



Issue 35 (June 2015)

SPOTLIGHT



**31st International Congress
on Occupational Health**
May 31 ~ June 5, 2015 Seoul, Korea

The 31st International Congress on Occupational Health (ICOH), with the theme of "Global Harmony for Occupational Health: Bridge the World" took place in Seoul, Korea from 31 May 2015 to 5 June 2015.

Commissioner for WSH, Ministry of Manpower (MOM), Singapore, Er. Ho Siong Hin delivered a presentation on "Total Workplace Safety and Health - Singapore's Approach to Integrate Safety and Health" at the Asian Policy Forum and a presentation on "Integrating Occupational Safety and Health is the Way Forward" at the Global Policy Forum.

Executive Director for the WSH Institute, Singapore, Dr. Gan Siok Lin gave a presentation on "WSH Institute and Perspectives on Singapore" and co-chaired a semi-plenary session on "Job Restructuring and Insecurity".

Senior Research Analyst, Ms Eunice Yong presented on "Health Protection and Health Promotion for SMEs: Is it Possible?" at the Special Session on Workplace Interventions: Lessons in The Adoption of Health Promotion and Health Protection by Small Enterprises" at the event.

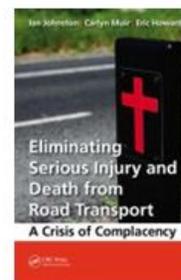
At this prestigious event, Senior Consultant to Ministry of Manpower and Workplace Safety and Health (WSH) Institute,

**Recommended reading from the
WSH Institute Collection* at the
public libraries**

**70 e-Books are available for loan
Check it out [here](#).**



Recommended Reading



TITLE:
**Eliminating Serious Injury and Death From Road
Transport : A Crisis of Complacency**

AUTHOR:
**Ian Ronald Johnston, Carlyn Muir & Eric William
Howard**

Singapore, Dr. Jukka Takala was appointed ICOH President for a period of 3 years.

To find out more about MOM and WSH Institute's involvement at ICOH 2015, check out the WSH Institute [website](#).

AREA OF INTEREST:
Traffic Safety, Traffic Safety - Government Policy, Traffic Accidents

For more information, please click [here](#).

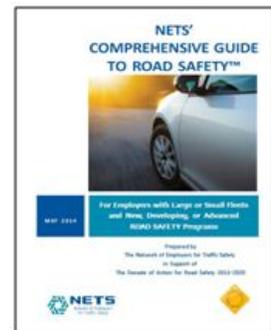
** The WSH Institute Collection is a compilation of WSH-related resources that is made accessible to the public through WSH Institute's collaboration with the National Library Board (NLB).*

1 NETS' comprehensive guide to road safety: For employers with large or small fleets and new, developing, or advanced road safety programs

Date of publication: May 2014

Source: The Network of Employers for Traffic Safety

Companies and organisations who wish to implement road safety programmes for their operations may refer to this guide as an additional resource. NETS categorises road-safety management requirements into four areas: (i) road-safety management system; (ii) driver and passenger requirements; (iii) journey management requirements, and (iv) vehicle requirements. The guide provides a template covering elements in the four areas that are critical in developing, implementing and sustaining a road safety initiative, and includes references to model policies, best practices and implementation tips which can be adapted for use. Additionally, it can be used as an audit and benchmarking tool to identify gaps and opportunities for improvement to advance road safety.



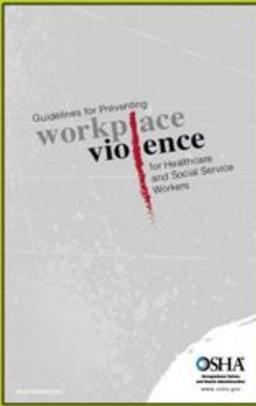
To read more, click [here](#)

2 Guidelines for preventing workplace violence for healthcare and social service workers

Date of publication: 2015

Source: U.S. Department of Labor Occupational Safety and Health Administration

Job-related violence, which often results in non-fatal yet serious injuries, is increasingly prevalent among healthcare and social service workers. According to the Bureau of Labor Statistics (BLS), 27 out of the 100 fatalities in healthcare and social service settings that occurred in 2013 in the United States were due to assaults and violent acts. In addition, healthcare and social service also accounted for over 70 percent of the workplace assaults resulting in days away from work. This publication on OSHA's violence prevention guidelines is based on industry best practices and provide recommendations for developing policies and procedures to eliminate or reduce workplace violence in a range of healthcare and social



service settings. It covers the 5 building blocks of developing an effective workplace violence prevention programme including (1) management commitment and employee participation, (2) worksite analysis, (3) hazard prevention and control, (4) safety and health training, and (4) recordkeeping and programme evaluation. It also provides practical checklists to facilitate the evaluation of the workplace and job tasks to identify situations that may place workers at risk of assault.

To read more, click [here](#).

3 Classic and emergent psychosocial work factors and mental health

Date of publication: 2015
Source: Occupational Medicine

A cross-sectional survey was conducted among employees in France to examine how classical and emergent psychosocial work factors affect depression and anxiety symptoms. The study was administered to a total of 53,940 employees with a response rate of 87% (26,883 males and 20,079 females). It was found that classical psychosocial work factors related to psychological demands, decision latitude, social support and reward were associated with depression and anxiety symptoms in both genders. The study also revealed emergent psychosocial work factors related to low esteem, job insecurity, low job promotion, bullying and verbal abuses were associated with anxiety and depression in both genders, and long working hours were associated with anxiety in men. The strongest associations were observed for bullying and reward for anxiety and depression; and psychological demands for anxiety. The study suggests that comprehensive prevention policies may help in lessening the exposure to psychosocial work factors, including emergent ones, as well as improve mental health at work.



To read more, click [here](#).

4 Contribution of psychological, social, and mechanical work exposures to low work ability: A prospective study

Date of publication: 2015
Source: Journal of Occupational & Environmental Medicine



This study aims to analyse the contribution of 16 work exposures covering psychological, social and mechanical aspects, towards level of work ability. A survey was administered to 3,779 employees across 48 organisations over a two-year period in Norway. The results reveal that role conflicts (i.e. conflicting role expectations), human resource primacy (e.g. promotion of employees' wellbeing) and positive challenge (i.e. usefulness of skills and meaningfulness of work) were found to be consistent predictors of work ability. Role clarity (i.e. clarity of expectations at work) and fair leadership were less consistent but prominent predictors. On the other hand, the study did not find physical workload as a predictor for work ability. The study recommends that workplace interventions to protect work ability could focus on reducing role conflicts, promoting positive challenges and human resource primacy.

To read more, click [here](#).

Other Useful Resources

- Driving at work: Managing work-related road safety (*Health and Safety Executive*)
- Workplace Safety and Health Guidelines: Workplace Traffic Safety Management (*Workplace Safety and Health Council*)
- Work health and safety perceptions: Manufacturing industry (*Safe Work Australia*)
- Outcomes of a pilot hand hygiene randomized cluster trial to reduce communicable infections among US office-based employees (*Journal of Occupational & Environmental Medicine*)
- Promoting health and preventing disease and injury through workplace tobacco policies (*Centers for Disease Control and Prevention & National Institute for Occupational Safety and Health*)
- Worker exposure to silica during countertop manufacturing, finishing and installation (*Occupational Safety and Health Administration & National Institute for Occupational Safety and Health*)

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Vision: A leading Institute for WSH knowledge and innovations.
Mission: Enhancing WSH through knowledge, innovations and solutions.

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An Initiative of

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