

GOHNET NEWSLETTER NO. 19
February 2012 Edition

IMPROVING WORKERS' HEALTH WORLDWIDE:
Implementing the WHO Global Plan of Action on Workers' Health

Dear Reader,

This issue provides you with information about a number of exciting projects around the world at global and at regional levels. WHO and its Collaborating Centres for Occupational Health (CCs) have been very active in the workers' health arena and this newsletter will only provide you with a glimpse of the achievements and ongoing activities.

We are also on the verge to go into our 9th Global CC meeting in Cancun, Mexico on 15 and 16 March 2012. A pre-meeting will be held for experts from WHO and the Planning Committee members of the Network on 14 March. We will agree on the development of specific WHO products for implementing the Global Plan of Action on Workers' Health, work towards increased collaboration, and look forward to stimulating discussions. Participants include directors and experts from the WHO CCs, WHO experts from headquarters and the regional offices, representatives from the NGOs in official relations with WHO, the ILO and trade union representatives.

Following the CC meeting, the ICOH International Congress on Occupational Health will be also held in Cancun from 18 to 23 March 2012. The final academic programme has just been released and can be consulted on the ICOH website.

We look forward to exciting collaborations with many of you.

Evelyn Kortum
Editor of GOHNET
Co-coordinator of the Global CC Network
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News from WHO

The WHO Occupational Health Team would like to welcome three new Regional Advisers for Occupational Health:



Dr Magaran Monzon BAGAYOKO
Health and Environment Information System (HES)
Coordinator of African Network on Vector Resistance (ANVR)
Cluster of Health Promotion (HPR)
WHO Regional Office for Africa, Brazzaville, Congo Republic
Email: bagayokom@afro.who.int

Biography

Age: 47; Nationality: Malian; Language : Bambara (mother tongue), fluent in French and English, basic in Italian. Public Health scientist with a PhD in medical entomology - Parasitology and extensive post doctoral trainings in epidemiology, Decision Support System (DSS) including data management and information delivery to the communities, the use of Geographic Information System (GIS) and Remote Sensing (RS) technologies for disease risk modeling and mapping. Over 15 years experience in project development, management, coordination with a particular emphasis on collaborative research and networking.

Working experience: *From 2009 to date:* Scientist in charge of Integrated Health and Environment Information System (HES) in the Regional Programme for Protection of the Human Environment (PHE). Duties and responsibilities entail articulating health and environment linkages within national health systems in the context of the Libreville Declaration on Health and Environment in Africa. Facilitating, as the focal person for Environmental and Occupational health, technical support to countries for the implementation, monitoring and evaluation of primary prevention interventions, particularly those related to safety of drinking water and sanitation facilities, environmental health of children and women, and health in the workplace .

From 2001 – 2009: Served in WHO/AFRO as the WHO inter-country entomologist for Central Africa since 2001 and Coordinator of the African Network on Vector Resistance (ANVR) since 2006 up to date. Assumed duties and responsibilities entailed providing technical support to the 11 countries of the epidemiological block of Central Africa in planning, implementation, and monitoring and evaluation of vector control activities with particular emphasis on malaria.

From 1999 -2001: Scientist at the University of Greenwich (UK) in Environmental Science department. This assignment intended to improve the practical use of research outputs to actual decision - making with the ultimate goal of developing a cost effective, efficient and sustainable Integrated Environmental Information System (Environmental data management and information delivery to the people).

From 1988 to 2001: Served as a research scientist in the University of Mali and extensively contributed to research project development and implementation on various aspects of communicable disease epidemiology. During the same period (1996 to 1999), assumed the responsibility of the coordination of the MARA initiative (Mapping Malaria Risk in Africa) in Francophone and Lusophone countries in West Africa.

Dr Julietta Rodriguez-Guzman (Rodriguezj@paho.org), **Regional Office for the Americas (AMRO)** (www.paho.org/), Pan American Health Organization (PAHO); Washington DC, USA
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Biography

Coming from Colombia, she received an MD degree from Pontific Xaveriana University, a Specialty Degree in Occupational Health from El Bosque University and a MSc Applied degree in Occupational Health Sciences at McGill University in Canada. Holding several Diplomas in Social Security, Occupational Epidemiology, Distance Education and, Labor Medicine and Rehabilitation, she was awarded with a research policy fellow at the McGill University Institute of Health and Social Policy. During the past 24 years her work she focused on formulating and assessing occupational health and worker's compensation systems, policies and programs; supporting the development of worker's health

promotion; and studying different working conditions in Colombia and other Latin American countries (heavy metals, violence at work, occupational cancer, respiratory diseases, ethics in OH practice, rural workers and gender mainstreaming). She also continued her academic appointment at El Bosque University becoming Associate Professor in Occupational Health.

Her work-life interests aim to helping understand and guide social policies, processes and institutions to improve working and living conditions for working people, with particular emphasis on vulnerable populations, mainly in Colombia and Latin America. Her long lasting contributions to the Workers' Health Program at PAHO, WHO, ILO, OAS, NSC, IADB, WB and other international organizations, granted her the credentials and the experience to be appointed as Regional Advisor in Workers' Health for the Americas. She is committed to continue her efforts to focusing on the improvement of working and living conditions that can lead to protecting health and life of millions of workers that live in the region.

Dr Mohd Nasir Hassan (hassanm@wpro.who.int), **Regional Office for the Western Pacific (WPRO)** (www.wpro.who.int/), Manila, Philippines

Connecting Health and Labour: Bringing together occupational health and primary care to improve the health of working people

Ivan D. Ivanov, WHO Headquarters, Geneva (ivanovi@who.int)

Peter Buijs, TNO Work and Health, The Netherlands (peter.buijs@tno.nl)



"It is with great respect that I say that YOUR daily challenge is to keep people healthy and working and to find ways to meet these challenges."

Leon van Halder, Director General, Dutch Ministry of Health, Welfare and Sports

The global conference "Connecting Health and Labour: What Role for Occupational health in Primary Health Care?" took place in The Hague from 29 November to 1 December 2011. The conference was organized by WHO in collaboration with TNO Work and Health and the Dutch government and with support from the International Commission on Occupational Health (ICOH) and the World Federation of Family Physicians (Wonca). The purpose was to identify strategic direction for scaling up access to essential interventions for occupational health in the context of

integrated primary health care. In plenary sessions, round tables and panels, 115 participants from 36 countries across all WHO regions discussed in plenary sessions, panels and round tables what are the implications of the policy directions for primary health care given by WHO for future action on workers' health. The conference recommendations paved a new road for working across disciplines, settings and sectors to protect and promote health of working people, and to strengthen health systems and primary health care.

In sum the conference agreed that work-related health aspects are and should continue to be considered an integral part of comprehensive primary care. Specialized occupational health services, including the basic ones, should be further expanded and strengthened with more focus on primary prevention of occupational hazards. Close collaboration should be established between occupational health services and primary care teams under local networks for primary health care.

Moving to universal coverage with essential interventions and basic services for occupational health requires integration of financing for their delivery into public schemes for health financing. The supply of health services providing such interventions should be increased by building capacities for their delivery at the primary care level, by extending specialized basic and multidisciplinary occupational health services and by using modern technologies, such as telecare. Particularly emphasizes were the role and the responsibilities of primary care providers for all health-related aspects of peoples' life, including early recognition of occupational and work-related ill-health, as well as preserving and restoring working capacity of individuals. Hence, training on the relationship between health and work should become part of all health care professional training in all countries.

In the context of primary health care focused on people, the conference recommended building further the capacities of primary care centers to respond effectively to general and specific health needs and expectations of working populations in the catchment area. This would include training of general practitioners, nurses, technicians and community health workers in basic occupational health, providing them with supportive tools for interventions, information and access to specialized expertise and creating enabling regulatory frameworks. Occupational health services and primary care centers should be better connected under local primary health care networks, including joint training, referral systems and other mechanisms for collaboration and continuity of care. Particular attention was placed on empowering working communities and work settings to partner and promote the health and safety of workers, so that certain health problems could be solved without unnecessarily relying on specialized health expertise.

The conference also stressed that occupational health is an integral part of national and local health systems. This requires an integrated response by all components of health systems to the health needs of workers. Health care reforms should account for the health needs of working populations and address the health needs of people working in the informal sector, small enterprises migrant and self-employer workers. A new, participatory health leadership should involve all government and non-government stakeholders, such as employers, trade unions, civil society, and the private sector in the debates about health care reforms and the development

- Key messages:
1. Workers' health is integral part of general health and daily life.
 2. Health systems should facilitate local strategies to meet workers' health needs.
 3. In moving towards universal coverage, those at greatest risk or having greatest needs should be included first.
 4. When developing policies about workers' health all relevant stakeholders should be involved.
 5. Training in health and work should be part of all health care professional training.
 6. Empower workers, and encourage those in authority, to partner and promote the health and safety of workers.

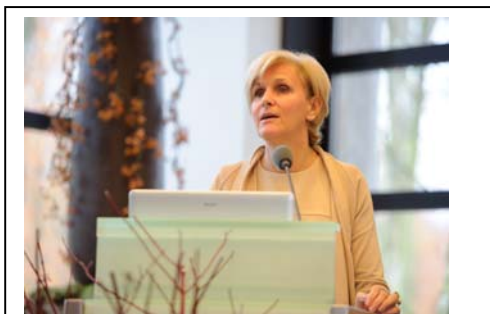
of national and local health strategies and plans.

The health of workers should be taken into account in designing and implementing policies in all sectors. This requires identification of workers' health impacts and co-benefits of national policies and strategies in the area of labour, environment, education, agriculture, economic development, trade etc. Capitalization of health benefits and risks, identification of non-health benefits from action on workers' health would provide a level playing field for dialogue across sectors to enable healthy public policies and whole-of-society health initiatives. The development of national plans and programmes on workers' health should allow for input from and involvement of primary care in the development and implementation of national and local plan and programmes for occupational health and safety. Particular attention is needed to address the health needs of workers and hazardous working conditions in policies dealing with the informal economy, rural development, and labour migration, including the provision of health services to such populations.

The conference was a major milestone in the global process to improve coverage of and access to occupational health services as requested by the 60th World Health Assembly in 2007 and contributes to the debate that many Member States and WHO are now engaged on strengthening health systems and primary health care.

As follow up of the conference, WHO and its networks of Collaborating Centres for occupational health and primary care will collaborate with ILO, the professional associations, such as International Commission on Occupational Health (ICOH) and the World Federation of Family Physicians (Wonca) and other international stakeholders, such as the World Bank and the International Social Security Association, in the following areas:

- Developing policy options, methodologies and case studies and integrated financing mechanisms, including costing of the delivery of essential interventions for occupational health at the primary care level and supporting implementation in countries.



"WHO is committed to work with partners to bring occupational health to all workers and healthier workers to the world economy"

Maria Neira, WHO Director,
Public Health and Environment

- Creating and disseminating training materials and information tools for building human resource capacities for basic occupational health among primary care teams - doctors, nurses, technicians and community health workers, for including occupational health into under- and post-graduate training and education in medicine, nursing and allied health, and for training of experts for basic and multidisciplinary occupational health services;
- Collecting, evaluating and disseminating case studies and examples of delivery of

essential interventions and basic services for occupational health in the context of integrated primary health care and setting up a global agenda for interdisciplinary research on the occupational health aspects of health systems and health services delivery.

The presentations made at the conference, the programme, list of participants and the background documents are available at <http://www.slideshare.net/healthandlabour>
 The conference outcome document entitled "The Hague Statement on Connecting Health and Labour: Bringing together occupational health and primary care to improve the health of working people" will be available on the WHO website for occupational health in the beginning of 2012.

Acknowledgement: The financial support for preparation and organization of the conference from the Ministry of Health, Welfare and Sport and the Ministry of Social Affairs and Employment of the

Netherlands, the National Institute of Occupational Safety and Health of the United States, and TNO Work and Health is gratefully acknowledged.

Protecting and promoting health at the workplace: A WHO Global framework and global guidance on healthy workplaces

Dr Evelyn Kortum (kortume@who.int), Interventions for Healthy Environments, WHO, Geneva

The WHO Global Plan of Action states that capacities should be built for primary prevention of occupational hazards, diseases and injuries, including strengthening of human, methodological and technological resources, training of workers and employers, introduction of healthy work practices and work organization, and of a health-promoting culture at the workplace. It further states that mechanisms need to be established to stimulate the development of healthy workplaces, including consultation with, and participation of, workers and employers.



The Healthy Workplace Framework aims to **increase awareness** among the business community, workers, practitioners, occupational health experts and policy makers, of the benefits of the comprehensive approach and the underlying principles of the HWP model to reduce the health

impact of hazardous, unsafe and unhealthy working conditions; to develop **global and specific how-to approaches** based on the criteria of the healthy workplace model and good practice; to increase ease of use and **ownership** by the business community, as well as to expand the **global partnership alliance** with committed members to ensure continued support for the development, implementation and evaluation of healthy workplace programmes in enterprises of all sizes.

The implementation of the Global Plan of Action requires interventions at international, national and workplace levels. Such interventions need to be planned and delivered in an integrated way bringing together health protection and health promotion. Currently, a large network of 180 global resource members ready to pilot and adapt guidance has been built up. In parallel, the summary document 'Healthy Workplaces: A model for action' has been translated into Spanish, Portuguese, Arabic and Russian. The literature review was translated into Spanish from English. We have been working on the development and evaluation of a number of reliable tools to propose for a global guidance for employers and workers. We have also been collecting good practice examples and devised indicators for healthy workplace programmes in the four avenues of influence. Once the new calls for projects for the 20012-2107 workplan of the global network of WHO CCs have been finalized, we will have a better idea about their number and nature. The final outcome should be practical guidance for employers and workers to support them in the development, implementation and evaluation of comprehensive healthy workplace programmes. Link to the healthy workplace website:

http://www.who.int/occupational_health/healthy_workplaces/en/index.html

Occupational health in Africa

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With resolution WHA 60.26 from 2007 "Workers' health: Global Plan of Action" the World Health Assembly urged the Member States to devise, in collaboration with workers, employers and their organizations, national policies and plans for implementation of the global plan of action on workers' health as appropriate, and to establish appropriate mechanisms and legal frameworks for their implementation, monitoring and evaluation. In the African region 13 countries (Benin, Burkina Faso, Chad, Ethiopia, Ghana, Kenya, Mozambique, Mauritania, Senegal, and Swaziland) and 10 countries (Benin, Guinea, Mauritania, Namibia, Niger, Senegal, Sierra Leone, South Africa, Swaziland, and Togo) have developed national plans and programmes dealing specifically with the health of workers. WHO assisted Namibia in implementing its national occupational health policy and to strengthen the capacities of the ministry of health to lead action on occupational health.

Furthermore, WHO in collaboration with the German Programme for International Collaboration and the British Department for International Development worked with partners in Ghana on developing initiatives for healthy workplaces. The project emphasized the responsibility of companies for protecting and promoting the health of workers. The WHO healthy workplace initiative is a comprehensive approach to dealing with health at the workplaces, by improving the physical and psychological working environment and strengthening personal health resources. The initiative also encourages businesses (enterprises) to act responsibility in creating healthier workplaces. WHO also supported a conference on occupational health in small and medium scale enterprises, organized by the International Commission on Occupational Health in Accra, Ghana, in 2011. The conference discussed the ways of addressing occupational health problems in small enterprises and in the informal sector in Africa.

In 2010, WHO in collaboration with ILO developed a new tool for Work Improvement in the Health Sector called Health WISE based on the Work Improvement in Small Enterprises (WISE). This is an action-oriented and practical tool for introducing changes in the workplace through combined efforts from both management and employees, which further ensures sustainability of the changes. This approach to improving working conditions in the health sector provides examples of smart, simple, and low-cost practices that can be applied in any workplace setting. In 2010 and 2011, the draft Health WISE tool was piloted in Tanzania and in Senegal. WHO also provided technical assistance to Nigeria, Tanzania (Zanzibar), and Namibia for implementing national campaigns for immunizing healthcare workers against Hepatitis B.

Additional support for implementing action on workers' health in African countries was provided through the Global Network of WHO Collaborating Centres for occupational health (CCs). The WHO CC at the University of Abomey-Calavi in Benin organized several events for building capacities for occupational health in African countries, including a forum for the occupational health and safety committees, a regional symposium on recognition and prevention of occupational diseases and training on occupational health in recycling works.

Meeting of the Regional Network of PAHO/WHO Collaborating Centres for Occupational Health (CCs), October 24th-26th 2011, Durham, North Carolina USA.

Dr J. Rodríguez-Guzmán (rodriguezj@paho.org,) Regional Advisor in Workers' Health for the Pan-American Health Organization (PAHO)

Last autumn, PAHO organized the Sustainable Development and Environment (SDE) Collaborating Centers biannual meeting at the National Institute of Environmental Health Sciences NIEHS in North Carolina. Its purpose was to establish the Regional Action Plan for the next biennium for SDE including Workers' Health. Activities planned were aligned within the SDE PAHO's Strategic Plan 2008-2012; the Regional Plan of Workers' Health approved in 1999 by PAHO's Directive Council; and the WHO Global Plan of Action approved by the WHA in 2008 and carried out by the WHO Network of Collaborating Centers in Occupational Health (CCs). A particular effort was put to strengthen workers' health within the framework of sustainable development, considering that the 468 million workers of the region is a main driver (productive unit) for assuring social and economic development and wellbeing for the populations of the region.



The activities carried out during the meeting focused on evaluating the achievements of 2010-2011, and preparing those to be carried out during 2012-2013. Virtual and active participation during the plenary sessions of the CCs allowed this goal to be successfully met. The power of strategic alliances and joint efforts demonstrated their effectiveness to improve regionally the health of healthcare workers, the advances in the eradication of silicosis, the control of viral infections in healthcare settings, the prevention of occupational cancers, the implementation of national OH Plans, the value of training and education programs, as well as the advances of research on nanoparticles, climate change and social inequities in labour and work, within many other projects. Ten of the fifteen CCs, and three of the seven candidate institutions to become CCs participated in a workshop to determine the core collaborative activities in occupational health, including the green economy. Fruitful participation and contributions also allowed to strengthening the horizontal regional collaboration.

As a result, the Regional Action Plan 2012-2013 includes a set of agreed priorities, all aligned with the Global Plan of Action of the WHO CC Network. Many of the successful projects mentioned before are expected to continue and innovate to broaden their scope, and other new and challenging ones arose to improve workers' health and wellbeing along and across the region. These dimensions of sustainable development should also be understood as interactive and intrinsically linked. In addition, new collaborating activities with NIEHS to strengthen the Green Economy/Green Jobs were agreed aiming to position workers' health as a key actor for sustainable development within the scope of the coming Rio +20 agenda.

Based on the political declaration resulting from WHO's World Conference on the Social Determinants of Health (SDH) held in Rio de Janeiro, Brazil, public health and sustainable development are expected to be strengthened. The Declaration establishes an important link to the work developed in our Region, recognizing the importance of developing policies to achieve both sustainable development and health equity through action on the SDH. In order to advance the field of sustainable development and health in the Region, a new paradigm for fully integrating health, as an intrinsic part of social, environmental, and economic processes, is being raised (see Figure 1). In this context, considering that our workforce is the fundamental platform of regional productivity, PAHO is committed to further lead and sustain efforts to have a healthy and productive workforce.

Figure 1. Integration of the Social, Economic, and Environmental pillars, highlighting Health at the center.



Link to the Meeting Report: <http://bit.ly/yyrh14>

Occupational health discussed at the South American Rural Health Forum in Santa Fe, Argentina

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Increasing the access to health care of disadvantaged population subgroups is an urgent need in all the corners of the world. All work towards universal access to health services and elimination medical deserts, in particular in rural areas where people suffer problems related to remoteness, distance to welfare structures, and lack of health care providers.

The adoption of the Almaty Declaration in 1978 emphasized the need of bringing health care close to the places where people live and work. For some populations, providing health care at

the workplace, may be the only option for local people to come in contact with the health system. For example, plantation workers may have access to occupational health service at their workplace, but not to general practitioners. Rural dwellers may have access to primary care provider, but no access at all to occupational health. Therefore, linking occupational health and primary care is an important avenue towards increasing health coverage in rural areas.



The Forum of the Latin American Network on Rural Health held in Santa Fe, Argentina, from 9 to 10 December 2011, focused on the role of occupational health in rural health practice. Participants included representatives of the national rural health associations from Argentina, Chile, Bolivia, Uruguay, Colombia, Peru, and Brazil, together with experts from the Rural Health Institute of Spain, the International Centre for Rural Health and University of Milano, the International Commission of Occupational Health (ICOH), the WONCA Working Party on Rural Practice, the Australian College of Rural and Remote Medicine, and the World Health

Organization.

A special round table discussed the role of rural physicians in occupational health. The discussion revealed that rural physicians see themselves as responsible for total health of their population, including occupational health. Most of them never had contact with occupational health specialists. Rural physicians needed more knowledge and access to information about specific occupational health issues in rural areas, such as new health risks from agriculture and industries and other occupational hazards, new occupational diseases, tools for addressing work-related health problems. Occupational health services in rural areas, where they exist, could be expanded to cover also workers' families and the rural community at large.

Stimulating such developments requires a stronger collaboration between international networks on occupational health, rural health and primary care/family medicine/general practice, particularly regarding the rural physicians and primary care providers in rural health centers in basic occupational health and providing them with access to occupational health information and expertise. The WHO collaborating centres for occupational health at the International Centre for Rural Health in Milano, Italy, maintains a large network on occupational and rural health and is actively involved in collaboration with Wonca Rural Health Party. The centre works with WHO towards increasing the access of rural populations to essential interventions and basic services for occupational health and for strengthening the capacities of primary care services to address the specific health needs of rural workers.

The meeting in Santa Fe adopted a declaration "Rural Health in Extinction" that:

- expressed the support of rural health community to the implementation of Resolution WHA 62.12. Primary health care, including health system strengthening and Resolution WHA60.26 "Workers' Health: Global Plan of Action";
- called upon the policy makers, academic and professional association and social actors to declare a state of alert and to provide solutions to the process of extinction and promote the development of the rural health practice;
- urged authorities should encourage the recruitment of future members of rural health teams;
- encouraged rural health practitioners to further develop their knowledge and practice by creating a speciality in rural medicine;
- stressed on the need to implement measures that contribute to the retention of health teams and their families in rural areas; and

– highlighted the social inequalities in health between rural and urban areas and integrated such considerations into the planning and distribution of resources, as well as the need to support research in this area.

The full text of the Santa Fe Declaration (in Spanish) is available at <http://www.ancaloo.com.ar/nota.asp?idnota=5405>

Protecting Workers from Potential Risks of Manufactured Nanomaterials

Vladimir Murashov (vmurashov@cdc.gov)

WHO is developing Guidelines on “Protecting Workers from Potential Risks of Manufactured Nanomaterials” (WHO NANO). These Guidelines aim to facilitate improvements in occupational health and safety of workers potentially exposed to nanomaterials in a broad range of manufacturing and social environments.

Workers in all countries face new risks from manufacturing applications of rapidly advancing new technologies based on nanometer-scale atomic structures known as nanomaterials. The growing list of nanomaterial applications includes cosmetics, food packaging, clothing, disinfectants, surface coatings, and paints. Many of these nanomaterials are produced with simple processes and often in low and medium-income countries, which often lag behind in introducing occupational safety and health guidance for nanotechnology. Toxicological laboratory studies in animals have shown adverse effects such as inflammation and fibrosis in the lungs of animals resulting from exposures to some nanomaterials. Although strong human studies of exposure and response to engineered nanomaterials are not currently available and more research is needed to predict the effects of exposures in humans, sufficient information is available to provide interim recommendations and guidance about prudent approaches to nanomaterial handling in the workplace.

The WHO NANO Guidelines will provide the basis for the development of an Implementation Guide of user-specific guidance and recommendations for four target groups: country ministries of health and labor; occupational safety and health agencies and professional associations; occupational health and hygiene professionals; workers and management.

It is anticipated that the guidelines will be developed over the next two years starting in 2012 and finishing in 2014. WHO is presently in the process of finalizing the composition of the guideline developing group. In the meantime, WHO is exploring possibilities for external funding to support a broad range of activities associated with the project such as facilitating expert participation in project meetings, holding and sponsoring expert meetings, translating guidelines and implementation documents, and pilot testing.

Declarations of interest in supporting this project through other contributions are welcomed and can be sent to nanohealth@who.int. Further information about this project is available online at: http://www.who.int/occupational_health/topics/nanotechnologies/en/.

For more information, please contact Dr Vladimir Murashov, leading the WHO NANO Guideline development on the WHO side, at vmurashov@cdc.gov.

Moving towards a Healthy Workplace: working together to Improve the health of PAHO personnel

Joanna Gaitens and Melissa McDiarmid University of Maryland; Paulo Teixeira, Health, Safety, and Well-being Committee, PAHO

In order to take care of others, you must first take care of yourself. Although many of us have heard this phrase at one point of our lives, for workers, especially those in the healthcare sector, this idea is sometimes overshadowed by the ever increasing demands of the job.

In August of 2008, the Pan American Health Organization announced its commitment to promoting health and safe working environments for all of its personnel. As part of this commitment, PAHO established a Health, Safety and Well-being Committee to identify health, safety, and well-being issues within the work environment and make recommendations for improvement.

In March 2009, during its infancy, the Committee held a three-day workshop to better define the Committee's role and develop a comprehensive health, safety and well-being plan of action. Members of PAHO with assistance from several Collaborating Centers, including the Industrial Accident Prevention Association (IAPA) in Canada, the National Institute for Occupational Safety and Health (NIOSH), and the University of Maryland, planned and facilitated the workshop. Over 30 representatives from PAHO and the collaborating centers participated.

During this three-day interactive workshop, topics of discussion included:

- An overview of occupational hazards typically found in office environments and international health organizations.
- Methods for identifying hazards and strategies to mitigate them.
- Occupational health and safety concerns identified by PAHO personnel and concerns from various country perspectives.
- Current PAHO policies related to health and well-being.
- Essential elements of an occupational health and safety program.
- Examples of successful health, safety, and well-being committees.

As a result of the workshop, occupational health and safety concerns of PAHO personnel, such as issues related to travel medicine and vaccinations, ergonomics, and work-related stress, were identified and the role and function of PAHO's Health, Safety, and Well-being Committee was more clearly defined. Following the workshop, PAHO has moved forward in efforts to address many of the issues identified. For example, YouTube videos, such as "Healthy Workplace" and "Are You Ready for your Next Trip?", and a Well-Being website on PAHO's intranet have been developed to educate PAHO personnel about risks related to travel, resources offered by PAHO's Well-Being Unit, and PAHO's dedication to providing a healthy workplace.

In addition, the workshop highlighted the need for an institutional policy to govern the health, safety, and well-being of PAHO personnel. Subsequently, the Committee reviewed existing WHO recommendations, International Labour Organization (ILO) conventions, and other international standards to develop an institutional policy for PAHO. This policy was officially approved by PAHO on December 6, 2011 and will be launched by the Director the December 16, 2011. Members of PAHO and Collaborating Centers will continue to work together when opportunities arise as implementation of the policy moves forward and the PAHO Health, Safety, and Wellbeing Committee continues to evolve over time.

News from the Collaborating Centres for Occupational Health

9th Meeting of the Global Network of WHO Collaborating Centres for Occupational Health (CCs), 15-16 March 2012, Cancun, Mexico

The WHO convenes the *9th meeting of the Global Network of Collaborating Centres for Occupational Health* in Cancun to review the progress made by WHO and its CCs in implementing the Global Plan of Action for Workers' Health (GPA) and to propose and agree upon a strategic Workplan for further implementation of the GPA objectives for the period 2012-2017. In 2013 and 2018, WHO will report back to the World Health Assembly on the progress of the implementation.

After the CC meeting, the 30th *International Commission on Occupational Health (ICOH)* Congress is scheduled for March 18-23rd in Cancun. ICOH hosts an international Congress as every three years on protecting workers, providing an opportunity for international partners to meet in person to advance research of mutual concern and discuss special topics for working sessions. The programme can be found at <http://www.icohcongress2012cancun.org/>.

Development of a Construction toolbox for a multidisciplinary risk assessment and management at the workplace

Dave Zalk (IOHA envoy) (zalk1@lnl.gov); Henri Heussen (IOHA envoy) (henri.heussen@arboundie.nl)

The development of a construction toolbox, like any WHO preventive approach, is requested by the WHO Global Plan of Action for Workers' Health (GPA) in the objective 2 which requests to protect and promote health at the workplace. More particularly the GPA mentions the assessment and management of health risks at the workplace should be improved by defining essential interventions for prevention and control of mechanical, physical, chemical, biological and psychosocial risks in the working environment. Such measures include also integrated management of chemicals at the workplace, elimination of second-hand tobacco smoke from all indoor workplaces, improved occupational safety, and health-impact assessment of new technologies, work processes and products at the design stage. The development of a toolbox, a collection of multidisciplinary toolkit and solutions approaches, contributes to the work on creating practical tools for assessment and management of occupational risks, recommending minimum requirements for health protection at the workplace, providing guidance on development of healthy workplaces, and on promoting health at the workplace.

The aim is to develop a model for a multidisciplinary risk management toolbox for the construction industry. A four-tiered control banding method integrating basic protection methods, best practices, related toolkits, and expert advice within project-based risk matrix. Included in the toolbox approach is a web-based internet tool designed for the construction industry (www.stoffenmanagerbouwnijverheid.nl, Dutch only) for assessing chemical exposure and identifying controls.

The versatility of control banding has been firmly established in research literature and regulation as a multidisciplinary method that can address numerous high-risk sectors utilizing a singular approach. The control banding principles and approaches have been included in standards and legislation in a range of countries, such as Brazil, Chile, China, EU, Germany, Korea, India, Portugal, The Netherlands, Ukraine, UK, USA, and Vietnam.

The construction toolbox uniquely integrates chemical, physical, ergonomic, and safety risk factors on a task-by-task basis as well as using a multidisciplinary risk matrix for a construction project as a whole. Future steps will be developed to offer customized advice to prevent exposure to hazardous substances and prevent injury and illness in the construction industry.

Uniting an international team of experts on this project provided a major accomplishment of incorporating numerous regulatory standards and legislation into a singular process within a single industry. High influence can be found in the scope of the construction industry as truly international in practice and a universally recognized high-risk sector with unacceptably high injury and illness rates.

The one major impact in the development of this toolbox concept was the creation of a method for uniting occupational safety, health, and hygiene disciplinary expertise within a singular, simplified risk management approach.

Link to Construction Toolbox article: <http://dx.doi.org/10.5491/SHAW.2011.2.2.105>

Resources:

Zalk et al. (2011). Review of Qualitative Approaches for the Construction Industry: Designing a Risk Management Toolbox. *Saf Health Work* 2(2):105-21

Multilingual questionnaire is aiming at not identified occupational bladder cancer cases

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To date, there is a remarkable discrepancy between the number of identified occupational-related bladder cancer cases reported to the authorities and the numbers estimated by renown experts. Doll and Peto (1981) estimated the portion of bladder cancer cases related to occupation in the United States at 10% in men and 5% in women. In 2010, Rushton et al. estimated that for men the occupational attribution factor for bladder cancer in Britain is 7.1%. In emerging nations or less developed countries suitable approaches to identify occupational bladder cancer cases are less or even not known. Therefore, within the project Bladder Cancer Documentation of Causes: multilingual questionnaire "Bladder Cancer Doc" of the World Health Organisation Collaborating Centres in Occupational Health, a questionnaire developed by the Dortmund group and applied in hospital-based bladder cancer studies in Germany as well as in after-care bladder cancer patients, was translated into more than 30 languages (Afrikaans, Arabic, Bengali, Chinese, Czech, Dutch, English, Finnish, French, Georgian, German, Greek, Hindi, Hungarian, Italian, Indonesian, Japanese, Canada, Kazakh, Kirghiz, Korean, Latvian, Malay, Persian (Farsi), Polish, Portuguese, Portuguese/Brazilian, Romanian, Russian, Serbo-Croatian, Slovak, Spanish, Spanish/Mexican, Tamil, Telugu, Thai, Turkish, Urdu, Vietnamese) (Golka et al., 2012).

The bipartite questionnaire asks for relevant medical information in the physician's part like histopathological classification of the tumour, applied therapy, relapses etc. and for the occupational history regarding all jobs or occupations held for more than 6 months since leaving school in the patient's part. For selected approved or suspected occupational and non-occupational bladder cancer risk factors this questionnaire is additionally asking for intensity and frequency. Furthermore, the literature regarding occupations like painter, hairdresser or miner and exposures like carcinogenic aromatic amines, azo dyes, or combustion products is highlighted.

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Respiratory Protection Program Development: developing and disseminating evidence-based prevention tools and raise awareness for the prevention of silica- and other dust-related diseases



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Cooperative efforts have been ongoing by the Chilean occupational safety and health regulatory authority, ISP, the workers compensation insurance entities in Chile and the National Institute for Occupational Safety and Health in the US to increase awareness of proper respirator use and maintenance in Chilean mining operations. US OSHA has cooperated with NIOSH in developing worker information videos for US workers.

Many industries in the Americas rely on half face-piece particulate respirators to protect the workers from exposures to dust. This is particularly prevalent for silica dust exposures in mining. For the successful use of respirators, a respiratory protection program needs to be in place to properly train workers, select respirators, evaluate respirator fit and assure proper respirator maintenance. This program will adapt the current US programs for presentation to Spanish speaking workers and modified for the specific need of the target population. The program has also been extended to take advantage of newly available videos developed by the US OSHA for workers covering elements of the respiratory protection program.

The target groups are medium and small business (SME) operators in the Americas using particulate respirators to protect against toxic dust exposure, especially silica dust. To date, Mutual Seguridad is developing a pilot program for evaluation of the respiratory protection program text and video in selected workplaces in Chile. The program is being cleared by ISP, Chile with some voluntary consulting for US OSHA. Pending the results of the pilot project, the respiratory protection model program will see widespread adoption in workplaces requiring respiratory protection. So far, two mines have been visited and ISP support has been gained and three information videos are currently available with Spanish translations.

Collaboration on this project with other Collaborating Centres for Occupational Health or members from the Global Network, as well as other partners is welcomed. In case of interest, please contact the authors.

Resources: <https://www.osha.gov/SLTC/respiratoryprotection/index.html#trainingvideos>

Providing and communicating evidence for action and practice: OSH Answer Service

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OSH Answers provides a global web-based information service in a form suitable for workplaces. It is a collection of documents written in an easy-to-read, question-and-answer style. There are about 670 documents containing about 3500 questions and answers. *OSH Answers*, and the full French counterpart, *Réponses SST*, allow instant access to reliable and relevant health and safety information 365 days a year, 24 hours a day, 7 days a week. The topics on which questions and answers are available through this service are priority concerns of most people. The enquiry staff also mail or e-mail the documents in response to inquirers' questions.

OSH Answers are available in both English and French, and are accessible free-of-charge on the CCOHS web site. A limited number are also available in Spanish via Respuestas OSH. In addition, those documents relevant to Brazil are being translated into Portuguese by SESI-Industrial Social Service National Department, Brasilia.

In fiscal year 2010-2011, (year ending March 31, 2011), OSH Answers and Réponses SST have seen 3.5 million visitors, and almost 6.4 million pages were downloaded (totals include both English and French). On average about 88,500 visitors each month are located in Canada. For this year, a new software package is being used to more accurately track users, the pages they visit, and their location. Reach continues to extend to the world and includes all countries. The service was accessed by users from practically all countries.

This year, CCOHS received 122 requests for copyright authorization, resulting in an additional 249,000 copies of OSH Answers information being made. Organizations reproducing this content included government departments, companies, unions, health care organizations and educational institutions. In addition, the information is potentially shared with many more individuals because of the large readership of these documents. Safety professionals often tell us that they use OSH Answers information in their workplaces for training or educational purposes. A continued service is provided by CCOHS with continual updates and upgrades. OSH Answers continues to enjoy tremendous success in transferring health and safety knowledge and in reaching both Canadians and the world. It is an important tool, because it supports the worker's right-to-know and outlines the employer's responsibility to safeguard the health, safety and wellbeing in the workplace in millions of workplaces around the world.

Link to the service: <http://www.ccohs.ca/oshanswers/>

Development of the Construction Safety Audit Scoring System (ConSASS) and the WSH Appraisal Tool in Singapore

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Construction Safety Audit Scoring System
 The audit tool for an objective assessment of the safety and health management system at workites

The Occupational Safety and Health Division, Ministry of Manpower, Singapore has developed the Construction Safety Audit Scoring System (ConSASS), an audit tool that provides an assessment of the occupational safety and health management system (OSHMS) at a construction site. As a Collaborating Centre within the Workplan of the WHO CC's Network in Occupational Health, this division has spearheaded the first attempt by the construction industry in Singapore to formulate a more universal audit tool that may be applicable to most worksites.

In Singapore, construction worksites with project contract sum of S\$30 million or more are required to appoint an independent external auditing organization to audit the OSHMS of the worksite at least once every 6 months. Approved safety auditing organizations are required to adhere to an established audit protocol when conducting audit of the OSHMS in a worksite. However, the existing auditing checklists, which vary among the audit organizations, may not adequately provide a good and consistent indication of the level of safety maturity of the contractors. As approved auditing organizations use their own scoring system to grade the performance of the implementation of OSHMS at different worksites, developers are also unable to identify the better contractors during the tendering process. As a result, there is a lack of strong business imperatives for contractors to take a serious view towards safety audits. In addition, the construction sector remains one of the riskier sectors in Singapore. In 2010, the industry accounted for more than half of all workplace fatalities, with a fatality rate of 8.1 per 100,000 workers. The apparent lack of sustained improvements in OSH performance coupled with a weak OSH culture in the industry has made it more important to increase our efforts to

improve the OSH performance of the industry. This has brought on impetus for the development of a robust and comprehensive rating system to raise standards of the construction sector.

Central to ConSASS is the audit checklist and score card that are used for the evaluation of the effectiveness and development status of the worksite's OSHMS being audited. These were developed in partnerships with academic institutions and various stakeholders such as Building and Construction Authority, Nanyang Technological University, the then Workplace Safety and Health Construction Advisory Sub-committee, and various auditing companies. The checklist, containing approximately 300 questions, is referenced after local OSHMS standards and the Universal Assessment Instrument (UAI) tool developed by the University of Michigan and published by the American Industrial Hygiene Association (AIHA). During the final phase of development, trials were carried out with over 24 worksites with the assistance rendered by

private auditors. Training on the use of ConSASS was also provided to auditors.

The Audit Checklist

The checklist encompasses approximately 300 questions and they are structured along Deming's Plan-Do-Check-Act (PDCA) cycle as follows:

- OSH Policy (Plan)
- Planning (Plan)
- Implementation and operation (Do)
- Checking and corrective action (Check)
- Management review (Act)



With a standardized audit checklist and a common audit scoring system, ConSASS enhances the consistency in the auditing process. By providing a clear overview of the strengths and weaknesses of their OSHMS, this allows for cross

comparison across worksites in terms of the capabilities in managing safety and health risks. It also helps in promoting OSH standards in Singapore by enabling stakeholders to create a profile of OSH performance for the construction industry.

ConSASS is a key tool to use in working towards the achievement of sustainable workplace safety and health improvements:

- It has achieved its initial aim of providing a unified assessment method in terms of standardization of audit checklist and adoption of a common audit scoring system.
- It allows contractors to systematically identify areas of weakness in safety management and take practical measures to improve their scores.
- It provides consistency to the auditing process and allows easy cross comparison of worksites in terms of capabilities in managing safety and health risk.

In 2007, when it was first launched as a voluntary system, ConSASS already had the support of many industry stakeholders, including major developers such as City Development Limited and contractors like Foster Wheeler, Straits Construction and Gammon Construction have pledged their support. Government agencies like Land Transport Authority (LTA) and Housing Development Board (HDB) have also committed to getting their contractors on board. Many other stakeholders amongst property developers, auditors as well as building contractors voiced support for the system and expressed that they would adopt ConSASS at their worksites. During its first year of implementation, a total of 37 audits have been conducted using ConSASS. Four years after its launched, ConSASS is now a mandatory tool for auditing of OSHMS for construction worksites having a contract sum S\$30 million or more. The tool has been published in the Oct WHO CC Newsletter and presented virtually at the InterConstruct Virtual Conference in Oct this year. WHO CCs may wish to pilot a similar project or adapt this tool for their own construction sites in their country. We will be glad to assist if they need assistance in using this tool.

Resources

For the ConSASS checklist:

<https://www.wshc.sg/wps/themes/html/upload/cms/file/consass/ConSASS%20Audit%20Checklist.pdf> Retrieved 1 Dec 2011.

For the ConSASS interview sheet:

<https://www.wshc.sg/wps/themes/html/upload/cms/file/consass/ConSASS%20interview%20sheet.pdf> Retrieved 1 Dec 2011.

For the ConSASS scorecard:

<https://www.wshc.sg/wps/themes/html/upload/cms/file/consass/ConSASS%20Score%20Card.pdf> Retrieved 1 Dec 2011..

For a guide to the Construction Safety Audit Scoring System (ConSASS):

<https://www.wshc.sg/wps/themes/html/upload/cms/file/consass/ConSASS%20Guide-2007.pdf> Retrieved 1 Dec 2011.

Following the successful adoption of ConSASS in Singapore, the Workplace Safety and Health (WSH) appraisal tool was developed. It is based on the Universal Assessment Instrument, Singapore Standard for Occupational Safety and Health Management System (SS506) [SS 506 is a full adoption of OHSAS 18000 series] and Singapore Standard CP 79 Code of Practice for Safety Management System for Construction Worksites. This tool incorporates the 21 measurement criteria in UAI under five driving factors (management commitment, employee participation and training, OSH systems and practices, OSH expertise and line ownership) and the Deming's Cycle of Plan-Do-Check-Act in SS506. The self administered tool helps companies to find out the strength and weakness of their WSH management system so that measures can be put in place to address the gaps identified. It also allows for data and information to be collected for the purpose of providing an indicative trend of the WSH performance of the company against the national WSH performance. It can be used by any workplace for evaluating their own WSH performance and is available free of charge on the internet. We invite all WHO collaborating centres to use this tool and provide feedback on how to enhance this tool further.

For purpose of trial usage, login details can be obtained from the contact person, Mr Ronnie Lim (ronnie_lim@mom.gov.sg)

For further information on the WSH Appraisal tool please visit

<https://www.wshc.sg/wps/portal/wshapt?action=enter&openMenu=3&ns=1#>. We invite all WHO CCs to use this tool and provide feedback on how to enhance this tool further.

Occupational Health and Safety Quality Assurance for Primary Health Care Unit (PCU)

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The objective of this project is to develop guidelines for OHS quality assurance for primary healthcare unit, as well as improve the quality of OHS services at primary healthcare level. The target group are health officers, occupational health professional, policy makers, the informal sector, and the Thai National Health Security Office.

At this point, at least 2,069 PCUs from 41 provinces throughout the country reported to provide OH services for farmers under the project, "Healthy farmers; Safety consumers". Also 873 hospitals are registered to be assessed for OHS quality assurance of OH services for healthcare workers, but only 804 (92%) passed the assessment. 152 (19%) achieved the highest level of the assessment. Lastly, 60 OH service centres adopted the use of characteristic indicators for good OH services.

Other major outcomes which are expected for 2012 are a standard guideline for BOHS activities in PCUs, a guideline for OHS quality assurance of OH services for healthcare workers in PCUs, and a guideline for characteristic indicators for good OH services in PCUs.

The positive impact of this project is that most hospitals under the Ministry of Public Health are interested in joining the program for OHS quality assurance of OH services for healthcare workers. In that context, several PCUs integrate BOHS into their health service activities and policy makers under the Ministry of Public Health establish national policy of BOHS provision for workers in informal economy at PCUs. The Workmen's Compensation Fund supports the OH service centers with good quality care.

In addition, the guideline for OHS quality assurance of OH services for healthcare workers has been applied nationally. The guideline for characteristic indicators for good OH services has been accepted by the Bureau of the Workmen's Compensation Fund. Most of all, this project contributed to national agenda for the national health assembly in 2011, and led to the establishment of OH quality assurance center.

This project is funded through the International Labour Organization and Thai Governmental budget.

Training Courses in Occupational Health

NeTWoRM - Net-based-Training for Work-Related Medicine

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It is well known that teaching of occupational medicine (OM) suffers from the lack of patient wards and, thus, the opportunities of bedside teaching. To improve these evidently imperfect conditions and to enhance the interest of OM among medical students, the international case-based e-learning project NeTWoRM was in 2003 founded by the Occupational and Environmental Epidemiology & Net Teaching Unit at the University Hospital of Munich (LMU).

Being a substitute to real patients, NeTWoRM virtual patients introduce students and other professionals of OM to an interactive e-learning environment, in which the user in the role of a health care professional faces fictitious and reality-based scenarios of OM based on a wide range of different professions and workplaces.

As a result of eight years of international project partnership, NeTWoRM has to date generated approximately 90 unique virtual patients in nine different languages with users in Europe, North- and Latin America, India and South Africa. Our partner universities, responsible for the development and dissemination of the virtual patients, are found in Germany, France, the UK, the Netherlands, Romania and Spain (Zaragoza and Badalona). Moreover, four partner universities are situated in Chile, Brazil and Columbia and contribute with virtual patients authored in Spanish and Portuguese. On a regular basis our virtual patients are updated in line with latest scientific standards and reviewed by experts in the field as well as through students' feedback. The virtual patients can also be adapted to local culture and legislation.

NeTWoRM virtual patients are mainly targeted for the education of pre- and postgraduate medical students, physicians in continuing medical education as well as occupational health nurses, health and safety inspectors, company physicians and secondary school students.

Given this background, it is clear that NeTWoRM supports the agenda of WHO's Global Plan of Action on Workers' Health (GPA). In particular as NeTWoRM aims at "*incorporating workers' health in the training of primary health care practitioners...[and]...encouraging the establishment of networks of services and professional associations*" (GPA objective 3). Moreover, NeTWoRM

supports GPA Objective 2, as virtual patients favorably can be used to “*protect and promote health at the workplace...[through]...the training of workers and employees*”. More information about NeTWoRM, a list of our virtual patients as well as demo virtual patients for visitors to try out free or charge can be found on our homepage: www.networm-online.eu NeTWoRM virtual patients are distributed on the case-based multimedia learning and author system CASUS®: www.casus.eu

EPINet: Using data for Prevention of Exposure to Bloodborne Pathogens

Susan Wilburn (wilburns@who.int), Intervention for Healthy Environments, WHO, Geneva

EPINet is an occupational surveillance tool for hospitals and health care settings to collect, analyze and use information about sharps injuries and other occupational exposures to blood. The tool was developed by Dr. Janine Jagger at the International Healthcare Workers Safety Center (IHWSC), a WHO Occupational Health Collaborating Centre, based at the University of Virginia, U.S.A. This surveillance programme is available in 21 languages and has been utilized in 83 countries, facilitating the identification of practices and devices that put healthcare workers at risk of exposures to contaminated blood and consequent infections. The target groups include health workers, hospitals, health and safety committees, and policy makers. EPINet is included in the WHO Protecting Health Workers -- Preventing Needlestick Injuries tool kit.



The workshop group at Cairo University Hospital library

In collaboration with WHO, U.S. NIOSH, Ministries of Health and WHO CCs in 4 regions, the Center has participated in in-country training conferences and also hosts fellowship training at the University of Virginia. The training programme includes data collection and entry, report generation and interpretation, intended to improve worker safety. IHWSC maintains ongoing support with trainees and encourages network building among users.

EPINet training workshops have taken place from 2009-2011 in Saudi Arabia, Democratic Republic of Congo, Venezuela, Peru, Colombia, Egypt, Croatia and Kuwait. Occupational Exposure Prevention Fellows from China and Russia were trained at the center. In 2012, training is scheduled to take place in Costa Rica (scheduled). In the past two years, four hundred (400) people have been trained in 28 countries.

The trainees have been instrumental in establishing EPINet hospital networks within their regions. Peru and Colombia have adopted EPINet surveillance nationally.



Baseline surveys were conducted in several trainee hospitals, followed by interventions to reduce exposures. Survey findings and methodology were disseminated through presentations and publications by Collaborating Centre colleagues, fellows and trainees. Our colleagues have led efforts to develop national policies to protect healthcare workers from blood exposures.

Resources:

WHO Protecting health workers -- preventing needlestick injuries tool kit

http://www.who.int/occupational_health/activities/pnitoolkit/en/index.html

Spanish http://www.who.int/occupational_health/activities/pnitoolkit/es/index.html

EPINet http://www.healthsystem.virginia.edu/internet/epinet/about_epinet.cfm

International Healthcare Worker Safety Center

<http://www.healthsystem.virginia.edu/internet/epinet/>

Improving the performance of and access to occupational health services : short & intensive course curriculum in occupational health

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The University of Texas School of Public Health

These occupational health face-to-face courses of 2 to 5-day (16 to 30 hour) are developed, delivered and evaluated by our faculty, in partnership with our collaborators, to build a repository of courses in the collaborating country. They have been delivered regularly in Spanish since 1995, on request, and since then have been improved continuously. Course topics during the project period include: occupational health ethics, a certificate program in industrial hygiene (combining face-to-face and distance learning), pulmonary function testing, organizational safety culture, psychosocial influences on disability, causal inference, and applied ergonomics.

Most of these courses are being delivered in Colombia, Costa Rica, Nicaragua and Venezuela.

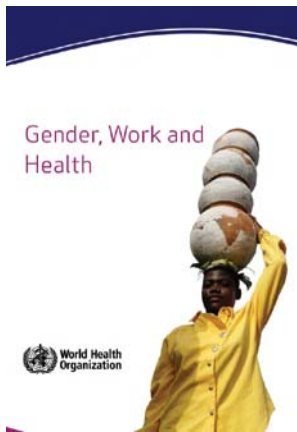
To continue to deliver short courses (topics, number of offerings and dates are determined jointly with our collaborators and vary from year to year), funding will be required as most of these activities were supported by a NIH Fogarty International Training in Environmental and Occupational Health program that is now being closed by the NIH.

The focus of this training has been to add to capacity-building, mainly at the technical level, of workers and professionals in Latin America, especially those with designated roles as either occupational health professionals or health and safety committee members. Over the years, the number of persons benefitting from these short courses is in the range of several hundred to a few thousand.

WHO Collaborating Centres for Occupational Health are active partners in Venezuela, Costa Rica, Nicaragua and Colombia, as well as occupational health professionals and students from these same countries.

Courses are being disseminated through Spanish-speaking universities and academic institutions. Course materials will be entered into the GeoLibrary: <http://geolib.org/>

New WHO Publication



Gender, Work and Health

Around the world, women are at a disadvantage compared to men in the various spheres of society and, as a result, their issues have traditionally lacked visibility. Women's work is no exception. Women's working conditions are less often researched, and their associated health problems less often diagnosed and compensated for than men's.

This information booklet provides an overview of the differences and inequalities in work and health between women and men, and highlights issues of particular importance to women. Advice for action is provided at different levels: government, employers, workers and researchers.

Link to the booklet:

http://www.who.int/occupational_health/publications/gender_work_health/en/index.html

Building Healthy and Equitable Workplaces for Women and Men

Protecting Workers' Health series no. 11

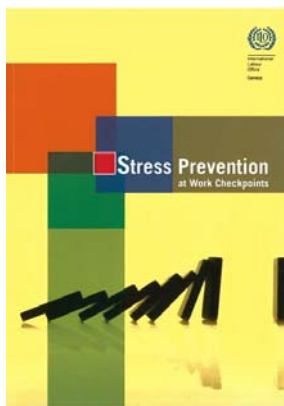


This document provides employers and worker representatives with tools to build healthy and equitable workplaces for women and men while bringing needed attention to issues predominantly affecting women. The document includes ways to address the needs of women and men in the areas of physical and psychosocial health, personal health resources and enterprise-community involvement, avenues to protect and promote workers' health, which are based on the WHO healthy workplace model (http://www.who.int/occupational_health/publications/healthy_workplaces_model_action.pdf).

The document can be accessed at this link:

http://www.who.int/occupational_health/publications/Protecting_Workers_Health_Series_No_11/en/index.html

Other Publications



Stress Prevention at Work Checkpoints:

http://www.ilo.org/global/publications/ilo-bookstore/order-online/books/WCMS_168053/lang--en/index.htm

Work-related stress is one of the most important issues in many countries. The negative impacts of stress on health are multiform and can result in mental and physical ill health. These in turn can lead to poor performance at work, high accident and injury rates and low productivity impacting not only the health of workers and the related suffering and cost, but also on the businesses and economies at large. The target groups of this publication are national authorities and occupational health and safety practitioners. The Checkpoints provide excellent information on the 'WHY' it is important to address stress at work and on the 'HOW' and the process to follow all underlined with

well-prepared visual materials.



Useful Links

WHO Occupational Health website: http://www.who.int/occupational_health/en/

WHO CC website: http://www.who.int/occupational_health/network/en/

WHO publications: http://www.who.int/occupational_health/publications/en/