



NEWSLETTER



International Commission on
Occupational Health - ICOH

Commission Internationale de
la Santé au Travail - CIST

Volume 15, Number 3

December 2017

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Message from the President



This is a short account due to exceptionally limited space for these messages. I would simply highlight some key items after the latest ICOH Newsletter :

1. ICOH had a very positive role in the ILO-ISSA World Congress in early September 2017. We had a major role in working out the new ILO Global Estimates and Cost Estimates, specific meetings and Congress Symposium, and related events. Further information from www.ICOHweb.org
2. The ICOH was a co-organiser of a High Level Special Event in Singapore including ILO Director General, ministers and Vice-Ministers and many key organisations on "Future of Work and Occupational Safety and Health".
3. The "Global Coalition" proposal raised in the ILO-ISSA Congress and very positively referred to by the ILO Director General had a follow-up planning meeting including ILO, WHO, European Commission, EU-OSHA, ICOH and ministries of Singapore and Finland at ILO Geneva on 9 November.

ICOH Dublin 2018 planning continues as scheduled and expected to be a major milestone again in the history of ICOH.

Jukka Takala
President of ICOH



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Volume 15, Number 3
December 2017

ICOH Newsletter

Published by the International
Commission on Occupational Health

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Newsletter on the internet can be
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www.ichweb.org/newsletter

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may freely be translated into other
languages and disseminated among
ICOH members.

News from Secretary

General

ICOH long-lasting collaboration with WHO



We are going through the last six months of the triennium 2015-2017 and I would like to take the opportunity to thank all our members, both individual and collective, for their renewed support to ICOH in the current term. Our members represent the core of ICOH and make it possible to carry out all the activities of the organization over time, providing others with their experience and professional skill. The attention towards members' needs and expectations has always been one of ICOH priorities. Over the years, many benefits and tools have been implemented in order to let members be more actively involved in the main activities and more easily connected to each other. In this view, the Task Group on Membership has been working, in the second part of the triennium, to the development of a specific survey addressed to the whole membership. The aim of this study is to investigate members' perception of ICOH contribution to OSH at national and international level, activities carried out by Scientific Committees and National Secretaries, results visibility and dissemination at International Congresses, effectiveness of ICOH communication tools. The questionnaire will be administered to ICOH members in good standing through the dedicated web-based platform SurveyMonkey. Preliminary results will be presented at ICOH 2018 Congress (Dublin,

April 29 – May 4, 2018).

Furthermore, we are glad to announce that ICOH Statement on the Draft Thirteenth General Programme of Work was presented at the WHO Executive Board Special Session on November 22, 2017.

The statement has been endorsed by the International Occupational Hygiene Association (IOHA).

To read the full text of the statement, please visit the ICOH website.

Update on ICOH elections 2018-2021

At the end of October 2017, the Secretariat has sent out the ballot papers and envelopes by mail to all ICOH members in good standing according to Bye-Law 6, section 3. Time of delivery may vary depending on postal services in each country. ICOH members are requested to complete the ballot paper and return it to the ICOH Secretariat following the instructions included in the letter enclosed to the ballot. All the National Secretaries have been alerted and, in case of problems in receiving the ballot, may support members from their country with the process. ICOH Secretariat is also available for any additional support at icoh@inail.it. All ballots must reach the ICOH Secretariat no later than March 29, 2018. No ballots arrived beyond that date will be accepted. The names and CV of the candidates are available for consultation on the ICOH website at <http://www.ichweb.org/site/election-tenure-2018-2021.asp> and on the ICOH Newsletter 2, 2017.

Prof. Sergio Iavicoli
ICOH Secretary-General

Message from the Editor

Dear Members,

Because of the latest ICOH Newsletter was delayed to include the curricula vitae (CVs) of the candidates for the posts of ICOH Officers and ICOH Board Members for the upcoming Triennium 2018-2021, the present newsletter shorter interval after previous one. Therefore, the president and the secretary general made brief message regarding latest issue on occupational health.

In this issue, we have interesting news and paper attract the readers' eye. The news from the working group of the ILO diagnostic and exposure criteria for the occupational disease showed current activity of the ILO for occupational disease diagnosis. SC of Cardiology in Occupational Medicine briefed the 7th international meeting. Dr. Florencia Harari and Dr. Erik Jørs report the impression from the international scientific conference on formal and informal mining. SC of MinOSH announce that the position paper on OSH in mining is published. Hot topic corner of present issue deal with the literally hot topic: "Hot climate and hot work environment".

Lastly, the Seoul Statement, adopted at the 31st ICOH Congress in 2015, was posted to attract interest and enhance awareness of ICOH members in advance of the 32nd ICOH Congress which will be held in Dublin, 2018

The editorial planning of the ICOH Newsletter

For 2018 and 2019:

- 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

Upcoming Events

First announcement X2018 conference, Manchester, UK – September 2018

The British Occupational Hygiene Society will be hosting X2018, the 9th International Conference on the Science of Exposure Assessment. This three day international conference will provide a platform for international experts to exchange knowledge in exposure assessment sciences for human health studies. X2018 will contribute to the development of state-of-the-art methodologies and practices, and thereby improve our knowledge to effectively assess and control exposure to hazardous agents in the work environment, at home and elsewhere in the general environment.

A call for abstracts will be issued shortly. Please keep up to date with information and deadlines by visiting www.x2018.org. You can also join the LinkedIn group (<https://www.linkedin.com/groups/3675496>) to stay in touch and discuss relevant topics.

Key facts :

International Conference on the Science of Exposure Assessment
24 – 26 September 2018
Manchester Conference Centre, UK

If you are active in Exposure Assessment Science, you need to be here!



International Seminar on Indoor Air Quality and Acute Health Effects in Offices, Copenhagen – 21-22 March 2018

Organizer: NIVA in collaboration with NRCWE, ICOH SC on “Indoor Air Quality and Health” and ISIAQ

The seminar will focus on the question “if and how indoor air pollutants in offices are causative of symptom development or other mechanisms are involved”. Furthermore, status about formaldehyde, ozone and ventilation will be presented together with an analysis of potential causes of deteriorated visual task performance.

For more information visit to the homepage <https://niva.org/course/seminar-indoor-air-quality-acute-health-effects-offices/>

Epidemiology in Occupational Health (EPICOH) – conference bids and Early Career Network

Dr. Neela Guha, Secretary EPICOH

EPICOH is currently accepting bids to host the 2019 conference. We have received no formal bids at this time. November 30 2017 is the deadline for receiving a formal bid. A decision will be made by December 30 2017. Bids from low and middle income countries are particularly encouraged; all bids will be welcome. For further information on bidding to host the EPICOH 2019 conference, please contact Dr. Leslie Stayner (lstayner@uic.edu) and Dr. Leon Guo (leonguo@ntu.edu.tw).

The EPICOH Early Career Network (ECN) leadership team has started planning activities prior to the 2019 EPICOH Conference. Surveys are being designed to guide programming at the EPICOH 2019 conference and identify topics of special interest to facilitate collaboration and resource sharing. One of the main programs the ECN seeks to develop is a mentoring program. This program will provide both peer mentoring between ECN members, and mentoring between the early career researchers and more senior researchers in the field

who are open to providing ad-hoc or continuing advice and guidance to junior or student researchers.

The EPICOH ECN committee will be meeting every other month to continue to serve the ECN community, and would especially like to thank past ECN contributors who provided programming at the Barcelona EPICOH 2016 (Javier Vila, Monica Ubalde) and Edinburgh EPICOH 2017 (Ioannis Bassinas, Will Mueller) for paving the path toward a self-sustaining ECN group.

To join the EPICOH Early Career Network, please visit the group online <https://www.linkedin.com/groups/8596499>.

The 2nd International Occupational and Environmental Diseases Congress

Date 04 - 07 March 2018

Venue : Antalya, Turkey

Homepage : <http://en.oedc2018.org>

Organizer : Ministry of Health Turkey Directorate General of Public Health, Biocidal Occupational and Environmental Health Association and International Commission of Occupational Health

Congress Chair : Prof. Muhsin AKBABA, MD, Congress

Co Chair : Prof. Claudio COLOSIO

Abstract Submission : 20th Jan 2018

Contact to : Hilal Zengin (hilal@ftskongre.org)

This congress are planning to focus on agriculture sector. The agricultural sector, which is second in employment in the world, will continue to maintain its importance. The agricultural sector, including livestock and forestry, is one of the most dangerous business sectors in terms of disease and premature deaths.

In this congress, it is aimed to bring together the professionals working in this area, taking all issues into consideration with a focus on prevention and protection and to draw attention to the relationship between environmental and occupational exposures and diseases.

Members' Activity

ILO Diagnostic and exposure criteria for occupational diseases: the Final Meeting of the Working Group and the Public Conference Held at the University of Milan (Italy) on June 2017.

Stefan Mandic-Rajcevic and Claudio Colosio
Department of Health Sciences of the University of Milan, and International Centre for Rural Health of the S. Paolo Hospital of Milano, Italy.

The first ILO list of occupational diseases was established in 1925, and the disease mentioned above, together with lead and mercury poisoning, were the first occupational diseases put on this list, and in 1934 the revised list of occupational diseases contained ten items. The 1964 International Labor

Conference introduced a separate Schedule (List of Occupational Diseases), appended to the Convention, and which allowed for amending the schedule without having to adopt a new Convention. The last update of the ILO list was approved in March 2010, following a preparatory technical meeting held in Geneva in December 2009.

In 2005 a meeting of Experts on updating the List of Occupational Diseases convened and proposed changes to the list proposed by the Office. Two Occupational Disease Lists were proposed, one by governments' and workers' experts, and another by employers' experts. The presence of two lists affected the possibility of approval by the ILO governmental body, and awareness grew that without clear criteria it is impossible to reach an agreement regarding the diseases to be mentioned in an official list.



Together with the approval of the list, an International working group was appointed in 2011, and its starting task was to prepare for each of the entities in the ILO list, and for the several “open items,” one mini-monograph regarding the diagnostic and exposure criteria, totaling 112 documents.

Each of the 112 monographs is divided into six sections, and the contents are articulated as follows:

- (i) General characteristics of the causal agent/disease;
- (ii) Occupational exposures;
- (iii) Short profile of the toxic agent/disease;
- (iv) Name(s) of the disease(s) and the related ICD-10 codes
 1. Acute, chronic and long-term effects.
 2. Criteria for diagnosis,
 3. Minimum levels of exposure,
 4. Latency and induction period
- (v) Key elements for prevention
- (vi) Further reading

The importance of the new ILO diagnostic criteria was highlighted during a public event held on the 27th June 2017 in the historical building of the University of Milan, which was at the time of its construction in the XV century one of the most rational hospitals in Western Europe. More than 70 participants from at least 20 different countries gathered to participate in the Event, to share their experience and opinions on occupational medicine in their countries. One opinion was unanimous among the participants: having an official ILO list and criteria for the diagnosis of occupational diseases is very important for the care of workers’ health all over the world.

What gives, even more, weight to the ILO list and criteria is the fact that it is constructed and developed by a group of

independent world experts supported by ILO. The authoritativeness of this enterprise can help individual occupational medicine practitioners discuss occupational diseases with their governments since governments are more likely to adopt an opinion or a document produced in this way than individual professional opinions. In fact, the list was called “The To-Do list for occupational physicians” by and renowned occupational medicine expert present at the Event. The ICOH President, Dr. Yukka Takala, participated in the debate with a presentation on the Role of ICOH related to the New ILO Diagnosing Criteria and the late Prof. Tar Ching Aw spoke on the lessons learnt from the preparation of the EU document on Occupational Diseases Diagnosis.

Workplace to Reduce Cardiovascular Diseases

SC Cardiology in Occupational Health

Alicja Bortkiewicz, Chair

Elzbieta Gadzicka, Secretary

Marco Ferrario

In May 2017 took place the 7th International Conference on Work Environment and Cardiovascular Diseases, entitled “Bridging the Gap between Knowledge and Preventive Interventions at the Workplace to Reduce Cardiovascular Diseases”, organized by Marco Ferrario and his colleagues, under the auspices of the Scientific Committee of Cardiology in Occupational Medicine, International Commission on Occupational Health (ICOH) at the University of Insubria, in Varese - Italy.

The main topic of the Conference, namely research and prevention in the field of work environment and cardiovascular diseases (CVD), is undoubtedly a big challenge for the 21st century researchers. The Conference was an excellent opportunity for cardiologists, occupational physicians, cardiac rehabilitation specialists, sociologists, psychologists and policy makers in occupational health, to exchange views, share experience and disseminate current knowledge on and practical solutions for work-related cardiovascular diseases. The scientific program included two plenary sessions, four semi-plenary sessions, six oral presentation sessions and two poster sessions.



The conference was preceded by two workshops organized by renowned specialists. The first workshop, on “Occupational Physical Activity and Cardiovascular Disease: Research Updates and International Collaboration”, was chaired by Niklas Krause, Andreas Holtermann and Els Clays. This was a most interesting workshop addressing the “physical activity paradox” which explains how the physical activity performed during work and leisure may exert different effects on CVD. It comprised presentations discussing how physical activity during work can be a risk factor for CVD, what are the methods for measuring physical activity and how the association can be modified by several factors (e.g. cardiorespiratory fitness). The workshop also summarized available literature reports regarding association between occupational physical activity and CVD. The other workshop, on “Cardiovascular autonomic nervous system: a link between occupational environment and cardiovascular health and disease” was organized and chaired by Franca Barbic and James V. Quinn. The workshop focused on several issues including: methodologies to assess individual cardiovascular autonomic profile in clinical laboratory (short-time) and at workplace setting (long-term); effects of exposure to occupational hazards on cardiovascular autonomic control; cardiovascular autonomic response to shift work, night work and irregular working schedule; syncope and orthostatic intolerance syndromes; women at work and cardiovascular autonomic response to stress and strain.

During the Opening Ceremony, Johannes Siegrist delivered a lecture on “Work stress and health in the context of economic globalization and crisis: evidence and implications for cardiovascular diseases”. In this presentation, an attempt was

made to summarize state-of-the-art knowledge on adverse health effects of the pressures and threats attributable to economic globalization in general, and to the recent financial crisis in particular. Prof. J. Siegrist presented also his new book on “Work Stress and Health in a Globalized Economy”.

The first plenary session was opened by keynote lectures given by Robert Karasek on “The Multi-level “Associationalist” Demand-Control Theory (ADC), and “An Introductory Summary of the Job Content Questionnaire 2.0 (JCQ2)”. During the same session, Nico Dragano reported on new findings regarding the independent and additive effects of ERI and JDC on the incidence of CHD, a recently published paper from the IPD-Work Consortium network; Niklas Krause presented a paper on the association between occupational, leisure time physical activity and fitness, and coronary heart disease, and 22-year mortality”) and Akizumi Tsutsumi presented a review of the most recent findings on the relationship between work environment and strokes.

At the second plenary session, Tage S. Kristensen delivered a presentation titled “Workplace intervention research - promises and realities”, based on his own 30 years’ experience in the field of workplace interventions and reduction of CVD risk. Peter Angerer presented evidence for short-term and long-term effects of work stress interventions and concluded that stress management interventions (SMIs) had meaningful effects on the established CVD risk factors. Chantal Brisson, gave a lecture on the effectiveness of organizational changes in the workplace on blood pressure control and the prevention of premature deaths and disabling strokes. Paul Landsbergis made a presentation on the effectiveness of workplace violence prevention programmes, based on a comprehensive review of 27 papers and the results of the national online survey on the Quality of Worklife conducted by the American Federation of Teachers.

Semi-plenary sessions focused on methodological issues and findings on the association between job strain–work stress and cardiovascular diseases, psychosocial work environment and the risk of stroke, return to work of CVD patients, work and leisure time physical activity and CVD.

ICOH SC MinOSH publishes position paper on OSH in Mining

Ms. Claudina Nogueira, MSc



The ICOH Scientific Committee on Mining Occupational Safety and Health (SC MinOSH) is pleased to announce to its members and the broad ICOH membership that it has published a position paper on occupational safety and health (OSH) in mining, in the Occupational Health Southern Africa (OHSa) journal.

The paper, titled “Safety and Health in Mining” has been published in three parts, in three consecutive issues of OHSa, viz: Vol 23 No 3 (May/June 2017), Vol 23 No 4 (July/August 2017) and Vol 23 No 5 (September/October 2017). The articles may be accessed free of charge on the journal website, six months post-publication (www.occhealth.co.za). The paper will be published in its entirety on the website of SC MinOSH in due course; currently all three parts as published in OHSa can be accessed as .pdf documents on the SC MinOSH website:

(<http://www.ich-minosh.com/publications.html>)

“Safety and Health in Mining” is a position paper summarising key occupational safety and health risks in mining, and their prevention. The paper is a joint effort which was in the making for a couple of years and finalised in February 2017, as an output of one of the sub-committees of SC MinOSH. The paper was co-authored, edited and reviewed by a number of SC MinOSH members, under the leadership of chief editor Kaj Elgstrand, with Marilyn Fingerhut and Claudina Nogueira as co-editors. The paper is a good example of the true spirit of global collaboration, as well as being well aligned with ICOH

objectives, since the various contributions were provided by OSH professionals from across the globe – Canada, Chile, Denmark, Ecuador, Finland, Ghana, South Africa, Sweden and USA.

OHSa, which is listed in African Index Medicus, is the official journal of four sister organisations in occupational health: the South African Society of Occupational Medicine (SASOM), the South African Society of Occupational Health Nursing Practitioners (SASOHN), the Southern African Institute for Occupational Hygiene (SAIOH), and the Mine Medical Professionals’ Association (MMPA).

SC MinOSH takes this opportunity to thank the OHSa Editor-in-Chief, Gill Nelson (PhD), for her enthusiasm and interest in publishing “Safety and Health in Mining”, and for her expert assistance in the preparation of the manuscripts, to be aligned with OHSa publication requirements and instructions to authors.

SASOM Annual Congress 2017 hosts the ICOH National Secretaries Regional (African) Meeting

Ms. Claudina Nogueira, MSc

This year’s Congress of the South African Society of Occupational Medicine (SASOM; an ICOH affiliate member) took place on 9 and 10 June 2017 at the Protea Hotel by Marriott, Oliver Tambo International Airport, Kempton Park, Gauteng, South Africa. The Congress was attended by close to one hundred participants, including delegates, invited presenters, session chairs and exhibitors, who came from far and wide, within and outside of South Africa.



The Congress offered participants a very comprehensive and varied programme aligned with the theme “Challenges in Occupational Health – Doing right, at the right time”, which sought to include elements relevant to ethics and legislation for all the topics presented.

Presentation topics included employee wellness programmes; new dimension for business in wellness and disease management; healthy and greener workplaces supporting sustainable economies; the challenges associated with the implementation of occupational health legislation and associated compensation in the mining sector; development of the draft Ergonomics Regulations by the national Department of Labour and how ergonomics must be part and parcel of Occupational Health Services; practical issues in medical ethics for occupational physicians; getting the occupational health and safety basics right in the informal sector; accreditation of health care facilities in Africa; daily challenges in the practice of occupational health nursing; Ebola virus disease and the ethics of its management; the risk assessment processes for the management of hazardous biological waste; and a very personal account by a public health medicine registrar who shared his own experience and that of family members who have contracted tuberculosis (TB) in the occupational setting, in an interactive and engaging presentation titled “Unsafe and unfair: when working with TB becomes living with TB”.

SASOM invited its sister organisations in occupational health, the Southern African Institute for Occupational Hygiene (SAIOH) and the South African Society of Occupational Health Nursing Practitioners (SASOHN) to present at the Congress; the SAIOH President presented on challenges and the way forward for better service provision in the occupational hygiene profession; and the SASOHN representative presented on empowering the occupational health nursing profession through the verification and Continued Professional Development (CPD) process.

Two SASOM Executive Committee (ExCo) members, Ms. Claudina Nogueira (ICOH Board member) and Dr. Adriaan Combrinck (ICOH National Secretary for South Africa), gave a short ad hoc presentation on ICOH and the benefits of membership, as well as an overview of the upcoming 32nd Congress, ICOH2018 in Dublin, and the important dates for registration and abstract submission. Various members of the audience requested application forms to join ICOH, and plan to reap the benefits of the very reasonable membership fees that are applicable to members from developing countries.

The invited international keynote presentation of the Congress was delivered by Prof. Seong-Kyu Kang, ICOH Vice President responsible for the National Secretaries Portfolio, and Chair of the Department of Occupational and Environmental Medicine of Gachon University Gil Medical Centre in Incheon, Republic of Korea. Professor Kang enjoyed a long and distinguished career at the Occupational Safety and Health Agency (KOSHA) until his retirement in 2016, and was very actively involved in the organisation of ICOH2015, the 31st ICOH Congress which was held in Seoul in 2015. Professor Kang delivered a very interesting presentation titled “Three decades of Occupational Health in Korea: Development and Economics”. He spoke of how the development of occupational health in a country can be classified into three phases – external, internal and social environmental – and how each of the three phases is associated with its own unique challenges, constraints and controversies, and what respective solutions are recommended. His presentation also included a number of thought-provoking case studies related to emerging risks in the newer technologies and work sectors of Korea.

The SASOM Congress hosted the ICOH National Secretaries Regional (African) Meeting as a side event to the Congress on 9 June 2017, from 15h00 to 18h00. The meeting was chaired and facilitated by ICOH Vice President Professor Kang, and attended by four ICOH National Secretaries – Dr. Cheikh Cisse from Senegal, Dr. Blessing Garamumhango from Zimbabwe, Dr. Adriaan Combrinck from South Africa, and Dr. Keitany Kibor from Kenya (the latter via Skype participation). Two ICOH Board Members, Ms. Claudina Nogueira (South Africa) and Dr. Dingani Moyo (Zimbabwe) also attended the meeting in person.



Occupational and Asbestos related lung diseases in Indonesia

Dr. Muchtaruddin Mansyur,
ICOH NS for Indonesia
Occupational Medicine Division, Universitas Indonesia

One of the main topics of the 11th Indonesian Occupational Medicine Update 2017 is Occupational and Asbestos related Disease. This National Conference was attended by more than 300 participants of Occupational Medicine Specialist, Primary Care Physicians, other occupational health professionals, and the representatives of Indonesian National Workers Security, Ministry of Health, and Ministry of Labor. One of the International speakers presenting asbestos related lung diseases topic was Professor Ken Takahashi. In his presentation he emphasized that there is projected more than 580 cases of lung diseases can be diagnosed as Asbestos related diseases in Indonesia based on the number of asbestos has been being used for 25 years and population at risk to be exposed to. In fact there is only one Asbestos Related Disease case has been diagnosed and compensated by far.



[The speakers of IOMU 2017 From the left to the right; Ken Takahashi (Japan), Muchtaruddin Mansyur (ICOH National Secretary for Indonesia), Khrisna Syarif (National Workers Security Director of Services)]

This situation is really an opportunity for Indonesian Occupational Medicine Specialist to contribute more in overcoming the challenges in relation with the exposure prevention of Asbestos in the workplace, early diagnoses of occupational asbestos related disease, educate the community

about the health hazard of asbestos and its prevention, and advocate the policy maker toward national asbestos ban.

Indonesian Occupational Medicine Association is a professional organization of Occupational Medicine Specialist in Indonesia with more than 200 members. This organization hold regular national and international occupational medicine scientific meeting collaborate with Occupational Medicine Division of Universitas Indonesia, ICOH National Secretary for Indonesia, and others Professional Organization and Occupational Health related Institutions. It is planned that in 2019 13th Indonesian Occupational Medicine Update Conference will be held in conjunction with the Scientific Committee of Mining Occupational Health & Safety (SC MinOSH). (Muchtaruddin Mansyur)

Impressions from the International Scientific Conference and Workshop on Occupational Health and Safety in Formal and Informal Mining : 22-25 August, 2017. Odense, Denmark

Florencia Harari and Erik Jørs



On behalf of the ICOH scientific committee on Mining Occupational Safety and Health, and the Nordic Institute for Advanced Training in Occupational Health (NIVA), we would like to express our most sincere gratitude to all of you

who participated in the conference and workshop held in Odense, Denmark the past August. We are very thankful with those who were involved in the planning and celebrating of the activities as well as the presenters of orals and posters and the keynote speakers. We also acknowledge all the practical support from the Clinic of Occupational Medicine at Odense University Hospital and the Danish National Research Centre for the Working Environment (NFA). We also want to thank the different abstract reviewers for their contribution to the

scientific program.

Apart from these, the following collaborators and co-sponsors helped with the dissemination of information about the event, with their active participation in the event or with donations that allowed the participation of delegates from low- and middle-income countries: Research University of Southern Denmark (SDU), Greenland Center for Health Research, Danish Society for Occupational and Environmental Medicine (DASAM), Department of Pulmonary Medicine Odense University Hospital, Workplace Health without Borders (WHWB), the Danish NGO Diálogos, ICOH SC Occupational Health and Development, ICOH SC Industrial Hygiene, and ICOH SC Small-Scale Enterprises and the Informal Sector and the International Social Security Agency (ISSA).

Thirty-two percent of the participants answered to the post-conference evaluation. We received very positive feedback as well as useful suggestions to be considered during the organization of a future MinOSH conference. The evaluation is available at our MinOSH webpage (www.icoh-minosh.com).

The post-conference evaluation allows us to conclude that the event was successful. We reached around 100 participants from 26 different countries with about half of the participants coming from middle- or low-income countries. This was partly possible due to the special scholarships granted to the best abstracts from presenters from low- and middle-income countries as well as the diverse and relevant topics included in the scientific program. Also, the combination of a conference and workshop might have contributed to the high interest and number of participants in both events.

Participants had many diverse backgrounds such as engineers, researchers, doctors, geologists, anthropologists, doctoral students, miners and officers and came from different countries worldwide, all enriching the presentations and discussions. Moreover, the participation of artisanal and small-scale gold miners who did a wonderful practical demonstration on how gold is washed and concentrated by smelting without the use of mercury, is something that has hardly been part of such an event ever before.

During the conference, there were outstanding presentations not only from the keynote speakers but also from the oral and poster sessions. Topics included a wide variety of exposures (e.g. dust, mercury, among others) and diseases (e.g. pneumoconiosis, silicosis, cancer, hearing loss, poisonings, developmental impairment of children, accidents, among others) related to mining activities at small and large scale and both at a local and global level. Also, the role of working unions and workers' representations and ethics in relation to health examinations were discussed. Both theoretical and practical lectures were given. All the abstracts presented at the conference can be found in the conference book available in our webpage <http://icoh-minosh.com/>. Videos of the keynotes' presentations are also available there.

There were possibilities for networking during the event, and we are sure many shared ideas and contacts. If you need contact information from someone, do not hesitate to contact us at minosh.icoh@gmail.com.

Some participants became MinOSH members during and right after the conference. If you also want to become a MinOSH member, please visit: <http://icoh-minosh.com>. If you want to become an ICOH member, please visit: <http://www.icohweb.org/>.

In conclusion, this conference and workshop showed the fruitful result of an interdisciplinary collaboration and exchange of knowledge and ideas from many different countries.

Thank you all and see you in the next MinOSH conference in the future!

Hot climate and hot work environment: A serious health concern for both indoor and outdoor workers

Vidhya Venugopal

Sri Ramachandra University, Chennai, India.

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Hot weather is recognized as detrimental to human health and labor productivity when temperatures and humidity exceed physiological thresholds and the body can no longer cool through sweating and is at risk of overheating (Parsons K, 2014) and the risks will increase as climate change (CC) proceeds. Heat stress in occupational settings is dynamic and a moving target due to ever changing mean weather conditions due to climate variability. In order to quantify the physiological risk many heat stress indices that combine temperature and humidity have been

suggested, and the most widely used is WBGT (Wet Bulb Globe Temperature). During periods of high heat exposure, increased body temperature may occur (hyperthermia) and the body's thermoregulatory response of sweating can lead to dehydration, which augments the rate of rise in body temperature. Thermal impacts also depend on air movements (wind), heat radiation (outdoors usually from the sun), clothing and physical activity (metabolic rate) (Parsons K, 2014).

Workers are a special category of vulnerable populations with high demands on many main muscle groups, due to high intensity manual work, which is still the main element of many jobs in developing countries. Weather conditions in conjunction with health status, workload and rate and heat exposures, outdoors – from sunlight or indoors – from radiant heat, determine the level of heat stress and the effects imposed on the worker (Nag et al., 2009). It should also be noted that a number of other health hazards, such as vector-borne diseases, cardiovascular and respiratory health risks to name a few, linked to CC can be a particular problem for working people (McMicheal et al., 2003).

Despite the scientific evidence and proof of occupational health risks from around the globe, this issue has not received its deserved attention and one of the reasons may be that heat exposures is usually considered “natural” in tropical and subtropical countries. Excessive outdoor heat exposures are detrimental to worker's health and risk of Heat Related Illnesses (HRIs). There also exists a notion that outdoor workers have higher impacts from direct heat exposures and indoor workers are more protected from the direct exposures to heat on the assumption that indoor workplaces have effective air conditioning. This is a questionable assumption in the large number of factories in low income tropical countries producing low-cost consumer products for high-income countries and such indoor workplaces often lack effective cooling provisions, ventilation and protection from heat radiating sources. Furthermore, workers engaged in strenuous physical jobs that cannot self-pace or are paid per quota (as oppose to per hour) also pose an equally high-risk to the workers in hot regions.

International organizations that work in partnership with ICOH have started to analyze and communicate results about the current and future threats to occupational health that increasing heat levels will bring. WHO has included this issue in many of their National Profiles on CC and Health, and now focusing on the problems for working people in cooperation with WMO and EU (Heat-shield project - www.Heat-shield.eu). Publications on the issue of “CC, Heat Stress and Labour” by ILO and UNDP in 2016, ILO’s forthcoming one in 2018 and the new inclusion of “Labour productivity loss” by “The Lancet” in its ongoing “Countdown” project on CC and health impacts will provide increased visibility and importance of occupational health and safety issue for “Occupational Heat stress and CC” for ICOH. The key note addresses of Prof. Kjellstrom’s in ICOH, 2012 and Dr. Venugopal’s in the forthcoming ICOH 2018 also emphasize the need for more epidemiological research for a better understanding of this issue.

The “hotter world” that CC will create includes changes in mean weather conditions and the frequency and intensity of extreme weather events. There will be an increase of the number of hot days and nights, an extension of the length of the hot season and a greater number of heat waves in many parts of the world (IPCC, 2013). This in combination with an increased severity of extreme weather events will create special occupational health challenges for emergency/outdoor workers. CC is also likely to change the pattern of occupational heat stress risks over time (McMicheal et al., 2003) and could pose a particularly high risk for workers in warmer regions, whether indoor and outdoor, engaged in strenuous physical work (Kjellstrom et al., 2017).

The potential implications for work environments in a warmer world are becoming increasingly evident and can be highly detrimental in terms of health and productivity in some areas which does not exclude the developed countries. The vulnerable socioeconomic condition of the migrant workers that forces them to “make hay while the sun shines” which puts them at higher risk of HRIs and even death needs special attention. Globally general business awareness of extreme heat exposure and occupational health risks remains low, and regulatory standards for heat illness prevention programs for different occupations in various

countries may be lacking or inconsistent. Mapping of workplace environmental heat exposures give an indication of current and future threats to occupational health and safety in different parts of the world. Table 1 provides further evidence that work environments around the world (both indoor and outdoor) are becoming increasingly hot and that control interventions in the form of engineering, administrative and/or policies, have to be top priority and delays in structured interventions can pose health risk to millions of workers worldwide. The current data also calls for additional investigations and conduct of local epidemiological studies to understand the importance of differences in indoor and outdoor thermal comfort in the CC context. Studies on feasible and sustainable interventions that are suitable for local workplaces and industry are also urgently needed. In order to avert future adverse impacts of heat stress as CC proceeds, interventions and adaptation measures should also be implemented as well as pursuing ambitious CC mitigation targets.

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Table 1: Examples of epidemiological studies on heat stress exposures in indoor and outdoor from various countries

Work Location	Countries	Number of Epidemiological studies	Adverse health endpoints	References
Indoor	Brazil	2	Increased risk of urolithiasis, tiredness and fatigue	Atan L et al., 2005 Fujii RK et al., 2007
	India	7	A range of heat-related adverse health outcomes, productivity loss	Krishnamurthy M et al., 2016 Venugopal V et al., 2015 Nag, PK et al., 2013 Bhanarkar AD et al., 2005 Srivastava A et al., 2000 Balakrishnan K et al., 2010 Ayyappan et al., 2009
	Iran	1	Oral and tympanic temperatures were elevated	Alimohamadal I et al., 2015
	Japan	3	Perceived higher workload, fatigue and heat strain	Matsuzuki H et al., 2008 Haruyama Y et al., 2010 Matsuzuki H et al., 2011
	UAE	1	Visual defects and muscle cramps	Gomes Jet al., 2002
	USA	2	High heat strain symptoms	Logan PW, Bernard TE. 1999 Varley F et al., 2004
	Bulgaria	1	High risk of becoming dyslipidemic	Vangelova et al., 2006
	Australia	3	Hypohydration and fatigue in majority workers	(Sherwood & Huber, 2010) Miller VS & Bates GP. 2007 Brake GL, Bates 2001, 2003
	Israel	1	Measured cardiovascular strain	Kristal-Boneh al., 1997
	Taiwan, ROC	1	Low resting heart rate and systolic pressure are two characteristics for high heat exposure workers.	Chen ML et al., 2003

Work Location	Countries	Number of Epidemiological studies	Adverse health endpoints	References
Outdoor	USA	4	Heat-related deaths, heat-related illnesses, dehydration	CDC, 2008 (Online report), Glaser et al., 2016 Mirabelli et al., 2010 Segal and Pielke, 1981
	El Salvador	1	Reduced eGFR and dehydration	García-Trabanino et al., 2015
	Japan	2	Increase in blood pressure, fatigue	Morioka et al., 2016, Inaba & Mirbod, 2007
	Thailand	3	Perceived heat related discomfort, kidney diseases, heat cramp and exhaustion	Yoopat et al., 2002 Tawatsupa B et al., 2010 Langkulsen U et al, 2010
	UAE	2	Workers physiologically challenged, hyponatraemic	Bates & Schneider, 2008 Holmes et al., 2011
	Costa Rica	1	Symptoms of high heat stress and strain	Crowe et al., 2010
	India	2	Physiologically challenged incl. high sweat rate and high heart rate. Urogenital issues, heat illnesses	Nag et al., 2007 Sahu S et al, 2013 Venugopal V et al.,2016

Seoul Statement on the Development of Occupational Health Services for All

In this edition, the Seoul Statement is posted to reconfirm its aim and to get ICOH members to join in the activities of enhancing occupational health around the world. In addition, KOSHA will share the result of how well the Seoul Statement was implemented, at the 32nd ICOH Congress in 2018.

The 31st International Congress on Occupational Health, ICOH 2015, was organized by the International Commission on Occupational Health, ICOH, the Korea Occupational Safety and Health Agency, KOSHA, and the Korean Society of Occupational and Environmental Medicine, KSOEM, from 31 May to 5 June 2015 in Seoul, Republic of Korea. The Congress approved a “Seoul Statement on the Development of Occupational Health Services for All”.

Recalling

that decent conditions of work, occupational health and occupational safety constitute a basic human right of workers as declared by the UN International Covenant on Economic, Social and Cultural Rights of working people (1966), the ILO Declaration on Fundamental Principles and Rights at Work (1998), the Centennial Declaration of the International Commission on Occupational Health, ICOH (2006) and the Seoul Declaration on Safety and Health at Work adopted by the ILO, ISSA, KOSHA and ICOH together with a high number of other Non-Governmental and Professional Associations (2008),

Emphasizing

that in spite of positive developments of occupational safety and health particularly in industrialized countries, over three quarters of workers of the world live and work in developing and transitory countries, often working in high risk occupations in both formal and informal sectors, without adequate protection by occupational health and safety law and lacking social protection and access to occupational health services. Such gaps in prevention and protection lead to 2.3 million deaths among the workers of the world every year,

Keeping in mind

that the ILO Convention No. 161 on Occupational Health Services and the WHO Global Strategy on Occupational Health for All, as well as the Cancun Charter by the ICOH (2012), call for organization of occupational health services for all working individuals and all occupations, without exclusion of any group

of workers, economic sectors, including the informal sector, or workers in contracted or self-employment,

Taking into consideration

that new challenges, risks and hazards continuously emerge, due to changes in economic structures, transfer of technologies, demographic changes, migration and social dynamics. The management of and adjustment to the continuous change need active sharing of information, the effective use of existing knowledge, and the generation of new research on occupational health.

Recognizing

that a growing body of research evidence speaks for positive economic and productivity impact of occupational health services, due to prevention of loss by accidents and diseases, sickness absenteeism and disabilities, and through facilitation of production processes,

Reminding

that according to the principles of the ICOH International Code of Ethics for Occupational Health Professionals, protection and promotion of workers' health is a professional, ethical and social imperative for all occupational health professionals and for the international occupational health community,

the 31st ICOH Congress states the following:

1. Policies

Every government in collaboration with social partners should, as a part of their stewardship, draw up necessary regulations, strategies and programmes for national policies on occupational health and occupational health services by using the international guidance provided by the ILO Convention No. 161, Recommendation No. 171 on Occupational Health Services and the WHO Global Strategy on Occupational Health for All. Such policy should aim at the provision of services for all, with full coverage without exclusion of any group or sector of work life.

2. Implementation

Implementation of occupational health policies should be based on legislation, with appropriate governance structures, well-defined rights and responsibilities, establishment and strengthening of the occupational health system and respective infrastructures, and sufficient resources and financing for services. Special measures, multiple service provision models, including primary health care, and support should be developed for organization of occupational health services for small-scale enterprises, the self-employed and the informal sectors. Public occupational health services should be provided for the underserved sectors. Where front-line services are of limited scope, usually occupational medicine and nursing, they should be reinforced by secondary level support services.

3. Content and activities

The content and activities of occupational health services at the workplace level include prevention and management of physical, chemical, biological and ergonomic factors, prevention of occupational diseases and injuries, prevention of excessive work load, and work life constraints, promotion of health and work ability, rehabilitation and return to work, as well as first aid and curative services. Such services should be adjusted to the health needs of working people, by taking into consideration the existing hazards and responding to the needs of various groups of workers, including young, female, ageing and migrant workers and various types of vulnerable groups.

4. Human resources, competence and expertise

Governments should ensure the availability of sufficient human resources for the effective delivery of occupational health services. Where possible, the occupational health service team should be multidisciplinary, covering several types of expertise, such as occupational medicine, occupational health nursing, ergonomics, occupational hygiene, psychology and accident prevention, rehabilitation and return to work. In cases, where multidisciplinary services may be difficult to organize and sustain, the basic occupational health service (BOHS) approach and proactive risk prevention and locally adjusted methods may be used.

5. Training and education

In line with the ILO Convention No. 161, special competence

and training are needed for provision of competent occupational health services. Governments should ensure appropriate and updated training and education curricula for occupational health personnel. International standards and model curricula should be developed for occupational health personnel. Depending on national conditions the training could be organized at universities or other relevant institutions.

6. Sharing information and good practices

Effective exchange and dissemination of information on all aspects of occupational health should be promoted and encouraged, and good practices and guidelines should be shared via international

collaboration between occupational health professional bodies, International and Non-Governmental Organizations, WHO, ILO and ICOH and other relevant institutions and associations. Dissemination of

this knowledge should be supported by international and national expert communities, employers, workers and governmental organizations.

7. Research

Appropriate and adequate research support should be structured for the production of evidence based information for the development of occupational health systems, methods and good practices, training and education. Longstanding international experience has shown that research is best supported and sustained when it is nested in the National Institute of Occupational Health, or respective centre of excellence in the country.

8. Collaboration and networking

National collaboration

To ensure sufficient coordination and exchange of information within countries, continuous dialogue should be maintained and close and regular collaboration between occupational health and general health services, with occupational safety and health, social security institutions, social partners (employers and workers) and academia should be encouraged. Networking between all involved in the development of occupational health, including occupational health service providers, is also recommended.

International collaboration

International collaboration, including bilateral and multilateral networking, should be enhanced among all the key international professional associations in the field of occupational health and safety. Such networks should collaborate and provide scientific and professional support to the International Organizations, ILO and WHO.

9. Commitment

The organizers and participants of the ICOH 2015 Congress declare commitment for collaboration and support for all parties, national and international, professional and governmental in their efforts for the organization of competent occupational health services for all workers across the world.

10. Follow-up

It was agreed to follow up and evaluate the implementation of this Statement and results be presented to the forthcoming 32nd International Congress on Occupational Health, ICOH 2018,

which will be organized in Dublin, Ireland.

On behalf of the 31st International Congress on Occupational Health

In Seoul, Republic of Korea, 5 June 2015,



Dr. Kazutaka Kogi, MD.
President of the
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on Occupational Health,
ICOH

Dr. Lee, Young Soon, Ph.D.
President of the ICOH 2015
Congress,
President of the Korea
Occupational Safety and
Health Agency, KOSHA

Résumé en français

Message de la part du



Ceci n'est qu'un bref résumé en raison de l'espace exceptionnellement limité pour ces messages. Je veux simplement souligner certains points clés à la suite de la dernière newsletter de la CIST:

1. La CIST a joué un rôle très positif au Congrès mondial de l'OIT-AISS début septembre 2017. Nous avons joué un rôle majeur dans l'élaboration des nouvelles estimations mondiales de l'OIT, et des estimations des coûts, ainsi que dans les réunions spécifiques et du symposium du Congrès, et les événements liés. Plus d'informations sur www.ICOHweb.org
2. La CIST était coorganisatrice d'un événement spécial de haut niveau à Singapour, y compris le directeur général de l'OIT,

des ministres et des ministres adjoints et de nombreuses organisations clés sur «l'avenir du travail et la sécurité et la santé au travail».

3. La proposition de «Coalition mondiale» soulevée lors du Congrès de l'OIT-AISS et très clairement mentionnée par le Directeur général de l'OIT a été suivie d'une réunion de planification comprenant l'OIT, l'OMS, la Commission européenne, EU-OSHA, la CIST et les ministères de Singapour et de la Finlande à l'OIT de Genève le 9 novembre.

La planification de la CIST de Dublin 2018 se poursuit comme prévu et devrait représenter une étape importante dans l'histoire de la CIST.

Jukka Takala
President de la CIST

Information du secrétaire général

La CIST en collaboration durable avec l'OMS



Nous traversons les six derniers mois de la période triennale 2015-2017 et je profite de l'occasion pour remercier tous nos membres, individuels et collectifs, pour leur soutien renouvelé à la CIST dans le mandat actuel. Nos membres représentent le noyau de la CIST et permettent de mener à bien toutes les activités de l'organisation au fil du temps, en fournissant aux autres leur expérience et leurs compétences professionnelles. L'attention portée aux besoins et aux attentes des membres a toujours été l'une des priorités de la CIST. Au fil des ans, de nombreux avantages et outils ont été mis en place afin de permettre aux membres de s'impliquer plus activement dans les activités principales et de se rapprocher les uns des autres. Dans cette optique, le Groupe de travail sur l'adhésion a travaillé, au cours de la deuxième partie de la période triennale, sur l'élaboration d'une enquête spécifique adressée à l'ensemble des membres. Le but de cette étude est d'étudier la perception des membres au niveau de la contribution de la CIST aux SST au niveau national et international, les activités menées par les comités scientifiques et les secrétaires nationaux, la visibilité des résultats et la dissémination aux congrès internationaux, l'efficacité des outils de communication. Le questionnaire sera administré aux membres de la CIST en bonne et due forme par le biais de la plate-forme Web dédiée SurveyMonkey. Les résultats préliminaires seront présentés au Congrès de la CIST

2018 (Dublin, 29 avril - 4 mai 2018).

De plus, nous sommes heureux de vous annoncer que le communiqué de la CIST sur la treizième rédaction du programme général de travail a été présentée à la session extraordinaire du Conseil exécutif de l'OMS le 22 novembre 2017.

Le communiqué a été approuvé par l'Association internationale d'hygiène professionnelle (IOHA).

Pour lire le texte intégral du communiqué, veuillez visiter le site Web de la CIST.

Mise-à-jour sur les élections de la CIST 2018-2021

Fin octobre 2017, le secrétariat a envoyé les bulletins de vote et les enveloppes par courrier à tous les membres de la CIST en bonne et due forme conformément à l'article 6, paragraphe 3. Le délai de livraison peut varier selon les services postaux de chaque pays. Les membres de la CIST sont priés de remplir le bulletin de vote et de le renvoyer au secrétariat de la CIST conformément aux instructions figurant dans la lettre jointe avec le bulletin de vote. Tous les secrétaires nationaux ont été prévenus et, en cas de problèmes lors de la réception du bulletin de vote, peuvent soutenir les membres venant de leur pays dans ce processus. Le secrétariat de la CIST est également disponible pour tout soutien supplémentaire via l'adresse icoh@inail.it. Tous les bulletins de vote doivent parvenir au secrétariat de la CIST avant le 29 mars 2018 au plus tard. Les bulletins de votes reçus après cette date ne seront pas acceptés.

Les noms et les CV des candidats sont en libre consultation sur le site internet de la CIST à l'adresse <http://www.icohweb.org/site/election-tenure-2018-2021.asp> ainsi que sur le bulletin d'information de la CIST 2 de 2017.

Prof. Sergio Iavicoli
Secrétaire général de la CIST

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