



Contents

Letter from the Editor

IOHA 6th Scientific Conference

IOHA President’s Report 2004 – 2005

Occupational Hygiene in the International Standard Classification of Occupations

Respiratory Protection and Prevention of Avian Influenza

News from Member Associations

News from the ILO

News from WHO

News from the European Union

Upcoming Events

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Letter from the Editor

Dear Colleagues,

It is amazing that 2005 is almost closing! It was a good year for our profession; there were many important events that brought to the fore the importance of occupational health and primary prevention, hence of occupational hygiene. However, it was a year of great turmoil worldwide; it seems Mother Earth is not happy with the treatment she has been receiving and, in this respect, I believe that our profession can and should make an appreciable contribution; we have to persevere in broadening the scope of occupational hygiene to encompass environmental and sustainable development concerns.

This was the year of the IOHA Scientific Conference - already the 6th ! As always, it was a great success.

Another key occupational health and safety conference took place in Orlando, Florida, and the ILO statements there are presented in this issue. ILO gave emphasis to a serious problem, which has close connection with occupational hygiene: the appalling underestimation of occupational diseases. Although this problem has been known for a

long time, it was very important that the ILO statement drew attention to it; this will hopefully “awaken” some decision makers.

Unfortunately another global health risk is lurching - the Avian Influenza. Occupational hygiene has a great contribution to make in preventing its spread since one of the means is respiratory protection. Our colleague Ugis Bickis is preparing an important document in this respect, which will be posted on the IOHA site in the near future. In the meantime, the new IOHA President, T. W. Tsin, has sent us an account on the matter.

Past IOHA President, Ton Spee, has sent his impressive President Report; you may see how dynamic IOHA continues to be, leading and promoting our profession worldwide, at a high level. We must congratulate and thank Ton for his excellent work and dedication during his term as IOHA President.

One development that makes us all happy is the possibility that occupational hygiene will be included in the International Standard Classification of Occupations, as may be seen on the news sent by Spee and Tsin.

Concerning the European Union, it must be mentioned that the REACH legislation was recently accepted by the European Parliament; this was a significant step towards the reduction of chemical risks.

I take this opportunity to wish to all of you that a very Happy Holiday Season be followed by a 2006 full of Joy, Peace, Love, Health and Success ! And, to those in the South Hemisphere (our turn ☺ has arrived !), I do wish great summer vacations.

Best greetings to all

Berenice Goelzer

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IOHA 6th Scientific Conference:

IOHA Board Meeting in Kwa Maritane, South Africa

Sent by T.W. Tsin, IOHA President

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It was great to hold the board meeting in the National Park of South Africa. We had meetings on 17th and 18th September. A number of important issues were gone through, e.g. the incorporation. We had visitors from the China Occupational Safety & Health Association (COSHA) who introduced the brief situation of the occupational safety and health situation in China. The board together with Dr. Gerry Eijkemans of WHO and Dr. Igor Fedotov of ILO also discussed about the silicosis prevention work plan. IOHA commits and will work collaboratively to develop the silicosis toolkit proposed by the WHO/ ILO initiative.

Congratulation to both Mr. Rob Ferrie and Dr. CC Chen!!! They were respectively elected as the President Elect and the Secretary and Treasurer unanimously. Welcome them on the Executive Board.



Once again, the IOHA President and the board thanked and congratulated the IOHA Conference Organising Committee, in particular Mr. David Stanton, for their great effort to organise the IOHA 2005 Conference. The theme of “Promoting occupational hygiene in Africa and globally” was achieved and the event was very successful.

IOHA Board Meeting at Kwa Maritane, Pilanesberg, S.A.



Presentation of souvenir to Dr. Ton Spee, Immediate Past President, by T.W. Tsin, IOHA President

IOHA 6th Scientific Conference:

Silicosis Prevention – a special issue in IOHA 2005 Conference

Sent by T.W. Tsin, IOHA President

Silicosis Prevention was a main programme in the IOHA 2005 Conference, not because it is imminent in Africa but it is a global issue. The IOHA Lifetime Achievement Award – 2005 by Dr. David Grantham quoted respirable crystalline silica as an example for the discussion of setting occupational exposure standards. Indeed, silica dust exposure has a long history in industries, and the disease, silicosis, has been known for hundreds of years but it remains a leading occupational disease today. Silicosis causes permanent disability and shortening the life-span of millions of workers in dusty trade in many developing countries. During the conference, in the special scientific session on silicosis, speakers shared their experience in the prevention of silica dust exposure with the audience at the Tau Room of Kwa Maritane at Pilanesberg. There were lectures on dust exposure, assessment methods, and ways of elimination as well as the issue of legal liability. One of the excellent papers from our keynote speakers, Dr. Paul Evans of HSE, UK, announced the new development of a tool under the *COSHH essentials* for reducing silicosis (“Silica Essentials”). *COSHH essentials* is a scheme that uses “control banding” and is specially design to suit the management of small and medium sized enterprises (SME), who have little knowledge and limited ability to handle even simple health hazards in workplaces. Hopefully, this scheme may help the industries and its application can be expanded to international level. Audience would be very much delighted to learn that it will be ready soon in early 2006.

In the prevention of silicosis, dust control by good occupational hygiene practice is important. WHO in collaboration with the Swedish National Institute for Working Life developed a CD-ROM known as “Hazard Prevention and Control in the Work Environment: Airborne Dust”.



It contains the original text of the 1999 WHO textbook that bears the same title. In addition, there are practical solutions for dust control in the 70 short video-scripts and the work of Dr. Sophia Kisting who organised two pilot courses in South Africa 2003. Although a limited number of the copies were available in the Continuous Professional Development (CPD) Workshop of “Dust Control”, interested organisations could approach or make an enquiry to Dr. Max Lum of the NIOSH at Washington (e-mail: mrl1@cdc.gov) for more copies.

CD ROM of “Hazard Prevention and Control in the Work Environment: Airborne Dust” published by WHO and NIWL.

In his keynote speech, Dr. Fedotov reminded that the ILO/ WHO Global Programme for the Elimination of Silicosis (GPES) has been established and it sets targets for the next 30 years. The coming WHO Collaborating Centres Work Plan for 2006-2010 also includes silicosis prevention as one of the major projects in the proposed activities areas. It will certainly take a continuous effort by many people to achieve the goal of eliminating silicosis in the next few decades.

IOHA 6th Scientific Conference: IOHA Lifetime Achievement Award

The recipient of the prestigious IOHA Lifetime Achievement Award was Dr. David Grantham and an abstract of his lecture is hereby presented. Congratulations to Dr. Grantham !

IOHA Lifetime Achievement Lecture (by Dr. David Grantham)

Standards, regulations and public policy: Still a need for the best hygiene input.

Setting standards for incorporation into law for subsequent occupational health and hygiene purposes requires a review that encompasses epidemiology, reliable exposure histories, hygiene technology, practicability and economic utility. Suitability of standards and deciding on public policy can be confounded by latency, changing work demographics, increasing community expectations and potential compensation liabilities. In Australia, with nine individual occupational health and safety jurisdictions and several separate mining regulatory authorities, deciding on standards can be a complex task and adopting them into legislation can be subject to some variability. This paper looks at the processes involved in



establishing the respirable crystalline silica (RCS) standard in Australia against the challenge of changing administrative and knowledge backgrounds. It traces some interesting issues in the history of the RCS standard from its particle count origins to the recent national declaration of a 0.1 mg/ m³ standard (all forms, measured by International Standards Organization (ISO) convention).

IOHA 6th Scientific Conference:

Programme and Papers

The Southern African Institute for Occupational Hygiene (SAIOH) must be congratulated for its excellent site and thorough information on the Conference, including Proceedings, with abstracts, papers and Power Point presentations. Two examples of abstracts are hereby presented, from the site: <http://www.saioh.org/ioha2005/Proceedings/>

Global Trends in Occupational Hygiene Education and Training

Professor Michel Guillemin, Director IST, Switzerland

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In 1990 the WHO published a booklet entitled “Occupational Hygiene in Europe – The Development of the Profession” which described the specificity of this discipline, its utility and the basic curriculum for its education and training. In some countries (for instance in Switzerland), this publication boosted the development of Occupational Hygiene, its official recognition and its teaching at a postgraduate level. A few years later, a survey of the certification schemes related to this field was carried out by the IOHA and confirmed that the profession was well recognized and considered in different countries. In the USA, the US News & World Report predicted in 1991 that Occupational Hygiene would become, one of the “top 20 professions” in this country. This prediction unfortunately was not confirmed by the facts, and the present situation of this profession is not so good, even in countries with the longest tradition in this field.

A comprehensive survey on the situation of Occupational Hygiene and its education and training throughout the world has not been done, so it is not possible to give a clear and unbiased picture of this problem. However an informal collection of information from a network of teachers in this field from several countries has been carried out recently and will be presented and commented in this paper.

In the field, Occupational Hygiene responsibilities are frequently mixed with other ones such as safety, environmental protection or even ergonomics. Therefore the curriculum of educational programmes has been including more and more topics related to these fields. It is obvious that a profession has to adapt to its environment to protect its ecological niche, but the changes in the working world and in our society are so important and so rapid that the threat is becoming so serious that the adaptation may be in the mid-term a transformation. The specificity of our field is now considered as too narrow and may be too “academic” so that less and less companies can afford this type of experts. The development of simple tools to assess and control the occupational risks has been done to fit the needs of small and medium enterprises (simplicity and cost) and do not require a long training to be used. This is certainly good at a global level that prevention can be widespread and can concern as many people as possible, but there is a risk that the hygienists’ expertise is estimated not necessary anymore. Some people argue that the emerging problems such as the psychosocial ones (stress, burnout, harassment, etc.) should be now the priority in Occupational Health, also because the “traditional issues” (those belonging to the core knowledge of our profession) are more and more under control. This vision is biased by the fact that, apparently the “old” problems (lead, silica, solvents, etc.) are better managed, but we all know that a lot of “traditional” topics are not yet under appropriate control, mainly due to our huge lack of knowledge. Moreover new

issues are emerging which perfectly fit our field of experience (nanoparticles, bioaerosols, new materials, etc.) and which proves that other problems than the psychosocial ones may also be quite relevant and should be studied professionally.

The pessimistic scenario for the future of Occupational Hygiene and or its place in the universities and educational organizations is that it will be “phagocytized” by another field (or “dissolved” in it) and the positive scenario is that it will find its place, thank to the emerging issues mentioned above, by bringing original strategies to assess their risks and to keep them under control. The future of Occupational Hygiene resides in universities, research institutes and educational structure providing a high level of competence to keep this important science alive and useful for our society.

COSHH Essentials - Reducing Silicosis

Paul Evans, Occupational Hygiene Unit, HSE, UK
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Small firms have difficulty applying risk assessment to chemicals. Many of them do not understand occupational exposure limits (OELs). Indeed, most chemicals don't have OELs. Small businesses want real, practical help in controlling chemicals. HSE has developed a new approach to meet this need.

COSHH Essentials is a free, internet-based tool, designed to help SMEs find the right control solution for their hazardous substances (www.coshh-essentials.org.uk). The control solution includes practical advice on how to manage the risk, and how to make sure the control measures are used properly. COSHH Essentials is a scheme that uses "control banding". This means that the amount of control is chosen to match the type of harm and the likelihood of exposure. The International Programme on Chemical Safety (IPCS) has adopted the concept of control banding for its occupational risk management toolkit.

When first launched, COSHH essentials concentrated on a generic solution for the greatest number of hazardous chemicals, using information on the hazard (Risk Phrase), quantity and the potential to become airborne (dustiness or volatility). More recent control advice sheets give practical advice for controlling chemicals capable of causing serious ill health such as asthma and cancer and for hazardous substances that are generated by the process. This later guidance requires no detailed input from the user: instead, the user selects the appropriate activity, such as dry cleaning, rock drilling, hairdressing, soldering, flour mixing, fettling castings, screen printing or paint spraying. The user is then able to download appropriate control advice.

Many thousands of on-line risk assessments have been completed since the launch of COSHH essentials. HSE is building on this success to develop advice to reduce lung disease from silica in many industries, including quarrying, construction and brick making. This is part of HSE's wider Disease Reduction Programme. Other priority sectors include printing, welding and agriculture. Following the advice is one way of demonstrating good control practice and achieving good health in the workplace.

IOHA President's Report 2004 – 2005

The term of my presidency started in June, 2004 in Utrecht, the Netherlands, where the IOHA Board met before the conference of the Dutch Occupational Hygiene Society and the Exposure 2004 Conference. It ended in September, 2005, in Pilanesberg, South-Africa, just before the 6th IOHA Conference.

The work in the board is a continuous process of sowing, growing and harvesting. I am fortunate that my predecessors have dedicatedly have made contacts, started projects and put effort in keeping projects going. The harvest is the most visible, but certainly not always the most difficult part of the process. I attribute a great deal of what has been achieved this year to the enthusiasm of my predecessors.

Co-operation with WHO and ILO

The WHO has evaluated our activities during the past three years. This evaluation gave sufficient grounds to maintain the official relationship between WHO and IOHA, and to continue IOHA's status as a NGO. This is the best reward we can get for our efforts during the past three years and I wish to express my thanks to everyone who contributed to this.

The WHO Collaborative Centre (CC) meeting took place in Johannesburg, just before the IOHA Board meeting and the IOHA Conference, both in Pilanesberg. IOHA considers it an honour that this meeting took place so close to IOHA activities. This emphasises the good relationship of WHO and IOHA.

The WHO has evaluated the activities in the CC work plan 2001 – 2005. This evaluation revealed that the activities, to which IOHA had committed itself, generally went very well.

The IOHA co-chairs Task Force 10, Preventive Technologies. An important project from this Task Force, and also one of the key projects within IOHA, is Control Banding. This project in which WHO, ILO, IOHA and many national organisations like HSE and NIOSH co-operate is co-ordinated by IPCS. The project aims to classify substances and products into hazard categories and to advise on measures accordingly. Originally developed in the UK for small and medium sized enterprises, the Task Force co-ordinates initiatives to make the concept suitable for developing countries. Several pilot projects indicate that the concept is suitable or can be made suitable for many situations. Co-operation with the IEA has begun to see if the concept of control banding can be applied to ergonomics.

Three international control banding workshops have taken place in recent years, the third one during IOHA 2005.

At the CC meeting on 16 and 17 September a first draft for the 2006 -2011 work plan has been produced. The work will be divided into six activity areas. IOHA takes part in three of these: Area 3: Practical approaches to identify and reduce occupational risks. This is where the control banding project takes place. Area 4: education, training and technical materials; and Area 5: development and expansion of occupational health services.

IOHA has been represented in several ILO meetings. When it was impossible to send a representative, input in writing has been provided wherever possible. An example is input for a guideline for the iron- and steel industry.

The ILO updates its International Standard Classification of Occupations (ISCO) periodically. The occupation 'occupational hygienist' is not on the current list, which dates from 1988. IOHA has agreed upon a description and the name of the profession. The name will be 'occupational hygienist' and 'industrial hygienist' will be a synonym. The description of the profession has been submitted to the ILO and the ILO members will vote by the end of 2005 about adding the profession to the ISCO list.

Certification

Standards for occupational hygiene competences differ from country to country, as does the status of occupational hygiene. In some countries occupational hygiene has a legal status where the regulatory authorities define the occupational hygiene competence, in other countries there is no such regulation at all. It is therefore very important for IOHA to define standards of competence. One possibility is to create an international certification scheme for occupational hygienists. The disadvantage is, however, that establishing and maintaining a certification system is expensive. And those who want to be certified must pay for these costs. Many competent occupational hygienists will not be able to afford such an international certificate. IOHA has, therefore, chosen to recognise occupational hygiene certification systems. During the past year the IOHA Board has approved the criteria and procedure for recognition of national accreditation schemes. This made it possible to formalise the recognition of the American and British scheme. Those schemes were already assessed during a pilot period. The Dutch certifying body's scheme is currently being reviewed by the relevant IOHA Committee.

Contacts with other organisations

Part of the efforts to promote occupational hygiene worldwide and to promote its place in occupational health care is by contacts with related international organisations. Examples are the International Commission on Occupational Health (ICOH), the International Ergonomics Association (IEA) and the European Committee for Standardisation (Comité Européen de Normalisation, CEN).

ICOH

There is a continuous exchange of information between the two organisations. ICOH was invited to the IOHA 2005 conference and ICOH has invited the IOHA to actively contribute to the ICOH 2006 Conference in Milan, Italy. IOHA will contribute to the topics control banding and certification.

Within WHO CC activity Area 5: development and expansion of occupational health services ICOH and IOHA work together.

IEA

Also with IEA there is a continuous exchange of information. The IEA has invited IOHA to contribute to the IEA 2006 Conference in Maastricht, the Netherlands.

CEN

IOHA has a formal cooperation status with the CEN for two of its Technical Committees. CEN gives the IOHA the opportunity to comment on draft standards, which are disseminated among those Board members interested, providing valuable information to anticipate future developments.

Contacts within IOHA

For a world-wide organisation like IOHA the internet is an invaluable tool. IOHA has a website, www.ioha.net and a newsletter, which is also posted on the website. In addition, there is a triennial international conference.

The IOHA board has met twice, in May in Anaheim, USA, and in September in Pilanesberg, South Africa.

IOHA website

The IOHA website is the key tool in exchanging information between IOHA and its member organisations, as well between IOHA and individual occupational hygienists. It contains information about activities, "who is who", reports and much more. The website is visited about 15 000 times per month.

IOHA Newsletter

The IOHA Newsletter is issued three times each year and contains information from member organisations, as well as from ILO, WHO and CEN.

Conferences

The 6th IOHA conference was held in Pilanesberg, South-Africa, with approximately 300 delegates, just after my term of presidency.

The IOHA Board has assigned the 7th conference to Taiwan from 18 to 22 February, 2008, in Taipei.

Co-operation Committee

Two years ago, IOHA structured its co-operation activities in a committee. This makes it easier to set priorities when assigning scarce time and resources and to deal with questions of co-operation in an efficient way. IOHA has been able to send a representative to the occupational hygiene conference in Brazil and to present a paper at the conference. IOHA was also represented at occupational hygiene conferences in Taiwan and Malaysia, and at the 10th International Conference on Occupational Respiratory Diseases in Beijing, China.

An important task of the co-operation committee is to promote the occupational hygiene profession where no national organisation exists and to help develop the occupational hygiene discipline and preventative action in these countries. One way is to stimulate establishing professional occupational hygiene organisations. In the past, there have been

contacts with India, South Korea and Indonesia. Regretfully, no developments have taken place in the past year. A Chinese delegation attended the IOHA Board meeting in Pilanesberg as observers. Information about developments on occupational hygiene has been exchanged.

Incorporation

The importance of incorporation was explained in the 2003/2004 report: *“As IOHA becomes more complex and increases its influence, we need to take steps to protect the organization and its member organizations in an increasingly litigious world. As a result, we are pursuing obtaining charitable status as a company limited by guarantee, in the British jurisdiction. This has meant refining our by laws and drafting Articles and Memorandum of Association that comply with the Companies Act. We are close to completion of this complex task, and IOHA will be the safer for it.”*

The IOHA Board has accepted the new corporate structure for the IOHA and the new structure will be effective as soon as possible.

Conclusions

The past fifteen months have been a busy and productive period. The positive evaluation of the work within the framework of the WHO Collaboration Programme may be considered as recognition and a reward for all efforts from many people within the Association. A first step has been taken to include the occupational hygienist profession in the International Standard Classification of Occupations. This will raise the profile of occupational hygiene and of the occupational hygienist.

I want to thank everybody who has contributed to these successes. Heather Jackson, my predecessor, who has excellently introduced me into the complicated matter of what an international organisation is; David Zalk, for his continuous efforts for Control Banding; the IOHA Board members, especially the chairs of the Committees and the officers Tai Wa Tsin and Paul Swuste; Berenice Goelzer and David Bloor for their invaluable contribution to the internal communication within the Association, and Pamela Blythe and her staff at the IOHA Secretariat, for their outstanding support.

It was an honour to serve 15 months as the President of this organisation of dedicated professionals.

Oegstgeest, 27 September 2005
Ton Spee
E-mail: spee@arbouw.nl

Occupational Hygiene in the International Standard Classification of Occupations

Description of the occupational hygiene profession for the International Standard Classification of Occupations (ISCO)

Sent by Ton Spee and Tai Wa Tsin

The International Labour Organisation (ILO) periodically issues a list of occupations, the International Standard Classification of Occupations (ISCO). The latest issue dates from 1988 and last year preparations have been made to come to an updated list.

The ISCO is primarily for statistical purposes. Censuses of amounts of practitioners of professions in member states of the ILO are based on this list. On the other hand, the list contains a description of all professions listed which makes it an international standard catalogue of professions. It is therefore important to have a description of the occupational hygiene profession on this list. This will raise the profile of occupational hygiene as well as that of the occupational hygienist.

The occupational hygienist was not on the ISCO-88 list. The IOHA has taken the initiative to submit a description of the profession to the ILO. The first draft of it was discussed in the June 2004 IOHA Board meeting. All IOHA members had the opportunity to comment on the draft. After a voting on the name of the profession, the description was submitted to the ILO in October 2005, on time for discussion in the Technical Committee. The name of the profession is “occupational hygienist”, with “industrial hygienist” as a synonym. The description, as submitted to the ILO, can be found in the Annex.

The development of the new ISCO list involves several consultations and voting among the member states. At this moment, it is expected that the new list will be effective as from 2008.

Annex: Inclusion of the profession “occupational hygienist” in the International Standard Classification of Occupations (ISCO) 2008

1. The title – Occupational hygienist

Occupational Hygiene is the discipline of anticipating, recognising, evaluating and controlling health hazards in the working environment with the objective of protecting worker health and well-being, and safeguarding the community at large. Such health hazards may include biological, chemical, physical and ergonomic issues in the workplace environment. The training of occupational hygienists at professional level basically requires a postgraduate degree in universities. Their roles involve mainly the monitoring of workplaces, research and development of methods for assessment, prevention and control of hazards. The term “occupational hygienist” is sometimes inter-changeable with the title “industrial hygienist” but the former often covers a wider perspective in their professional practice.

1.1. Proposed digit code at professional level

The best fit seems to be in sub-major group 22X, i.e. at professional level of life science and health group, and among the health professionals (i.e. 222X for doctors, dentists, etc.) For finer details, we recommend both titles – occupational hygienist or industrial hygienist.

to be listed in a new code e.g. 2225 if relevant. Alternatively, the term industrial hygienist be placed in level 5 or 6 and classified in the general code number 2229 if the numbering is already full.

2. Draft definition of Occupational Hygienists

2225 Occupational hygienist (a new proposed code and title)

Occupational hygienists conduct research, develop concepts and operational methods, and design and apply primary preventive measures at the workplace.

Tasks include:

- (a) anticipating and identifying exposure to hazardous agents at the workplace, predominantly of chemical, physical or biological origin and, subsequently developing an adequate assessment strategy to characterize exposure;
- (b) evaluating work processes and methods from the point of view of the possible generation and release/propagation of potentially harmful agents, with a view to eliminating exposures or reducing them to acceptable levels;
- (c) evaluating common health risks associated with exposure to hazardous agents at the workplace and performing a risk assessment for these agents;
- (d) describing the health hazards that may result from work processes, operations and equipment, and advise accordingly on planning and design for control of such hazards;
- (e) giving advice on planning and design of control measures, to supervise their implementation and to evaluate their effectiveness, alone or in collaboration with other specialized professionals;
- (f) advising on formulation of and compliance to the legal framework for working conditions and consequent actions necessary;
- (g) providing education, information, training, and advice to persons at all levels on aspects of occupational hygiene and hazard communication;
- (h) participating in overall risk assessment and management of an agent, process or workplace, and making a contribution to the establishment of priorities for risk management of agents with occupational or environmental impact.

Examples of the occupations classified here:

- occupational hygienist in various trades (health care sector, factories, office work environment, law enforcement, army service, etc.);
- industrial hygienist in industrial environment (usually refers people working mainly in mines, construction sites, manufacturing sectors, etc.);

Respiratory Protection and Prevention of Avian Influenza

Sent by T. W. Tsin, IOHA President

As from the recent reports, we understand that avian flu can be transmitted from live birds to people, although transmission between humans is inefficient. The findings indicate that humans could be directly infected with purely avian influenza virus (H5N1) and thus also may serve as the “mixing vessel” for the exchange of virus genes added significance to the pandemic potential of H5N1.

It is important to effectively protect the public at large from the possible infection. Two groups of workers have been identified at the greatest risk – the poultry workers or the personnel, who are doing the culling of birds and in direct contact with the immediate source, and healthcare workers, who will be the first to encounter the patients infected by the highly pathogenic Avian Influenza (HPAI). They are in the different frontier but they are all trying to confine and eliminate the problems.

From the current knowledge, the transmission of the disease to human could be through direct contacts to droplets and airborne in nature. Respiratory protection together with other means of control is important to reduce the biological exposure. As a last line of defence, the application of respiratory protection is vital because the workers have to face various sources of contamination during “normal” work activities. At present, there are a number of choices for respiratory protection of people at large – from surgical mask to N95 or equivalent respiratory protective equipment (RPE), or powered air particulate filter respirator (PAPR), etc. Such devices may be applied at different situations. Therefore, the proper selection and correct use of the equipment should be emphasised. There are limitations or rather precautions to be taken while people are in use of the selected equipment. For examples, the design of surgical mask does not consider the facial fitness and therefore it cannot protect people from the airborne hazard. People not get used to the N95 however would try to take off the respirator at intervals or de-form its shape that would defeat the purpose of facial fitness. On the other hand, the donning and doffing of the equipment should be performed carefully to avoid unnecessary contact of the contaminated surface. Preliminary disinfection of heavily contaminated surface may help to reduce the hazard before taking off the protective equipment.

In implementing the preventive measures for the control of the potential hazard, instruction and training in the use of the equipment for the frontline workers are essential. In order to reduce the risk, workers must understand the proper functions of the equipment they have and avoid the unnecessary exposure. One should be aware of the change of heavily contaminated equipment during the work procedure. In the selection of N95 or equivalent respirators, fit testing is important. The fit testing procedure is not only served for selection but could be considered as part of the training for wearing of a respirator, because the wearer can then visualise his/ her performance of putting a respirator correctly on the face. An incorrect step of fixing the face piece could lead to a significant drop of the degree of protection. Therefore, think and act before you put on the gear for personal protection.



A choice between a surgical mask and a N95 respirator? It is not only a matter of choice but it is the precaution that one should take.

News from Members Associations

Japan Association for Working Environment Measurement (JAWE) - July 2005

***Sent by Dr. Masayoshi Karasawa, Executive Director,
The Japan Association for Working Environment Measurement
E-mail: director@jawe.or.jp***



The Japan Association for Working Environment Measurement, whose Chairman is Mr. KUNIOKI KUBO (Corporate Auditor of JFE Holdings, Inc.), conducted the seminar “Environmental Risk Management in the Workplace, FY 2005” on 5th July 2005, under a contract with the Japan International Cooperation Agency (JICA). There were eleven participants in the Seminar, from ten countries, namely: Bhutan, China, Dominican Republic, Fiji, Indonesia, Malaysia, Morocco,

Niue, Philippines, Serbia and Montenegro (see Photo).

During the Seminar, Mr. Masayoshi Karasawa, Executive Director of JAWE, presented “The Role of Working Environment Control for the Prevention of Occupational Diseases”, as well as the present state of occupational diseases in Japan. Next, Dr. Ayako Sudo, the Director of the Training Institute of JAWE, explained the system and activities of JAWE, as well as the registered training system for the Licensed Industrial Hygienists in the field of Working Environment Measurement in Japan.

In addition, Mr. Retsushi Tsukamoto, Director of the Business Department, presented the Financial Aid Scheme for the improvement of the working environment in small scale enterprises, the so-called “Dandelion Plan”, focusing on the improvements achieved through the working environment measurements funded by this Plan.

The “Dandelion Plan” is promoted by the Japan Industrial Safety and Health Association (JISHA), under the trust of the Ministry of Health, Labour and Welfare, Japan, with a view to supporting Employers’ Bodies themselves who organize small scale enterprises employing fewer than 50 workers and assist in the administration of the “Dandelion Plan”, as well as small-sized enterprises, which are making efforts to improve the level of occupational safety and health in their enterprises.

JAWE takes care, nationwide, of the evaluation of the results of the working environment measurements, which were funded by the Financial Aid Scheme (“Dandelion Plan”), contracted by JISHA. There were 1421 such results, nationwide, in the Fiscal Year 2003.

After the three above-mentioned sessions, JAWE invited the eleven participants, from ten countries, for a tour of the Association in order to present the facilities, equipment and analytical instrumentation of the JAWE Training Institute.

At the end of the Seminar, there was a Questions and Answers Session. The Seminar will continue in the next fiscal year, by the request of the Japan International Co-operation.

Japan Association for Working Environment Measurement (JAWE) and Japan Occupational Hygiene Association (JOHA) - Joint Conference and Exhibition on Occupational Hygiene and Working Environment Measurement 2005, Takamatsu, Japan, November 2005

Sent by Dr. Masayoshi Karasawa

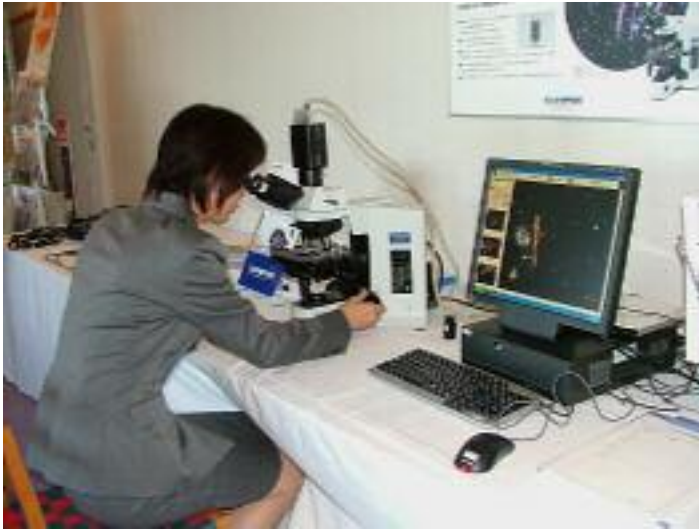
The Japan Association for Working Environment Measurement (JAWE), whose Chairman is Mr. Kunioki Kubo, Corporate Auditor of JFE Holdings, Inc. and the Japan Occupational Hygiene Association (JOHA), whose chairman is Dr. Haruhiko Sakurai, Professor emeritus of Keio University, held their "Joint Conference and Exhibition on Occupational Hygiene and Working Environment Measurement 2005" in Takamatsu", 9-11 November 2005. It was the first time that the Joint Conference was held in Shikoku Region of Japan.

The Joint Conference and Exhibition 2005 in Takamatsu consisted of three parts, namely presentations, symposium and exhibition.

There were 63 scientific presentations, as well as 15 manufacturers' presentations. The scientific presentations reported on research in occupational hygiene and working environment measurement, and included topics such as: a new type of asbestos sampler, using electrostatic sampling which can be combined with the Dispersion Staining Analysis of asbestos; study of an identification method as well as a classification by states of oxidation of metal oxides in welding fumes; difference of mass concentration as well as contents of free silica by types of particle size selective samplers; asbestos concentration in the working environment in construction sites where construction materials containing asbestos were being cut, and many others.

The manufactures' exhibits presented new analytical instruments and apparatus such as: new types of phase-contrast and polarizing optical microscopes for asbestos analysis, equipped with the new 40-power dispersion object lens (developed for asbestos analysis, for the first time in the world, by two manufacturers in Japan); particle size-selective sampling apparatus; sampling pumps; detector tubes, and, new personal computer systems to assist in working environment measurements, Personal protective equipment and clothing were also exhibited.





The joint symposium theme was “The Present Status and Trend regarding Asbestos problems”. It was planned in order to deepen the understanding as well as to cope properly with the asbestos problem that became suddenly one of the most serious social problems in Japan. Around the end of last June, it was brought to light that many workers were suffering from lung cancer, mesothelioma, and other related diseases due to asbestos, to which they were exposed in a large factory (manufacturing asbestos-containing products), located in the

western territory, and in many other factories, construction sites, dock yards, etc., where asbestos was present. According to a special nationwide study, conducted by the Ministry of Health, Labour and Welfare, Japan, the number of victims, who suffered from diseases due to asbestos and were compensated by the Workers Compensation Insurance Act in Japan, in the past, reached 739 (including 37 self-employed persons etc., who were compensated in accordance with the special provision regarding the entry to the insurance system by the Act.). Therefore, the Government of Japan organized the Ministerial Meeting concerning asbestos problems since last July, in order to properly cope with it.

In the Joint Symposium, there were four presentations, namely: “The course of enactment and enforcement of the Ordinance on the Prevention of Hazards due to asbestos and its relation to the asbestos problem, present and future”(by Mr. Kazunori Nagano, from the headquarters of the Ministry of Health, Labour and Welfare);“The influence of asbestos on health”(by Dr. Kenji Morinaga from the National Institute of Industrial Health); “The pre-study and the competent person certified by the Japan Asbestos Association to diagnose whether asbestos is contained, used, or not” (by Mr. Masayuki Tomita, from the Japan Asbestos Association), and, “Measurement of airborne asbestos and the analysis of asbestos content in weight in construction materials”(by Mr. Yoshihito Konishi from JAWE). A discussion on these topics followed, conducted by Professor Norihiko Kohyama (Toyo

University) and Professor Toshio Nagoya (Waseda University).



In the evening of the second day, the Reception for Exchange was held; it was opened with welcoming speeches by Dr. Toshikazu Nakagawa, Chairman of the Organizing Committee of JOHA and by Mr. Shouichi Fuke, Chairman of the Organizing Committee of JAWE. Mr. Tomiya Nakamura and Mr. Shinichiro Oosaki addressed congratulatory messages.

The Joint Conference was attended by more than 300 participants, as well as guests including from the Headquarters of the Ministries of Health, Labour and Welfare, as well as from Kagawa Prefectural Labour Bureau.

The next Joint Conference on Occupational Hygiene and Working Environment Measurement will be held in Sendai City, located in Tohoku Region of Japan, from 15th to 17th, November 2006.

The following Japanese experts in occupational health, among many others, participated in this event:

Dr. Tsutomu Takata, Professor emeritus of Kitasato University, as the Vice Chairman of JAWE

Dr. Chikahisa Yamada, Kyoto Industrial Health Association, as the Vice Chairman of JAWE

Dr. Haruhiko Sakurai, Professor emeritus of Keio University, as the Chairman of JOHA

Mr. Kazunori Nagano, from the headquarters of the Ministry of Health, Labour and Welfare, Japan

Dr. Kenji Morinaga from the National Institute of Industrial Health

Mr. Masayuki Tomita, from the Japan Asbestos Association

Mr. Yoshihito Konishi from JAWE

Professor Norihiko Kohyama, Toyo University

Professor Toshio Nagoya, Waseda University

Dr. Toshikazu Nakagawa, Chairman of the Organizing Committee of JOHA, President, Tokushima Prefectural Medical Association

Mr. Shouichi Fuke, Chairman of the Organizing Committee of JAWE as the chief of Shikoku Branch of JAWE, and also, Office Manager of General Health Promotion Centre, Shikoku Electric Power Co. Inc.

Mr. Tomiya Nakamura, Head, Office of Working Environment Improvement, Ministry of Health, Labour and Welfare, Japan

Mr. Shinichiro Oosaki, Director General, Kagawa Prefectural Labour Bureau

News from the ILO

Discussion on the silicosis elimination agenda at the IOHA Scientific Conference 2005

“The ILO/WHO Global Program for the Elimination of Silicosis (GPES) was enthusiastically discussed and supported by the Conference. To-date, the implementation of GPES is making good progress. The national action programmes have been established in Brazil, China, India, South Africa, Thailand and Vietnam, many countries have intensified their preventive efforts and there are currently 47 major national projects being implemented within its framework. The Conference noted that the activities to promote wider application of engineering controls and industrial hygiene methods (primary prevention) had been difficult because of low capacities in developing countries to use them due to limited expert advice and funds available for industrial hygiene measurements and controls. This gap is hopefully to be bridged with the development of the International Occupational Risk Management Toolbox.

It contains toolkits, such as the Silica Essentials Toolkit, where control guidance sheets propose low-cost simple solutions for hazard control in typical work situations in developing countries. This makes it especially valuable for developing countries where the majority of the workforce exposed to silica dusts is employed in the informal sector and small-scale industries. The Toolbox also incorporates the guidance provided by the Globally Harmonized System for the Classification and Labelling of Chemicals (GHS). Its application

for a wider control of silica hazard through joint efforts of the ILO, WHO, IOHA, and competent national bodies will represent an asset in the global silicosis elimination campaign.”

XVIIth World Congress on Safety and Health at Work

This year, the theme of this Congress, held from 18 to 22 September 2005 in Orlando, Florida, United States, was “Prevention in a Globalized World - Success through Partnerships”. The Congress was hosted by the National Safety Council and jointly organized by the NSC, ILO and ISSA.

Vision of the XVIIth World Congress on Safety and Health at Work Prevention: Today's value for tomorrow's world

Occupational safety and health professionals, employers and workers in both the public and private sector, social security representatives, policymakers and administrators, representing over 110 countries, gathered in Orlando, Florida, United States from 18 to 22 September 2005 for the *XVIIth World Congress on Safety and Health at Work*, jointly organized by the International Labour Office (ILO), the International Social Security Association (ISSA) and the National Safety Council (NSC). The Congress emphasized the critical importance of safety and health at work in a globalized world.

The following points should be kept in mind:

1. Globalization must go hand in hand with preventive measures to ensure the continuing health and well-being of individuals at work.
2. The right to the highest achievable standard of safety and health at work is fundamental. Work can only be decent if it is safe and healthy.
3. Safety and health at work should be an integral part of doing business in both large and small enterprises and in the informal economy. It should be aligned with other organizational objectives, as attention to safety and health at work has extensive benefits in social and economic terms.
4. Furthermore, safety and health at work needs to be placed high on national agendas, promoting national safety and health programmes and generating a preventive safety and health culture in both the public and private sectors.
5. Prevention systems, laws, regulations and means of enforcement should be put in place at all levels, with a management cycle calling for continuous monitoring and improvement.
6. Once safety and health policies are developed, strategies towards success must be put in place. Leadership is essential to implementing successful prevention strategies. These policies and strategies need to be supported by effective information, training and education.
7. Everyone involved in and responsible for safety and health at work needs to collaborate to put the prevention of accidents and diseases in the forefront of societal concerns.

ILO Code of practice - Safety and health in the iron and steel industry*

This new ILO Code, which reflects the many changes in the industry, its workforce, the roles of the competent authorities, employers, workers and their organizations, and on the development of new ILO instruments on occupational safety and health, focuses on the

production of iron and steel and basic iron and steel products, such as rolled and coated steel.

The Code addresses different operations commonly used in the production of iron and steel- from coke ovens to steel furnaces and foundries, to rolling mills, coating lines and recycling. It also covers transport, competence and training, personal protective equipment, emergency preparedness, and special protection and hygiene issues. Each section describes hazards, assesses risk and provides guidance on eliminating or controlling risk.

Where appropriate, the Code draws on relevant parts of existing ILO instruments, including: *Occupational safety and health in the iron and steel industry* (Geneva, 1983); *Safety in the use of chemicals at work* (Geneva, 1993); *Management of alcohol- and drug-related issues in the workplace* (Geneva, 1996); *Technical and ethical guidelines for workers' health surveillance* (Geneva, 1998); *Guidelines on occupational safety and health management systems* (Geneva, 2001); *Safety in the use of synthetic vitreous fibre insulation wools (glass wool, rock wool, slag wool)* (Geneva, 2001); *Ambient factors in the workplace* (Geneva, 2001); *HIV/AIDS and the world of work* (Geneva, 2001); and *Safety and health in the non-ferrous metals industries* (Geneva, 2003).

The annexes include information on hazard identification, risk assessment and control and, drawn from relevant ILO instruments, information on workers' health surveillance, surveillance of the working environment and on establishing an OSH management system. There is also information on exposure limits.

This Code is not intended to replace national laws or regulations or accepted standards. It is drawn up with the objective of providing guidance, in accordance with the provisions of national laws and regulations. It is addressed in particular to governmental and public authorities, employers and workers and their organizations as well as management and safety and health committees.

The provisions of this Code of practice should be read in the context of the conditions in the country proposing to use the guidance it contains, the scale of operation involved and technical possibilities. In this regard, the needs of developing countries are also taken into consideration.

* International Labour Office, Geneva, 2005

Materials and information from the ILO can be found at:

<http://www.ilo.org/public/english/protection/safework/>

News from WHO

Global Network of the WHO Collaborating Centres in Occupational Health - 2006-2010 Work Plan

A meeting to develop the structure and content of the new 2006-2010 Work Plan for the WHO Global Network of Collaborating Centres in Occupational Health was held in Johannesburg, South Africa from 16-17 September 2005, just prior to IOHA 6th Scientific

Conference. The National Institute of Occupational Health hosted the meeting. There were over 30 delegates from different regions discussing future collaborative activities and their implementation. Delegates included the Network Advisory Committee (NIOSH, NIWL, ICPS, FIOH) and Planning Committee (chairs of the 15 task forces of the 2001-2005 Work Plan), IOHA, ICOH and the ILO. IOHA has been closely involved with the WHO CC Network; Dave Zalk, Past IOHA President and Board Member, has participated in task forces and working groups.

As T. W. Tsin, IOHA President, mentioned: "In the Work Plan 2001-2005, there are 15 tasks forces with over 355 projects; some have been highly successful and provide good examples to learn from. Looking at the draft of the Work Plan for the next five years, WHO will be focusing very much on primary prevention. IOHA will continuously support WHO activities, including concerning some important areas like practical approaches to reduce occupational risks and basic occupational health services. The Johannesburg meeting was very productive and has provided a solid foundation for constructing the Global Network 2006-2010 Work Plan."

Specific topics included: the establishment of the Six Activity Areas that will constitute the structure of the Global CC Network Work Plan 2006-2010; the selection of the temporary managers, deputy managers and advisors for each Activity Area, as well as the elaboration of their Terms of Reference; the elaboration of Criteria for Projects within the 2006-2010 Work Plan; a Timetable for Actions, and an update on changes in the WHO Leadership. The results of the meeting and structure of the Activity Areas were sent to all CC Directors following the meeting, and projects that fit the criteria and subject areas were requested to be submitted to WHO by December 15. The temporary managers will then work with the projects and the CCs to finalize the set of projects by 28 February 2006 for distribution to the Global CC Network for review. The final Work Plan will be approved at the Seventh Network Meeting of the WHO Collaborating Centres in Occupational Health in Stresa, Italy on 8-9 June 2006, in conjunction with ICOH 2006, to be held in nearby Milan from 11-16 June 2006.

Each of the six Activity Areas will include multi-centre projects. Targets will be established and Indicators will be elaborated to monitor the progress of the projects.

The Six Activity Areas

The Six Activity Areas, within the Work Plan 2006-2010, of the Global Network of the WHO Collaborating Centres in Occupational Health are:

- AA1 - Global situation analysis
- AA2 - Evidence for action, and national policies and action plans
- AA3 - Practical approaches to identify and reduce occupational risks
- AA4 - Education, training, and technical materials
- AA5 - Development and expansion of Occupational Health Services
- AA6 - Communication and networking

Activity Area 1: Global situation analysis

The goal of this activity area is to provide a picture of how the ongoing globalization and changing employment patterns are influencing occupational safety and health. The work will have three phases:

1. A description of the ongoing globalization and changing employment patterns.
2. An analysis of how these changes have influenced the prerequisites for occupational safety and health.
3. The identification of actions to be taken, in order to consider creative ways and means to ensure that the required prerequisites for good health and safety are met, always accounting for an ever changing socio-economic and working world. The actions are related to and, whenever possible and feasible, integrated with the outcomes of other activity areas of the Work Plan.

Activity Area 2: Evidence for action to support national policies and action plans

The goal of this activity area is to enhance the global understanding of occupational health, in order to influence decision makers regarding activities that help to support national, regional and global policies, as well as to assist in the delivery of plans to achieve the desired goals in workers' health. This is to be achieved through the collection of information to reinforce or develop the evidence base required to support the need for better occupational health and safety programmes, as well as through the identification and sharing of best preventive approaches and practices.

It is hoped that multi-centre projects will help to collect national occupational health and safety profiles, thus enabling a better analysis of the global situation. Important aspects also include the development of indicators for occupational health and surveillance programmes, the promotion of the required research, and, most important, the translation of knowledge into actions that effectively protect workers' health.

Activity Area 3: Practical approaches to identify and reduce occupational risks

The goal of this activity area is to improve working conditions through the development and implementation of simplified risk reduction tools and methods. David Zalk (IOHA) is particularly involved with this activity area.

Over the years, a need for practical procedures and tools for the management of occupational health and safety has been identified by international organization, such as WHO, backed up by its Network of Collaborating Centres in Occupational Health. Such procedures and tools (whose characteristics include simplicity, easy access, cost effectiveness, participation, practicality, awareness raising) should be suitable for use in developing countries and countries in transition, as well as in small and medium-sized enterprises (SMEs). One of such pragmatic approaches is the "control banding" (HSE COSHH Essentials), which was the basis for the development of the International Chemical Control Toolkit and others that are following. Using simplified risk reduction approaches as a guide, this activity area aims at the development of tools and methods for the management of occupational risks that will be useful globally, especially in contexts such as SMEs and developing countries. Projects will address such issues as chemicals, silica,

ergonomics, safety and psychosocial risk factors, and will focus on sectors that include construction, health care and agriculture.

Moreover, this activity area will promote the wide dissemination and evaluation of these pragmatic methods, especially in contexts where expertise is missing. Activities will include the development of toolkits and toolboxes through multi-centre and global projects.

Activity Area 4: Education, training and technical materials

The goal of this activity area is to build and strengthen national capacities in human resource development. It will also provide education and training support to other activity areas, particularly Activity Area 3.

This activity area covers education and training at all levels; it will include the identification, adaptation (when needed) and dissemination of existing education and training materials, models and programmes, support to the development of additional technical and training materials, curriculum development, implementation of technical, undergraduate and graduate academic courses and programmes, promotion of continuing education and short courses for professional development, and training for labour inspectors, employers and workers, as well as for trade union members. The “train the trainers” approach will be favoured in different programmes. It is expected that these objectives will be achieved through a variety of mechanisms, based on collaborative relationships with and among WHO CCs in developed and developing countries, always focusing on occupational health issues that are of regional or global importance.

Activity Area 5: Development and expansion of Occupational Health Services

The goal of this activity area is to promote and support the development and expansion of occupational health and safety services as part of public health services, by strengthening their infrastructure, elaborating models and developing good practices. It also aims at doubling the number of workers who have access to occupational health services by the end of 2015.

Specific activities in this area will be planned and implemented by the WHO Collaborating Centres, in close collaboration with relevant national authorities and organizations, as well as with WHO and the ILO regional offices. At least one regional multi-centre network project will be established in each continent to develop and expand occupational health services in the participating countries.

Activity Area 6: Communications and networking

The goal of this activity area is to establish, maintain and enhance the communications capacity of the WHO Global Network of Collaborating Centres in Occupational Health and the respective Activity Areas of the 2006-2010 Work Plan, through actions such as:

- to support the development of effective communication strategies and tools, as well as to stimulate and enhance networking for the sharing and dissemination of knowledge and skills;

- to encourage and support the promotion and marketing of scientific information products, with special emphasis on the identification and promotion of best practices;
- to work collaboratively with all activity areas in order to support and encourage resource mobilization (including the identification of the required strategies and tools), with a view to adequately funding occupational health research and related activities.

This activity area will also endeavour to include the interests and activities of other global or regional programmes in OH training and capacity building, for the best utilisation of resources.

One of the main aims of the WHO Global Network of Collaborating Centres in Occupational Health has been the gathering and dissemination of occupational health information, for the benefit of all interested parties. This activity area will cover various aspects pertaining to the establishment of a communication network, which will serve as a resource of knowledge and skills in the field of occupational health. The network will also seek to disseminate best practices concerning communication skill building (communications research, media marketing of organizations, campaigns for specific projects, access to related free services).

Further information can be obtained from the Global Network Co-Coordinator, namely: Dr. Gerry Eijkemans, WHO, Geneva (E-mail: eijkemansg@who.int) and Dr. Marilyn Fingerhut, NIOSH, USA (E-mail: maf2@cdc.gov).

Materials and information from WHO can be found at:

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

News from the European Union

REACH

The IOHA Newsletter of July 2003 presented an article (sent by Kurt Lechnitz) on “EU-Commission and the REACH System”. As most of you probably know, **REACH** is a single, integrated system for the **R**egistration, **E**valuation, and **A**uthorisation of **C**hemicals.

REACH, a new EU regulatory framework, was proposed by the Commission on 29 October 2003, with the aim of improving the protection of human health and the environment through better and earlier identification of the properties of chemical substances. The good news is that the REACH legislation was voted and accepted by the European Parliament on 17 November 2005.

The REACH proposal gives greater responsibility to industry to manage the risks from chemicals and to provide safety information on the substances. Manufacturers and importers will be required to gather information on the properties of their substances, which will help them manage them safely, and to register the information in a central database.

The benefits of the REACH system will come gradually, as more and more substances are phased into REACH.

A Chemicals Agency (based in Helsinki) will act as the central point in the REACH system: it will run the databases necessary to operate the system, co-ordinate the in-depth evaluation of suspicious chemicals and run a public database in which consumers and professionals can find hazard information.

Much information on the voting in the European Parliament, discussions and outcomes, as well as many interesting related papers and reports are available online (just Google "Reach").

REACH - International Workshop

It should be mentioned that the British Occupational Hygiene Society (BOHS), in collaboration with the Belgian Society for Occupational Hygiene (BSOH), held an important 2-day workshop entitled ***"REACH: Implications and Opportunities for the Practice and Profession of Occupational Hygiene"***, in Brussels, on 14-15 December 2005. This workshop, which brought together experts in the field of occupational hygiene and policy makers, aimed at discussing how occupational hygiene can contribute to the effective implementation of the worker protection requirements of REACH, as well as how to prepare the profession to make the best use of these opportunities and to consider the consequences for occupational hygiene competency.

REACH will introduce a completely new regulatory framework in the EU for the management of dangerous substances and preparations. In particular, new approaches are foreseen for chemical safety assessment and communication of risk management measures along the supply chain. As exposure assessment and control are core activities within the REACH framework, its introduction will have important implications and opportunities to improve the profile and status of the occupational hygiene profession.

More details can be found at the BOHS site: www.bohs.org (there will be more material from this very recent meeting in due course).

Ensuring the health and safety of workers with disabilities

Sent by Kurt Lechnitz

E-mail: Kurt.Lechnitz@t-online.de

Based on EU regulations, the EU Commission has issued information how health and safety of workers with disabilities can be ensured (*).

People with disabilities should receive equal treatment at work. This includes equality regarding health and safety at work. Health and safety should not be used as an excuse for not employing or not continuing to employ disabled people. In addition, a workplace that is accessible and safe for people with disabilities is also safe and accessible for all employees, clients and visitors. People with disabilities are covered by both European anti-discrimination legislation and occupational health and safety legislation. This legislation, which the Member States implement in national legislation and arrangements, should be applied to facilitate the employment of people with disabilities.

Health and safety legislation requires employers to carry out risk assessments and bring in suitable preventive measures. The priorities are to eliminate risks at source and adapt work to workers. In addition to these general requirements that apply to all risks and workers, employers are required to:

- protect particularly sensitive groups against the dangers which specifically affect them;
- organise workplaces to take account of handicapped workers, if necessary (This provision applies in particular to doors, passageways, staircases, showers, washbasins, lavatories and workstations used or occupied directly by handicapped persons.);
- make available work equipment that is suitable for the work and may be used by workers without impairment to their safety and health.

Anti-discrimination legislation can also require adaptations to work and the workplace resources. Employers are required to provide:

- reasonable accommodation for people with disabilities, to enable them to have access to, participate in, or advance in employment or undergo training;
- effective and practical measures to adapt the workplace to the disability, such as adapting premises and equipment, patterns of working time, the distribution of tasks or the provision of training or integration resources;
- psychosocial hazards such as stress or bullying;
involvement of employees and worker representatives, including consulting them about the risks and prevention meet their duties under health and safety and anti-discrimination
- legislation.

All stages of the risk management process need to take account of anti-discrimination approaches so that work environments, work equipment and work organisation are changed or adapted where necessary to ensure that risks and discrimination are removed or at least minimised.

General, or generic, risk assessments may also need to take account of individual workers' differences. It is important neither to assume that all workers are the same nor to make assumptions about health and safety risks associated with a particular disability, for example:

- identify groups of workers who might be at greater risk; and make a specific assessment of the risks to them, taking account of both the nature and extent of the disability and the working environment;
- take account of people's abilities when planning work - disabled workers often have special skills, which should not be lost because of poorly adapted working conditions;
- consult the individuals concerned during the risk assessment process;
- seek advice as necessary (this may be provided by occupational safety and health (OSH) services and authorities, health professionals, safety professionals and ergonomists, disability employment services or disability organisations.

A sensible approach that employers may wish to adopt is, firstly, to look at what measures are required under anti-discrimination legislation. Then consider what, if any, additional measures are needed to meet health and safety requirements.

Prevention: The guiding principle for prevention is to fit the job to the worker, and not the worker to the job. Preventive measures may include: changes to the job, working hours, equipment, instructions, environment, procedures, etc.; assistive technology; and training. The employer should discuss the measures with the disabled person, as the individual is usually the best person to identify what is needed.

* European Agency for Safety and Health at Work: Facts 53. (ISSN 1681-2123)
Site: <http://agency.osha.eu.int>

Upcoming Events

AIHce 2006, May 13-18 and VENT 2006, May 13-16; One trip/Two events!

At the American Industrial Hygiene Conference and Exhibition (AIHce 2006) there will be two excellent events occurring at the same time in the windy city of Chicago, Illinois. The first is the AIHce 2006, continuing its role as a forum to learn, to stretch your mind, and rejuvenate your skills. Sessions are designed for OEHS professionals, like you, looking for knowledge and practical ideas to solve everyday problems. In addition to AIHce 2006 there will also be the 8th International ventilation conference VENT 2006; Practical Applications of Ventilation for Emission and Exposure Control. Join prominent researchers, designers, equipment suppliers, engineers, practitioners, and government officials to explore the latest developments in ventilation-related emission and exposure controls. More information can be found at the web address below and looking forward to seeing many of you there!

<http://www.aiha.org/Content/CE/aihce/aihce.htm>

ICOH 2006

Message from Bob Orford, MD, MS, MPH, FACOEM, ICOH National Secretary for the USA

“The Centennial International Congress on Occupational Health will take place from 11-16 June 2006 in Milan, Italy. Please plan to attend. Details are available online at the site: <http://www.icoh2006.it>.

For those who are ICOH members, please, note that in follow-up to the decision taken by Board Members during the ICOH Mid-Term meeting, and as announced in the ICOH Newsletter, a “Call for nomination for the election of ICOH National Secretaries for Triennium 2006-2008” was available; however, the nomination deadline was 11 September, 2005. A call for election of ICOH Board members has also been posted, at http://www.icohweb.org/news/call_elections.html.

If you are not already an ICOH member, please, consider joining. The cost is reasonable (90 Swiss Francs, or approximately \$78 USD for the coming year), and will give you a substantial discount on the registration fee (up to 100 Euros), if you plan to go to Milan. Membership information is available under the heading "Members" on the ICOH website at: <http://www.icoh.org.sg/>. You may also contact me directly."

11th International Hand-Arm Vibration Conference Message from Antonio Moccaldi, IS President

"The 11th International Hand-Arm Vibration Conference, organized by the National Institute of Occupational Safety and Prevention (ISPESL) and the Acoustical Society of Italy (MA), will be held in Bologna, Italy; in June 2007.

The past Conferences have been held in Dundee (Scotland, 1972), Cincinnati (USA, 1975), Ottawa (Canada, 1981), Helsinki (Finland, 1985), Kanazawa (Japan, 1989), Bonn (Germany, 1992), Prague (Czech Republic, 1995), Umeå (Sweden, 1998), Nancy (France, 2001) and Las Vegas (USA, 2004).

The above mentioned Conferences have significantly contributed to the body of the knowledge and public awareness of the many issues related to Hand-Arm Vibration Syndrome (HAVS). Research results published in the Proceedings of the Conferences have enhanced our understanding of the medical, epidemiological, ergonomic and engineering aspects of hand-arm transmitted vibration and have contributed to develop National and International Standards and Regulations.

The upcoming Conference will take place two years after the implementation of the European Directive 2002/44/EC in the national legislation. It will represent an important opportunity for evaluating preventive strategies to reduce worker's exposure to hand-transmitted vibration and for decrease the occurrence of HAVS in worker populations.

This multi-disciplinary Conference will provide a unique chance to exchange information between researchers around the world. Special emphasis will also be given to the preventive measures and the transfer of knowledge from the laboratory to tool manufacturers, researchers and occupational physicians in fields related to the medical, ergonomic, testing, engineering and legal aspects of HAVS.

On behalf of the International Advisory Committee, the Local Committees and the others who will assist in sponsoring the 11th International Conference on Hand-Arm Vibration, I wish to extend to you and to all your co-workers a cordial invitation to come to Bologna in June 2007 and to actively contribute to the success of the Conference.

I look forward to seeing you in Bologna in 2007.

Antonio Moccaldi, IS President

Istituto Superiore per la Prevenzione e la Sicurezza del Lavoro

Via Urbana 167, 00164 Roma, Italy"

Further information on the web site: www.associazioneitalianadiacustica.it

Research on Workplace Health and Safety: from the Core to the Margins

Sent by Julia Temple, Conference Coordinator, E-mail: jtemple@mun.ca

An international conference jointly hosted by SafetyNet and the Canadian Association for Research on Work and Health (CARWH), will be held on 7-10 June 2006, at the Memorial University, St. John's, Newfoundland & Labrador, Canada.

As the 4th symposium for CARWH and the 2nd conference for SafetyNet, this unique event will highlight issues and research that have been at the core of workplace health and safety (WHS), including occupational diseases, ergonomics, exposure assessment, work organization, workplace injury, compensation and regulatory issues, and knowledge transfer. In addition, there will be a special focus on issues that have tended to be marginalized in terms of research, policy and practice. These include issues associated with: women's work; seasonal or part-time work; work in rural and remote environments including single-industry towns; work in small businesses and from home; workers living in regions that lack adequate resources for research, prevention, diagnosis, treatment and compensation, and, immigrant and migrant workers. A one-day workshop on women's occupational health will be held on 7 June 2006, on the first day of the Conference.

More information: www.med.mun.ca/ohs2006/