HEAT STRESS MANAGEMENT PROGRAM OF SOHAR ALUMINIUM – TRANSLATING SCIENTIFIC CONCEPTS AND TECHNOLOGY INTO EFFECTIVE WORK PLACE INTERVENTION AND MANAGEMENT

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Introduction

Environmental conditions in Sultanate of Oman and other Arabian Gulf countries are some of the harshest in the world. Primary Aluminium smelting requires enormous amounts of energy, in the form of affordable and uninterrupted supply of electricity. Workers engaged in physically demanding and manual tasks in hot environments are vulnerable to heat illness, besides being at risk being easily fatigued leading to work place injuries.

Combination of work place and physiological monitoring procedures incorporated into a structured Heat Stress Monitoring Program implemented by the Medical Team headed by the main author supported by and in collaboration with external consultant(co-author) have lead to discernible and sustainable occupational health improvements in the work place.

Strategy

While work place monitoring requires measuring relevant thermal index that is easy to measure and interpret on the spot, physiological monitoring involves measurement of parameters like urine specific gravity, heart rate and body temperature etc by a licensed healthcare professional at work place.

Major challenge however is how to effectively communicate the work place risks, results of measurements mentioned earlier and preventative and remedial measures to the work force, in order to translate the concepts into effective occupational health intervention. Communicating with workers needs to be void of technical jargon and keeping that in mind, Sohar Aluminium Medial Team introduced a revised Heat Stress Management Program incorporating work site Hydration Monitoring procedures and communication strategy.

The idea or concept of ‘issuing cards on the spot’ used in football game to educate and discipline the players was incorporated into Heat Stress Management program, along with Traffic signalling colour codes. Hydration tested workers were classified into three classes as ‘Normallly Hydrated (with USG<1.019), ‘Under Hydrated (with USG 1.020–1.029) and ‘Dehydrated’ with urine specific gravity results tested with a refractometer. Normally hydrated workers were given a green card, Under hydrated workers a yellow card and Dehydrated workers a Red Card, with relevant messages explaining the result of testing and measures needed to be taken by the workers.

This proactive approach in the program lead to effectively prevent and mitigate heat stress at Sohar Aluminium and made a major and significant difference to the workers and contractors and helped in reducing the incidence of heat illnesses.

Abstracts

Content: Key messages from research findings are delivered in brief snippets of text.

Conclusion

Our videos are designed to serve two purposes: provide viewers with key evidence they can use, and link the viewer to the IWH website where they can read more information. Consultations with stakeholders on the key messages are important. One-minute research video shorts are an effective means of disseminating key research findings.

64 TALKING ABOUT HEALTH – HOW TO COMMUNICATE ETHICAL OCCUPATIONAL HEALTH ISSUES?

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Introduction

Should we introduce fitness trackers to our company’s health program? Should we, moreover, start giving positive or negative incentives for individual fitness performances (e.g. bonuses)? Since companies have felt profoundly convinced by the correlation between occupational health activities and economic success, occupational health management (OHM) becomes popular. With the rise of OHM multiple ethical problems, new to the business context, appeared. How are and how should these ethical problems be communicated inside and outside a company? One possible answer to this is corporate social responsibility (CSR). CSR already has the potential to communicate and discuss ethical corporate health issues. Only a proper framework is still missing.

Methods

Qualitative interviews were completed with small, medium and large German and Swiss companies, their stakeholders, customers and industry representatives. They all were asked questions regarding ethical communication strategies inside and outside companies and in particular questions about structural intersections between OHM and CSR.

Result

The study shows that, if it comes to occupational health, most companies do not use the existing CSR-tools to communicate ethical health issues. Usually the few existing intersections between OHM and CSR are not meant to point out or discuss ethical problems within OHM, but to promote the company’s image. Not surprisingly, the stakeholders as well as the industry representatives emphasise the companies’ voluntary assumption of responsibility.

Discussion

Most CSR strategies already contain ways to address and communicate ethical problems (e.g. whistle-blower hotline, companies’ suggestion systems). Whatevever, these strategies usually are not applied to OHM. The social and ethical arguments considered in CSR as well as its strong attachment to the company’s strategy could pave the way for an ethical OHM. In reverse, an ethical OHM will arguably have a positive reinforcement on CSR activities.