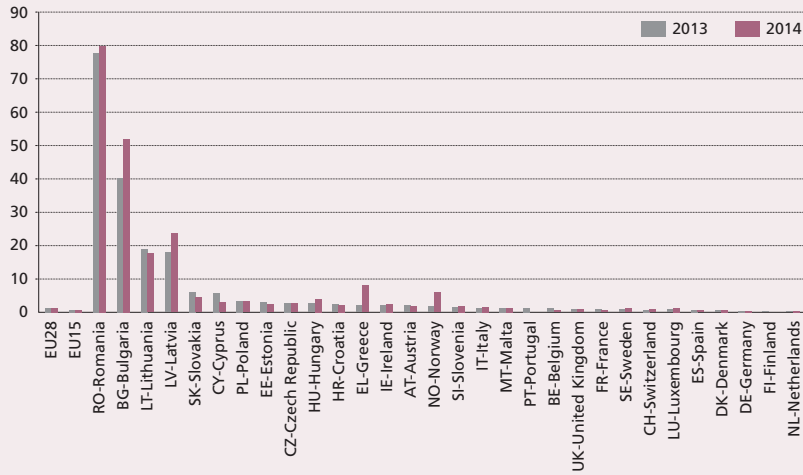


Figure: Number of fatal accidents per 1,000 non-fatal accidents (>3 days lost) for NACE Rev. 2 common

branches A – U/UNK, 2013 (accidents per 100 000 employed persons). Source EUROSTAT

This is not just a European problem but even more so a problem globally leading to poor advice to policy makers. We'll believe that ICOH and European experts can provide solutions for such.

Jukka Takala
President of ICOH



News from the Secretary General



Dear ICOH member,

On September 23, ICOH Secretary-General Prof. Sergio Iavicoli participated in the High-Level Meeting at the United Nations, for the adoption of the UN Political Declaration on Universal Health Coverage by Heads of State and Government.

As declared by Dr. Tedros Adhanom Ghebreyesus, Director General at WHO, “This declaration represents a landmark for global health and development”. ICOH has been involved throughout the drafting process and proposed the inclusion of occupational health in the declaration.

We are grateful to all those in ICOH and WHO HQ who worked on this, and particularly to Dr. Ivan Ivanov (WHO) and to the Assistant Director General Ranieri Guerra who has been very sensitive to workers health.

We are pleased to confirm that the declaration has been approved with ICOH proposals included, see below:

- paragraph 38: “Scale up efforts to promote healthier and safer workplaces and improve access to occupational health services, noting that more than 2 million people die every year from preventable occupational diseases and injuries”
- paragraph 64: “Take necessary steps at the country level to protect health workers from all forms of violence, attacks, harassment and discriminatory practices, and to promote their decent and safe working environment and conditions at all times as well as ensure health workers’ physical and mental health by promoting policies conducive to healthy lifestyles”

The declaration also includes other items that are relevant to occupational health. The full text is available at the UHC2030 website <https://www.uhc2030.org/news-events/uhc2030-news/political-declaration-for-the-un-high-level-meeting-meeting-on-uhc-555296/>

We welcome this achievement as an important outcome of our efforts over these years. The ICOH community will continue to support the UN agencies and WHO for the implementation of action to advance universal health coverage.

SUSTAINABLE DEVELOPMENT GOALS



MOVING TOGETHER
TO BUILD A HEALTHIER WORLD

UN High-Level Meeting on Universal Health Coverage, 23 September 2019, New York

Prof. Sergio Iavicoli
ICOH Secretary-General

Message from the Editor

Dear Members,

In the 3rd number of ICOH newsletter in 2019, we have many reports from scientific committees and national secretaries. Jamaica, Czech Republic and South Africa send us the activities on some important issues in their society. Scientific Committee on Mining Occupational Safety and Health (MinOSH) and MSD reported interesting sketch of those symposium. Dr. Rajput-Ray of SC of Job Insecurity and Health (UJIH) summarized important issue on neglecting workplaces.

I want to encourage members to send updates on upcoming events in their scientific committees, current events in our field, and other important news/information that can be included in our newsletter.

The editorial planning of the ICOH Newsletter

For 2018 and 2020:

- 1) Vol 1: 1st APRIL (deadline for article submission: 10th FEBRUARY)
- 2) Vol 2: 1st AUGUST (deadline for article submission: 10th JUNE)
- 3) Vol 3: 1st DECEMBER (deadline for article submission: 10th OCTOBER)

Changes of Addresses

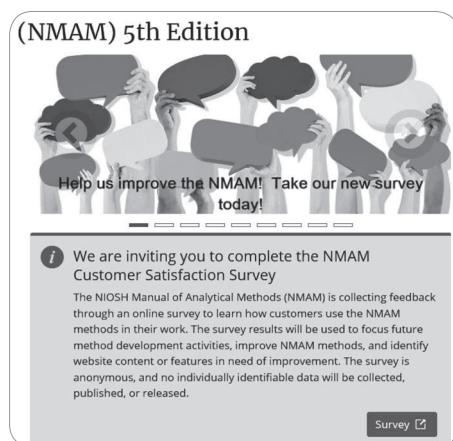
The ICOH Newsletter is published in two versions: in hard copy and electronic format. All active ICOH members, who paid membership receive it by e-mail and postal mail. To receive both versions, both the e-mail address and the postal address registered with the ICOH Secretariat need to be correct. Please inform ICOH of any changes to your addresses, by communicating with the Editorial Office (toxneuro@kosha.or.kr, toxneuro@gmail.com) or the ICOH Secretariat (icoh@inail.it).

Eun-A Kim
Editor-in-Chief,
ICOH Newsletter



Announcement

NIOSH Manual of Analytical Methods NMAM Survey



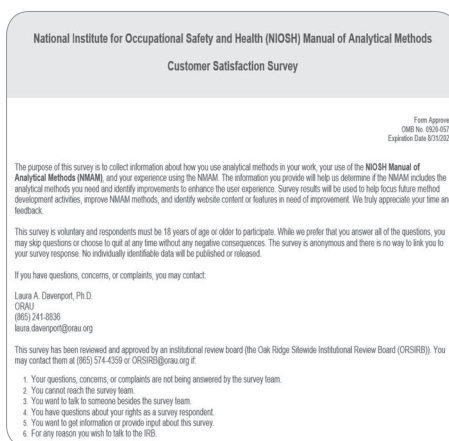
(NMAM) 5th Edition

Help us improve the NMAM! Take our new survey today!

i We are inviting you to complete the NMAM Customer Satisfaction Survey

The NIOSH Manual of Analytical Methods (NMAM) is collecting feedback through an online survey to learn how customers use the NMAM methods in their work. The survey results will be used to focus future method development activities, improve NMAM methods, and identify website content or features in need of improvement. The survey is anonymous, and no individually identifiable data will be collected, published, or released.

[Survey](#)



National Institute for Occupational Safety and Health (NIOSH) Manual of Analytical Methods
Customer Satisfaction Survey

Firm Approved
OMB No. 4320-4572
Expiration Date 03/31/2021

The purpose of this survey is to collect information about how you use analytical methods in your work, your use of the NIOSH Manual of Analytical Methods (NMAM), and your experience using the NMAM. The information you provide will help us determine if the NMAM includes the analytical methods you need and identify improvements to enhance the user experience. Survey results will be used to help focus future method development activities, improve NMAM methods, and identify website content or features in need of improvement. We truly appreciate your time and feedback.

This survey is voluntary and respondents must be 18 years of age or older to participate. While we prefer that you answer all of the questions, you may skip questions or choose to quit at any time without any negative consequences. The survey is anonymous and there is no way to link you to your survey response. No individually identifiable data will be published or released.

If you have questions, concerns, or complaints, you may contact:

Laura A. Davenport, Ph.D.
ORAU
(865) 214-6636
laura.davenport@ornl.gov

This survey has been reviewed and approved by an institutional review board (the Oak Ridge Stewards Institutional Review Board (ORSIRB)). You may contact them at (865) 574-4359 or ORSIRB@ornl.gov if:

1. Your questions, concerns, or complaints are not being answered by the survey team.
2. You cannot reach the survey team.
3. You want to talk to someone besides the survey team.
4. You have questions about your rights as a survey respondent.
5. You want to get information or provide input about this survey.
6. For any reason you wish to talk to the IRB.

Accurate, precise, validated analytical methods are the foundations upon which quality chemical exposure assessment studies are based. The National Institute for Occupational Safety and Health (NIOSH) Manual of Analytical Methods (NMAM) is a compilation of sampling and analytical methods for occupational exposure assessment that was first published in 1974. It includes methods that have been evaluated according to established experimental protocols and performance criteria. In April 2016,

NIOSH released a 5th edition of NMAM. This freely available resource may be found at <https://www.cdc.gov/niosh/nmam>.

The editors of the NIOSH Manual of Analytical Methods (NMAM) are collecting feedback about the 5th edition of the NMAM to learn more about how customers use analytical methods in their work and their use of the NMAM. Survey results will be used to help focus future method development activities, improve NMAM methods, and identify website content or features in need of improvement. The survey is anonymous, and no individually identifiable data will be collected, published, or released. If your Institution is an NMAM user, we are inviting you to complete the NMAM Customer Satisfaction Survey [<https://orausurvey.ornl.gov/n/NMAM.aspx>]. Please forward to individuals who may be users. NIOSH very much wants to hear from our international colleagues! Thank you for your time and your feedback.

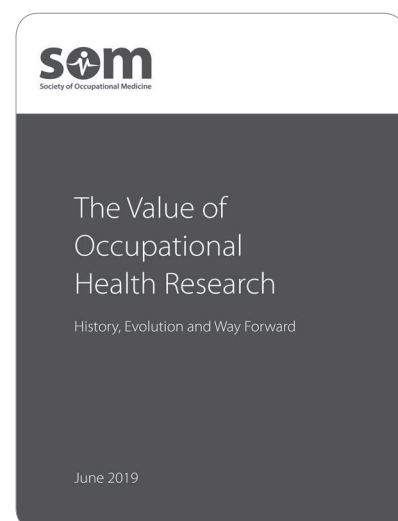
If you are not familiar with NMAM, you can learn about it at <https://www.cdc.gov/niosh/nmam>. If you have questions about NMAM or the Survey, please feel welcome to contact Dr. Ronnee N. Andrews, PhD. Her email is RAndrews@cdc.gov.

THE VALUE OF OCCUPATIONAL HEALTH RESEARCH

Lord David Blunkett hosted the launch of the report (link https://www.som.org.uk/sites/som.org.uk/files/SOM_Value_OH_Research_June2019.pdf) at the House of Lords on the importance of investing more into the causes of ill-health in working people in the UK. This report was prepared by a team from the University of Glasgow and sponsored by the Society of Occupational Medicine and the Health and Safety Executive.

The team was led by Professor Ewan Macdonald, Head of the Healthy Working Lives Group, with Dr. Drushca Laloo, Dr. Sergio Vargas-Prada Figuero, and from HEHTA, Dr. Evi Germei and Professor Emma McIntosh. Lord Blunkett, a patron of the SOM referred to his father having been killed in a work accident when he was 11 years old.

At the launch, Ewan Macdonald highlighted that only 45% of workers in the UK have



som
Society of Occupational Medicine

The Value of
Occupational
Health Research

History, Evolution and Way Forward

June 2019

access to occupational health advice in the workplace and, because of a lack of investment in training of doctors and nurses, this situation was getting worse. Mental health, musculoskeletal, skin, respiratory and cancer due to work are still relatively common. 1.4 million workers are estimated to suffer from a work-related disease.

What is making the situation worse is that everyone is expected to work longer, but despite that, 50% of the workforce were leaving the workforce before retirement age, many because of disability and because they and their employers were not getting the skilled support and advice, which could help people to work safely and longer. The people who left the workforce were then forgotten about - “society presses the delete button”, and so the inverse care law applies where the healthiest workers get better care than those who leave because they are sick. The NHS treats disease but does little about helping them rehabilitate so that they can return to work. The costs of these failures are huge.

Because of a lack of investment most of the research centres which have studied work-related diseases and ill-health have closed over the past 40 years and there are fewer academics trained in this field.

The report has 12 recommendations, including calling for the development of a new coordinating Centre for Health and Work, independent of, but working with regulators, to be a focal point for coordinating research and advice, academic training, and to research the evidence based interventions which are needed. Other recommendations were that occupational advice should be available to all workers and that there should be a national co-ordinated OH research strategy which should include robust health economic evaluation.

Next Events



ICOH 2021
www.ichoh2021.org

HOSTED BY
ANZSOM
INTERNATIONAL COMMISSION ON OCCUPATIONAL HEALTH
ICOH

**SHARING SOLUTIONS IN OCCUPATIONAL HEALTH:
Locally, Regionally, Globally**

33rd International Congress on Occupational Health
21-26 March 2021 | MELBOURNE AUSTRALIA

YOU ARE INVITED

Join us for the 33rd International Congress on Occupational Health 2021 (ICOH 2021) to be held in **Melbourne, Australia** from **21-26 March 2021**.

The Australian New Zealand Society of Occupational Medicine (ANZSOM) in conjunction with the International Commission on Occupational Health (ICOH) is proud to be hosting the Congress and looks forward to welcoming you to Melbourne.

The triennial Congress is recognised as the largest congress in the world for occupational health and safety professionals, policy makers, academics and researchers across a multitude of disciplines. With the theme "Sharing Solutions in Occupational Health: Locally, Regionally, Globally", ICOH 2021 will bring to Melbourne the world's leaders in occupational health and safety to share their knowledge, discuss best practice and share solutions for better worker health worldwide.

Planning is well underway with ANZSOM and ICOH collaborating with other occupational health organisations and experts to ensure the Congress showcases the most effective solutions being undertaken in occupational health nationally and internationally.

In addition to the dynamic program, the social program will enable you to network and make connections with fellow professionals whilst you enjoy the vibrancy of Melbourne.

We also hope you'll stay a few days longer to discover more of our great city and visit the diverse cities and regions that Australia offers you.

To ensure you receive the latest information about ICOH 2021 please visit our website www.ichoh2021.org and register your interest.

Put 21-26 March 2021 into your diary and we look forward to welcoming you to Melbourne for ICOH 2021.



Dr. Jukka Takala
ICOH President



Professor Malcolm Simala
ICOH2021 Organising Committee Chair



Melinda Miller
ANZSOM President

PROGRAM

The Congress will examine the theme: **Sharing Solutions in Occupational Health: Locally, Regionally and Globally** throughout the 5 day program.

The combination of plenary, semi-plenary, special and oral sessions, policy forum and poster presentations will examine a wide range of the latest solutions in occupational health and safety issues. Participants will share and discuss the challenges and opportunities in the field now and into the future. The ICOH 37 Scientific Committees covering the full range of OHS fields are contributing an exciting range of topics and speakers to lead the scientific program.

The extensive and interactive program will enable local, regional and global initiatives and research to be shared with the delegates from all around the world to build networks and legacies that will extend beyond the Congress.

Be sure to register your interest on the website to receive more information about the scientific program.



EXHIBITION

Integral to the Congress will be the ICOH 2021 Exhibition, the market place where valuable networking and education will be shared. The Exhibition market place will be a hub of activity as participants meet face to face with providers of the latest products and services whilst enjoying daily catering in this area, and viewing poster presentations.

If your organisation is interested in participating in the Exhibition or increasing your profile by participating as a sponsor, please contact our Congress Managers for more information.

KEY DATES

.....
CALL FOR ABSTRACTS OPEN
FEBRUARY 2020

.....
REGISTRATION OPENS
FEBRUARY 2020
.....

VISIT WWW.ICOH2021.ORG FOR FURTHER INFORMATION

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Mumbai international ICOH conference, January 2020



International Occupational Health Conclave 2020 on the theme “Healthy Worker: Key to Productivity and Sustainability” will be held in Mumbai from January 28-Feb 1, 2020 including the 70th National Conference of the Indian Association of Occupational Health. We expect participation from international and national delegates from the fields of occupational medicine, occupational hygiene & psychology, safety professionals, academicians, policy-makers etc.

The attractive program from 28-30 January, developed by no less than eight Scientific Committees of ICOH, offers the opportunity to update your knowledge and skills and to make contacts with colleagues from other countries. The program offers not only oral sessions but also interactive workshops and panel discussions covering a wide field of interests. For the full program look at the website <http://www.occuconindia.com>.

A prominent part of the program is being devoted to Workers’ Health & Primary care interventions, also known as Basic Occupational Health Services. A special session is scheduled on January 30. The day starts with a Plenary Session including keynote speakers from India, Indonesia and Thailand addressing the state of the art and challenges to overcome. In the next Round Table session with representation from Brazil, India, Indonesia, China, Iran, Netherlands, Finland and South Africa pioneers from these countries will share their experiences, efforts and innovations that can inspire us all. In the afternoon a workshop has been planned for employers from Small & Medium Sector, Factory Inspectors and Safety Officers of Industrial Zones from India. The aim is to acquaint them with positive examples of working practices and regulations to realize and streamline worker’s health interventions for the informal workers. There is a media interaction planned highlighting the BOHS implementation across the globe and advising upon selective learnings applicable for the given country scenario. Stakeholders from global agencies like WONCA (family physicians), ILO and ICOH will participate in the discussions.

Members' Activity

Activity of Scientific Committees

MinOSH 2nd International Conference on Mining and Energy

• October 6-8th 2019 at Prime Plaza Hotel Sanur, Bali, Indonesia



The secretary and chair of MinOSH indeed feel like sitting on 'the MinOSH Rocket' after 3 days of workshop and conference here in Bali together with the 13th Indonesian Occupational Medicine Update organized by the Occupational Medicine Society of Indonesia. Around 250 OHS professionals from Indonesia and neighboring countries participated, together with a few from Europe and Africa. Our special thanks to our two Indonesian MinOSH execom members, Dr. Muchtaruddin Mansyur and Dr. Liem Jen Fuk, along with their colleagues for making this possible!

During the conference on Occupational Health and Safety (OHS) in Mining, there was a mix of local and international research-advocacy presentations. Indonesia is a country with the largest goldmine and the second largest copper mine in

the world, including several coal mining and oil industries. Parts of Indonesia are seriously contaminated from mining. The miners and local people show signs of heavy metal poisoning along with chronic manifestations of mining-related diseases like neurological diseases and cancers. Therefore, OHS is a timely and urgently-needed discussion in the country.

The conference included keynote talks from Dr. Erik Jors and Dr. Jinky Lu, including ICOH vice-president Dr. Seong Kyu-Kang from Korea. We also managed to hold a business meeting with approximately 15 participants, informing about ICOH and MinOSH activities. We discussed our next MinOSH conference and it will probably be in Uganda in September 2021-or 2022, if we shall celebrate a MinOSH conference every two or three years. MinOSH will follow a strategy of holding conferences in countries with some extractive industry and where such Mining OSH conferences are not likely to happen without our initiative.

In general, MinOSH activities in the current triennium have so far been good with participation as co-organizers and presenters in several conferences such as in Astana Kazakhstan 2018, Antalya Turkey 2019, München Germany 2019, Johannesburg, SA 2019, among others.

Also, we want to underscore the fantastic job done by two of our members, Marilyn Fingerhut and Perry Gottesfeld, in putting an OH language in the UN TB Declaration held last Sept 2018, specifically Paragraphs 17 and 31, on reducing and eliminating 'silicosis and TB among miners, workers in dusty workplaces, and health workers. As a result of this, Perry has been given the REACH Award (Recognizing Excellence Around Champions of Health) for his work in reducing silica exposures in the workplace to reduce TB at the REACH Awards for Global Health.

We wish to thank our local enthusiastic Indonesian ICOH members and those that came from abroad to take part in this significant conference!

Greetings from 'heaven on earth Bali', Erik and Jinky

Developing international criteria for work-related musculoskeletal diseases

During the successful 10th International Scientific Conference on the Prevention of Work-Related Musculoskeletal Disorders (MSDs) (PREMUS 2019, Bologna, Italy, <http://www.premus2019.com/>), significant progress was made by the ICOH Scientific Committee on MSDs in developing an international framework for defining criteria to assess work-related MSDs. The purpose of this framework is to improve:

- injury rate comparisons between countries;
- comparisons between research studies, and
- transparency and reduce variation in compensation.



A EUROPEAN PROJECT

The overarching concept of OMEGA-NET is to create a network to optimize and integrate occupational, industrial, and population cohorts at the European level, and to provide a foundation for an enhanced evidence base for the identification of health risks and gains related to occupation and employment to foster safe and healthy preventive strategies and policies.



For the comparison between research studies, the ICOH Scientific Committee on MSDs works closely with a working group of the European network OMEGA-NET (<http://omeganetcohorts.eu/>) on their scoping review on MSD case definitions in consensus papers for seven prevalent work-related MSDs.

During the ICOH 2021 conference in Melbourne, the committee aims to present the framework paper including 2-3 disease specific papers like for instance on specific shoulder disorders, Carpal Tunnel Syndrome or knee osteoarthritis. Interested? Please contact dr. Paul Kuijer, p.p.kuijer@amsterdamumc.nl

SASOM-MEDICHEM Joint Congress in South Africa, 31 July to 3 August 2019

Ms. Claudina Nogueira – ICOH Vice President and SASOM ExCo Member

Prof. Daan Kocks, ICOH National Secretary for South Africa and SASOM Chair

Dr. Murray Coombs, MEDICHEM President / SC Chair and SASOM Member



Congress Organisers and ICOH Officers – L to R:

Dr. Marissa Muller – SASOM member (South Africa);

Prof. Sergio Iavicoli - ICOH Secretary General (Italy);

Dr. Murray Coombs - MEDICHEM President (South Africa);

Dr. Jukka Takala – ICOH President (Finland);

Prof. Seong-Kyu Kang – ICOH Vice President (Republic of Korea);

Prof. Daan Kocks – SASOM Chair (South Africa);

Ms. Claudina Nogueira – ICOH Vice President and SASOM ExCo member (South Africa);

Dr. André Kotzé – SASOM Vice Chair and MEDICHEM National Representative (South Africa);

Dr. Adriaan Combrinck - SASOM Treasurer and MEDICHEM member (South Africa);

Mr. Jaco Botha – SASOM Project Coordinator (South Africa),

Photograph: Laria Botha

The Main Event

The first Joint Congress of the South African Society of Occupational Medicine (SASOM) and the International Scientific Association for Occupational and Environmental Health in the Production and Use of Chemicals (MEDICHEM) was held at the Protea Hotel by Marriott Kempton Park, Gauteng, South Africa. SASOM is an affiliate member of the International Commission on Occupational Health (ICOH) and MEDICHEM acts as the ICOH Scientific Committee (SC) on Occupational Health in the Chemical Industry.

The theme of the Congress was ‘Control of Substances Hazardous to Health: Old and Emerging Issues’. Attendees were accredited with 26 CEU units for full attendance, including two ethics points (South African Medical Association (SAMA) or four CEU units (South African Council for Natural Scientific Professions (SACNASP)).

In a true reflection of global collaboration in occupational health, approximately 110 participants (including invited speakers, delegates and exhibitors) attended the Congress, representing 25 countries: Canada, China, Finland, France, Germany, Greece, Kenya, India, Israel, Italy, Kuwait, Lesotho, Malaysia, Mozambique, Namibia, Nigeria, Portugal, Republic of Korea, Rwanda, Switzerland, Thailand, United Kingdom, United States, Zimbabwe, and South Africa.

The Congress was officially opened by Prof. Daan Kocks (Chair: SASOM) and Dr. Murray Coombs (President: MEDICHEM). A special welcome was extended to the Office Bearers, National Secretaries and representatives of the SCs of ICOH. SASOM and MEDICHEM collaborated in this first joint venture to bring together international professional networks to share their expertise. The chemical industry expertise was represented through MEDICHEM and the International Council for Chemical Associations, most notably for their work in sustainable development, green chemistry and responsible care. Opportunities were created for the local professional occupational health societies, viz. SASOM, the South African Society for Occupational Health Nursing Practitioners (SASOHN), and the Southern African Institute for Occupational Hygiene (SAIOH), to interact and network with the international participants. This platform also allowed for excellent opportunities for workplace practitioners and industry representatives to meet with academic and government institutions.

The stimulating and informative scientific programme included alternating MEDICHEM and SASOM sessions, with the following sub-themes: (i) Setting the Scene: Chemical Exposure Perspectives - Global, Regional, In-Country; (ii) Chemical Hazards: Occupational Health Ethics and Emerging Issues; (iii) Chemical Hazards: Role of Professional Networks in Occupational Health and; (iv) Health and Chemicals: Learnings and Applications. Six ICOH SCs, which have overlapping work and research interests with those of both MEDICHEM and SASOM, accepted invitations from the Congress organisers to be officially represented in the scientific programme, viz. SC on History of the Prevention of Occupational and Environmental Diseases; SC on Mining Occupational Safety and Health (SC MinOSH); SC on Occupational Health Nursing (SC OHN); SC on Occupational and Environmental Dermatoses (SC OED); SC on Occupational Toxicology (SC OT); and SC on Industrial Hygiene (SC IH).

The Congress presentations covered a wide spectrum of topics, as detailed in the comprehensive report available on the Occupational Health Southern Africa journal website, linked to the September-October 2019 issue (<https://www.occhealth.co.za>). Also available on the journal website are the abstracts of all presentations and specific citations from learnings shared in the seven keynote and 35 oral presentations, which are worthy ‘take home messages’ for all participants.

MEDICHEM Awards

The Joint Congress organisers, SC members and panel of adjudicators take this opportunity to congratulate the winners of the MEDICHEM Awards.

Winner : Young Professionals Programme (YPP) Award - Dr. Botembetume Maboso (Mafeteng, Lesotho), for his presentation, ‘Assessing the burden of silicosis, TB and HIV among Basotho formerly employed in South African mines’

Winner : MEDICHEM Prize - Ms Annelize Jacobs (Port Elizabeth, South Africa), for her presentation, ‘World class occupational health in an emerging market environment’

Runner-up : MEDICHEM Prize - Dr. Itumeleng Ntamatama (Cape Town, South Africa), for his presentation, ‘Hard metal lung disease: Old and emerging issues’



Congratulations to the winners

L to R: Seated – MEDICHEM Award winners - Dr. Botembetume Maboso (Lesotho), winner of the Young Professionals Programme (YPP) Award; Ms Annelize Jacobs (South Africa), winner of the MEDICHEM Prize; Dr. Itumeleng Ntamatama (South Africa), runner-up of the MEDICHEM Prize.

L to R: Standing – Prof. Kenneth Mundt - MEDICHEM Secretary (USA); Prof. Daan Kocks - SASOM Chair (South Africa); Dr. André Kotzé - SASOM Vice Chair and MEDICHEM National Representative (South Africa); Dr. Avi Wiener – MEDICHEM Board member and National Representative (Israel); Ms Claudina Nogueira – ICOH Vice President and SASOM ExCo member (South Africa); Dr. Alex Govender - MEDICHEM Board member (South Africa); Dr. Tee Guidotti – MEDICHEM Board member (USA / Canada); Dr. Adriaan Combrinck - SASOM Treasurer and MEDICHEM member (South Africa); Dr. Abed Bin Onn – MEDICHEM Board member and National Representative (Malaysia); Dr. Steffen Hitzeroth – MEDICHEM Treasurer (Germany); Dr. Murray Coombs – MEDICHEM President (South Africa)

Photograph: Marissa Muller

Associated Events and Social Function

MEDICHEM held a half-day pre-Congress workshop, titled ‘Chemicals: from Environment to Epidemiology’ with 12 participants and two international facilitators: Dr. Tee Guidotti (USA/Canada), a consultant in occupational and environmental health and

medicine, in private practice (post-retirement); and Dr. Avi Wiener (Israel), an occupational medicine practitioner from the Israel Institute of Technology (Technion) in Haifa and the Institute of Occupational Medicine, Sheba Medical Centre, Ramat-Gan. Topics were: introduction to environmental toxicology, toxico-dynamics, carcinogenesis, application of toxicology and epidemiology in the modern work environment, and case studies.

The ICOH Officers Meeting was attended by the ICOH President Dr. Jukka Takala (Finland), the Secretary General Prof. Sergio Iavicoli (Italy), the two Vice Presidents, Prof. Seong-Kyu Kang (Republic of Korea) and Ms Claudina Nogueira (South Africa), and two members of the ICOH Secretariat staff (Italy), Mr Pierluca Dionisi and Mr Antonio Valenti.

The ICOH Regional (African) National Secretaries Meeting was facilitated by Prof. Seong-Kyu Kang (ICOH Vice President for National Secretaries) and attended by the ICOH National Secretaries for Kenya (Dr. Kibor Keitany), Nigeria (Dr. Uche Enumah), South Africa (Prof. Daan Kocks), and Zimbabwe (Dr. Blessing Garamumhango); the ICOH National Secretaries for Mali (Dr. Birama Diallo) and Togo (Dr. Silvere Kevi) attended remotely via Skype.

The official social function was the Gala Dinner. The evening was a traditional ‘outdoor-indoor’ South African style ‘braai’ with a ‘shebeen’ theme, complete with ‘konka’ fires, fairy lights and musical entertainment. ‘Shebeens’ was the name given to illegally operated taverns, mostly in black townships, selling home-brewed alcohol. They also functioned as meeting places for activists of the struggle against apartheid. The sumptuous banquet of typically South African nosh was complemented by an animated and high-energy performance by the drumming outfit, ‘Drum Sound Circles’, after which the guests threw caution to the wind, let their hair down and danced the night away to the tunes provided by a disc jockey who played both local and international music, with many ‘blast from the past’ renditions.

Closure and Acknowledgements

The Congress’ main task - ‘to promote sustained, inclusive and sustainable growth, full and productive employment and decent work for all’ - was accomplished. The outcome of the Congress was well aligned with the recent political declaration at the General Assembly of the United Nations for ‘Universal Health Coverage: Moving Together to Build a Healthier World’ and with the International Labour Organization (ILO) message: ‘We recognise that our efforts to achieve our mission must fit into broader societal and global actions to improve working conditions in all parts of the world. Our common efforts can play an important role to convince and support all governments and employers to invest in responsible labour practices, to achieve our mission; we must use and share our combined knowledge and expertise’; and, more specifically, the ICOH and ILO supported call to action – ‘to recognise the fundamental rights of safety and health not only to achieve improved health and safety, but also as support to the Sustainable Development Goals, to call on governments and policymakers to address the links between decent work, occupational hazards and diseases, and implement such rights into decisions and commit to implement such actions’.

The Congress organisers thank the exhibitor companies who supported the event by displaying their services and products; some companies donated prizes for lucky draws during the Congress.

Last but not least, the success of the Congress relied heavily on the dedication and long hours of hard work by all involved. SASOM and MEDICHEM would like to thank the Congress Organising Committee and other friends and supporters of both entities who worked tirelessly to plan and organise the Congress, finalise a scientific programme of a high standard, liaise with presenters and delegates alike in terms of logistic arrangements, and be present during the Congress week to assist with all the requirements that an international congress entails.

From National Secretaries

From Jamaica

Janice Green, NS of Jamaica

Duty of care of Employers - Air quality control inside the workplace

International health and safety standards have established that employers have a duty of care to their employees; a duty not to expose employees to occupational hazards at the workplace. Inadequate indoor air quality in Call Centres is one health hazard that can negatively impact the comfort and productivity of the staff in the workplace. As such, health and safety legislations in developed countries have made provisions for air quality control inside the work space. This legislation protects “Call Centre Workers” who are particularly at risk to oxygen deficiency, thermal discomfort, unnatural ventilation and artificial lighting. These risks exist because Call Centres are generally small and overcrowded; with staff being subjected to odours from various different perfumes and food scents to name a few sources.

With the rise in Business Process Outsourcing (BPO), more call centres are being established in developing countries like Jamaica. These Call Centres are a means of low income job creation to reduce unemployment in these countries. Some of these developing countries, such as Jamaica do not have an Occupational Safety and Health Act; such a legislation would have instituted a provision for indoor air quality controls inside a work space as opposed to external air quality. It is therefore imperative that business operators in developed countries who outsource their call centre functions to developing countries, evaluate and select contractors who have at least the minimum provisions for air quality control inside the workplace. Health and safety legislations in a country should be a mandatory criteria upon which to select a contractor for the service. This health and Safety provision would demonstrate the commitment of the developing country to do international business safely. It would also bind business operators to put measures in place to protect the health and safety of those who perform a contract for service for their business.

JN Group Joint Occupational Safety & Health (OSH) Committee



The JN Group Joint Occupational Safety & Health (OSH) Committee joins the International Labour Organization (ILO) and the rest of the world to observe World SafeDay on Sunday, April 28, 2019. Under the theme “safety and health and the future of work”, since 2015, the JN OSH Committee has been contributing and adding value to the JN Group.

CEO, Honourable Earl Jarrett (2nd right) discusses with (L-R) Andre Latty, Executive, Group Human Resources Development (GHRD), Janice Green, International Commission on Occupational Health (ICOH) National Secretary – Jamaica, president of the Jamaica Occupational Health and Safety Professionals Association (JOHSPA), Occupational Health & Safety Officer, JN Group Human Resource Development and Curtis Martin, Managing Director, JN Bank, efforts to improve staff safety and comfort during a recent courtesy call by the JN Group Occupational Health & Safety Committee at the JN Chief Office.

Employers Should Pay Greater Focus on Ergonomics

Dr. Sharmella Roopchand-Martin, Head of the Academy of Sports at The University of the West Indies, says that she regularly see persons under the age of 19 with neck issues commonly associated with persons who are 50 to 60 years old.

The disclosure was made during an ergonomics workshop for the JN Group “Joint” Occupational Safety & Health Committee and other employees of The Jamaica National Group, which was held at the headquarters of JN Fund Managers recently.

One of the main contributors to neck and shoulder injuries, Dr. Roopchand-Martin pointed out, is repeated movements performed during the day and improper ergonomics when using the computer.

“The monitor should be at eye level. Put the laptop on a stand; use an external keyboard and mouse, or use a raised monitor with the laptop,” she advised.

“Repetitive stress injuries include a large group of conditions that primarily affect the soft tissues, including the nerves, tendons, ligaments, and muscles. If you type 40 words per minute, you press 12,000 keys per hour or 96,000 keys per eight-hour work day. Almost 16 tonnes of force will be exercised collectively by your fingers over the day,” she related.

In addition to repetitive motions, Dr. Roopchand-Martin stated that other occupational risk factors which affect workers are prolonged static exertions, forceful exertions, awkward postures, vibration, harsh environmental conditions, and long duration performing a task.

Putting into context how repetitive stress injuries occur over a period of time, Dr. Roopchand-Martin pointed out that when workers are experiencing physical discomfort, they condition and adapt to the discomfort, while their threshold for the discomfort increases.

“If you are doing it long enough, you end up with injuries and after you have a muscular injury, your brain is going to register again that it is not discomfort, but pain. That’s when you end up going to the doctor and if nothing changes the situation, some persons will go on to have permanent injuries.”

She further explained that there are other factors outside of ergonomics that contribute to injury.

“A lot of times persons only look at their work set up, but there is a massive contribution to injury occurring by our own habits, underlying genetic predisposition and other medical conditions. A worker who is very frail, not very fit, and has an underlying medical problem, is likely to become vulnerable to injury.”

Other non-occupational risk factors that she also included are family history, age, pregnancy, systemic disease, previous injury, smoking, drug and alcohol abuse, vitamin deficiency, poor physical fitness, obesity and high risk hobbies.

Eliminating Injuries on the Job

Dr. Roopchand-Martin maintains that injuries on the job can be prevented by eliminating risk factors from the job, reducing pace of work, engaging in job rotation, and increasing the number of breaks from repetitive tasks.

Repetitive stress injury is relatable to Junett Robinson Numa, assistant corporate secretary at the Jamaica National Group. For many years, she spent several hours a day using her computer. Also, being left handed, she used that hand more frequently than the other.

“I had extensive pain in my entire left arm. Things would fall from my hand. It was like I didn’t have control,” she said. A lump developed on her left wrist as a result of inflamed tissue, which further intensified the pain. Using pain killers daily brought her temporary relief. She was subsequently diagnosed with carpal tunnel syndrome in her left wrist, and the problem persisted for four to five years, until she did surgery.

“Since the surgery, the pain has gone, but I still feel weakness in my hand. I cannot hold anything heavy or for long,” she disclosed.

The experience has caused her to become conscious of her posture, especially when she uses the laptop. She keeps the laptop in a raised position so that she can look at the screen at eye level while using an external keyboard.

Janice Green, International Commission on Occupational Health (ICOH) National Secretary – Jamaica, says that employers should pay keen attention to ergonomics.

“Studies have shown that ergonomics is relevant and critical to employees’ comfort and safety at work. It is therefore, recommended that organisations study and understand the linkages between employees and their work environment; and develop interventions to improve and maintain proper ergonomics,” she pointed out.



She urges employees to take greater responsibility for their wellbeing.

“Employees can use their smart phone or smart watch to remind them to take breaks from repetitive tasks; and to get up every 30-45 minutes, to achieve better outcome for their health,” she advised.

Janice Green (left), International Commission on Occupational Health (ICOH) National Secretary – Jamaica, president of the Jamaica Occupational Health and Safety Professionals Association (JOHSPA) and occupational safety and health officer at The Jamaica National Group; Dr. Sharmella Roopchand-Martin (Centre), Head of Academy of Sports at The University of the West Indies; and Michelle Hines, Business Relationship and Sales Manager at JN Bank, at the ergonomics workshop held recently.

From Czech Republic

Sergej Zacharov, NS of Czech Republic

XXXIV Congress of Occupational Medicine, Czech Republic

The XXXIV Czechoslovak Congress on Occupational Medicine with international attendance was held in well-known spa resort city Mariánské Lázně, Czech Republic, from 24th to 25th September 2019 (www.kongres.pracovni-lekarstvi.cz/). The Congress was organized by the Czech Society of Occupational Medicine, Ministry of Health of the Czech Republic, 1st Faculty of Medicine of Charles University in Prague, and was supported by Slovak Society of Occupational Health.

The Congress was attended by approximately 290 delegates from the Czech Republic and Slovakia and three invited speakers: prof. A. Škerjanc, President of the Occupational Medicine Section of the European Union of Medical Specialists (UEMS), prof. E.S. Schernhammer from Harvard School of Public Health, Boston, USA, and Medical University of Vienna, Austria, and prof. D. Bello from University of Massachusetts Lowell, USA.

The Congress Chair was professor Milan Tucek, President of the Czech Society of Occupational Medicine, and the Scientific Secretary of the congress was associate professor Sergej Zacharov, National Secretary of ICOH. Representatives from UEMS, ETUI,

public health department of the Ministry of Health, Czech Medical Association, and presenters from various Czech and Slovak institutions addressed the Congress participants across various sessions.



Under the motto “New challenges require new approaches and common solutions” congress facilitated interdisciplinary cooperation and provided possibility for exchange of views for professionals in occupational medicine, occupational hygiene and epidemiology, pneumology, allergology, neurology, psychology, toxicology, occupational health and safety, ergonomics, physiology and psychophysiology of work and other related fields.

Occupational medicine has been undergoing a lot of changes in recent years and it is necessary to respond timely on these changes. New trends in prevention of occupational health damage, aging population and occupational longevity, ergonomics and occupational physiology in the 21st century, psychosocial occupational risks, biomonitoring in occupational environment, industrial toxicology and nanotoxicology were among the main topics of the congress.

European Union Agency for Safety and Health at Work (EU-OSHA) provided within the congress the seminar “Occupational diseases and the factors of occupational hygiene and occupational health” focused on chemical safety, occupational risk factors, and prevention of occupational diseases. The program of the congress included practical workshop for general practitioners providing occupational health services with extensive panel discussion on legislative framework and “best practice” recommendations from the experts in the field.

The next, jubilee XXXV Czechoslovak congress on occupational health will be held in 2021 in Slovakia.

Hot Topic

Neglecting Workplace Culture could be costing the UK Economy Billions Annually

Katherine J.N. Lee:
Workplace Culture Adviser, www.virtuse.org



Dr. Minha Rajput-Ray:
Occupational and Disability
Physician
Scientific Chair, Unemployment,
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Introduction

Improving mental health and well-being at work is the impetus for many policies, company restructures, training initiatives, and employee satisfaction assessments.

The commitment of management often determines the effectiveness of the strategy. A lack of follow-up and neglecting to commit dedicated time and resources highlights the inadequacy of a box-ticking approach.

By not developing the culture, organisations are failing to develop and benefit from the hidden resources in their staff. The culture of the organisation is what carries the business or can be the cause of its failings.

Culture

The culture of an organization is likened to its personality.¹ The workplace is not only a hub of skills, experiences, education, and ambitions but it is also a micro-social network of sometimes intangible human behaviours, and the key to staff well-being.

From this culture, employees are guided in their own behaviour, collectively demonstrating the values, rules, norms and standards of the organization, which are learnt largely from those in charge. Culture is also where organisations profess to hold their values, such as integrity, determination and fairness.

Listing values can attract new business and new talent, and looks impressive to competitors, but often the values are ideals, and management often neglect to interweave them into the workplace standards of practice and behaviour.²

There continues to be growing concern about the cost of neglecting workplace culture to the well-being of the individual and the economy. Mental well-being at work is determined by interaction between the individual, the nature of the work and the work environment.³

Therefore, the culture of an organization is the hidden gem that can promote well-being and mental health, improve productivity and strengthen an organisation to face testing times, such as staff turnover, economic difficulties and unpredictable challenges.

There are a number of approaches that can be taken to improve workplace culture. Improved management and staff relations, new policies, flexi working, accountability and support all provide a framework to promote mental-health at work. However, codes, systems and policies cannot predict every possible challenge that an organization or individual may face. Therefore, the developed inner human condition is invaluable in providing resilience in the wake of difficult times.⁴

Challenges

What else can organisations and business do to promote mental wellness?
How can the hidden capabilities of the staff be developed and tapped into?

Possible Solution(s)

This leads to an examination of the concepts of virtuousness and well-being.

Virtuousness

Organisational virtuousness is a relatively new concept, for which there is very little empirical research. Seligman and Csikszentmihalyi (2000) consider virtuousness to be the best of human conditions.⁵ Cameron (2003) describes virtuousness as positive behaviour that seeks no reciprocity and is a fixed point in an individual's character, such as honesty, trustworthiness or compassion.⁶ The manifestations of virtuousness include hope, gratitude, wisdom, forgiveness, compassion and resilience.

Research⁷ has provided evidence supporting the fact that the strength of organisations with values measured at all levels of business increases the likelihood of the organization surviving an ensuing crisis. The social and moral support created in workplace relationships not only reduced the negative effects of stress and uncertainty in staff but also produced a more resilient organisation as a whole. Culture is learned, and a mechanism for this is through the leadership figures within that organization.⁸ The social and moral support created in workplace relationships produces a resilient workforce and reduces negative effects of stress and uncertainty.⁷

It is widely known that reports from the World Health Organization⁹ have clearly illustrated the importance of not only addressing mental illness in the workplace but also the responsibility of organizations to create a work environment that promotes mental wellness.

Well-being

Well-being is a dynamic state in which the individual has optimal psychological functioning and experience, and it is measured from the point of view of the individual.¹⁰ The well-being of staff has a two-fold benefit within an organization. First, when an employee is assessed and found to have a high subjective well-being, they are also reported to experience high levels of job satisfaction and display good job performance.¹¹

Second, staff well-being has also been identified as an indicator of mental wellness. When experiencing mental wellness, an individual is able to develop their work potential productivity and creativity, build strong and positive relationships with others and contribute to their community.³

Poor mental health is costing UK companies approximately £33 billion annually, and the economy over £74 billion¹² and these statistics are likely to be under reported. Our places of work are micro-social networks that have an impact on personal lives and society as well.

Case Study:

Enron, an award-winning American energy and services company, experienced a shocking collapse in 2001. The culture of the company was a key factor. Enron encouraged independent behaviour amongst its staff and hired those who considered themselves to be better than others; ironically, many were graduates of the Ivy League schools Harvard and Stanford.² Employees of Enron at the time were not measured for well-being, but in personal accounts, employees described experiencing

fear at work. Rather than being rewarded for pro-social behaviour, they were rewarded for conducting their business with ruthlessness and greed, the same characteristics that were used to describe those making the decisions at Enron. This lack of virtuousness also had devastating effects on employees' families, as divorce rates among senior managers surged. This is an extreme example of how evidently a low level of virtuousness in a culture can have destructive individual and social consequences.²

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Résumé en français

Message du Président



Action de l'ICOH pour soutenir les membres institutionnels et les décideurs politiques

Réunion du groupe de Sheffield des dirigeants des instituts de sécurité et de santé au travail en juin 2019

Un certain nombre d'instituts leaders mondiaux – le groupe de Sheffield – se réunissent régulièrement et la dernière réunion a eu lieu à Montréal et à Québec, au Canada, en mai et juin 2019. Lors des réunions précédentes, l'ICOH fut également présente et, par exemple, l'ICOH a organisé une matinée de discussion à Tokyo en 2017 sur la collaboration entre des instituts qui sont aussi pour la plupart des membres de soutien de l'ICOH. La question est que, même si nous avons des ressources importantes au sein des membres institutionnels

– 17 membres de soutien et 29 membres affiliés couvrant des dizaines de milliers d'experts – ces ressources ne sont souvent pas activement impliquées dans les programmes de l'ICOH. Au Canada, ou plus précisément au Québec, l'Institut IRSST est un exemple d'institut actif et de renommée internationale qui possède une grande variété de compétences en matière de santé et de sécurité au travail et une longue histoire de collaboration internationale. Marie Larue, directrice de l'Institut, qui fut l'hôte de la série de réunions québécoises – et qui a fait un excellent travail dans le développement de l'institut au fil des années – a systématiquement encouragé la collaboration internationale et mérite l'appréciation de l'ICOH tandis qu'elle prend sa retraite prochainement. Au niveau de l'UE également, les instituts travaillent en étroite collaboration sur des questions liées à la recherche sur la sécurité et la santé. Peut-être pourrions-nous discuter davantage de l'activation des membres institutionnels de l'ICOH dans les stratégies de l'ICOH lors de la réunion à moyen terme à Rome en février prochain.

Coalition mondiale de l'OIT

L'OIT a organisé une réunion du comité de pilotage de l'initiative de coalition mondiale

Cette initiative de coalition avait été proposée à l'origine par le ministre des Affaires sociales et de la Santé de Finlande lors du congrès de l'OIT – AISS à Singapour 2017. Le directeur général de l'OIT a volontiers souscrit à l'idée et a convenu que l'OIT pourrait accueillir l'initiative. La dernière réunion du comité de pilotage s'est tenue fin juin à l'OIT à Genève. La Coalition prend forme et le prochain événement important sera le lancement mondial lors des cérémonies d'ouverture du sommet Vision Zéro à Helsinki, en Finlande, le 12 novembre 2019. Voir le site Web : www.ttl.fi/visionzero19. Le(s) ministre(s) et les dignitaires se joindront à nous et apporteront leur soutien.

L'ICOH est membre du groupe de pilotage depuis le début et je suis très heureux et impatient de voir des actions concrètes planifiées et mises en œuvre. Parmi celles-ci figurent un groupe de travail sur « l'avenir du travail du point de vue de la sécurité et de la santé au travail ». De nombreux gouvernements, l'OIT, l'OMS, la Commission européenne, l'UE-OSHA à Bilbao et bien d'autres, y compris des membres institutionnels – en plus de la Finlande et de l'ICOH dès 2017 – se joindront à cette initiative et à l'événement de lancement. L'OIT à Genève coordonnera toutes ses actions avec le soutien total des dirigeants de l'OIT.

Conférence conjointe SASOM – MEDICHEM, réunion des responsables de l'ICOH et réunion des secrétaires nationaux de l'ICOH en Afrique du Sud.

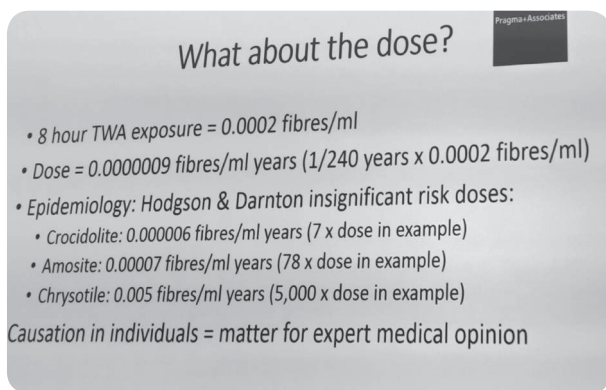
Les institutions africaines et les membres de l'ICOH ont été très actifs cette année. La Société sud-africaine de médecine au travail



SASOM, avec le comité scientifique de l'ICOH sur les produits chimiques dangereux MEDICHEM, a organisé une conférence sur les substances dangereuses pour la santé. Dans le cadre de la Conférence, les responsables de la commission ICOH ont également eu une réunion productive. La planification de la réunion à moyen terme de l'ICOH et des futurs congrès de l'ICOH, en particulier à Melbourne en 2021, ont été discutés en détail. Des informations supplémentaires sont indiquées par ailleurs dans cette lettre d'information.

Nous avons également eu une discussion fructueuse avec de nombreux secrétaires nationaux de l'ICOH situés en Afrique et sur la meilleure manière de soutenir au mieux l'action nationale de l'ICOH.

L'amiante est également un problème juridique.



What about the dose?

- 8 hour TWA exposure = 0.0002 fibres/ml
- Dose = 0.000009 fibres/ml years (1/240 years x 0.0002 fibres/ml)
- Epidemiology: Hodgson & Darnton insignificant risk doses:
 - Crocidolite: 0.000006 fibres/ml years (7 x dose in example)
 - Amosite: 0.00007 fibres/ml years (78 x dose in example)
 - Chrysotile: 0.005 fibres/ml years (5,000 x dose in example)

Causation in individuals = matter for expert medical opinion

J'ai eu l'opportunité de me joindre aux avocats lors de leur conférence APIL à Manchester, au Royaume-Uni, le 11 septembre. Des présentations de haut niveau des meilleurs experts du Royaume-Uni étaient au programme. Une recommandation proposée par mes collègues et moi-même comportait une nouvelle valeur limite proposée pour l'exposition professionnelle à l'amiante : 1 000 fibres / m³. Cette étude s'appuyait sur un article récemment publié et examiné par des pairs intitulé « Global Asbestos Disaster » (Le désastre mondial de l'amiante – <https://www.mdpi.com/1660-4601/15/5/1000>) et sur les valeurs proposées à l'origine par un groupe d'experts néerlandais. Lors de la conférence APIL, le tableau ci-joint a été présenté (voir l'image ci-jointe).

Cela correspond à la proposition de 1 000 f/m³ proposée. En fait, la TWA quotidienne = 0,0002 fibres/ml = 200 f/m³.

La limite actuelle commune d'exposition professionnelle dans de nombreux pays est de 0,1 f/ml = 100 000 f/m³.

Des mesures effectuées dans une zone verte dégagée entre le bâtiment de l'OMS et le bâtiment de l'OIT dans la ville de Genève ont abouti à une concentration de 900 fibres/m³ d'amiante / m³ et dans le bâtiment même de l'OIT, le nombre de fibres était de 600 fibres/m³ – j'ai inhalé de telles expositions pendant 20 ans – et ailleurs dans les champs de blé situés à environ 50 km de Bonn en Allemagne, la concentration de fibres d'amiante dans la matière active était de 200 fibres / m³.

Les doses de risque insignifiant dans la diapositive ci-dessus de Hodgson et Darnton pourraient être exprimées en fibres / m³ :

Crocidolite : 0,000006 fibre / ml / année = 6 fibres / m³ / année.

Amosite : 0,000007 fibre / ml / année = 70 fibres / m³ / année.

Chrysotile : 0,005 fibre / ml / année = 5 000 fibres / m³ / année.

Des expositions continues de fibres mélangées constitueraient donc un compromis : 1 000 fibres / m³ / an. Un mètre cube ou 1 000 fibres pourraient être inhalés en une heure environ. Techniquement, toutefois, il ne serait pas possible de tester le contenu exact et le type de chaque exposition, car l'amiante est un matériau naturel, par exemple un lot de fibres de chrysotile peut contenir une quantité importante d'autres types de fibres d'amiante (crocidolite, amosite, trémolite, etc.). Au Royaume-Uni, l'utilisation nouvelle de l'amiante est interdite, comme dans l'ensemble de l'Union européenne, mais les fibres dans les infrastructures resteront un risque pour les années à venir sans pratiquement aucune connaissance spécifique des types d'amiante utilisés.

Valeur sociétale de la SST.

Une question importante est la valeur de la sécurité et de la santé au travail pour les travailleurs, leurs familles, leurs employeurs et la société dans son ensemble. Cela a été discuté au niveau européen au sein de l'Agence européenne pour la sécurité et la santé au travail début octobre 2019. Alors que les estimations faites en collaboration avec l'OIT ont abouti à un coût global estimé à 3,94 % du PIB mondial, ce qui équivaut à couvrir l'ensemble du PIB des 130 pays les plus pauvres du monde. Cependant, il ne s'agit que d'une fraction de la valeur totale perdue lorsque toutes les dépenses, y compris les actifs incorporels, sont prises en compte, et pas seulement les coûts directs et la perte de productivité.

En Finlande, l'estimation faite en collaboration avec les partenaires tripartites – gouvernement, employeurs et travailleurs – a été calculée à 24×10^9 euros = 24 milliards d'euros pour une population de 5,5 millions d'habitants et 2,7 millions de travailleurs. Un consortium d'experts néerlandais a utilisé différentes méthodes pour estimer les coûts tangibles et intangibles. Celles-ci comprenaient une « approche du capital humain », les coûts liés à la Volonté de payer (WTP) et l'approche VSLY / VOLY (année de vie statistique virtuelle / valeur de l'année de vie). Ces estimations ont été effectuées pour quatre types de pays différents : Allemagne, Finlande, Pays-Bas et Pologne. Un large éventail de valeurs minimales, médianes et maximales a été obtenu pour chaque méthode et chaque pays. Par exemple, les coûts comparés au PIB des quatre pays variaient entre une moyenne de pays comprise entre 1,5 % et 4,5 % du PIB, et la fourchette maximale entre 3,5 % et 27,7 %. La fourchette en Allemagne était comprise entre 1,8 % et 13,8 % de la moyenne à la maximale. Le résultat le plus faible a été obtenu par l'approche du capital humain et le plus élevé par l'approche VSLY / VOLY. Voir le rapport complet sur le site Web de EU-OSHA : <https://osha.europa.eu/en/tools-and-publications/publications/value-occupational-safety-and-health-and-societal-costs-work/view>

Les accidents du travail sont sévèrement sous-estimés.

L'office statistique de l'UE, EUROSTAT, collecte des données nationales sur les accidents du travail dans l'Union européenne – mortel ou non – exactement comme le fait ILOSTAT à l'échelle mondiale. Malheureusement, la plupart des pays du monde ne déclarent pas correctement les accidents du travail ou ne déclarent qu'une fraction limitée de ceux-ci couverts par la législation nationale. L'UE est probablement le meilleur espace de rapport au monde. Toutefois, dans l'UE également, les accidents mortels sont nettement mieux traités que les accidents non mortels. Les accidents mortels ne sont toujours pas comptabilisés, du moins jusqu'à présent, les cas mortels de travailleurs indépendants, d'agriculteurs non-salariés et du secteur informel ne sont pas encore disponibles. Pour contrer les informations manquantes, EUROSTAT a lancé un projet visant à mieux ajuster les chiffres mal rapportés qui sont clairement sous-estimés. L'ICOH – et notamment moi-même – a été invité à participer à la réunion de la mi-octobre 2019 et à soutenir l'élaboration d'une nouvelle méthodologie pour lutter contre la sous-

Ratio : mortel / non-mortel, (pyramide inversée)

80 sur l'échelle verticale équivaut à 1 accident mortel / 12,5 non-mortels au lieu de 1 mortel / 1 500 non mortels dans d'autres pays.

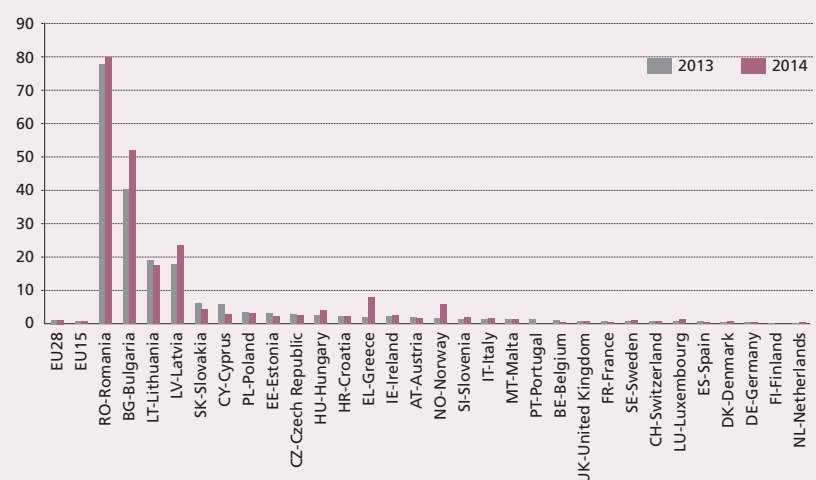


Figure : Nombre d'accidents mortels pour 1 000 accidents non-mortels (> 3 jours perdus) dans les sections communes de la NACE Rév. 2 A - U/UNK, 2013 (accidents pour 100 000 travailleurs). Source : EUROSTAT.

déclaration. La tendance à la sous-déclaration est constante pour diverses années à la fois dans EUROSTAT et dans ILOSTAT. L'idée d'ajustement est basée sur le fait que l'accident mortel n'est que le sommet d'une pyramide et que le nombre d'accidents de moindre gravité est en augmentation constante lorsqu'on descend dans la pyramide. Bien que les chiffres mortels soient – plus ou moins – bien rapportés, les cas non mortels sont très mal déclarés, comme le montre le tableau ci-dessous d'EUROSTAT. Le taux approximatif dépend de nombreux facteurs, tels que le secteur industriel, le sexe, l'âge, etc. Mais environ 1 accident mortel s'accompagne de 1 500 accidents non-mortels entraînant un arrêt travail de quatre jours ou plus. Cela pourrait également être exprimé en nombre de cas mortels contre 1 000 non-mortels, par ex. 1 000 / 1 500 donne 0,67 et 1 mortel par rapport à 12,5 non-mortels donne 80 dans le tableau ci-dessous (1 000 / 12,5)

Il ne s'agit pas uniquement d'un problème européen, mais encore plus d'un problème générant globalement de mauvais conseils aux décideurs. Nous pensons que l'ICOH et des experts européens peuvent apporter des solutions à ces problèmes.

Jukka Takala
President de la CIST



Des nouvelles du Secrétaire général



Le 23 septembre, le Secrétaire général de l'ICOH, le Prof. Sergio Iavicoli, a participé à la réunion de haut niveau aux Nations Unies en vue de l'adoption de la Déclaration politique des Nations Unies sur la couverture sanitaire universelle par les chefs d'État et de gouvernement.

Comme l'a déclaré le Dr. Tedros Adhanom Ghebreyesus, Directeur général de l'OMS, « cette déclaration représente une étape décisive pour la santé et le développement dans le monde ». L'ICOH a été impliqué tout au long du processus de rédaction et a proposé l'inclusion de la santé au travail dans la déclaration.

Nous sommes reconnaissants à tous les intervenants des sièges de l'ICOH et de l'OMS qui ont travaillé sur ce sujet, en particulier à M. Ivan Ivanov (OMS) et au

sous-directeur général, Ranieri Guerra, qui a été très sensible à la santé des travailleurs.

Nous sommes heureux de confirmer que la déclaration a été approuvée avec les propositions de l'ICOH, y compris :

- Paragraphe 38 : « Redoubler d'efforts afin de promouvoir des lieux de travail plus sains et plus sûrs et améliorer l'accès aux services de santé au travail, notant que plus de 2 millions de personnes meurent chaque année de maladies et de lésions professionnelles évitables. »
- Paragraphe 64 : « Prendre les mesures nécessaires au niveau national afin de protéger les intervenants de santé contre toute forme de violence, d'agressions, de harcèlement et de pratiques discriminatoires, et promouvoir leur environnement et leurs conditions de travail décents et sûrs à tout moment, ainsi que pour assurer la santé physique et mentale de l'intervenant de santé avec la promotion des politiques favorables à des modes de vie sains. »

La déclaration comporte également d'autres éléments relatifs à la santé au travail. Le texte intégral est disponible sur le site Web de l'UHC2030 : <https://www.uhc2030.org/news-events/uhc2030-news/political-declaration-for-the-un-high-level-meeting-meeting-on-uhc-555296/>

Nous nous félicitons de cette réalisation qui constitue un résultat important de nos efforts au cours de ces années. La communauté de l'ICOH continuera à soutenir les agences des Nations Unies et l'OMS pour la mise en œuvre d'actions visant à faire progresser la couverture sanitaire universelle.



Prof. Sergio Iavicoli
Secrétaire Général de l'ICOH

Message de l'éditrice

Chers membres,

Dans le 3ème numéro du bulletin de l'ICOH en 2019. Nous avons de nombreux rapports de comités scientifiques et de secrétaires nationaux.

La Jamaïque, la République Tchèque et l'Afrique du Sud envoient les activités sur certaines questions importantes dans leur société. Le Comité scientifique sur la santé et la sécurité au travail dans le secteur minier (MinOSH) et le MSD ont présenté un aperçu intéressant de ce symposium. Le Dr. Rajput-Ray de SC of Job Insecurity and Health (UJIH) a résumé une question importante sur les lieux de travail négligeants.

[La planification éditoriale du bulletin de la CIST]

Pour 2019 et 2020 :

- 1) Vol 1: 1er AVRIL (date limite de soumission des articles: 10 FEVRIER)
- 2) Vol 2: 1er AOÛT (date limite de soumission des articles: 10 JUIN)
- 3) Vol 3: 1er DECEMBRE (date limite de soumission des articles: 10 OCTOBRE)

Changement d'adresse

J'encourage les membres à envoyer des mises à jour sur les événements à venir au sein de leurs comités scientifiques, les événements d'actualité dans notre domaine et d'autres nouvelles ou renseignements importants qui peuvent être inclus dans notre bulletin.



Eun-A Kim
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