



IOHA

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NEWSLETTER

Contents

- 1-2 Letter from the Editor
- 2-3 News from the IOHA Board
- 4 7th IOHA International Scientific Conference
- 4-8 News from Member Associations
- 8 News from ICOH
- 8-9 News from WHO
- 10 News from ILO
- 10-11 News from the European Union
- 11-12 Contributions from Readers

Letter from the Editor

Dear Colleagues,

As you may see in this issue, there is progress everywhere in our field; however, I believe that more efforts should be made by all of us in further disseminating the importance of occupational hygiene. Amazingly, there are still so many one-sided efforts, where investigators thoroughly study the health effects on individuals but go blank when asked about what was done to change the workplaces that caused the problems. How can this still happen? Where and how have we failed in making our profession better understood?

I believe that individual efforts in promoting occupational hygiene through lectures, interviews, articles and discussions are still needed so, please, think about how you may contribute, wherever you are.

On a positive note, I am very happy to announce that the "WHO Global Plan of Action for Workers' Health 2008-2017", that strongly emphasizes primary prevention, was approved by the World Health Assembly, in Geneva, in May 2007.

Occupational hygiene is the science of primary prevention and the numerous references, in the WHO Plan, to the need of giving priority to primary prevention are "music to my ears". This is excellent; the recognition and acceptance by international organizations of the need for primary prevention is already a large step because it will (hopefully) influence decision-makers, in different countries, to consider this essential aspect more carefully. Nevertheless, what will really make a difference for workers' health is its implementation and this depends on

all of us in every part of the world. We need more training, more applied research on practical control solutions and more individual commitment to good occupational hygiene practice.

There is still a wide gap, not only between knowledge and application, but also between regulations and effective interventions. Even when adequate laws, regulations and standards are adopted at the national level, a huge step still remains and that is to translate them into effective action at the workplace level. The work by the Global Network of WHO Collaborating Centres for Occupational Health is key to bridge these gaps as it aims at translating the guidance from international organizations into actual action. Guidance and joint efforts by different agencies, institutions and professional associations are important but the work does not stop there; we also have to act individually.

During a recent conference, one field occupational hygiene practitioner asked me "how can these plans by international organizations and associations impact and help me in what I do?" Well, developing and gathering information, elaborating strategies and policies, developing and posting educational materials are necessary, but the individual professionals who need the information must look for it. A document on the Internet has no use until it is accessed, studied and used as a basis for action. Therefore, locate the WHO CC in your country and interact with it, send the link of this Newsletter to your colleagues, browse through the sites of all credible organizations and associations in our field and look for the information that may be useful to you in your everyday practice. The IOHA Website has a wealth of information as well as links to other important sites, such as those of the WHO, the ILO and many very active national institutions. Although there is more information in English, much is also available in other languages such as French, Spanish and Portuguese. One recent initiative by the Global Network of WHO Collaborating Centres is the GeoLibrary; look for it in the Internet (<http://www.geolib.org/>) and, not only make use of the available information, but also suggest new additions.

You may write to me to ask specifically about sources of information and I will be happy to send you a list. I am saying this because, during a recent meeting, I was dismayed to hear from many participants that they did not know that essential sources of information, such as INCHEM and the ILO Encyclopaedia, were available online, free of charge. Of course, there is a need for the development of more knowledge and a wider dissemination

of information, but a lot is already available, free of charge, without being used by all who may benefit from it.

Still concerning WHO, I am very unhappy to announce that Dr Gerry Eijkemans will leave WHO/HQ, Geneva, to take a post with PAHO in Mexico. Like Alice Hamilton, also a physician, Gerry strongly believes that primary prevention, hence occupational hygiene, is indispensable for the protection of workers' health. I take this opportunity to express my appreciation and that of many other colleagues around the world for the wonderful support that she has given to our field at all times. We all wish her great success in her new post and, of course, we will continue to collaborate and fight together for workers' health wherever she is.

I would like to thank all colleagues that sent materials for this Newsletter and, once more, ask for comments and

suggestions for improvement. Your feedback is extremely valuable.

To finalize, I would like to remind you of the 7th IOHA International Scientific Conference to be held in Taipei, Taiwan, from 18 to 22 February 2008. I hope that many of you will attend and contribute to make it another great success for IOHA.

As this is the last Newsletter this year, I take the opportunity to wish you all and your families a very Happy Holiday Season and a New Year full of joy and fulfilment.

Best greetings to all

Berenice Goelzer
berenice@goelzer.net

News from the IOHA Board

Report from the meeting of the IOHA Board - 22 September 2007

Sent by Pamela Blythe, Executive Secretary, pamela.blythe@ioha.net

1. The meeting commenced at 10 am and was chaired by Rob Ferrie (IOHA President) and attended by representatives of ACGIH, AIHA, the British, Canadian, French, German, Italian, Southern African and Swiss organisations, with Pamela Blythe from the Secretariat in attendance and Domenica Cavallo from Italy as an observer. Apologies for absence and proxy votes had been received from the organisations in Australia, Finland, Hong Kong, Ireland, JAWE, Malaysia, Norway and Taiwan.
2. The Board decided that a report from each Board Meeting should be made available to the membership, and this is the first such report. Because of confidentiality/timing issues, the report will not provide information on all items discussed.
3. 7th IOHA Conference, 18-22 February 2008, Taiwan: The closing date for submission of abstracts; the Board is expecting imminent delivery of an updated report from the Organisers regarding the arrangements for this conference.
4. 8th IOHA Conference, 28 September-2 October 2010, Rome, Italy: Planning is at an early stage, and reports on progress will be provided to each future meeting of the Board.
5. 9th IOHA Conference, February 2012, Malaysia: The Board confirmed that it would grant the Malaysian Association's request to host this conference.
6. 2012 will also be the 25th anniversary of IOHA, so the Board has put the beginnings of a plan in place to consider how to mark that milestone in the Association's history.
7. The Board regularly monitors the Newsletter and actively encourages member organisations to contribute regular articles.
8. A sub-group of the Communications Committee is considering a full review of the website, which is likely to include re-design costs.
9. As a result of previous discussions, Rob Ferrie (South Africa) had drafted a Country Profile as an example, which was presented to the meeting for consideration. The Board agreed that all member organisations should compile one for their own country for publication in the Newsletter and/or on the website.
10. IOHA's membership drive continues with active discussions taking place with the Korean Society of Occupational & Environmental Hygiene, and individuals in Indonesia and Spain regarding the possible formation of Societies there.
11. The regular report on activities of the National Accreditation Recognition Committee was discussed. Mr Grumbles (AIHA) will stand down as Chair of this Committee in February and be replaced in that role by one of the existing members of the Committee.
12. IOHA became a Company Limited by Guarantee under English law on 30 July 2007, which limits the liability of the member organisations of IOHA to £10 each. The Board agreed a date (15 October 2007) when the assets and liabilities of the unincorporated body would be transferred to the new incorporated one and passed resolutions necessary for the banking arrangements. Procedures by which the new Company will be managed are being drafted for approval by the Board. The Board now wishes to apply for Registered Charity status in the UK too. A progress report will be made to the next meeting of the Board.

13. IOHA has agreed to organise a session at ICOH 2009 in Cape Town, and is also in discussions with IEA about the possibility of organising a session at its 2009 conference in Beijing, China. IOHA has a Memorandum of Understanding with both ICOH and IEA.
14. IOHA continues to be active with both ILO and WHO in a number of areas.
15. The outline Strategy for the period 2007-2010 presented at the June 07 meeting in Philadelphia had been expanded and was agreed by the Board. A copy of this is now available from the website.
16. The Board receives regular reports on the Global Industrial Hygiene Training Initiative through Noel Tresider (Australia), and regular workshops are held at member organisations conferences (the next one being at the AIOH Conference in December in Melbourne, Australia).
17. Discussions have been held with the International Network of Safety and Health Practitioner Organisations (INSHPO) about co-operation on international issues of mutual interest. The current and possible future role of INSHPO is not entirely clear at this stage but contact will be maintained as appropriate.
18. The Board is considering a position statement on REACH and the role of the occupational hygienist in the Regulation.
19. The meeting closed at 5.35pm. The next meeting of the Board will be held on 16/17 February 2008 in Taiwan.

Facts about IOHA

sent by Rob Ferrie, IOHA President, rob.ferrie@nioh.nhls.ac.za

IOHA was formed in 1987 as an association of national occupational hygiene organisations. There are currently 26 members organisations representing 24 countries and over 20 000 occupational hygienists.

- American Conference of Governmental Industrial Hygienists (ACGIH)
- American Industrial Hygiene Association (AIHA)
- Australian Institute of Occupational Hygienists (AIOH)
- Belgian Society for Occupational Hygiene
- Brazilian Association of Occupational Hygienists (ABHO)
- British Occupational Hygiene Society (BOHS)
- Canadian Registration Board of Occupational Hygienists (CRBOH)
- Colombian Association of Occupational Hygiene (ACHO)
- Dutch Occupational Hygiene Society (NVvA)
- French Occupational Hygiene Society (FOHS)
- Finnish Occupational Hygiene Society (STHS)
- German Society for Occupational Hygiene (DGAH)
- Hong Kong Institute of Occupational and Environmental Hygiene (HKIOEH)
- Italian Occupational Hygiene Association (AIIH)
- Japan Occupational Hygiene Association (JOHA)
- Japan Association for Working Environment Measurement (JAWEM)
- Malaysian Industrial Hygiene Association (MIHA)
- Mexican Industrial Hygiene Association (AMHI)
- New Zealand Occupational Hygiene Society (NZOHS)
- Norwegian Occupational Hygiene Association (NYF)
- Occupational Hygiene Society of Ireland (OHSI)
- Polish Association of Industrial Hygienists (PTHP)
- Southern African Institute for Occupational Hygiene (SAIOH)
- Swedish Association of Occupational and Environmental Hygiene (SYMF)
- Swiss Society for Occupational Hygiene (SGAH/SSHT)
- Taiwan Occupational Hygiene Association (TOHA)

IOHA has a permanent secretariat (at BOHS in the UK) and an Executive Committee consisting of a President, a President-Elect, a Past-President and a Secretary/Treasurer. Currently these positions are filled by Rob Ferrie (S Africa), Tom Grumbles (USA), Tai Wa Tsin (Hong Kong) and CC Chen (Taiwan).

Each member association designates one person to serve on the Board (IOHA does not place a time limit on this position and prefers a long-term appointment). We hold two Board Meetings a year and an International Scientific Conference every 2-3 years with Taiwan planned for February 2008, Italy for 2010 and Malaysia or Canada for 2012.

The IOHA provides the occupational hygiene profession with an international voice through its recognition as a non-governmental organisation (NGO) by the ILO (International Labour Organisation) and the WHO (World Health Organisation). IOHA is working (via ILO & WHO) to raise the profile of occupational hygiene worldwide and to show that we can offer a cost-effective way to reduce the burden of illness and disease in workplaces around the world. IOHA also co-operates with the work of other international organisations such as ICOH (International Commission on Occupational Health) and IEA (International Ergonomics Association).

Our objectives are:

- to promote and develop occupational hygiene throughout the world;
- to promote the exchange of occupational hygiene information among organisations and individuals;
- to encourage the further development of occupational hygiene at a professional level; and
- to maintain and promote a high standard of ethical practice in occupational hygiene.

IOHA is very resource-constrained; we have very limited finances and manpower. However, we do believe that IOHA does provide considerable value by encouraging and developing international consensus on key occupational hygiene issues.

The Board is currently finalising IOHA's strategy until 2010 and details of that will be published in a forthcoming issue of the IOHA Newsletter.

IOHA is concerned that there appears to be a perception in the developed world that occupational health and safety issues have largely been beaten. The demand for undergraduate studies in occupational health is diminishing and several universities have stopped offering courses. At the same time, perhaps due to globalization and the export of "dirty" industries, the occupational health challenges facing the Third World are increasing rapidly.

The green coloured areas on the map show those with member organisations of IOHA. As you will see, there are still very many areas of the world where occupational hygiene is not recognised or organised. It is in these same areas where there is the greatest need for effective and professional occupational health services.



If the occupational hygiene community does not begin to address this challenge then other professions will step into the gap.

7th IOHA International Scientific Conference

Welcome Message

from PJ Tsai, President of the Taiwan Occupational Hygiene Association (TOHA)

You are cordially invited to participate in the **7th IOHA International Scientific Conference, 18-22 February 2008, Taipei, Taiwan**, the home of world tallest building, Taipei 101.

On behalf of the Taiwan Occupational Hygiene Association, it gives me great pleasure to extend our invitation to you to give us the opportunity to show our sincere hospitality and warm welcome to visiting friends from all over the world.

With a wide variety of local, Asian and international experts to address the issues of the most newly developed knowledge and successful experience in the occupational health and safety field, the 7th IOHA International Scientific Conference would prove to be of enormous value to local, regional and multi-national industries to improve their

working environment. The format of the conference is a mix of plenary and workshop sessions alongside with many exciting social events in order to provide a unique opportunity for networking and business development.

To-date, response from friends in this field has been tremendous. For further information about the conference, please visit our website or contact us directly. The website address is:

<http://www.come2meet.com/ioha2008/index.html>.

We look forward to seeing you in Taipei!

With warmest regards,

Peng-Jy (PJ) Tsai, Ph. D.

News from Member Associations

From ACGH – USA

FOHS Announces Its 2006 Worldwide Outreach Program Grant Recipients and Call for 2007 Applications

Sent by Anthony Rizzuto, CAE, trizzuto@acgih.org

Cincinnati, Ohio — July 11, 2007 — The Foundation for Occupational Health and Safety (FOHS) is pleased to announce its Worldwide Outreach Program grant recipients for 2006. The Worldwide Outreach Program's mission is to support the professional development of occupational and environmental health and safety (OEHS) throughout the

world. By providing cooperative financial and technical support to enhance organizations emphasizing occupational hygiene training and education, **FOHS** forges toward achieving this mission. The Worldwide Outreach Program grant was established to address the needs of educational organizations in developing countries

throughout the world. This new program was pledged in 2004 with seed money from the YIHWAG Family Foundation of up to \$15,000 over a period of five years. Anyone interested in making a contribution to this program can do so by sending a check or money order to the **FOHS** Worldwide Outreach Program at the address above. Contributions can also be made online at <https://www.fohs.org/form.htm>. Contributions to **FOHS** are tax deductible, as provided by law.

The two recipients selected to receive a Worldwide Outreach Program Grant were:

Institute of Science, Technology & Research, Gujarat, India

The Institute offers the MIHS Program in collaboration with faculty from the Environmental and Industrial Hygiene Program at the University of Cincinnati in Cincinnati, Ohio. The Institute has requested equipment, reference books and student memberships in support of its initiative to enhance and update its MIHS Laboratory and Library.

From AIHA – USA

International Affiliate Membership Sponsors

Sent by Tom Grumbles, Tom.Grumbles@us.sasol.com

In March 2007 the membership of AIHA approved a bylaws amendment that created a new "international affiliate" membership category. This category of membership is applicable to individuals who reside in, and are citizens of, countries classified by the World Bank as low, lower-middle or upper-middle income economies, and who are practicing occupational and environmental health and safety.

The new membership category not only helps AIHA to expand its reach, but also reflects the true altruistic spirit of AIHA.

The dues for this membership category, currently set at \$44 US per year, are one-quarter of the full member dues

Malaysian Industrial Hygiene Association (MIHA), Ampang, Selangor DE, Malaysia

The MIHA organizes courses to further educate and enhance the technical knowledge of Industrial Hygienists in Malaysia. The grant will fund textbooks for an Indoor Air Quality Assessor course in support of the recently introduced Indoor Air Quality Code of Practice in Malaysia. **FOHS's** Worldwide Outreach Program benefits OEHS programs worldwide. Qualifying educational, professional and non-government organizations and/or collaborating centers may apply for consideration to receive a Worldwide Outreach Program grant ranging between \$1,000 and \$2,000. Applications are now being accepted for the 2007 Worldwide Outreach Program Grant Award. Those seeking to further the goals of the World Health Organization (WHO) Collaborating Centers for Occupational Health's 2006–2010 Work Plan are encouraged to apply.

Visit the **FOHS** website for Grant Proposal Guidelines and to complete the Grant Proposal Form online or mail or e-mail the completed form to the ACGIH® International Committee at: mail@acgih.org

FOHS has an alliance with ACGIH®.

and entitle international affiliate members to electronic-only access to AIHA products and services.

AIHA is pleased to announce that so far they have international affiliate members from the following countries: Argentina, Brazil, China, Columbia, India, Indonesia, Jamaica, Kenya, Kuwait, Malaysia, Mexico, Nigeria, Oman, Panama, Poland, Trinidad and Tobago, and Venezuela.

If you are interested in sponsoring anyone to become an International Affiliate Member or know of anyone who needs to be put in touch with a sponsor to join AIHA in this membership category, please contact Mili Mavely at mmavely@aiha.org.

AIHA Signs Official IAAC MOU

Sent by Tom Grumbles, Tom.Grumbles@us.sasol.com

The Inter-American Accreditation Cooperation (IAAC) voted to accept AIHA as a full member at the IAAC General Assembly held in Ottawa, CN on August 17, 2007. Cheryl Morton, AIHA's Director of Laboratory Quality Assurance Programs, signed the official IAAC Memorandum of Understanding on behalf of AIHA at a ceremony that was held that evening. Formed in 1996 in Uruguay (and incorporated in Mexico), IAAC is an organization formed to promote cooperation among accreditation bodies in North and South America. IAAC also evaluates and recognizes the competence of accreditation bodies and was formally

recognized as a regional cooperative body by the International Laboratory Accreditation Cooperation (ILAC) in November 2006. As a full member, AIHA can seek formal recognition by IAAC and if granted, AIHA-accredited laboratories would have international status – a goal that was established by the Board. More information about IAAC can be found at <http://iaac.org.mx/English/Index.htm>.

For more information about AIHA's accreditation programs, please go to www.aihalqap.org or contact Cheryl O. Morton at (703) 846-0789 or cmorton@aiha.org.

Report on the Developing World Outreach Initiative of the Northern California Section of the American Industrial Hygiene Association (given to the AIHA International Affairs Committee at AIHCE, Philadelphia, PA, June 4, 2007)

Sent by Garrett Brown, gdbrown@igc.org

In March 2006, the Northern California Section of AIHA, under the leadership of Local Section President Rich Hirsh, began work on establishing a "Developing World Outreach Initiative" (DWOI). The goal of this effort is to address the lack of adequate industrial hygiene resources for workers and health and safety professionals in developing countries by connecting the technical expertise and human resources of the Local Section with those who need them in the developing world.

The target audience for the DWOI's activities is defined as non-governmental organizations (NGOs) – principally occupational safety and health associations; universities; and worker and community-based organizations – which do not have the resources and connections that government agencies and employers enjoy even in the developing world. The goal of the DWOI committee is to build the capacity of NGOs in developing countries through mobilizing the resources of the Local Section and other AIHA members to provide information, technical assistance, educational materials, and financial support for small OHS projects to be conducted by the local NGOs.

In March 2007, the DWOI committee was publicly launched at the dinner meeting of the Northern California Local Section. In its first 15 months of existence the DWOI committee has registered several accomplishments:

- **Fund-raising:** \$2,000 was raised for the Malaysian Industrial Hygiene Association, channelled through the ACGIH's Foundation for Occupational Health and Safety (FOHS). The DWOI-FOHS grant will be used for purchasing and distributing technical reference materials on indoor air quality issues.
- **Website information resource:** a DWOI web page has been established on the Local Section's website to make available links to OHS websites; topic-specific technical information of key hazards in the developing world; examples of written safety programs; and Local Section members' training curriculum, lecture outlines and power point presentations on a variety of OHS topics.
- **Collection and cataloguing of donated reference books:** several hundred key reference books and other teaching materials (including industrial hygiene equipment) has been collected and catalogued. Local NGOs in the developing world, especially universities in Africa, will be offered their pick of the donated materials and the DWOI committee has raised more than \$600 to ship the materials.
- **Formal partnership with Asian NGO network:** In December 2006, the DWOI committee established a partnership with the Asian Network for the Rights of Occupational Accident Victims (ANROAV), a network of 23 grassroots organizations in 12 Asian countries (see appendix below). Several areas of collaboration between ANROAV member organizations and the

DWOI committee have been identified and are already in motion:

- DWOI committee members will attend the ANROAV annual conference in Hong Kong in August 2007;
- DWOI committee members will work with the Center for Occupational and Environmental Health at UC Berkeley to provide self-funded OHS students for short-term, on-site workplace health and safety projects with ANROAV member organizations;
- DWOI committee members will coordinate with Local Section members who regularly travel to Asia for business to contact ANROAV member organizations to provide "mini-workshops" or on-site technical assistance by the Local Section members while they are in-country;
- DWOI committee members will provide information, technical assistance and mentoring from Northern California on specific issues or hazards being addressed by ANROAV member groups;
- DWOI committee members will raise money for specific, small (under \$300) OHS projects conducted in Asia by ANROAV member organizations.

The DWOI committee has four sub-committees, including a **Liaison Committee** to coordinate the partnership with ANROAV; a **Request & Response Committee** to provide books and equipment to NGOs in the developing world who have requested assistance; a **Resources & Website Committee** to update and maintain the informational resources available on the DWOI page of the Local Section's website; and a **Publicity & Fundraising Committee** to write articles for the Local Section newsletter and *The Synergist*, and to solicit funds for future activities.

One key goal is to encourage other AIHA Local Sections to establish committees like the DWOI to expand the expertise and resources available to organizations in the developing world from AIHA members throughout North America. The Northern California Section would be delighted to coordinate the work of its DWOI Committee with that of similar committees in other Local Sections.

The contact information for key DWOI committee members is as follows:

DWOI Committee coordinator Natalia Varshavski: NVAR@chevron.com
Liaison Committee chair Garrett Brown: gdbrown@igc.org
Request & Response Committee chair Mike Horowitz: MHorowitz@dir.ca.gov
Resources & Website Committee chair Rachel Jones: rmjones@berkeley.edu
Publicity & Fundraising Committee chair Rich Hirsh: RHirsh@rohmmaas.com

The list of ANROAV member organizations can be found at the following link:

<http://www.anroav.org/>

Japan Association for Working Environment Measurement (JAWE)

Sent by Masayoshi Karasawa, Special Adviser of JAWE, m_karasawa@bcsa.or.jp

The Japan Association for Working Environment Measurement held the Ordinary General Meeting of the fiscal year 2007, on 24 May 2007, in Tokyo, with the objective of approving the business report and the accounting report for the fiscal year 2006, as well as the JAWE programme and the budget for the fiscal year 2007, incorporating a General Accuracy Control Project, conducted independently by JAWE and others, with regard to the Working Environment Measurement. More than 650 full members, including the ones who entrusted the proxy vote to the Chairman, attended the meeting.



Mr. Kizoh Hirayama (left) presenting the opening address as the Chairman of JAWE

In his opening address, Mr. Kizoh Hirayama (Managing Director, General Manager, Personnel & Labour Relations Division, Nippon Steel Corporation), Chairman of JAWE, stated that the analytical method for asbestos content in bulk samples, mainly for construction materials, developed independently by JAWE, using X-ray diffraction (XRD) and dispersion staining microscopy (DSM), was improved by the Japanese Industrial Standards Committee and adopted as the “Japanese Industrial Standard - Determination of asbestos in building material products, JIS A 1481:2006”, on 25 March 2006.

Since this method cannot be applied to mineral products made from minerals as natural resources and containing asbestos as impurities, the Ministry of Health, Labour and Welfare, Japan, entrusted JAWE to develop a new analytical method to control these asbestos impurities and JAWE organized “the Experts Committee for the development of analytical methods of asbestos content for mineral products as natural resources”. In August 2006, this Committee developed the new analytical method employing an X-ray diffraction (XRD) method and a dispersion staining microscopy (DSM) method, which can be applied to some mineral products in order to cope with the lower cut-off value of 0.1% in weight. These new analytical methods were adopted by the Circular No.0828001 (August 2006) by the Director of the Chemical Hazards Control Division, Industrial Safety and Health Department, Labour Standards Bureau, Ministry of Health, Labour and Welfare.

Moreover, Mr. Hirayama explained that, in the fiscal year 2006, JAWE:

1. Under the trust of the Ministry of Health, Labour and Welfare, Japan, trained 650 Licensed Industrial Hygienists in the field of Working Environment measurement or other competent analytical specialists (about 80% increase compared with last year) as well as seven governmental officers from Prefectural Labour Bureaus, in charge of asbestos problems

2. Conducted an advanced training course for Evaluation of Asbestos in Bulk Materials, such as construction materials, with 115 participants (see photo below).



3. Conducted the new accuracy control project by cross-check of both airborne blind samples and bulk blind samples (such as construction materials containing asbestos), with 350 participants
4. Published, on 21 May 2007, the “Handbook for Risk Assessment and Risk Management of Chemical Substances and other environmental factors” (presenting material compiled by JAWE, for the last four years), which consists of three volumes and 1280 pages, and covers the following topics: Comprehensive control and management of chemical substances and other environmental factors, by companies and organizations, Evaluation of hazards of chemical substances and other environmental factors, Monitoring and evaluation of exposure to chemical substances as well as other environmental factors, Evaluation of risk with regard to chemical substances and other environmental factors, Elimination, reduction and/or control of risks with regard to chemical substances and other environmental factors, Epidemiological Study and Evaluation of Health Hazards due to chemical substances and other environmental factors, Control of residual risks with regard to chemical substances and other environmental factors, Health surveillance, Risk communication, Response to Emergency with regard to chemical substances and other environmental factors, Related medical sciences, Public health and Occupational health, Technical countermeasures for improvement of environment, Case studies and Exercises. Further details on the areas covered, as well as subjects and items in the curriculum can be obtained from the author of this article.

In addition, in the business programme of JAWE in the fiscal year 2007, the following projects are incorporated, namely:

- A. A New General Accuracy Control Project (to succeed the Unified Accuracy Control Project which had been conducted for about the past ten years)
- B. an advanced training course for Evaluation of asbestos in Bulk Materials, as well as an accuracy control project, both by cross-check of blind samples, such as construction materials containing

asbestos and by airborne blind samples, as before,

- C. a New Continuing Education Training Course, using “**Handbook for Risk Assessment and Risk Management of Chemical Substances and other Environmental Factors**”, as a trial, for licensed Occupational/Industrial Hygienists in the field of Working Environment Measurement and other equal or higher competent persons, which will be developed, in future, into a new certification system for the title of “Professional Occupational/Industrial Hygienist”, specialized in the field of risk assessment and risk management of chemical substances and other environmental factors.

According to a recent press release by the Ministry of Health, Labour and Welfare, in Japan, the number of victims of occupational diseases due to exposure to asbestos, who were compensated by the Workers' Compensation Insurance Act, in the fiscal year 2006, reached 1796 (790 cases of lung cancer and 1006 cases of mesothelioma), and the number of victims who were compensated by “the Law concerning the relief of health damages due to asbestos” reached 841 (272 cases of lung cancer, 569 cases of mesothelioma). So, the asbestos problem is still one of the most serious social problems in Japan.

In response to the recent problems with regard to Safety and Health in Japan, as mentioned above, we, JAWE would like to contribute to improvement of environment, as much as possible.

News from ICOH

As we know, the International Commission on Occupational Health (ICOH) held in Milan, in June 2006, its 28th international congress celebrated its 100th year. It is important to announce that the proceeding is available online, with abstracts from lecture and posters (579 pages at:

http://ems.cilea.it/archive/00000554/01/BOOK_OF_ABSTRACTS.pdf

Once more we must congratulate ICOH on this extremely valuable initiative for sharing knowledge. Many papers mention the importance of occupational hygiene.

News from WHO

WHO Global Plan of Action for Workers' Health 2008-2017

The global plan of action on workers' health has been developed as a follow up to the WHO Global Strategy for Occupational Health for All. It takes a public health perspective in addressing the different aspects of workers' health, including primary prevention of occupational risks, protection and promotion of health at work, work-related social determinants of health, and improving the performance of health systems.

The following statement should be emphasized, as it is very relevant to occupational hygiene practice:

“The present plan of action deals with all aspects of workers' health, including primary prevention of occupational hazards, protection and promotion of health at work, employment conditions, and a better response from health systems to workers' health. It is underpinned by certain common principles. All workers should be able to enjoy the highest attainable standard of physical and mental health and favourable working conditions. The workplace should not be detrimental to health and well-being. **Primary prevention of occupational health hazards should be given priority.** All components of health systems should be involved in an integrated response to the specific health needs of working populations. The workplace can also serve as a setting for

delivery of other essential public-health interventions, and for health promotion. Activities related to workers' health should be planned, implemented and evaluated with a view to reducing inequalities in workers' health within and between countries. Workers and employers and their representatives should also participate in such activities.”

In particular, this plan recommends a number of actions to be taken by the Member States and by WHO with the following objectives:

1. to devise and implement policy instruments on workers' health
2. to protect and promote health at the workplace
3. to improve the performance of and access to occupational health services
4. to provide and communicate evidence for action and practice
5. to incorporate workers' health into other policies

Item 13. under Objective 2, is particularly relevant to occupational hygiene, as it specifically mentions primary prevention of occupational hazards, diseases and injuries; it reads as follows:

“Capacities should be built for primary prevention of occupational hazards, diseases and injuries, including strengthening of human, methodological and technological

resources, training of workers and employers, introduction of healthy work practices and work organization, and of a health promoting culture at the workplace. Mechanisms need to be established to stimulate the development of healthy workplaces, including consultation with, and participation of workers, and employers.”

On 23 May 2007, the world Health Assembly approved this Plan through a Resolution (both the Resolution and the Plan are available online in full, at:

http://www.who.int/gb/ebwha/pdf_files/WHA60/A60_R26-en.pdf)

“Collaborating Centre Connection”

The most recent issue of the e-newsletter of the WHO Global Network of Collaborating Centres (CCs) in Occupational Health – the “*Collaborating Centre Connection*”, which was mentioned in our last Newsletter, has a very important message from Dr. Maria Neira, Director, Public Health and Environment, World Health Organization.

The Occupational Health Programme is under Public Health and Environment Division, and this message demonstrates the importance given by WHO to our field, as well as to the CC Network, in which IOHA has been very active.

As a reminder, the “*Collaborating Centre Connection*” is available at:

<http://www.cdc.gov/niosh/CCC/CCNewsV1N1.html>

and a message from Dr Neira is reproduced here:

Dear colleagues,

I am very pleased to address this message to you, members of the Network of Collaborating Centres, which have been making a substantial contribution to our goal of “occupational health for all.”

An excellent example of the synergy that exists between the WHO workers’ health programme and the CC Network members has been the development of the Global Plan of Action on Workers Health (2008-2017). I am extremely pleased to announce that the Global Plan of Action and its Resolution were endorsed on the 22nd of May 2007 at the World Health Assembly in Geneva. The overwhelming support from the Member States, the international NGOs, the ILO, the Trade Unions, and Employers for the Global Plan has been heart-warming. And, of course, the role of the Collaborating Centres has been fundamental in shaping the plan and will be fundamental in its implementation.

The WHO CC meeting that was held exactly one year ago in Stresa again demonstrated the commitment of all the Centres, and we are looking forward to working with you. You are the “on-the-ground” actors, with capacities and networks in developed and developing countries, and you play a key role in supporting capacity building at country level.

We are grateful to all of those working on projects within the Network and look forward to your continued success and the implementation of the Global Plan of Action to improve the health of workers all over the world. Workers Health is a great resolution... let's make sure that in ten years we will have the health of the workers at the highest possible level!

Activities under the WHO Global Plan of Action on Workers’ Health

Sent by Gerry Eijkemans, Occupational Health Programme, WHO, eijkemansg@who.int

The concept of occupational risk management tools has been included in the WHO Global Plan of Action on Workers Health, which has been endorsed by the World Health Assembly in May 2007. This gives a strong political support for the further development and implementation of the toolkits in all countries.

Control Banding

Control Banding was introduced by WHO and discussed in meetings in China and Arab States on “Basic Occupational Health Services”, and is considered as an important component for the implementation of such services.

Elimination of Silicosis

In July 2007, four parallel meetings were organized in Santiago de Chile by the Chilean government (Instituto de Salud Publica, Ministry of Health), within the framework of the effort towards Elimination of Silicosis in the Americas, namely:

- B-reader training (X-ray course to diagnose silicosis organized by the ILO)
- Laboratory training (dust laboratory, supported by NIOSH)

- Control Banding meeting (supported by WHO and NIOSH)
- 2nd Regional Meeting on the Elimination of Silicosis (organized by WHO, in coordination with ILO)

These meetings were a joint effort among the local hosts, Ministry of Health, Instituto de Salud Publica, WHO HQ and PAHO, ILO and NIOSH.

The 2nd Regional meeting on the elimination of silicosis

This meeting - organized by WHO (HQ and PAHO), with support from the ILO, NIOSH and the local hosts - brought together participants from Mexico, Peru, Brazil, Argentina and the host country, Chile. Besides occupational health professionals, representatives of employers and worker also participated. The invitation letters to countries were signed jointly by the Minister of Health and the Minister of Labour.

The meeting was opened by the Ministers of Health and Labour; both emphasized the importance of joint work and a National Plan to Eliminate Silicosis. In the opening, representatives from PAHO/WHO (WR Chile) and ILO

(Sameera al Tuwaijri, Director SafeWork) were also at the table.

The participants developed a plan with concrete activities, building on the outcomes of the 1st Regional Plan Meeting (September 2005). The 2007 meeting identified and included in the plan the strengths of all participating countries, with a view to strengthening inter-country cooperation.

Chile and Brazil will play a key role in promoting the Regional Plan. In contrast with other regional initiatives, the

leadership of this Plan will lay with the countries; Brazil and Chile will play a key role. Impressive progress has been made by Chile and Brazil on elimination of silicosis, but all participating countries showed a strong interest to be involved in the process.

The regional approach, bringing together countries with a certain level of capacity and keen interest in the elimination of silicosis, seems to be promising, and could be replicated in other regions. This will place the GPES in a fast-track.

News from the ILO

Sent by Igor Fedotov, ILO, fedotov@ilo.org

The ILO and WHO have released the document "Outline for the development of national programmes for elimination of asbestos-related diseases". The document is a formal publication of the International Labour Office (ILO) and the WHO Secretariat. It is designed to assist countries in building evidence, making strategic decisions and establishing national programmes for elimination of asbestos-related diseases (NPEAD). This document is the tool provided by ILO and WHO to their member States to follow-up the implementation of the ILO 2006 Resolution on Asbestos and the global campaign mandated in paragraph 10 of the WHO Global Plan of Action on Workers' health 2008-2017.

The document can be consulted and downloaded from the ILO SafeWork website at:

<http://www.ilo.org/public/english/protection/safework/cis/os/world/news/asb-outline.htm>

and from the WHO occupational health website at:

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

The Outline for development of national programmes (NPEAD) should be used in conjunction the ILO 2006 Resolution on Asbestos (available online at:

<http://www.ilo.org/public/english/protection/safework/health/index.htm>) and with the technical position of WHO Secretariat on elimination of asbestos-related diseases:

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

News from the European Union

Sent by Joanna Kosk-Bienko, kosk@osha.europa.eu

Expert forecast on Emerging Biological Risks related to Occupational Safety and Health

The second report from the series of European Risk Observatory publications, presenting new and emerging (both new and increasing) risks, has been released. This publication presents the findings of the experts' survey in relation to biological risks. The conclusions of the experts are supported by the literature review.

This report presents workplace risks related to global epidemics, workers' exposure to antimicrobial-resistant pathogens and exposure to endotoxins and moulds, as well as biological risks related to management of solid waste. Difficulties in assessing risks resulting from exposure to biological risks are also described.

The report can be found at the Agency's web page:

<http://osha.europa.eu/publications/reports/7606488>.

It is accompanied by Fact sheet 68 at:

<http://osha.europa.eu/publications/factsheets/68>.

This report has been the basis for the workshop "Occupational risks from biological agents: Facing up to the challenges", with participants from EU institutions and research centres, representing the fields of occupational safety and health, public health and environmental health. The conclusions of the discussions will be published as a Forum later this year.

Biological risks and pandemics report

To develop the theme of workplace exposure to biological risks, the Agency has commissioned the report "Biological risks and Pandemics" that will present occupational risks resulting from exposure to selected new and emerging biological risks, risks of pandemic, as well as risks by some agents that can be used for biological warfare. Occupational exposures will be described in the context of European and national legislative frameworks. The issue

will be illustrated by a selection of case studies. The report will be published in 2008.

Occupational skin diseases and dermal exposure

Occupational skin diseases constitute a significant proportion of all occupational diseases. They have been identified as one of the new and emerging risks by experts analysing biological and chemical risks.

A report on occupational skin diseases and dermal exposure is being prepared to be published at the end of this year. This report will cover types of occupational skin diseases and the hazardous workplace agents that may cause them; it will also present an overview of the policies and practices from most of the European Union countries, aiming at controlling of the risk. In Appendix 1, the concerned sectors and occupations are presented, together with hazards and selected control methods.

Occupational exposure to carcinogenic substances

The issue has been identified as an "emerging risk". The latest research indicates that workplace exposure to carcinogenic substances is the cause of significant mortality: up to 15% of all deaths are caused by cancers that could be attributed to work.

The Agency is preparing a report on occupational exposure to carcinogenic substances to be published in 2008. In this

report, the latest research will be presented. The European and national legislative approaches to the issue will be illustrated by examples of national practices and case studies. The report will also present national methods used for establishing occupational exposure levels for carcinogenic, mutagenic and reprotoxic substances.

EW 2007 - MSDs

Musculoskeletal disorders (MSDs) are a subject of the 2007 European campaign, which aims at promoting an integrated management approach to tackle MSDs including their prevention, as well as the retention, rehabilitation and reintegration of workers already suffering from these conditions.

The "Lighten the load" campaign, which is an opportunity to make Europe's workplaces safer and healthier by improving MSDs' prevention and management at the workplace level, involves employers, workers, workers' safety representatives, practitioners, preventive services, policy makers and other stakeholders. The campaign culminates with the European Week of Safety and Health at Work, from 22 to 26 October 2007.

More information about the campaign and associated activities at the European and national level can be found at: <http://ew2007.osha.europa.eu/>

Contributions from Readers

Information on on-going Research and Publications from the Occupational Health and Safety Research Institute (IRSST), Canada

Sent by Maura Tomi, mautom@irsst.qc.ca

Cancers and firemen - literature reviews

The Occupational Health and Safety Research Institute (IRSST) published 4 reviews of the scientific literature concerning the fireman profession and the risk of developing certain cancers, namely colorectal cancer, the leukaemia, the Non-Hodgkin Lymphoma, the multiple myeloma, the cancer of respiratory system, oesophagus, stomach, pancreas, prostate, testicles and skin.

The documents can be downloaded free of charge from:

http://www.irsst.qc.ca/en/_projet_3368.html

Guide on respiratory protection against bioaerosols

The Occupational Health and Safety Research Institute's (IRSST) published the English version of its Guide on respiratory protection against bioaerosols*.

There is growing interest in the risks of exposure to infectious bioaerosols for everyone who has a role to play in occupational health and safety (OHS). Selecting and using respiratory protection are some of the key decisions in cases of exposure to diseases such as severe acute respiratory syndrome (SARS), tuberculosis, avian or pig flu and anthrax. The objective of this document is to guide in the selection of respirators against bioaerosols in hazardous situations for workers in different sectors, including hospitals, household waste sorting centres,

wastewater treatment centres, agriculture, food and beverage processing.

The document includes a brief description of respirators, air filtration mechanisms and the assigned protection factors for respirators, as well as information on their fit, seal and care. Respiratory protection requirements for infectious and non-infectious bioaerosols are also presented. At the end of the document there are a few examples on the choice and use of respirators for various work situations. The appendices contain a decision tree for selecting a respirator against bioaerosols, as well the current standards and regulations.

* Lavoie, Jacques; Cloutier, Yves; Lara, Jaime; Marchand, Geneviève - *Guide on respiratory protection against bioaerosols - Recommendations on its selection and use*, Studies and Research Projects / Technical Guide RG-501, Montreal, IRSST, 2007, 40 pages

The document is available for free download:

http://www.irsst.qc.ca/en/_publicationirsst_100294.html

Work Involving Varied Tasks – an Ergonomic Process for MSD Prevention

The Occupational Health and Safety Institute (IRSST) published a new guide: "Work Involving Varied Tasks - An Ergonomic Process for MSD Prevention".

Long-cycle varied tasks might cause musculoskeletal disorders (MSDs). The IRSST publication provides guidance for studying such work situations using an ergonomic analysis process, presents the context of application of this process, explains each of the steps in the work analysis and proposes that companies assess their intervention.

The guide is intended for ergonomists responsible for work analysis. It can also be used by business and healthcare network stakeholders and by decision-makers who might be involved in an intervention.

Each stage of the analysis process is described in one of the sections of Chapter 2. At the beginning of each of these sections, a synoptic table of the stage is proposed, including the goals pursued, the action plan and the know-how. The explanations concerning the process are organized according to the goals pursued in each stage. The attainment of these goals depends on the implementation of the proposed action plan. In order to materialize the action plan and assist in its implementation, the guide provides ergonomists with know-how arising from IRSST's experience in companies. Ergonomists can adapt this know-how to the context of their own interventions to obtain the expected results.

The know-how is presented in boxes, beginning with the tools specific to the process, which were validated during the research projects. These also serve as illustrations to demonstrate how the tools can be used. Their complete versions are found in the "Tools" section at the end of the document. The know-how is also presented less formally through lists of criteria to assist in decision-making, quick references, questions and examples derived from the IRSST practice.

The guide can be downloaded free of charge from:
<http://www.irsst.qc.ca/files/documents/pubIRSST/RG-483.pdf>

Results of the chemical analyses produced at the IRSST for 2001-2005

The English version of this Report, published by the IRSST*, presents a detailed portrait of the highest concentrations of pollutants in Quebec companies by examining about 224,000 results of environmental analyses carried out in his laboratories between 2001 and 2005. These air samples were collected mainly by practitioners from health and social services agencies, local community services centers (CLSC), the CSST and joint sector-based associations. The interpretation of the results made it possible to determine, by industrial class,

the chemical substance exposure situations most likely to cause health effects.

Many situations where the results were more than twice the standard were identified, for example:

- fibres in machinery and equipment industries;
- triglycidyl isocyanurate and oligomers of HDI in the custom coating of metal products industry;
- beryllium in the industrial inorganic chemical industry;
- lead in the other non-ferrous metal smelting and refining industries;
- hardwood and softwood dust in forestry services.

The report is available for free download:
http://www.irsst.qc.ca/en/_publicationirsst_100296.html

*Ostiguy, Claude; Fournier, Mathieu; Petitjean-Roget, Thierry; Lesage, Jacques; Lajoie, Alain - *Results of the chemical analyses produced at the IRSST for 2001-2005*, Studies and Research Projects / Report R-504, Montréal, IRSST, 2007, 50 pages

Prevention of Occupational Mental Health Problems

The prevention of occupational mental health problems is an important issue since 30.8% of Canadians workers declare that most of their working days are considerably or extremely stressful.

The IRSST published a study, which demonstrates that the interventions targeting the reduction of the risks at the source tend to decrease the constraints of the working environment. The researcher and his team have developed a process consisting of three phases: diagnosis, intervention and evaluation. Having completed the first phase, they will now collaborate with organizations to establish a structured program with three objectives: creating a diagnostic tool that they will be able to use directly; documenting and improving the steps in preventing occupational mental health problems; developing a strategic prevention process. With this second phase, research tools necessary for organizations can be simplified, a psychosocio-organizational model of the process can be validated, efficiency indicators for the interventions can be established and their implementation process can be documented, and a strategic process for occupational mental health can be developed. Organizations will thus have prevention tools that they will be able to use autonomously.

The report (French only) is available for free download at:
http://www.irsst.qc.ca/fr/_publicationirsst_100307.html

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