

# **Prevention: A global strategy**

Promoting Safety and Health at Work

The ILO Report for World Day for Safety and Health at Work  
Geneva, 2005

Copyright © International Labour Organization 2005

Publications of the International Labour Office enjoy copyright under Protocol 2 of the Universal Copyright Convention. Nevertheless, short excerpts from them may be reproduced without authorization, on condition that the source is indicated. For rights of reproduction or translation, application should be made to the Publications Bureau (Rights and Permissions), International Labour Office, CH-1211 Geneva 22, Switzerland. The International Labour Office welcomes such applications.

Libraries, institutions and other users registered in the United Kingdom with the Copyright Licensing Agency, 90 Tottenham Court Road, London W1T 4LP [Fax: (+44) (0)20 7631 5500; email: [cla@cla.co.uk](mailto:cla@cla.co.uk)], in the United States with the Copyright Clearance Center, 222 Rosewood Drive, Danvers, MA 01923 [Fax: (+1) (978) 750 4470; email: [info@copyright.com](mailto:info@copyright.com)] or in other countries with associated Reproduction Rights Organizations, may make photocopies in accordance with the licences issued to them for this purpose.

---

ISBN 92-2-117107-8 (print)  
ISBN 92-2-117108-6 (web pdf)

*First published 2005*

Cover: Enzo Fortarezza, ITCILO

---

The designations employed in ILO publications, which are in conformity with United Nations practice, and the presentation of material therein do not imply the expression of any opinion whatsoever on the part of the International Labour Office concerning the legal status of any country, area or territory or of its authorities, or concerning the delimitation of its frontiers.

The responsibility for opinions expressed in signed articles, studies and other contributions rests solely with their authors, and publication does not constitute an endorsement by the International Labour Office of the opinions expressed in them.

Reference to names of firms and commercial products and processes does not imply their endorsement by the International Labour Office, and any failure to mention a particular firm, commercial product or process is not a sign of disapproval.

ILO publications can be obtained through major booksellers or ILO local offices in many countries, or direct from ILO Publications, International Labour Office, CH-1211 Geneva 22, Switzerland. Catalogues or lists of new publications are available free of charge from the above address, or by email: [pubvente@ilo.org](mailto:pubvente@ilo.org)  
Visit our website: [www.ilo.org/publns](http://www.ilo.org/publns)

---

Printed by the International Labour Office, Geneva, Switzerland

---

## **Contents**

	<i>Page</i>
Prevention: a global strategy .....	1
World Day for Safety and Health at Work, 28 April 2005.....	3
The construction industry .....	4
Safety and health risks for construction workers .....	5
Management, planning and coordination through social dialogue .....	6
ILO standards and guidance.....	7
Prevention programmes for the construction industry .....	7
Younger and older workers .....	9
Safety and health issues for younger workers.....	9
Safety and health issues for older workers.....	10
ILO standards and guidance.....	11
Prevention programmes for younger and older workers.....	12
Conclusions .....	13
Useful references.....	14

---

The World Day for Safety and Health at Work is held on 28 April each year, a date that was first marked by the ILO in 2001 and 2002. The first year that the Day was held in its present form was in 2003, when the ILO used it to promote the concept of creating and sustaining a safety and health culture at work - a theme that was continued in 2004. The focus of the World Day 2005 is on the prevention of work-related accidents and ill-health, again under the overarching theme of promoting a "preventative safety and health culture".

The concept of having a World Day for Safety and Health at Work is rooted in the Workers Memorial Day, which was started by American and Canadian workers in 1989 in order to commemorate dead and injured workers annually on 28 April. The International Confederation of Free Trade Unions and Global Union Federations made this into a global event, expanding its scope to embrace the notion of sustainable work and workplaces. The International Commemoration Day for Dead and Injured Workers is now observed in over one hundred countries.

On World Day 2005, governments, employers' and workers' organizations are encouraged to conduct awareness-raising activities within their areas of influence on the theme of accident and ill-health prevention. Meanwhile, everyone engaged in the world of work is encouraged to consider their working practices and to identify whether preventative action could avoid injuries and ill health, not only on 28 April but throughout the year.

We invite you to join with us in promoting this important day.

## Prevention: A global strategy

The ILO firmly believes that work-related accidents and ill-health can and indeed must be prevented and that action is needed at international, regional, national and enterprise levels to achieve this. Part of the answer is to enact adequate national legislation on occupational safety and health and to promote compliance with it; the labour inspectorates have a key role to play here. Part of the answer also lies in more or better education and training, with occupational safety and health better integrated within vocational training courses as well as enterprise training programmes. However, real success in reducing work-related accidents and ill-health can only be achieved with a positive commitment amongst all concerned to prevention, a concept that is at the heart of what has been termed a "preventative safety and health culture".

Prevention involves management, foresight, planning and commitment - to anticipate hazards, assess risks and take action before an accident happens or an illness has been contracted. This can only be achieved with the measures mentioned above and with the cooperation of all concerned - the employer, who has the prime responsibility to provide safe and healthy working conditions, managers, supervisors, workers and their safety and health representatives, trade unions - through communication, collective agreements, safety committees etc. All these parties have an important part to play in improving occupational safety and health through effective social dialogue.

Both the human and the economic costs of accidents and ill-health at work worldwide are enormous. It has been estimated, for example, that the loss in global Gross Domestic Product resulting from deaths, injuries and illness at work is some 20 times greater than all official development assistance. However, while the economic costs are very great, the human cost of such suffering is incalculable.

**Figure 1. Estimated numbers of fatal and non-fatal accidents world-wide**

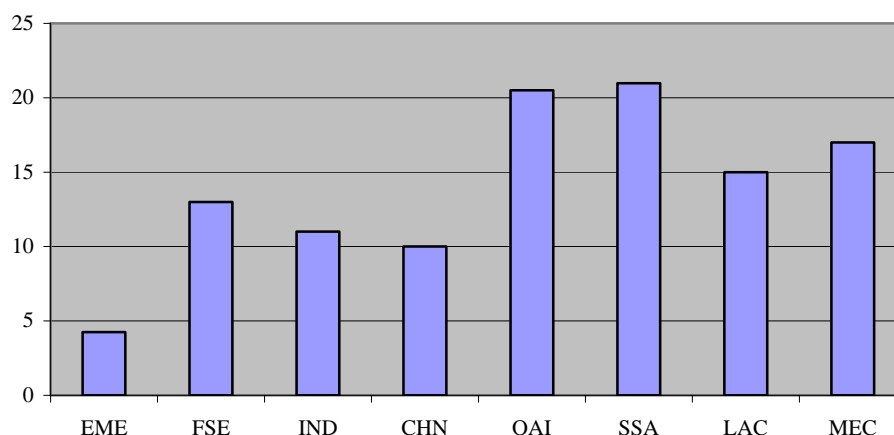
Region	Economically active population	Total employment	Estimated fatal accidents (ILO)	Fatal accidents reported to the ILO	Estimated accidents, 3 days	All accidents reported to the ILO
EME	419'732'002	394'720'947	15'879	14'316	12'118'393	7'527'083
FSE	183'089'714	161'762'008	17'416	7'853	13'291'068	343'004
IND	443'860'000	402'510'000	40'133	222	30'627'865	928
CHN	740'703'800	733'705'100	90'295	12'736	68'909'715	61'329
OAI	415'527'598	344'569'424	76'886	3'051	58'676'113	141'349
SSA	279'680'390	19'347'698	53'292	145	40'670'012	27'015
LAC	219'083'179	192'033'807	39'372	2'009	30'046'941	776'938
MEC	135'220'721	76'443'255	17'977	1'416	13'719'565	153'785
World	2'836'897'404		351'251	41'748	268'059'671	9'031'431

**KEY:** EME – Established Market Economies; FSE – Formerly Socialist Economies;  
IND – India; CHN – China; OAI – Other Asia and Islands; SSA – Sub-Saharan Africa;  
LAC – Latin-America and the Caribbean; MEC – Middle Eastern Crescent

'Estimated accidents, 3 days' means non-fatal accidents which result in absences from work for more than 3 days

Source: ILO, 2005

**Figure 2. Estimated rate of work-related fatal accidents  
per 100,000 workers**



Source: ILO, 2005

In response to such a challenge, the International Labour Conference in June 2003 adopted a global strategy for occupational safety and health, which aims to move occupational safety and health higher up the international and national political agendas. The strategy is based on the need to promote a wider "preventative health and safety culture" globally, as well as the need to manage work-related risks effectively. The Conference Report, in its conclusions,<sup>1</sup> refers to a "national preventative safety and health culture" as:

"...one in which the right to a safe and healthy working environment is respected at all levels, where governments, employers and workers actively participate in securing a safe and healthy working environment through a system of defined rights, responsibilities and duties, and where the principle of prevention is accorded the highest priority."

In the same Conference, the ILO was mandated to promote such a culture through several activities, one of which was an annual international event or campaign, such as a world day or safety and health week. The World Day for Safety and Health at Work fulfils that mandate. The subsequent ILO report 'Promotional framework for occupational safety and health'<sup>2</sup> further discusses the topic of "preventative safety and health culture".

<sup>1</sup> Global strategy on occupational safety and health, ILO, 2004:  
[www.ilo.org/public/english/protection/safework/globstrat\\_e.pdf](http://www.ilo.org/public/english/protection/safework/globstrat_e.pdf)

<sup>2</sup> Promotional framework for occupational safety and health, ILO, 2004:  
<http://www.ilo.org/public/english/protection/safework/promoframe.htm>

---

## World Day for Safety and Health at Work, 28 April 2005

The focus of the World Day 2005 is on the prevention of work-related accidents and ill-health, under the same overarching theme of the last two years, namely the promotion of safety and health culture. As in previous years, there are also some important sub-themes for this year.

The first sub-theme is the prevention of accidents and ill-health in the construction industry - a major generator of employment in many parts of the world. However, it is also an economic sector that is associated with proportionately many more injuries and disease compared to most other sectors. The second sub-theme is preventing accidents and ill-health amongst younger and older workers. Both groups - that is, younger workers aged 15-24 and older workers aged 55 and over - are statistically more likely to suffer certain types of work-related injuries, albeit for quite different reasons.

### Key facts and statistics

According to ILO estimates...

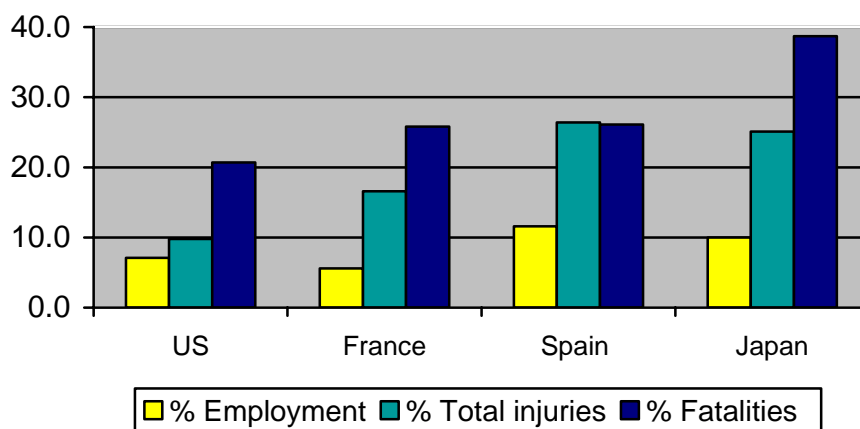
- Each day, an average of 5000 people die as a result of work-related accidents or diseases globally, making a total of between 2 and 2.3 million work-related deaths a year. Of this figure, there are about 350,000 fatal accidents and between 1.7 and 2 million fatal diseases.
- In addition, every year, workers suffer from approximately 270 million occupational accidents that lead to absences from work for more than 3 days, and some 160 million non-fatal diseases.
- Approximately 4% of the world's gross domestic product is lost with the cost of injury, death and disease through absence from work, sickness treatment, disability and survivor benefit.
- Hazardous substances kill about 438,000 workers annually, and 10% of all skin cancers are estimated to be attributable to workplace exposure to hazardous substances.
- Asbestos alone claims about 100,000 deaths every year and the figure is rising annually. Although global production of asbestos has fallen since the 1970s, increasing numbers of workers in the USA, Canada, UK, Germany and other industrialized countries are now dying from past exposure to asbestos dust.
- Silicosis – a fatal lung disease caused by exposure to silica dust – still affects tens of millions of workers around the world. In Latin America, 37% of miners have the disease, rising to 50% among miners aged over 50. In India, over 50% of slate pencil workers and 36% of stonecutters have silicosis.

## The construction industry

Construction is one of the world's major industries, meeting the demands of sometimes rapidly growing economies as well as requirements for normal building, renovation, maintenance and demolition programmes in all countries. The industry also sometimes has to respond to the immediate needs of areas devastated by natural or man-made disasters, as in the case of the recent Indian Ocean Tsunami. Here as elsewhere, occupational safety and health must not be overlooked and construction workers in particular should not be exposed to unnecessary risks during the recovery and the reconstruction phases.

Despite mechanization, the industry is still largely labour-intensive and the safety and health risks that workers face are amongst some of the greatest in any sector of employment. Because of the very nature of construction site work, the working environments are frequently changing, and the safety and health risks that workers face also change. The industry also has a long tradition of employing migrant labour from lower-wage economies and much employment is precarious and short-term. Moreover, many different parties are involved in construction activities - employers and contractors, workers, architects, designers, clients, equipment suppliers and others. Working in such conditions can be a source of stress, and may increase the prevalence of psychosocial problems, which can raise the potential for accidents and ill-health. Taken together, these factors make it very important for all parties to communicate effectively and to work together in order to achieve and maintain good standards of safety and health in reality.

**Figure 3. Employment and occupational accidents in construction as a percentage of all economic activities: examples from 4 countries**



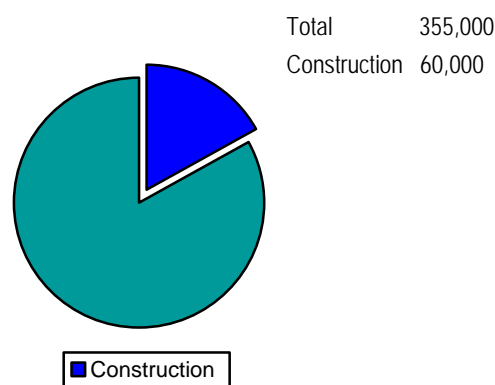
Source: ILO, 2003<sup>3</sup>

<sup>3</sup> Safety and health in construction work - A. López-Valcárcel in Asian-Pacific Newsletter on Occupational Safety and Health. Construction. Volume 11, number 1, March 2004. <http://www.occuphealth.fi/Asian-PacificNewsletter>. See also Panorama internacional de la seguridad y salud en construcción - A. López-Valcárcel. Semana Argentina de la Salud y Seguridad en el Trabajo, Buenos Aires, Abril 2004. <http://www.ilo.org/public/spanish/protection/safework/alv-1.pdf>



The global number of accidents and diseases in the construction industry is very difficult to quantify, as statistical information is not available for many countries. However, some national data are available and based on these the ILO has made some estimates - see 'Key facts and statistics'. Statistical data on occupational diseases is even more difficult to obtain, partly because many health risks, such as exposure to hazardous chemicals or other substances, or to high levels of noise and vibration, have long-term effects on workers that do not become apparent until months or years after exposure. What is clear, however, is that the construction industry is significantly more hazardous than most others economic sectors, as the figures in this section show.

**Figure 4. Global estimates of work-related fatalities (2003)**



Source: ILO, 2003<sup>4</sup>

## Safety and health risks for construction workers

The safety risks that construction workers face arise from the nature of the job - including working at heights (falls from roofs, scaffolding, ladders etc), excavation work (trench collapses and earth-moving machinery), the use of lifting machinery (cranes and builders hoists), the use of electrical equipment and hand-tools, and from other site vehicles. Construction sites are often untidy and cluttered as well, making accidents more likely to happen.

Construction workers are also exposed to a number of health risks, including exposure to hazardous substances (such as asbestos-containing dusts and silica and hazardous chemicals), manual handling of heavy or awkward loads, and exposure to high levels of noise and vibration (from both small hand-held and large machinery). Back pain and other muscular injuries from lifting heavy loads account for many work-related injuries in this industry. Asbestos is a particular cause for concern, since although the use of asbestos has been banned in many (but not all) countries, construction workers may be exposed to hazardous levels of airborne asbestos dust during demolition, refurbishment or maintenance work.

<sup>4</sup> Safety and health in construction work - A. López-Valcárcel in Asian-Pacific Newsletter on Occupational Safety and Health. Construction. Volume 11, number 1, March 2004. <http://www.occuphealth.fi/Asian-PacificNewsletter>. See also Panorama internacional de la seguridad y salud en construcción - A. López-Valcárcel. Semana Argentina de la Salud y Seguridad en el Trabajo, Buenos Aires, Abril 2004. <http://www.ilo.org/public/spanish/protection/safework/alv-1.pdf>

---

## Management, planning and coordination through social dialogue

The transient nature of the construction working environment, coupled with the number of different parties that can be involved in the processes, make this a unique industry. It becomes vital to involve all concerned - from building designers and architects, equipment suppliers and clients, to employers, contractors, supervisors, site workers and trade unions - if safety and health risks are to be properly managed and the prevention of accidents and ill-health is to be a reality. All parties have a role to play in reducing such risks, benefiting not only construction workers but also building maintenance workers in future.

A specific approach to occupational safety and health in the construction industry is therefore required. Good management, planning and coordination through social dialogue are vital, and the best way to achieve this is to consult with the different parties mentioned above, and to agree and write down the preventative measures needed for a particular site, allocating responsibilities. That is the purpose of the safety and health programme or plan, which establishes, defines, quantifies and estimates the cost of specific preventative measures. Responsibilities for providing specific equipment should be agreed (such as guards-rails, safety nets, welfare facilities etc), as should arrangements for routine site supervision and inspections and checks of site equipment.

### Key facts and statistics

According to ILO estimates for the construction industry...

- There are annually at least 60 000 fatal accidents on construction sites around the world, according to ILO estimates. This means that one fatal accident occurs every ten minutes in this sector, and that around 17% of all fatal accidents at work (1 in every 6) happen on construction sites.
- Although in industrialized countries the construction sector may employ between 6 and 10% of national workforce, it may account for 25-40% of the national total of work-related fatalities (see figures 3 and 4 in the section on construction). As far as health is concerned, in France, for example, 20% of diseases that are recognized by the workers' compensation system as work-related diseases occur in the construction sector.
- A European survey in 2000 showed that 16% of construction workers were exposed to hazardous chemicals for half their working time – more than in any other sector. In the UK, for example, it is estimated that 10% of bricklayers leave the industry every year because of allergic dermatitis due to handling cement.
- Back pain and musculo-skeletal disorders are also prevalent in the industry. In some countries it is believed that about 30% of the workforce suffers from back pains or other musculoskeletal disorders.
- Exposure to asbestos is a particular risk in the construction industry. Although its usage has been banned in some countries, many buildings still contain asbestos and construction workers may be at risk from exposure to asbestos dust during refurbishment or demolition work.
- Globally, silicosis and mixed dust pneumoconioses are highly prevalent amongst construction workers and their prevention needs to be particularly targeted.

---

## **ILO standards and guidance**

The ILO has long been conscious of the need for special treatment for the construction industry, and in 1937 adopted its first Convention for the industry. In 1988, the Safety and Health in Construction Convention (No 167) and its associated Recommendation (No 175) were adopted, reflecting the need for a broad approach to tackling some of the safety and health problems in construction. One of the key issues that this Convention addresses is the need for planning and coordination of safety and health on site. It clarifies, for example, that where several contractors are working simultaneously on the same site, the main responsibilities for safety and health are upon the principal contractor, but that each employer is responsible for applying measures relating to workers under their own control.

In 1992, a new ILO Code of Practice - 'Safety and Health in Construction' - was approved. This Code gives practical guidance as to how safe and healthy working conditions can be provided and maintained on construction sites, complementing the broader approach of the Convention and Recommendation.

In 2001, the 'Guidelines on Occupational Safety and Health Management Systems' (ILO-OSH 2001) were published. This guidance applies to all economic sectors, but it is especially useful for the construction industry with its particular need for a coordinated and systematic approach to managing occupational safety and health.

Another instrument of particular importance to this industry is the Asbestos Convention, 1986 (No.162) with its associated Recommendation (No.172), although they are relevant to all economic sectors. An ILO Code of Practice 'Safety in the use of asbestos' gives practical guidance on the subject.

## **Prevention programmes for the construction industry**

The problems of accidents and ill-health in construction have long been recognized, both internationally and nationally, and a number of programmes have been started in recent years to improve the situation. Moreover, many programmes have focused on safety rather than health issues, because of the immediate benefits of reducing accidents at work compared to the long-term ones of reducing work-related ill-health and disease. More effort needs to be given to health issues in this sector, although the outcomes of health-focused programmes may be more difficult to measure.

At the international level, a construction safety and health campaign was recently launched throughout the European Union, promoting good practice through case studies and other means and compliance with legislation.<sup>5</sup> The global programme 'Healthy Work, Healthy Development', launched by the International Federation of Building and Wood Workers in 2000, involves more than 100 trade unions in 65 countries in its activities to improve conditions for workers in construction worldwide.<sup>6</sup>

At the national level, a number of countries run their own prevention programmes for the sector. Malaysia, for example, organized a construction safety and health programme over several years with close cooperation between social partners and the labour inspectorate. They used the innovative methodology of twinning large, multinational "mentor" enterprises with small and medium sized ones, and specially trained inspectors

<sup>5</sup> See, for example, [http://europe.osha.eu.int/good\\_practice/sector/construction/](http://europe.osha.eu.int/good_practice/sector/construction/)

<sup>6</sup> See <http://www.ifbww.org/index.cfm?n=202&l=2>

---

made coordinated visits to both types of enterprises and monitored results.<sup>7</sup> The programme was judged to have had considerable impact both in improving awareness and in reducing accidents and ill-health in the industry. Brazil, on the other hand, has used a different strategy. It has established tripartite occupational safety and health committees for the construction industry at both national and regional levels, involving all social partners, thus ensuring a coordinated tripartite approach to planning for occupational safety and health.

Other countries have developed integrated approaches. The UK, for example, has a national construction safety and health programme that is based on effective partnerships with all players in the industry and a combination of different kinds of interventions. The programme has had a major impact in the sector through targeted inspections with appropriate enforcement on one hand, and on the other hand a range of other activities aimed at raising awareness and improving standards in the industry, national and regional publicity campaigns, meetings with key players in the industry, conferences etc.

National programmes for combating certain generic risks have also had an impact on the construction industry. For example, national programmes for the elimination of silicosis have been recently launched in several countries, including both South Africa and Brazil in 2004, and there are a growing number of programmes to reduce exposure to asbestos, which have an impact on this sector.

<sup>7</sup> IALI Congress Report, Geneva, 2002, session 3.5 - [http://www.iali-aiit.org/event\\_docs/CongressRpt\(EN\).doc](http://www.iali-aiit.org/event_docs/CongressRpt(EN).doc)

---

## Younger and older workers

The United Nations defines young people as those aged between 15 and 24 years old. According to the ILO publication “Global Employment Trends for Youth”, 85% of the world's young people live in developing economies and the proportion is likely to increase even further given current demographic trends. In 2015, an estimated 660 million young people, 7.5 per cent more than in 2003, will either be working or looking for work. The UN Population Fund (UNFPA) also states that about 57 million young men and 96 million young women aged 15-24 in developing countries cannot read or write, potentially hampering their ability to find work and precluding them from better paid, less hazardous work.<sup>8</sup> Young people can be and often are exposed to serious deficiencies in decent work, such as in terms of low wages, poor and precarious working conditions, lack of access to social protection, and lack of freedom of association and access to collective bargaining.

At the other end of the age scale, the UNFPA predicts that whereas one out of every 10 persons in the world today is aged 60 or over, by 2020 this figure will have risen to one out of every eight persons. Meanwhile in Europe, by 2010 the 45-64 age group is expected to represent almost half of the working population. As a result many organizations are now giving attention to the occupational risks that older workers face and how they can be addressed.<sup>9</sup> Older workers have much to offer their employers and others as a result of their years of experience, knowledge and skills, and, rather than discriminating against them on grounds of age, they can continue to be valuable assets by paying attention to their safety and health in their latter years at work, as well as early on in their working lives.

## Safety and health issues for younger workers

Younger workers are more at risk from serious non-fatal accidents than are their older colleagues, for several reasons. These include their general lack of work experience and understanding of workplace hazards and how accidents can happen, perhaps a lack of safety and health training as well as their general lack of physical and emotional maturity.<sup>10</sup> They may also be unaware of national legislation providing protection from work-related risks and their rights to a safe and healthy working environment. Moreover, some younger workers want to please and to do well, particularly if their work is also precarious, and in such situations they may work harder and for longer hours, perhaps to the detriment of their own safety and health. Their vulnerability may also be linked to general problems of poverty, illiteracy, health and the further disadvantaged position of girls and young women.

Some of the key issues for young workers, therefore, are to do with increasing awareness of risks, training and information, including:

- General education about risks and occupational safety and health. Risk education starts in school in some countries and the subjects of risk and safety and health at work are included in national educational curricula. In the USA, NIOSH uses its

<sup>8</sup> <http://www.unfpa.org/adolescents/facts.htm>

<sup>9</sup> See, for example, the Conclusions of the Eurogip Workshop on 'Ageing and occupational risks: how to protect workers throughout their lives', 2004 - <http://www.eurogip.fr/pdf/DW%20Eurogip%20Ageing-cqui.pdf>

<sup>10</sup> See, for example, 'NIOSH Alert, Preventing Death, Injury and Illness Among Young Workers' - USA, 2003

---

website to reach the young population, recommending them to find out about and follow safe practices, ask about training and hazards, and know the law and their rights. However, more needs to be done generally in this area and more use made of modern and innovative approaches, including the use of the Internet.

- Vocational training and information. Training colleges and other establishments should include safety and health risks in their programmes, perhaps relating to a particular sector and aimed specifically at young workers, explaining their rights to a safe and healthy working environment. For example, the Workers' Compensation Board of British Columbia, Canada, has a publication entitled "Protecting Young Workers: Focus Report", aimed at facilitating collaboration between educators, employers, parents and youth with a view to reduce the hazards faced by young workers.
- Training, information and supervision at the enterprise level. Employers should ensure that younger workers are given the training and information they require for the tasks that they are expected to do, and that there is adequate supervision. Workers under the age of 18 in particular should not undertake hazardous work, in accordance with any national legislation on the subject (relevant ILO Conventions and Recommendations are referred to below).
- The use of the media in awareness-raising and other promotional initiatives. Some countries have successfully used the media, notably television and radio, to reach younger workers and to influence their attitudes towards occupational safety and health. Others have run campaigns, often with schools and other partners, to increase children's and young people's awareness of work-related hazards and how they can be avoided. More use of imaginative and innovative ways of getting important safety and health messages across to young persons are to be encouraged.

## **Safety and health issues for older workers**

Ageing is an individual process but it can be accelerated by arduous working conditions, such as manual handling of heavy loads, excessive noise exposure, atypical working hours or excessive organizational change. From the wide range of safety and health issues that might concern older workers, the following are particularly relevant:

- Muscular strength. Although individual capacities vary, muscular strength generally diminishes with age and older workers may be required to work closer to their own limits of tolerance. Manual handling of loads and other activities that require muscular strength need to be properly managed, and this requires an awareness of what the needs of an older worker might be.
- Range of movement and posture. Losing flexibility in the joints can make a difference when carrying out certain jobs that require fast or awkward movements, and older workers may experience greater limitations of movement. The ergonomic design of work equipment and processes is an important consideration for all workers, but again tasks should be properly managed and supervised to ensure that individual capacities are not exceeded.
- Visual acuity. The need to see clearly and to be able to gauge distances is vital for some jobs, such as workplace transport drivers or machinery operators. Employers should ensure that the visual environment in general is good (for example with good lighting), but in addition, some workers may need to have eye tests to ensure that their and others' safety and health at work are not likely to be put at risk

---

because of any visual impairment. Such tests are more likely to be necessary where older workers are concerned.

- **Hearing.** Age-related hearing losses are more pronounced amongst older workers and these together with any noise-induced hearing losses make it harder for older workers to distinguish sounds, especially high-pitched ones. Employers should take steps to reduce ambient noise levels to acceptable levels, but individuals' hearing losses can have adverse effects on their ability to hear warning signals and shouts, endangering them and perhaps others too. Hearing tests and examinations should be provided in such cases to ensure good aural health.

In order to retain the experience, knowledge and skills of older workers for the benefit of the company and the individual, enterprises need to recognize their needs and make accommodation where appropriate thus avoiding the trap of age discrimination.

#### Key facts and statistics

According to ILO estimates for younger and older workers ...

- Young workers aged 15-24 are much more likely to suffer non-fatal but serious accidents at work compared to their older colleagues. In the European Union, for example, the incidence rate for non-fatal accidents is at least 50% higher among workers aged 18-24 than in any other age category.
- Young workers also appear to be more vulnerable to certain types of risk than are their older colleagues. For example, in Australia, fatal injuries involving electricity are twice as common amongst younger workers than amongst their older colleagues.<sup>11</sup>
- On the other hand, workers aged 55 years and over seem to be more likely to suffer fatal injuries at work compared to their younger colleagues. In the European Union, for example, the incidence rate of fatal accidents at work was 8.0 for the 55-64 age group in 2000, but only 3.3 for the 18-24 age group.

## ILO standards and guidance

The ILO has been aware of these issues for many years and has adopted various measures to promote safe and healthy working conditions, especially for younger workers. The Minimum Age Convention 1973 (No.138) and the Worst Forms of Child Labour Convention 1999 (No.182) and their associated Recommendations (Nos. 146 and 190) prohibit younger workers under the age of 18 from carrying out hazardous work. All countries that ratify these Conventions commit themselves to prohibiting such work as a matter of urgency.

ILO guidance on the hazardous child labour includes a publication entitled 'Children at work - health and safety risks' and the leaflet 'Eliminating hazardous child labour step by step'. Other more specific guidance for labour inspectors is also available on this subject. Details of all these publications are given under 'Useful references' at the end of this report.

<sup>11</sup> National Occupational Health & Safety Commission, *Work-Related Traumatic Fatalities in Australia, 1989 to 1992*. Commonwealth of Australia, 1998

---

The Older Workers Recommendation 1980 (No.162) specifies measures to be taken to reduce difficulties which can be encountered by older workers relating to advancement of age. The Recommendation addresses safety and health issues as detailed above, setting them in the wider context of equality of treatment, non-discrimination and retirement practices.

## **Prevention programmes for younger and older workers**

Prevention programmes for younger workers exist at national and enterprise levels. National youth training programmes, for example, often include elements of safety and health training and awareness-raising, and national programmes aimed at eliminating hazardous child labour have also benefited younger workers below the age of 18. At the enterprise level, many employers provide initial training or induction programmes for younger workers, which also cover safety and health and how to prevent accidents and ill-health at work.

There are also national and enterprise programmes that focus on the needs of older workers. Finland, for example, successfully ran a national programme from 1997-2002, whose goals were to improve older workers' well-being at work and to achieve the kinds of organizations in which they could be involved.<sup>12</sup> At the enterprise level, a French car manufacturer developed a prevention policy aimed at all wage earners so as to preserve their physical and mental health from as early an age as possible; ergonomists were recruited so as to better adapt workplaces for everyone.<sup>13</sup> Other enterprises have adapted their working practices so as to maximize benefit from the different experiences and skills of all workers. For example, a Japanese car manufacturer introduced flexible working practices into their assembly line in order to cater for different working speeds of different aged workers, thus increasing productivity by 10%.<sup>14</sup>

<sup>12</sup> The Many Faces of the National Programme on Ageing Workers - the concluding report, Ministry of Social Affairs and Health, Finland, 2002

<sup>13</sup> Eurogip Workshop on 'Ageing and occupational risks', 2004 - quoted above.

<sup>14</sup> Challenge to develop an innovative person-centered automobile assembly line. In Masaharu Kumashiro (ed.), The Paths to Productive Ageing, London, pp. 274-279, Taylor and Francis, London, 1995.



---

## Conclusions

We have looked in this report specifically at the issues facing construction workers and younger and older workers, but the challenges of improving occupational safety and health concern all economic sectors and all social partners have a part to play in reducing accidents and ill-health in the workplace.

On 28 April, the ILO wants to promote occupational safety and health globally, and to affirm the importance of effective social dialogue and a successful "preventative safety and health culture" in tackling these challenges. With all parties working together, the global toll of accidents and ill health at work can be reduced to the benefit of all concerned.

---

## Useful references

### (1) On occupational safety and health in general

The ILO website on occupational safety and health contains much useful information about the subject and can be found at:

[www.ilo.org/safework](http://www.ilo.org/safework)

Texts of all ILO Conventions and Recommendations can be found at:

[www.ilo.org/ilolex/english/index.htm](http://www.ilo.org/ilolex/english/index.htm)

*The Occupational Safety and Health Convention, 1981 (No.155) and its associated Recommendation (No.164)*

*The Encyclopaedia of Occupational Health and Safety, Fourth Edition (several language versions now available)* – ILO Publications, Geneva, 1998

*Your health and safety at work*, ILO, 1998 -

[www.itcilo.it/english/actrav/telearn/osh/default.htm](http://www.itcilo.it/english/actrav/telearn/osh/default.htm)

*Guidelines on occupational safety and health management systems* - ILO, 2001

[www.ilo.org/public/english/protection/safework/managmnt/guide.htm](http://www.ilo.org/public/english/protection/safework/managmnt/guide.htm)

*Decent Work, SafeWork - Introductory report for the XVIth World Congress on Safety and Health at Work*, Vienna, 2002 -

[www.ilo.org/public/english/protection/safework/wdcongrs/ilo\\_rep.pdf](http://www.ilo.org/public/english/protection/safework/wdcongrs/ilo_rep.pdf)

*Census of Occupational Fatal Injuries* - Bureau of Labour Statistics, US Department of Labour, 2002, [www.bls.gov](http://www.bls.gov)

*Global strategy on occupational safety and health, conclusions adopted by the 91<sup>st</sup> International Labour Conference*, 2003 – ILO, 2004,

[www.ilo.org/public/english/protection/safework/globstrat\\_e.pdf](http://www.ilo.org/public/english/protection/safework/globstrat_e.pdf)

*Work and Health in the EU, a statistical portrait* - Eurostat, European Commission, 2004 (contact [eurostat@mail.europa.eu.int](mailto:eurostat@mail.europa.eu.int))

*Promotional framework for occupational safety and health* - ILO, 2004,

[www.ilo.org/public/english/protection/safework/promoframe.htm](http://www.ilo.org/public/english/protection/safework/promoframe.htm)

---

## **(2) On safety and health in the construction industry**

*The Safety and Health in Construction Convention, 1988 (No. 167) and its accompanying Recommendation (No 175).*

*Safety and Health in Construction: an ILO Code of Practice*, ILO, 1992,  
[www.ilo.org/public/english/protection/safework/cops/english/download/e920894.pdf](http://www.ilo.org/public/english/protection/safework/cops/english/download/e920894.pdf)

*Safety, health and welfare on construction sites: a training manual*, ILO, 1995,  
[www.ilo.org/public/english/protection/safework/publicat/iloshcat/cons-eng.htm](http://www.ilo.org/public/english/protection/safework/publicat/iloshcat/cons-eng.htm)

*The Construction Occupational Health and Safety Management System Guidelines*, Japan Construction Safety and Health Association, 2001,  
[www.ilo.org/public/english/protection/safework/managmnt/cohsms.htm](http://www.ilo.org/public/english/protection/safework/managmnt/cohsms.htm)

*Preventing injuries and ill-health in the construction industry*, F.Murie, in 'Health and safety at work: a trade union priority', Labour Education 2002/1, No 126, ILO, 2002,  
[www.ilo.org/public/english/dialogue/actrav/publ/126/126e.pdf](http://www.ilo.org/public/english/dialogue/actrav/publ/126/126e.pdf)

Various references to ILO standards, conferences, reports, guides, manuals etc for construction can be found on [www.ilo.org/public/english/protection/safework/publicat/iloshcat/cons-eng.htm](http://www.ilo.org/public/english/protection/safework/publicat/iloshcat/cons-eng.htm)

Several national safety and health programmes for construction are available via the Internet. See, for example, [www.netzwerk-baustelle.de](http://www.netzwerk-baustelle.de) (Germany) and [www.hse.gov.uk/construction/index.htm](http://www.hse.gov.uk/construction/index.htm) (UK).

## **(3) On safety and health for younger and older workers**

*The Minimum Age Convention 1973 (No.138) and its associated Recommendation (No. 146)*

*The Older Workers Recommendation 1980 (No.162)*

*The Worst Forms of Child Labour Convention 1999 (No.182) and its accompanying Recommendation (No. 190)*

---

*Efficaces à tout âge: vieillissement démographique et activités de travail* – Dossier 16, Centre d'Études de l'Emploie, France, 2000

*A Future Without Child Labour* - ILO, Geneva, 2002

*Children at work: health and safety risks*, – V. Forastieri, ILO, Geneva, 2002

*Eliminating hazardous child labour step by step* - ILO, 2002,  
[www.ilo.org/public/english/standards/ipec/publ/hazard/stepbystep\\_2003.htm](http://www.ilo.org/public/english/standards/ipec/publ/hazard/stepbystep_2003.htm)

*Combating child labour: a handbook for labour inspectors* - ILO, 2002,  
[www.ilo.org/public/english/standards/ipec/publ/inspection/handbk\\_2003.htm](http://www.ilo.org/public/english/standards/ipec/publ/inspection/handbk_2003.htm)

*Global employment trends for youth* – ILO, 2004,  
[www.ilo.org/public/english/employment/strat/global.htm](http://www.ilo.org/public/english/employment/strat/global.htm)

*Conclusions of the Tripartite Meeting on Youth Employment: The Way Forward* – ILO, 2004,  
[www.ilo.org/public/english/standards/relm/ilc/ilc93/pdf/tmyewf-conc.pdf](http://www.ilo.org/public/english/standards/relm/ilc/ilc93/pdf/tmyewf-conc.pdf)

Child labour *per se* is not a main focus of this World Day, but the ILO website ([www.ilo.org/public/english/standards/ipec/](http://www.ilo.org/public/english/standards/ipec/)) contains much useful information about action being taken to prohibit and eliminate child labour, especially in its worst forms which includes hazardous child labour.