

NEWSLETTER

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Letter from the Editor

Dear Colleagues,

Pamela Blythe, who has been a key person for IOHA and a good friend to all of us somehow connected with IOHA, is going to retire. We are all sad but also glad for her because we are sure she will start a new, happy, relaxed and rewarding phase of her life. I take this opportunity to thank Pam for all she has done for IOHA and for the incredible work she has done to post (beautifully) our Newsletter and wish her the very best ! I have asked some (not all because there would be no place for so many ☺) Board Members to express their appreciation to

Pam and you may see their comments, right after Pam's article on her involvement with IOHA.

This issue was supposed to be shorter, because it was decided to have three and not two IOHA Newsletters per year; however, somehow it got long again, therefore I am making my letter very short.

Over the years, all of us have worried about obstacles to prevention and an important one is lack of political will on the part of decision makers at all levels. The underestimation of occupational health problems and the lack of knowledge on available possibilities for their solution have certainly contributed to that. Our next issue (November 2009) will give much attention to this matter and any contribution from readers would be most welcome, even if only one example of a proven case of underestimation of an occupational disease.

Although October 2010 seems far away, time flies, so start planning your participation at the 8th IOHA International Scientific Conference (see below the deadline for abstracts). Not only the programme is excellent, with very timely topics, but it will be in Rome! no need to comment ☺

As always, I would like to thank all of you who sent contributions, and ask for comments and suggestions for the improvement of this Newsletter.

Best greetings to all.

Berenice Goelzer
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Pamela Blythe is retiring from IOHA

IOHA—A Personal History

Sent by Pamela Blythe, E-mail: pamela.blythe@ioha.net



As I approach my final few months of service to IOHA, I thought I would chronicle my involvement with IOHA since 1991.

Way back then, IOHA had only been formed for four years and, apart from the inaugural meeting, had only held one meeting per year.

Working relationships had not really been formed and everyone appeared to be blaming the Secretariat for the fact that nothing much was being

done. One of the first jobs I was asked to do, in order to try to establish the fact that the lack of activity wasn't actually the Secretariat's fault, was to keep a log of requests to Board members for information on their actions (quite a long list) and a log of replies of what had actually been done (quite a short list). All this was in the pre-email era, so all the communication was by letter, fax or land-line telephone and, therefore, quite a long-winded process.

The first Board meeting I attended was in Edinburgh in September 1991, a meeting associated with BOHS' Inhaled Particles VII conference. I think I was probably there more as an observer than having a function, and I

NEWS from WHO Collaborating Centres

University of Illinois at Chicago Great Lakes Centers for Occupational and Environmental Health, USA

GeoLibrary - a global electronic library of occupational and environmental health training materials and practice tools

**Sent by Leslie Nickels E-mail: lnickels@uic.edu
and Amy Melvin E-mail: abowli@uic.edu**

The training of occupational safety and health professionals in the low resource countries is one of the priority areas under the World Health Organization (WHO) Collaborating Centres' Work Plan to achieve the WHO goal of "Occupational Health for All." Obstacles to training include lack of in-country training programs, lack of training materials, costs of training, and intellectual property protection of many training materials. The Internet provides a mechanism for occupational safety and health educators and practitioners to rapidly access and download training materials for self-instruction or training of others.

Under the auspices of the WHO Occupational Health program, the University of Illinois at Chicago Great Lakes Centers for Occupational and Environmental Health, a collaborating center, developed a global electronic library (GeoLibrary) of occupational and environmental health training materials and practice tools. The key features of this library include: 1) free access; 2) public domain; 3) interface in six languages (English, French, Spanish, Russian, Arabic, and Chinese); 4) easy to follow, branching index; and 5) search ability. The GeoLibrary can be accessed via the internet at www.geolib.org.

Training materials are placed in the library through a network of contributing editors, which includes WHO Collaborating Centres in Occupational Health, national institutes, university programs, and non-governmental organizations working in the fields of occupational and

environmental health. The GeoLibrary currently contains 5300 occupational health training tools and practice guides along with 800 environmental tools and materials. A new branch, Specialty: Road Safety at Work, was added in 2008 and currently has 1055 entries. These resources are available in many forms some of which include: complete courses, webcasts, tutorials/modules, factsheets, databases, and sample/ model programs and guidelines. Most recently, the Pan American Health Organization (PAHO) named the GeoLibrary as the primary database for information related to H1N1 influenza A.

During May 2009, Germany, the United States and the United Kingdom were the top three countries accessing the site most often, although over 92 countries have accessed the library over the past 3 years. The top five entries viewed during the previous month include: Safer Driving Manual, Driving at Work: Managing Work-Related Road Safety; Driving for Work; Safe Driving Policy; and Occupational Health a Manual for Primary Healthcare Workers.

Library resources are submitted by contributing editors from occupational health programs around the world. If you would like to become a contributing editor please contact Leslie Nickels at 312-413-1113 or lnickels@uic.edu or University of Illinois at Chicago, 2121 W. Taylor St. Chicago, IL 60612

National Institute for Occupational Safety and Health (NIOSH), USA

Educational Institutions, Workers and Employers Join Forces to Prevent Occupational Transmission of Bloodborne Pathogens among Health Care Workers in South America

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Susan Wilburn (World Health Organization) E-mail: wilburns@who.int**

The World Health Organization (WHO) found that among the 35 million healthcare workers (HCWs) worldwide, there were 3 million percutaneous exposures to bloodborne pathogens in 2000. Worldwide, the burden of hepatitis B, hepatitis C, and human immunodeficiency virus (HIV) infection among HCWs attributable to occupational exposure to percutaneous injuries fraction is 39%, 37%, and 4% respectively, with wide regional variation.¹ Furthermore, in Latin America the attributable fraction in health care workers, due to sharps injuries, is about 83%

for HBV, 55% for HCV and 11% for HIV.²

To protect healthcare workers from occupational transmission of bloodborne pathogens, the National Institute for Occupational Safety and Health (NIOSH) and WHO started a project in South Africa, Tanzania, and Vietnam. The project developed a toolkit entitled "Protecting Healthcare Workers: Preventing Needlestick Injuries Toolkit", available both as a CD (Figure 1) and

from the WHO website (direct link: http://www.who.int/occupational_health/activities/pnitoolkit/en/index.html).



**Figure 1 - CD
“Protecting
Healthcare Workers:
Preventing
needlestick injuries
toolkit”**

In collaboration with the Pan American Health Organization (PAHO) this

project is now being implemented in South America.^{3,4,5} The two key elements of this project include a toolkit in Spanish titled “Protección de la Salud de los Trabajadores de la Salud: Prevención de Lesiones por Pinchazo de

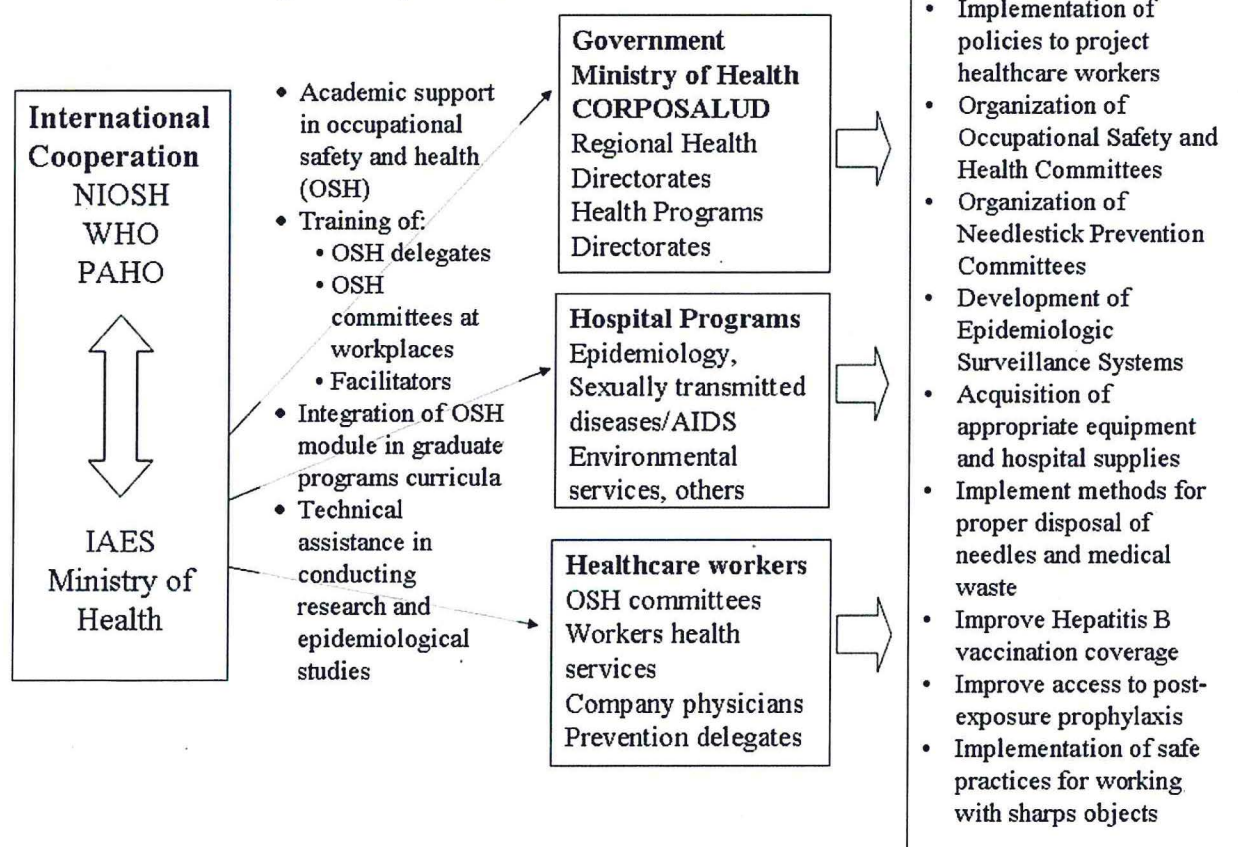
Aguja”, presented on a CD (Figure 2), available from WHO and PAHO websites and a conceptual model (Figure 3) aimed at developing sustainable expertise within academic institutions, employers and frontline workers.^{5,6}



Figure 2 – CD “Protección de la Salud de los Trabajadores de la Salud: Prevención de Lesiones por Pinchazo de Aguja”

Figure 3 - Conceptual model for the prevention of occupational transmission of bloodborne pathogens

Conceptual Model for the *Preventing Occupational Transmission of Bloodborne Pathogens Project* in Venezuela



The implementation of this global initiative in Latin America began with a pilot project in Venezuela and has expanded to Peru. The factors that contributed to the success of this project include:

1) existence of general and specific regulations for the protection of the health of workers;

2) involvement of occupational health educational institutions, healthcare workers, and employers;

3) active occupational safety and health committees;

4) international technical cooperation; and

5) a model for implementing technical cooperation projects.

Indicators of Success

Since its beginning in 4 hospitals in the Aragua State in Venezuela in 2007, this project has reached 210 healthcare facilities in the hospital network, the outpatient network, and occupational health centers in 12 states. This project is lead by the Autonomous Service Institute of Higher Education in Public Health "Dr. Arnoldo Gabaldón" (IAES) and CORPOSALUD Aragua State in Venezuela. Eight national institutions have joined these leaders including: the Venezuelan Ministry of Health; the Venezuelan Institute of Public Health; the National Institute of Health, Prevention and Labor Safety (INPSASEL); Petroleum of Venezuela (PDVSA); the Venezuelan Red Cross; Petrochemicals of Venezuela (PEQUIVEN); and the Central University of Venezuela (Universidad Central de Venezuela).

The content of the project has been incorporated in the curricula of regional graduate programs in Public Health in 8 states; in Epidemiology programs in 3 states; in the Occupational Health program in the IAES; and in the graduate program in Occupational Hygiene of the "Universidad Bolivariana de Venezuela." Technical expertise was transferred to about 800 graduate students and 500 trainers at the national level using the methodology of the 3-day "train-the-trainers" workshop. It is estimated that about 30,000 healthcare workers have been reached with this project. The lessons learned with this pilot project in Venezuela will allow the expansion of this initiative to other countries of the Americas Region and other regions of the world.

How can you become involved?

For information on how to implement this project in your country, please contact Susan Wilburn (WilburnS@who.int) at the World Health Organization, the Pan American Health Organization representation in your country and send a copy of your message to Maritza Tennessee (PAHO, Washington DC, tennassm@paho.org), Maria Lioce (NIOSH, clu6@cdc.gov) or Walter Alarcon (NIOSH, wda7@cdc.gov)

References:

- 1 Pruss-Ustun A, Rapiti E, Hutin Y. 2005. Estimation of the global burden of disease attributable to contaminated sharps injuries among health-care workers. *Am J Ind Med.* 48 (6): 482-49. Also available from http://www.who.int/quantifying_ehimpacts/global/7sharps.pdf
- 2 Annette Prüss-Üstün, Elisabetta Rapiti, Yvan Hutin. 2003. Sharps injuries. Global burden of disease from sharps injuries to health-care workers. World Health Organization. Environmental Burden of Disease Series, No. 3, 40 pages. http://www.who.int/quantifying_ehimpacts/publications/en/sharps.pdf
http://www.who.int/whr/2002/chapter4/en/index8.html#box_4_4
- 3 Susan Wilburn, Thebe Pule. 2007. World Health Organization. National occupational health programmes for healthcare workers (Programas nacionales de salud ocupacional para trabajadores de salud) GOHNET de WHO. 13, 4 -8 http://www.who.int/occupational_health/publications/newsletter/gohnet13_26nov07.pdf
- 4 María del Carmen Martínez, Walter A. Alarcón, María Sofía Lioce, Maritza Tennessee, Susan Wilburn. Prevención de accidentes laborales con objetos punzocortantes, y exposición ocupacional a agentes patógenos de la sangre en el personal de salud. *Salud trab. (Maracay)* 2008, Ene-Jun., 16(1), 53-62. http://www.iaesp.edu.ve/index.php?option=com_docman&task=doc_download&gid=515&Itemid
- 5 Organización Mundial de la Salud / Organización Panamericana de la Salud. 2006 Prevención de lesiones por pinchazos por aguja. http://www.who.int/occupational_health/activities/pnitoolkit/es/index.html
<http://www.bvsde.ops-oms.org/pinchazo/files/main.htm>
<http://www.cepis.ops-oms.org/pinchazo/files/main.htm>
In English: Protecting Healthcare Workers: Preventing needlestick injuries toolkit
http://www.who.int/occupational_health/activities/pnitoolkit/en/index.html
- 6 Organización Panamericana de la Salud. 2006. Manual de Salud y Seguridad de los Trabajadores del Sector Salud. Manual para Gerentes y Administradores. <http://www.bvsde.ops-oms.org/ssmanual/Sinterface.htm>
<http://www.cepis.ops-oms.org/ssmanual/Sinterface.htm>

Lioce-Mata Maria S, Alarcon Walter A, Wilburn Susan. Educational Institutions, Workers and Employers Join Forces to Prevent Occupational Transmission of Bloodborne Pathogens among Health Care Workers in South America. International Hygiene Association Newsletter. July 2009, Vol 17, No. 2, 12-14

<http://www.ioha.net/assets/files/IOHA%20Newsletter%20July%2009.pdf>

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