



Letter from the Editor

Dear Colleagues,

Slowly but steadily, occupational health and occupational hygiene are increasingly included in broader health and environmental agendas. For example, this year the “XXVII Congreso Interamericano de Ingeniería Sanitaria y Ambiental” (Interamerican Congress of Sanitary and Environmental Engineering), held in Porto Alegre (which happens to be my hometown, from where I am writing now), Brazil, 3-8 December, included, for the first time, a Round Table on occupational health issues, entitled “Promoción de los Ambientes de Trabajo Saludables, una Prioridad para el Desarrollo Humano Sostenible en el Siglo XXI”. During this RT, it was made clear that, in order to have Healthy Workplaces and ensure sustainable development, occupational hazards must be prevented/controlled.

The importance of occupational hygiene is gradually understood, as people realize that no real success can be achieved in protecting and promoting workers’ health, as well as in protecting the general environment, while there is no proper hazard identification and primary prevention in the workplace. Nevertheless, the fight continues and I would urge our members never to miss an occasion to point out the indispensable role of our profession as part of the multidisciplinary occupational and environmental health teams.

We received some thought-provoking considerations from Paul Oldershaw, UK; although we deal primarily with the work environment, broader social issues cannot be overlooked and our profession must get ready to face these new challenges. Kurt Lechnitz sent news from the EU Agency - Bilbao. Both mention musculoskeletal injuries as key issues. It is interesting to note that here, in Brazil, this is also a serious concern. As an example, when Dr Maritza Tennessee, the regional adviser on occupational health for the Americas, PAHO/WHO, was recently here, we visited the Occupational Health Outpatient Clinic in our University Hospital and, along with cases of “old” diseases, such as silicosis and lead poisoning, a large number of musculoskeletal injuries are seen there everyday, often disabling even young workers.

I would like to draw your attention to two areas, on which I am happy to report activities in our part of the world, namely the development of occupational hygiene in Latin America and the Elimination of Silicosis in Brazil. In fact, the two are linked because, if occupational hygiene is not duly developed, silicosis will not be eliminated. As Alice Hamilton, the great pioneer in our profession said: “...obviously, the way to attack silicosis is to prevent the formation and escape of dust...” I am providing further details below and hope that similar initiatives will happen in other parts of the world; please, kindly keep me informed on these because it is important that we share experiences and enthusiasm. In fact, I would be most grateful to get any reports on activities, which are relevant to the development and practice of our profession.

An update on OSH-Management Systems, provided by the ILO, is certainly very timely and will be of great interest to all of you.

As the millennium really ☺ comes to an end, and a new one starts, my professional wish is that the wide knowledge and experience, accumulated so far in our field, be (at last !) efficiently applied in workplaces all over the world. I also wish ☺ for more contributions to the IOHA Newsletter. My personal wish is that all of you and your families enjoy a very Happy Christmas followed by a wonderful New Year, century and millennium.

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Considerations from Paul Oldershaw, UK

The key issues in the UK are concerned with getting a clearer focus on occupational health targets within the regulatory authority (HSE) and employers. Of particular concern are the levels of work related stress, and musculoskeletal injury - the latter being by far the biggest contributor to occupational ill health in both case numbers and “days lost”. Within the employment sector, the “health sector” is a target for action, as are construction and agriculture. The health sector is a particularly unhealthy area in which to work. This will not come as a surprise to many hygienists, but it does raise questions as to professional training and the role of the hygienist in a business, especially the handling of ergonomic issues. The UK has now embarked on a 10-year strategy to make significant reductions in these health problems.

There is an increasing realization of the challenges we will face as a consequence of an ageing population. In particular the lack of younger workers, and the probable lengthening of the working life. There are financial and societal pressures likely to lead to later retirement and increased part-time working. This, together with the availability of jobs in the service sector and the preponderance of females in the older population, raises concerns over gender issues and the potential for chronic disability through, for example, musculoskeletal injury. This picture of ageing is seen throughout Western Europe and indeed in many parts of the world. For example, Australia and the USA both face proportionately very large increases in their over 60s population. A recent report of the UK Government's 'Foresight' panel on ageing has explored the consequences for occupation and raises issues to which the occupational health sector will need to respond. The demographic changes are expected to be very great over the next 10-20 years. One that we will need to solve is how to get preventive support to an increasingly fragmented workforce, whose risks of ill health will not be the "traditional" diseases we have organized to deal with.

Musculoskeletal Disorders

Kurt Lechnitz sent interesting news from the EU Agency in Bilbao:

"Work-related musculoskeletal disorders are fast becoming the greatest health and safety challenge for Europe." This was the main conclusion of the European Week for Safety and Health at Work. Europe's competitiveness is being considerably reduced by the social and economic impact of this increasing work-related disorder.

Estimates in several Member States indicate that the overall costs could be between 0.5% and 2% of the Gross National Product, which is a significant burden on the EU economy. In the case of MSD prevention, it is clear that a healthy workplace could also contribute to a healthy business environment. Much of the pain and suffering and economic costs from MSDs could be prevented or significantly reduced by following existing health and safety regulations and guidance on good practice. In some countries MSDs are now the most prevalent occupational disease. According to a recent European survey 30% or 44 million of European workers complain of back pain, 17% complain of muscular pain in the arms and legs and 45% reported working in painful or tiring positions.

The European Union has adopted directives to protect workers and to improve safety and health at work, which include minimum requirements, aimed at preventing musculoskeletal disorders. The framework directive in 1989 (89/39 1), to improve the safety and health of workers, was a decisive step forward in this field. It imposes a duty on employers to ensure the safety and health of workers in every aspect related to their work. To this end, employers must, *inter alia*, evaluate the risks to safety and health at work and take action to reduce or avoid the risks and to adapt the work to the workers. Individual directives followed on manual handling, on VDU equipment, on work equipment, on machinery and on working time.

The risk of work-related MSD is increased by exposure to factors or combinations of factors such as manual load lifting, poor or awkward movements, highly repetitive movements, pace of work and vibrations. People are put at risk where their work involves unsatisfactory handling techniques or the loads they handle are excessive. Lifting, putting loads down, canying, pushing and pulling can all cause injury. Some people are also at risk because they work in uncomfortable positions doing forceful or repetitive tasks. One example is VDU equipment work, where people may work in a fixed position for prolonged periods with repetitive hand and wrist movements.

For more information about European Week for Safety and Health at Work 2000 see the website of the European Agency for Safety and Health at Work: <http://osha.eu.int/ew2000/>

News about the Elimination of Silicosis in Brazil

An "International Seminar on Silicosis" was held in Curitiba, Brazil, 6-10 November 2000. This was a very successful activity, preceded by two PDC's, namely on "Prevention and Control of Exposure to Dust" (based on the WHO document, which I described on our last Newsletter) and "Diagnosis of Silicosis" (based on the ILO International Classification of Radiographs of Pneumoconioses). Many interesting papers were presented including by colleagues from other Latin American countries, Italy and the USA (NIOSH, Morgantown). Some presentations were, in fact, very sad, showing how silicosis is still ravaging countless workers in Brazil, including very young ones. There were also very fruitful discussions and suggestions, summarized in a report (available in Portuguese), which will serve as a basis for the elaboration of a National Plan of Action in Brazil, aiming at the gradual elimination of this so known, irreversible, incapacitating and often fatal, but unfortunately still so prevalent occupational disease.

The proposals from the Curitiba Seminar were grouped under the following categories:

- Governmental Policy and Legislation
- Education, Training and Information, at different levels (including for policy makers, employers and workers, and, for occupational health professionals)
- Studies and Applied Research (both on the magnitude of the problem and on practical control solutions integrated into efficient and sustainable preventive programmes)

A first follow-up meeting already took place in Brasilia, in order to discuss the feasibility of a National Programme within the framework of the “Joint ILO/WHO Programme on the Global Elimination of Silicosis”, which was launched in 1995, aiming at the global reduction and eventual elimination of silicosis. The “Joint ILO/WHO Programme” includes the formulation of national, regional and global action plans, mobilization of resources for the application of primary and secondary prevention, epidemiological surveillance, monitoring and evaluation of results, as well as the strengthening of the required national capabilities (particularly for primary prevention and diagnosis/reporting of silicosis) and the establishment of national programmes. It will greatly rely on cooperation between industrialized countries, developing countries and international organizations, as well as NGO's. Further information can be obtained from the ILO, Geneva. Please, do not hesitate to ask me for more details, make comments or send information on similar initiatives in your countries.

Berenice Goelzer

Construction Workers

In most parts of the world, construction workers need more protection as they are exposed to a multiplicity of hazards, often uncontrolled. In view of the fact that this is a very mobile working population, primary prevention is the best, if not the only control solution because, if the workplace is made safe, then it is not so crucial that workers move around and cannot be located after the construction site is over. There is much room for the application of occupational hygiene in the construction industry. Very often, whenever dealing with the protection of construction workers, the focus is limited to accidents, which are always evident, while occupational diseases, such as silicosis, hearing loss and musculoskeletal disorders, are overlooked or not considered as occupationally linked.

The collection of health and safety data in the construction industry needs to be improved, if it is to pave the way for more efficient preventive programmes and allow for better monitoring of their progress. Moreover, collection of such data should be, as much as possible, internationally harmonized, to allow for inter-country comparability.

The International Construction Occupational Safety and Health Programme (ICOSH), part of the International Construction Institute (ICI), aims at strengthening health and safety programmes for construction workers around the world. The ICOSH has networks of unions, employers and support institutions, through which it promotes information exchange, training, applied research and technical assistance. Two major initiatives being presently developed are an *International Construction Data Collection Protocol* and a *Standardized Training Programme*.

ICOSH organized a meeting in Washington, DC, in September 2000, together with the International Round Table on Construction. Concerned safety and health professionals and policy/decision-makers were brought together, with the objective of discussing data collection and the preparation of profiles of the construction industry in different countries. Issues discussed included the need for harmonization in the collection of health and safety data, its feasibility, indicators for the construction industry and required future action.

An ICOSH Seminar on “Health and Safety of Construction Workers”, was also organized in Porto Alegre, Brazil, in December 2000, in order to promote awareness on the nature and magnitude of their health and safety problems, as well as on the possibilities for and benefits of efficient preventive action. It would be greatly appreciated if colleagues involved with this field, in different parts of the world, sent information on their ongoing activities and projects to: Berenice Goelzer (berenice@goelzer.net)

News from PAHO/WHO

Good news for our profession from PAHO/WHO, Washington, DC, where the Regional Adviser in Occupational Health for the Americas, Dr Maritza Tennassee, is a strong advocate for occupational hygiene. The Regional Workers' Health Plan gives great priority to primary prevention, as an essential tool to prevent occupational diseases and injuries, and mentions occupational hygiene as a key occupational health profession (see <http://www.paho.org>).

As you remember, the Conference on "Training and Education in Occupational Hygiene: an International Perspective", held in Luxembourg, 1986, as a joint activity by the European Commission, WHO and ACGIH, stimulated much thought about the need for international collaboration in this field. In order to promote and strengthen our profession worldwide, one of the first IOHA activities was to hold, jointly with WHO, a workshop on "Occupational Hygiene Training", in Geneva, in April 1989.

A significant landmark in the consistent development of occupational hygiene was the meeting held in WHO, Geneva, in 1991, jointly with EURO/WHO and with collaboration from the European Commission and IOHA. The outcome of this meeting was the publication, in 1992, of "Occupational Hygiene in Europe - Development of the Profession". This was a historical step since, for the first time, consensus was reached in Europe on the profile of the occupational hygienist and the required areas of knowledge. The creation of graduate occupational hygiene courses in some European countries followed this international activity, which has certainly paved the way for the universal harmonization of occupational hygiene training.

After overcoming many difficulties, Dr Tennassee and myself could develop, as a joint venture by PAHO/WHO and WHO/Geneva, a similar activity for Latin America, and are now very happy to inform you that a document "La Higiene Ocupacional en America Latina: una Gula para su Desarrollo" (Occupational Hygiene in Latin America: a Guideline for its Development), is in its final editing stages and will be published, in the near future by PAHO/WHO (in Spanish, soon to be translated into Portuguese). Similarly to the European, the Latin American document covers concepts and definitions, the profile of the occupational hygienist, required areas of knowledge, training approaches, accreditation of courses and professional certification, and ethics (the IOHA Code of Ethics, translated into Spanish, is included as an appendix). This publication will certainly contribute to the harmonized development of our profession in Latin America, which is urgently needed.

News from the International Labour Organization (ILO), Geneva

Important recent developments on OSH-Management Systems:

The latest informal draft, as well as the original analysis made by IOHA, are on Web: <http://www.ilo.org/safework> . The authors of the original analysis (including Levine, Redinger, Darymple, Dyjack) have provided substantial and valuable contributions to improve the draft text. A formal draft is about to be finalized and translated into both French and Spanish. This draft will be sent, through Ministries of Labour, to all ILO constituents: employers and workers' organizations. It will also be available on web early next year (2001). Comments may still be provided, formally through governments as well as national employers' and workers' organizations, or, directly to the ILO, with a deadline of mid-March, to: Dr Jukka Takala - Chief, Occupational Safety and Health Branch, International Labour Office, 4, route des Morillons, CH - 1211 Geneva 22, Switzerland E-mail: takala@ilo.org

Details on a coming meeting on this subject, for selected participants (7 Member States, 7 nominated) can be obtained from: Mr. Pavan Baichoo, ILO (E-mail: baichoo@ilo.org).

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