Abstracts

1643c OCCUPATIONAL HEALTH SOUTHERN AFRICA: A JOURNAL FOR THE REGION AND BEYOND

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Introduction Occupational Health Southern Africa is the only occupational health journal in southern Africa. It is published bi-monthly and its purpose is to keep occupational health practitioners (doctors, nurses, hygienists and others) informed about current local research, views of experts, and developments in occupational health (including occupational medicine and occupational hygiene), and to provide a publishing platform for both novice and experienced researchers in the region.

Methods The issues of the Journal from 2012 to 2017 were perused (n=16). The countries of origin of the first and contributing authors were reviewed, and the experience of the first authors was classified as ‘student’ or ‘established’ researcher. Papers that had been rejected in the 6 year period were also analysed, using the same metrics.

Results The majority of papers published were by authors from South Africa; less than 5% were by authors outside of that country. Less than 1% of published papers were by authors outside of Africa. The proportions of papers published by novice and established authors were similar. Most of the rejected papers were by novice authors or by those outside South Africa.

Discussion Papers published in Occupational Health Southern Africa by authors from southern African countries other than South Africa are greatly underrepresented. There is a need to more widely publicise the Journal and encourage young researchers from the region to submit papers. This local journal is the ideal platform for students and novice researchers to disseminate their research results.

1643d STATUS OF REGULATIONS ON HEALTH AND SAFETY IN MINING IN KENYA SINCE ENACTMENT OF THE OCCUPATIONAL HEALTH AND SAFETY ACT, 2007

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Introduction Large and small scale mining in Kenya has been in practice for 100 years. This includes mining of minerals like soda ash, gold, flourspar, gemstones, quarrying. As an occupation with varied risks, regulations have been used to ensure the health, safety and welfare of workers. There have been various regulations governing some aspects of mining including health and safety. Such laws included Mining Act CAP 306 and 1951 for the Factories Act CAP 514 whose purpose was to make provision for health, safety and welfare of persons employed in factories and other places.

Methods A systematic review was conducted after setting the research questions. Online databases and sources were identified to conduct the review. The articles under review were limited to provisions on health and safety in mining laws. Online sources used included law reports database, Extractives Baraza, Ministry of Labour and Ministry of Mining Website.

Results Health and safety Laws and Regulations in mines were identified to ensure the health, safety and welfare of workers. There have been various regulations governing some aspects of mining including health and safety. Such laws included Mining Act CAP 306 and 1951 for the Factories Act CAP 514 whose purpose was to make provision for health, safety and welfare of persons employed in factories and other places.

Conclusion Kenya has taken notable steps in ensuring mining industry has regulations that govern its operations. Having artisanal and small scale mines recognised as a legal activity is indicative of these steps among others. The findings also indicate the need to have rules that are specific to the industry.
The supervision and management of occupational safety and health of enterprises have been in charge of by State Administration of Work Safety since 2010. The responsibility of health department for OSH includes worker health check and health education. The situation of OSH in China is different at various enterprises in different areas. Some enterprises with better economic situation passed OSMAS 18001 authentication with better OSH service, especially for healthy organisation in the eastern of China and in the State owned Large and medium-sized enterprises. They often have a good OSH management system and services such as health check, safety management, health education for OSH and health service for all employees, even clinic service at workplace, not only for employees with occupational hazard exposed. The employees of this organisation often had felt high wellbeing with better salary and social benefit. At the same time, some enterprises still lack of OSH service, especially in SME in the western of China and employees with occupational hazard exposed were lack of protection, such as coal miners. The OSH for modern service industry has been care in some Metropolis such as: Beijing, Shanghai; and job stress and mental health have come into service. With Healthy China 2030 take into effect, the OSH service will be improved and more and more enterprises will become healthy organisation.

The occupational safety and health (OSH) scenario in India is complex while catering to the needs of 63% productive age group with, 92.38% of this working in the informal economy, predominantly, agriculture and services and facing a triple burden of Non-communicable and Communicable diseases and Violence, Injuries.

No comprehensive legislation for occupational health and safety exists that covers all the economic sectors except for mining, manufacturing, ports, and construction sectors. Factories Act, 1948 has been unable to build up the workers’ rights against occupational diseases and related hazards, with over 90% of Indian labour falling outside its purview. OSH services in informal sector are non-existent and dysfunctional, depriving these workers of basic occupational health care. Further, occupational health is not integrated with primary health care, falling under the Ministry of Labour, and not the Ministry of Health.

Newer service industries like Information Technology (IT), Business Process Outsourcing (BPO) are increasing rapidly; so is the proportion of females in the workforce, multiple job changes/insecurity and increasing numbers of migrant workers adding to job-related stress.

Major challenges are:

- Lack of National OSH Policy, legislation and mechanisms for provision of Occupational health services for Informal/ unorganised sector and SMEs
- Apathy & lack of sensitization
- Unorganised sector and SMEs
- Lack of OSH service, especially in SME in the western of China