INTRODUCTION

This bibliography is a compilation of references to and abstracts of documents concerning the organisation of occupational health services. The references and abstracts (beginning in 1972) are part of the CIS data base.

The bibliography is included in the annual subscription for 1985 to the CIS publications and services. Additional copies of the bibliography can be obtained at a nominal charge.

The original documents whose references are given with these abstracts should be obtained from libraries, booksellers, or publishers. Copies may also be available from CIS National Centres or CIS in Geneva. A list of National Centres can be obtained on request to CIS whose address will be found on the inside back cover.

CIS 85–568 Plant health services as defined by the work environment law (Bedriftshelsetjenesten etter arbeidsmiljøloven). Bestillingsnr. 401, Direktoratet for arbeidstilsynet, Postboks 8103, Dep., Oslo 1, Norway. Mar. 1983. 38p. Norwegian

Summary of this information booklet: definition of health services and OSH organisations; the goals of plant health services (improving the working environment, monitoring workers' health, personnel information, notification of occupational diseases); programmes for setting up a health service; the constitution of a compulsory health service organisation; statutes, personnel, offices, administrative position; elaboration of statutes. In the appendix: example of a plan for setting up a compulsory health service; examples of statutes, of collaboration contracts, of employment offers; list of necessary medical equipment; sample health survey questionnaire.


A community hospital provides occupational health service to 60 firms on a non-contractual fee-for-service basis. The services provided include: plant visits by a medical director with training in occupational and internal medicine and by an occupational health nurse; pre-placement examinations and treatment of work-related injuries; audiometric testing; pulmonary function testing; screening for heavy-metal exposures; evaluations as to whether a disease is work-related; counselling on reproductive hazards; disability evaluations. Economic self-sufficiency of the service was established within 18 months of the institution of clinical services.


The use of computers in the establishment of in–house occupational health and safety information systems which can monitor materials and substances, industrial hygiene, safety, employee medical examinations and histories, toxicology and epidemiology are discussed. Information is provided on different types of computers and their uses, software, and external data bases.


The types of microcomputers available to occupational safety and health professionals and their uses in record keeping and data collection and manipulation and as a means of access to external data bases are discussed. Some commercially-available software packages are also described.


Full text of 3 agreements on OSH services in Sweden, signed by SAF (the Swedish Employers' Confederation), LO (the Swedish Confederation of Trade Unions) and PTX (Swedish Federation of Salaried Employees in Industry and Service). The agreements are: The Working Environment Agreement (covering company health services; role of safety delegates, safety committees; negotiation procedures; guidelines for company health services; agreement regarding training in working environment matters).


Commentaries on the "Ordinance on Organisations within Enterprises for Providing Occupational Health and Safety", which went into force in Austria on 1 Mar. 1984 (CIS 84–1089). Number of safety delegates as a function of the number of workers in the enterprise; inauguration of a safety service as a function of the number of employees or of the number of shops in an enterprise; qualifications of a chief of service; duties of a safety service and minimum number of hours per week to be spent on them; inauguration of a medical service; qualifications of occupational physicians and paramedical personnel; duties of occupational physicians and minimum number of hours to be spent on them.


Minimum recommendations adopted by the American Occupational Medical Association's Committee on Medical Center Employee Occupational Health Services pertaining to preplacement and periodic health assessment, infection control (specific recommendations are published periodically for tuberculosis, rubella, varicella, enteric pathogens, diphtheria, polio, tetanus, measles,
CIS bibliography

to the achievement of occupational health and safety in enter-
prises (Verordnung des Bundesministers für soziale Verwaltung vom 3. No-
vember 1983 über Einrichtungen in den Betrieben für die Durchführung des
Arbeitnehmerschutzes). Federal Ministry of Social Administration, (Bundesmi-
nisterium für soziale Verwaltung). Bundesgesetzblatt für die Republik Öster-
reich, 3 Jan. 1984, p.337–346. German

This ordinance on OSH in Austrian enterprises (effective 1 Mar. 1984) deals
with: safety representatives, safety services, medical surveillance in the enter-
prise and OSH committees. Minimal requirements are given for: the number
and obligations of safety representatives, level of OSH activity, obligations
and staff of the plant safety services and of the plant medical services, and
the obligations, composition and activity of OSH committees.

CIS 84–294 The industrial hygiene audit: purposes and implementa-
tion. Corm M., Lees P.S.J., American Industrial Hygiene Association Jour-

The industrial hygiene audit is presented as a valuable management tool for
evaluating the performance of established occupational health programmes.
Aspects of the audit such as definitions, programme elements, qualitative
and quantitative rating scales, preparation, conduct and reporting of results
are discussed.

CIS 84–277 Application of the microcomputer to occupational health data management. Rawls G.M., Dwiggins G.A., Feigley C.E., Ameri-
can Industrial Hygiene Association Journal, Apr. 1983, Vol.44, No.4, p.301–
305. Illus. 15 ref. English

A system has been developed which uses commercially available data man-
agement software supplemented by optional programmes tailored to the spe-
cific application. It is capable of maintaining files of personal and area moni-
toring data, toxicity and safety information, noise level data, audiograms and
any other information relevant to the industrial hygienist's needs. Flowcharts,
samples of forms for data input, and examples of available software pack-
eges are provided.

CIS 84–276 Developing and managing an industrial hygiene pro-
English

Description of a 6-step approach used at a major manufacturing location.
The steps include: learning the management system (formal and informal)
in place; defining the industrial hygiene concerns (chemical use inventory, iden-
tification of users, toxicity rating and ranking of chemicals); establishing of
priorities, goals and objectives (surveys, evaluations and control of expo-
sure recommendations); defining the business case (cost/benefit analysis of
surveys, evaluation and control); communication of the business case (preparation of reports for management); managing and measuring the pro-
gramme (control and adjustments to programme implementation).

CIS 84–283 Occupational hazards in hospitals. Euro Reports and Stu-
dies 80, World Health Organization, Avenue Appia, 1211 Genèv 27, Swit-

This report on a meeting of WHO experts (The Hague, Netherlands, 20–22
Oct. 1981) reviews the occupational health services in hospitals in 11 Euro-
pean countries, the legal protection that exists, the kinds of hazards that
each country is most concerned with, and how the services actually work in
practice. Specific topics such as ergonomics, stress and shift work, exposure
to physical and chemical hazardous factors are also dealt with. The country re-
ports show a remarkable uniformity in the kinds of hazards the main differ-
ence is in the way the services have been set up and operate to deal with
them. The lack of adequate data on absenteeism as well as morbidity, mortali-
ty and accident to evaluate many of the dangers is stressed. A valuable part
of the report is an annex which reproduces a background paper for the meet-
ing, discussing what is known about the physical, chemical, accident and
infection hazards in European hospitals.

CIS 84–252 Health protection, protection of workers and fire pro-
tection in public and teaching buildings. Details are given on the German
legal framework and general health protection rules. The purpose of the pub-
lishing is to give a detailed report on legal aspects of fire protection. The
guide explains the OSH principles and measures laid down by law in the
German Democratic Republic. Principles of the socialist system, legislation,
standards, organisation, occupational health, occupational accidents and dis-
ases; fire protection. Important details covered: pressure vessels, com-
pressed gas containers, flammable liquids, machinery, electricity, disinfec-
tants and sterilisation. Hospital departments covered: wards, emergency de-
mumps, hepatitis B, influenza and pneumococcal pneumonia, pregnancy and
reproduction, international travel, accident prevention, management of
stress, confidentiality, cooperation with private physicians.


This manual on occupational medicine and hygiene topics is addressed to
specialists practising in the United Kingdom. The main topics included are
health services, periodic medical examinations, target organs, occupational
diseases and toxicology, workplace hazards (control and protection of work-
ers), legislation and standards, education.

CIS 84–1189 The occupational health physician and the microcom-
puter. Rodin L., Abytungu P.K., Cohen D., Journal of the Society of Occupa-
tional Medicine, Feb. 1984, Vol.34, No.1, p.27–32. 23 ref. English

An outline of the uses of microcomputers by occupational health personnel:
record keeping; chemical and physiological monitoring; computer-aided in-
struction; medical history taking; on-line medical tests, information retrieval
from on-line databases (CIS, NIOSHTIC, HSELine). The computerised informa-
tion system of the Canadian Centre for Occupational Health and Safety is de-
cri
ded.

CIS 84–1167 Clinical medicine for the occupational physician. Al-
derman M.H., Hanley M.J., Marcel Dekker, Inc., 270 Madison Avenue, New
1785–6; English

This book covers topics of concern to the clinician serving employed persons
in an industrial or labour union medical unit or in a group of private practice.
Sections cover: basic orientation for practice (history, ethics, U.S. federal reg-
ulations, epidemiology and biostatistics); the worker–patient (woman, elderly
workers, disabled workers); the occupational health programme (planning and
evaluation, preventive medicine and screening, assessment for heavy physical
work, travelling); alcoholism and mental illness; malignant disease and
oncology; cardiovascular diseases; neurologic diseases, ear and nose
throat).

CIS 84–1166 Occupational medicine. Turk M.H., Harper and Row Eu-
rope, Lindelaan 10, 1404 AK Bussum, Netherlands, 1982. 323p. 63 ref. Price:
Gids. 134.60. English

This study represents a general view of the status of occupational medicine
within industry based on 554 responses to a questionnaire sent to industrial
and occupational physicians, registered and licensed practical nurses in occu-
pational medicine, industrial hygienists and other allied professionals in the
USA. Data from a marketplace survey are also included. Topics covered:
the political background and a legislative history of OSHA; environmental fac-
tors; chemicals; major clinical problems (musculoskeletal disorders, gas-
trointestinal and hepatic concerns, occupational pulmonary disorders, hy-
pertension, cardiovascular diseases, neurologic diseases, ear, nose and
throat).

CIS 84–1164 Use of computers in plant health services. (Datorstö-
rom företagsåklårvården). Arbetskyddsfonden, Box 1122, 111 81 Stock-

Proceedings of a conference held 19 Apr. 1983 in Stockholm (Sweden), dur-
ing which different systems of computer data handling adapted to the needs
of plant health services were presented. Functions included in these sys-
tems: information on personnel; monitoring of exposed workers; storage of
data related to exposures; analysis of workplaces; registry of health hazards
data; medical diagnosis; statistical reports; epidemiological survey results;
clinical data. Cost aspects are discussed.

CIS 84–1102 Occupational medicine and farming. (La médecine du
Paris Cedex 06, 1983. Collection de monographies de médecine du travail.

Contents: French legislation related to rural code of regulations, French prof-
essional farming organisations, preventive and occupational medicine, occu-

pational farming organisations, preventive and occupational medicine, occu-

CIS 84–1089 Ordinance by the Federal Minister of Social Adminis-
tration of 3 Nov. 1983 relating to bodies whose aim is to contribute

(42428)

(42501)

(42128)

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(40203)

(41976)

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(41023)

(41081)

(41248)
This occupational health information system (OHS) uses a minicomputer with application programmes written in ANSI standard MUMPS (Massachusetts General Hospital Utility Multiprogramming System) language. OHS integrates personnel, medical, industrial hygiene and toxicology information into one database. The personnel module comprises demographic data on company workers. The medical module utilises an interactive VDT-driven questionnaire and multiphasic testing subsystems. The backbone of OHS is a parameter dictionary of all possible data elements. Information characterising the workplace environment (monitoring, sampling, analysis, protective equipment) is reported by questionnaire.

This handbook provides a listing and the text of the policies, standards, and government regulations. It is a valuable reference for researchers, practitioners, and students interested in occupational health and safety for public employees in Canada.

A survey of occupational health services in the Nordic countries. Coverage of the working population is 100% in Finland, 95% in Norway and Sweden, and 10% in Denmark and very limited in Iceland.


This handbook provides a listing of the text of the policies, standards, procedures, and guidance related to health and safety for public employees in Canada. It is an essential reference for researchers, practitioners, and students interested in occupational health and safety.


This WHO report covers surveys of studies; problem definition (magnitude, health, legal, administrative, social, special needs); objectives for promotion of worker health; job adjustment and occupation; and monitoring health effects.


The increasing need for the services of OSH staff and development in the field of microcomputers have led to preparation of a microcomputer software package for use by all OSH practitioners. The package consists of a toxic substance register module (information on physical, hazard and toxicological properties); protection rules; protection measures; toxic substances evaluation module (programmes to compute exposure parameters); records module (worker's personal exposure); noise evaluation module; programme management module (for preparation, management, and planning of the safety program); employee comfort module; and acoustics computations module.


In order to draw up a timetable of the activities the occupational physician was carrying on outside his surgery, an analysis based on the situation in industry was carried out in 3 steps. The 1st lasted 6 months and was devoted to a study of the working environment (risk inventory, training of safety and health workers, and members of the safety and health committees); the 2nd, lasting 18 months, was aimed at work organisation and the establishment of the occupational medical service; the 3rd is currently underway and during this time, the occupational physician is devoting 25% of his time to various activities which are listed and described. Emphasis is placed on the fact that decisions as to the distribution of time spent on studying working conditions are taken as a team.


Results of a questionnaire survey of 96 occupational physicians working in the building industry on the use made of the time they spent in their companies on non-clinical activities in accordance with French legislation. Activities at the workplace itself were dominant (69% of time). 42% was devoted to workplace inspections, 15% to involvement in safety and health committees. The time is considered non-productive. This procedure is considered as a cost for the time spent for training, ergonomic studies and methodological studies is felt to be inadequate.


Papers read at this symposium (Edmonton, Alberta, Canada, 16-17 Oct. 1978): occupational health - functions, benefits and needs for managers and workers; planning and staffing occupational health services for efficacy and effectiveness; a manager's view of the provision and value of occupational health services; a unique view of the role of occupational health services; special problems in supplying health services to small industry business; a European solution - group health services in Britain; An American solution - occupational health services for 1,500 small industries; An Alberta solution (panel discussion).

CIS 83-1191 Occupational health services: a union view of the role of occupational health services. Smith L.W., Stewart R.D. Unions and health services, a union view of the role of occupational health services; a manager's view of the provision and value of occupational health services; special problems in supplying health services to small industry business; a European solution - group health services in Britain; An American solution - occupational health services for 1,500 small industries; An Alberta solution (panel discussion).


Review of the problems met with by occupational health services to ensure the medical surveillance of the Rhine navigation personnel: freight statistics, accidents, work in harbours, and members of the safety and health committees; the 2nd, lasting 18 months, was aimed at work organisation and the establishment of the occupational medical service; the 3rd is currently underway and during this time, the occupational physician is devoting 25% of his time to various activities which are listed and described. Emphasis is placed on the fact that decisions as to the distribution of time spent on studying working conditions are taken as a team.


Proceedings of a roundtable on computerised medical information systems in a number a large US companies held in Chicago, 3-5 Feb. 1981. 28 papers are reproduced covering such aspects as: worker tracking - a complex but essential element in health surveillance systems; a computerised occupational health and environmental surveillance system; computerised record keeping in an occupational health system; computerised health information or health surveillance systems in chemical, oil, pharmaceutical, aluminium, electronics, telephones and automobile companies.

Contents: public health – industry's new responsibility?; how companies organise to manage health responsibility (people and things; health surveillance systems; informing employees of their physical condition; monitoring the company environment: industrial hygiene; toxicology; staffing and managing; union involvement in occupational health (extent of union activity).

CIS 82–1751 Medical services for construction projects. NSC Data Sheet 1–640–81, National Safety Council, 444 North Michigan Avenue, Chicago, IL 60611, USA, 1981, 16p. Illus. 2 ref. English

This data sheet describes the basic requirements for effectively organising and administering first aid and medical services on construction sites: advance planning and coordination (medical and first aid programmes; planning and implementation); facilities (first aid stations, cabinets, and kits); services (first aid personnel); medical services; communication and transportation; job sanitation; records and reports.


This pocket manual, which considers occupational medicine in its widest sense, mainly devoted to a study of the adaptation of work to man, and man to work, and to the practical measures adopted in France to prevent occupational accidents and diseases, and fatigue legislation; safety organisation, especially in industry. Contents: organisation of hours of work and work schedules; influence of physical environment; work organisation, injury studies, design and adaptation of tools, rationalisation of work, automation, speed of work, monotonous work; medical examinations; role and limitations of industrial psychology tests; inaptitude and outlines of aptitude; provision of the Labour Code concerning the plant physician; organisation and role of plant medical services; causes and prevention of occupational accidents and diseases; works councils; OSH committees; labour inspection; social security and OSH: employment of young persons; women and the elderly; compensation; list of occupational diseases; rehabilitation of handicapped workers.


Record of proceedings of a congress organised by the Society for Medical Documentation. Data Processing and Statistics (Gesellschaft für medizinische Dokumentation, Informatik und Statistik, GMDS) with the assistance of the German Institute for Occupational Safety and Health and Accident Research (Bundesanstalt für Arbeitseschutz und Unfallforschung) (Mu­ nich, Federal Republic of Germany, 21–22 Mar.1980). Part 1: analysis of computerised system for plant medical services (statutory and practical aspects of the plant physician's role; aspects of, and factors in, the plant which affect his duties); analysis of the computerisation of the industrial physician's activities and computerisation; results of a pilot study of the German Federal Institute for Occupational Safety and Health and Accident Research (Betriebsarztliche Informationssysteme). Part 2: principles of introducing data processing; practical experience (e.g. use of a joint data processing system with the personnel department). Part 3: future trends; social aspects of joint protection of plant medical services; secrecy of personal medical data.

CIS 80–2069 Legal aspects of occupational medicine (Recht in der Arbeitsmedizin... Spinnarke J. Published by Dr. Curt Haefner Verlag GmBh, Postfach 14–16, 6900 Heidelberg, Federal Republic of Germany, 1979. 132p. Price: DM.28.00. (In German)

Legal problems are occurring more and more frequently in the field of occupational medicine, and are complicated by the fact that the plant physician is often involved in conflicts between management, employees and the works council. The manual deals mainly with internationally harmonised legal problems and solutions. Review of the OHS system in the Federal Republic of Germany and its legal aspects (laws, ordinances, regulations, directives, standards, rules) and considerations on: employer's liability; criteria for the appointment of a plant physician; appointment of plant physicians under the Occupational Safety and Health Act: plant physician's duties; preventive medical examinations; prohibition of employment in certain occupations on medical grounds; occupational diseases; relations between the plant physician and (1) the employers; (2) the employer and (3) the works council; interplant medical services; and the independent physician.

CIS 80–1779 The future of in-plant health surveillance (De toekomst van de Bedrijfsgesondheidszorg, Ministerie van Sociale Zaken, Staatsdienst Externe Betrokklingen, Zeestraat 73, Den Haag, Netherlands, Nov. 1979. 70s. Illus. (In Dutch)

Report of the Netherlands Advisory Committee on Occupational Medicine, with a commentary prepared by the Ministry of Social Affairs: role of occupational health, its place in general plant health care, and collaboration with other sectors related to hygiene and health services; assignments and activities of these services, and their financing; information media; vocational training; legislation. Each chapter contains a list of problems arising, and recommended solutions. Appendix: statistics concerning plant health services in the Netherlands and their staffing.

CIS 80–1461 Plant health services (Bedrijfshuisartsenstellen... Bestilsnummer: 380. Ministry of Social Affairs (Sozialdepartement) and Directorate of Medical Affairs and Health Protection,toks 8103 Dep., Oslo 1, Norway, Dec. 1979. 14p. Gratis. (In Norwegian)

Directives (effective 1 Nov. 1979) under the Norwegian Working Environment Act 1977. Contents: scope and enforcement authorities; tasks of a plant health service (prevention, information and medical supervision); undertakings required to have a plant health service; programme of activities of the service; personnel required to have a licence; financial matters (e.g. the municipal level, register of plant health services; recoupment of expenses from the National Health fund; miscellaneous provisions (inspection, administration, registration of personnel, professional secrecy).


The regulations protecting information applicable in plant medical services in the Federal Republic of Germany are reviewed. The law applies only to data stored electronically. Aspects considered are: data processing and transmission, right of information of workers, designation of a person responsible for data protection, correction and erasure of data, obligation of confidentiality for physician and data processing personnel.


Part IV: occupational safety and health and occupational medicine (hazardous working conditions, labour inspectors' injunctions; notifiable occupational accidents and diseases; plant medical services (medical examinations, medical data protection, premises and equipment, free medical treatment, medicines and supplies); plant and interplant medical services; transport of injured and sick workers.

CIS 80–291 Occupational safety law (Arbeits sicherheitsrecht (ASiR), Spinnarke J., Schork G. Published by C.F. Müller Juristischer Verlag, Im Weher 10, 6800 Heidelberg 1, Germany (Fed.Rep.), 1979. 1st to 9th supplements. 125p. Price: DM.118.00 ISBN 3–8114–2577–3; (In German)


Pursuant to the Act of 29 Sep. 1978 (CIS 79–1166), this Decree (effective 1 Jan. 1979) defines the functions of centres for the protection of self-employed workers' health; investigation of conditions of work and of hazards to which these workers are exposed; worker information on hazards and corresponding safety measures; periodic medical check-ups.


Pursuant to the Act of 29 Sep. 1978 (CIS 79–1166) this Decree (effective 1 Jan. 1979) defines the duties of plant medical services: study of hazardous workplaces; worker information concerning the hazards and worker education on hygiene questions; pre-employment medical examinations, medical supervisory check-ups, supervision of health status of the handicapped: first aid.


This book issued to commemorate the golden jubilee of the Philips Occupational Medical Service, contains the following articles: from factory doctor to health centre; occupational medicine in a large company; why and how inter-
national medical cooperation started; development of international cooperation
of company doctors in the phillips concern; medical policy making in a
multinational such as Philips; occupational health services in Europe; essen-
tial conditions for good occupational health care; pre-employment examina-
tions; a work capacity profile; hygiene and work environment; lead in pota-
toes; hearing loss caused by noise; noise problems in a phonographic indus-
try; ergonomics in Philips; shift work; the pecemmar patient and his work; re-
hability; first aid in the Philips medical service; a longitudinal approach to
the general preventive examinations; mental health care and the industrial or-
ganisation; registration of data about the occupational doctor's working hour;
occupational safety and health, how to approach a common target? Au-
thor index. (32362)

CIS 79–1770 Occupational medicine in small and medium-sized undertakings
(Arbeitsmedizinische Tätigkeit in mittlern und kleinen Be-
trieben). Arbeitsmedizin – Sozialmedizin – Präventivmedizin, Stuttgart, Ger-
many (Fed.Rep.), Apr. 1979, Vol.14, No.4,p.77–100, 8 ref. (In German)

In an issue almost entirely devoted to this subject, doctors relate their experi-
ence and offer recommendations: medical activity in small and medium-
sized undertakings (Kerste W.J.); a joint occupational health service in a
plant medical service (Kerste W.J.); occupational health in the textile industry (Carow G.), hospitals (Fessler W.); wirewoking works (Schulte R.R.); medium-sized mechanical engineer-
ing works (Schubert K.J.); and automobile repair shop (Fessler W.): organisa-
tion of joint occupational health services (Friese G.); cooperation between
works doctor and general physician (Korallus U.). (32364)

CIS 79–1789 Occupational health service for hospital staff. . . Sim-
son R.E. Medical Journal of Australia, Giebe, Australia, 24 Mar. 1979, Vol.1,
No.6, p.226–227, 24 ref. (In English)

This is an overview article; it does not go into details of staffing, accommoda-
tion, equipment and supplies, etc. Aspects considered are: organisation of a
staff health centre, pre-employment and periodic medical examinations,
counselling (with due regard to the problems of shift work), reviews of work
environment, accident prevention, provision of occupational health services.
(32366)

CIS 79–1487 Go-ahead for safety at work (Sein op veiling werken). Raad van Bestuur in Arbeidszaken, Postbus 93083, 2050AB Den Haag, Ne-

Booklet issued by the Netherlands Council for the Guidance of Labour Policy
(Raad van Bestuur in Arbeidszaken) and intended for employers, who should
become more aware of the role they will be called upon to play by the Occupa-
tional Safety, Health and Welfare Act, the Bill for which was laid before the
Chamber of Deputies in 1977. Contents: plant occupational safety and health
(OSH) policy (government regulations and standards, employers' responsibili-
ties, tasks to be shared in common by employers and workers, etc.); role of
government (conditions to be met by legislation, labour inspectorate, coordi-
nation, training); role of workers' organisations; role of employers' organisa-
tions; international influences (European Communities, International Labour
Office); public OSH institutions; points of contact with those actively en-
gaged in OSH (plant medical services, workpost and working environment im-
provement, transport of hazardous substances). (31804)

CIS 79–1473 A synopsis of occupational medicine. . . Tyer F.H., Lee-
K. Published by John Wright & Sons Ltd., Bristol, United Kingdom, 1979.
183p. Illus. 31 ref. Price £5.50. ISBN O–7236–0513–0; (In English)
This book sets out to provide occupational physicians, health nurses, safety
officers, managements and trade unions with information in readily accessi-
ble form. Contents: general remarks on occupational medicine; overview of
British legislation; occupational health services in Britain and other countries;
relations between the management, the workers, and medicine; industrial acci-
dents (reporting, statistics, prevention); rehabilitation; ergonomics (posture,
lifting and carrying, ergometrics, thermal environment, vision, automation,
hours of work); statistics (explanations, mortality and morbidity data; industri-
al psychology and mental health); more than half the book is devoted to toxi-
cology (general principles, chemical hazards, introduction to and list of three-
short limit values for 1977, industrial diseases and toxic effects); biological
hazards, physical hazards. (31829)

CIS 79–1471 Act No. 79–1183 of 20 December 1978 to supplement the
provisions of the Code of the Communes for the purpose of set-
ting up health and safety committees (Loi n° 78–1183 du 20 décembre
1978 complétant les dispositions du Code des communes en vue d'instituer
des comités d'hygiène et de sécurité). Ministry of Labour and Participation
(Ministere du travail et de la participation), Paris, . . . Journal officiel de la Républi-
(In French)

This Act prescribes the establishment of a safety and health committee in
communes and communal administrative public establishments with a staff
of more than 50 persons. In the case of bodies to which the above does not
apply, an inter-communal health and safety commission may be set up. Provi-
sions concerning the membership, convocation, powers and duties of these
bodies. The Act also makes provision for the establishment of an occupa-
tional medical service for communes and communal and inter-communal public
administrative establishments, or the possibility of becoming affiliated to a
joint service shared by 2 or more undertakings or communes. (31857)

CIS 79–1166 Act concerning health protection in workplaces (Lag
om företagshälsovård). Finlands förrättningsamling, Helsinki, Finland, 29

This Act, effective 1 Jan. 1979, makes provision for the organisation of plant
medical services and the labour inspectorate's responsibility for the supervision
of hazard–exposed workers. Contents: scope; organisation of health protection (investigation of health hazards, worker information for ha-
azard awareness, pre-employment medical examinations, medical surveillance
of exposed workers, etc.); supplementary protective measures; collaboration
between the employer and the occupational safety and health committee; addi-
tional training for plant safety officers; access to medical files and profes-
sional secrecy; establishment of occupational health services and reimburse-
ment of costs; assistance from Ministry officials in setting up and organising
occupational health services; penalties; enforcement. The Act is supplement-
ed by 2 Orders dated 14 Dec. 1978 (Finlands förrättningsförordning, No.1099
and 1010, p.1236–1243) concerning the organisation of company occupa-
tional health services or joint services used by 2 or more companies. (In English
translation may be obtained from: Institute of Occupational Health, Hau-
ninkatu 1, 00290 Helsinki 29, Finland. (31451)

CIS 79–1158 Labour Inspectorate Directive concerning plant safety
and health activities (Arbeidsstilsynets vejledning om virksomhedens
sikkerheds– og sundhedsarbejde). Publikation 81/1978, Directorate of Lab-
bour Inspection (Direktoratet for Arbeidstilsynet), Kristineberg 6, 2100 Ke-

These directives are intended to facilitate the administration and enforce-
ment of Notification No. 392 of 10 Aug. 1978 promulgated by the Ministry of
Labour concerning plant occupational safety and health (OSH) activities (Not-
fication effective 1 Oct. 1978). Contents: undertakings covered by the new
legislation; plant OSH organisation (safety groups, headed by the safety offic-
er; role of management and supervisors; safety committee; duties of safety
steward designated by the committee; plant medical service; case of em-
ployees engaged in different trades in the same workplace or worksite); ad-
ditional training for plant safety officers; access to medical files and profes-
sional secrecy; establishment of occupational health services and reimburse-
ment of costs; assistance from Ministry officials in setting up and organising
occupational health services; penalties; enforcement. The Act is supplement-
ed by 2 Orders dated 14 Dec. 1978 (Finlands förrättningsförordning, No.1099
and 1010, p.1236–1243) concerning the organisation of company occupa-
tional health services or joint services used by 2 or more companies. (In Danish)

CIS 79–885 Decree No.79–231 of 20 March 1979, to amend the Lab-
bour Code (Part 2: Decrees of the Council of State) and concerning
the organisation and functioning of occupational medical services.
(Decret n°79–231 du 20 mars 1979 modifiant le code du travail (deuxieme
partie) et concernant l'organisation et le fonctionnement des services médicaux du travail). Ministry of Labour and Participation
(Ministère du travail et de la participation). Paris,. . . Journal officiel de la Républi-

This decree amends the provisions of the French Labour Code (Title IV, Book
II) concerning occupational medicine. A works or plant medical service must
be established if a plant physician spends at least 173 hours a month in occupa-
tional safety and health activities in a given plant. Sections of the decree cov-
er: works or plant medical services (joint medical services for different sec-
tions of the same plant, occupational safety and health committee, approval of
service, and obtaining approval); joint (interplant) medical services (organisa-
tion and functioning, types of undertaking falling within the scope of the de-
crees, geographical and occupational criteria, number of qualified physicians;
medical services control commission; staffing of medical services, hospitaliza-
tions, working hours, manning, first–aid workers; objectives of occupational
medical services (action on the working environment, improvement of in-
plant conditions of life and work, industrial and general hygiene, workplace de-
sign and adaptation, worker protection, health education, new production tech-
niques; medical examinations; medical files and medical records). (31834)

CIS 79–867 Order concerning in–plant medical services and occupa-
tional hygiene inspections of 11 January 1978 (Verordnung über das
Betriebsgesundheitsschutz und die Arbeitshygieneschutzordnung vom 11
Januar 1978). Gesetzblatt der Deutschen Demokratischen Republik, Berlin,
German Democratic Republic, 3 Feb. 1978, Vol.1, No.4, p.61–66. (In German)
This Order (effective 1 Feb. 1978) lays down the status, duties and organisa-
tion of in-plant health service facilities and occupational hygiene inspection
activities, and the rights and obligations of those responsible for them. (10703)

CIS 79-563 Planning for occupational health needs in a health ser-
Newman J.W., Hutcheson M.K. Publication No.210–76-0190 or
DHEW/NIOSH Publication No. 78-203, National Institute for Occupational
Safety and Health, 4676 Columbia Parkway, Cincinnati, Ohio 45226, USA,
Oct. 1977 or Sep. 1978. P.368. (In English)
This handbook is intended to serve as a starting point to describe occupa-
tional activities, and the rights and obligations of those responsible for them.
(10873)

CIS 79-287 Swedish legislation on the working environment... Min-
istry of Labour (Arbetssmarknadsdepartementet), Fack, 103 10 Stockholm,
Sweden, July 1977 or Sep. 1978. P.187. (In English)
This booklet comments upon and reproduces the new Swedish Work Environ-
ment Act of 19 Dec. 1977 (CIS 79-296) effective 1 July 1978, repealing the
Workers' Protection Act 1949, which was concerned primarily with the prev-
ention of occupational accidents and diseases, whereas the new Act states
that not only must work be planned so that it can be performed in healthy and
safe surroundings, but that workplaces must be designed to suit human
aptitudes, both physical and mental. Contents: quality of the environment;
obligations of employers, employees, manufacturers, doctors; medical exami-
nations; health and safety services; working hours; young persons; safety train-
ing; enforcement; relation to other legislation; organisation and adminis-
tration by government; penalties. (30630)

CIS 79-265 Community-based occupational health services for
small undertakings (Pisemhysten töytyväyshuolto järjestämisen terveys-
195p. 32 ref. Price: Frm.35.00. (In Finnish)
163 undertakings, employing 2,400 workers, were surveyed to establish the
need for preventive health services. Aspects examined were: first-aid train-
ning; sanitary, catering and welfare facilities; occupational health catering;
protective clothing and personal protective equipment; ergonomics (manual
lifting); occupational hygiene; occupational health examinations; accident
prevention. Corrective measures proposed involved noise, lighting, heating,
vibration, exposure to hazardous substances, dust and metals. (7098)

CIS 79-284 Order of 4 Sep. 1978 concerning occupational medical
services in mines and related undertakings (liste of operations re-
quiring special medical supervision and radiographic diagnosis). Minis-
tery of Industry (Ministère de l'industrie). Paris, Journal officiel de la Républi-
(In French)
This order (effective 20 Dec. 1978) prescribes that the industrial physician
must devote one hour each month to every 10 employees engaged in the fol-
lowing operations: mining and processing radioactive substances; night
work; work involving exposure to a noise level exceeding 85dBA, telephone
exchange operators, keyboard operators, computer terminal operators, com-
pressed air workers, work involving exposure to various chemicals listed in
the order. Exemptions to the obligation to provide special medical supervi-
sion are allowed where efficacious protective measures are adopted. (70873)

CIS 78-1590 Act No.8514 of 22 December 1977 to amend Chapter
V of Title II of the Labour Code, concerning occupational safety and
health, and for other purposes. (Lei nº 6.514 de 22 de dezembro de
1977: altera o capítulo V do Título II da Consolidação das Leis do Trabalho,
relativo à segurança e medicina do trabalho, e dá outras providências)... Diário
This Act entered into force on 23 Dec. 1977. The whole of Chapter V is red-
rafted and modernised, with extensive amendments. General provisions con-
cerning duties of regional labour offices, plant management and employers
are followed by sections concerning labour inspection (technical reports,
with suggestions for improvements and inspection procedures); plant safety
and health services; plant safety committees (elections, employees' representa-
tives, role of trade unions, etc.); personal protective equipment; preventive
medicine (pre-employment and periodic medical examinations); factory prem-
ises and workplaces (dimensions, light, ventilation, elevated, temperature, floor
surfaces); electrical installations: transport, storage and handling of exquis-
machine and equipment (guarding, devices to prevent inadvertent starting,
etc.); boilers, furnaces and pressure vessels: unhealthy and dangerous pro-
cesses; toxic or irritant substances; maximum weights to be lifted; construc-
tion, demolition and repair work; storage and handling of explosives and
flammable substances; ionising radiation; hot workplaces: protection against
weather; etc. Penalties. English translation may be obtained from: Interna-
tional Labour Office, 1211 Geneva 22, Switzerland. (29739)

CIS 78-1193 Organisation of occupational health... Sozial- und Prä-
ventivmedizin – Médecine sociales et préventive, Solothurn, Switzerland,
Mar. 1978, Vol.23, No.1, p.2-64. (In English, French, German)
This whole issue contains contributions by specialists taking stock of the situ-
ation in different countries: review of occupational safety and health organisa-
of Germany; occupational safety and health in the USA; occupational health
in Belgium; organisation of occupational health and hygiene in Finland; organi-
sation in Switzerland (Federal Inspectorate of Labour: improvement of occu-
pational health and safety in small and medium-sized undertakings; occupa-
tional health service of the Federal Agency for Industry and Labour; role of
the Swiss National Accident Insurance Institute). (29854)

CIS 78-871 Standards, interpretations and audit criteria for perfor-
mance of occupational health programs... American Industrial Hygiene
Association, 66 South Miller Road, Akron, Ohio 44313, USA. No date. 209p.
Price: US-$30.00. (In English)
This document is a management tool for evaluating or establishing industrial
occupational health programmes. Sections relate to: administration; medical;
nursing; industrial hygiene; health physics. Each section covers a variety of
topics (policy, staff, equipment, facilities, organisation, hazard prevention,
etc.) for which a standard (directed at optimum levels of performance) is cited
with its interpretation, followed by a questionnaire to be filled in by a staff
member responsible for the management of the services being evaluated in
that section. (29090)

CIS 78-780 Employment Medical Advisory Service Report 1976-
78. Health and Safety Executive, London, H.M. Stationery Office, P.O. Box
ISBN 0-11-883017-1. (In English)
This is the second biennial report of the U.K. Employment Advisory Medical
Service (EMAS) (first report: CIS 76-2921 New developments in EM AS (or-
ganisation, staffing, commissioned research projects (1976), etc. (29082)
This document is a management tool for evaluating or establishing industrial
occupational health programmes. Sections relate to: administration; medical;
nursing; industrial hygiene; health physics. Each section covers a variety of
topics (policy, staff, equipment, facilities, organisation, hazard prevention,
etc.) for which a standard (directed at optimum levels of performance) is cited
with its interpretation, followed by a questionnaire to be filled in by a staff
member responsible for the management of the services being evaluated in
that section. (29090)

CIS 78-1757 Electronic data processing in in-plant medical servi-
ces...(Die Datenverarbeitung im werksärzlichen Dienst... Zentrallblatt für Ar-
beitsmedizin und Prähverhütung, Heidelberg, Germany (Fed.Rep.),
Oct. 1977, p.229-244. Illus. 28 ref. (In German)
Several articles in this issue are devoted to application of electronic data pro-
cessing (EDP) to health organisation in the undertaking: general considera-
tions on EDP in in-plant medical services and rules for establishing an EDP
programme; 2 years' experience of medical surveillance using EDP in a metal-
working plant; possibilities of applying EDP to radiographic diagnosis in occu-
pational medicine; possibilities of using EDP in the field of occupational medi-
cine. (29797)

This book gives the background and description of the 21 Working Environment Medical Services (SMAU) set up by the Italian trade unions in the Milan region. Reports on studies in 6 enterprises - steeltowns, sheet metalworking industry, pharmaceutical manufacture, textile industry, solder manufacture, spinneret manufacture. Social, organisation and political problems confronting the SMAL. Appendix: regional legislation proposed by popular initiative for reform of social and health services.


The article defines, against the background of the German (Fed.Rep.) Act of 12 Dec. 1973 concerning plant physicians, safety engineers and occupational safety specialists, which took effect as of 1974 (CIS 74-1166), the term "plant physician" and the basic duties of this post (to advise management on questions of work organisation; ensure that occupational safety and health measures are observed and improved (plant inspections, instructions); and provide first aid and urgent medical treatment in the case of accident, acute disease or poisoning). Questions of preventive medicine, health damage prevention and treatment, and the status of the plant physician in the undertaking are considered.


This 14th edition incorporates the Act of 6 Dec. 1977 to promote occupational and social security - Social Security Code, and various statutory instruments (some not incorporated in the Labour Code concerning labour inspection, conditions of work) (Act of 27 Dec. 1973), occupational safety and health committees (Decree of 1 Apr. 1974), occupational medical services, hygiene, safety and fire precautions, employment of women and children); the second and third respectively contain regulations (individual, collective) on accidents and diseases and on the prevention of occupational diseases, and the fourth containing provisions on measures not regulated by the Ministry of Labour and Employment or by the Ministry of Public Health and Social Security (dangerous substances; pressure vessels; noise; liquid hydrocarbons; high-rise buildings; artificial radio- isotopes). A chronological table, a subject index and an alphabetical index are appended.


Contents: membership and functions of the Board; confirmation of appointment of occupational safety and health physicians; data concerning mandatory and optional in-plant medical services (and particularly in building and civil engineering firms); number of plant physicians in the Netherlands; statistics for 1968 and for 1972-1975, showing the insufficient number of plant physicians. A list of the approved occupational medical facilities in the Netherlands and statistics of workers subject to medical supervision and of full-time plant physicians are appended.
Medical officers' duties: medical examinations, inspections, consultations. Cost of running the centres, model contract, list of directives for examinations, Act and safety regulations concerning plant physicians, list of affiliated undertakings.


The major goal of this book is to acquaint practising physicians with the fundamental aspects of occupational medicine. It is divided into 5 parts: administrative (occupational services for small businesses, occupational safety in industry, the occupational health nurse, occupational medicine and relations with community health care, occupational health programmes in clinics and hospitals, organisation and staffing, workers' compensation); clinical occupational medicine (clinical aspects, fitness to work, occupational pulmonary disease, aerospace medicine, occupational dermatoses, fibrous glass, traume, industrial hygiene); the physical occupational environment (noise exposure and hearing conservation, diving and compressed air work, ergonomics, biomechanics of manual materials handling and low-back pain, heat stress, cold stress, ionising and non-ionising radiation, vibration); the chemical occupational environment (permissible exposure limits, creation of a safe working environment in plants handling highly toxic chemicals, acidic gases and aerosols, carbon monoxide, metals, etc., pesticides, carcinogens); psychosocial considerations (psychiatric services, problem employees, role of clinical psychologist). Index.


This Ordinance repeals previous legislation on the subject and makes provision for: medical services for workers organised according to region and industrial sector; collaboration of public health physicians in in-plant occupational medical services in work in their district, in the prevention of occupational diseases and in periodic analysis of occupational disease incidence; medical treatment centres mandatory in plants employing 200 or more workers; specialised consultation rooms for workers in regional policlinics; special workers' hospitals with at least 250 beds as well as out-patient facilities. Groups of undertakings and large industrial complexes may build prophylactic centres with at least 100 beds.


West German legislation insists that a doctor have 9 months of practical experience at an industrial medical service before qualifying as an industrial physician. The various departments, activities and contacts with which he will be concerned during this period are listed: pre-employment and periodic examinations, special examinations, consultations, first aid, organisation and administration, hospital visits, evaluation of workplace requirements and individual abilities, work methods, occupational safety, plant hygiene, plant sickness fund, kitchens, social counselling, etc. This review was undertaken on behalf of the Association of German Industrial Medical Officers.


After a brief discussion of terminology and reference to aspects of public health influencing the development of occupational health services, the author gives statistics on the workforce and workplaces, and describes the occupational health services in Finland, distinguishing 4 organisational models (in-plant, private joint services, private group practices, community health centres). He devotes a great deal of space to health centres, personnel, funding, education of personnel. Recent developments in labour protection, outlook for the future.


This order fixes 1 Jan. 1976 as the appointed date for the integral entry into force of Order No.3237 of 27 July 1972 (amended on 2 Apr. 1973) CIS 74–0263. It contains provisions concerning occupational safety and health services for safety engineers and safety officers, plans of health and safety inspections in occupational medicine, occupational safety and health inspectors and assistant inspectors and staff of occupational health treatment centres. It specifies that the CIS National Centre in Brasil, Fundação Centro Nacional de Segurança, Higiene e Medicina do Trabalho, São Paulo, may enter into agreements with universities and other institutes to provide such courses.


This report was prepared as material for discussion at the Seventh Session of the ILO Committee on Work on Plantations (Geneva, 8–16 Dec. 1976). It takes stock of the current situation in the principal plantation regions of the world as regards, inter alia, medical and welfare facilities and occupational safety and health questions. Part III covers some aspects of the inter-related questions of medical care and occupational health and safety questions in plantations. After a brief overview of the health situation and the epidemiological picture in plantation regions, the existing medical care systems in plantation communities are discussed. The work-related hazards in plantations and some of the steps that can be taken to mitigate the dangers are examined, with particular reference to fatigue; occupational accidents (fractures, sprains, sprains), implementing, snake and insect bites, falling rocks, eye injuries, falls from ladders, stepping on pointed or cutting objects, etc.; dangerous substances (pesticides, seed dressings, herbicides), first aid. It then deals with selected issues of occupational safety and health services. The report concludes with a summary of the major problems and suggested points for discussion. An abridged form of this document is available in German and Russian.

CIS 78–1485 Bedford General Hospital Occupational Health Service – 7th and final report.. Bedfordshire Area Health Authority, Northern District, Bedford, United Kingdom, 1974. 46p. (In English)

This report describes the activities of a typical hospital staff occupational health service in the United Kingdom for the period 1 Jan. 1968–31 Dec. 1974: medical examinations; immunisations; sickness absence recordings; environmental investigations (operating theatres, X-ray departments, temperature, humidity, lighting); safety information presented in tabular form: analyses of accidents according to type and site of injury, category of staff involved, time of day, cause of incidents (falls, slips, sharp objects in garbage, falls, lifting, sitting, etc), patients or materials, drugs, bottles, splashings or foreign bodies in the eye, etc).

CIS 78–1483 An approach to the financial evaluation of occupational health services.. Attherley G.R.C., Cale R.W., Drummond M.F., Koloz­yn H. Journal of the Society of Occupational Medicine, Bristol, United King­dom, Jan. 1976, Vol.26, No.1, p.21–30, 12 ref. (In English)

After a critical review of articles on this subject, the authors specify the demands to be made of any method for financial evaluation of occupational health services. They then describe the generalised model that was developed from these considerations and discussions with practitioners. It takes account of: company costs, company benefits (divided into "hard" and "soft" benefits, i.e. those that are relatively easy and difficult to quantify), and employee costs and benefits. Formulas for cost/benefit analysis are then proposed. A final section deals with the role of the Department of Health and Social Security in occupational health.


Written for plant physicians, management, safety officers and others responsible for safety, and labour inspectors, this handbook considers the principles underlying medical check-ups and screening tests for early detection of incipient health damage due to occupation: scope of aptitude tests; scope and periodicity of screening check-ups; contraindications for certain categories of employees; methods of presentation and interpretation of the results; microclimate, noise and vibration, radiation, dust and toxic substances (78 of which are listed). The various activities of in-plant medical services are reviewed and practical advice is given on how to co-ordinate these activities with a general safety programme.

The National Health Service does not have responsibility for medical care outside Great Britain, and thus the care of the crews of the rigs, pipelayers, barges and support ships has to be organised by the companies concerned. A system of medical auxiliaries (medical developed at Great Yarmouth (Norfolk) is described. After training in accident nursing, they first work as assistants to an experienced medic before taking on a single-handed assignment. They are backed by 8 doctors on shore. The doctors also provide an occupational health service, including pre-employment medical examinations. The closest medical supervision is given to divers, and over 9 years the group has accumulated detailed records of 2,500 divers and is undertaking several long-term research projects. Present results suggest that bone necrosis is likely only in divers working below 60m, the critical factor being the number of compression/decompression cycles. Saturation diving may be safer than a series of shorter dives.


This report contains: considerations on the value of routine pre-employment and other examinations, with statistics; definition and distinctive features of simple and complicated pneumoconiosis (progressive massive fibrosis); results of dust measurements; data on workplaces meeting dust standards; effects of the change from S- to T-yearly to 4- to yearly chest X-ray surveys; statistics on pneumoconiosis progression index by area and age for 1959, 1964, 1969 and 1974; progression indices by area, certifications by the Pneumococcosis Medical Panels: discussion of bias in assessment of X-ray results (percentage of non-attenders at X-ray, variability in reading films); data on heat knee, elbow and hand, tarsometatarsitis, myositis, muscis, and hazards (methylenedioxythoracolamine), noise, vinyl chloride, chemical burns, etc., first aid and nursing services, radiological and medical research, supplement: medical aspects of joining the European Community, with brief reference to pneumoconiosis prevention projects.


The main French legislative provisions and regulations on occupational medical services are reviewed and commented upon. Section on legislation (Labour Code – Part 1 – Book II – Title IV): consolidated Act of 11 Oct. 1946): scope: role of plant physicians (medical examinations, surveillance of workplace); employers’ obligations; penalties. Section containing regulations (Labour Code – Part 3 – Book II – Title IV): consolidated Decree of 13 June 1964, devoted to medical examinations; interplant medical services; functioning of medical service: status of plant physician; medical examinations (pre-employment, periodical and after medical leave); notification of diseases; etc.

CIS 78–071 Principles concerning physicians, ancillary personnel, premises, equipment and facilities for interplant occupational medical services (Gründzüge über Ärzte, Hilfspersonal, Räume, Einrichtungen. Geräte und Mittel für überbetriebliche arbeitsmedizinische Dienste). ZH 1/528, Federation of Industrial Mutual Accident Insurance Associations (Hauptverband der gewerblichen Berufsgenossenschaften), Bonn, Mar. 1975, Carl Heymanns Verlag KG, Gereonstrasse 18–32, 5 Köln 1, Germany (Fed.Rep.). 8p. Price: DM.0.50. (In German)

Minimum desirable conditions for the smooth running of a group occupational medical service: organisation, medical and paramedical personnel, premises, fitting-out and equipment of premises, examination, radiographic and laboratory apparatus.


Minimum desirable conditions for the smooth running of an in-plant medical service: personnel, premises, fitting-out and equipment of premises, laboratory apparatus.


The Tunbridge Report of 1968 revealed great deficiencies in the curative and preventive care of National Health Service employees in Britain. The object of this book is to provide help and guidance to nurses, doctors and hospital administrators concerned with creating or improving staff health departments, indicating the general nature of the problems and how to tackle them. Subjects dealt with are delegation of the responsibility for staff care and the ensuing requirements, with attention to accommodation for staff health purposes; role of medical questionnaires and interviews as a substitute for medical examinations; immunisation; periodicity of screening of staff exposed to various risks; follow-up after exposure to infection; facilities for sick staff (G.P. care for residents and other staff) and use of staff for research; sickness absence; incidence, causes and treatment of accidents; environmental control (maintenance areas, kitchens, operating theatres, wards, etc.); notes, records and documentation (with examples): alphabetical index.


Membership and functions of the Board: confirmation of appointment of occupational safety and health physicians; data concerning mandatory and optional in-plant medical services; statistics of number of plant physicians in the Netherlands; advisory act in legislative matters, etc. A list of the approach to occupational medical services in the Netherlands and statistics of workers subject to medical supervision are appended.


Extensive article (total 62p.) intended to serve as a guide to plant physicians and other medical personnel interested in occupational medicine, in the implementation of such a programme within a company. Contents: definitions; varieties of programme; the medical department in the corporate structure; special characteristics of occupational medical services (protection against hazards, exposure limits, air quality, lighting, medical care and rehabilitation, health counselling, examples of record forms, etc.); programme costs; relationships with private practitioners; preparation of a medical department manual; design of dispensary facilities illustrated; supplies and equipment; special programmes (autamens with and without a computer, adaptation of health testing to industrial needs).


This is the first report of the Employment Medical Advisory Service, which among its other activities identifies health hazards related to employment. The report discusses long term hazards, notifiable industrial diseases and gassing accidents. Research is outlined in areas such as asbestosis, respiratory diseases, malf, granite, cotton, and potteries, manufacture of enzyme washing powders, cancer in rubber and cable making industries, and cancer related to vinyl chloride exposure. Also discussed are the work of the Central Reference Laboratory, work with disabled people and rehabilitation, work with young people, and organisation of the Service.


The first section of this volume, in which 68 specialists collaborated, is devoted to in-plant occupational safety and health, plant medical services, physiological organisation of work (ventilation, temperature and noise environment, lighting, physical workload, etc.). A section follows on the documentation, information sources and links with other services and institutions which the plant physician can use. Analysis of the French Labour Code. Chemical hazards are reviewed (ITLs) and hazards from physical agents, contagion and parasites. Pollution of the working environment. The various occupational diseases are then reviewed by system (lung, mouth, malignant tumours, skin diseases, endocrine system, etc.) and by occupational sector (food, building and civil engineering, leather and hides, detersents, petroleum, etc.). Specific problems are considered in the last part (migrant workers, left-handed workers, diabetics, mentally handicapped, workers with rheumatism, etc.). Ababilisti cal subject index.


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Papers presented at this international symposium held in Paris, 11-12 July 1974, under the auspices of the Permanent Committee and International Association for Occupational Health. The current situation and organisational problems of occupational medicine in the following countries are described: Finland, France, Indonesia, Netherlands, South Korea, Sudan, Sweden, United Kingdom, and the developing countries in general. (23889)

CIS 75-1771 Decree of 13 Nov. 1974, to issue general regulations under section 20b, subsection 2 (b), of the Workers Protection Act of 1934 (Decree on compulsory establishment of industrial medical services) (Besluit van 13 november 1974 tot vaststelling van een algemene maatregel van bestuur, als bedoeld in artikel 20c, eerste lid, van de Veiligheidswet 1934 (Besluit vaststelling van bedrijfsgeneeskundige diensten)). Staatsblad van het Koninkrijk der Nederlanden. Den Haag, Netherlands, 1974, No.740, p.1-2. (In Dutch)

This decree enables industrial medical services to provide treatment for workers who have been injured in occupational accidents or suffer from occupational diseases, but need not interrupt their work. (23702)

CIS 75-1478 Decree of 13 Nov. 1974, to issue general regulations under section 20c, subsection 1, of the Workers Protection Act of 1934 (Decree on compulsory establishment of industrial medical services) (Besluit van 13 november 1974 tot vaststelling van een algemene maatregel van bestuur, als bedoeld in artikel 20c, eerste lid, van de Veiligheidswet 1934 (Besluit verplichtstelling van bedrijfsgeneeskundige diensten)). Staatsblad van het Koninkrijk der Nederlanden. Den Haag, Netherlands, 1974, No.740, p.1-2. (In Dutch)

This decree extends the obligation of establishing industrial medical departments to all undertakings employing more than 750 people mainly engaged in industrial or dock work. Industrial medical services are compulsory for all firms preparing lead-containing pigments or manufacturing lead storage batteries. (23411)


It is shown, in the form of a review of US literature, how the computer can be applied to medical problems in general and to administrative problems, health maintenance and assessment, follow-up, rehabilitation and epidemiological research in occupational medicine. The main prerequisite for computer analysis is the creation of specific medical record programmes in industry to enable occupational medical records to be used as data input sources. Examples of such programmes are outlined briefly. (23912)


Supplement entirely devoted to occupational safety and health. Contents: in-plant medical services (legislation, administrative organisation); role of the plant physician; the plant physician's conditions of employment; responsibility of plant physician and employer. French occupational safety and health legislation, code of medical ethics, national collective agreement for plant physicians employed by group occupational health services, model contract of employment for plant physicians, etc. are annexed. Alphabetical index. (27433)

CIS 75-571 Medical services for construction projects.. Data Sheet 640, National Safety Council. 425 North Michigan Avenue, Chicago, Illinois 60611, USA, 1973. 10p. Illus. 8 ref. Price: US-$0.50. (In English)

Discusses the organisation and administration of first-aid and medical services for short-term construction projects employing up to 300 people. Practical advice is given on advance planning and co-ordination with the over-all safety programme, selection of facilities, medical and related services, records and reports (with specimen forms attached). (20406)


This Act establishes communal services for the protection of workers' health at the workplace and co-ordinates the activity of these bodies with local health authorities and institutions. The new bodies are to be communal preventive medical services, required to collaborate with employers' and workers' representatives in planning their work programmes. They are called upon to: promote workers' welfare; improve working conditions; undertake nosological studies to find solutions for specific problems; collect data on health and environmental questions as part of the regional health programme. The regional authorities co-ordinate the activity of the communal services and will set up a regional committee on occupational health and safety as an advisory committee on occupational health and safety. Provision is made in the Act for financing the new services. (22331)


The author discusses the reasons for the shortage of plant physicians and the inadequate facilities for training occupational safety and health specialists in the Federal Republic of Germany. As an economic measure to improve the situation, he proposes the establishment of "occupational health centres" to be shared on a joint basis by several plants. Ways and means of operating and organising these centres are outlined. Problems respecting staff and training are also discussed. (22990)


It was noted during a survey of occupational health nursing in Scotland that progress was needed in the field of occupational health records. It is suggested that when designing such records, the first step should be to ascertain the ways in which the records will be used. A large blank space in the record would give flexibility to include further information relevant to the particular individual. There should be a manual of procedures to be used in conjunction with the keeping of records. (21980)


This act, which was passed on 12 Dec. 1973 and will enter into force on 1 Dec. 1974, compels the employer to appoint plant physicians, safety engineers and specialists in various aspects of occupational safety and health, to assist him and to ensure the highest possible degree of efficiency in occupa tional safety and health measures. Separate provisions concern plant physicians and safety engineers, their duties, their independence in the exercise of their purely professional duties, their collaboration with the works council (composed only of workers' representatives), the rights of the competent authorities, and exemptions. (21123)

CIS 74-883 The development of occupational health services.. Discussion paper No.1, Working Party of the Socialist Medical Association, 14-16 Bristol Street, Birmingham B5 7AA, United Kingdom, Dec. 1972. 20p. 30 ref. Price: £0.20. (In English)

Only 5 out of 22 million of the United Kingdom work force have full or part-time medical supervision at work and 340 million working days are lost each year as a result of sickness and injury. This emphasizes the need for improved organisation of occupational health services. The current provision of services and their possible future development as an integral part of the National Health Service is discussed. Subjects considered include: manpower resources (it is suggested that an efficient service would employ 1 doctor for every 7,500 workers and 1 nurse for every 1,200 workers); provision for training of both basic and paramedical personnel in occupational health; buildings and equipment; finance; organisation; terms of service of personnel; the role of universities and colleges in professional training; occupational safety and involvement of trade union representatives and occupational health personnel; occupational hygiene in relation to occupational health. (20779)


A report of the findings of a survey conducted in 1969 to ascertain the number of establishments having employee health services, the number of medical personnel providing industrial medical services, and the location and characteristics of employee health services in New York State industry. The data
obtained are compared with the findings of a similar survey carried out in 1950. In both surveys, establishments with 100 or more workers were investigated. The 1969 survey also provides information on the availability of occupational safety services in New York State.


A synoptic view of the provisions of existing French legislation concerning the periodicity of statutory medical examinations, presented in 3 parts: provisions applying to all salaried persons; special provisions (compressed air, arsenic, building and civil engineering, benzene and its homologues, methyl bromide, noise, power trucks, fur, hair and bristle cutting establishments, sewers, arsine, manganese dioxide, lifting and carrying by hand, lead and lead compounds, ionising radiation, silica, cable railways, anthrax, cement, glassworks); work requiring special medical supervision. In all cases the regulations stipulate the minimum periodicity of the medical examinations.


These regulations, which entered into force on 2 Aug. 1972, require the compulsory establishment of in-plant safety and health services. A minimum staff of specialised personnel is fixed according to the degree of hazard and the number of employees. Required qualifications for safety engineers, industrial physicians, safety inspectors and industrial nurses are defined. The regulations also specify the duties and responsibilities of in-plant safety services and health services. These services must be operational by 1 Jan. 1975.


Individual sections of this brochure published by the Italian State Railways are devoted to: history of the health service; physicians and other health–service staff; preventive medicine and occupational rehabilitation in the railways; occupational accidents and diseases; medical examination; first aid; radiological service; analytical laboratories; work absence statistics; day nurseries; relations with other institutions, etc. Appendices contain: a list of the officials employed in the State Railway Health Service; a list of the medical personnel; a list of publications.


Principles of occupational hygiene for paramedical personnel with special reference to the activities of the industrial health nurse. The work is divided into 2 main sections: principles of occupational health; and industrial health protection. Individual sections are devoted to: development of occupational health; occupational physiology; occupational pathology; special occupational health factors (noise, vibration, heat, cold, dust, radiation, compressed air, infection); occupational physiology; worker protection; optimal protection in the plant; planning and design of industrial buildings; documentation and statistical methods in industrial health.


A review of the work of a group medical centre and the general requirements involved is followed by a description of the organisation, equipment and activities of a group medical centre for 17 firms which has been operating for 5 years. Opinions among the participating firms are varied. The centre's industrial health programme is evaluated on the basis of experience, and proposals are made for modifications in membership, staff, temporal breakdown of functions and relations with member firms. Brief consideration is given to cost and benefit.


Report of a study in a large industrial plant to determine the importance of the industrial medical consultation hour in the work of the industrial medical officer, and whether he can use these consultations to fulfil his task of supervising employee health. The term "industrial medical consultation hour" should be replaced by the term "industrial health consultation hour". Numerous data based on many years of industrial medical consultation experience are given and summaries in English and French are provided.