

Safe Work and Safety Culture



The ILO Report for World Day for
Safety and Health at Work 2004



The ILO World Day for Safety and Health at Work is held on 28 April each year.

Historically the World Day for Safety and Health at Work is rooted in an idea developed by American and Canadian workers in 1989 when they began to observe a memorial day for dead and injured workers. The International Confederation of Free Trade Unions (ICFTU) has globalized this effort and expanded the scope to embrace the notion of sustainable work and workplaces. International Commemoration Day for Dead and Injured Workers is now observed in over one hundred countries.

The ILO joined in this effort in 2001 and 2002. With the idea of generating tripartite discussion and promoting occupational safety and health through commonly held values, in 2003 the ILO moved from the concept of commemorating the dead to a day stressing what can be done to prevent occupational accidents and diseases around the world.

As we move into the second year of the annual World Day for Safety and Health at Work, the ILO continues its traditionally strong emphasis on safety culture, tripartism and social dialogue. It is fulfilling the mandate given by the International Labour Conference in June 2003 to,

endorse the establishment of an annual international event or campaign (world day or a safety and health week) aimed at raising widespread awareness of the importance of occupational safety and health and promoting the rights of workers to a safe and healthy working environment.

We invite you to join with us in promoting this important day.

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World Day for Safety and Health at Work
28 April 2004

Introduction

Creating safe and healthy working conditions is a challenge to which the ILO has been responding since it was founded in 1919. Indeed, some of the very first international standards created by the ILO were aimed at protecting workers from hazards in their working environment. As our world develops, with new technologies and new patterns of work, the challenge changes. To meet this challenge, the ILO believes that, in addition to the many instruments and activities it has developed over the years, a strong “safety culture” – built up by governments, employers and workers together – is crucial.

What then is a safety culture?

According to the Conclusions of the International Labour Conference in June 2003, a national preventative safety and health culture is one in which the right to a safe and healthy working environment is respected at all levels. It is one where governments, employers and workers actively participate in securing a safe and healthy working environment through a system of defined rights, responsibilities and duties, and where the principle of prevention is accorded the highest priority. Building and maintaining a preventative safety and health culture requires making use of all available means to increase general awareness, knowledge and understanding of the concepts of hazards and risks and how they may be prevented or controlled.

The dynamic, progressive process best used to develop a safety culture has much in common with processes needed to develop an effective organization. While there is widespread recognition that there is no prescriptive formula for developing and improving safety culture, there is an emerging belief that there are some common characteristics and practices that organizations can adopt to make progress. Examples are provided in this report of specific practices that have been shown to be of particular value in assisting the development of a sound safety culture.

An enterprise needs to focus on what can be described as continuous evolution. No matter how well the enterprise is currently performing, it always needs to be looking at how it might perform better still. This includes looking at ways in which current systems and processes might be improved and also looking at how new and changing technology can be used to everyone’s advantage. Continuous evolution is most effectively sustained by focusing on improvements generated by workers at all levels in the enterprise. A systems approach to occupational safety and health management at the enterprise level, as recently developed in the ILO Guidelines on Occupational Safety and Health Management Systems (ILO-OSH

2001)¹ is key to such continuous evolution. The ILO considers it to be one of the fundamental pillars of a global OSH strategy to build and maintain a national preventative safety and health culture and introduce a systems approach to OSH management.

How can this be achieved ?

Governments have the responsibility to formulate and implement a coherent national policy on occupational safety and health and to promote a safety culture among all citizens from an early age, beginning with education.

Employers have the responsibility to commit to providing a safe and healthy working environment through the establishment of occupational safety and health management systems set up according to the ILO Guidelines, ILO-OSH 2001. The Guidelines point out that,

occupational safety and health, including compliance with the occupational safety and health requirements pursuant to national laws and regulations, are the responsibility and duty of the employer. The employer should show strong leadership and commitment to occupational safety and health activities in the enterprise and make appropriate arrangements for the establishment of an occupational safety and health management system.

Workers have the responsibility to cooperate with their employer in creating and maintaining a safety culture at the workplace and to participate actively in the enterprise's occupational safety and health management system. They should be consulted, informed and trained on all aspects of occupational safety and health and have the time and resources to participate actively, for example in safety and health committees. As the ILO-OSH Guidelines put it,

Worker participation is an essential element of the occupational safety and health management system in the organization.

The ILO – the unique place in the world where governments, employers and workers come together on an equal footing – is well placed to influence the global OHS agenda. As UN Secretary-General Kofi Annan put it,

Safety and health of workers is a part and parcel of human security. As the lead United Nations agency for the protection of workers' rights, the ILO has been at the forefront of advocacy and activism in promoting

¹ Available at the following web site:
<http://www.ilo.org/public/english/protection/safework/managmnt/index.htm>

safety and health at work. Safe work is not only sound economic policy, it is a basic human right.

Assessing the problem

Everyone, whether governments, employers or workers, agrees that the prevention of injury, illness, disability and death due to occupational accidents and diseases is imperative. The preventative work of creating a safety culture as an integral part of achieving corporate goals is therefore of the highest concern to all. In order to make progress towards this, we need to benchmark the extent to which occupational injury and illness occur in the world. The ILO generates global estimates on the number of occupational accidents and diseases.

The table below shows the ILO estimates of occupational fatalities divided by gender (see Figure 1). To a large extent the difference between the numbers for

Estimating occupational accidents and diseases

- The ILO estimates are not recorded or reported accidents, but they are based on existing information on the actual exposures to work-related hazards and risks and what is known about the consequences of exposure to these hazards. Commuting accidents are not included in our figures.
- Practically no country has a comprehensive reporting and recording system, in particular for work-related diseases, and the existing workers' compensation systems are based on administrative decisions on what to insure and compensate.
- It is not uncommon to find employment injury insurance schemes in developing countries that cover only 2-3% of the workforce in terms of accidents, while not covering occupational diseases at all.

men and women can be explained by the distribution of hazardous jobs. More men work in jobs where they are exposed to hazards caused by asbestos and other carcinogenic substances, from accident hazards, and circulatory and respiratory disease. On the other hand, with large numbers of women working in agriculture in developing countries, they are particularly vulnerable to communicable diseases, such as work-related malaria, hepatitis, schistosomiasis

(infection by a water-borne parasite) and other bacterial, viral and vector-borne diseases.

Figure 1: Gender based global estimates of occupational fatal accidents and fatal work -related diseases, (ILO 2000)

Causes	Work-related mortality, men	Work-related mortality, women	Gender-based work-related mortality estimate
Communicable diseases	108,256	517,404	625,660
Malignant neoplasms	570,008	64,975	634,984
Respiratory systems diseases	127,226	17,562	144,788
Circulatory systems diseases	337,129	112,214	449,343
Neuro-psychiatric conditions	18,827	5,384	24,212
Digestive systems diseases	16,307	4,959	21,266
Diseases of the genitourinary system	9,163	1,200	10,362
Accidents and work-place violence	311,493	34,226	345,719
Total mortality	1,498,410	757,925	2,256,335

Source: www.ilo.org/safework

The ILO insists that, together with economic development, an important component of a national programme on occupational safety and health in any country should be building up a reliable evidence base on the *real number* of work-related accidents and diseases. This information can then be the baseline for prevention programmes, standard-setting, advocacy and promotion.

The message to be put across is that through the implementation of a safety culture, many work-related deaths and diseases could be prevented. World Day for Safety and Health at Work, held on 28 April each year, gives us a chance to promote this message.

The ILO's Global Strategy for Occupational Safety and Health

At the International Labour Conference in June 2003 the ILO adopted a Global Strategy for Occupational Safety and Health. This Global Strategy is based on two pillars, the first of which is promoting a safety culture. In a safety culture, the right to a safe and healthy working environment is respected by governments, employers and workers. All parties need to work together to actively support a safety culture, using appropriate rights, responsibilities and duties backed up with fitting values, attitudes and behaviours at all levels. World Day for Safety and Health at Work is an integral part of the ILO's efforts to promote a safety culture.

The second pillar of the Global Strategy concerns the importance of managing occupational safety and health by means of a 'systems approach' . The systematic management of occupational safety and health – at national and international levels - is the most effective method for improving the impact of national programmes, systems and means of action. The aim should be to achieve a sustained decrease in work-related fatalities, injuries and diseases, resulting in healthy and productive workers from the start to the end of working life.

The ILO Global Strategy has a "tool box" to assist its constituents in transforming goals into reality. The main tool defined at the International Labour Conference in June 2003 was the elaboration of a Promotional Framework designed to put safety and health higher on the agenda of member States. The Promotional Framework will serve to call attention to existing ILO standards in this area, raise the awareness of social partners to the fact that safety and health is a responsibility to be shared by all, and strengthen national occupational safety and health systems.

Another component of the tool box is technical assistance and cooperation to help countries assess their needs and take appropriate action progressively and continually to improve their national occupational safety and health systems, while promoting ILO instruments and values. This assistance should focus on the establishment and implementation of national SafeWork (occupational safety and health) programmes by governments in close collaboration with employers, workers and their organizations. Many such Programmes, which include specific targets and measurable indicators, have recently been initiated.

A third component is advocacy and promotion campaigns. *World Day for Safety and Health at Work* is one example of a world-wide campaign which has taken up the banner of promoting a safety and health culture to reduce deaths and diseases related to work. Using reports, posters, the media and local, ideally

tripartite, events on or around the 28th April every year the ILO aims to raise awareness of the pressing need to establish a safety culture in as many workplaces around the world as possible.

World Day for Safety and Health at Work 28 April 2004

In line with the ILO's Global Strategy, the overarching theme for World Day this year is creating and promoting a safety culture at work. Within that theme, three major issues in the field of occupational safety and health among the many areas worthy of attention have been selected for their impact and timeliness. This report addresses the issues around hazardous substances, workplace violence and occupational respiratory diseases, and what the ILO is doing to encourage a safety culture in these fields.

The first section concerns the area of hazardous substances at work. Chemical substances improperly handled at work can affect workers' health to an alarming extent. Even more alarming is the potential for causing death and injury to the community and the environment around the workplace in the case of major accidents. This year is the 20th anniversary of the tragic Bhopal gas leak, which killed thousands of people living near the plant. This should serve as a reminder of the terrible consequences of mismanagement of chemicals and how vital it is for everyone's sake to have a safety culture at work.

The second section takes on what might be considered a modern phenomenon: workplace violence. The occurrence of workplace violence is not new, but the importance of preventing it has received more recognition in recent years, both in the interests of workers' health and corporate survivability. A safety culture based on mutual respect is a key element in preventing workplace violence.

Thirdly, this report presents occupational respiratory diseases as a major cause of work-related illness and death around the world. As a result of breathing in dusts at work, people are dying of cancers and lung diseases - incurable once contracted, but easily preventable. The rates of illness in the developing world are particularly high, and the ILO is currently engaged in a number of international efforts to promote a safety culture so as to prevent these deaths from occurring.

Where work is not safe, it is not decent work, and all three of the areas mentioned above represent barriers to decent work. The ILO's World Day for Safety and Health at Work aims to put the spotlight on safety and health at work, raising awareness of the problems and encouraging follow-up action to eliminate,

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reduce and prevent deaths and injuries resulting from work, thus promoting decent and safe work.

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Hazardous Chemicals

Chemicals have become an important part of our life, sustaining many of our activities, preventing and controlling many diseases and increasing agricultural productivity. However one cannot ignore the fact that many of these chemicals may, especially if not properly used, endanger our health and poison our environment.

It has been estimated that approximately one thousand new chemicals come onto the market every year, and about 100 000 chemical substances are used on a global scale. These chemicals are usually found as mixtures in commercial products. One to two million such products or trade names exist in most industrialized countries. More substances and rising production mean more storage, transport, handling, use and disposal of chemicals.

Many substances that are used regularly at work will contain chemicals which, if not handled correctly, can cause harm. The ILO estimates that of the 2 million fatalities related to work each year, 439,000 are caused by chemicals and of the 160 million cases of work-related disease, 35 million are due to chemicals. Widespread concern over fatalities and work-related disease resulting from chemicals is on the rise due to the rapidly increasing inventory of chemicals in commercial use, especially in developing countries where adequate control measures are often unavailable. Figure 2 shows the estimated annual average number of deaths attributable to occupational exposure to hazardous substances by condition in the world.

Figure 2: Estimated annual average number of deaths attributable to occupational exposure to hazardous substances by condition worldwide

Causes of death	No. of deaths		Estimated percentage attributed to hazardous substances		No. of deaths attributed to hazardous substances
	Men	Women	Men	Women	
Cancer (Total)					314,939
Lung cancer and mesothelioma	996,000	333,000	15 %	5 %	166,050
Liver cancer	509,000	188,000	4 %	1 %	22,240
Bladder cancer	128,000	42,000	10 %	5 %	14,900
Leukemia	117,000	98,000	10 %	5 %	16,600
Prostate cancer	253,000		1 %		2,530
Cancer of mouth	250,000	127,000	1 %	0.5 %	3,135
Cancer of oesophagus	336,000	157,000	1 %	0.5 %	3,517

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Stomach cancer	649,000	360,000	1 %	0.5 %	8,290
Colorectal cancer	308,000	282,000	1 %	0.5 %	4,490
Skin cancer	30,000	28,000	10 %	2 %	3,560
Pancreas cancer	129,000	99,000	1 %	0.5 %	1,785
Other and unspecified cancer	819,000	1,350,000	6.8 %	1.2 %	71,892
Cardiovascular disease, 15 - 60 years	3,074,000		1 %	1 %	30,740
Nervous system disorders, 15 + years	658,000		1 %	1 %	6,580
Renal disorders, 15 + years	710,000		1 %	1 %	7,100
Chronic respiratory disease, 15 + years	3,550,000		1 %	1 %	35,500
Pneumoconioses estimate	36,000		100 %	100 %	36,000
Asthma 15 + years	179,000		2 %	2 %	3,580
TOTAL					438,489

Source: ILO SafeWork

Major accidents

Most chemical accidents affect a relatively small number of individuals and are often not reported. Unfortunately, in certain cases, chemical accidents can have disastrous effects with great loss of life and extreme damage to the environment. The year marks the 20th anniversary of Bhopal, one of the worst chemical industrial disasters ever. On the night of 2 December 1984, a gas leak caused a deadly cloud to spread over the city of Bhopal in central India, leaving 2,500 people dead and injuring over 200,000 in the space of a few hours. The accident occurred because of a runaway reaction in one of the tanks in which methyl isocyanate (MIC) was stored. The concrete storage tank containing some 42 tonnes of this compound, used to manufacture pesticides, burst open and vented MIC and other breakdown chemicals into the air. To this day, the effects of the disaster are still being felt. Many of the survivors suffer from long-term health problems, and there is still extensive water and soil pollution in the region.

Although the outcry after Bhopal led to increased attention to the dangers of chemical hazards, the potential for major accidents has not gone away and is not limited to the developing world. Just recently an explosion at a fertilizer factory in Toulouse, France, in September 2001 killed over 31 people and injured more than 2,400. A strong safety culture should include strengthening the system for the

prevention of these major accidents in addition to advocating for the safe use of chemicals in general.

ILO instruments and tools for chemical safety

The ILO has been active in the area of safety in the use of chemicals at work since its foundation in 1919. Some of its very first instruments (Conventions, which become legally-binding if ratified, and Recommendations) concerned chemical safety. More recently two major Conventions on chemical safety have been adopted which form the basis for much of the ILO's current work in this area, coupled with work on technical assistance for ILO member States and the development of chemical safety information systems.

The Convention on Safety in the Use of Chemicals at Work, 1990 (No. 170) calls for the establishment of a national system ensuring the flow of information on chemicals from suppliers to users in the context of a coherent national policy on safety and the use of chemicals at work. Information is a key factor in successful preventive action at workplaces, because the first step to avoiding a danger is recognising the hazard. The Convention calls for the information flow to be channelled in a national classification and labelling system for use by suppliers of chemicals and by employers. It also sets out employers' responsibility for workers' training and operational control measures such as monitoring of exposure to chemicals at the workplace.

The objective of the Prevention of Major Industrial Accidents Convention, 1993 (No. 174), is not just preventing major accidents involving hazardous substances but also limiting the consequences of such accidents. The Convention requires ratifying States, in consultation with other interested parties in their country, to create a coherent national policy, covering the identification and reporting of major hazard installations, as well as providing mechanisms for responsible decision-making on where to locate such installations. Provision of information to the public and to workers is a key element, as is employer responsibility for establishing and maintaining a system of major hazard control.

As well as Conventions – which are legally binding if ratified – and Recommendations, the ILO has also produced numerous Codes of Practice, guides and systems for providing information. One of the newest ILO tools in the field of chemical safety is the Globally Harmonised System for the Classification and Labelling of Chemicals (GHS). Emerging from Convention 170's provision calling for a national classification system, the GHS was developed to provide a ready-made international tool for ratifying states to use. In December 2002 the final

version of the GHS was adopted, and was officially published in 2003 in the six languages of the UN². The GHS has been designed to be universally applicable, covering both pure chemical substances and mixtures, and a number of settings where chemicals are encountered such as the workplace where they are actually utilized and during the transport of dangerous goods. The GHS will also serve consumer and environmental needs.

International Chemical Safety Cards (ICSC) are designed to serve as an international reference for chemical safety information. They summarize essential health and safety information on chemical substances in a clear way and are intended for use at the shop-floor level by workers, and by those responsible for workplace safety and health. The Cards are currently being harmonised to the GHS classifications. Currently about 1300 ICSCs are available free of charge on the Internet in 16 languages. Downloads of the ICSCs are estimated at over 1.5 million per year, showing considerable impact and usefulness.

Future perspectives

The GHS is a global framework which provides a basis for consistency in information sharing on chemical hazards. For those countries which have not developed national systems for classification and labelling, the existence of the GHS makes it easier to adopt the Chemicals Convention by providing the classification and labelling system required by the Convention. For those countries which already have national systems for classification and labelling, soonest adoption of the GHS and review of other preventive measures described in the Chemicals Convention will strengthen national systems and contribute to creating a global alliance for chemical safety. As more and more chemicals are traded across national borders, the adoption of the GHS will help to improve chemical safety measures by providing appropriate information that can easily be shared on an international basis. Government commitment to chemical-related Conventions and the GHS needs to be followed by national legislation and effective enforcement. The task of enforcement usually falls to the labour inspectorates, who should be adequately resourced to so do and to give advice and information on how to comply with national legislation.

In light of the fact that major industrial accidents involving hazardous chemicals are still occurring around the world, both developed and developing countries need to review the existing systems for major hazard control with a view to further strengthening preventive measures. To this end, the ILO provides a number of instruments and tools, some of which have been presented in this

² English, Spanish, French, Chinese, Arabic and Russian

paper. Use of these instruments and tools is a good step towards creating a safety culture in which safety is a reflex rather than a burden.

Workplace Violence

The phenomenon of workplace violence continues to be part of working life. There is, however, growing recognition of the threat workplace violence poses both to workers' health and to corporate survivability. Governments, employers and workers can all suffer financial and other losses as a result of workplace violence. Historically workplace violence may have occurred but it has not been considered a problem. Today however, respect for human rights means that violence is becoming more and more unacceptable at the workplace.

In building a safety and health culture to address workplace violence there are a number of means of action that governments, employers and workers can use. These include a recent ILO Code of Practice; an educational programme that capitalizes on social dialogue, addressing psychosocial problems including workplace violence at a policy and shop-floor level; and a recent technical publication on programmes and policies to prevent workplace violence.

According to recent literature, in 2002 in the United States approximately two million workers were victims of workplace violence. In the United Kingdom 1.7% of working adults (357,000 workers) were the victim of one or more incidents of workplace violence. As workplace violence may originate outside the workplace, within the workplace or be brought into the workplace by a client or customer, it is essential that in the context of a safety culture and through social dialogue there are comprehensive policies and action to swiftly and effectively deal with the problem.

What is workplace violence in the Code of Practice?

One of the ILO's most recent Codes of Practice concerns workplace violence³. The Code is intended to serve as a basic reference tool to stimulate the development of national laws, policies and programmes of action at the regional, national, sectoral, enterprise, organization and workplace levels, specifically targeted at and adapted to different cultures, situations and needs.

³ The full title of the publication is "Workplace violence in services sectors and measures to combat this phenomenon". It is available at:
www.ilo.org/public/english/dialogue/sector/techmeet/mevsws03/mevsws-cp.pdf

In this publication⁴, workplace violence is defined as: "Any action, incident or behaviour that departs from reasonable conduct in which a person is assaulted, threatened, harmed, injured in the course of, or as a direct result of, his or her work", whereby the reference to "direct result" is understood to mean that there is a clear link with work, and that the action, incident or behaviour occurred within a reasonable period afterwards. Workplace violence can be internal, meaning between workers, or external, meaning between workers and any other person present at the workplace.

The principles on which the Code is based are the provision in the Occupational Safety and Health Convention, 1981 (No. 155) for the creation of optimal physical and mental health in relation to work and the provisions of the Discrimination (Employment and Occupation) Convention, 1958 (No. 111) directed at promoting decent work and mutual respect, and combating discrimination at the workplace.

Workplace violence can have a great impact on enterprises or organizations in which it takes place. The Code of Practice suggests several indicators to measure whether workplace violence is an issue for a given enterprise or organization. These include factors like absenteeism, sick leave, accident rates and personnel turnover.

These factors are typical measures of productivity as when rates are high, resources have to be redirected to meet shortfalls. Preventing workplace violence can contribute to using scarce resources to improve productivity and the provision of services.

Workplace violence can also take a heavy toll on workers' health and well-being. When workers are assaulted, harmed or injured there is an impact on their health. Pain though is never merely physical, but has a psychological aspect however it is caused. When pain is the result of violence and personal attack, the impact on well-being and mental health cannot be neglected. However personal attacks rarely occur without a build-up.

The Code of Practice identifies the following as possible signs of workplace tension which may be part of the lead-up to workplace violence:

- *abuse,*

⁴ A Code of Practice is a document with guiding function drawn up on a tripartite basis. However, unlike Conventions and Recommendations, they are not open to ratification and are not legally binding. While the new Code of Practice nominally addresses only workplace violence in the public services sector, much of its guidance is appropriate for any workplace.

- *aggressive body language,*
- *harassment,*
- *expression of intent to cause harm.*

Whether preceded by or combined with threats, verbal abuse or other types of harassment, any worker subject to workplace violence is likely to suffer both physically and mentally.

Social dialogue in the Code of Practice

The Code states that preventing workplace violence should be included in national, sectoral, workplace and enterprise agreements, and personnel policies and practices to promote mutual respect and dignity at work are essential. A safety culture created through social dialogue is an effective tool to encompass policies and practices aimed at preventing violence.

Governments' role is to promote national policies that address the issue of work-related violence effectively, usually through their labour inspectorates. They should promote the adoption of occupational safety and health management systems that enable employers to assess the risks of work-related violence and then to take effective action to deal with those risks. With labour inspectorates working in partnership with employers' and workers' organizations, good practice guides may then be developed at a local level. The Code of Practice also recommends government leadership in relation to research, legislation, mobilizing financial resources and forms of collaboration to address the problem of workplace violence.

Employers have the responsibility for conducting risk reduction and management and providing appropriate grievance and disciplinary procedures. Appropriate policies and agreements should be created with worker involvement, and information and training should be provided.

Workers and their representatives should take all reasonable care to prevent, reduce and eliminate the risks associated with workplace violence. In fulfilling this objective, they should work through health and safety committees in such areas as developing and implementing appropriate risk assessment strategies and prevention policies, providing information on workplace violence prevention and, cooperating with employers in the development of training courses for all workers on preventing workplace violence.

Safety culture to prevent workplace violence

Enterprises and organizations which have a functioning safety culture are less likely to suffer from high rates of workplace violence, as the possible signs of workplace tension are prevented from occurring before they can escalate into workplace violence itself.

In order to build an effective safety culture that addresses workplace violence the Code of Practice recommends that,

priority should be given to the development of a constructive workplace culture based on decent work, work ethics, safety, mutual respect, tolerance, equal opportunity, cooperation and quality of service.

The Code further states that this should include:

- *clear objectives as to the key role of human resources in achieving a quality service;*
- *an emphasis on the organization and all its people sharing common objectives;*
- *commitment to preventing workplace violence.*

The Code of Practice emphasizes that a clear policy statement of intent should be issued and communicated by the top management, recognizing the importance of efforts to eliminate workplace violence.

As far as implementation is concerned, the Code recommends a management system dealing with workplace violence which should include strategies to combat workplace violence, awareness-raising, communication and an assessment of work practices and the work environment and, where appropriate, improvement to prevent workplace violence.

SOLVE: social dialogue, policy and action to prevent workplace violence

To assist in the design a constructive workplace culture, the ILO provides a unique educational programme called SOLVE.

Complementary to the Code of Practice, the programme stresses that there is a need for a holistic enterprise policy focusing on occupational safety and health needs, including problems like workplace violence.

The policy approach is only useful if it is followed up with shop floor action. SOLVE also provides organizations with training material for autonomous and tailored education for workers. Unfortunately traditional approaches have not always addressed the policy requirements or the action required to reduce the negative impact of psychosocial problems.

The ILO's SOLVE programme, operated by the SafeWork department, provides a response to the problem of workplace violence. It combines economic and social objectives by stressing win-win, low cost, practical solutions that meet the needs of both industry and workers. With the implementation of SOLVE activities, a capacity can be established to address, in a combined way, violence, drugs, alcohol, stress, tobacco and HIV/AIDS issues within occupational health and safety and industry development programmes.

In concert with employers' organizations, workers' organizations, governments and institutions, the ILO is striving to establish the capacity to develop and implement SOLVE in a number of different countries in both developing and developed countries around the world. The SOLVE programme is currently available in English, French and Thai, and more translations are underway. SOLVE also trains Course Directors and National Facilitators to organize and implement the SOLVE programme locally. The capacity to implement SOLVE currently exists in 25 countries with over 150 Course Directors world-wide.⁵

“Preventing and responding to workplace violence”

The ILO's new book, “Preventing and responding to workplace violence”⁶ offers information and guidance on how to systematically design and implement workplace prevention programmes and policies.

As well as reviewing an array of existing guidelines and policies developed by different social partners and thus generating a useful survey of best practice strategies, it also outlines a reliable and effective method for developing a

⁵ For further information please see

www.ilo.org/public/english/protection/safework/whpwb/solve/index.htm

⁶ Rodgers K.A. and Chappell D. (2003) *Preventing and responding to workplace violence*, ILO: Geneva

violence prevention and response programme tailored to the individual workplace. This method guides managers on how to assess and describe risk, how to design and implement appropriate measures, as well as how to monitor and review the measures taken. ACTRAV, the Bureau for Workers' Activities, has also prepared an issue of its quarterly review *Labour Education* entirely dedicated to violence at work. The issue will include articles on different aspects of violence, particularities of specific sectors, costs and effects of violence as well as trade union responses to the problem and legislative measures. The review will be published mid 2004.

In the words of the Code, workplace violence is a "major threat to health and safety, service efficiency, productivity, equal treatment and decent work." If all the social partners commit to preventing workplace violence, we are one stage closer to enjoying an effective safety culture.

Occupational Respiratory Diseases (ORD)

The emergence of occupational respiratory diseases (ORD) as a specific group of occupational illnesses is closely linked to economic development. The industrial revolution resulted in the rapid growth of urban working populations. At the same time, extensive use of coal in industry and for heating brought workplace and atmospheric pollution into overcrowded towns, resulting in a sharp increase in deaths from ORD. Later on the rapid development of mining, tunneling and quarrying operations, construction, foundries, shipbuilding, metallurgical, textile and chemical industries was accompanied by widespread use of asbestos, silica, natural minerals, man-made inorganic and organic materials, manufacture of glass, ceramics, and abrasive powders. However, failure to accompany this industrial development with effective preventive measures and dust control techniques to protect workers has resulted in a high prevalence of ORD worldwide.

The magnitude of the problem

Today, occupational respiratory diseases continue to make up a considerable proportion of occupational illnesses, amounting to as much as 15-30% of all work-related diseases, with particularly occupational asthma rising steadily during the last decade. According to our estimates, millions of workers continue to be exposed every day to contaminated air in industry and agriculture and are at risk of contracting highly disabling and debilitating diseases. Of all occupational illnesses, occupational lung diseases represent the most important cause of permanent disability and premature death. Despite all efforts made by governments, industry and safety and health experts, millions of new cases come to light every year and many cases remain undiagnosed or not reported due to the limited preventive capacities of many national occupational safety and health infrastructures.

Quite apart from the suffering caused to workers and their families, occupational respiratory diseases represent a huge burden on national economies and workmen's compensation systems in terms of sickness absenteeism, lost working days, disabilities, compensatory payouts and loss of qualified labour. Much work needs to be done to achieve a measurable reduction of the individual suffering of workers affected by these diseases and to reduce the economic costs.

The problem of occupational exposure to fibrogenic dusts (dusts which damage lungs causing fibrosis) and the resulting lung diseases known as pneumoconioses

has been a long-term concern at the national and international level. Of all occupational lung diseases, silicosis, asbestosis and coal-workers' pneumoconiosis are the most widespread, incurable and disabling. Of these, silicosis is probably the oldest and the most prevalent worldwide. Inhaled silica from occupational sources is a recognized human carcinogen (Group 1) according to the classification of the International Agency for Research on Cancer⁷. The illnesses caused by asbestos fibres are amongst the most serious and costly occupational diseases. In the industrialized countries of Western Europe, North America, Japan and Australia, 20,000 asbestos-induced lung cancers and 10,000 cases of mesothelioma (another type of cancer) are estimated to occur each year. Even though dust control measures and the conduct of health surveillance over the last forty years have resulted in a substantial reduction in the prevalence of pneumoconioses in industrialized countries, new cases continue to be registered.

All OECD countries have national activities related to the prevention of ORD and/or specifically targeting silicosis and other pneumoconioses. Many national specialized institutions such as Occupational Safety and Health Administration (OSHA) and National Institute for Occupational Safety and Health (NIOSH) in the USA or the Health and Safety Executive (HSE) in the UK have developed silicosis elimination strategies, technical documentation and tools which can be used by other countries as models for their own national programmes. Finland, Sweden and Switzerland, after decades of constant efforts, have succeeded in eliminating silicosis. However, their experts make the point that this type of success will last only as long as exposure continues to be controlled.

In developing countries and countries in transition the problem is far greater than in the industrialized countries because there tens of millions of workers who are engaged in common primary industries, such as construction and mining, are at risk of developing pneumoconiosis or silicosis. To take just two examples, in Latin America 37% of miners have silicosis, rising to 50% among miners over 50. In India the rate is as much as 54.6% for slate pencil workers and 36.2% for stone cutters. It is feared that in the next 20-30 years asbestos will prove to be a health "time bomb" in these countries.

Key capacity gaps in prevention

As is the case for occupational diseases in general, reliable global statistics on the incidence and prevalence of occupational respiratory diseases are difficult to generate due to lack of reporting and non-standardized reporting on the part of

⁷ IARC Monograph: Silica, Some silicates, Coal Dust and *para*-Aramid Fibrils (Vol.68), 1997

the majority of countries. Other causes of chronic under-reporting, particularly in developing countries, are the lack of or ineffective mechanisms for recording and notifying occupational accidents and diseases, and the fact that the large majority of workers are in the informal economy, for which, by its nature, very few data are available.

In many countries technologies and processes used are often obsolete and intrinsically hazardous, dust-control measures are inadequate, and concentrations of respirable dust are often higher than the generally acceptable exposure limits. Workers' health surveillance systems are not effectively organized or non-existent. The most serious barrier to prevention is that high proportions of workers exposed to fibrogenic dusts are employed in small-scale industries and, especially in developing countries, are often out of reach of preventive efforts.

Other capacity gaps for effective prevention include the lack of both general awareness and adequate information about the problem, at the institutional and enterprise levels. There is also a lack of appropriate training and difficulties in making this training and safety and health information available to employers in small and medium sized enterprises and to their exposed workers. Often there are no precise regulations and, if they exist, they are not effectively enforced. Where obsolete technologies are in use, the risks are greater, but resources are mostly allocated to deal with the consequences of exposure rather than with its prevention. Primary prevention is however possible through technical control of dust generation as well as prevention through the provision of personal protection systems. Particularly in developing countries there is a general lack of resources to apply preventive measures or to employ cleaner production processes.

The ILO's response

The combat against occupational respiratory diseases has a long history in the ILO, beginning with the First International Conference on Silicosis in Johannesburg, South Africa, as far back as 1930. The ILO programme on ORD was established at about the same time. The 10th International Conference on Occupational Respiratory Diseases (10th ICORD) will be held in 2005 in Beijing, China⁸.

In response to the problems outlined, the international community has developed a whole "technical toolbox" of measures to prevent occupational respiratory diseases around the world. Here we present a few of those tools.

⁸ [Hhttp://icord2005.com](http://icord2005.com)H

In the 1990s, ILO and WHO carried out awareness raising workshops for national decision-makers, involving OSH professionals as well as employers' and workers' organizations. The workshops were designed to assist countries in their efforts to prevent ORD and establish national silicosis elimination programs. A special training program established by the ILO has considerably contributed to the improvement of practical skills of specialists in developing countries using the *ILO International Classification of Radiographs of Pneumoconiosis* for early detection of pneumoconiosis. The programme has brought together specialists from developed and developing countries.

In addition to this, there is the ILO/WHO Global Programme for the Elimination of Silicosis (GPES), which was initially called into being by the Joint ILO/WHO Committee on Occupational Health in 1995. The GPES is an international technical cooperation program designed to assist countries in their action to combat silicosis and eliminate it as an occupational health problem worldwide. The GPES provides a framework designed to foster and facilitate the exchange of the knowledge, technical expertise, lessons learned and good practices that can assist in the elimination of silicosis and other related ORD.

One of the principal means of action within the context of the GPES is to catalyze long term cooperation between countries, intergovernmental organizations, employers' and workers' organizations, as well as expert non-governmental bodies. It also aims to promote the development of National Action Plans and the establishment and implementation of National Programmes. Finally it provides countries with the technical assistance necessary to initiate and implement programmes focused on the elimination of silicosis.

The GPES is rapidly developing a track record of success. China, Brazil, India, Thailand and Vietnam have developed National Action Plans and have begun to implement National Programs. Also, China, Indonesia, Brazil, Chile, Mexico, Turkey, Lebanon, Russia, Poland, Ukraine, Senegal, South Africa and Burkina Faso have or are in the process of conducting national awareness raising campaigns. A number of other developing countries have expressed a strong interest in taking part in the GPES following other positive experiences with ILO technical cooperation assistance.

Future action: social dialogue and OSH systems

Governments have a key role to play in promoting national policies and practices that effectively reduce and eventually eliminate occupational respiratory diseases. A key strategy to achieving this is promoting and implementing a safety culture at

all levels. Legislation should be in place to achieve such objectives, and it must also be effectively implemented and enforced. Occupational health services and labour inspectorates are responsible for carrying out this job, and they need enough human and financial resources, as well as the appropriate training, to do so effectively.

Governmental agencies such as occupational health services and labour inspectorates should also collaborate with employer and worker organizations in order to enlist the support of their social partners in promoting such policies and in tackling these risks. The aim should be to publicize the risks as far as possible in relevant sectors and to encourage the use of preventive measures that can be taken so as to reduce and eventually to eliminate the diseases.

Current advances in science and technology make these diseases among the most preventable. In view of the successes in some countries, such as Finland, Sweden and Switzerland, in eliminating silicosis altogether, such programmes can be used as a model for a global strategy aimed at eliminating hazardous dusts from the working environment and thus removing the threat to human health.

Exposure to respiratory hazards is but one of the numerous risks that can be encountered in working environments. The response to many of these problems is carried out by national occupational safety and health infrastructures, which however are often not well co-coordinated. A coherent approach to the successful prevention of occupational respiratory diseases must be developed in the general context of strengthening national OSH infrastructures, including occupational health systems, as recommended by the WHO Global Strategy on Occupational Health for All and more recently by the International Labour Conference Resolution on an integrated approach to OSH (June 2003). Within well co-coordinated national occupational safety and health programmes, the establishment of national action programmes on the elimination of silicosis should have high priority, as should the promotion of the relevant ILO international standards on occupational safety and health⁹ in order to contribute to the creation of an effective safety culture.

⁹ In particular the Occupational Cancer Convention, 1974 (No. 139), the Occupational Safety and Health Convention, 1981 (No. 155), the Occupational Health Services Convention, 1985 (No. 161) and the Asbestos Convention, 1986 (No. 162) and their accompanying Recommendations, as well as the related Codes of Practice and Guidelines

Web Resources

The ILO World Day for Safety and Health at Work homepage:
www.ilo.org/safework/safeday

The ILO SafeWork homepage:
www.ilo.org/safework

A database of ILO international standards:
www.ilo.org/ilolex

ILO standards on occupational safety and health:
www.ilo.org/public/english/protection/safework/standard.htm

ILO Codes of Practice on occupational safety and health:
www.ilo.org/public/english/protection/safework/cops/english/index.htm

The Code of Practice on workplace violence (current temporary location):
www.ilo.org/public/english/dialogue/sector/techmeet/mevsws03/mevsws-cp.pdf

The ILO Publications homepage:
www.ilo.org/public/english/support/publ/index.htm

The IOE homepage
www.ioe-emp.org

The ICFTU homepage
www.icftu.org/

The SafeWork page on chemical safety
www.ilo.org/public/english/protection/safework/chemsfty/index.htm

The SOLVE homepage:
www.ilo.org/safework/solve

The SafeWork page on respiratory diseases
www.ilo.org/public/english/protection/safework/health/index.htm