

## 出國報告（出國類別：其他/會議）

### 參加 2016 年亞洲職業安全衛生研究機構研討會 (AOSHRI Conference)

#### 出國報告

服務機關：勞動部勞動及職業安全衛生研究所

姓名職稱：何俊傑 主任秘書/吳幸娟 副研究員

派赴國家：斯里蘭卡

出國期間：105 年 10 月 7 日至 10 月 13 日

報告日期：105 年 11 月 17 日



# 摘要

出國報告名稱：參加 2016 年亞洲職業安全衛生研究機構研討會(AOSHRI Conference)

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關 鍵 詞：職業安全衛生、AOSHRI

內容：

本次行程為「參加 2016 年亞洲職業安全衛生研究機構研討會(AOSHRI Conference)」，此會議於 2004 年由日本國立產業衛生研究所發起，做為亞洲各國職安衛智庫合作平台。本(第 6)次會議在斯里蘭卡可倫坡市召開，會議主題為新興的職業安全衛生風險與投資(Emerging OSH risks and investing on OSH)，與會人員包括日本、新加坡、馬來西亞、越南、我國及主辦國等代表，按會議主題議題報告各國職業安全衛生研究現況。

會中我方代表除說明我國職安衛研究現況外，並介紹本部如何將「中式餐廳廚師罹患肺腺癌」納入職業病給付之學理依據及過程，進行專題報告；由於中式烹煮方式各國皆有，報告經與各國廣泛交流討論後，甚獲好評。後續經主辦國斯里蘭卡提議，現任秘書長新加坡代表全力支持下，未經票選即由出席會員國全體無異議鼓掌通過，由我國取得下屆 2018 年主辦權；循例主辦國將可指定該屆會議商討之職業安全衛生議題，請其他會員國就該國經驗、現況提出報告及提供所需資料。

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## 壹、 活動背景及目的

亞洲職業安全衛生研究機構會議(Asian Occupational Safety and Health Research Institutes Meeting，以下簡稱 AOSHRI 會議)於 2004 年由日本國立產業衛生研究所發起，做為亞洲各國職安衛智庫合作平台。目前計有日本、韓國、中國大陸、馬來西亞、新加坡、泰國、越南、印尼、斯里蘭卡、汶萊、柬埔寨及我國等 12 個國家之政府安全衛生相關研究機構組成，目前已召開 6 次會議，分別由日本(2004)、韓國(2007)、中國大陸(2009)、馬來西亞(2012)、新加坡(2015)及斯里蘭卡(2016)舉辦。

會議由亞洲各國安全衛生研究機構首長參加與會，參加目的在於交流、討論、並分享安全衛生實務經驗，為本所推展安全衛生研究與國際合作交流業務之重要網絡，不但可推廣本所研究成果彰顯國際影響力，亦可深入瞭解其他國家在職業衛生領域的研究發展現況，蒐集最新各國研究趨勢，獲取最新國際安全衛生資訊及新知，並可建立國際交流網絡，深耕國際合作通路。

表 1 歷年 AOSHRI 會議一覽表

屆	年度	國家	研究機構
1	2004	日本	National Institute of Industrial Health, NIIH 現為 National Institute of Occupational Safety and Health, Japan , J-NIOSH
2	2007	韓國	Occupational Safety and Health Research Institute, OSHRI of KOSHA
3	2009	中國	National Institute of Occupational Health & Poison Control, Chinese Center for Disease Control & Prevention

屆	年度	國家	研究機構
4	2012	馬來西亞	National Institute of Occupational Safety and Health, NIOSH
5	2015	新加坡	Workplace Safety and Health (WSH) Institute
6	2016	斯里蘭卡	National Institute of Occupational Safety and Health, NIOSH



## 貳、活動過程

本(第 6)次會議在斯里蘭卡可倫坡市召開，斯里蘭卡，全名為斯里蘭卡民主社會主義共和國 (The Democratic Socialist Republic of Sri Lanka)，大英國協成員國之一，古稱錫蘭，位於亞洲南部、印度洋上的島國，面積約為台灣兩倍大，由於國土形狀有如水滴，因此斯里蘭卡也被稱為印度洋上的眼淚。

本次會議主題為新興的職業安全衛生風險與投資(Emerging OSH risks and investing on OSH)，與會人員包括日本、新加坡、馬來西亞、越南、我國及主辦國等代表，按主辦單位安全之議題報告各國職業安全衛生研究現況。會議期望促成以下目標：

- 亞洲地區職業安全衛生研究機構相關研究議題討論。
- 職業安全衛生研究機構研究資訊及活動分享。
- 建立研究機構及相關研究人員國際合作網路。
- 建立職業安全衛生研究國際合作機制、解決亞洲地區職業安全衛生問題。

### 一、第 1 天-105 年 10 月 10 日(星期一)

主辦單位在主會場外安排一小型接待室，主辦單位工作人員跟與會人員在此進行報到程序、與會人員之間並彼此交換名片，作初步的認識。

接著，在迎賓的傳統舞蹈帶領之下，與會人員陸續進入會場、進行點燭儀式並播放斯里蘭卡國歌，會議正式開始。



圖 1 斯里蘭卡的傳統迎賓舞蹈



圖 2 何主任秘書俊傑參與主辦國傳統點燭儀式

第 1 天的議程為與會各國代表報告國內職業安全衛生研究現況，報告人整理如表 2，各國報告重點摘述如下(詳細資料如附錄)。

表 2 2016 年 AOSHRI 會議報告人員一覽表

項次	國家	職稱/單位	報告人
1	馬來西亞	Manager of Innovation and Technology Division, NIOSH Malaysia	Mr. Amirridun Abdul Aziz
2	台灣	Chief Secretary ILOSH, Taiwan	Dr. Jiune-Jye Ho
3	新加坡	Workplace Safety and Health Institute, Singapore	Ms. Azrina Binte Abdul Azim
4	日本	Director General, JNIOOSH Deputy Director General, JNIOOSH, Japan	Dr. Yasuo Toyosawa Dr. Shigeki Koda
5	斯里蘭卡	Director General, NIOSH, Sri Lanka Chairman, TEDHA, Sri Lanka	Dr. Champika Amarasinghe Dr. Panduka Wijeratne(Tropical and Environmental Disease and Health Associates (Pvt.) Ltd.)
6	越南	Director, NIOSH, Vietnam	Dr. Doan Ngoc Hai

(一)馬來西亞：

職業災害件數自 2005 年至 2015 年已逐年降低，目前設定的目標為職災死亡件數發生率降至 2.5 人/每 10 萬人，至 2020 年的重點規劃有：勞工健康支持計畫、國內職業安全衛生向上提升計畫及職業災害國家損失降低計畫

等。對於國內的企業將加強職業安全衛生教育、職業安全衛生訓練課程、職業安全衛生輔導諮詢、現場檢查及安全衛生相關資訊傳播等面向。

## (二)台灣：

本所指派何主任秘書俊傑及吳副研究員幸娟代表出席，於會議中除說明我國安全衛生研究現況，並以中式餐飲業廚師罹患肺腺癌(lung adenocarcinoma)於 2014 年經本部職業病鑑定委員會認定為職業病學理依據，與針對餐飲從業人員本所輔導健康防護技術為主題進行報告，深獲與會國家肯定，並引起熱烈討論，詢問內容摘述如下。

- 如何進行有害物採樣分析。
- 如何取得從業人員職業及健康等相關資料。
- 如何確定職業及罹病間的因果關係。

斯里蘭卡表示將立即執行該國職業流病調查研究。新加坡代表並邀請我國參加 2017 年世界安全衛生大會時，建議就此議題作專題報告。

## (三)新加坡：

國內的職業安全衛生現況為職業死亡災害件數自 2004 年至 2015 年已顯著降低，但是營造業的職災死亡件數仍高達 7.2 人/每 10 萬人，高齡勞動者的職業災害件數逐漸有升高趨勢等。

未來的重點規劃為營造業職業安全衛生管理，例如建置事業單位的責任制度、增加需資格認證的優先項目等；其他重點項目包括持續推動一般綜合性的職業安全衛生管理、降低職業傷病、強化金屬加工業及化學製造業等安全措施等。

#### (四)日本：

國內的職業安全衛生現況為職業死亡災害件數緩慢降低，因應產業變動逐步調整職業安全衛生重點項目，研議跨產業、高風險產業的安全衛生管理措施等。強化營造業職業安全衛生管理，並以 2012 年海底隧道工程發生 5 人死亡事件作為案例。

職業傷病方面，發生案例自 1994 年至 2015 年已逐年降低，且多數職業傷病是因為意外事件造成的(佔 94%)；為瞭解職場過勞現象及研究降低職場過勞措施，已成立過勞死調查研究中心，專職研究過勞與心血管疾病的相關性，並證實心血管疾病與心理性疾病與過勞/超時工作(over work)有關。

此外，看護勞工的腰痛、化學物質相關從業人員的健康、被動吸煙(passive smoking)等議題亦為國內專注重點。

#### (五)斯里蘭卡：

當前國內的職業安全衛生問題為非傳染性疾病（Non Communicable Diseases: NCD）增加，營造業在所有行業中發生最多職業災害及死亡件數，顯示營造業職業安全衛生管理尚待加強。

新興的職業安全衛生議題有奈米相關產業的暴露評估、風險評估及管理制度建置，勞動者高齡化衍生的 NCD 及因應對策等、國內職業安全衛生調查及研究能力提昇、官方 NIOSH 與非政府部門 Tropical and Environmental Disease and Health Associates (TEDHA)間安全衛生資訊交流與合作等。

#### (六)越南：

當前國內的職業安全衛生問題為職業災害有增加的趨勢，國內的勞工高達 5,200 萬人、分布在 62 萬多間中小企業，僅 20%作過勞動環境調查，其中僅 13%符合職業安全衛生標準。

職業病方面，以塵肺症、聽力損失及黑色素沉著症(melanosus)最多，但僅有 10%的企業進行職業病相關檢查。健康檢查人數已自 2006 年的 50 萬人增加至 2015 年的 200 萬人，以採礦相關行業檢出的職業病最多，職業災害部分則以營造業發生率最高。

越南的 NIOSH 已與國內相關調查機構合作，就聽力損失、紫外線造的眼部病變、熱危害、勞工心理社會議題進行研究，另一個新興的職業安全衛生議題為職業性癌症及電子相關從事人員的職業健康保護。



圖 3 我方代表進行專題報告



圖 4 日本代表 Toru 博士對我國報告提出回應與問題



圖 5 斯里蘭卡代表對我國報告提出問題



圖 6 寫下主辦國提出當前職業安全衛生的挑戰



圖 7 主辦國勞動部主秘 Gotabaya Jayarathne 與出席代表合照



## 二、第 2 天-105 年 10 月 11 日(星期二)

分組討論各國急待解決的職業安全衛生挑戰 (Challenges) 及限制事項 (Constrains)，並就這些議題說明各國家可提供的資源與協助，建立交流網絡。

與會人士研議亞洲地區的職業安全衛生共通課題 (Challenges) 有：

- 營造業、服務業、醫療從業及中小企業的職業安全衛生政策及管理措施。
- 跨產業的職業安全衛生問題。
- 職業災害通報/報告及國內職災現況掌握問題。
- 高齡勞動者的職業安全衛生問題。
- 風險評估及風險溝通。
- 職業安全衛生專責人員養成及資格。
- 事業主的職業安全衛生意識/文化低落。
- 新興技術因應的職業安全衛生管理。

影響職業安全衛生政策/措施推動的限制事項 (Constrains) 包括：

- 人員面向：勞工的職業安全衛生主觀意識，如：技術、經驗、態度。
- 經濟與預算面向：如：投入安全衛生的預算、企業規模(大型企業 vs 中小企業)。
- 強制力面向：法律、標準、檢查及相關行政規定。
- 市場面向：安全衛生顧問、檢測、設備等市場有限。

第二天另外會議重點為討論以會員國名義簽署合作備忘錄(MOU)，我方代表特別慎重；除表示支持外亦對於起草之草案文字內容加以注意，並參與討論。目前 MOU 草案預計 12 月中旬送各國審定後簽訂。



圖 8 分享我國職安衛現況



圖 9 分組討論



圖 10 分組討論後我方發言回應各國問題



圖 11 我方與馬來西亞代表站立確認 MOU 草案文字細節

### 三、第 3 天-105 年 10 月 12 日(星期三)

上午所有 AOSHRI 成員受邀參與斯里蘭卡的國家職業安全健康週研討會 (National Occupational Safety & Health Conference)。因與會貴賓眾多，開幕及致詞等花費的時間比表定規劃要長，上午的講題直至下午 2 點才告一段落，講題及講者如表 3，演講內容摘述如下，短暫休息用餐後即進行下午的會議。

表 3 斯里蘭卡的國家職業安全健康週研討會專題演講

項次	講題	職稱/單位	報告人
1	Business Benefit of Good OSH	Trainer, Speaker, Author in Personal Effectiveness, Workplace Productivity and Stress Management	Mr. Nalaka Hewamadduma
2	Advantages of Implementing OSH Management System	Executive Director, Workplace Safety and Health Institute, Singapore	Dr. Gan Siok Lin
3	Emerging Occupational Risk in Sri Lanka	Professor of Chemical & Process Engineering, University of Moratuwa	Prof. Ajith De Alwis

#### (一)Business Benefit of Good OSH：優良職業安全衛生制度對企業的效益

企業應體認職場安全衛生為核心價值的一部分，優良的職業安全衛生制度，可由以下面向降低企業支出：

- 降低生產時間損失。
- 降低員工因職業傷病缺勤比率。
- 降低員工離職比率。

- 降低企業保險費率。
- 降低法律相關支出及罰款。
- 強化工作及生產士氣。

## (二) Advantages of Implementing OSH Management System：實施職業安全衛生管理系統的優點

以新加坡職業安全衛生管理系統(OSHMS)為例，說明安全衛生核心價值、及事故預防、持續性改善的作法、以及藉由 OSHMS 運作的正向力量帶領企業及勞工建立更好的工作環境：

- 介紹新加坡職業安全衛生架構。
- 定義職業安全衛生管理系統。
- 職業安全衛生管理執行步驟：Plan-Do-Check-Action。
- 職業安全衛生管理系統運作成功要素。

## (三) Emerging Occupational Risk in Sri Lanka：斯里蘭卡新興的職業安全衛生風險

以下新興工作/技術型態將產生對應的職業安全衛生風險，必須思考解決對策：

- 能源貯存及再生能源。
- 自動化汽機車。
- 自動化生產系統及機器人。
- 雲端及網路相關產業。
- 3D 列印相關產業。

下午則再回到 AOSHRI 會場，討論建立 AOSHRI 網站、研究資料分享方式、決定秘書長人選與下次主辦國相關會議事宜。

與會人員認為 AOSHRI 網站應具備以下功能：

- 提供職業安全衛生相關知識，提昇亞洲各國職業安全衛生水準。
- 提供職業安全衛生研究趨勢及優先順位資訊，拉近區域間資訊落差 (gap)。
- 提供職業安全衛生實務及政策資訊，提昇職業安全衛生專業人員能力。

會中並決定於新加坡職業安全衛生研究所(WSH Institute)既有的網站，建立一個 AOSHRI 成員專屬的資訊交流頁面，先行試辦相關資料上傳與線上討論等功能，再進一步評估建置 AOSHRI 獨立網頁的可行性及作法。

下屆秘書長由主辦國職安所所長 Dr. Aramashie Champia 女士繼任。另外越南等國雖表達主辦下屆之意，經討論各國一致無異議鼓掌通過由我國取得下屆主辦權。

我方主談代表隨即發表感謝致詞，並希望各國給予協助及支持，並承諾我國會盡心辦好下次會議。大會主席建議，希望台灣不要在颱風及登革熱盛行之季節主辦；大家不禁為之莞爾。會後該國勞動部長 Mr. RAVINDRA SAMAEWEERA 得知後，亦主動與我方代表合影留念表達祝賀之意。



圖 12 第 3 日正式會議前勞動部長親臨會場與各國代表合影



圖 13 越南職衛所所長 Doan Ngoc Hai 表達舉辦下屆 AOSHRI 會議之意



圖 14 會後斯里蘭卡勞動部長與我方代表合影





圖 15 當討論是否由我國主辦之時被大會攝影師捕捉到我方兩位代表之神情

## 參、參加心得

由於上屆會議由林次長三貴(前所長)代表出席,與各國首長一直維持良好友誼基礎,因此本所相當重視本次會議;除說明我國職業安全衛生研究現況外,本所代表行前曾進行多次內部討論,規劃於本所眾多研究成果中篩選「領先國際之研究亮點」進行專題報告,讓與會代表瞭解本所研究量能、並彰顯國際影響力。

行前研定就本部如何將「中式餐廳廚師罹患肺腺癌」納入職業病給付之學理依據及過程,進行專題報告,並配合介紹本所開發的餐飲從業人員健康防護技術,與會人員均對研究方法與技術內函表示肯定,且由於中式烹煮方式各國皆有,會中引起熱烈討論,迅速打破人際藩籬、成功達成與各國交流目的。

與會人員來自亞洲國家,有類似的飲食習慣,因此大家對此議題特別「有感」,在午餐時又有與會人員聊起廚房與餐飲從業人員安全衛生議題,新加坡代表並積極邀請我國參加 2017 年於新加坡舉行的世界安全衛生大會,建議就此議題作專題報告、分享給來自世界各地的安全衛生產官學研人士,或將廚房油煙的通風、導煙相關設備進行技術展示。顯示此研究成果確能協助解決餐飲業安全衛生問題,在會議第 1 天眾多報告中即使人留下深刻印象。

此外,主辦單位在會中安排文化體驗,邀請與會人員參訪「獨立廣場」,依據主辦單位說明,「獨立廣場」是為了紀念斯里蘭卡 1948 年自英國殖民地宣布獨立而興建,也是斯里蘭卡 1948 年 2 月 4 日舉行獨立儀式的場所,對斯里蘭卡來說有著相當特殊的意義。停留斯里蘭卡期間,發現斯國民風相當純樸和善,甚至走在街上就有人和你打招呼,並給與真誠的微笑,主辦單位接待人員每個都親切熱忱,在嚴肅的安全衛生議程中,增添一份活潑樂觀的氛圍。

## 肆、結論與建議

1. 社會心理議題(Psychosocial issues)，例如超時/過量工作所引發的身心問題：壓力(stress)、心血管相關疾病等是本次最受到重視的主題，未來本所應該加強此這方面的研究，除了解各行業勞工工作壓力來源與勞工身心狀況外，建議可結合人力資源管理專業，透過組織文化、人際關係、工作成就與自我實現、家庭支持等社會安全(Social Security)面向，尋求解決之道。
2. 在第三日大會中經主辦國斯里蘭卡提議，現任秘書長新加坡代表全力支持下，未經票選即由出席會員國全體無異議鼓掌通過，由我國取得下屆 2018 年主辦權；循例主辦國將可指定該屆會議商討之職業安全衛生議題，請其他會員國就該國經驗、現況提出報告及提供所需資料；建議可與職業安全衛生署、職安衛產、學界共同商討下屆 2018 年會議主要議題及相關合作內容，並請職業安全衛生署共同參與會議籌辦工作。
3. 亞洲職業安全衛生研究機構會議是一個相當重要平台，不僅可有機會掌握當前職業安全衛生研究議題，更能夠直接接觸亞洲各國職安衛研究領域的重要人士，且研究人員較無政治相關利害考量，故容易建立友誼，創造坦誠、正向之交流氣氛，突破我方外交困境。因此建議後續持續、且組團參與，深耕國際合作通路。



# 附錄

## 會議重點摘要



# AOSHRI Meeting 2016 Day 1

## Highlights

### Remarks by Dr. Gan Siok Lin, Chairperson of AOSHRI Group

#### Key highlights:

- Suggestion of a memorandum of understanding
- Importance of setting up a network between countries as a platform to share knowledge
- It was suggested to hold a workshop regarding the estimation of burden of disease and the economic cost of disease
- The continuation of the Asia Pacific Newsletter as a collaboration was suggested as it is a costly endeavour

## **Presentation for Malaysia by Mr. Amirridun Abdul Aziz, Manager of Innovation and Technology Division, NIOSH Malaysia**

### **Key highlights:**

- Roles and responsibilities of OSH in Malaysia
- Workplace accident statistics have been reduced from 2005 to 2015.
- Their target is to reduce the fatal accident rate to 2.5/100,000 and to collaborate with AOSHRI partners
- Master plan of OSH Malaysia for 2020 include: supporting wellbeing and work quality, preventing loss to country due to accidents, progression of OSH Malaysia
- Services of Malaysia include OSH education and training programmes, consultation services, laboratory services, information dissemination, research and development

## **Presentation for Taiwan by Dr. Jiune-Jye Ho, Chief Secretary ILOSH**

### **Key highlights:**

- Under the hazard assessment division occupational stress and mental health and nano-particle exposure are of increased concern
- ILOSH is also interested in maintaining Occupational hygiene and Occupational safety
- An explosion due to an accident related to a petrochemical tube was mentioned as a significant event regarding OSH
- Lung cancer among cooks was discussed as an occupational risk
- A device known as the embracing air curtain device was suggested to address the issue



## **Presentation for Singapore by Ms. Azrina Binte Abdul Azim, Workplace Safety and Health Institute**

### **Key highlights:**

- Fatal accidents related to occupations were reduced significantly during the period of (2004-2015)
- For construction related fatal accidents a high rate of 7.2/100,000 and increased accidents observed among older workers were identified as OSH issues
- 4 important areas in the approach of proper OSH were mentioned
- Key priorities include improving WSH in the field of construction, in building a collective WSH ownership and increasing competency
- The focal areas of the WSH institute were namely total WSH, Work injury and disease, traffic safety, industrial focus: construction, metal working, chemical and process safety
- The 21<sup>st</sup> Congress on Safety and Health will be taking place in Singapore in 2017

## **Presentations for Japan by Dr. Yasuo Toyosawa, Director General, JNIOOSH and Dr. Shigeki Koda, Deputy Director General, JNIOOSH**

### **Key highlights:**

- Fatality rates were shown to decrease at a steady state
- Priority areas include response to changes in WSH, a cross industry approach and high risk occupations
- The investigation of a sea tunnel where 5 workers died in 2012 was used as an example for their investigations on work related accidents
- Occupational diseases have been reduced during 1984 to 2015
- Most occupational diseases are caused due to accidents (around 92%)
- Heart diseases and mental health diseases have been identified as over work related health diseases
- Measures are being undertaken to tackle mental health issues, health hazards due to chemical substances, over work and passive smoking including research

## Country Presentations for Sri Lanka by Dr. Champika Amarasinghe, Director General, NIOSH Sri Lanka and Dr. Panduka Wijeratne, Chairman, TEDHA

### Key highlights:

- Non communicable diseases on the rise
- Highest work related accidents and fatalities in construction field
- Nanotechnology related OSH issues due to no regulations or certifications and risk assessments for this new industry
- The current workforce is ageing and this will lead to a rise in the non communicable diseases
- Challenges faced include the delivery of smooth OSH, development of a surveillance system, strengthening legislation and to strengthen research capacities
- A risk assessment system has been developed and a reward system for the practice of safety and health is currently implemented
- A collaboration between TEDHA and NIOSH to enhance OSH of informal section to be implemented

## Country Presentation for Vietnam by Dr. Doan Ngoc Hai, Director NIOSH Vietnam

### Key highlights:

- The workforce of Vietnam is around 52 million which is distributed amongst around 622,000 enterprises
- OSH issues in Vietnam include the increased incidence of accidents
- The working conditions are monitored in around 20% of the enterprises. Out of these the assessed samples, only around 13% of the samples are up to the specified standards
- The three most frequent occupational diseases are silicosis, occupational hearing loss and melonosis. Occupational disease detection only happens in around 10% of the enterprises
- Lung disease is the mostly compensated disease
- There has been an increase of medical checkups from around 500,000 to 2,000,000 during the period of 2006- 2015
- Most fatalities are reported in the field of construction while the most occupation related diseases were reported from the mining industry
- Studies have been conducted linking organic solvents to hearing disorders, eye diseases due to UV and thermal radiation and psychosocial statuses of the workforce. The studies were based on whether the workers should be compensated based on the risks studied
- Emerging OSH hazards, cancers related to work and OSH in the electronic field are to be addressed
- From AOSHRI the conduction of joint research, seminars and conferences, exchange of work, collaborated funding, creation of an ASIAN WSH database and the exchange of experts are expected

## Constraints

- ▶ **Human Resources**– OD awareness, Lacking willingness to share, less payment for OSH expertise, Skills, attitude, resistance to change, safety culture
- ▶ **Economy**– Informal sector, job Security, poverty, >90% small to medium scale enterprises
- ▶ **Budget**– Priorities, competition
- ▶ **Networking**– Opportunities, collaboration, democracy in the workplace
- ▶ **Enforcement**– Law, regulations, inspection, government, too many OSH inspections
- ▶ **Prosecution**
- ▶ **Compensation**– Inadequate
- ▶ **Information**– Notification of ODS
- ▶ **Market**– Limited OSH markets

## Challenges

- ▶ **X- Industries (Construction, services, L+T, hospital, MSME):**

Under reporting, informal sector, ageing workers, infectious diseases, risk assessment, decreased awareness, competency, decreased ownership, temporary workers, decreased OSH culture, new technologies eg: Nano

- ▶ **Taiwan:** How to evaluate psychosocial impact on work related diseases such as occupational stress, mental diseases, burn outs. Incentive based OSH: how to encourage enterprises to invest on OSH projects. Communication by economic language. Ex-cost/ benefit analysis
- ▶ **Sri-Lanka:** Changing disease pattern in working population. No safety culture for poor attitudes. Catering towards the demands of rapid industrialization
- ▶ **Vietnam:** Informal sector, diagnosis and treatment of occupational diseases, rehabilitation for OD

## **Presentation on researches conducted by Japan by Dr. Toru Yoshikawa, Acting director, Research Centre for Overwork Related Disorders JNIOOSH**

### **Key highlights:**

- Research health problems due to long working hours in Japan. The need for work place actions in over-work related disorders and job stress prevention in Japan were highlighted
- An increase in the cases due to over-work related suicides, increase in the compensation related to mental health and increase in the incidence of work related cardio-cerebral injury was mentioned
- An act has been implemented to accelerate moves for prevention of 'Karoshi' (Karoshi: Death by CVS or heart disease due to overwork or suicide due to strong stress at work)
- JNIOOSH has conducted studies revealing that a majority of the overworking workforce consists of male workers. The research centre also conducts research to develop practical countermeasures

## **Presentation on researches conducted by Singapore by Dr. Gan Siok Lin, Chairperson of AOSHRI Group**

### **Key highlights:**

- An analysis of fatal and major injuries in the construction centre was discussed
- WSHI session on work related traffic accidents involving heavy vehicles to identify causes and to explore solutions to reduce them was noted as an important qualitative study
- Campaigns to promote vocational rider safety involving media promotions have been implemented
- Based on the studies, circulars on heavy vehicles have been implemented
- A study which consisted of the collection of work injury and ill health data from around 35% of the healthcare institutions to advice on priorities has been conducted
- A program called ERASE to reduce and assess work place stress has been implemented. This was implemented to understand how workplace psychosocial risks and individual resilience in employee stress and wellbeing. Validation instruments are to be developed in order to assess work related stress. A use of this is so that companies can use the tool in order to identify the departments which are prone to high stress levels by assessing the overall work based stress of the company so that risk factors can be identified

# AOSHRI Meeting 2016 Day 2

## Highlights

### **Presentation on burning issues by work group 1**

#### **Key highlights:**

- **Skills of the workforce was noted as a common issue**
- **The necessity of addressing the injuries/fatalities that occur in the construction field as it remains to be the top contributor to workplace fatalities**
- **Psychosocial issues including mental health/stress related diseases caused by overworking were highlighted**
- **The ageing workforce was mentioned as a common issue among AOSHRI countries**
- **The new technological industries such as nanotechnology are to be studied and the risk factors etc are to be identified**
- **OSH in MSMEs and informal sector was addressed as an important issue. Remarks were made regarding the scale of the workforce and the prevalence of diseases in the informal sector**
- **The OSH implementation for the migrant/transient workforce were also addressed**

## **Presentation on burning issues by work group 2**

### **Key highlights:**

- Under-reporting regarding work and safety injuries, hazards and occupational diseases etc. was identified as a common issue for all countries. A workshop was suggested for a future session
- A stress check program was suggested to assess the issue of work related stress. Questionnaires which are already being developed by individual countries were also suggested to be shared
- OSH in MSMEs and informal sector was addressed as an important issue
- Tackling communicable and non communicable diseases were also discussed and the total workplace and safety and health approach implemented by Singapore was suggested as a guide to addressing this issue
- Multi-disciplinary OSH teams which do not incorporate only health and safety professionals alone was suggested as a means to address the issues where human resources teams, worker unions etc are involved

## **Discussion on establishing priority collaborative projects based on country submissions and emerging/burning issues**

### **Key highlights:**

- Burning issues that can be addressed as a collaboration were discussed
- It was discussed on the implementation of a network secretariat in order to move forward as a group. The issue of finding donors and funding to support the implementation of a network secretariat
- The implementation of a web based platform was suggested as a means of communication among the group
- Sri Lanka was appointed as the location for a network secretariat for a duration of 3 years and Dr. Gan Siok Lin was appointed as the president of the secretariat
- A memorandum of understanding was initiated
- Financial support towards the secretariat was suggested to be provided by Sri Lanka

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### **Discussion on the concept proposal for AOSHRI's web portal**

#### **Key highlights:**

- Following a presentation by Singapore, it was proposed that the existing website of WSH Singapore will be used as a channel for the exchange of knowledge and expertise
- An AOSHRI portal within the website of WSH Singapore website will be implemented as creating a new website would be a costly endeavour
- A collaboration workspace within the webpage will be introduced so that online discussions, sharing of documents
- Access to the AOSHRI portal will be through user accounts provided to the members
- A reference system known as the *i*-reference system which is linked to 18 different institutes
- Within the web portal, reports of workshops, ongoing researches, projects and contact information of experts would be shared

## Discussion on addressing issues and creating action plans

### Key highlights:

- The leading countries for the addressing of the issues that were brought up were discussed so that each country will create an action plan within a period of two months for the issues assigned to them
- The countries were assigned with different issues as follows
  - **Construction sector: Japan**
  - **Under reporting: Sri Lanka**
  - **Psychosocial issues: Singapore**
  - **Informal sector: Sri Lanka**
  - **Non communicable and communicable diseases: Vietnam in collaboration with Malaysia and Taiwan**
- The action plans should include timelines, budgets and scientific strategies to address the issues
- All the expected outcomes of the conference were achieved while the 3<sup>rd</sup> outcome will be moved forward with the aid of the action plans