



NEWSLETTER



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Message from the President



Activities of "Iberoamerican" character

ICOH Officers had a fruitful set of Meetings in Antigua Guatemala in October 2017 in connection of the "XV Congreso Latinoamericano de Salud Ocupacional" including the autumn ICOH Officers Meeting, and a meeting with ICOH National Secretaries present in the Congress. Countries, ICOH Members and occupational health experts, in particular, were present from Central America.



Picture of ICOH National Secretaries in meeting in Gutaemala

This was followed by the Lisbon's 1st International Forum on Occupational Health organised by the Portuguese Society of Occupational Medicine in early November. The ILO and several international organisations and experts joined this Forum.

ILO-WHO-ICOH-EU-Member States and planning of New Global Coalition

ILO – followed by the ILO-ISSA World Congress initiative earlier in September 2017 – invited key promoters of the Global Coalition to plan the structure, organisation and activities of the initiative.

Directors of participating institutions of the meeting endorsed the Coalition idea and established a framework in their discussions. As a result a Concept Note draft is planned for discussion in and around the ICOH 2018 Dublin Congress. I was very happy to see that proposed standing members of the Coalition include ILO, WHO and ICOH. In addition, EU, Singapore and Finland are likely to continue with the discussions. One of the starting points was to get better data for global priority setting following the Global Estimates and Cost estimates already partially released in the ILO-ISSA World Congress in Singapore earlier.

The European Union institutions were already active in the initial Global Estimates, published data on

Open access publishing is showing responsibility

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As most scientific articles in our field are not published as open access¹, many professionals in occupational safety and health (OSH) can only access these articles paying a high fee. Workers and employers have the same problem. This barrier is seriously hindering the knowledge transfer to education and occupational health care.

How many articles in scientific journals are open access? And if not, what price does an OSH professional have to pay?

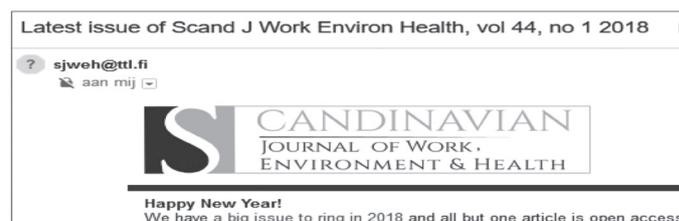
We explored the latest issue in 2017 of ten common OSH journals (see endnote); 52 of the 143 articles were open access. In the two open access journals (BMC PH and SH@W; for abbreviations see endnote) all articles were free. In the eight journals in which articles can be open access, only 22 % were free.

The fee varies on average between €35 and €50 per article. Payment procedures can be time-consuming.

In this paper we focus on OSH professionals outside the academic world². Examples of settings that OSH professionals work at

- 1) We use the term open access in this paper in the meaning of golden open access, implying that a publication can be accessed online from the publisher, immediately and free-of-charge. Green open access implies free access to (a version of) a publication e.g. from the website of the author or university.
- 2) Universities paying publishers for access, and new journals promoting

include occupational health services, companies, educational and national institutes, professional associations, unions or employers' associations, social security institutions and non-academic health care settings.



Many OSH professionals have poor access

As teachers of professionals specializing in OSH, in a postgraduate setting or in continuous professional development programs, we promote searching for up-to-date reliable sources and evidence-based practice or evidence-based medicine. When made aware, OSH professionals have many health-related questions and seek evidence across a broad range of journals. However, we are frequently confronted with the problem that many OSH professionals, working outside the academic world, do not access scientific publications as they have to pay a high price. Many employers of OSH professionals, often lacking a clear vision on evidence-base practice, are not eager to pay for publications.

The Hinari program provides free or low cost online access to many journals for health care, to not-for-profit institutions in developing countries (<http://www.who.int/hinari/about/en/>). As an illustration, in Bolivia staff members and students of universities, professional schools and teaching hospitals (50 institutions in total) have access. All ten common OSH journals (endnote) can be accessed. A difficulty is that accessing through an institutional library is not always convenient. Surprisingly, many countries with huge challenges in OSH such as India, Indonesia, South Africa and Peru are not included in this Hinari program (2018), so the impact is limited.

Authors paying for open access

What are the charges for authors? The regular Article Processing Charges (APC) for the ten OSH journals explored, are between €1750 and €3375. Reductions may be possible for authors from developing countries. SH@W does not ask APC.

open access publications without a good peer-review practice, are important issues, but not the subject of this paper.

We are in favor of a well-organized peer-review of submitted papers; that costs money. One common solution is to let the authors pay. A first objection to this solution: authors do not have the personal responsibility to pay from their salary for a structural problem in health care. A second objection: behavior of authors should not be a key factor deciding about getting access to knowledge in health care. A third objection: most authors are employees with a modest salary, not having the resources to pay such high prices. Other authors are retired or self-employed without many resources.

In reality, if authors pay, actually their employers pay. Other problems arise here. Employers outside the academic setting are mostly not interested in producing articles, and academic institutes sometimes publishing many articles, are not inclined to spend much money for APC as such would threaten expenses for research and education. Publication bias can be furthered as paying for negative studies might be not popular. Part of a solution can be that a research sponsor could pay, or that governments as funders of much research demand open access, a growing practice. A complication is that academic institutions are mostly evaluated by counting publications in high indexed journals, not by counting open access publications associated with a public interest. In addition, academic researchers feel pressure to publish in high indexed journals to boost their H-index, measuring successful publishing based on citations by other researchers. But, such journals often ask a high APC, so open access is far away.

Users are paying via clinical reference tools



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Some hospitals have free and easy access to full text publications from publishers via “clinical reference services” as UpToDate and Dynamed Plus, highly valued by medical specialists and e.g. Dutch social insurance physicians. However, UpToDate does not review any of the ten OSH journals explored. Dynamed Plus interestingly offers access to five of the ten journals. For now, we think that subscription costs and uncertainties about the benefits will form a barrier for most OSH professionals³.

Summarizing and recommendations

OSH professionals do not have good access to many scientific publications as fees are high and payment procedures are hindering. We consider the solution where authors pay a high publication fee to publishers to enable open access, as inappropriate and inadequate. The sample presented illustrates that: only about one third of all OSH publications were open access. Today, clinical reference services are no good solution for OSH professionals.

Following the article 15 of the Code of Ethics of the International Commission on Occupational Health (ICOH) "the OH professionals have a duty to make their research results publicly available." Publications on occupational safety and health should not be a commodity to be purchased only by a few. Such publications should be free-of-charge and easily available for all interested including OSH professionals having the duty to inform and protect workers and companies.

Although we highlight a serious problem, several initiatives are encouraging, though changes are slow. The Cochrane Foundation, publishing many relevant reviews for OSH, planned to achieve universal open access to Cochrane Reviews by the end of 2020 (<http://www.cochrane.org/about-us/open-access>).

We recommend that authors of an article make the choice for an open access publication. Universities should reward open access publishing in their evaluation procedures. Governments and publishers have the responsibility to find an appropriate solution, compensating publishers for reasonable costs related to peer-reviewing.

Full open access to scientific publications will give a boost to knowledge transfer from science to practice. Finally, open access is part of the right of workers, employers and their representatives to have access to up-to-date reliable information on risks and solutions at work.

3) One year subscription for UpToDate for a Dutch or Indian professional costs \$ 519 resp. \$ 419. One year subscription for Dynamed Plus for a physician costs \$ 395. Searched 4-2-2018.

Endnote

SH@W = Safety and Health at Work; BMC PH = BioMed Central Public Health; Scandinavian Journal of Work, Environment & Health; Occupational Medicine; Journal of Occupational and Environmental Medicine; International Archives of Occupational & Environmental Health; Occupational and Environmental Medicine; Annals of Global Health; American Journal of Industrial Medicine; Disability and Rehabilitation.

INDOOR AIR QUALITY AND HEALTH Consensus Document

Role of occupational health services in the assessment and management of indoor air quality problems in offices

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Abstract

The indoor air quality (IAQ) and its impact on health, comfort, and work-performance is an issue of increasing concern in office workers that account for the major part of the labour force in non-industrial buildings in many countries.

Experts of the Scientific Committee on Indoor Air Quality and Health of the ICOH have discussed the assessment and management of IAQ problems and proposed a stepwise approach to be conducted by a multidisciplinary team. It is recommended to integrate the building assessment, inspection by walk-through of the company workplace, questionnaire survey, and environmental measurements, in that order. Questionnaire should cover questions about perceived IAQ, symptoms and psychosocial working aspects. The outcome can be used for mapping the perceived IAQ and to prioritize the order in which the problems should be dealt with. Individual health surveillance in relation to IAQ is proposed only when periodical health surveillance is already performed for other risks (e.g. Video Display Units) or when specific clinical examination of workers

is required due to the occurrence of diseases that may be linked to IAQ (e.g. Legionnaire's disease), recurrent inflammation, infections of eyes, respiratory airways effects, and sensorial disturbances. Potential environmental and personal risk factors should also be compiled and assessed. Workplace health promotion programmes should include smoking cessation and stress management; programmes for a better IAQ management may also be considered.

1. Introduction

The indoor air quality (IAQ) in office buildings (offices, trade, banking, hospitals, schools, etc.) is an issue of increasing focus, because office workers provide services of high relevance for the companies, communities, and authorities. The office workers, that account for the major part of the labour force in many countries, are occupationally exposed to biological, chemical, physical, ergonomic, and psycho-logical/social loads with a potentially high and diversified impact on comfort,¹ work-related health problems,² including sickness absence,³ and risk of deteriorated work performance.^{4,5} Another issue is the ageing workforce and the general trend (in Europe) that the workforce in public offices is reduced due to economic constraints. In this context, effects of IAQ on health, well-being, and work-performance have been reported in office-like environments during the last decades.⁵⁻⁷

Modern offices are built with new components, materials, equipment, and the use of a variety of cleaning and consumer products; their emission of chemicals and particles reflects IAQ together with the incoming outdoor air. New energy saving strategies, like lightning, heating, cooling, and ventilation, also impact the perception of IAQ. Furthermore, the emitted pollutants from office equipment, e.g. laser printer emissions (ozone, primary VOCs, and particles), and secondary VOCs derived from reactive indoor air chemistry may be of concern.^{8,9}

The EnVIE project prioritised the following diseases caused or exacerbated by poor IAQ: Allergic and asthma symptoms; Chronic obstructive and pulmonary diseases; Airborne respiratory infections; Cardiovascular mortality and morbidity; Lung cancer; Odour and sensory irritation in eyes and airways (Sick Building Syndrome (SBS) symptoms).¹⁰

Health effects potentially related to exposure to indoor air pollutants in office environments include acute and semi-acute effects and longer-term based effects. The former can be divided into immediate perceived IAQ that is related to odour perception