

TRAINING PROGRAM "OCCUPATIONAL HEALTH IN INDONESIA"

Cycle : Learning from colleagues in other countries and in other situations.
 Faculty : Lailana Purvis, Indonesian colleagues
 Chairman : Lailana Purvis, Occupational health and insurance physician
 Date : **Thursday April 4- Saturday April 20 2019**
 Location : Jakarta, Jogja, Surabaya, Banyuwangi and Bali
 Target : Company doctors and insurance physicians
 Minimum/maximum number of participants: 10-20

<u>Date</u>	<u>Program</u>	<u>From till</u>	<u>Number of hours</u>
Thursday, April 04	Travel day		
Friday, April 05	Session 1, part 1	18:00 to 20:00	2
Saturday, April 06	Session 2, part 1	09:00 to 17:00	6
Sunday, April 07	Session 3, part 1	09:00 to 17:00	6
Monday, April 08	Session 4, part 1	09:00 to 15:00	4
Tuesday, April 09	DAY OFF		
Wednesday, April 10	Session 5, part 1	09:00 to 16:30	6
Subtotal:			24
Thursday, April 11	Session 1, part 2	09:00 to 11:00	2
Friday, April 12	Session 2, part 2	09:00 to 17:00	6
Saturday, April 13	Session 3, part 2	09.30 to 17:15	6
Sunday, April 14	Session 4, part 2	09:00 to 14:00	2
Monday, April 15	Session 5 part 2	09:00 to 11:00	2
Tuesday, April 16	DAY OFF		
Wednesday, April 17	Session 6, part 2	09:00 to 13:00	2
Thursday, April 18	Session 7, part 2	09.00 to 17.00	6
Friday, April 19	Session 8, part 2	10:00 to 12:00	2
Subtotal:			28
Saturday, April 20	Homecoming		

Organization Conference program: Bedrijfsartsengroep B.V. and Lailana Purvis.

Register : Bedrijfsartsengroep B.V., Burg. Falkenaweg 54 te Heerenveen.

Accreditation is requested from the ABSG for **24 and 28 hours**, domain occupational medicine and insurance medicine.

See notes below for more information on the program.

Overview

Contents:

Daily program in which risk surveys and evaluations(RI&E) is the main guide for exploration of various areas in occupational health for the occupational health officers.

Furthermore various themes will be highlighted as to exchange knowledge and experiences with colleagues in the field of Occupational Health in Indonesia and the Netherlands.

Goal:

To let the Occupational Medical officer explore, experience and practice in risk surveys and evaluations(RI&E) and to put it in perspective within health and risk management in Indonesia. And also to open the mind to culture and (occupational) medicine

Each lecturer will give an introduction, from their expertise, on various health risks and hazards in different industries and on cultural similarities and differences

Canmeds:

Medical expert	30%
Professional	30%
Communicator	20%
Collaborator	10%
Health advocate	10%

Time table

Study trip to Indonesia, part 1

Thursday, 4th of April

Transfer Amsterdam to Jakarta

Friday, 5th of April

	Session 1, part 1	2 hours
18.00 – 18.30	Welcome and introduction	Lailana Purvis, OH specialist, insurance medical spec, MSc
18.30 – 19.30	Introduction to occupational safety and health and occupational medicine In Indonesia	Dr. dr.Astrid Sulistomo, occ med spec, MPH, Primary Care Director Universitas Indonesia Hospital
19.30 – 20.00	Specialization in occupational medicine In Indonesia	Dr. dr. Dewi Sumarko, oss med spec Program director specialization OM
20.00 – 22.00	Meet and greet dinner	

Saturday, 6th of April

	Session 2, part 1	6 hours
	Symposium “updates on occupational health in Indonesia and Europe”	
08.45 – 09.00	Opening	
09.00 – 10.00	Risks and Hazards management in Hospitals in Indonesia	Dr. dr.Astrid Sulistomo, occ med spec, MPH, Primary Care Director Universitas Indonesia Hospital
10.00 – 10.30	Top 5 and more risks in the health care industry in western Europe	dr.Lailana Purvis, occ med spec
10.30 – 11.00	Break	
11.00 – 11.45	Recognition and compensation of Occupational diseases in Indonesia	dr. Nuri Purwito Adi, occ med spec
11.45 – 13.00	Liability due to accidents	dr. Els Kooy, occ med spec
13.00 – 14.00	Lunch	
14.00 – 14.30	Retinal degeneration caused by the use of the sextant in the VOC era	dr. Rob Voorberg, occ .med spec
14.30 – 15.30	Hajj and Pilgrimage medicine	Dr.dr. M. Mansyur, occ. Med spec
15.30 – 16.00	Break	
16.00 – 16.30	Work and common psychiatric disorders, an update	Kees Geelen, occ med spec
16.30 – 17.00	The stigma of psychological problems at work	Willy van Zanten, psychologist

Sunday, 7th of April

	Session 3, part 1	6 hours
09.00 – 12.00	Opfriscursus Belasting-Belastbaarheid	Ties Wijnen, insurance med. Spec Lailana Purvis, occ med en insurance med spec.
12.00 – 13.00	Lunch	
13.00 – 17.00	Vervolg opfriscursus	

Monday, 8th of April

	Session 4, part 1	4 hours
09.00 – 15.00	Visit to Kelapa Sunda Harbour Risks and Hazards of dock workers	dr. Ilyas Mohammed, occ med spec

Tuesday, 9th of April
No course
Wednesday, 10th of April

	Session 5, part 1	6 hours
09.00 – 10.30	Occupational diseases of the skin in the agricultural, sector in Indonesia	Dr. Awalia Febriana , dermatologist UGM (Gadjadara University, Jogja)
10.30 – 11.00	Break	
11.00 – 12.30	Occupational en public health problems In batik and pottery industry in Jogja	Dr dr Lientje Setyawati K. Maurits occ med spec, UGM
12.30 – 13.30	Lunch	
13.30 – 16.30	RIE batik and pottery in Jogja	Dr. dr. Lientje Maurits and dr.Lailana Purvis

Study trip to Indonesia, part 2

Thursday, 11th of April		
	Session 1, part 2	2 hours
09.00 – 11.00	Risk Management discussion day 2 and 4	Lailana Purvis, occ med spec Kees Geelen, occ med spec

Friday, 12th of April		
	Session 2, part 2	6 hours
09.00 – 13.00	Health risks and hazards in the Tobacco industry	Prof. Dr.dr. Tjipto Suwandi, occ med spec
13.00 – 14.00	Lunch	
14.00 – 17.00	Health risks and hazards in the industries of Surabaya	Prof.Dr. dr Agung Pratono, endocrinologist Prof. Dr.dr. Tjipto Suwandi, occ med spec

Saturday, 13th of April		
	Session 3, part 2	6 hours
09.30 – 10.30	(Over)leven in het heeal	Rob Voorberg, bedrijfsarts
10.30 – 11.00	Pauze	
11.00 – 12.00	Environmental Hazards and effects on Health in Indonesia	Dr.Ir. Rieka Idroes
12.00 – 13.00	Lunch	
13.00 – 14.30	Occupational Health and Safety in the Railway industry of Indonesia	Dr. Dwi Madijantoro, vice-president Health of KAI and Dr Chris Maranto, chief medical officer KAI (Indonesian railways)
14.30 – 14.45	Break	
14.45 – 17.15	Occupational risks and hazards in the railway industry in Europe update	Dick van Reenen, occ med spec

Sunday, 14th of April		
	Session 4, part 2	2 hours
09.00 – 11.00	Sulphur: risks and hazards	Dr. dr. Astrid Sulistomo, Occ med spec
11.00 – 14.00	Study trip to the Ijen Heath risks and hazards	

Monday, 15th of April		
	Session 5, part 2	2 hours
09.00 – 11.00	Introduction to diving Medicine	Saekle Hoitinga, occ med spec

Tuesday, 16th of April **No course**

Wednesday, 17th of April

	Session 6, part 2	2 hours
09.00 – 11.00	Self study RIE hotel industry	
11.00 – 13.00	Onderhandelingsstrategieën	Willy van Zanten, psycholoog

Thursday, 18th of April

	Session 7, part 2	6 hours
09.00 - 09.30	Introduction	Lailana Purvis
09.30 - 11.00	Health Management in the Hotel Industry	Marcel Driessen, GM Sanur Beach Hotel
11.00 - 11.30	Break	
11.30 - 13.00	Performing RI&E Hotel divisions	dr. Damajanti Widia, senior medical officer at Sanur Beach Hotel Dr.dr. Dewi Sumarko, occ med spec
13.00 - 14.00	Lunch	
14.00 - 15.30	Presenting the results of the risk survey	Mr. Marcel Driessen, GM Mr. A. Arinstraputra, HR Dewi Sumarko, Kees Geelen
15.30 - 15.45	Break	
15.45 - 16.45	Discussing the results and valuation Of the advices	idem

Friday, 19th of April

	Session 8, part 2	2 hours
10.00 – 11.00	Legionella	Dick van Reenen, occ med spec
11.00 – 12.00	Summary, Evaluation and closing	Kees Geelen, occ med spec and Lailana Purvis, occ med spec

Saturday, 20th of April **Arrival at Schiphol airport**

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Extensive Elucidation

Session 1a, part 1

Welcome and introduction of the aims and goals of the studytrip, Lailana Purvis

Session 1b, part 1

Occupational Health in Indonesia, Dr. dr. Astrid Sulistomo, occ med spec

Summary

The program is introduced and the context of the studytrip is reviewed.

How is Occupational Health organized in Indonesia: legislation and organization.

Objectives and results

- The OH medical officer is updated on the program of the studytrip
- The OH medical officer understands the social implications of the program
- The OH medical officer has kept an open mind towards the similarities and differences in culture
- The OH medical officer summarizes the Indonesian Safety and Health at Work Law and the implementation of this legislation
- The OH medical officer can summarize the system of insurance medicine in Indonesia

Didactical method

Theoretical and informational context:

- BPJS, labour force and social security coverage
- PERDOKI

Literature

ILO. Decent work country programme 2012 – 2015.

Online: <http://www.ilo.org/public/english/bureau/program/dwcp/download/indonesia12-15.pdf>

Situation of occupational health surveillance in Indonesia

<http://envocc.ddc.moph.go.th/uploads/%E0%B8%9B%E0%B8%A3%E0%B8%B0%E0%B8%8A%E0%B8%B8%E0%B8%A1/18-20DEC60/file/Indonesia.pdf>

Session 2a, part 1

Risks and Hazards management in Hospitals in Indonesia, Dr.dr Astrid Sulistomo

Session 2b, part 1

Top 5 and more risks in the health care industry in western Europe, Lailana Purvis

Summary

According to Health Minister Nila Moeloek in 2012 only five out of 1,800 hospitals existing in Indonesia are currently accredited internationally, and all five are privately owned. This is because they have not yet reached the required quality standards, including in medical record services. In 2017, of the 2414 hospitals in Indonesia, 121 were internationally accredited. And the number is growing each year. More and more national general hospitals now have international accreditation. One of the reasons of this endeavour of growth is the goal, that by improving the quality of health services, it is expected that people will not have to go overseas to have required medical treatment.

Hospitals in general experience many health risks such as biological, physical, ergonomical, chemical and toxicological for both the personnel as the patients.

The aim of this session is to perform a risk and hazard survey at two hospitals with quite different standards. What are the similarities and differences?

What are the views on risk management in Indonesia?

And what is going on in Europe? From pandemics to violence in hospitals, alarm fatigue to healthcare-acquired infections, healthcare organizations will be put to the test in the coming months and years. And cybercrime and GDPR, it's clear that there are many challenges to avoid disruption of facility operations and put employee and patient safety at risk.

Objectives and results

At the end of the session the OH medical officer will be able to understand:

- Physical, chemical, biological, ergonomic, psychosocial and other hazards to health related to working in an hospital
- Sources of information on and methods of evaluating and controlling risk.
- Principles of the most relevant hazards, in particular biological, chemical and social (harassment) hazards.
- Difference between: being a risk, or be at risk
- Clinical features and investigation of occupational diseases at a rehabilitation centre
- Be able to identify, describe and demonstrate:
- Health risks and hazards by means of a survey of a hospital department

Objectives and results

At the end of the session the OH medical officer will be able identify, describe and demonstrate:

- Health risk and hazard survey in a hospital.

Be able to understand

- Risk and hazard management in an Indonesian and a European hospital.

Didactical methods

Theoretical context:

- Principles of toxicology, ergonomics and psychosocial matters in relation to risks and hazards in the hospital industry

Literature

- Health risk and hazards checklist for hospitals
- Cybersecurity in Hospitals: A Systematic, Organizational Perspective
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5996174/>
- European Union. Occupational health and safety risks in the healthcare sector. Luxembourg: Publications Office of the European Union; 2011.
Online: <http://ec.europa.eu/social/BlobServlet?docId=7167&langId=en>

Session 2c and 2d, part 1**Recognition and compensation of Occupational diseases in Indonesia and Liability due to accidents
Dr. Nuri Purwito and Dr. Els Kooy**

Insurance medicine is inevitable to reach Indonesia in the near future.

- What is the state of the art in Indonesia?
- What is the state of the art in Europe?

Literature:

- Indonesia national health policy in the transition of disease burden and health insurance, Nila F. Moeloek:
Online:
file:///C:/Users/Gebruiker/Downloads/Indonesia_national_health_policy_in_the_transition.pdf
- Medical Conditions and Car Crashes
Patricia C. Dischinger, Shiu M. Ho, and Joseph A. Kufera, Annu Proc Assoc Adv Automot Med. 2000; 44: 335–348.
- IMPACT OF MEDICAL CONDITIONS AND MEDICATIONS ON ROAD TRAFFIC SAFETY
Havagiray R. Chitme,^{1,*} Ammar Al-Kashmiri,² Hosn Mohammed Al-Thehli,¹ Manal Juma Al-Qanoobi,¹ Marwa Mohammed Al-Mushefiri,¹ and Jayalakshmi Venuvgopal¹,
Oman Med J. 2018 Jul; 33(4): 316–321.

Session 2e, part 1**Hadjj and pilgrimage medicine: Dr.dr. M.Mansyur**

Mass gatherings at religious events can pose major public health challenges, particularly the transmission of infectious diseases. Every year the Kingdom of Saudi Arabia (KSA) hosts the Hajj pilgrimage, the largest gathering held on an annual basis where over 2 million people come to KSA from over 180 countries. Living together in crowded conditions exposes the pilgrims and the local population to a range infectious diseases. Respiratory and gastrointestinal tract bacterial and viral infections can spread rapidly and affect attendees of mass gatherings. Lethal infectious disease outbreaks were common during Hajj in the 19th and 20th centuries although they have now been controlled to a great extent by the huge investments made by the KSA into public health prevention and surveillance programs.

Objectives and results

At the end of the session the OH medical officer will be able identify, describe and demonstrate:

- The health risks and hazards during the hajj and pilgrimage to KSA

Didactical method

- Theoretical and informational context

Literature

- The annual Hajj pilgrimage-minimizing the risk of ill health in pilgrims from Europe and opportunity for driving the best prevention and health promotion guidelines.
Shafi S¹, Dar O², Khan M³, Khan M⁴, Azhar El⁵, McCloskey B⁶, Zumla A⁷, Petersen E⁸.
Int J Infect Dis. 2016 Jun;47:79-82. doi: 10.1016/j.ijid.2016.06.013. Epub 2016 Jun 22
- Health risks at the Hajj
Qanta A Ahmed, MD, Yaseen M Arabi, MD, Prof Ziad A Memish, MD
Published:March 25, 2006DOI:[https://doi.org/10.1016/S0140-6736\(06\)68429-8](https://doi.org/10.1016/S0140-6736(06)68429-8)

Session 2f and 2g, part 1**Psychiatric disorders. Dr. Kees Geelen**

Psychiatric disorders are now the most common reason for long-term sickness absence. The associated loss in productivity and the payment of disability benefits places a substantial burden on the economies of many developed countries. The occupational dysfunction associated with psychiatric disorders can also lead to poverty and social isolation. As a result the area of work and psychiatric disorders is a high priority for policymakers.

There are two main agendas: for many researchers and clinicians the focus is on the need to overcome stigma and ensure people with severe psychiatric disorders have meaningful work; however the public health agenda predominantly relates to the more common disorders such as depression and anxiety, which contribute a greater burden of disability benefits and pensions

The stigmatization of mental illness. Drs. Willy van Zanten

The stigmatization of mental illness is still an important societal problem. The general population is largely ignorant about this problem, and fear of the mentally ill remains prevalent. Although we no longer imprison, burn or kill the mentally ill as in the Middle Ages or in Nazi Germany, our social standards and attitudes are nonetheless unworthy of modern welfare states. Structural discrimination of the mentally ill is still pervasive, whether in legislation or in rehabilitation efforts. Key points:

- symptoms of mental health disorders may be different at work than in other situations.
- Although these disorders may cause absenteeism, the biggest impact is in lost productivity.
- Studies suggest that treatment improves work performance, but is not a quick fix.

Objectives and results

At the end of the session the OH medical officer will be able identify, describe and recognize:

- The most common psychiatric disorders of the working population
- Stigmatization of mental disorders
- Causes of stigmatization of mental disorders

Didactical method

- Theoretical and informational context

Literature

- [J R Soc Med](#). 2011 May;104(5):198-207. doi: 10.1258/jrsm.2011.100231.
- **Work and common psychiatric disorders.**
[Henderson M](#)¹, [Harvey SB](#), [Overland S](#), [Mykletun A](#), [Hotopf M](#)
- Science & Society, Science & Society
- The stigma of mental disorders
- A millennia-long history of social exclusion and prejudices
- [Wulf Rössler](#)^{1, 2, 3}
- [EMBO Rep](#). 2016 Sep; 17(9): 1250–1253.

Session 3, part 1**Session in Dutch:****Opfriscursus Belasting-Belastbaarheid. Ties Wijnen and Lailana Purvis**

Per 01-01-2021 zal de medische informatie en inschatting van de bedrijfsarts leading worden bij de aanvraag WIA. Dat houdt in dat er een adequate begeleiding dient te zijn gedurende de 2 jaar vooraf gaande aan de aanvraag en een adequate inschatting van de belastbaarheid, niet alleen op bedrijfsgeneeskundig niveau maar ook op verzekeringsgeneeskundig niveau. Voor de verzekeringsarts is het zaak om op de hoogte te blijven van de veranderingen en interpretatie binnen FML en CBBS

Theoretische opbouw CBBS en FML worden nader toegelicht.

Aan de hand van voorbeelden en oefeningen worden de vaardigheden ontwikkeld.

Iedere deelnemer wordt gevraagd om 2 dossiers mee te nemen waarbij die tot een WIA-aanvraag hebben geleid.

Doelen en resultaten

De bedrijfs- en verzekeringsarts is:

- Op de hoogte van de nieuwste veranderingen binnen CBBS
- In staat om een adequaat FML op te stellen
- Is zich bewust van de consequenties van het aankruisen van items binnen de FML
- Tijdig in staat om de belastbaarheid van een client aan te geven
- Kennis heeft opgedaan van het ICD

Didactische vormen: theorie ,oefeningen en intervisie.

Literatuur

- Werkwijzer Handelen van de bedrijfsarts op verzoek van eigenrisicodragers
WGACommissie Wet- en Regelgeving van de Nederlandse vereniging voor Arbeids- en
Bedrijfsgeneeskunde April 2014
- CBBS handbook 2013

Session 4, part 1**Health and safety of dock workers. Dr. Ilyas Mohammed****Summary**

We will visit the port of Jakarta.

Objectives and results

At the end of the session the occupational medical officer will be able to understand:

- Physical, chemical and biological hazards to health arising working in the docks
- Methods for assessing and controlling hazards and major accidental hazards.
- Methods for prevention feasible in the setting of a developing country .
- Core level of health and safety protection worldwide.

Didactical methods

- Theoretical context:
Principles of physical , ergonomics and psychosocial risks and hazards in the harbour industry
- Practice and experiencing:
 - Performing a risk and hazard survey in the Old Port.

Literature

- Health and Safety Executive. Safety in docks; Approved Code of Practice and guidance. London: HSE; 2014.
Online: <http://www.hse.gov.uk/pubns/priced/l148.pdf>

Session 5, part 1**RI&E Batik and Pottery industry Jogya****5a, Occupational skin exposure and occupational dermatoses in Indonesian shoe industry. Dr. dr. Awalia Febriana****Summary**

Dr Awalia Febriana did her PhD at the UMCG , occupational and public Health dpt. She will present the results of her study.

5b, RI&E Batik and Pottery industry Jogya, Dr. Lientje Setyawati, occ med spec**Summary**

Indonesia has an old tradition of gold and silver guilds. The labour force is in the thousands of workers. How are the working conditions at the factories and workshops? What are the health risks and hazards from an environmental, physical and mental point of view?
What legislation is there concerning health management in this area of industry?

Objectives and results

At the end of the session the OH medical officer will be able identify, describe and demonstrate:

- Health risk and hazard in the shoe industry
- Health risk and hazard survey of the batik and pottery industries
Be able to understand:
- Risk and hazard management in the shoe, batik and pottery industry in Indonesia

Didactical methods

- Theoretical context:
 - Principles of toxicology, ergonomics and psychosocial matters in relation to risks and hazards in the shoe, batik and pottery industry
- Practice and experiencing:
 - Performing a risk and hazard survey on location

Literature

- Occupational skin hazards and prevalence of occupational skin diseases in shoe manufacturing workers in Indonesia.
Febriana SA1, Soebono H, Coenraads PJ. Int Arch Occup Environ Health. 2014 Feb;87(2):185-94
- Health Hazards in the Arts and Crafts
Shalini Gupta, Michael McCann and John Harrison
Leonardo, Vol. 24, No. 5 (1991), pp. 569-572
- Work-Related Musculoskeletal Symptoms Among Batik Workers in Kelantan
Article (PDF Available) in [Malaysian Journal of Medical Sciences](#) 7(2):13-7 · July 2000
- Evaluation of Respirable Crystalline Silica in High School Ceramics Classrooms
[Matthew Fechser](#),¹ [Victor Alaves](#),^{1,2} [Rodney Larson](#),¹ and [Darrah Sleeth](#)¹,
[Int J Environ Res Public Health](#). 2014 Feb; 11(2): 1250–1260.
Published online 2014 Jan 23. doi: [10.3390/ijerph110201250](https://doi.org/10.3390/ijerph110201250)

Session 1, part 2

Risk Management. Kees Geelen and Lailana Purvis

Risk management is an iterative and cyclic process.

Following the methodology PDCA(Plan-Do-Check-Act) risk management is a systematic process that includes the examination of all characteristics of the work system where the worker operates, namely, the workplace, the equipment/machines, materials, work methods/practices and work environment. The aim of Risk Management is to identify what could go wrong, i.e. finding what can cause injury or harm to workers, and to decide on proper safety control measures to prevent work accidents and occupational diseases and implement them (i.e. risk control).

It is important that employers know where the risks are in their organizations and control them to avoid putting in risk employees, customers and the organization itself. The main goal of risk management is to eliminate or at least to reduce the risks according to the ALARP (as low as reasonably practicable) principle. A key aspect in risk management is that it should be carried out with an active participation/involvement of the entire workforce. Carrying out risk management implies performing several steps (whose activities will be detailed in the next sub-sections).

So how to convince a company to implement risk management?

Possible arguments:

- maximising the well-being and productivity of all people working for an organisation;
- stopping people getting injured, ill or killed through work activities (and associated sickness absence);
- improving the organisation's reputation in the eyes of customers, competitors, suppliers, other stakeholders and the wider community;
- avoiding damaging effects on turnover and profitability;
- encouraging better relationships with contractors and more effective contracted activities.
- minimising the likelihood of prosecution and consequent penalties.

Objectives and results

At the end of the session the OM officer will be able identify, describe:

- the necessity of risk management in a company
- help to implement risk management in a company
- recognize if and how a company had embedded risk management
- who can consider himself an OHS intermediary

Didactical methods

- Theoretical and informational context
- Exchanging experiences

Literature

online

Small enterprises – Accountants as occupational health and safety intermediaries

Author links open overlay panel

[PeterHasle^aBoBager^bLiseGranerud^a](#)

[Safety Science](#)

[Volume 48, Issue 3](#), March 2010, Pages 404-409

Session 2, part 2**Health risks and hazards in the Tobacco Industry. Prof. Dr.dr. Tjipto Suwandi**

We know that smoking is bad for your health. But what do we know about the risks and hazards of working in the tobacco industry. Besides physical risks such as hand, arm and shoulder problems, workers of tobacco industries are chronically and predominantly exposed to tobacco dust and majority workers of tobacco industries are smokers non-smoker tobacco workers are also exposed to passive smoking at their work places. Inhalation is the common route of absorption of air borne contaminants caused by tobacco dust and smoke and deterioration of lung functions is related to inhalation of dust. Tobacco dust exposure induces oxidative stress among tobacco workers that leads to impairment of lung functions and lung diseases

Objectives and results

- The OH medical officer will be able to understand and identify the health hazards caused by working in the tobacco industry and how to manage the risk en control

Didactical methods

- Theoretical context:
Principles of physical , ergonomics and psychosocial risks and hazards in the tobacco industry
- Practice and experiencing:
 - Performing a risk and hazard survey at the Sampoerna tobacco fabric

Literature

- M Rahman. *Health Hazards And Quality Of Life Of The Workers In Tobacco Industries: Study From Three Selected Tobacco Industries At Gangachara Thana In Rangpur District Of Bangladesh*. The Internet Journal of Epidemiology. 2008 Volume 6 Number 2.
- Speciation of metals and metalloids in tobacco and tobacco smoke : Implications for health and regulation; RCJ CampbellWNM KlerxR TalhoutWE Stephens, 2015
<https://www.rivm.nl/publicaties/speciation-of-metals-and-metalloids-in-tobacco-and-tobacco-smoke-implications-for>

Session 2b, part 2

Surabaya is the capital of East Java and the 2nd largest city of Indonesia. The city is highly urbanized, with industries centralized in the city, and contains slums. Pollution of the air an river are the results of industrial success.

Political situation, economic condition and strategic planning in Surabaya are very different to those in developed one. Issue of local government decentralization and regularization of urban land disregard the existence of informal sector. Surabaya' city view the growth of informal sector only as part of the systematic urban transition of industrialization process.

The public health concerns and consequences will be discussed.

Session 3, part 2

OHS in the Railway industry/ environmental hazards and the effect on health in Indonesia presentations RI&E, Dr. Dwi Madijantoro and Dr. Chris Maranto

Summary

Environmental Health is defined as the prevention and control of those factors in the environment that may have adverse effects on people's physical, mental or social well-being. By this definition the scope of environmental health is vast in nature. Indonesia is subject to potentially destructive natural phenomena that is more frequent and varied than most other countries. The principle hazards are volcano eruptions, landslides, floods, storms, droughts, fires, agricultural pests and diseases. The health consequences will be explained and discussed.

Railway industry has a potential of many health risks and hazards. Environmental problems, such as temperature, illumination, noise, and vibration but also toxicological and chemical hazards are there because of the goods that are transported. But also mental and psychosocial factors are a great risk. The rate of train accidents is fairly high in Indonesia. About 85% accidents were caused by human error, 7% due to railway condition, 5% by train conditions, and 3% because of environmental or bad climate. Human error factor will be highlighted.

Didactical methods

- Exchange of information on the Rail Safety induction in Europe and Indonesia.
- Case studies.

Objectives

At the end of the session the occupational medical officer will be able to understand:

- Physical, chemical and biological hazards to health arising from working in the Railway industry
- Human factors in Railway accidents, psychosocial aspects
- Methods for assessing and controlling environmental hazards and major industrial accidental hazards in Indonesia
- Relevant legislation to protect the environment from industrial pollution in Indonesia.
- Relevant legislation of the transportation Industry worldwide

Literature

- The Application of Occupational Safety and Health Management in Train Workshop "Balai Yasa"
- PT Kereta Api (Persero) Yogyakarta 2010
- Widodo Hariyono
- Land cover change and abrupt environmental impacts on Javan volcanoes, Indonesia: a long-term perspective on recent events; Lavigne, F. & Gunnell, Y. Reg Environ Change (2006) 6: 86.
doi:10.1007/s10113-005-0009-2

Session 4, part 2

What are the potential health risks and hazards caused by Sulphur?

And what are the health risks of the workers in the mining and transportation of Sulphur at the Ijen location? Dr.dr. Astrid Sulistomo

Objectives and goals

At the end of the session the OH medical officer will be able identify, describe and demonstrate:

- The health risk and hazards of the Sulphur industry

Didactical method

- Theoretical and informational context.
- Experiencing and observing the mine workers at the Ijen

Literature

Online: <http://westliberty.edu/health-and-safety/files/2012/08/Sulfur.pdf>

Session 5, part 2**Introduction to diving medicine. Dr. Saekle Hoitinga**

Under water the body is exposed to different circumstances than on land. This involves risks. The advice is then to also undergo a sport medical diving test before diving is started. During this part you will learn how diver diseases can arise. We will discuss in detail what risk factors and risk groups are contraindicated for diving. After completing this course you will not be able to carry out a sports medical diving test yourself, but you can inform the client about the risks and refer to a sports medical diving center.

Didactical method:

- Theoretical and informational context
- For those who are interested, experiencing snorkling and diving after the session.

Session 6, part 2**Onderhandelingsstrategieën. Willy van Zanten**

Aan het eind van de workshop zal de bedrijfs- en verzekeringsarts:

- In staat zijn om onderhandelingen met meer succes te voeren
- Onderhandelingskwaliteit naar een hoger niveau brengen
- Geleerd hebben oplossingen te zoeken in wederzijds belang
- In staat zijn om de communicatiestijl aan te passen aan de onderhandelingspartner
- In staat zijn het onderhandelen doelgericht en effectief voor te bereiden
- Onderhandelingsvaardigheden naar een hoger niveau hebben gebracht

Session 7 part 2**Health management in the Hotel and Tourist industry. Dr.dr. Dewi Sumarko, etal****Summary**

The hotels, catering and tourism sector is one of the fastest growing sectors of the global economy. It is also among the top-job creating sectors because its labour intensive nature and the significant multiplier effect on employment in other related sectors. Yet, the sector has a reputation of poor working conditions due to a number of factors: it is a fragmented industry with a majority of employers small and medium sized enterprises with low union density, and work characterized by low wages and low levels of skill requirements, shift and night work and seasonality.

What are the health risks and hazards that this branch have to cope with? What does the Sanur Beach Hotel do in the field of health management? What do they do in the field of rehabilitation and re-integration?

Objectives and results

At the end of the session the OH medical officer will be able identify, describe and demonstrate:

- Health risk and hazard survey in a hotel

Be able to understand

- Risk and hazard management in the gold and Hotel and tourist industry in Indonesia

Didactical methods

- Theoretical context:
 - Principles of toxicology, ergonomics and psychosocial matters in relation to risks and hazards in the hotel and tourist industry
- Practice and experiencing:
 - Performing a risk and hazard survey on location

Literature

- Checklist health and safety in hotels
- HSE. Infected food handlers. Occupational aspects of management .London: HSE; 2007
- Online:
 - http://www.nhshealthatwork.co.uk/images/library/files/Clinical%20excellence/InfectedFood_full_guidelines.pdf
- Occupational Stress in the Hospitality Industry - An Employment Relations Perspective Lo, Karen; Lamm, Felicity. New Zealand Journal of Employment Relations 30.1 (Feb 2005): 23.
- Online: <http://search.proquest.com/openview/c34c2b40432e40f851b90531e17570aa/1?pq-origsite=gscholar>
- Occupational safety and health in the hotels, catering and tourism sector
Online: http://www.ilo.org/safework/industries-sectors/WCMS_219021/lang--en/index.htm

Session 8, part 2**Controlling Legionella, Dr. Dick van Reenen****Objectives and results**

- The OH medical officer will be able to understand and identify the health hazards caused by Legionella and how to manage the risk en control

Didactical method

- Theoretical and informational context

Literature

- <http://www.hse.gov.uk/legionnaires/>
- Boer JW den et al. Outbreak detection and secondary prevention of Legionnaires' disease: a national approach. Int J Hyg Environ Health 2007;210(1):1-7.