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# TOXIC WORK STOP DEADLY EXPOSURES TODAY!

This 28th April, trade unions will commemorate those who lost their life and health trying to earn a living.

How? Fighting even stronger so these tragedies do not happen again.

In 2015, Global Unions will be reinforcing the message that no-one should be harmed by hazardous substances at work.

**28 April \* When unions worldwide remember the dead and fight for the living**

# TOXIC WORK

## STOP DEADLY EXPOSURES TODAY!

### WHY IS THIS AN ISSUE?

Because dangerous chemical, biological and physical agents can be found in our workplaces in many forms, and represent a huge occupational **risk for workers**.

Because **current regulatory systems are inadequate** - and in some countries, non-existent – to protect workers.

Because **trade unions can change this situation** by:

- **National centers** highlighting the importance of this issue, advocating for improvements in the law on hazardous substances and improved enforcement of the law, and by exposing the preventable risks faced by workers.
- **Sectoral federations** educating the membership on risks in their industries, promoting when possible sectoral agreements on hazardous substances, and encouraging unions to include the issue in collective bargaining.
- **Unions at the company and workplace level** mobilising for Joint occupational health and safety (OHS) committees to address hazardous substances, bring this issue to union's collective bargaining agenda, improve union capacity through effect organisation and training, and fight for workplace rights.

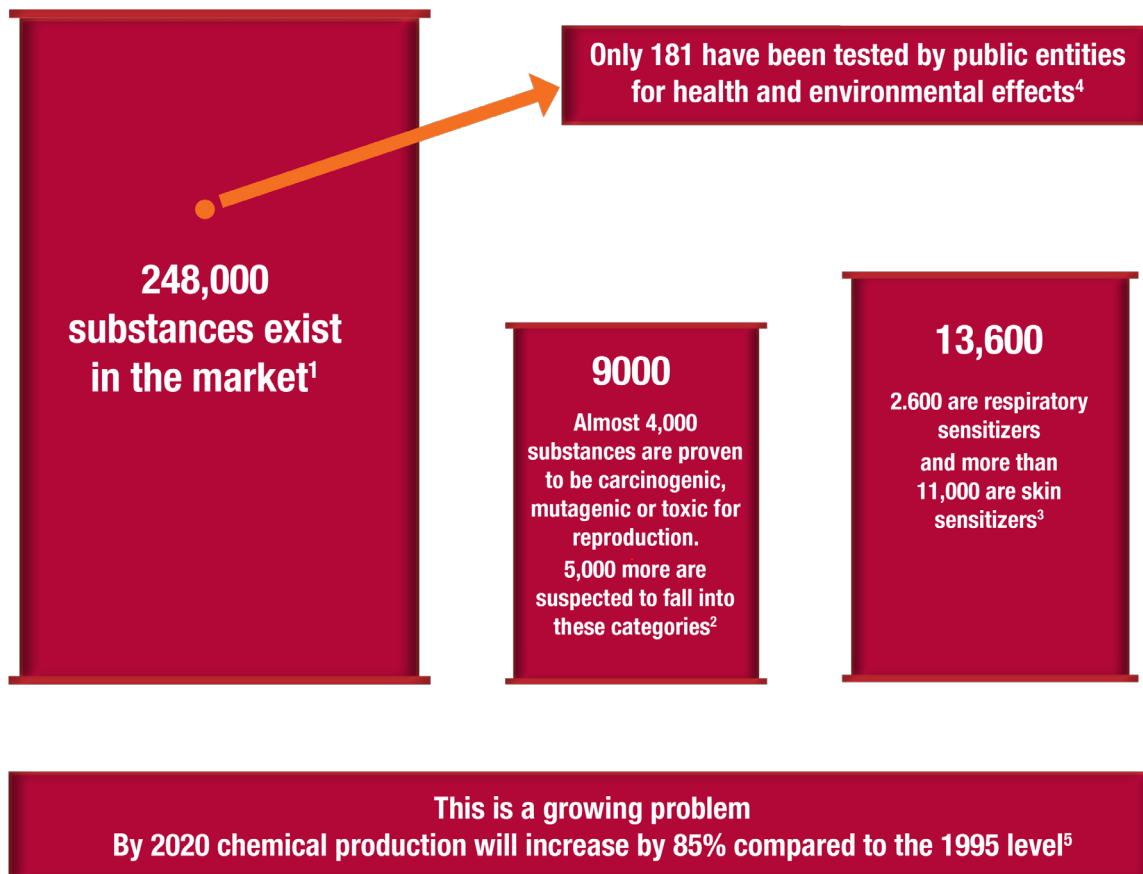
### DEFINITIONS #1

**Chemical** agents include inorganic and organic substances, elements such as lead or arsenic, minerals such as asbestos or silica, or compounds and mixtures such as pesticides or solvents.

**Biological** agents include bacteria, viruses, and prions that are able to induce diseases such as Ebola or HIV-AIDS in living organisms. In some cases biomolecules such as enzymes or hormones are considered biological agents; in other cases they can be treated as chemicals.

**Physical** hazards include sound and vibration, heat and cold, light and ionizing or non-ionizing radiation.

## THE PROBLEM WITH CHEMICALS



The size of the barrels is not proportional to the quantities

## DISEASES AND DEATH TOLL



**2.3 million**

women and men around the world succumb to work related accidents or diseases every year.



**160 million**

Occupational diseases per year. Most of the occupational diseases in the list are caused by chemical agents.



**651,279**

estimated death toll from hazardous substances per year

Source: ILO<sup>6</sup>

Almost **1 million deaths per year** are caused by hazardous chemicals exposures, with workers in all sectors at risk, from extractive industries, to processing industries and to end users. High risk industries include mining, chemical production, construction, shipbreaking and textiles. But workers in sectors like transport and fisheries face under-recognised risks. New industries like microelectronics and nanotechnology present proven and potentially new risks. And service industries – for example, cleaning and hairdressing – can present a range of deadly exposures every bit as deadly as those in manufacturing and mining.

<sup>1</sup> Global Chemicals Outlook - Towards Sound Management of Chemicals. United Nations Environment Programme, 2013

<sup>2</sup> ECHA C&L Inventory, last entry in March 2015

<sup>3</sup> Ibid

<sup>4</sup> From 120,000 chemical substances in the European market, the risk assessment has been completed for 181 substances (0.15%), ECHA <http://echa.europa.eu/>. The ratio of assessed substances is less favourable in the US. For example, in the US, the information identified as necessary by the OECD is available for 140 substances (7%) of the 3,000 substances that are commercialized in great volume (more than 500ton/year). UNEP, 2013

<sup>5</sup> UNEP, 2013

<sup>6</sup> ILO, 2011 ILO World Statistics

## POINTS TO REMEMBER

- Statistics focus mainly on chemical accidents and massive or acute poisonings, but provide very little information on the 'chronic' occupational diseases like occupational cancer that can occur years after first exposure or conditions like occupational asthma or pneumoconiosis which only develop after prolonged exposure.
- We know that some substances should be avoided because they cause cancer, are dangerous to reproduction, damage the nervous system or cause other chronic effects.
- Chemicals do not affect everyone in the same way. There are differences depending on gender, age and lifestyle.
- The combined effect of multiple exposures are mostly unknown. Some chemical and biological agents produce a synergistic (multiplied) effect with other substances when the exposures (or body burden) overlap.

## KEY CAMPAIGNS



### Occupational cancer The ignored epidemic!

At least 1 in 10 cancers<sup>7</sup> –and this is a conservative estimate - are the result of preventable and predictable workplace exposure.

More people face a risk of occupational cancer today than at any other time in history. Regrettably, however, most of them are just not aware of it.

A cautious estimate by ILO puts the human toll from occupational cancer at over 600,000 deaths a year – one death every 52 seconds. The estimate from non-governmental sources<sup>8</sup> goes up to 810,000 occupational cancer deaths.

More Info: [www.cancerhazards.org](http://www.cancerhazards.org)



### Pesticides Chemical solutions designed to kill

It is calculated that in any year around 3% of agricultural workers suffer from acute intoxication by pesticides<sup>9</sup>. There is no global data for chronic diseases but recent evidence suggests that long-term exposure to pesticides – even those considered relatively safe – is responsible for a large number of occupational diseases<sup>10</sup>

Illegal trade in pesticides is a significant global problem. In developing countries, 30% of the pesticides<sup>11</sup> could not meet internationally recognized safety standards.

The social cost of poisonings from pesticides in sub-Saharan Africa is greater than the total annual Official Development Assistance given to the region for basic health services, excluding HIV/AIDS<sup>12</sup>.



### Asbestos The for an asbestos-free world

The World Health Organisation estimates the annual death toll from asbestos-related diseases at 107,000 each year. This means one person dies as the result of asbestos every five minutes. And this is an underestimate of the real toll.

<sup>7</sup> Landrigan PJ, Espina C, Neira M. Global prevention of environmental and occupational cancer. *Environ Health Perspect.* 2011;119:A280–A281

<sup>8</sup> Cancerresearchuk.org for example, estimates there are 8.1 million cancer deaths/year worldwide (2012). An application of the 1/10 ratio of occupational cancers lead to the 810,000 occupational cancer deaths figure

<sup>9</sup> UNEP, 2013

<sup>10</sup> See for example <http://www.iarc.fr/en/media-centre/iarcnews/pdf/MonographVolume112.pdf> or <http://www.thelancet.com/journals/lanonc/article/PIIS1470-2045%2815%2970134-8/abstract>

<sup>11</sup> Vaagt (2005): International Conventions - Implications to Pesticides Management, Regional Workshop on the International Code of Conduct, Presentation [www.fao.org/docrep/008/af340e/af340e05.htm](http://www.fao.org/docrep/008/af340e/af340e05.htm) (last accessed on 27 March 2015)

<sup>12</sup> UNEP, 2013



Global Unions are calling for a total world ban on the production, marketing and use of asbestos, for its removal where it is presently installed, and for compensation to the victims.



## **Ebola**

### **Good health systems can prevent epidemics**

60% mortality rate in 2014/2015 outbreak

24,350 cases and 10,004 deaths have been reported worldwide, the vast majority in just three countries: Sierra Leone, Liberia and Guinea

Health workers at high risk: over 800 cases among medical staff in the three West-African countries, and around 500 deaths.



## **HIV/AIDS**

### **Getting to zero cases in our workplaces**

2.1 million people were newly infected with HIV in 2013

63% of those most in need lack access to life-saving treatment

Sub-Saharan Africa accounts for almost 70% of the global total of new HIV infections.

What do we need:

- HIV and AIDS should be recognized and treated as a workplace issue
- End the stigma: no discrimination against workers with HIV/AIDS
- Access to voluntary testing and counselling. All information should be confidential
- Policies on prevention of occupational transmission of HIV. Needlestick injuries, the cause of 95% of the HIV occupational seroconversions<sup>13</sup>, are preventable with practical, low-cost measures that also prevent exposure to other bloodborne viruses and bacteria
- Ratification/ implementation of ILO Recommendation 200 on 'HIV and AIDS and the world of work'

## **TRADE UNION DEMANDS**

### **PROPER LEGAL PROTECTION**

- National laws must protect workers from chemical, biological and physical hazards and risks to their health and safety
- Regulations must support workers' rights to fully participate in health and safety decisions via worker representatives and workers' representation on Joint health and safety committees, with worker representatives allowed paid time off for training and to undertake their union safety functions
- Occupational health and safety labour inspections by official regulatory agencies should be frequent, properly resourced and free from interference
- Occupational health, particularly the prevention of chronic diseases, should be treated as seriously as occupational injury and accident prevention
- Chemical risk reduction requirements should be included in legislation, and should include a workers' right to know what substances are in use, the hazards of the work and the implications for health and the environment
- The precautionary principle and the prevention principles and companies' liability for their environmental and health impacts should be enshrined in law.
- Negligent employers should face criminal and economic penalties, sufficient to create a real deterrent effect
- Effective integration of health and safety considerations must be included in all public sector procurement processes.
- Ratification and implementation of all ILO standards (see page 7)

<sup>13</sup> [http://www.who.int/occupational\\_health/topics/hcworkers/en/](http://www.who.int/occupational_health/topics/hcworkers/en/)

## DEFINITIONS #2: A HIERARCHY OF CONTROL

### **First priority**

**At source** - Eliminate or completely isolate hazards by elimination of use, changes in the production process or substitution with less hazardous substances;

### **Then...**

**Along the exposure path** - Reduce and control risks by adopting measures at, or as close to the source of the exposure as possible: for example near-complete isolation, aspiration, effective local ventilation systems, and other industrial hygiene actions;

### **And only then...**

**At the worker** – As a last resort when effective control at the source or along the exposure path is not possible, the worker must be provided with personal protective clothing and equipment, or alternative, effective administrative controls.

Some chemical, biological and physical agents are sufficiently hazardous that their use should be banned, as no control method can be shown to be effective. The elimination of the most hazardous substances from workplaces is a priority for trade union action.

## HEALTH AND SAFETY

### A MATTER OF WORKERS' RIGHTS

**Participation and consultation:** Workers demand the right to participate in, and be fully consulted on, health and safety policies, programmes and procedures where they work. This means involvement in all aspects of health and safety management. We demand that health and safety be done with us, not to us – only those who face the risks have the moral authority to assess or accept them. Joint Health and Safety Committees (JHSC) have been shown to be an effective way to improve conditions. But union representatives can only be effective when they listen to and are informed and supported by their membership – this means union representatives encouraging members to participate in identifying problems and solution, and unions providing their representatives the necessary training, support and resources.

**Right to know:** Workers must have the right to know the hazards of what they are using, including impacts on their health and the environment. This means proper labelling, complete and up-to-date material safety data sheets, and capacity building (education and training) on chemical, biological or physical hazards and how to do their jobs with minimal risk.

**Right to refuse:** Workers must be able to exercise in good faith a right to refuse or stop dangerous work. Anyone doing this must be protected from discipline, dismissal, or other negative outcomes, so there must be legal whistleblower protection and protection from victimization or 'blacklisting'.

## TAKING ACTION

### RIGHTS OF WORKPLACE HEALTH AND SAFETY REPRESENTATIVES SHOULD INCLUDE:

- Identifying biological and chemical hazards, ensuring risks are eliminated or controlled.
- Carrying out regular inspections for exposure to chemical, biological and physical hazards within their workplaces
- Fully participating in any risk assessments, and in the development of any control strategies.
- Conducting investigations or research following workers' complaints or concerns, illnesses, injuries, and identifying necessary preventive measures.
- Having access to all data on accidents and diseases
- Undertaking regular consultations with members to on identify possible work-related health issues
- Developing an inventory of hazardous substances at the workplace

**DON'T FORGET! LAWS AND RIGHTS WON'T MAKE THINGS HAPPEN,  
WITHOUT UNION ACTION**

Even when good legislation exists, and committees are in place, unions have to mobilise for their rights to be effective, and provide workers' representatives with information and support.

Collective bargaining on occupational health, biological and chemical risk prevention should be strengthened: collective bargaining successes often provide the impetus for the eventual adoption of national laws.

## INTERNATIONAL INSTRUMENTS

### ILO CONVENTIONS: RATIFYING IS KEY, BUT IMPLEMENTING THEM TOO

About 70 International Labour Organization (ILO) Conventions and Recommendations deal with occupational safety and health and hazardous substances in the workplace.

These include:

ILO Convention 81	Labour Inspection Convention (1947)
ILO Convention 121	Employment Injury Benefits (1964)
ILO Convention 135	Workers' Representatives Convention (1971)
ILO Convention 136	Benzene (1971)
ILO Convention 139	Occupational Cancer (1974)
ILO Convention 148	Working Environment (Air Pollution, Noise and Vibration) (1977)
ILO Convention 155	Occupational Safety and Health (1981)
ILO Convention 161	Occupational Health Services (1985)
ILO Convention 162	Asbestos (1986)
ILO Convention 174	Prevention of Major Industrial Accidents (1993)
ILO Convention 170	Safety in the use of Chemicals at Work (1990)
ILO Convention 187	Promotional framework for occupational safety and health (2006)
ILO Recommendation 200	Recommendation concerning HIV and AIDS and the world of work (2010)

## ALSO RELEVANT....

**Stockholm Convention:** This aims to

- Eliminate the intentional production and use Persistent Organic Pollutants (POPs);
- Minimize releases from unintentional production of POPs, such as dioxins and furans, which are produced under certain conditions by incomplete combustion;
- ensure that stockpiles and wastes of the listed chemicals are managed and disposed of in an environmentally sound manner; and
- Impose certain trade restrictions.
- [www.pops.int](http://www.pops.int)

**Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and their Disposal:** Regulates the transboundary movements of hazardous and other wastes applying the “Prior Informed Consent” procedure (shipments made without consent are illegal). Shipments to and from non-Parties are illegal unless there is a special agreement. Each Party is required to introduce appropriate national or domestic legislation to prevent and punish illegal traffic in hazardous and other wastes. Illegal traffic is criminal. The Convention obliges its Parties to ensure that hazardous and other wastes are managed and disposed of in an environmentally sound manner. [www.basel.int](http://www.basel.int)

**Rotterdam Convention:** Covers pesticides and industrial chemicals that have been banned or severely restricted for health or environmental reasons by Parties, in order to enter a country those chemicals will need Prior Informed Consent. [www.pic.int](http://www.pic.int)

**Minamata Convention:** The Minamata Convention on Mercury is a global treaty that aims to protect human health and the environment from the adverse effects of mercury. It includes a ban on new mercury mines, the phase-out of existing ones, control measures on air emissions, and the international regulation of the informal sector for artisanal and small-scale gold mining. [www.mercuryconvention.org](http://www.mercuryconvention.org)

**SAICM:** The Strategic Approach to International Chemicals Management (SAICM) is a political framework and a voluntary global strategy adopted by governments and stakeholders in order to protect human health and the environment from the impacts of the exposure to toxic chemicals. It aims to ensure that “by the year 2020, chemicals are produced and used in ways that minimize significant adverse impacts on the environment and human health”. [www.saicm.org](http://www.saicm.org)

## More information

**HAZARDS CANCER RESOURCES:** [www.cancerhazards.org](http://www.cancerhazards.org)

**SUSTAINLABOUR MANUAL ON SUSTAINABLE MANAGEMENT OF CHEMICALS:**

<http://www.sustainlabour.org/temas.php?lang=EN&idtema=3>

**RISCTOX, a union database on toxic and hazardous substances:** <http://www.istas.net/risctox/en/>

**ITUC OHS INFO PAGE:** [www.ituc-csi.org/ohs](http://www.ituc-csi.org/ohs)

**ITUC/Hazards 28th April resources and activities worldwide:** [www.28april.org](http://www.28april.org)

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