

IMPROVING WORKERS' HEALTH WORLDWIDE:

Implementing the WHO Global Plan of Action on Workers' Health

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News from WHO

Caring for all working people

Semnan, Islamic Republic of Iran, 28–30 April 2014

An International Consultation on Interventions, Indicators and Service Delivery for Workers' Health was organized by the WHO Regional Office for the Eastern Mediterranean, the Ministry of Health and Medical Education, Semnan University of Medical Sciences, and in collaboration with the ILO, WONCA, and the ICOH (cont.)



Inside this issue

News from WHO	1
News from our collaborating centres and partners.....	9
Upcoming events	19
Useful WHO links	21

Special points of interest

- Workers' health and the forthcoming Sustainable Development Goals
- WHO calls for scaling-up health coverage of disadvantaged workers
- NIOSH Total Worker Health™
- South Africa on pathway to universal health coverage of workers
- Occupational Health Service Unit in Eastern Nepal

NIOSH Total Worker Health™ leaders present in Copenhagen, Denmark, and invites further dialogue at its Symposium in October

In 2014, the National Institute for Occupational Safety and Health's Office for [Total Worker Health™](#) Coordination and Research Support (TWH Office) has experienced great opportunity to engage the international community in the discussion around worker safety, health, and well-being. Building on this momentum, the TWH Office will host the 1st International Symposium to Advance Total Worker Health this fall, which will provide a forum for continuing the dialogue as well as informing directions for future research.

Director of the TWH™ Office, Dr L. Casey Chosewood, and Senior Science Advisor Dr Anita Schill were invited to provide one of the keynote presentations at the [Third International Well-being at Work Conference](#), which took place in Copenhagen, Denmark on May 26-28. Their conversational, talk-show style presentation, entitled "Advancing Well-Being in the USA - The NIOSH Total Worker Health Program," drew between 350 and 400 attendees interested in learning about efforts in the United States to advance well-being. The conference as a whole provided representatives of the Total Worker Health program an opportunity to dialogue with thought-leaders from across Europe, and exchange ideas for creative and innovative ways to protect worker safety and health, promote health and wellness, and advance well-being in the workplace.

The TWH Office plans to continue fostering global thinking and exchange of ideas surrounding workplace safety, health, and well-being, through its inaugural International Symposium to Advance Total Worker Health in Bethesda, Maryland on the National Institutes of Health campus October 6-8, 2014. The Symposium will cover a range of issues including ergonomics, aging and younger workers, conceptualizing well-being, psychosocial working conditions in relation to obesity, workplace violence prevention, and industry-specific concerns. One very special opportunity available at the forthcoming Symposium will be a series of Town Hall-style meetings to review, discuss, and provide input on a National Research Agenda for Total Worker Health.

In addition to the learning traditionally found at such symposia (i.e. through plenaries, workshops, concurrent sessions, and posters) participants will have multiple opportunities to experience activities that promote "total worker health"—massages, group exercise classes, and guided stretching have been planned to help demonstrate how well-being can be enhanced throughout the work day.

The TWH Office warmly welcomes attendance of all professionals with interests in occupational safety, workplace health promotion, labour, human resources, or general worker well-being at the forthcoming Symposium. For more details and to register, visit: <http://www.eagleson.org/totalworkerhealth>

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Dutch Control Banding Implementation project reveals success and failure factors

Management and workers in small and medium enterprises (SMEs) often find it hard to comprehend the requirements related to controlling risks due to exposure to substances. Control Banding tools support companies in these tasks, such as preparing risk assessments and selecting the proper risk management measures (cont.)

Dutch Control Banding Implementation project reveals success and failure factors (cont.)

Stoffenmanager is a web-based free-to-use instrument that offers both control banding and a validated quantitative model to estimate exposure by inhalation. It has been adopted in the ECHA Guidance on risk assessment and The Dutch Labour Inspection has approved the quantitative model as a reliable tool to assess exposure. In addition to the original Dutch version, English, Finnish and German versions are available. Currently, Stoffenmanager has about 23,500 registered users worldwide with an average increase of about 200 users per month.

However, it has appeared that just 'offering' a tool, without providing any support, does not automatically result in its active use by SMEs, nor in its *proper* use. The developers of Stoffenmanager in the Netherlands - TNO, Arbo Unie and Ernst & Young - recognised the need for a more active support of SMEs. Therefore, an intervention project was started, in which active support was provided to 45 participating companies. We aimed at implementing the use of Stoffenmanager itself, as well as chemical's risk management in a wider sense. In the project, a 7-stage implementation model was developed and used. The aim was, to help each participating company to achieve at least one transition to a higher stage, by providing a mix of individual, collective and online support and training. Most companies were represented by their prevention officers or SHE-managers, and transferring the skills to a wider group of colleagues was achieved by a 'train-the-trainer' approach. The project encompassed three consecutive phases and activities (fig. 1).



Figure 1 – The intervention process

Success and failure factors

Feedback from the participating companies showed that they felt strongly supported by the project, and that chemical's management in the companies is more structured, less 'ad hoc', and, in general, significantly stimulated. Most of the companies moved one or more steps up in the implementation model (fig. 2).

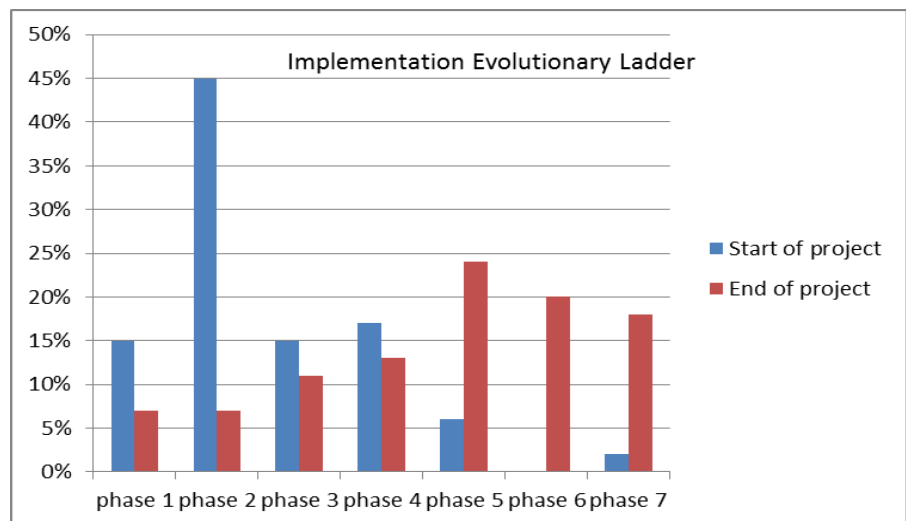


Figure 2 - Percentage of the 45 participating companies in each phase, at the start and at the end of the project

Dutch Control Banding Implementation project reveals success and failure factors (cont.)

A **key success factor** proved to be an intrinsically motivated OHS-professional. Additional success factors were active management support, the acceptance of Stoffenmanager by authorities, and external incentives like audits or visits by authorities.

Barriers identified included the significant time investment needed and the limited availability - in material safety data sheets (MSDSs) - of data needed to perform the risk assessment. In response, more tailor-made guidance was developed, providing among others links to databases with substance data. Additional results will hopefully be presented at the IOHA-2015 in London, as well as in a paper that is to be submitted.

Link: www.stoffenmanager.nl

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Mesothelioma surveillance in Lombardy Region, North-West Italy

In 1992, Italy banned import and use of asbestos (law 257/92). Since 2002, a National Registry of malignant mesothelioma (ReNaM-INAIL), based on Regional Operating Centers (CORs) has been established (1). The COR of Lombardy Region, North-West Italy, the most industrialized and populated Italian region (with about 10 million inhabitants), was implemented in the year 2000 at the Clinica del Lavoro "Luigi Devoto" in Milan, an active WHO Collaborating Centre.

The registry collects all incident cases of malignant mesothelioma (MM) of pleura, peritoneum, pericardium and tunica vaginalis of testis. Cases are actively reported to the Registry by Hospital Departments of pathology, pneumology, surgery and oncology from over 100 hospitals in the region. Coverage and completeness are assured by periodic linkage with pathology, hospital discharge, mortality databases, and with occupational disease records from the National Institute of Occupational Insurance (INAIL). On a weekly basis an expert panel reviews diagnostic accuracy of cases after examining complete clinical records, including

radiology and pathology results. The panel is composed of a pneumologist, an oncologist, a pathologist, an occupational health physician and an industrial hygienist, according to the national guidelines.

For asbestos exposure, a standardized questionnaire is administered by trained interviewers to the patient or his/her next-of-kin. The questionnaire is designed to obtain a complete occupational history, including industrial sectors, plants, jobs and specific task performed. Information regarding residential history, lifestyle habits, leisure activities, and the work history of subjects that have been living with the patient are also collected. All information is stored in a dedicated database that is periodically sent to the National Registry.

From 2000 through 2013 the Lombardy Registry collected more than 5,000 verified cases of MM (about 340 cases/year), with an incidence rate of 5.1 x 100,000 person-years in males and 2.1 x 100,000 in females, both higher than average national rates (cont.)