



DA VENIAM SCRIPTIS QUORUM NON GLORIA NOBIS
CAUSA, SED UTILITAS OFFICIUMQUE FUIT

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LIST of ABSTRACTS

measurable improvement. There was considerable media coverage of this issue leading to increased public awareness. The main construction trade unions also began a campaign to ban work with this material.

Implications for addressing the issue

In 2023 the Australian Workplace OHS Ministers met and asked Safe Work Australia (SWA), the national OHS policy body, to review the effectiveness of control measures and to evaluate future options, including a ban on artificial stone. In 2022 the published number of cases had risen to 579. The SWA report in August 2023 concluded that the existing regulatory framework was ineffective in protecting workers from silicosis and recommended a total ban. The OHS Ministers subsequently decided to ban artificial stone from 1 July 2024. An important implication of this was the need to identify alternative safer materials.

Potential follow-up/actions

This has important implications for policies in other countries where artificial stone is being used in the construction industry. An important contributor to policy development is establishing high quality screening programs, including sensitive tools such as low dose CT scans, to detect silicosis at an early stage.

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Nil

The under-recognition of occupational risk related to solar ultraviolet radiation exposure and skin cancers

Conference Sessions - Session

Policy Discussion Abstract Form

Modenese Alberto

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Background or Purpose

Occupational exposure to solar ultraviolet radiation (UVR) involves 1.6 billion workers worldwide, with a burden of ~19,000 deaths and 0.5 million disability-adjusted life years (DALY) for non-melanoma skin cancers (NMSC). Nevertheless, UVR-inflicted occupational skin cancers are extremely under-reported to worker compensation authorities.

Content

It is time to globally improve the prevention of occupational risks related to solar UVR exposure of outdoor workers, considering that:

- 1) The risk is preventable: SunSafety campaigns e.g. in Australia showed positive effects, with a reducing trend in melanoma incidence for subjects
- 2) There are collective technical and organizational protective measures (e.g., covering/shielding structures, avoiding open-field work with high UV-index) to be applied at the workplaces, even if current risk evaluation and specific workers' trainings are lacking.
- 3) Personal Protective Equipment (UV-filtering glasses and clothing, UV-protecting hats/helmets) are available, even if not rigorously worn by the workers. Moreover, sunscreens are fundamental individual protections, but it is difficult to have them directly provided by the employers.
- 4) Occupational health surveillance is fundamental for the prevention of UV-related effects, and can require collaboration with specialists such as dermatologists. In case of diagnoses of NMSC, the diseases need to be reported to the workers' compensation authorities.

Implications for addressing the issue

Improvement of the prevention of solar UVR risk at workplaces on a global scale will result in a reduction of extremely frequent, but under-recognized, occupational diseases, such as NMSC. It should be noted that recent data indicate that specific subtypes of melanoma are associated with cumulative solar UVR at work.

Potential follow-up/actions

Actions urgently recommended on a global scale in outdoor workplaces are:

- 1) Rigorous adoption of UVR-prevention programs, including occupational health surveillance.
- 2) Improvement of the notification of work compensation claims for UVR-inflicted diseases.
- 4) Definition of a reliable occupational exposure limit, to support risk evaluation and specific norms.

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Effective engineering control for infectious respiratory particles: Germicidal UV

Conference Sessions - Session

Policy Discussion Abstract Form

McPhaul Kathleen

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Background or Purpose

Ultraviolet-C, or UVC, inactivates infectious pathogens in water, on surfaces, and in air. Pandemic