Proposal of new scientific committee

to International Commission on Occupational Health

From the Emergency Care in Occupational Health Working group (ECOH) to

Emergency Response in Occupational Health and Safety (EROHS)

Index

1. ECOH WORKING GROUP

1. Members of the symposium (founding members)

Alexis Descatha (France), Michel Baer (France), Philippe Havette (France), François Dolveck (France), Susanne Schunder – Tatzber (Austria), Todd L Hamel (USA), Maurits De Ridder (Belgium), Barthelemy Wognin (Ivory Coast), Promila Sharma (India), Babacar Fall (Senegal).

2. Background

Many occupational practitioners have to face emergencies in occupational setting, from life-threatening emergencies to current urgent care. Furthermore, workplace emergencies have singularities that usual emergency teams are not aware of – like use of hazardous substances, dangerous working conditions.

The following three different examples have been listed to illustrate the importance of research, training and procedures to be developed.

2.1. Cardiac arrest

Many international statements advise on the implementation of automated external defibrillation (AED) in workplaces[1]. Nevertheless, studies are lacking to help stakeholders (employers and policy makers) to evaluate the cost-effectiveness of the best global AED implementation in workplaces. The very few available AED's implementation valuable data in workplaces do not help emergency physicians, occupational physicians, or health and safety experts, to efficiently provide stakeholders with the best recommended global program. Based on expert opinions and studies conducted in other settings, the existing guidelines on

implementation of AED in the workplace are based on the site-specific incidence of OHCA (with a lower limit of one OHCA every two or five years, depending on the study), or based on the number of employees on site and their mean age [1,2]. However, other parameters also need to be taken into account, such as the number and characteristics of visitors (with the same lower limit or more than 250 people over the age of 50 currently on the site for more than 16 hours per day [3]), the presence of occupational risk factors for ventricular fibrillation (likelihood of electrical contact, high cardiac risk situations...), and the medical profile of employees/visitors (high prevalence of risk factors for coronary heart disease or sudden death).

2.2. Examples of first aid

Many physicians and nurses are involved in first-aid training in occupational settings. Different experiences have been conducted in order to follow international guidelines and to improve emergency care in occupational health, but no general recommendations or standards exist.[4–7]

2.3. Examples of industrial disasters

Occupational medicine plays an important role in emergency preparedness, response to industrial disasters and mass casualties, in addition to the follow up of emergency teams in case of disasters [8]. Industry could benefit from skills and resources of occupational medicine, including training, fit testing, development of plans procedures and coordination and hosting of planning exercises [9–11].

2.4. Other examples

Many other examples exist around the emergency topic in occupational health.

Considering that many workers have to travel all around the world for short or long period of time, infectious disease occurrence is a potential risk. Occupational practitioners have to prevent these problems with immunization, awareness training (e.g. how to behave in areas, where malaria is a potential danger for travelers) but also draw procedures aimed at providing safety, care, prevention, and possible medical evacuation[12]. In the frame of the Ebola outbreak, this topic's interest is outstanding.

Many situations in occupational setting, such as allergic reactions from anaphylaxis during flu-vaccination campaign, such as occurrence of asthma related to an occupational hazard, lead to have specific emergency procedures [13]. Biological hazards address many industries - like waste water treatment plants - that need to be taken into account in the frame of occupational health.

2.5. Problematic

A symposium has been organized in 2012 during the 30th Congress of the ICOH held in Cancun Mexico. It dealt with “Emergency in occupational setting: should we suggest a new scientific committee?”http://icoh.confex.com/icoh/2012/webprogram/Session2863.html.

After different presentations with different points of view (state of the art on researches and training courses, example collaboration between Emergency Medical Services and Occupational Health Services, development of standardized procedures…), a round table with the participants (a full room), showed the interest of sharing experiences around the emergency care in occupational setting.

However, no network or federation exist at an international level on emergency care in workplace whereas there is a need to share practice, teaching, emergency drills and research, as shown in the above mentioned symposium at ICOH conference, with a gap between knowledge and scientific occupational network.

Today, ICOH scientific committee is probably the best way to establish this network.

3. Scope

Creating a new working group and a scientific committee in ICOH will aim to establish a network for occupational practitioner interested in developing research, teaching & drills and practices in emergency care in workplace. A close collaboration between emergency and occupational specialists will help improve emergency care in workplace and reduce the gap between knowledge and scientific occupational network.

3.1. Research

International collaboration is needed to develop high-level international research on emergency care in specific situations like cardiac arrest, industrial disasters, and to help to collect grants to achieve this research.

3.2. Teaching & Training

Emergency care in workplace is based on training, drills and exercises to cope with many various situations. Sharing pedagogic experiences and documents is one of the main scopes of the ECOH.

3.3. Practices

The questions on improving management of emergency care and developing emergency standardized procedures are key elements debated in the proposed scientific committee.

4. Activities

4.1. Perspective

We aim to organize a meeting in Seoul in 2015 for the 31st Congress of the International Commission on Occupational Health and asking a scientific committee about this question.

5. Initials members of the Working group committee

These members are in good standing for ICOH membership. At this time, four continents are represented, with occupational and emergency professionals. We suggest a co-chair to show the close collaboration between occupational health and emergency professionals (in addition of the chairman/secretary "by-law" position).

- Alexis Descatha: France, MD PhD, Occupational and Emergency physician, Associate Professor ("MCU-PH", Versailles University, Paris Hospital), proposed as the chairman of the ECOH scientific committee.
- Susanne Schunder – Tatzber: Austria, MD, MAS, MBA, Occupational physician and emergency medical doctor, President of the Austrian Academy of Occupational Health, proposed as the secretary of the ECOH scientific committee
- Michel Baer: France, MD, Anesthesiologist, Emergency physician, Head of the 92EMS ("SAMU 92"), proposed to co-chair the committee

- François Dolveck, France , MD, Emergency physician, 92EMS
- Philippe Havette: France, MD, Occupational physician, RTE
- Babacar Fall: Senegal, MD, Occupational physician, Orange
- Todd L Hamel: USA, MD FAAFP, Occupational physician, Quanta service
- Promila Sharma: India, Prof in ergonomics and head of Dept. of Family Resource Management
- Sylvie Rotthier, France, RN, Occupational Nurse, La Poste
- Barthelemy Wognin: Ivory Coast, MD, MSc(A), Professor in Occupation health.

2. FROM ECOH WORKING GROUP TO EROHS PROPOSAL FOR NEW SCIENTIFIC COMMITTEE

1. ICOH midterm meeting

Different steps and achievements have been realized since the establishment by the President, Vice Presidents, and the board of ICOH in the midterm meeting in Helsinki in February 2014.

As tasks of the Working Group on Emergency Care, the board suggested to include:

1) Review national and international programs of emergency care in the field of occupational health and safety and propose ICOH action when needed.

2) Examine the needs for improving and supporting emergency care in occupational health services and propose international support measures and guidance materials.

3) Develop a proposal for a new Scientific Committee dealing with emergency care in occupational health.

In the meeting, it has also been suggested to enhance “care” towards “response”, such enlarging the scope and have contact with other countries.

All of the suggestions have been considered by the group and are split in already identified different tasks. These actions will lead to the constitution of EROHS after the agreement of all.

2. State of the art about national and international programs

Since no existing document has been found, we decided to perform a survey on this question.

This lead to two publications, including a specific paper on cardiac arrest (see below and appendix).

Are there standards of care for cardiac arrest existing in the workplace? Results from a worldwide survey

Alexis Descatha (1, 2), Susanne Schunder – Tatzber (3,4), Todd L. Hamel (5), Barthelemy Wognin (6), Sylvie Rotthier (7), ECOH working group, and Michel Baer (1)

The ECOH working group (Emergency Care on Occupational Health) is an investigator list and include Philippe Havette, Babacar Fall, Promila Sharma, François Dolveck, Armelle Severin (in addition of the authors).

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Letter to editor

Dear Sir,

Life-threatening emergencies occur in many settings including the workplace,[1] and workplace emergencies tend to have singularities on which usual emergency teams are frequently not knowledgeable.[2] Furthermore, most of the studies evaluating the performance of cardiac arrest management are performed in industrialized countries which maintain high-levels of recommendations and regulations in occupational health.[3–5] We aimed to perform a short online-survey focused on the management of life-threatening emergencies in each country by way of a questionnaire sent to all National Secretaries of the

International Commission on Occupational Health (ICOH, a non-profit association for improving occupational health all around the world, http://www.icohweb.org) and to the members of the “Emergency Care in Occupational Health”, or ECOH, working group.

An online survey by mail was sent to the 51 National Secretaries (one per country) and to the 7 members of the ECOH working group, between September 2013 and January 2014, including 12 questions covering their country/continent and their emergency procedures, equipment, and team available.

We obtained 35 reports from as many countries with 28 being from the National Secretaries, 6 being from the working group, and the data of the one missing country being reported by another member of ICOH. Four continents were represented (with no data from Oceania). The main results of our multiple choice questionnaire are shown in Table 1. We found differences among available equipment and teams, and among training and procedures, depending upon local regulations, emergency response systems, company sizes, and occupational hazards. Most respondents pledged to improve their emergency management, with 85.7% considering such improvement to be a medium to top priority. To do so, a majority of respondents favored focusing on procedures (60.0%) and training (62.9%), with less (40.0%) choosing to focus on implementing automated external defibrillator programs.

Despite limitations based upon the sampling methodology that we used, this simple survey gave us a representative picture of the heterogeneity around the world in the management of workplace emergencies, including cardiac arrest. Furthermore, our working group is in discussion regarding the development of a standard evaluation of global workplace

emergency and cardiac arrest management plans, with an ultimate goal of developing an ICOH position statement on management of workplace emergencies.

Acknowledgements

We would like to thank all of the National Secretaries of the International Commission on Occupational Health who participated in this survey, with special thanks to the members of its board for permitting us to conduct this important survey.

References

[1] Geraut L, Descatha A. Treatment of life-threatening emergencies in the workplace: need for collaboration between emergency and occupational health services? Resuscitation 2012;83:e65–66.

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		Number of responses	Proportion
In addition to having an emergency phone number, company policy is that:	a standard procedure must be written for every workplace	19	54%
	a standard procedure might be written for some workplaces, depending on size of the company	5	14%
	a standard procedure might be written for some workplaces, depending on other characteristics	8	23%
	no standard procedure is available	3	9%
Basic Life support (BLS or equivalent) is implemented:	in every workplace	14	40%
	in some workplaces, depending on size of the company	7	20%
	in some workplaces, depending on other characteristics	14	40%
	Not implemented	0	0%
Automated External Defibrilator (AED) is implemented:	in every workplace	4	11%
	in some workplaces, depending on size of the company	10	29%
	in some workplaces, depending on other characteristics	13	37%
	Not implemented	8	23%
Training on Emergency Care in workplaces (BLS, specific risk and crisis management), is implemented:	in every workplace	13	37%
	in some workplaces, depending on size of the company	8	23%
	in some workplaces, depending on other characteristics	12	34%
	Not implemented	2	6%
Total		35	100%

Table 1. Key answers of the survey

The complete survey has been submitted for ICOH Newsletter (below, just published, Vol12 N2,3 Rev(1112)).

Results from an Online Survey on Emergency Management in the Workplace

Alexis Descatha, Susanne Schunder-Tatzber, Todd Hamel, Philippe Havette, Barthelemy Wognin, Sylvie Rotthier, Babacar Fall, Promila Sharma, François Dolveck, and Michel Baer

The Emergency working group (Emergency Care on Occupational Health - ECOH)

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Acknowledgements

We would like to thank all of the National Secretaries of the International Commission on Occupational Health who participated in this survey, with special thanks to the members of its Board for permitting us to conduct this important survey.

Many occupational practitioners have to face emergencies in the occupational setting, from life-threatening emergencies to urgent care, especially when they work in large facilities far from urban zone and regular emergency medical system. Furthermore, workplace emergencies tend to have singularities that typical emergency teams are not familiar with (e.g. disaster medicine, first response, etc.). However, neither networks nor federations on emergency care, management, or response in the workplace exist at an international level. Indeed, the knowledge of emergency health care at workplace relied upon only on scarce nationwide guidelines on specific aspects (cardiac arrest, first aid implementation) in some countries.

In the context of a proposal of a new working group about this topic after the symposium (organized in 2012 in the last International Commission on Occupational Health (ICOH) Congress), we decided to send a short online-survey focused on emergency care to each country represented by the National Secretaries of our ICOH.. An online survey was sent via email to the 51 National Secretaries (one per country) and to the 7 members of the ECOH working group, between September 2013 and January 2014, which included 12 questions covering their country/continent and their emergency procedures, equipment, and teams available. After acceptance by the ICOH Board, an email was sent with two reminders.

We obtained 35 reports from as many countries with 28 being from the National Secretaries, 6 being from the working group, and the data of the remaining country being reported by another member of ICOH. The main results of multiple choice questions are shown in Table 1. Differences between equipment, teams, training and procedures were found, depending on the regulations, emergency response systems, size of the companies, occupational hazards, and different types of persons involved (Figure 1). Improvement of emergency management was considered as a “top” or “high” priority in 45.7% of answers (Figure 2). The opinions of the reported priorities are presented in Figure 3.

Despite limitations based upon the sampling methodology that we used, this simple survey gave us a representative picture of the heterogeneity around the world in the management of workplace emergencies, and the importance of proposing a new Scientific Committee on this major topic and improving networking of ICOH members interested in this field.
(Everyone who is interested may join us by contacting us).

		Number of country	Proportion (%)
What is your continent?	Africa	4	11.4%
	America	8	22.9%
	Asia	4	11.4%
	Europe	19	54.3%
	Oceania	0	0.0%
About the Emergency phone number ('911'/ '112 or other'):	Information must be written on every workplace	14	40.0%
	Information might be written on some workplaces, depending on size of the company	6	17.1%
	Information might be written on some workplaces, depending of other characteristics	8	22.9%
	Information is not given, because everybody is aware of the number	7	20.0%
In addition to having an emergency phone number, company policy is that:	a standard procedure must be written for every workplace	19	54.3%
	a standard procedure might be written for some workplaces, depending on size of the company	5	14.3%
	a standard procedure might be written for some workplaces, depending on other characteristics	8	22.9%
	no standard procedure is available	3	8.6%
Basic Life support (BLS or equivalent) is implemented:	in every workplace	14	40.0%
	in some workplaces, depending on size of the company	7	20.0%
	in some workplaces, depending on other characteristics	14	40.0%
	Not implemented	0	0.0%
Automated External Defibrillator (AED) is implemented:	in every workplace	4	11.4%
	in some workplaces, depending on size of the company	10	28.6%
	in some workplaces, depending on other characteristics	13	37.1%
	Not implemented	8	22.9%
Training on Emergency Care in workplaces (BLS, specific risk and crisis management), is implemented:	in every workplace	13	37.1%
	in some workplaces, depending on size of the company	8	22.9%
	in some workplaces, depending on other characteristics	12	34.3%
	Not implemented	2	5.7%
TOTAL		**35**	**100.0%**

Table 1. Key answers of the survey

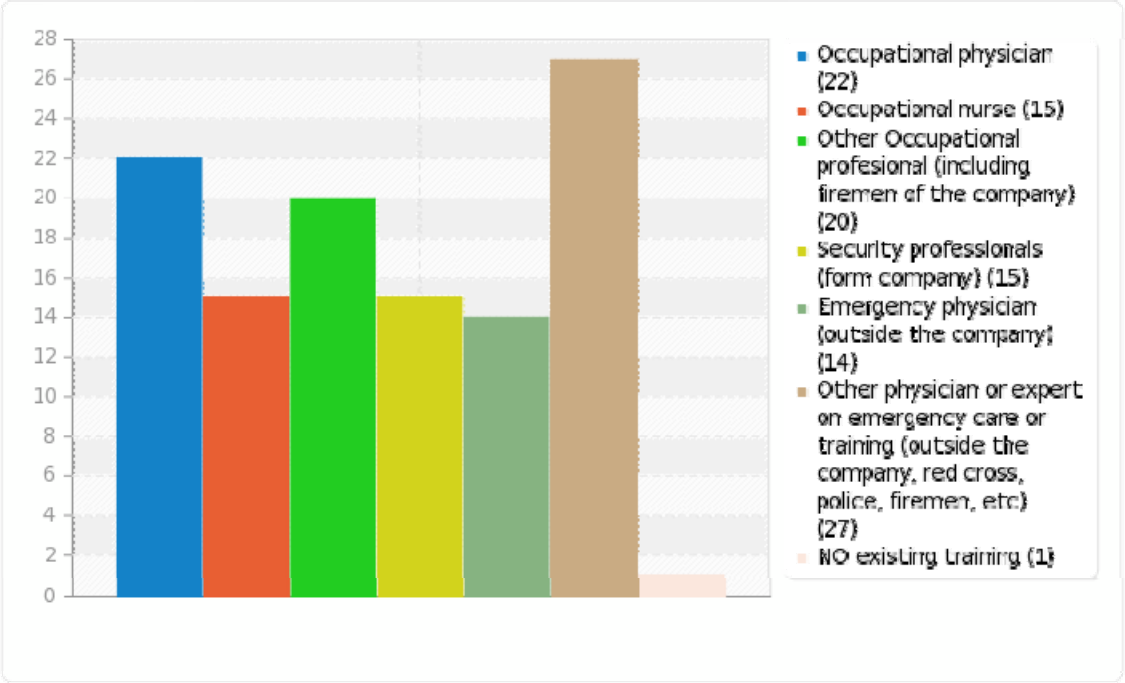

Figure 1. Survey results on persons involved in emergency training/procedures (more than one answer is possible)

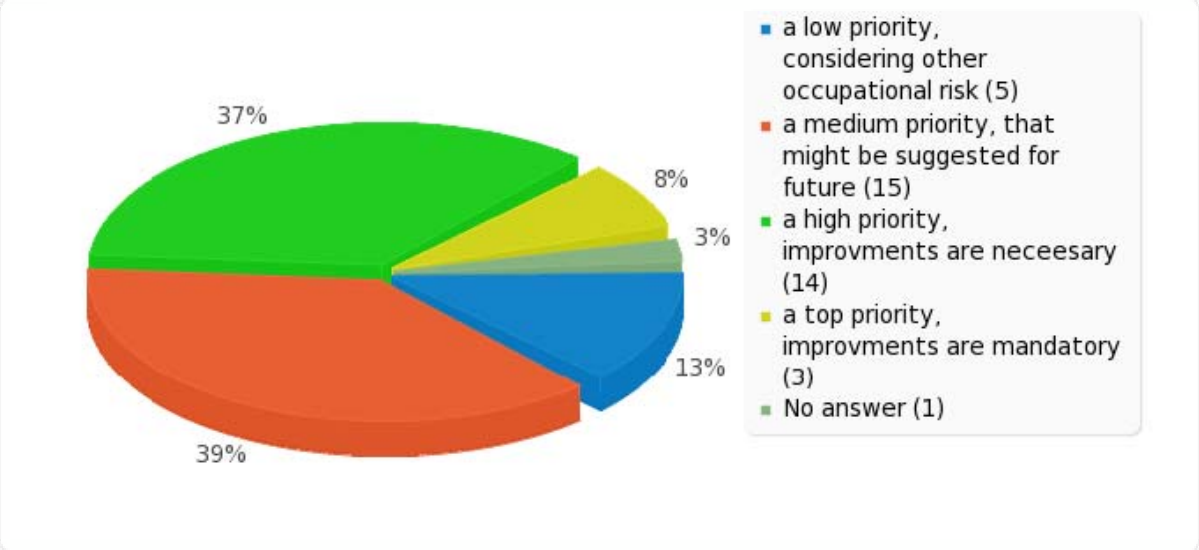

Figure 2. Survey opinions on the need for improvement in Emergency Management

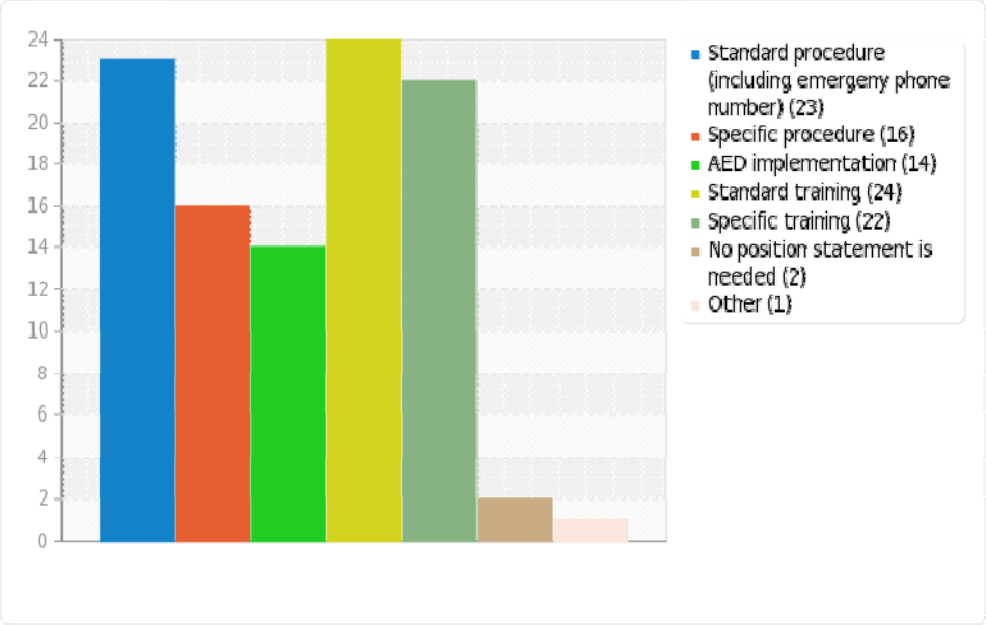

Figure 3. Survey opinions about what should be included in a possible position statement (more than one answer is possible)

3. First ECOH working group meeting

In order to prepare the proposal of new scientific committee, we have organized a meeting in Paris. Program and presentation are showed below .

Name has been officially changed for response instead of care. After presentation of the survey, we discuss about known national and international programs for emergency care in the field of occupational health and safety, and the importance of suggesting guidelines. Need for improving and supporting emergency response will be proposed in the next ICOH meeting in a dedicated symposium in 2015 in Seoul.

International Commission on Occupational Health - ICOH
Commission Internationale de la Santé au Travail - CIST
Founded in 1906 as Permanent Commission

Emergency Care in Occupational Health ECOH

Working Group

First meeting, PARIS 2014

Presents: Alexis Descatha (France), Michel Baer (France), Philippe Havette (France), François Dolveck (France), Armelle Séverin (France) Sylvie Rotthier (France) Susanne Schunder – Tatzber (Austria), Barthelemy Wognin (Ivory Coast), Babacar Fall (Senegal).

Wednesday 2 April morning: ECOH working group workshop

09h00 Montrouge. Le Beffroi (Congress center)
Welcome coffee

09h30 Presentation of ECOH working group and where we are in the ICOH process for the scientific committee (M Baer, A Descatha)

09h45 Presentation of other presenters and expectations for our group (10 minutes, 5 minutes of discussion)
S Schunder – Tatzber (Austria)
B Wognin (Ivory Coast)
P Sharma (India), absent but slideshow sent
B Fall (Senegal)
P Havette (France and SFTMU)

10h45 Survey, position statement and other perspectives A Descatha/ ECOH Group
Presentation of the survey: methodology, first results
Discussion of a position statement about emergency in workplace
Perspectives => continue on a new scientific committee, other professionals and ICOH meeting 2015

12h30 Luncheon

4. Extension

4.1. Inside ICOH

Different contacts have been taken since the meeting and three other colleagues joined our group inside ICOH:

- Dr Koji Wada, Medical Officer of the Bureau of International Medical Cooperation National Center for Global Health and Medicine, Japan
- Dr Bruno Papaleo, Senior researcher, Inail, Italy
- Dr Paula Viapiana, Chemichal faculty, Uruguay.

Next step (possibly after creation of EROHS) will address **connections with other ICOH committees** (like Cardiology in OH, accident prevention, occupational toxicology, radiation and work, allergy and immunotoxicology). In particular, cardiology in OH (first aid and cardiac arrest) and Ebola management (health workers) have been planned.

4.2. Outside ICOH

Considering the importance of developing first aid in workplaces, contact has been made with International Federation of Red Cross and Red Crescent Societies. Dr. Pascal Cassan (Dr. Pascal Cassan, Head of Global Reference Centre for First Aid) has been contacted and a joint program work has been planned.

5. Mini-Symposium submitted in ICOH 2015 congress

A symposium has been submitted in ICOH congress in Seoul in 2015. About “Emergency Care in Occupational Health: Rise for a Position Statement?” (see below).

Indeed, we aimed to present an overview about the emergency response in the world, by presenting the survey conducted among National Secretaries, focusing on different examples of emergency response (first aid, cardiac arrest, implementing procedures, injuries prevention, disaster medicine) and a round table aimed at suggesting a position statement.

International Commission on Occupational Health - ICOH
Commission Internationale de la Santé au Travail - CIST
Founded in 1906 as Permanent Commission

Confirmation of Special Session[1] Organization for ICOH Congress 2015

Session Title: Emergency Care in Occupational Health: Rise for a Position Statement?

Intended format: Minisymposium X Special session ☐ Workshop ☐
Time needed: 1.5 hours X 3.0 hours X => IF possible, we will have more time….

Scientific Committee: Not applicable X Yes ☐
If yes, Name of Scientific Committee (**working group** on Emergency Care in Occupational Health)
Responsible Person: Prof. Alexis Descatha
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Members of the ECOH working group	

Outline of content/ subthemes
After the symposium organized in 2012 in Cancun about this the emergency care in occupational health a working group has been created. The aim of the symposium is the show the work done since last congress of this group, on many different aspects and settings. A possible international statement will be discussed at the end with participants.

Presenters / topics *(Note: Presenters are responsible for their own funding to attend and present at the Congress):*
Michel Baer (France) / Introduction (5 min)
Alexis Descatha (France) / Results from a short survey sent to the ICOH national secretaries (5 min)
Susanne Schunder-Tatzber (Austria) / Example of an integrated system of emergency care of global oil company (10min)
Babacar Fall (Senegal) / The problem of Emergency Management in the Workplace: An attempted answer: Case study: Senegal (a developing country), (10min)
Bruno Papaleo (Italy) / First Aid in the workplace: the state of the art in Italy
Koji Wada (Japan) /Occupational health expertise to protect rescue workers during national disasters (10min)
Philippe Havette (France) / Example of networking in France around standardized procedure (5min)
Participants ECOH group/ symposium / Round table about possible International position statement (35 min)

IMPORTANT: Estimated audience numbers for session attendance:
10 – 60 ☐ 60 – 120 X > 120 and < 300 ☐ >300 ☐
Estimated numbers are based on:
X Based on experience at previous ICOH congresses (2012, room of 35 full)
X Based on other criteria Many colleagues answer to a online survey and shows interest…….

6. Perspectives

As we already wrote, a scientific committee in ICOH will aim to establish a network for occupational practitioner interested in developing research, teaching and practices in emergency care in workplace. A close collaboration between emergency and occupational specialists will help improve emergency care in workplace and reduce the gap between knowledge and scientific occupational network.

5.1. Research

International collaboration is needed to develop high-level international research on emergency care in specific situations like cardiac arrest, industrial disasters, and to help to collect grants to achieve this research.

5.2. Teaching

Emergency care in workplace is based on training, drills and exercises to face with many situations. Sharing pedagogic experiences and documents is one of the main scopes of the ECOH.

5.3. Practices

The question around improving management of emergency care and developing emergency standardized procedures are key elements debated in the proposed scientific committee.

One very important short term achievement already planned is to **write a position statement paper on fundamentals on emergency care in occupational health for research, training and practices**.

We also aimed to contact other ICOH scientific committees to discuss in Seoul of possible interaction. We will also improve our networking with International Federation of Red Cross and Red Crescent Societies.

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Appendix

Resuscitation xxx (2014) xxx.e1–xxx.e2

Contents lists available at ScienceDirect

Resuscitation

journal homepage: www.elsevier.com/locate/resuscitation

Letter to the Editor

Are there standards of care for cardiac arrest existing in the workplace? Results from a worldwide survey

Dear Sir,

Life-threatening emergencies occur in many settings including the workplace,[1] and workplace emergencies tend to have singularities on which usual emergency teams are frequently not knowledgeable.[2] Furthermore, most of the studies evaluating the performance of cardiac arrest management are performed in industrialized countries which maintain high-levels of recommendations and regulations in occupational health.[3–5] We aimed to perform a short online-survey focused on the management of life-threatening emergencies in each country by way of a questionnaire sent to all National Secretaries of the International Commission on Occupational Health (ICOH, a non-profit association for improving occupational health all around the world, http://www.icohweb.org) and to the members of the "Emergency Care in Occupational Health", or ECOH, working group.

An online survey by mail was sent to the 51 National Secretaries (one per country) and to the seven members of the ECOH working group, between September 2013 and January 2014, including 12 questions covering their country/continent and their emergency procedures, equipment, and team available.

We obtained 35 reports from as many countries with 28 being from the National Secretaries, six being from the working group, and the data of the one missing country being reported by another member of ICOH. Four continents were represented (with no data from Oceania). The main results of our multiple choice questionnaire are shown in Table 1. We found differences among available equipment and teams, and among training and procedures, depending upon local regulations, emergency response systems, company sizes, and occupational hazards. Most respondents pledged to improve their emergency management, with 85.7% considering such improvement to be a medium to top priority. To do so, a majority of respondents favored focusing on procedures (60.0%) and training (62.9%), with less (40.0%) choosing to focus on implementing automated external defibrillator programs.

Despite limitations based upon the sampling methodology that we used, this simple survey gave us a representative picture of the heterogeneity around the world in the management of workplace emergencies, including cardiac arrest. Furthermore, our working group is in discussion regarding the development of a standard evaluation of global workplace emergency and cardiac arrest

Table 1
Key answers of the survey.

		Number of responses	Proportion
In addition to having an emergency phone number, company policy is that:	A standard procedure must be written for every workplace	19	54%
	A standard procedure might be written for some workplaces, depending on size of the company	5	14%
	A standard procedure might be written for some workplaces, depending on other characteristics	8	23%
	No standard procedure is available	3	9%
Basic life support (BLS or equivalent) is implemented:	In every workplace	14	40%
	In some workplaces, depending on size of the company	7	20%
	In some workplaces, depending on other characteristics	14	40%
	Not implemented	0	0%
Automated External Defibrilator (AED) is implemented:	In every workplace	4	11%
	In some workplaces, depending on size of the company	10	29%
	In some workplaces, depending on other characteristics	13	37%
	Not implemented	8	23%
Training on Emergency Care in workplaces (BLS, specific risk and crisis management), is implemented:	In every workplace	13	37%
	In some workplaces, depending on size of the company	8	23%
	In some workplaces, depending on other characteristics	12	34%
	Not implemented	2	6%
Total		35	100%

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management plans, with an ultimate goal of developing an ICOH position statement on management of workplace emergencies.

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Conflict of interest statement

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Todd Hamel, from 2012 to present has been self-employed in the U.S., and has been employed by Qunata Services, Inc. and by the Dow chemical Company, neither of which have any direct relationship to the study.

All authors are members of the working group of ECOH, without any financial relationship relevant to the paper.

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All authors have participated to the conception and design of the study, or acquisition of data, or analysis and interpretation of data, drafting the article or revising it critically for important intellectual content, and final approval of the version submitted.

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Results from an Online Survey on Emergency Management in the Workplace

Many occupational practitioners have to face emergencies in the occupational setting, from life-threatening emergencies to urgent care, especially when they work in large facilities far from urban zone and regular emergency medical system. Furthermore, workplace emergencies tend to have singularities that typical emergency teams are not familiar with (e.g. disaster medicine, first response, etc.). However, neither networks nor federations on emergency care, management, or response in the workplace exist at an international level. Indeed, the knowledge of emergency health care at workplace relied upon only scarce nationwide guidelines on specific aspects (cardiac arrest, first aid implementation) in some countries.

In the context of a proposal of a new working group on this topic after the symposium (organized in 2012 in the previous International Commission on Occupational Health (ICOH) Congress), we decided to send a short online-survey focused on emergency care to each country represented by the National Secretaries of our ICOH. An online survey was sent via email to the 51 National Secretaries (one per country) and to the 7 members of the ECOH working group, between September 2013 and January 2014, which included 12 questions covering their country/continent and their emergency procedures, equipment, and teams available. After acceptance by the ICOH Board, an email was sent with two reminders.

We obtained 35 reports from as many countries with 28 being from the National Secretaries, 6 being from the working group, and the data of the remaining country being reported by another member of ICOH. The main results of multiple choice questions are shown in Table 1. Differences between equipment, teams, training and procedures were found, depending on the regulations, emergency response systems, size of the companies, occupational hazards, and different types of persons involved (Figure 1). Improvement of emergency management was considered as a "top" or "high" priority in 45.7% of answers (Figure 2). The opinions of the reported priorities are presented in Figure 3.

Despite limitations based upon the sampling methodology that we used, this simple survey gave us a representative picture of the heterogeneity around the world in the management of workplace emergencies, and the importance of proposing a new Scientific Committee on this major topic and improving networking of ICOH members interested in this field.

(Everyone who is interested may join us by contacting us).

Acknowledgements

We would like to thank all of the National Secretaries of the International Commission on Occupational Health who participated in this survey, with special thanks to the members of its Board for permitting us to conduct this important survey.

Table 1. Key answers of the survey

		Number of country	Proportion (%)
What is your continent?	Africa	4	11.4%
	America	8	22.9%
	Asia	4	11.4%
	Europe	19	54.3%
	Oceania	0	0.0%
About the Emergency phone number ('911'/ '112 or other'):	Information must be written on every workplace	14	40.0%
	Information might be written on some workplaces, depending on size of the company	6	17.1%
	Information might be written on some workplaces, depending on other characteristics	8	22.9%
	Information is not given, because everybody is aware of the number	7	20.0%
In addition to having an emergency phone number, company policy is that:	a standard procedure must be written for every workplace	19	54.3%
	a standard procedure might be written for some workplaces, depending on size of the company	5	14.3%
	a standard procedure might be written for some workplaces, depending on other characteristics	8	22.9%
	no standard procedure is available	3	8.6%
Basic Life support (BLS or equivalent) is implemented:	in every workplace	14	40.0%
	in some workplaces, depending on size of the company	7	20.0%
	in some workplaces, depending on other characteristics	14	40.0%
	Not implemented	0	0.0%
Automated External Defibrillator (AED) is implemented:	in every workplace	4	11.4%
	in some workplaces, depending on size of the company	10	28.6%
	in some workplaces, depending on other characteristics	13	37.1%
	Not implemented	8	22.9%
Training on Emergency Care in workplaces (BLS, specific risk and crisis management), is implemented:	in every workplace	13	37.1%
	in some workplaces, depending on size of the company	8	22.9%
	in some workplaces, depending on other characteristics	12	34.3%
	Not implemented	2	5.7%
TOTAL		**35**	**100.0%**

Figure 1. Survey results on persons involved in emergency training/procedures (more than one answer is possible)

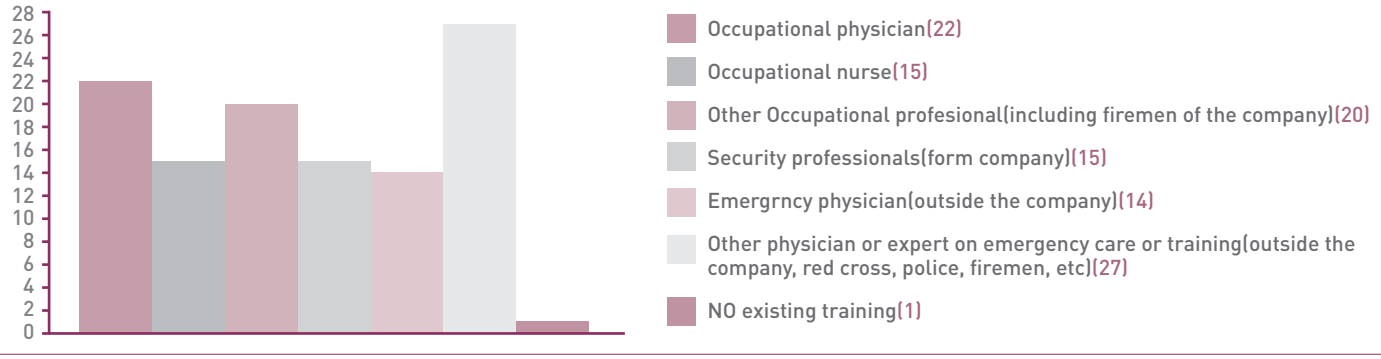


Figure 2. Survey opinions on the need for improvement in Emergency Management

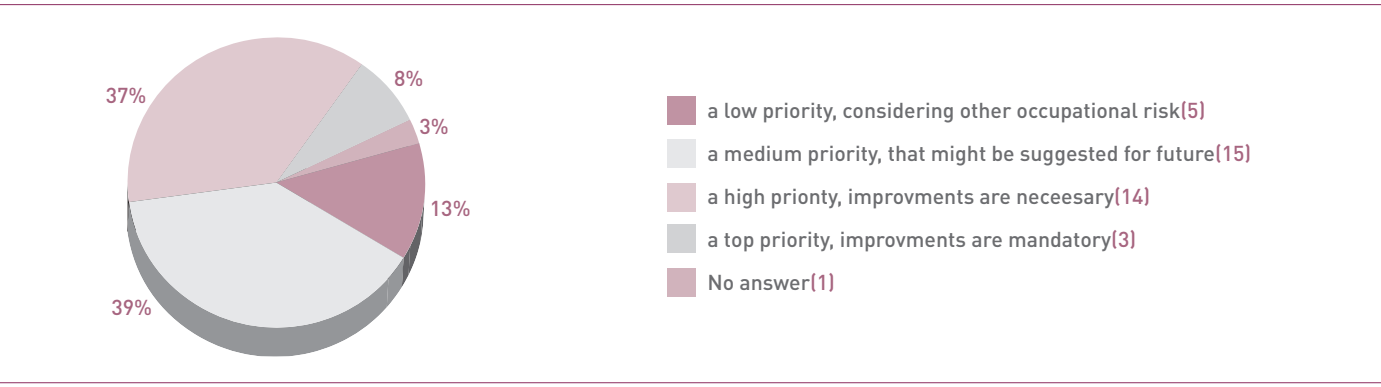
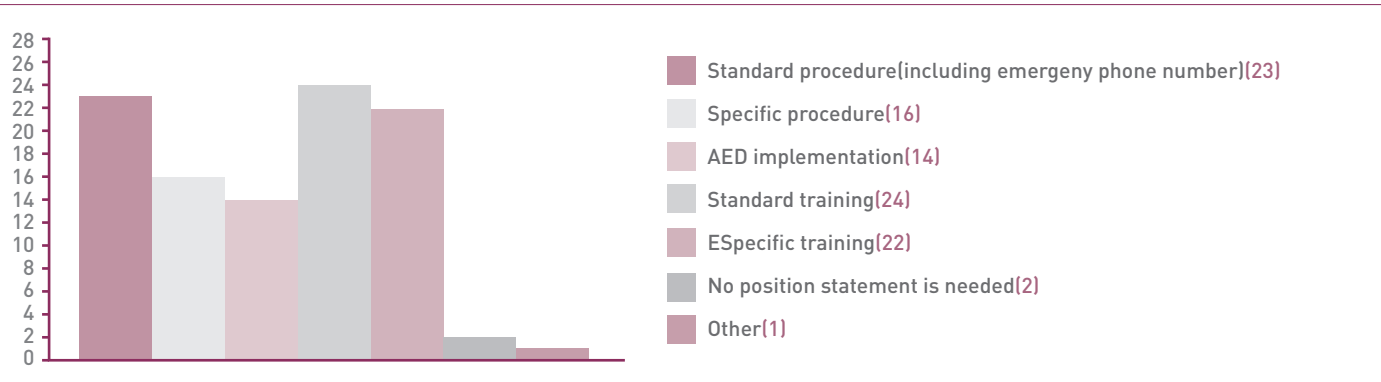


Figure 3. Survey opinions about what should be included in a possible position statement (more than one answer is possible)



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