



People-centred prevention: a core element of a culture of prevention by Peter Paulus



Photo: „Molecule Man“ by Wolfgang Staudt | www.flickr.com/photos/wolfgangstaudt

Health-related prevention, no matter what form it takes and where it is implemented, should and must benefit people. They are the goal and the touchstone for measuring its success and for a mature culture of prevention. People are individuals, each with their own dignity and inalienable human rights. Without respecting the dignity of the individual, without respecting each person, it will prove to be impossible to shape social interaction and achieve important goals such as developing schools into health-promoting organisations. Why? Because it is all about people. People are the agents of movement and change. It follows that prevention can never succeed by excluding people. Their involvement and participation is fundamental to a positive culture of prevention.

People also need a supportive environment that enables them to enjoy the greatest possible degree of health, safety and well-being. Ideally, they need a ‘salutogenic safe environment’ that allows them to meet the challenges they face in their private life and at work, to develop as human beings and to give sense to what they do and what they create.

Schools, together with families and early childhood education, play a key role in this context, one that is decisive during the many years of childhood and youth if individuals are to grow up to be healthy, well-educated and with a reflected and responsible personality.

In the ‘good and healthy school’, a concept of school prevention that was developed some fifteen years ago in Germany, these functions come together. This is a school that is committed to developing the dimensions of quality defining the good school and that also employs targeted health and safety intervention measures when carrying out its educational and social mission. The goal is to continuously increase the educational and social quality of the school. ‘Salutogenetic safe leadership’ is extremely important in the school’s internal organisation, where the structures and processes of its educational practices

are formed. It is an attitude held by the school leadership towards teachers, pupils, parents and non-teaching staff, as well as towards themselves. School leadership provides adequate resources and support so that the various demands placed upon the school can be met without jeopardizing each other, giving stakeholders in the school the feeling that these responsibilities can be mastered. In particular, school leadership takes responsibility for internal and external communication, promoting the flow of information, messages and news that conveys a feeling to the school community that school processes are both comprehensible and predictable. The school leadership supports the development of attitudes and values that are oriented towards the best possible integration of the individual goals of teachers, non-teaching staff and pupils, as well as the common goals of the school. This creates a school structure in which health and safety are highly valued core elements of school development.

Prof Peter Paulus | Center for Applied Health Sciences | Leuphana University Lüneburg, Germany | paulus@leuphana.de

Editorial

First of all, we would like to thank the Ministry of Manpower as the host of the XXI World Congress 2017 in Singapore for inviting ENETOSH to organise Symposium 15 ‘People-centred prevention strategies on OSH’. It is the second time that ENETOSH has been actively involved in a World Congress on OSH.

This newsletter is dedicated to the topic of Symposium 15. In this special edition, each presenter from the symposium has written an article on people-centred prevention that have been put into practice. You will also find a list of key factors derived from the practices of good models.

An extra contribution comes from our members in Romania and Ireland. An announcement of the new ISSA Vision Zero Campaign completes this newsletter.

Join us on our Singapore journey!

Ulrike Bollmann & Claus Dethleff

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Imprint

Institute for Work and Health (IAG) of the German Social Accident Insurance (DGUV)
Koenigsbruecker Landstrasse 2,
D-01109 Dresden, Germany
Editor: Claus Dethleff
E-mail: enetosh@dguv.de
Website: www.enetosh.net

ENETOSH is an open network – have a look at our “Who is Who?” section or become a member of ENETOSH!



Education and Culture

Leonardo da Vinci

Teaching intervention to enhance Occupational Safety behaviours for tea plantation workers in Assam by Hanan Elnagdy, c/o Dibrugarh University, India

Assam is considered to be the largest tea-producing region in the world, with approximately 20% of Assam's total population working on tea plantations. Workers are exposed to several kinds of hazards: physical hazards, UV exposure, respiratory hazards, electrical hazards, fire and explosions, and ergonomic problems, especially for women in plucking areas where women represent 80% of total workers in the field. To clarify the situation of tea plantation workers, seven tea estates were visited in three districts in Assam over six months. There were some obstacles: the language barrier, the workers were afraid of taking part; management felt uncomfortable or was not enthusiastic at the beginning.

A teaching intervention was designed to provide simple and direct orientation for tea plantation workers to increase their knowledge about OSH issues, to enhance their personal behaviours in the face of risks, and to improve their OSH awareness. The intervention focused on two measures: good posture in different work positions

when carrying heavy loads, bending, lifting, or carrying nets/baskets. The second measure focused on the proper use of personal protective equipment.

To overcome the language barrier, the design of the teaching intervention was based on colourful posters, games and simulations, for example, comparing a bad posture with a good one.

The intervention was implemented in two steps. In the first step, it took place two times (1.5 h/ day) over two weeks. After a break of two months, there was a second step which involved the level of behavioural changes of the workers being checked. There were some positive behavioural changes for some workers involved in the intervention at different



ages, so the changes did not relate to a specific age.

Women were more aware and were more likely to accept changes than men.



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Approaches of the EU OSHA Focal Point – Romania to mainstreaming OSH into education by Ioana-Georgiana Nicolescu

In March this year, the EU OSHA Romanian Focal Point, in collaboration with the Free Trade Union Federation in Education (FSLI), organised a seminar aiming to promote OSH into education – 'Mainstreaming OSH into Education - A Challenge for the EU OSHA Romanian Focal Point and Its Social Partners from the Educational Sector'.

FSLI is the second largest worker organisation in the educational sector in Romania and covers sixty percent of people working in education. As a new approach to this topic, the event was attended by high-ranking FSLI representatives such as the Vice-President and other prominent leaders (national/international educational programme co-ordinators, the Director of International Relations, etc.) alongside representatives from the Ministry of Education.

There were more than 80 participants including pre-school, primary school and secondary school teachers/directors from various regions of the country, Bucharest included, and FSLI members.

The seminar was in line with the Romanian focal point's previous events dedicated to mainstreaming OSH into education, organised since 2012, which aim to highlight the crucial role OSH education plays in creating a safety culture at the very start from the

earliest stages of education i.e. primary and secondary schools.

The EU OSHA 'Toolkit for Teachers' – a series of OSH practical lessons addressing pupils aged from 7 to 11 years was presented to the audience, and a debate took place with a focus on the opportunities of using these 'ready-to-use' lessons in schools. OSH experts (psychologists) invited to the event highlighted the crucial role of an early OSH education in developing safe behaviour in future workers when confronted with the workplace-related risks from various sectors of activity.

The ultimate goal of this initiative was to boost the inclusion of OSH education within the curriculum of the primary and secondary schools. As this implies a long and quite difficult process, the teachers' preferred option was to initially include OSH education as an optional subject.

ENETOSH was briefly presented to the audience as a prestigious network of OSH education and training in the EU and active partner of EU-OSHA.

Upon the attendees' request, the EU-OSHA Romanian Focal Point envisages the organisation of a follow-up event on mainstreaming OSH into education with not only the FSLI's support but also with represent-

atives from communities and parents to reflect the importance of the societal level.

Ioana-Georgiana Nicolescu

Manager EU OSHA Focal Point – Romania

georgiana.nicolescu@gmail.com

New Members

Portuguese Association for Safety (APSEI)

Portugal

www.apsei.org.pt

Institution of Occupational Safety and Health (IOSH)

UK

www.iosh.co.uk

German Social Accident Insurance Institution for the energy, textile, electrical and media products sectors (BG ETEM)

Germany

www.bgetem.de

OSH Literacy

Ireland

www.oshliteracy.org

Teaching intervention to enhance Occupational Safety behaviours for tea plantation workers in Assam

by Hanan Elnagdy, c/o Dibrugarh University, India

part 2



Women also remembered having fun and laughing during the simulation of postures. The teaching intervention taught me a lot: first, that OSH language does not have any barrier. It is easily to understand and easily to follow, especially if you can offer simple and reasonable solutions which are suitable for the people.

Second, it is important to offer the service inside the community, in this case the tea plantation community. This meant that a large number of workers – men and women – were able to join, including children and older workers.

Third, teaching intervention can be a simple technique to help participants enhance their knowledge; to increase their awareness by using funny, attractive methods which encourage them to join; to express themselves; and to accept the message from the intervention and remember it for a long time.

Hanan Mohamed Fathy Elnagdy
Ministry of Manpower and Migration, Egypt
hanan_elmagdy@yahoo.com



What is OSH literacy? by David Magee

David Magee, founder of OSH literacy.org (a new ENETOSH member), gives an outline of what OSH literacy is and the work his organisation is doing to promote awareness of this important issue:

Occupational Safety and Health (OSH) literacy can be defined as: The degree to which individuals have the capacity to obtain, process, produce and understand basic OSH information and services needed to make appropriate decisions regarding safety and health at work and in training.

Statistical data shows that poor workplace communications and high levels of OSH illiteracy – the inability to comprehend and comply with OSH information and instruction – are root-causal factors in a significant proportion of the high number of workplace deaths, diseases, injuries and losses which occur globally. New and innovative, people-centred approaches are needed to tackle the issue.

It has long-been established that under the generic term 'literacy' there are other specialised sub-literacies such as computer literacy or financial literacy. Schools and colleges teach these specialised literacies to their students to fulfil their duty of care and better prepare them for life in today's modern 'information age'. OSH also uses its own unique set of shapes, signs, symbols, colours and meta-language to communicate information. This sub-literacy can become even more specialised depending on



the industry sector. As with other 'literacies', OSH literacy can be divided into levels of competency from starter to advanced. A person needs to have at least a basic understanding of this literacy prior to encountering it when entering into employment and training. However, OSH literacy has not been accorded the same level of recognition and importance, in either education, training or employment, as other key, life-skill literacies, until now.

OSH literacy.org is registered in Ireland as a non-profit, social enterprise. It is our aim to have OSH literacy recognised and taught as a key life-skill literacy. We are currently involved in a number of collaborative projects to raise awareness of this issue including

working with NGOs in developing countries, construction corporations in the Middle-East and educational and OSH organisations in Europe. We are also developing a set of starter level OSH literacy teaching and training resources which will be made available to teachers and trainers soon.

OSH literacy.org's aims are aligned with ENETOSH and its members in that we are committed to having OSH literacy integrated into education.

We firmly believe that having OSH literacy recognised and taught as an essential life-skill literacy is a good and simple way to achieve this goal.

David Magee | OSH Literacy | www.oshliteracy.org
davidmagee@oshliteracy.org

OSH CAVE – Applying VR Technology to improve safety awareness of practitioners

by Catherine Wong



Photo 1: Computer-aided simulator for forklift truck training in the OSHC OSH Academy providing experiential training for new operators

Human factors play a key role in accident prevention. Unsafe behaviour is one of the major causes of accidents. Over the years, safety professionals have tried their best to improve practitioners' awareness of the hazards and risks involved in such behaviour through training measures such as lectures and demonstrations. With the rapidly developing Virtual Reality (VR) technologies, Hong Kong Occupational Safety and Health Council (OSHC) is leveraging these technologies to build an immersive training system - OSH CAVE - which provides 'participatory' OSH training to improve practitioners' safety knowledge and awareness, which in turn, changes their attitudes. Since the early 2000s, OSHC has developed a number of interactive safety training computer games and a Forklift Truck Training Simulator (see Photo 1). Feedback from trainees shows that learning through close-to-real-life scenarios has a strong, long-lasting effect. Noting the effectiveness of experiential learning, OSHC started to develop OSH CAVE in 2016 for training and promotion, especially for high-risk work processes.

CAVE (Cave Automatic Virtual Environment) is an immersive VR environment created by projectors and a cube of projection screens. Trainees 'work' in the life-like scene and interact with objects. This is a 'total experience' encompassing both physical and mental dimensions (see Photo 2).

nario' which simulates the environment of renovating and maintaining the facade of a high-rise building (see Photo 3).

Trainees can experience 'falling-from-height' firsthand without using a safety harness when the 3D virtual working platform collapses. This kind of near-reality accident can be further augmented by audio and wind blowing effects as well as programmed motion of a moving platform. By 'experiencing' the accident, trainees get a strong and unfor-

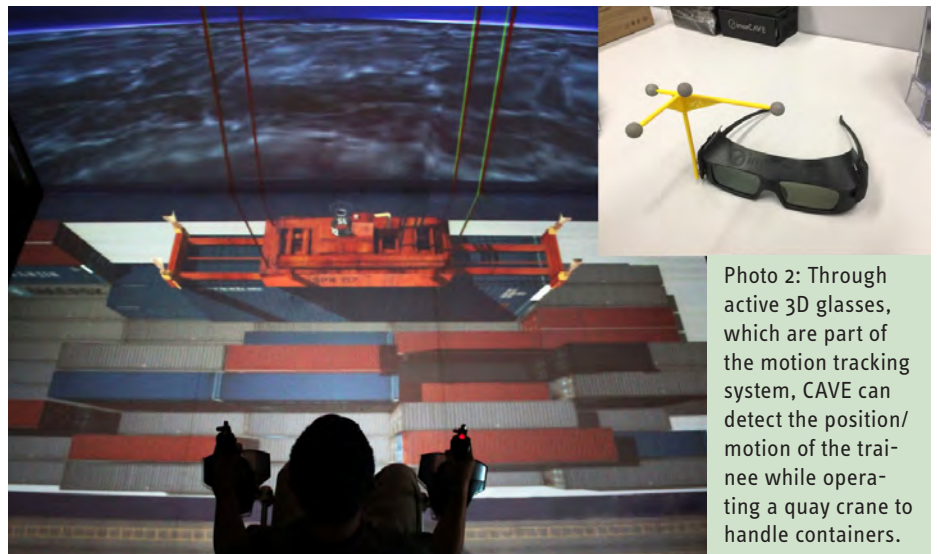


Photo 2: Through active 3D glasses, which are part of the motion tracking system, CAVE can detect the position/motion of the trainee while operating a quay crane to handle containers.

The OSH CAVE, jointly developed with the University of Hong Kong, aims to achieve people-centred accident prevention by enhancing users' safety awareness through participation and involvement. It can simulate different high-risk working environments and enable users to 'experience' accidents in a safe and controlled environment. One example is the 'working at height sce-

gettable feeling for the hazards of unsafe behaviours, and eventually this helps to reinforce work safe behaviours, and eventually helps to reinforce work safe behaviours.

The OSH CAVE is a fully immersive and interactive visualisation system that allows great flexibility for OSHC to create vivid stereoscopic views of an unlimited virtual world within a small room of 48 square meters. With this high-power system, OSHC can deliver better and effective capacity building for workers from different industries in Hong Kong.

Catherine Wong, General Manager
Occupational Safety and Health Council
Hong Kong SAR, China
catherine@oshc.org.hk



Photo 3: OSH CAVE can simulate unsafe working environments such as working on the facade of a building without proper safety measures.


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XXI WORLD
CONGRESS ON
**SAFETY &
HEALTH**
AT WORK 2017

Special Edition Inlay

15

Symposium

Key factors for people-centred prevention strategies on OSH

by Tim Tregenza

People-centred prevention in public health puts the focus of health-care on addressing the comprehensive needs of people and communities, empowering people to have a more active role in their own health. But how does this transfer to occupational safety and health?

This approach is not about moving away from the legislative structure in occupational safety and health where there are clear duties resting with the employer for worker protection. Nor is it about having a 'blame the worker' culture.

People-centred prevention is about identifying individual needs in occupational safety and health, including the needs of managers, workers, OSH professionals, in-

spectors and educators, and putting in place structured approaches to address those needs.

To do this, it is necessary to recognise the diversity of people in the workforce and of OSH professionals rather than viewing them as homogenous groups. This diversity covers aspects such as education level, areas of competence, role, age, gender, culture, abilities and disabilities, existing life skills and experience.

The need to recognise and address diversity does not just come from existing European legislation on equal treatment (Directive 2000/78/EC), it is now being explicitly stated by the European Commission who has identified the need for diversity-sensitive risk assessments (Communication

COM(2017) 12 final).

Successful OSH programmes and services are customised to the individual needs and characteristics of their target audience and they are delivered to the person in their own language and environment.

In the more specific area of education and training in OSH, programmes and policies need to have equal access (e.g. no discrimination by age). They should build on existing knowledge and skills, taking a holistic view of the person's life. This will help to ensure that the person not only gains the competences required but also the confidence to use that skill set.

Tim Tregenza | European Agency for Safety and Health at Work
tregenza@osha.europa.eu

See graph on Inlay page 3 in addition

'Healthier workers, Happier workers' programme: a person-centric approach to promoting health and safety at the workplace for bus drivers in Singapore

by Jocelyn Chng

Health for Work

Singapore's population of 5.5 million is ageing rapidly with 54% of the working population aged 40 or above. Good health is thus important to ensure workers can remain in the workforce as long as they want to. There are 10,000 public bus drivers in Singapore employed by 4 operators, with a median age of 50. They are less likely to prioritise health and have low to moderate health literacy. Their unstructured workplaces with multiple shift patterns make it difficult for them to participate in structured programmes. Challenging work operations prevent companies from coming on board with the general workplace programmes as they do not address their operational constraints. Therefore, we needed to bring a customised programme to the 'doorstep' of bus drivers.

Method

Through extensive ground-sensing and job-shadowing, we saw issues through the eyes of bus drivers, worked around operational constraints and challenged conventions to make health and safety relevant and accessible. We formed a tripartite workgroup with the bus companies, union and healthcare partners.

Please continue reading
this article on inlay page 2



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Part 2: 'Healthier workers, Happier workers' programme: a person-centric approach to promoting health & safety at the workplace for bus drivers in Singapore

2,114 bus drivers from 2 market leaders were recruited. The holistic programme comprised:

1. Onsite 9-month Health Intervention Programme (n=1,114): Basic profiling showed higher disease rates. Fasting blood chronic disease health screening was conducted at 4am at depots with a lifestyle survey. Using the results, bus drivers received monthly group health coaching at interchanges, where they built practical skills to manage chronic disease and bodily pain, as well as other OSH issues such as glare. Eight months later, a post-screening was conducted to track improvements.
2. Workplace Health Risk Assessment (n=1,000) conducted by OSH specialists over 3 phases: risk identification, evaluation and management. This involved evaluating occupational hazards at depots, interchanges and within bus cabins; assessing actual driving; surveys on ergonomics and fatigue; and focus groups with supervisors and staff.
3. Mental Wellbeing Training: 90% of supervisors trained to identify mental wellbeing issues in staff and make suitable referrals.

Results

Our person-centric approach, addressing both age and work-related concerns, was well received and results were encouraging. 50% of those with abnormal screening results improved in at least one chronic condition by post-screening. Significantly, one in four improved from abnormal to normal health status in nine months. After a workplace health risk assessment, short-term interventions such as training on driving ergonomics and the provision of sunglasses have been put in place. Longer-term recommendations for national policies have also been submitted. Since the pilot, we have been able to quickly scale up to cover all bus drivers in Singapore. Concurrently, we are guiding bus companies to take the lead to ensure sustainability.

Longer-term recommendations for national policies have also been submitted. Since the pilot, we were able to scale up quickly to impact all bus drivers in Singapore. Concurrently, we are guiding bus companies to take the lead to ensure sustainability.

Jocelyn Chng

Health Promotion Board, Singapore

hpb_health_at_work@hpb.gov.sg

www.hpb.gov.sg



Health screening at 4am at bus depots, just before their shift



Bus drivers learn how to manage age and work-related concerns during health coaching



Bus drivers learn how to manage age and work-related concerns during health coaching

Key factors for people-centred prevention strategies in OSH

Derived from the presentations at Symposium 15 by Tim Tregenza, Attiya Khan and Ulrike Bollmann

Look through the eyes of other people	Seeing the issue through the eyes of people (worker/student) with their individual abilities. As individuals they are always part of a network of social relationships. A diversity-sensitive approach at the workplace/educational establishment is needed.
Bring the service to their door step	The service comes to the worker/student – ideally integrated (mainstreamed) into the social context/community of the people or into other programmes and curricula.
Promote their knowledge & skills	Not only provide (OSH) competencies to (future) workers but also create a learning and working environment that ensures ‘psychological safety’ to enable workers/students to abandon old behaviour and try learning something new. People need the confidence to use their competences and should be given recognition for having that skillset.
Enhance their life & OSH competences	Work and life overlap and can complement or inhibit each other. Life experiences can impact positively on work – and vice versa.
Facilitate personal experience	Competences develop as a result of learning. While learning as an accumulation of knowledge is common, learning as an experience is often undervalued. Particular importance has to be placed on informal learning and learning in the process of working. Virtual Reality (VR) offers new possibilities for learning by experience based on close-to-real-life scenarios.
Customise programmes & services	Different workers/students have different needs, work competences and life competences. Programmes and services need to be flexible and adapt to people’s needs, skills and in any given context.
Speak their language	Prevention and prevention education needs to be in the language (and culture) of the workplace. This means not only the spoken language but also any workplace-specific terminology.
Treat them fairly & equally	Prevention is based on equal treatment of people without favouritism or discrimination. Fair and equal treatment cannot be altered by age, gender, ethnicity or any other factor. Access to prevention has to be universal.
Foster fun & laughter	Good engagement engenders a positive attitude and can make learning enjoyable.

Vision Zero campaign of ISSA by Daniel Aste, Vision Zero Project Manager, aste@iloguest.org



‘Vision Zero’ is a transformational approach to prevention that integrates the three dimensions of safety, health and well-being at all levels of work.

The aim of the campaign is to motivate and support organisations to develop a workplace prevention culture which is based on the belief that every accident, disease and harm is preventable.

The ISSA’s Vision Zero concept is flexible and can be adjusted to the specific safety, health or well-being priorities for prevention in any given context. Thanks to this flexibility, Vision Zero is beneficial to any workplace, enterprise or industry in all regions of the world.

The launch of the ISSA Vision Zero campaign takes place on 4 September 2017 during the World Congress on Safety and Health at Work in Singapore.

ENETOSH is an official partner of the new global Vision Zero Campaign and supports the campaign from the early beginning. ENETOSH helps to spread the Vision Zero message and concept around the globe. We ask our members and partner-networks to actively support the campaign! Special attention is given to practices to implement the Vision Zero approach in schools and other educational establishments such as universities.

As a campaign partner you will have full access to the Vision Zero Campaign materials prepared by the ISSA and its Special Commission on Prevention.

These include the:

- Vision Zero Guide, a practical management tool for developing a strong safety and health culture – structured around 7 Golden Rules

- Vision Zero Training Guide and training materials for Vision Zero trainers and their institutions
- Vision Zero Partner logo

Sign up to the campaign online at www.visionzero.global



People-centred prevention: outcome from the International Strategy Conference 2016 by Ulrike Bollmann

The 4th International Strategy Conference took place in March 2016 in Dresden, Germany. The conference served as a milestone for the XXI World Congress 2017 in Singapore. One of the five topics of the Strategy Conference was people-centred prevention.

The participants dealt with the issue of how an acting, thinking and feeling person can become the even greater focus of prevention strategies.

Practical experiences were shared by speakers from various companies including Natalie Lotzmann from SAP SE, Heiko Fischer from Resourceful Humans and Sonia Hornberger from AUDI AG.

The question was: how do relationships between people need to be designed and structured so that everyone can work well and live well?

Ivan Ivanov from WHO stressed the fundamental requirement of having access to decent working and living conditions. He introduced a new model of primary health care that addresses the needs of people over the course of their lives and which takes place where they live and work.

This was also taken up by Natalie Lotzmann: 'We have to look at the basic needs of people such as trust, participation, dignity, safety and respect in order to empower them'.

One of several specific measures geared towards basic needs is a concept from the Singaporean Workplace Safety and Health Council (WSH). The StartSAFE directly targets the medium-sized business owner as a person, builds a relationship with this person, raises their awareness of hazards and enables him or her to find their own solutions to safety and health problems in their company. This also involves identifying the strengths and weaknesses of the owner and managers as well as establishing a culture of dialogue between management and employees.



Graphic recording by Manuela Kordel - rocketpic.net

In any event, it is important to find a good balance between the demands of work and the needs of employees. 'Stressors such as long working hours, pressures or unrealistic goals have to be balanced out with resources such as fun-at-work, trust, team spirit or the freedom to make decisions', summed up Natalie Lotzmann.

At the end of the conference, ISSA Secretary General Hans-Horst Konkolowsky stated: 'We need to revise our focus in prevention and look at people and their needs'. He called for the humanisation of prevention by designing it not only from the perspective of experts but also from the perspective of the people that are intended to be reached.

The people-centred prevention strategy on OSH can be described as follows:

VISION: Build a world of trust

MISSION: Start with the CEO and the top management in your own organisation.

OPERATIVE GOALS: Treat employees with respect; provide them with good compensation, benefits and an excellent work-life balance; empower people and develop take-care-structures within your own organisation and beyond.

TOOLS: Tools are individualised and are no more 'one size fits all'.

For example:

- StartSAFE: Engage the SME business leader personally, WSH Singapore;
- Special training programme for CEOs, SAP SE;
- Burnout protection for temporary workers, Jobtour GmbH & Co. KG, Germany;
- Take-care-structures to individualise the return-to-work process, SAP SE;
- Individually customised services for primary health care which takes place directly in a person's living and working environment. WHO

Dr Ulrike Bollmann | Institute for
Work and Health (IAG) of the
German Social Accident Insurance
(DGUV) | ulrike.bollmann@dguv.de