Collaborating Centre Connection - April 2012

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**Spotlight: 9th Meeting of the WHO Collaborating Centre Network and 30th ICOH Congress held in Cancun**

*By Maria Lioce & Susan Wilburn*

WHO held its 9th Global Meeting of the Network of Collaborating Centres for Occupational Health (CCs) in Cancun, Mexico on 15–16 March 2012. The meeting was organized back to back with the International Commission on Occupational Health Congress, ICOH, 18–23 March.

One hundred and twenty representatives from the CCs were present at the Network meeting including three Regional Advisers (AMRO, EURO, SEARO) and the WHO Headquarters secretariat, the ILO and the NGOs in official relations, namely the International Commission on Occupational Health (ICOH), the International Ergonomics Association (IEA) and the International Occupational Hygiene Association (IOHA). All members present worked on redefining their focused contributions towards the implementation of the WHO Global Plan of Action for Workers’ Health, 2008–2017. The results of a number of working groups
were collected in a ‘Global Master Plan’ with seven priority areas that would be covered by WHO and the CCs during that period with clearly defined activities and outcomes.

**Highlight: Health Workers**

*Health Workers Working Group, March 15th & 16th*

The Health Workers Working Group met together over two days with 26 participants from 15 countries during the 9th Meeting of the Global Network of WHO Collaborating Centers in Occupational Health. The sessions were led by Susan Wilburn (WHO), Maria Lioce (NIOSH, U.S.), and Tanusha Singh (NIOH, So Africa).

Objectives:

- Discussion of the following global products:
  - 3.1. WHO/ILO global framework and guidance for the development of national occupational health programmes for health workers.
  - 3.2. Publication on Success Stories and Good Practices for occupational health of health workers
  - 3.3. Health WISE — improving working conditions and occupational health in health sector.
  - 3.4. Implementation of WHO-ILO-UNAIDS policy guidelines for improving health worker access to HIV and TB prevention, treatment, care & support
  - 3.5. Health protection for health care workers in the Americas
  - 3.6. Hospital accreditation systems in the Eastern Mediterranean
- Identification of responsible persons, timeline, indicators, methods of communication and dissemination of intermediate progress and results.
- The GMP, the products and the activities were amended accordingly the feedback of the CCs and reported during the plenary session.

During the sessions the projects contributing to the outcomes Priority 3 were reviewed and updated. One new product on tools for assessing and addressing chemical hazards in health-care settings and nine (9) new projects were added at the end of the meeting for a total of 27 projects from 12 countries, and 6 WHO Regions (AMRO, EMRO, EURO, AFRO, WPRO, and SEAR).

*ICOH 2012 Pre-Conference: Training for protecting health workers, March 17th, 2012*
WHO together with US NIOSH organized a preconference to the ICOH 2012 Conference held in Cancun, Mexico with 100 participants from 18 countries around the world to demonstrate the tools and materials in the WHO tool kit: Protecting health workers (HW) from occupational exposure to bloodborne pathogens.

- Participating WHO Collaborating Centres in Occupational Health included Benin, Colombia, Egypt, Japan, Singapore, Vietnam, South Africa, and USA.
- The pre-conference was organized especially to provide outreach and information to the Mexican community and local Health Workers who care for the Mayan indigenous population of the Quintana Roo state. Speakers presented in English and Spanish with simultaneous translation into both languages. Approximately half of the participants came from Mexico. In addition to the above languages, active participation for awareness raising exercises and evaluation and selection & evaluation of safer needle devices occurred in French and Arabic.
- The content included the four components of the toolkit: Raising awareness of the risk of health worker exposure to blood; lectures making up the Core Presentations in the tool kit on epidemiology, hierarchy of controls, use of data for prevention, and health and safety committees; an introduction to surveillance using the EPINet programme and use of criteria to evaluate injection devices with engineered sharps injury prevention features.
- Participants developed action plans for implementing preventive measures in policy and practice and made commitments to organizing training in their home countries. Examples of the commitments included training of labor inspectors in Egypt together with trainers trained in previous WHO-NIOSH workshops, capacity building for occupational health of health workers in Ghana, collaboration with a research initiative in South Africa to train health and safety committee leaders and new efforts in Mexico to educate and engage health workers and their management in occupational health.

**Special Session: Protecting health workers from biological hazards: Success stories and good practice, ICOH Conference.**

During the ICOH Congress, NIOSH and WHO organized a special session to highlight "Success Stories and Good Practices" in protecting health workers that will form the basis of a WHO publication later this year. The special session included presentations on Good Practices from Brazil, Colombia, Croatia, Egypt, Spain, South Africa and
Venezuela and a workshop on criteria and indicators to measure and monitor good practices.

During a World Café activity (see www.worldcafe.org), participants from 10 countries, including Canada, Mexico, UAE and the U.S., discussed criteria for good practices in 3 working groups on national policy and practice plans and programmes; preventive measures, immunization, implementation of safety devices, networking and collaboration; surveillance, and health & safety committee development, training and activities for prevention.

Project leaders from 9 countries submitted responses to a survey prepared by WHO/NIOSH with data and case studies/best practices stories on the protection of health workers which will form the foundation of a WHO publication. The publication on Success Stories and Good Practices will integrate as inclusion criteria the information developed by the working groups. This publication is expected to be released in the last quarter of 2012.

ILO & NIOSH Update Chest Radiographs Evaluation Classification System

By David Weissman

Over the past several years, the National Institute for Occupational Safety and Health (NIOSH) has partnered with the International Labour Organization (ILO) in an effort to update the ILO Classification System used to evaluate chest radiographs for the presence and severity of changes associated with pneumoconiosis so that modern digital chest images could be classified using this system. On November 17, 2011 the document Guidelines for the use of the ILO International Classification of Radiographs of Pneumoconioses, revised edition 2011 was posted on the ILO web site. This document extends the applicability of the Classification to these digital chest images. This important technical advance will improve access to health surveillance of pneumoconiosis worldwide.

The ILO Classification System is used globally for purposes of health surveillance, epidemiology and, in some countries, determining compensation related to dust-induced lung disease (pneumoconiosis), especially silicosis, asbestos-related diseases
and coal workers' pneumoconiosis. According to ILO, more than 15,000 copies of the previous 2000 edition of the Classification System have been sold worldwide, which makes it one of the ILO best-seller products. The use of the ILO Classification System is compulsory in many countries under various Occupational Safety and Health national regulations: http://www.ilo.org/public/english/bureau/program/download/pdf/10-11/iroutcome6.pdf


- Please advertise the release of this ILO product in your country. If contacted directly on this subject, please advise to visit the above-mentioned ILO web sites for more information. Purchasing orders can be placed at the ILO office in your country or region or sent directly to ILO Geneva at pubvente@ilo.org or by fax at +41 22 799 69 38.

NIOSH has also published a "Notice of Proposed Rulemaking - Amendments to Specifications for Medical Examinations of Underground Coal Miners" in the Federal register on January 9, 2012. The proposed amendments to the regulation will retain the use of film but also specify requirements that would permit the use of digital radiography systems for the Coal Worker’s Health Surveillance Program (CWHSP).

For more information, see the NIOSH "Digital Imaging Updates" web page.

WHO Publishes Background Document on Protecting Workers from Risks of Nanomaterials

By Vladimir Murashov

The World Health Organization (WHO) has prepared a draft background document proposing content and focus for the development of Guidelines to "Protecting Workers
from Potential Risks of Manufactured Nanomaterials” (WHO/NANOH) reported on in the March, 2011 issue of the Collaborating Centre Connection newsletter (http://www.cdc.gov/niosh/ccc/CCCnewsV2N2.html#4). This background document, as an initial step towards the development of these Guidelines, will be used by the Guideline Development Group to identify key questions to be addressed. In order to ensure transparency and broad stakeholder participation throughout the process of guideline development, WHO posted the background document and the peer-review comments on the project web-site at: http://www.who.int/occupational_health/topics/nanotechnologies/en/. The public was invited to send comments on this background document through March 31, 2012.

Workers in all countries face new risks from manufacturing applications of rapidly advancing new technologies based on nanoscale 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. It is estimated that there were 400,000 workers employed in nanotechnology industries worldwide in 2010, while this number would grow up to 6 million workers by 2020 (www.nano.gov/nanotech-101/nanotechnology-facts). The Guidelines to "Protecting Workers from Potential Risks of Manufactured Nanomaterials" aim to facilitate improvements in occupational health and safety of workers potentially exposed to nanomaterials in a broad range of manufacturing and social environments.

Development of the WHO Guidelines is presently funded through in-kind contributions from WHO, U.S. NIOSH and global experts from a wide range of countries and organizations. There is a critical need for external funding to support a broad range of activities associated with this project such as facilitating expert participation in project meetings, holding and sponsoring expert meetings, drafting and translating Guidelines and implementation documents, and pilot testing. These activities will be spread over two years starting in 2012 for the development of the Guidelines with an additional year for the implementation phase. WHO seeks to initiate a dialogue with potential sponsors to explore possibilities for additional support. Potential sponsors are invited to contact the project at nanohealth@who.int.

For more information, contact Dr. Vladimir Murashov, Special Assistant to NIOSH Director, vmurashov@cdc.gov
Spotlight: Role of Primary Care Units in Providing Essential Interventions for Occupational Health

Thailand

By Somkiat Siriruttanapruk

An initial strategy of using Primary Care Units (PCUs) to deliver essential interventions for general healthcare and occupational health has been developed in Thailand, and has persisted over the years. This strategy was developed in order to improve the coverage and availability of such services.

In 2004, a pilot project was established by the Ministry of Public Health to test a model which integrated occupational health into the existing public health system and assessed the capacity of PCU staff to deliver these interventions. The model was found to be reasonably effective and demonstrated that staff in PCUs were able to effectively deliver some essential occupational health interventions alongside general health care. PCU staff undertook outreach visits to workplaces in small factories or other formal work settings. However, workers in the informal sector would still find difficulty in accessing occupational health services due to their dispersed, sometimes difficult to reach, work locations and a general lack of knowledge on their part of occupational health issues.

In 2007 the Ministry decided to extend the model in order to identify improved ways of delivering a set of essential interventions for occupational health to workers in the informal sector: agriculture, fisheries, migrant workers and home workers. The interventions included: (1) risk assessment and workplace improvement; (2) surveillance of work-related diseases and chronic diseases; (3) health promotion; and (4) provision of safety equipment.

Health volunteers were used to deliver both general health care and essential interventions for occupational health in the community, such as providing workplace safety improvements and in reducing the use of dangerous chemicals and pesticides. The health volunteers received a small stipend from the government and were trained to
work with occupational health teams to provide essential interventions for occupational health alongside their responsibilities for general health issues. The rationale behind the strategy is that by scaling up the large network of health volunteers to deliver some essential interventions for occupational health and for primary health care, local needs can be met more effectively and services provided more efficiently to workers in the informal economy. Up to present day, the model has been integrated into many PCUs in every province of the country.

Global Program in Occupational Health/Hygiene Practice — University of Illinois, Chicago

By Lisa Duran

In 2009-2010 the University of Illinois at Chicago School of Public Health held the first three course series of the International Program for Occupational Health Practice for 18 students. This program year, 2011-2012, over 45 students participated in one of two tracks:

1. "Occupational Health" for physicians, nurses and other health care professionals
2. "Occupational Hygiene" for engineers, managers, labor inspectors, and others who need a foundation in the principles and practice of occupational health and safety

The Occupational Health track offers Continuing Medical Education credits, and the Hygiene track provides the only approved, online course for students who want to prepare to sit for the OHTA certification examination. In 2011 Dr. Linda Forst became the program director. Dr. Forst is carrying on the concept of a 100% on-line, instructor led, practice based program.

Students in the course have come from every continent and from a wide range of companies, ministries of health, and NGOs. Paula Viapiana, a current student, is developing competence in Occupational Hygiene with the goal of establishing the profession of occupational hygiene in Uruguay.

Renamed the Global Program in Occupational Health/Hygiene Practice (GPOHP), enrollment is open for the entire program or individual courses:
- Foundations of Occupational Health and Hygiene (3Sept–11Nov2012; 10 weeks)—all students
- Occupational Medicine and Medical Surveillance (7January–17March2013; 10 weeks)—physicians and nurses
- Occupational Hygiene (7January–17March2013; 10 weeks)—engineers, labor inspectors, managers
- Management of Occupational Safety, Health, Hygiene Programs (1April–2June2013; 9 weeks)—all students

Look for the brochure and registration at: [www.uic.edu/sph/glakes/ce/IntPrgOHP.html](http://www.uic.edu/sph/glakes/ce/IntPrgOHP.html) or email GPOHP@gmail.com