WHOCC AND ICOH: LEVERAGING COLLABORATIONS

Introduction Work-related disease is a global health and safety challenge that is thought to cause over 2 million deaths worldwide annually. In addition to this, around 160 million people worldwide are estimated to become sick every year from a range of occupational exposures. This does not only affect adults, because 168 million of the world’s children are child labourers, half of whom work in hazardous conditions. Dedication to the prevention of occupational disease motivated the creation of the non-profit organisation Workplace Health Without Borders (WHWB). The UK Branch of WHWB was formed in 2016.

Methods WHWB members volunteer their time to offer training, mentoring and technical assistance to develop capacity for preventing occupational disease around the world. Examples include: training, mentoring, projects to prevent exposure to silica dust in agate workers and stone-crushers in India, and in brick plant workers in Nepal, Pakistan and Tanzania. In agate silica exposure reduction, low cost engineering controls using locally available materials are being considered.

Result Practical approaches for the reduction of exposures are necessary; examples will be demonstrated where simple extraction systems and other hygiene measures have been introduced in very challenging workplace exposures. One example of this is the use of locally purchased and built extraction fans for the reduction of agate silica dust exposures in India which have resulted in a 40%–50% reduction in silica dust levels in some cases.

Discussion It is hoped that through education, training, mentoring and raising public awareness that improvements can be made in hazardous workplace exposures across the world. Much can be achieved remotely through online training but more effort and support is required. WHWB-UK is in the early stages of helping with this but with additional funds and support much more can be achieved.

1646d QUALITATIVE STRATEGIES TO SIMPLIFY WORK-RELATED RISK REDUCTION

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Introduction Clear and consistent communication of risk within the Occupational Safety, Health, and Hygiene (OSHH) professions is essential for achieving prevention of work-related diseases. This risk communication must be simplified. It must speak to workers directly, assisting them in identifying work-related hazards and implementing solutions. Controls that assist in preventing the most common work-related diseases are well known to OSHH professionals, yet they remain unknown to 2.5 billion workers. This results in an annual estimate of 2 million deaths from and 160 million incidences of work-related noncommunicable diseases within the global workforce, primarily in Economically Developing Countries (EDCs).

Methods Utilising fundamental Occupational Hygiene principles and Control Banding’s qualitative strategy for assessing occupational risks and the selection of solutions, a Risk Level Based Management System (RLBMS) was developed. RLBMS is designed to deliver the most elusive element necessary for success; risk communication within and between OSHH professions. This qualitative occupational risk assessment and risk management strategy has been trialled across chemical, physical, and biological agents in a high regulatory enforcement environment.

Result Initial qualitative risk assessment not only standardises controls, it also prioritises where and when quantitative monitoring needs to be performed. In addition, de-confliction of multidisciplinary controls for an individual task is presented to the workers for simple, clear, and concise guidance on how to reduce risk and achieve exposure prevention on a daily basis. This simple and consistent risk communication was successful for worker understanding and implementation of controls. Further simplifying communications to colours and symbols renders it applicable in EDCs globally.
Introduction Globally, firefighting is a highly stressful, physical and mental demanding occupation. In a study carried out by the principal author, Guatemalan firefighters suffered from musculoskeletal disorders and distress, mainly because of physical inactivity, inadequate eating habits and violence exposure. A teaching intervention was planned with a component of training and the elaboration of a book, designed for Central American firefighters, with the aim of teaching firefighters how to take care of their physical and mental health. The book is already having direct impact on more than 5,000 Guatemalan firefighters.

Methods The book was planned as a teaching intervention firstly for Guatemalan firefighters and then the scope was widened to Central American firefighters. It was conducted using participatory methodology with representatives of firefighters, who designed the book and wrote chapter 1. Collaboration was obtained from toxicology and nutrition experts of Universidad de San Carlos, including senior students, in writing chapters 2, 3 and 4. This University also collaborated in the printing of the first 500 copies. Collaboration was also obtained from Ludwig-Maximilians-Universitat, in writing chapters 5, 6 and 7, as well as the final revision and layout.

Results The book was electronically issued in 2016 using Ludwig-Maximilians-Universitat networks and hard copies were delivered to Guatemala’s firefighters authorities in a formal ceremony on January 7, 2017. More than 3000 of copies are waiting to be printed at Universidad de San Carlos de Guatemala.

Conclusion This is a perfect example of a successful teaching intervention, with multicenter collaboration, including universities in Germany and in Guatemala, as well as the direct participation of the targeted population.