
Collaborating Centre Connection - March 2011

In this issue:

- [Inclusion of Young Workers in WHO Executive Board Resolution 128/19 Child Injury Prevention](#)
- [Spotlight: Global Health Care Worker Update](#)
- [Spotlight: OH Learning in Hyderabad, India](#)
- [Protecting Workers from Potential Risks of Manufactured Nanomaterials](#)
- [ICOH 2012 Congress March 18-23: Venue moved to Cancun, Mexico](#)

Inclusion of Young Workers in WHO Executive Board Resolution 128/19 Child Injury Prevention

By Marilyn Fingerhut

The World Health Organization (WHO) Executive Board passed the EB 128/19 Child Injury Prevention Resolution on January 24, 2011 which includes wording to remind countries of their obligations to prevent child labor and to address risks at work encountered by youth under the age of 18. This wording is due to recommendations of the non-governmental organizations in the WHO Network of Collaborating Centers in Occupational Health and to insertions of the Executive Board delegates from the United States and Brazil that were endorsed by the Board.

The global population in 2008 included about 1.5 billion children ages 5-17 years, of whom almost 20% were engaged in some form of work (305,669,000). About 115 million of these children were involved in types of work or working conditions likely to affect their physical, mental, psychological or moral well-being, defined in ILO Convention 182 as one of the 'worst forms of child labor.' This convention, carrying the obligation to remove children from hazardous work as a matter of urgency, has been ratified by 173 countries.

A World Health Organization Resolution on Child Injury Prevention was discussed in May 2010 by the World Health Organization Executive Board, the leadership group of WHO countries responsible for preparing the draft content of Resolutions to be brought to the May 2011 World Health Assembly for discussion and endorsement by the Health Ministers of the 193 WHO Member States. Non-governmental organizations in official relationship to WHO are permitted to address the Executive Board.

Initially, the draft Resolution on Child Injury Prevention did not address child labor or adolescent workers. Therefore, a Joint Statement of the International Commission on Occupational Health (ICOH), the International Ergonomics Association (IEA) and the International Occupational Hygiene Association (IOHA) was presented during the WHO Executive Board Meeting held on 22 May 2010 in Geneva, on behalf of the three organizations. The statement described the magnitude of the problem and noted that policies, enforcement of policies, and services geared to working children less than 18 years of age are limited. ICOH, IEA, and IOHA offered to assist WHO and ILO to develop guidance, and to share, implement and evaluate practices for recognizing work-related injuries of children and for preventing and reducing injuries especially in the age group 14 up to 18 years where there has been a sharp increase in hazardous work in the last few years. A number of tools are available from the ILO, ICOH, IEA, IOHA, EU-OSHA, the WHO Collaborating Centers, and other partners. These tools are geared towards workplaces, schools, educating parents, and engaging the public health sector in addressing risks to working children.

Discussion continued at the WHO Executive Board meeting on January 24, 2011. In this meeting, the delegate from the United States and the delegate from Brazil recommended critical wording insertions in the Resolution to address the issues of young workers and child labor, and the Executive Board passed the EB 128/15 Child Injury Prevention resolution, including all of the insertions.

The wording in the EB 128/15 Child Injury Prevention Resolution now includes reference to ILO Conventions C182 (Worst Forms of Child Labor) and C138 (Minimum Age Requirement) in the listing of conventions to remind the Member States of their existing commitments. In the paragraph calling for plans of action, the wording now adds a reminder to take actions to prevent child labor and to set requirements for legal adolescent employment. In the paragraph calling for awareness-raising, there is a reminder to include employers and to address workplace hazards.

This resolution will go before the World Health Assembly in May 2011 for passage and it will provide a strong foundation for continued activities of WHO, ILO, and partners to assist all countries to reduce hazards to young workers. The Resolution can be found at http://apps.who.int/gb/ebwha/pdf_files/EB128/B128_R15-en.pdf  .

Spotlight: Global Health Care Worker Update

By Walter Alarcon, Ahmed Gomaa, Maria Sofia Lioce, Susan Wilburn



Peru

Since 2003 the U.S. National Institute for Occupational Safety and Health (NIOSH) has partnered closely with the World Health Organization (WHO), WHO's regional offices, and governments and institutions in WHO member states including Venezuela and Peru, as well as WHO Collaborating Centres in Occupational Health in Brazil, Colombia, Egypt, South Africa, and Vietnam, to implement strategies for protecting the healthcare workforce from job-related injury and illness involving needlesticks and other sharps-related incidents. These strategies are vital for protecting health care workers from potentially life-threatening, bloodborne infections that can result from sharps injuries, for enhancing patient care, and for providing feedback for similar strategies to protect the U.S. healthcare workforce. The effort aims to address these issues by applying the hierarchy of controls and using four key tools:

1. A National Planning Meeting where government officials, employers, and healthcare workers develop policies to protect the health care workforce; and a Train-the-Trainer Program that prepares leaders in health care from frontline workers, occupational safety and health committees, and management and worker representatives to treat and prevent exposure to infections agents. These tools are available in English and Spanish from WHO and PAHO websites:



Protecting Healthcare Workers: Preventing needlestick injuries toolkit

http://www.who.int/occupational_health/activities/pnitoolkit/en/index.html

Protección de la Salud de los Trabajadores de Salud Prevención de lesiones por pinchazos por aguja

http://www.who.int/occupational_health/activities/pnitoolkit/es/index.html [http://www.bvsde.ops-](http://www.bvsde.ops-oms.org/pinchazo/files/main.htm)

[oms.org/pinchazo/files/main.htm](http://www.bvsde.ops-oms.org/pinchazo/files/main.htm)

- c. Workers' Health and Safety in the Health Sector. A Manual for Managers and Administrators / Manual de Salud y Seguridad de los Trabajadores del Sector Salud. Manual para Gerentes y Administradores <http://www.bvsde.ops-oms.org/ssmanual/Einterface.htm> and <http://www.bvsde.ops-oms.org/ssmanual/Sinterface.htm>
2. A health surveillance system (EPINet™*) to monitor sharps injuries, thereby improving the ability to track such injuries, better understand risk factors, and prevent future injuries. http://www.healthsystem.virginia.edu/internet/epinet/about_epinet.cfm
3. A campaign to encourage and increase health care workers' immunizations against Hepatitis B. Hepatitis B vaccine is effective (95%), cost-effective, relatively inexpensive and widely available. All HCWs should receive a routine immunization against infection with HBV.

4. A research tool for evaluating the performance of safety devices for preventing sharps injuries. <http://www.tdict.org>



Venezuela

These accomplishments have had impact in various regions, including a pilot project in Vietnam, Tanzania, and South Africa; surveillance system translations into Arabic with regional train-the-trainer meetings taking place in the Gulf and in Egypt; and vaccinations against Hepatitis B reaching over 3,500 healthcare workers in Afghanistan. Additionally, projects in the Americas have expanded from a pilot project in 4 hospitals in the Aragua State of Venezuela to over 725 healthcare facilities and eight universities in 21 of the 23 Venezuelan states; over 6,000 health workers trained in 25 regions and a national campaign to immunize HCW against Hepatitis B in Peru; and project implementation in Brazil and Colombia. Plans for the Caribbean Islands and Central America are underway. These project implementations have produced 13,000 trainers in Latin-America, 700 in Middle Eastern countries and over 7000 in Africa for a total of approximately **20,000 trainers** who have received the training through the train-to-trainer approach so far globally.

The joint WHO-ILO-UNAIDS policy **guidelines**

(http://www.who.int/occupational_health/publications/hiv_tb_guidelines/en/index.html) for improving health care worker access to HIV and TB prevention, treatment, care and support were featured in January 2011 Collaborating Centre Connections Newsletter.



Egypt and South Africa



Saudi Arabia

International Certification course in Occupational Hygiene in Hyderabad, India: OHLearning training module W 501 “Measurement of Hazardous Substances”

By Lalitha Burra and Ina Naik



In an effort to promote learning and capacity building in occupational hygiene, a five day International Certification Course on “Measurement of Hazardous Substances includes Risk Assessment”, was held in Hyderabad, India, Feb 7-11, 2011. The course included a student assessment and was sponsored by the Indian Institute of Chemical

Technology (IICT), Hyderabad. This very successful course is in part due to the highly motivated and enthusiastic group of 22 participants, many of whom traveled long distances from different parts of the country to attend, and who made the course livelier with their active participation and discussions. The participants found the format of the course, including several interactive sessions through case studies and in-depth practical sessions, very beneficial. The feedback was encouraging and candidates felt the knowledge and skills gained would help strengthen hygiene programs in their workplaces and improve their quality. The course (W 501 of OHLearning.com), which is one of the core modules for the International Occupational Hygiene Certificate, is comprehensive with topics ranging from introduction to toxicology, risk assessment, biological monitoring, theory of air sampling, sampling procedures and protocols for dusts, fibers and organics with presentation and interpretation of results. Practical

sessions which involved hands on training on use of various air sampling equipment and measurement procedures were an integral part of the course. A variety of equipment manufacturers generously provided a wide range of sampling equipment and technical support for these practical sessions.



Course instructors included Professor Kalpana Balakrishnan, Ph.D and Dr. S. Sankar of Sri Ramachandra Medical College (SRMC) a WHO collaborating center for Occupational Health, Chennai, India and Inakshi Naik, MSc., from NIOH-Johannesburg, South Africa, also a WHO collaborating center. Other instructors included, Richard Hirsh, CIH, of Nektar Pharmaceuticals

(USA, Hyderabad-India) and Lalitha Burra, Ph.D, CIH of nayati International (USA, Hyderabad-India).

This is the third course organized by nayati International in collaboration with WHO collaborating centers in occupational health. The success of the courses conducted over the past few years and the encouraging feedback seems to indicate a growing awareness to the importance of Occupational health and hygiene in the Indian industry - thanks to the continued support of national and international sponsors, international organizations, multinational companies and professionals.

Protecting Workers from Potential Risks of Manufactured Nanomaterials

By Vladimir Murashov



WHO is developing Guidelines to “Protecting Workers from Potential Risks of Manufactured Nanomaterials” (WHO/NANOH). These Guidelines aim to facilitate improvements in occupational health and safety of workers potentially exposed to nanomaterials in a broad range of manufacturing and social environments.

Workers in all countries face new risks from manufacturing applications of rapidly advancing new technologies based on nanometer-scale atomic structures known as nanomaterials. The growing list of nanomaterial applications includes

cosmetics, food packaging, clothing, disinfectants, surface coatings, and paints. Most of these nanomaterials are produced with simple processes and often in low and medium-income nations. Toxicological laboratory studies in animals have shown adverse effects such as inflammation and fibrosis in the lungs of animals resulting from exposures to some nanomaterials. Although strong human studies of exposure and response to engineered nanomaterials are not currently available and more research is needed to predict the effects of exposures in humans, sufficient information is available to provide interim recommendations and guidance about prudent approaches to nanomaterial handling in the workplace.

Many low and medium-income countries lag behind in introducing occupational safety and health guidance for nanotechnology. The World Health Assembly identified the assessment of health impacts of new technologies, work processes and products as one of the activities under the Global Plan of Action on Workers Health, adopted in 2007, and WHO and the Global Network of Collaborating Centers in Occupational Health have selected manufactured nanoparticles as a key focus of their activity.



The WHO NANO H Guidelines will provide the basis for the development of an Implementation Guide of user-specific guidance and recommendations for four target groups: country ministries of health and labor; Occupational Safety and Health agencies and professional associations; Occupational Health and Hygiene professionals; workers and management.

As part of the WHO NANO H Guidelines development, WHO is in the process of identifying scientific knowledge and expertise on nanomaterials and health to contribute to this initiative. Relevant scientific publications, submissions from experts wishing to participate in the development of these guidelines were submitted through the month of February, 2011. Declarations of interest in supporting this project through other contributions are welcome and can be sent to nanohealth@who.int. Further information about this project is available at

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

For more information, contact Dr. Vladimir Murashov, Special Assistant to NIOSH Director, vmurashov@cdc.gov

ICOH 2012 Congress March 18-23: Venue moved to Cancun, Mexico

The International Commission on Occupational Health hosts an international Congress every three years on protecting workers, providing an opportunity for international partners to meet in person to advance research of mutual concern, special topics for working sessions, etc. The 30th ICOH Congress was scheduled to be held in Monterrey, Mexico. However, concerns about security issues in the Monterrey area in Mexico expressed by ICOH members and travel cautions issued by some government institutions led to the decision of the ICOH Board during its February 2011 meeting to move the ICOH 2012 Congress venue to the city of Cancun, Mexico. The dates and the scientific program will remain the same <http://www.icohcongress2012cancun.org/>. Details regarding the hotels and other information about Cancun are online at the Congress website.